

An Investigation into the Relationship Between Self-Compassion and Life Satisfaction Among Intensive Care Nurses

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ABSTRACT

This study aimed to investigate the relationship between self-compassion and life satisfaction among intensive care nurses and to evaluate the effects of sociodemographic and professional factors on these variables. A descriptive and cross-sectional design was adopted. The study was conducted with a sample of 108 intensive care nurses working in nine Intensive Care Units (ICUs) at a Training and Research Hospital. Data were collected using the Self-Compassion Scale, the Satisfaction with Life Scale, and a Sociodemographic Questionnaire. Participants reported moderate levels of both self-compassion (mean = 2.68 ± 0.37) and life satisfaction (mean = 13.23 ± 4.06). A significant positive correlation was found between total self-compassion and life satisfaction ($r = 0.261, p = 0.006$). Among the subdimensions, self-kindness and mindfulness showed the strongest positive associations with life satisfaction, whereas self-judgment, isolation, and over-identification were negatively correlated. Significant differences in self-compassion scores were observed based on educational level and working pattern ($p < 0.05$). Self-compassion appears to be an important psychological resource that positively contributes to life satisfaction among intensive care nurses. Enhancing self-compassion through individual or institutional interventions may improve nurses' psychological well-being and overall quality of life.

Keywords: self-compassion, life satisfaction, intensive care nursing

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Yoğun Bakım Hemşirelerinde Öz-Şefkat ve Yaşam Doyumu Arasındaki İlişkinin İncelenmesi

ÖZ

Bu çalışmada yoğun bakım hemşirelerinde öz-şefkat ile yaşam doyumu arasındaki ilişkinin araştırılması ve sosyodemografik ve mesleki faktörlerin bu değişkenler üzerindeki etkilerinin değerlendirilmesi amaçlanmıştır. Tanımlayıcı ve kesitsel bir araştırma deseni benimsenmiştir. Çalışma, bir Eğitim ve Araştırma Hastanesi'nde bulunan dokuz yoğun bakım ünitesinde çalışan 108 yoğun bakım hemşiresinden oluşan bir örneklem ile yürütülmüştür. Veriler Öz-Şefkat Ölçeği, Yaşam Doyumu Ölçeği ve Sosyodemografik Anket kullanılarak toplanmıştır. Katılımcıların hem öz-şefkat (ortalama =2,68 ± 0,37) hem de yaşam doyumu (ortalama=13,23 ± 4,06) puan ortalamalarının orta düzeyde olduğu belirlenmiştir. Toplam öz-şefkat ile yaşam doyumu puanları arasında anlamlı ve pozitif bir korelasyon bulunmuştur ($r=0,261$, $p=0,006$). Alt boyutlar arasında öz şefkat ve farkındalık, yaşam memnuniyetiyle en güçlü pozitif ilişkiyi gösterirken, öz yargılama, izolasyon ve aşırı özdeşleşme negatif korelasyon göstermiştir. Öz şefkat puanlarında eğitim düzeyi ve çalışma düzenine göre anlamlı farklılıklar gözlenmiştir ($p<0,05$). Öz şefkat, yoğun bakım hemşireleri arasında yaşam memnuniyetine olumlu katkıda bulunan önemli bir psikolojik kaynak gibi görünmektedir. Öz şefkatin bireysel veya kurumsal müdahalelerle artırılması, hemşirelerin psikolojik iyilik halini ve genel yaşam kalitesini iyileştirebilir.

Anahtar Kelimeler: öz-şefkat, yaşam doyumu, yoğun bakım hemşireliği.

INTRODUCTION

Intensive care nursing is a challenging specialty that requires advanced knowledge, skills, and technological proficiency, and is characterized by high levels of stress and responsibility. Nurses working in this field are in constant contact with critically ill patients and provide long-term care (Çınar & Eti Aslan, 2017; Kutlu et al., 2020). In intensive care units, where morbidity and mortality rates are high, frequent interventions and emergency responses are commonly required (Çınar & Eti Aslan, 2017; Kim & Yeom, 2018). Providing care to critically ill patients and supporting their families in such high-pressure environments can adversely affect healthcare professionals' physical and psychological well-being, potentially leading to a decline in overall quality of life. Due to heavy workloads and demanding working conditions, intensive care personnel frequently encounter various health problems (Esin & Sezgin, 2017).

Numerous factors such as social life, cultural activities, family structure, psychological traits, individual expectations, and beliefs significantly influence individuals' life satisfaction (Çınar & Özyılmaz, 2019). Life satisfaction is closely related to job satisfaction, which is itself influenced by both working conditions and individual characteristics (Franjic & Franjic, 2022). When nurses are evaluated in terms of burnout, occupational stress, job satisfaction, and life satisfaction, it is evident that problems stemming from the profession reduce their capacity for positive thinking and job satisfaction, while also leading to physical, mental, and social issues (Yıldirmalp, Öner & Yenihan, 2014). Job satisfaction not only strongly affects nurses' life satisfaction and overall well-being, but is also directly influenced by their level of life satisfaction (Koltuniuk et al., 2021). The relationship between nurses' job and life satisfaction has a notable impact on their mental health, motivation, and performance (Medeni et al., 2025).

While all of these factors influence life satisfaction among nurses, self-compassion has recently emerged as a notable psychological component. In this context, self-compassion is increasingly recognized as a psychological protective factor (Boellinghaus et al., 2012). Self-compassion has become an increasingly important construct for mental health and psychological well-being among employees in both institutional and hospital settings (Gerber & Anaki, 2021; Kotera & Van Gordon, 2021; Sinclair et al., 2017). Studies investigating the impact of self-compassion on work performance, organizational citizenship behaviors, and retention in the workplace further underscore its importance (Kotera & Van Gordon, 2021; Reizer, 2019; Duarte et al., 2016). These studies suggest that self-compassion is not only essential for individual well-being but also serves as a significant psychological

resource that supports positive organizational outcomes in the workplace. Individuals with high levels of self-compassion are more likely to experience positive psychological states related to general well-being (Neff & Vonk, 2009; Zessin et al., 2015). Such individuals report higher levels of satisfaction from life (Yang, Zhang & Kou, 2016), interpersonal relationships (Baker & McNulty, 2011), and work life (Abaci & Arda, 2013).

The aim of this study is to examine the relationship between self-compassion and life satisfaction among intensive care nurses and to evaluate the sociodemographic and professional factors that may influence these two variables.

MATERIAL AND METHOD

Study type

This study was conducted using a descriptive and cross-sectional design. The aim of the research was to determine the relationship between intensive care nurses' levels of self-compassion and life satisfaction, and to evaluate certain demographic and occupational variables that may influence this relationship.

Study group

The study population consisted of 276 intensive care nurses working at a Training and Research Hospital in Gaziantep. The sample size was calculated based on the known population, and the sample size selected from the intensive care nurses with a population of $N=276$ was calculated using the sample size formula for limited populations. The calculations yielded 106 participants with a 95% confidence level and a $p = 0.50$ effect size. Due to the aim of the study and its focus on a specific professional group such as intensive care unit (ICU) nurses, the non-probability sampling method of Purposive Sampling was preferred for selecting experienced professionals to participate in the study. The study included volunteer participants ($n=108$) who are actively working in the ICU and have at least one (1) year of experience.

Data Collection

Following the acquisition of the necessary ethical approvals and institutional permissions, the data collection process commenced. Data were collected from the 108 intensive care nurses who voluntarily agreed to participate in the study, employing an online questionnaire methodology.

Data Collection Instruments

The sociodemographic characteristics form, the self-compassion scale and satisfaction with life scale were used to collect data.

The Self-Compassion Scale

The Self-Compassion Scale developed by Neff (2003), the scale was adapted for use in Turkish by Akin et al. (2007). Confirmatory factor analysis for the Self-Compassion Scale confirmed the existence of six subscales that make up the self-compassion construct: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. The high scores of the individual in each subscale means that he or she possesses the features of the relevant subscale. The scale also provides a total self-compassion score. For the interpretation of the total self-compassion score, scores between 1-2.5 indicate low self-compassion, scores between 2.5-3.5 indicate moderate self-compassion and scores between 3.5-5 indicate high self-compassion (Akin et al., 2007).

The Life Satisfaction Scale

The Life Satisfaction Scale, developed by Diener and colleagues (1985), is used to assess individuals' overall life satisfaction. Köker (1991) adapted the scale into Turkish establishing its validity and reliability and found that its test-retest consistency coefficient was 0.85.

Statistical Analysis

The data were analyzed using SPSS (Statistical Package for the Social Sciences) version 23.0. Categorical variables were presented as frequencies (n) and percentages (%), while continuous variables were summarized using means and standard deviations (SD). To assess the normality of data distribution, the Kolmogorov-Smirnov test was employed. For normally distributed variables, comparisons between two groups were conducted using the independent samples t-test, whereas comparisons among more than two groups were conducted using one-way ANOVA. In cases of significant differences as a result of the one-way ANOVA test, post hoc analyses were performed using Tukey's test. In addition, Pearson's correlation analysis was conducted to determine the relationships between scale scores. Cronbach's alpha coefficient was calculated to assess the internal consistency reliability of the measurement scales used in the study. A p-value of <0.05 was considered statistically significant in all analyses.

Ethical considerations

Before starting the study, ethical approval was obtained from the SANKO University Non-Interventional Clinical Research Ethics Committee (Date: 06.03.2023 Number: 2023/02-02). Institutional permission was also obtained from the Training and Research Hospital. Participants were informed about the purpose and scope of the study, and informed consent was obtained from those who agreed to participate

voluntarily. The study was conducted in accordance with the ethical principles set forth in the Declaration of Helsinki.

RESULTS

A total of 108 intensive care unit (ICU) nurses participated in the study. The participants' ages ranged from 19 to 65 years, with 78.7% in the 19–29 age group, 11.1% between 30–40, and 10.2% aged 41 and above. The majority of the participants were female (67.6%), while 32.4% were male. Regarding marital status, 55.6% were single and 44.4% were married. In terms of parenthood, 69.4% reported not having children, whereas 30.6% did. When examining educational status, the majority held a bachelor's degree (59.3%); 28.7% had completed high school, 7.4% held an associate degree, and 4.6% had completed a master's degree. Regarding work experience in intensive care units, 72.2% had worked for 1–5 years, 18.5% for 6–10 years, and 9.3% for 11 years or more. Concerning working patterns, 87.0% performed shift work, 10.2% worked permanent day shifts, and 2.8% worked day and night shifts (Table 1).

Table 1. Examination of the sociodemographic characteristics of the participants (n=108)

Characteristics		N	%
Age	19-29	85	78.7
	30-40	12	11.1
	41 and above	11	10.2
Gender	Female	73	67.6
	Male	35	32.4
Marital Status	Single	60	55.6
	Married	48	44.4
Having Children	Yes	33	30,6
	No	75	69.4
Educational Status	High School	31	28.7
	Associate Degree	8	7.4
	Bachelor's Degree	64	59.3
	Master's Degree	5	4.6
Duration of Working in Intensive Care	1–5 years	78	72,2
	6–10 years	20	18.5
	11 years and above	10	9.3
Working Pattern	Workday and night shifts	3	2.8

	Permanent Day Shift	11	10.2
	Shift work	94	87.0

When Table 2 is examined, the mean scores related to participants' life satisfaction and self-compassion levels are presented. The mean score for the Life Satisfaction Scale was found to be 13.23 ± 4.06 (min: 5.00 – max: 25.00). The total mean score for the Self-Compassion Scale was 2.68 ± 0.37 , indicating that the participants demonstrated a moderate level of self-compassion. Among the subdimensions of the Self-Compassion Scale, the highest mean score was observed in the “Mindfulness” subscale (3.32 ± 0.93), while the lowest was in the “Self-Judgment” subscale (2.12 ± 0.83). The mean scores of the other subdimensions were as follows: “Self-Kindness” 3.19 ± 0.93 , “Common Humanity” 2.97 ± 0.78 , “Isolation” 2.25 ± 0.88 , and “Over-Identification” 2.22 ± 0.83 . To assess the internal consistency of the scales, a reliability analysis was conducted. Cronbach's alpha for the total scale and all subscales ranged between 0.849 and 0.894, indicating a high level of internal consistency (Table 2).

Table 2. Mean scores of the participants on the life satisfaction and self-compassion scale and its subdimensions

Scales	Mean \pm SD	Min - Max	Maximum Possible Score on the Scale	Cronbach's Alpha
Life Satisfaction	13.23 ± 4.06	5.00 - 25.00	5.00 - 25.00	0.860
Self-Compassion	2.68 ± 0.37	1.79 - 4.00	1 - 5	0.894
Self-Kindness	3.19 ± 0.93	1.20 - 5.00	1 - 5	0.861
Self-Judgment	2.12 ± 0.83	1.00 - 5.00	1 - 5	0.871
Common Humanity	2.97 ± 0.78	1.75 - 4.75	1 - 5	0.887
Isolation	2.25 ± 0.88	1.00 - 5.00	1 - 5	0.890
Mindfulness	3.32 ± 0.93	1.75 - 5.00	1 - 5	0.849
Over-Identification	2.22 ± 0.83	1.00 - 4.75	1 - 5	0.886

No statistically significant differences were found between life satisfaction scores and sociodemographic variables such as age, gender, marital status, having children, education level, years of experience in intensive care, and working pattern ($p > 0.05$). However, a statistically significant difference was found between self-compassion scores and education level ($F = 6.511$, $p = 0.000$). According to the post hoc analysis, nurses with a master's degree had significantly higher self-compassion scores compared to those with a high school or bachelor's degree ($d > a$, $p = 0.003$; $d > c$, $p = 0.009$). In addition, a statistically significant difference was observed between self-compassion scores and working pattern ($F = 5.190$,

p = 0.007). Post hoc test results indicated that nurses who worked day and night shifts had significantly higher self-compassion scores compared to those working permanent day shifts or in rotating shifts (a > b, p = 0.021; a > c, p = 0.007). No statistically significant differences were found between self-compassion scores and other sociodemographic variables (p > 0.05) (Table 3).

Table 3. Comparison of life satisfaction and self-compassion scale scores according to the participants’ sociodemographic characteristics

Sociodemographic Characteristics		Life Satisfaction Mean±SD	t/F p	Self-Compassion Mean±SD	t/F p
Age	19-29	13.25±4.14	F=1.468	2.67±0.38	F=1.203
	30-40	11.75±4.41	p=0.235	2.82±0.31	p=0.305
	41 and above	14.63±2.54		2.58±0.35	
Gender	Female	13.64±4.10	t=1.532	2.71±0.35	t=1.253
	Male	12.37±3.90	p=0.129	2.61±0.42	p=0.213
Marital Status	Single	13.15±4.23	t=-0.232	2.65±0.35	t=-0.232
	Married	13.33±3.88	p=0.817	2.72±0.40	p=0.817
Having Children	Yes	13.78±4.22	t=0.943	2.67±0.39	t=0.103
	No	12.98±4.22	p=0.348	2.68±0.37	p=0.918
Educational Status	High School ^a	13.80±4.57	F=0.739	2.57±0.36	F=6.511
	Associate Degree ^b	12.50±6.00	p=0.531	2.93±0.31	p=0.000
	Bachelor’s Degree ^c	12.90±3.58		2.66±0.32	d>c p=0.009 d>a p=0.003
	Master’s Degree ^d	15.00±3.39		3.23±0.59	
Duration of Working in Intensive Care	1–5 years	13.29±4.10	F=0.879	2.68±0.39	F=0.178
	6–10 years	13.75±4.29	p=0.418	2.68±0.34	p=0.837
	11 years and above	11.70±3.23		2.61±0.34	
Working Pattern	Work day and night shifts ^a	16.00±7.81	F=1.043	3.35±0.68	F=5.190
	Permanent Day Shift ^b	14.09±2.77	p=0.356	2.67±0.28	p=0.007
	Shift work ^c	13.04±4.06		2.66±0.36	a>b p=0.021 a>c p=0.007

SD: Standart Deviation; F: One Way Analysis of Variance (ANOVA); t: independent sample t-test; a, b, c,d: Tukey test

Upon examination of Table 4, statistically significant correlations were identified between life satisfaction and both the total score and subdimensions of the Self-Compassion Scale. A weak but significant positive correlation was found between life satisfaction and the total self-compassion score ($r = 0.261$, $p = 0.006$). Among the subdimensions: Self-Kindness showed a strong positive correlation with life satisfaction ($r = 0.515$, $p < 0.001$). Mindfulness also demonstrated a moderate positive correlation ($r = 0.463$, $p < 0.001$). Common Humanity was moderately and positively correlated with life satisfaction ($r = 0.423$, $p < 0.001$). Self-Judgment and Isolation were weakly and negatively correlated with life satisfaction ($r = -0.262$, $p = 0.006$; $r = -0.268$, $p = 0.005$, respectively). Over-Identification showed a weak negative correlation ($r = -0.227$, $p = 0.018$). These findings indicate that higher levels of self-kindness, mindfulness, and a sense of shared humanity are associated with greater life satisfaction, whereas higher levels of self-judgment, isolation, and over-identification are linked to lower life satisfaction (Table 4).

Table 4. Examination of the relationship between life satisfaction and the self-compassion scale and its subdimensions

Scales		Total Self-Compassion	Self-Kindness	Self-Judgment	Common Humanity	Isolation	Mindfulness	Over-Identification
Life Satisfaction	r	.261**	.515**	-.262**	.423**	-.268**	.463**	-.227*
	p	.006	.000	.006	.000	.005	.000	.018

r: Pearson correlation test, * $p < 0.001$ and ** $p < 0.001$ were taken as the significance level.

DISCUSSION

This study aims to examine the relationship between intensive care nurses' levels of life satisfaction and personal resources such as self-compassion. The findings revealed that nurses' self-compassion levels were influenced by certain sociodemographic variables such as educational attainment and work patterns. Furthermore, various significant positive and negative correlations were identified between life satisfaction and the subdimensions of self-compassion. These results suggest that self-compassion may be an important determinant in supporting the psychological well-being of nurses. In this study, it was found that the participating nurses had a moderate level of life satisfaction. The mean score on the Satisfaction with Life Scale (13.23 ± 4.06) indicates that the nurses were generally moderately satisfied with their lives. Similarly, the total mean score on the Self-Compassion Scale was 2.68 ± 0.37 , which, according to Neff's classification, corresponds to a moderate level of self-compassion. In line with these findings, a study conducted by Mohammadi et al. (2014) involving 181 nurses working in specialized care units

(ICU, CCU, NICU, and dialysis wards) in hospitals in South Khorasan Province also reported that nurses had moderate levels of self-compassion. Similarly, Razaghpour et al. (2021) reported moderate levels of self-compassion among nurses working in special care units at Zanzan University of Medical Sciences hospitals. In our study, life satisfaction emerged as an important determinant of nurses' overall perception of life. Similarly, in a study conducted with Chinese nurses by Zhang, Rasheed, and Luqman (2020), it was reported that individuals with low life satisfaction experienced less job satisfaction and were more prone to burnout. Therefore, individual and organizational interventions aimed at increasing life satisfaction among nurses may be effective in reducing the risk of burnout and sustaining professional commitment. Self-compassion encompasses not only self-care but also awareness, acceptance, and kindness toward oneself (Viskovich & De George-Walker, 2019). Especially for nurses, self-compassion can enhance resilience and psychological endurance during challenging periods (Alquwez et al., 2021). Moreover, the literature emphasizes that self-compassion serves as a protective factor in coping with stress and in reducing negative psychological outcomes such as depression and burnout. In a study conducted with Chinese intensive care nurses, mindfulness was found to regulate the effects of emotional exhaustion, depression, and anxiety, particularly through the subdimension of “acting with awareness” (Lu et al., 2019). However, the same study reported that mindfulness did not have a significant effect on life satisfaction, suggesting that not all dimensions of subjective well-being are necessarily directly related to mindfulness. Studies in the literature have also indicated that self-compassion supports mental well-being in the workplace and fosters positive attitudes and job satisfaction (Bahrami Nejad Joneghani et al., 2023). In contrast, the significant positive relationship found between self-compassion and life satisfaction in our study suggests that self-compassion may have a stronger influence on individuals' overall satisfaction with life. Our findings also revealed a significant association between nurses' educational level and their self-compassion scores. Specifically, nurses with a master's degree reported significantly higher levels of self-compassion compared to those with a high school or bachelor's degree. This finding suggests that higher educational attainment may contribute to the development of greater self-understanding, self-kindness, and self-acceptance. Similarly, a study conducted by Joy et al. (2023) reported that nurses with master's or doctoral degrees exhibited higher levels of self-compassion than those with diploma or bachelor's degrees; however, this difference was not statistically significant. Mindfulness-based intervention programs have been shown to enhance self-compassion among nurses (Gozalo et al., 2019; Othman, Hassan, & Mohamed, 2023). This finding suggests

that self-compassion is a personal resource that can be cultivated. In the present study, the significant relationship observed between self-compassion and life satisfaction indicates that nurses' levels of self-compassion play an important role in influencing their overall life satisfaction. In conclusion, the positive association between self-compassion and life satisfaction supports the view that this personal resource contributes meaningfully to nurses' overall well-being. Therefore, individual or organizational interventions aimed at increasing self-compassion may be effective in supporting nurses' psychological well-being and life satisfaction.

Study Limitations and Strengths

The most significant limitation of this study is its relatively small sample size and cross-sectional nature, which may limit the generalizability of the findings. Another limitation of this study is that it was conducted at a single center. The main strength of the study is the use of validated scales to assess the levels of self-compassion and life satisfaction among intensive care nurses. Moreover, significant relationships were identified between these variables, and key sociodemographic and occupational factors influencing them were revealed.

CONCLUSION

Based on the findings of this study, it can be concluded that intensive care nurses exhibit moderate levels of both self-compassion and life satisfaction. The significant relationships identified between self-compassion sub-dimensions and life satisfaction suggest that self-compassion may serve as an important psychological resource in improving overall well-being among nurses working under high-stress conditions. Furthermore, the results highlight the influence of educational background and work schedule on self-compassion levels. These findings suggest that promoting self-compassion—especially through targeted training programs and organizational support—could enhance both the mental resilience and life satisfaction of intensive care nurses. Future research is recommended with broader and more diverse samples, as well as with longitudinal and qualitative designs, to better understand the dynamics of self-compassion and its role in occupational health and well-being.

Ethical Approval

Ethics Committee permission to conduct the study was obtained from SANKO University Non-Interventional Research Ethics Committee (Date 06.03.2023/No: 2023/02-02).

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Author Contributions

Sibel Polat Olca: Research design, literature review, data collection, data analysis, manuscript writing, critical review.

Tuğba Şahin Tokatlıoğlu: Literature review, manuscript writing, critical review.

Zeynep Eroğlu: Research design, literature review, data collection, critical review.

All authors discussed the entire manuscript and approved the final version.

Conflict of Interest

The authors have no conflict of interest.

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