


Nurses' self-compassion and professional quality of life during COVID-19 pandemic: A cross-sectional study

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Abstract

Background: Self-compassion enables nurses to understand, know, and love themselves when faced with challenges, specifically during the COVID-19 pandemic. It will decrease compassion fatigue and raises compassion satisfaction.

Purpose: This study aimed to test how nurses' self-compassion related to their professional quality of life (compassion satisfaction, burnout, and secondary traumatic stress) during the COVID-19 pandemic in Indonesia.

Methods: This was a quantitative correlational study which recruited 234 nurses from all over Indonesia using convenience sampling technique. To collect data, an online survey was administered. Descriptive statistics and the Spearman rank test were used to analyze the collected data.

Results: Self-compassion and compassion satisfaction have been found to have significant relationships ($p=0.718$), likewise self-compassion and burnout ($p=0.726$), and self-compassion and secondary traumatic stress ($p=0.516$).

Conclusions: Self-compassion increases compassion satisfaction. When nurses care for themselves, compassion fatigue (burnout and secondary traumatic stress) will be reduced, and vice versa. Self-awareness is required for nurses to cultivate self-compassion by focusing on and accepting each live event without regret.

Keywords: burn out; compassion satisfaction; COVID-19; nurse; secondary traumatic stress; self-compassion

Introduction

The Coronavirus disease or known as COVID-19, first surfaced in November 2019 in Wuhan, China, then swiftly spread and triggered a worldwide pandemic (Chorwe-Sungani, 2021). The virus quickly spread, resulting in an increase in confirmed cases and numerous deaths. As of August 5, 2022, there have been over 500 million reported cases of COVID-19 and over six million deaths worldwide (World Health Organization, 2022). Meanwhile, in Indonesia, there were more than five hundred deaths and more than six million confirmed positive COVID-19 cases as of August 8, 2022 (Manuhutu, 2022).

At the onset of the COVID-19 pandemic in 2020, nurses were reportedly more compassionate and empathetic (Dwyer et al., 2021). A study revealed that, before COVID-19 pandemic, nurses had more compassion satisfaction compared to compassion fatigue (Jakimowicz et al., 2018). However, due to the large number of people who were being treated in hospitals, there was a considerable demand for the medical team, which includes nurses, to provide patients with treatment and care at the frontline (Hermawanto, 2020). These conditions contributed to the already heavy workload and stress experienced by nurses. As a result, healthcare workers, particularly nurses with direct

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patient contact, have experienced exhaustion, worry, anxiety, and depression (Ruiz-Fernández et al., 2021). In addition, with daily COVID-19 instances and new coronavirus variations, the number of nurses with compassion fatigue may continue to rise (Dwyer et al., 2021; Labrague & de los Santos, 2021). Eventually, it will diminish the job satisfaction of nurses, which will have a negative impact on both the personal and professional quality of life of the nurses (Ruiz-Fernández et al., 2021). Nurses' professional quality of life (ProQoL) is defined as positive and negative feelings in relation to their work of assisting others who are suffering (Stamm, 2010). It consists of compassion satisfaction (CS) and compassion fatigue (CF), and has two sub-components: burnout and secondary-traumatic stress (Stamm, 2010). According to a study in Spain, the levels of compassion satisfaction, burnout, and compassion fatigue are all significantly high in health crises caused by COVID-19 (Ruiz-Fernández et al., 2021). Conversely, when nurses are frequently exposed to physical and emotional pain in serious and complex situations, such as during the COVID-19 pandemic, and when they are frequently confronted with stressful work situations, they are susceptible to compassion fatigue, burnout, and secondary traumatic stress, which can negatively affect their health and the care they provide (Ageel & Shbeer, 2022). Consequently, nurses must practice self-compassion.

Self-compassion is one of the elements that can have an effect on the overall ProQoL (Durkin et al., 2016). This refers to a way to regulate one's emotions and a strategy for relating to oneself to deal with shortcomings or difficult life circumstances (Neff & McGehee, 2010). Self-compassion, according to Neff (2016), includes three essential components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. These elements symbolize self-compassion. Self-kindness means being kind to oneself and self-judgment is replaced with unconditional love, which entails self-soothing. Common humanity means acknowledging that all humans fail and make mistakes and live imperfect lives. Instead of feeling isolated by one's imperfection—egocentrically feeling as if I am the only one who has failed or is suffering—one gets a broader and more linked perspective on personal faults and individual struggles. Mindfulness, the third component of self-compassion, involves being aware of one's present moment experience of suffering without getting caught up in an exaggerated storyline about oneself or life experience.

When nurses care more about themselves and behave better when facing a difficult life journey, they will enjoy their work, thereby enhancing their quality of life as professionals. It will ultimately reduce compassion fatigue and improve compassion satisfaction (Hashem & Zeinoun, 2020; Neff & McGehee, 2010). Healthcare professionals may experience either compassion satisfaction

or compassion fatigue, depending on personal characteristics such as the level of resilience, self-compassion, and empathy. External factors that have the potential to influence an individual's perception of their job include the required workload, the organization of the workplace, the social climate, and the level of professional recognition (Ruiz-Fernández et al., 2020).

There is currently no evidence to suggest that practicing self-compassion can positively affect ProQoL of Indonesian nurses working during the pandemic. Even though normal operations have resumed in Indonesia, and nurses have become accustomed to COVID-19 cases, it is still essential to understand nurses' professional quality of life during the pandemic. This study aimed to find out the correlation between self-compassion and the dimensions of nurses' professional quality of life during the COVID-19 pandemic.

Materials and Methods

Design

This was a quantitative correlational study, using a cross-sectional design, that examined the correlation between nurses' ProQoL and self-compassion during the COVID-19 pandemic.

Participants and Setting

The data were collected using an online survey from February to April 2022. Two hundred and thirty-four licensed Indonesian nurses working in hospitals, or the community health centers were recruited using a convenience sampling. Participants had been treating patients who were suspected or confirmed with COVID-19 in the past. This research was conducted using a Google Form (<https://bit.ly/3r0dsYS>).

Instrument

The online questionnaire consisted of demographic information, a self-compassion scale (Neff, 2003), and a professional quality of life questionnaire (Stamm, 2010). The demographic characteristics section included questions about age, gender, educational background, length of employment, workplace, COVID-19 training, and location.

The instruments used in this study were the Indonesian version of the Self-Compassion Scale (SCS) and the professional quality of life (ProQoL) version 5. Both instruments have been used in previous study (Eka & Tahulending, 2018; Sugianto et al., 2020). The original English version of ProQoL v.5 was translated into Indonesian. The Indonesian version was tested for validity and reliability for each sub-variable of the ProQoL (compassion satisfaction Cronbach's $\alpha=0.738$; burnout Cronbach's $\alpha=0.795$; and secondary traumatic stress Cronbach's $\alpha=0.7$) (Eka et al., 2016). The Professional Quality of Life scale v.5 has 30 items with a maximum score of 5 (1=never, 2=rarely, 3=sometimes, 4=often, and 5=very often) (Stamm,

Table 1. Characteristics Demographic of The Respondents (n=234)

Demographic Characteristics	F	%
Gender		
Men	93	39.7
Women	141	60.3
Age		
<25 years	111	47.4
25-34 years	97	41.5
35-44 years	16	6.8
>45 years	10	4.3
Educational background		
Diploma	32	13.7
Bachelor in Nursing	19	8.1
Bachelor in Nursing + RN	183	78.2
Length of employment		
< 3 year	114	48.7
3-5 year	45	19.2
6-10 year	42	17.9
11-15 year	22	9.4
>15 year	11	4.8
Work place		
Government hospital	86	36.8
Private Hospital	140	59.8
Community Health Center	8	3.4
Length of work in the COVID-19 unit		
< 3 month	47	20.1
3-6 month	84	35.9
6-12 month	61	26.1
12-18 month	21	9
18-24 month	12	5.1
>24 month	9	3.8
Training received for caring COVID-19 patients		
No	119	50.9
Yes	57	54.4
Independent Learning	58	24.8
Location		
Western of Indonesia	165	70.5
Central of Indonesia	63	26.9
Eastern of Indonesia	6	2.6

2010). Reverse scoring was applied to items 1, 4, 15, 17, and 29, among the five unfavorable statements on this questionnaire. The total score was used to quantify compassion satisfaction, burnout, and secondary traumatic stress and categorized as follows: Compassion satisfaction was categorized into high ≥ 41 , moderate 21 - 40, low ≤ 20 ; burnout was categorized as high ≥ 29 , moderate 15 - 28, low ≤ 14 ; secondary traumatic stress, high ≥ 35 ,

moderate 18 - 24, low ≤ 17 .

The Indonesian version SCS contains 26 statements and is a widely used self-report measure that assesses six components of self-compassion: self-kindness (5 items); self-judgment (5 items); common humanity (4 items); isolation (4 items); mindfulness (4 items); and over-identification (4 items) (Cunha et al., 2016; Duarte et al., 2016; Neff, 2003, 2016; Neff & McGehee, 2010). On a 5-point

Table 2. Descriptive Statistics for Professional Quality of life and Self-Compassion (n=234)

Variables	Mean±SD	Skewness	Kurtosis
Professional quality of life (ProQoL)			
Compassion Satisfaction (CS)	42.99 ±7.34	-1.27	1.61
Burnout (BO)	19.32 ±6.37	.58	-.81
Secondary Traumatic Stress (STS)	19.42 ±7.27	.98	.42
Self-Compassion Scale (SCS)			
Self-kindness	4.01 ±0.97	-1.13	.82
Self-judgment	3.95 ±0.83	-.074	-.05
Common humanity	4.09 ±0.97	-1.1	.57
Isolation	3.76 ±0.88	-.47	-.46
Mindfulness	4.03 ±0.87	-1.07	1.12
Over-Identification	3.99 ±0.83	-.72	-.1

Table 3. Spearman Rank Correlation Test Results (n=234)

	1	2	3	4	5	6	7	8	9
1 Compassion Satisfaction (ProQoL)									
2 Burnout (ProQoL)	-.706**								
3 Secondary Traumatic Stress (ProQoL)	-.272**	.623**							
4 Self-Kindness (SCS)	.742**	-.533**	-.181**						
5 Self-Judgment (SCS)	.312**	-.465**	-.555**	.230**					
6 Common Humanity (SCS)	.720**	-.569**	-.193**	.831**	.227**				
7 Isolation (SCS)	.138*	-.427**	-.557**	.019	.586**	.007			
8 Mindfulness (SCS)	.711**	-.568**	-.183**	.825**	.211**	.798**	.114		
9 Over-identification	.324**	-.519**	-.621**	.186**	.717**	.207**	.660**	.220**	
10 Total Score (SCS)	.718**	-.726**	-.516**	.738**	.653**	.733**	.519**	.727**	.660**

Note: ProQoL = Professional Quality of Life; SCS = Self-Compassion Scale

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

scale, items are rated as follows: 1 = almost never to 5 = almost always. Self-compassion scores can be tallied following the reverse-coding of negative elements. In this investigation, the six criteria are utilized independently. Internal consistency and validity were good in the Indonesian scale. The Cronbach's alpha of the Indonesian version was self-kindness 0.71, self-judgment 0.69, awareness 0.60, over-identification 0.68, common humanity 0.72, isolation 0.78, and total scale 0.87 (Sugianto et al., 2020). The higher the score, the more self-compassion there is (Duarte et al., 2016).

Data Collection

An online survey was used for data collection. A description of the research and informed consent were provided on the first page of the questionnaire. To better understand the characteristics of the

respondents, demographic information was collected. The questionnaires were distributed from 3 February until 31 March of 2022 using an e-flyer to invite participants to participate in the online survey. The e-flyer containing a brief information about the survey was posted on social media (Facebook, Instagram, and WhatsApp). Two hundred and thirty-four participants completed the entire questionnaires.

Data Analysis

The sample and responses to the study instruments were described using descriptive statistics (mean, median, standard deviations, and frequencies). A bivariate analysis was conducted using the Spearman rank test to determine the relationship between self-compassion and the dimensions of professional quality of life of the participants.

Ethical Consideration

This research received ethical approval from the institutional review board (No.052/KEPFON/I/2022). The online data were anonymous and only researchers had access to the data. A brief paragraph at the beginning of the questionnaire described the purpose of the study. Participation was voluntary and participants were required to complete the online consent form before accessing the questionnaire. Participants might withdraw from the study by contacting the researchers using the information listed at the beginning of the questionnaire.

Results

The majority of respondents (47.4 percent) are female and younger than 25 years old (60.3 percent), with a bachelor's degree in nursing (78.2 percent). More than half of the respondents work in private hospitals. Nearly half of the respondents had less than three years of work experience, and roughly one-third had worked in the COVID-19 unit for three to six months. As many as 119 respondents (50.9 percent) did not receive training on how to treat COVID-19 patients, and the majority of respondents (70.5 percent) live in Indonesia's western region.

Table 2 displays the mean values for the variables that were analyzed. Concerning the professional quality of life (ProQoL) dimension, it can be seen that the participants had a slightly high level of compassion satisfaction ($M = 42.99$; $SD = 7.34$), a moderate level of secondary traumatic stress ($M = 19.42$; $SD = 7.27$), and a moderate level of burnout ($M = 19.32$; $SD = 6.37$). High mean scores were observed on the self-compassion scale (SCS) for common humanity ($M = 4.09$; $SD = 0.97$), mindfulness ($M = 4.03$; $SD = 0.87$) and self-kindness ($M = 4.01$; $SD = 0.97$).

Correlations using Spearman rank are provided in Table 3. The results indicated a positive relationship between compassion satisfaction and all higher levels of self-kindness, common humanity, and mindfulness, and lower levels of self-judgment and isolation. Burnout negatively correlates with high levels of self-kindness, common humanity, and mindfulness, as well as with low levels of self-judgment and isolation. Secondary traumatic stress is strongly correlated with self-judgment and isolation. In addition, secondary traumatic stress shows a negative correlation at a lower level with self-kindness, humanism, and mindfulness. Specifically, we found that self-compassion is significantly correlated positively with compassion satisfaction. The higher nurses' self-compassion, the greater their satisfaction with compassion. This suggests that those who can give themselves attention and affection during difficult times experience less fatigue due to their workload. In addition, self-compassion has a significant negative correlation with burnout and secondary traumatic stress.

Discussion

According to the findings of this study, self-compassion has a strong positive correlation with compassion satisfaction and a strong negative correlation with burnout and secondary traumatic stress. Constant exposure of healthcare professionals to the suffering of others, which occurred during the COVID-19 pandemic, may be associated with burnout and secondary traumatic stress. As a result, the well-being of healthcare professionals is at risk (Duarte et al., 2016). The COVID-19 virus is spreading throughout Indonesia, posing a significant challenge, especially for frontline healthcare providers. A study found that nurses who cared for COVID-19 patients reported higher levels of anxiety, used fewer coping strategies, and experienced more difficulty than expected while working with these patients (Nurhidayah et al., 2023).

A study conducted in Australia revealed that the compassion satisfaction score was higher than the compassion fatigue score prior to the COVID-19 pandemic (Jakimowicz et al., 2018). Similarly, during a COVID-19 outbreak in Indonesia, both CS and CF were found to be at moderate to high levels, which is consistent with a number of studies conducted in other countries that discovered a relatively high level of compassion satisfaction and compassion fatigue (burnout and secondary traumatic stress) during the COVID-19 crisis (Duarte et al., 2016; Ruiz-Fernández et al., 2020; Yeung et al., 2023). This current study, however, did not attempt to quantify the differences in professional quality of life between Indonesia's various regions.

This study was conducted in Indonesia at a time when COVID-19 cases were rising. At the end of 2020, the highest number of COVID-19 cases was found in Western Indonesia, followed by Central Indonesia and Eastern Indonesia (Manuhutu, 2021). Despite the pandemic's adverse conditions, nurses continue to demonstrate high self-compassion for COVID-positive patients and their families. It provides an opportunity for nurses to rediscover the motivation that drives them to choose the best profession through unconditional effort and commitment that can alleviate patients' suffering. At the same time, it raises nurses' visibility and professionalism in the community (Ruiz-Fernández et al., 2021).

Findings from this study suggest that nurses regularly practice self-compassion despite the increasing number of COVID-19 cases. Self-compassion is argued to be one of the protective factors that protect nurses from mental health issues during the COVID-19 crisis (Gerace, 2022; Joy et al., 2023). Several factors, including age, gender, and level of education, influence the capacity for self-compassion. According to a study, self-compassion increases as age does (Hwang et al., 2016). Women and adults who have a lot of self-compassion are also more accepting of themselves

and their situations. Additionally, women and adults with a high level of self-compassion are more accepting of their circumstances, which, in turn, enables them to have a high level of self-compassion (Neff, 2011). In contrast, a study found no evidence that gender, marital status, or level of education influence healthcare workers' professional quality of life or general health (Yadollahi et al., 2016).

In addition, this study showed more than half of the respondents reported a high level of compassion satisfaction, indicating that respondents were highly satisfied with their work as nursing care providers. According to Gurdogan and Uslusoy (2019), there was a significant positive correlation between respondents' happiness and professional quality of life. This is consistent with the findings of Jang et al. (2016), who found that the higher the level of compassion satisfaction, the lower the burnout and secondary traumatic stress levels. Inversely, if the level of compassion satisfaction is low, burnout and secondary traumatic stress levels will be higher (Ortega-Campos et al., 2020). A higher level of compassion satisfaction will positively affect a person's prosocial behavior, including a more attentive attitude, improved character, and decreased self-isolation (Duarte et al., 2016). In addition, a rise in compassion satisfaction would affect the quality of work and care provided to patients (Alkema et al., 2008). It is also argued that good team coordination and collaboration among healthcare teams, as occurred during the COVID-19 crisis, as well as a positive work environment, can result in compassion satisfaction (Anjara et al., 2021; Kesumaputri et al., 2021).

This study demonstrates a positive strong correlation between self-compassion and compassion satisfaction, indicating that as nurses' self-compassion increases, so will their compassion satisfaction. Consistent with a study of Spanish Red Cross volunteers conducted during the COVID-19 pandemic that found a positive correlation between self-compassion and compassion satisfaction, the present study demonstrates a positive relationship between self-compassion and compassion satisfaction (Gonzalez-Mendez & Díaz, 2021). Furthermore, the ability to consciously view negative experiences, such as during the COVID-19 crisis, contributes to compassion satisfaction (Duarte et al., 2016).

The current findings are also in agreement with those of a later study that found a negative correlation between self-compassion and burnout or compassion fatigue (Kesumaputri et al., 2021). This indicated that respondents are capable of performing their duties despite being fatigued. However, it is essential to keep in mind that compassion fatigue can lead to increased physical illness and sick leave, high turnover rates, and decreased productivity among nurses (Murray, 2019). Depression and anxiety are also strongly linked to compassion fatigue and secondary traumatic stress (Hegney et al., 2015).

Secondary traumatic stress refers to the emotional and behavioral effects of knowing about the traumatic experiences of others, and it may result from exposure to stressful events such as the COVID-19 pandemic (Figley, 1995; Trumello et al., 2020). One of the causes of secondary traumatic stress in nurses is seeing family members, friends, or patients who have tested positive for COVID-19 (Orrù et al., 2021). According to the results of this study, more than a third of the participants experienced low levels of secondary traumatic stress. It can be inferred that respondents on the frontlines of the COVID-19 pandemic felt fear and anxiety when interacting with patients. However, after prolonged contact with COVID-19 patients, frontline nurses will experience a decrease in secondary traumatic stress (Li et al., 2020).

The results of the bivariate test between self-compassion and secondary traumatic stress in this study showed a negative relationship between the two variables, such that a high level of self-compassion was associated with a low level of secondary traumatic stress. Secondary traumatic stress in the workplace is less likely to affect someone who has a high level of self-compassion and the ability to pay more attention when confronting difficult situations. Self-compassion is attainable through practice, which contributes to the quality of life and well-being and greater resilience to work stress (Durkin et al., 2016; Gonzalez-Mendez & Díaz, 2021). In contrast, the tendency to criticize and isolate oneself, as well as being too immersed in negative experiences, heightens the risk of compassion fatigue (Duarte et al., 2016; Durkin et al., 2016).

Factors that significantly affect nurses' quality of life on the job include compassion satisfaction and burnout. Compassionate care workers need effective coping mechanisms, such as problem-solving and social support networks, to reduce their risk of burnout and secondary stress syndrome and improve their overall sense of well-being (Hashish & Atalla, 2023). In contrast to the findings of the present study, a study conducted in Indonesia during the COVID-19 pandemic found that nurses had a low quality of life (Patricia & Apriyeni, 2022). Multiple factors, including psychological stress, social support, coping strategies, and self-efficacy, were found to influence the quality of life of nurses during COVID-19. However, it was unclear in the report from which region of Indonesia the respondents originated. Self-compassion ultimately enables nurses to love and care for themselves despite adversity; consequently, it may be a factor that protects against burnout. Due to the COVID-19 pandemic, it is imperative that frontline nurses practice greater self-compassion to mitigate the negative effects of their jobs on their mental health. In addition, enhancing the professional quality of life of nurses can increase job satisfaction, thereby reducing secondary trauma caused by COVID-19 patient handling.

Limitations

This research was conducted in Indonesia, a vast country with a sizable population. This study is limited by the fact that the collected data are not uniformly distributed across Indonesia. In addition, we selected a non-probabilistic sample of hospitals and nurses for our study, so the outcomes may not be representative of the entire population. All of the information was collected through self-report measures, making it susceptible to the typical limitations of this research design.

Conclusions

During the recent COVID-19 pandemic, nurses reported lower levels of self-compassion and higher levels of burnout. Findings from this study point to the potential benefits of self-compassion in helping people love themselves and prioritize self-care in the face of adversity. If frontline nurses are going to be less stressed by their jobs, they need to learn how to practice self-compassion. Additionally, lowering fatigue and secondary trauma from treating COVID-19 patients can be avoided by improving one's professional quality of life.

Declaration of Interest

The authors have stated that there is no potential for a conflict of interest.

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Data Availability

The corresponding author will provide the interested parties with access to the datasets created or analyzed during the current study upon reasonable request.

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