



# A pilot study exploring the relationship between self-compassion, self-judgement, self-kindness, compassion, professional quality of life and wellbeing among UK community nurses

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## ABSTRACT

**Background:** Compassion fatigue and burnout can impact on performance of nurses. This paper explores the relationship between self-compassion, self-judgement, self-kindness, compassion, professional quality of life, and wellbeing among community nurses.

**Aim:** To measure associations between self-compassion, compassion fatigue, wellbeing, and burnout in community nurses.

**Method:** Quantitative data were collected using standardised psychometric questionnaires: (1) Professional Quality of Life Scale; (2) Self-Compassion Scale; (3) short Warwick Edinburgh Mental Wellbeing Scale; (4) Compassion For Others Scale, used to measure relationships between self-compassion, compassion fatigue, wellbeing, and burnout.

**Participants:** A cross sectional sample of registered community nurses ( $n = 37$ ) studying for a postgraduate diploma at a University in the North of England took part in this study.

**Results:** Results show that community nurses who score high on measures of self-compassion and wellbeing, also report less burnout. Greater compassion satisfaction was also positively associated with compassion for others, and wellbeing, whilst also being negatively correlated with burnout.

**Conclusion:** High levels of self-compassion were linked with lower levels of burnout. Furthermore when community nurses have greater compassion satisfaction they also report more compassion for others, increased wellbeing, and less burnout. The implications of this are discussed alongside suggestions for the promotion of greater compassion.

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## 1. Background

A recent report on the UK National Health Service (NHS) by Lord Francis QC, revealed that certain hospital failings were in part due to staff not acting with compassion, which led to his recommendation to develop more compassionate care among healthcare staff, with a specific focus on nurse training (Francis, 2013). Compassion is an integral part of any healthcare profession, and forms the basis of the Royal College of Nursing's (2010) and Nursing and Midwifery Council's (2008) guidelines for good practice in the UK, and also the American and Canadian professional nursing bodies (American Nurses Association, 2010;

Canadian Nurses Association, 2008). Providing compassionate care is also highlighted as a necessary skill for district nurses (Queens Nursing Institute, 2014).

## 2. Compassion in Nursing

Nurses generally start their careers wanting to make a difference to the lives of the people they treat. However, over time some staff become disillusioned with their role, which leaves them frustrated, burned out, and wanting to leave practice (Maben et al., 2010). For district nurses, having the ability to visit people in their homes and provide care for them brings a shared experience of suffering and accompanied compassion (Öhman and Söderberg, 2004). Bjerknes and Bjork (2012), suggest that nurses enter their profession with enthusiasm and empathy for patients. However, once they have settled in to their new roles, they sometimes find themselves faced with a variety of organizational difficulties

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which impede their performance. Examples of this include staff shortages, which can lead to additional work demands, long hours, less support, and poorer working conditions. Nurse education has come under scrutiny in recent years, with concerns centered on the impact this can have on students' ability to be compassionate (Bray et al., 2014; Crawford et al., 2014). For example, Murphy et al. (2009) observed a significant difference between first and third year student nurses' compassion, with lower scores reported in the third year. It has been argued that contemporary nurse education can erode a person's ability to exhibit compassion, whilst burnout can lead to feelings of depersonalization (Straughair, 2012a, 2012b). Hence, an absence of compassion in some parts of the NHS in the UK may be related to deficits in nurse education, particularly in relation to stress related subjects.

### 3. Compassion Fatigue and Burnout

Joinson (1992) first coined the term compassion fatigue, when she noted that an increasing number of nurses were reporting feelings of exhaustion as a direct consequence of working with patients. Building on this, Figley (1995) introduced his own notion of 'compassion fatigue' when talking about these effects with healthcare workers, further suggesting that 'compassion fatigue' occurs as a result of hearing about a traumatizing event that a person has experienced. 'Compassion fatigue' is a secondary form of traumatic stress, which Figley terms the 'cost of caring' (Figley, 2002). Durkin et al. (2013), reported high levels of 'compassion fatigue' and lower levels of 'burnout' in student nurses, compared with assistant practitioners. Causal factors were considered to include heavy workloads, lack of support, and long working hours. A study by Rout (2000), discovered that out of a sample of ( $n = 79$ ) NHS employed district nurses, the greatest predictors of stress included lack of communication between colleagues, extra work demands, feeling dissatisfied and problematic patients. Similarly, Beaumont et al. (2015a) discovered that more than half of a sample of student midwives ( $n = 103$ ) reported average levels of burnout. Burnout is commonly reported by nurses, with many describing experiences of feeling stressed as a direct consequence of stressors within their demanding role. Hegney et al. (2014) identified in a sample of 132 nurses, that compassion fatigue and burnout are strongly related to anxiety and depression. Burnout can affect a person's ability to display compassion, and has been related to feelings of emotional strain, reduced job satisfaction, and lack of support provision from managers and the organization (Farquharson et al., 2013; Young Hee and Jong Kyung, 2012). Michalec et al. (2013), highlights the risks of burnout amongst undergraduate students transitioning into full time employment.

In addition, the UK National Health Service (NHS), with its constant organizational changes, cutbacks, and target driven approach, may inhibit staff from expressing compassion through fear of the unknown and job insecurity (Iles, 2011). When we consider these factors from the perspective of Gilbert's theory of a compassionate mind, in many circumstances the threat system of a student nurse could be in a constant state of activation, which hinders their ability to feel compassion (Gilbert, 2009). However, having a compassionate presence has been shown to negate stress and improve wellbeing among nurses (Sabo, 2011).

### 4. Compassion Satisfaction and Wellbeing

Compassion satisfaction is the positive feeling associated with knowing that the professional has in some way helped another. According to Stamm (2009), when compassion satisfaction is high, and both burnout and compassion fatigue are low, the professional's quality of life is improved. Professional quality of life is the balance between compassion satisfaction, burnout, and compassion fatigue. When there is equilibrium in a person's professional quality of life, they will experience more flourishing in practice (Stamm, 2009). Todaro-Franceschi (2013), reported that although nurses are taught to understand what constitutes 'quality of life', they can lose their own

self-care in their daily working life. Nurses are required to work long hours and are expected to tend simultaneously to multiple patients, whilst consistently providing continuous compassion (Gershon, 2013). In stressful situations, such as a hospital environment, nurses often neglect their personal emotional and psychological needs. To compound these claims, nurses connect with their patients and families through the concept of empathy (Şenyuva et al., 2014), which can be impeded by compassion fatigue and burnout.

Work related stress can also affect the wellbeing of nurses. In a recent NHS staff survey (National Health Service Staff Survey, 2013), out of 67,261 registered general nursing and midwifery staff, 41% reported having experienced stress related issues that significantly impacted upon their personal wellbeing. Wellbeing has shown to be a significant predictor of high nursing staff turnover (Brunetto et al., 2013). This leads one to question what can be implemented to improve nurses' ability to provide and sustain high levels of compassion across time to their patients.

There is an increasing amount of evidence that promotes the idea that developing compassion for one's own suffering can alleviate stress, burnout, and increase resilience (Neff, 2003; Gilbert, 2009; Neff and Germer, 2013).

Curtis (2014), suggests that for nurses to continue delivering compassionate care, they must first receive education about compassion and be taught self-management techniques that prepare them for the emotional demands of clinical practice. Zeller and Levin (2013), recommend that 'mindfulness' should be taught to alleviate stress levels, with interventions for compassion fatigue delivered in education programs (Aycock and Boyle, 2009). In essence, higher education institutions must teach the concept of 'compassion' and practical applications to develop it into nursing programs.

### 5. Self-compassion

There has been an expansion of the amount of research that has explored the role self-compassion plays (Beaumont and Hollins Martin, 2015; Gilbert, 2009; Hutcherson et al., 2008), especially in relation to the education of health care professionals (Cornwell et al., 2014). For example, Beaumont et al. (2015b), found a significant association between high levels of 'self-compassion' and fewer symptoms of 'burnout' in trainee psychotherapists.

Several studies have explored relationships between compassion and nursing. For example, Gustin and Wagner (2013), discovered that cultivating self-compassion in clinical nurse teachers improved compassion for others. Jafari et al. (2012) found that a positive attitude towards the nursing role, job satisfaction, and feelings of hope, were related to lower levels of stress among a sample of Iranian nurses. Şenyuva et al. (2014), found that compassion can help nurses understand patient suffering through recognition of a shared unity of pain. Heffernan et al. (2010), reported a positive correlation between self-compassion and emotional intelligence in a sample of 135 nurses. Heffernan et al. (2010), further suggest that without self-compassion nurses would be unable to deliver authentic compassion for others.

Neff and Pommier (2013), propose that self-compassion can improve interpersonal functioning and is linked to qualities such as empathy and altruism. These studies support the idea that examining self-compassion among student nurses is important, and that this may be a way forward for developing compassion and stress reduction techniques.

To our knowledge, ours is the first study to examine relationships between self-compassion, compassion satisfaction, compassion fatigue, burnout, compassion for others, and wellbeing in community nurses.

### 6. Methodology

This study was a cross sectional questionnaire survey. Quantitative data were collected from a total of ( $n = 37$ ) registered community nurses studying at a University in the North of England. All participants had clinical experience and were full-time students studying for a 1 year

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