


RESEARCH

Open Access



# Influence of self-compassion on fatigue and psychological wellbeing among psychiatric nurses

Sahar Behilak<sup>1,2</sup>, Saleh Abdullah<sup>3</sup>, Gellan K. Ahmed<sup>4\*</sup>  and Ola Ali Abd El-Fatah Ali Saraya<sup>5</sup>

## Abstract

**Background** Psychiatric mental health nurses often work in highly demanding environments and situations and are exposed to multiple work-based stressors simultaneously. We aimed to explore the influence of self-compassion on fatigue and psychological wellbeing, and to evaluate the possible contributing factors for self-compassion, fatigue, and psychological wellbeing among psychiatric nurses. A descriptive correlational study using a convenience sample was used to employ 50 psychiatric nurses. Participants categorized into three groups based on their scores on The Self-Compassion Scale (SCS-SF): Group 1: low self-compassion, Group 2: moderate self-compassion, and Group 3: high self-compassion. All participants were assessed by socio-demographic data questionnaire, Fatigue Assessment Scale (FAS), and Psychological Wellbeing Scale.

**Results** Regarding FAS and wellbeing, group 1 had the highest mean of both scores, whereas group 3 had the lowest mean of both scores. Psychiatric nurses with high self-compassion were significantly more likely to be male, have a lower overall fatigue score, and have better psychological wellbeing. Psychiatric nurses with high fatigue scores were more likely to be female, married, have diploma, have less self-compassion, and have poorer psychological wellbeing.

**Conclusions** Psychiatry nurses with higher self-compassion had lower fatigue score and better psychological wellbeing. Gender and education level were significant factors for self-compassion and fatigue.

**Keywords** Self-compassion, Fatigue, Psychological wellbeing, Psychiatric nursing

## Background

Self-compassion is the capacity to exhibit empathy or compassion for oneself when faced with failure, insufficiency, or suffering [1, 2]. Several studies have indicated that self-compassion can assist individuals in coping with adverse life situations and minimizing their harmful outcomes, such as burnout and fatigue [3, 4].

Three interrelated elements have been identified to determine self-compassionate responses to personal negative feelings and events [5]: self-kindness as opposed to self-judgment, a sense of common humanity as opposed to isolation, and mindfulness as opposed to over-identification. Self-kindness is a compassionate attitude toward oneself in the presence of pain. Common humanity refers to the understanding

\*Correspondence:

Gellan K. Ahmed  
gillankaram@aun.edu.eg

<sup>1</sup> Department of Psychiatric and Mental Health Nursing, Faculty of Nursing, Mansoura University, Mansoura, Dakahlia Governorate, Egypt

<sup>2</sup> Department of Nursing, College of Applied Medical Sciences, University of Jeddah, Jeddah, Saudi Arabia

<sup>3</sup> Department of Psychiatric and Mental Health Nursing, Faculty of Medicine & Health Science, Hodeidah University, Al Hudaydah, Yemen

<sup>4</sup> Department of Neurology and Psychiatry, Faculty of Medicine, Assiut University, Assiut, Egypt

<sup>5</sup> Department of Psychiatric Mental Health Nursing, Faculty of Nursing, Suez Canal University, Ismailia, Egypt

that life's stressors and experiences are shared human experiences, as opposed to a perception that they are unique. Mindfulness is a kind of balanced awareness that neither minimizes nor magnifies the discomfort of our current experience [6] as we cannot demonstrate self-compassion without recognizing that we are experiencing suffering [7]. It has been claimed that self-compassion can improve the mental health of health-care providers by encouraging optimism, happiness, and a broader perspective on challenges [8].

An issue that nursing staff face at work is fatigue, which inhibits them from functioning properly. Fatigue is a critical challenge and a significant problem among nurses who experience higher workloads, which further causes various issues, such as distress and burnout. Fatigue has an adverse influence on nurses and causes physical, cognitive, and emotional issues that may affect their quality of life. In contrast, self-compassion helps nurses enhance their ability to manage emotions and prevent some negative outcomes of nursing, such as burnout and fatigue [9].

Psychiatric mental health nurses frequently work in extremely demanding settings and circumstances and are exposed to various stressors instantly. Stressors, including work pressure, excessive complexity, skipping breaks, longer work hours than agreed upon, lack of resources and staff, and unsatisfactory patient outcomes, can make psychiatric nurses feel psychologically depleted and put them at risk of mental illness. Self-compassion improves an individual's overall wellbeing and health [10]. Self-compassion may serve as a protective factor and help psychiatric nurses maintain psychological wellness [11–13]. Unfortunately, the impact of self-compassion on the health and wellbeing of psychiatric nurses is less understood. Moreover, studies examining the relationship between fatigue and self-compassion and psychological wellbeing among nurses are limited [14], particularly psychiatric nurses, worldwide and in Egypt [15–17].

Individuals with a high degree of self-compassion hardly ever adopt maladaptive coping strategies, such as self-criticism, contemplation, thought suppression, and avoidance, when confronting their own experiences. Improving one's own self-compassion can also effectively reduce fatigue [5]. Consequently, identifying the relationship between self-compassion, fatigue, and psychological wellbeing might enhance our understanding of how self-compassion may translate into reduced fatigue and increased psychological wellbeing among psychiatric nurses.

Although self-compassion can promote positive wellbeing among adults, there is a lack of research in this area that should be addressed. This study was designed to explore the influence of self-compassion on fatigue and psychological wellbeing among psychiatric nurses.

This study was designed to assess the influence of self-compassion on fatigue and psychological wellbeing among psychiatric nurses. Also, to evaluate the possible contributing factors for self-compassion, fatigue, and psychological wellbeing among psychiatric nurses.

## Methods

A cross-sectional study was conducted with convenience sample of 50 registered nurses working in the Psychiatric Department of the Psychiatry and Neurology Hospital of [Assiut University] between October 2023 and February 2024. The questionnaire was distributed 3 days each week throughout three work shifts (morning shift from 10 a.m. to 12 p.m., afternoon shift from 4 p.m. to 6 p.m., and night shift from 9 p.m. to 11 p.m.). A pilot study was conducted involving 10 nurses working at the Psychiatric Department of the Psychiatry and Neurology Hospital of Assiut University to evaluate the questionnaire's clarity, feasibility, and applicability. Modifications were made to evaluate any additional problems or difficulties, such as question sequencing and clarity. The nurses included in this pilot study were excluded from the overall sample.

**Tools of the study:** This study used a specially structured assessment questionnaire that was designed by the researchers after reviewing the different related studies and literature to collect the required data; the assessment questionnaire was categorized as follows:

**Sociodemographic data:** This was developed by researchers based on previous literature. It included age, sex, residence, educational level (diploma (2 years) or Bachelor (4 years), marital status, years of experience, the number of working hours per week, working shifts per month, the number of nurses caring for patients during a shift, and previous training about self-compassion.

**The Self-Compassion Scale—Short Form (SCS-SF):** It is a widely recognized tool for assessing self-compassion. It is a condensed version of the original Self-Compassion Scale (SCS), developed by Kristin Neff, which includes 26 items. The short form contains 12 items that cover the same six components: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. This scale provides a quick yet effective way to measure self-compassion, maintaining strong psychometric properties similar to the full version. This scale consists of 12 items scored on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always) [18]. Cronbach's alpha for the scale is 0.86 [19]. The total self-compassion is the sum of all items divided by the number of items. The mean and standard deviation of the total scores for the studied sample were calculated. Individuals with scores greater than one standard deviation above the mean were classified as belonging to the high self-compassion, while those with scores lower than one

standard deviation below the mean were categorized as belonging to low self-compassion. Individuals with scores falling between these two ranges were classified as moderate self-compassion. An overall score of 1–2.5 denotes low self-compassion, 2.5–3.5 denotes moderate self-compassion, and 3.5–5.0 denotes high self-compassion.

**The fatigue assessment scale (FAS):** The FAS consists of 10 items: five questions measure physical fatigue, and five questions measure mental fatigue. The scale's internal consistency was 0.90. Each question is answered using a 5-point Likert-type scale ranging from 1 ("never") to 5 ("always"). The total score can range from 10 to 50; those < 22 indicate "normal" (healthy) levels of fatigue, those between 22 and 34 indicate mild-to-moderate fatigue, and those > 35 indicate severe fatigue [20]. In this study, we used Arabic version [21].

**Psychological wellbeing scale:** It was formerly used to measure six aspects of wellbeing and happiness: autonomy, environmental mastery, personal growth, positive relationships with others, life purpose, and self-acceptance. To determine subscale scores for each participant, the responses to each subscale item are added. Higher scores indicate greater psychological wellbeing [22].

#### Validation and reliability of tools

**In translating the SCS-SF and Psychological wellbeing scale:** into Arabic, we followed a structured process to ensure the translation maintained its validity and reliability. This involved both forward and backward translation, ensuring that the meaning of each item was preserved in the Arabic context. The translated Arabic version of the SCS [23] was used as a guide to support our further work in translating SCS-SF. Validity of all tools was evaluated by five experts from the Faculty of Nursing, Assuit University. They were from different academic categories, that is, professor and assistant professor, to confirm the accuracy and relevance of the data and tools.

**Reliability of the study tools:** The reliability was evaluated using the Cronbach alpha coefficient test for the SCS-SF, FAS, and psychological wellbeing scale ( $r=0.855$ ,  $0.880$ , and  $0.861$ , respectively).

**Statistical analysis:** Statistical Package for the Social Sciences, version 26, was used for data entry and statistical analysis. Qualitative data were represented as numbers and percentages; the Chi-square ( $\chi^2$ ) test or Fisher's exact test was used to compare categorical variables, as appropriate. Quantitative data were described as means and standard deviations and after testing for normality using the Kolmogorov–Smirnov test; analysis of variance was used to compare more than two groups of normally distributed variables, and the nonparametric Kruskal–Wallis test was used to compare more than two groups of not normally distributed data. The Spearman

correlation coefficient is used to evaluate the relationship between continuous variables. Using a point-biserial correlation coefficient, a correlation between a dichotomous categorical variable and a continuous variable was determined. The researchers used univariate linear regression to identify potential risk factors for self-compassion, fatigue, and psychological wellbeing in the groups under study. A two-tailed  $p \leq 0.05$  was used to denote statistical significance.

#### Results

**Sociodemographic data:** Table 1 displays the socio-demographic characteristics of the psychiatric nurses in this study. Fifty psychiatric nurses were recruited and categorized into three groups based on their scores on SCS-SF: Group 1: low self-compassion ( $n=13$ ), Group 2: moderate self-compassion ( $n=27$ ), and Group 3: high self-compassion ( $n=10$ ).

A statistically significant difference in years of experience was observed between the three groups. Group 1 was significantly younger (mean age,  $37.15 \pm 7.49$  years), had significantly lower years of experience ( $15.69 \pm 8.57$  years), and had a lower number of nurses caring for patients during a shift ( $7.31 \pm 4.38$ ) than other groups. Group 3 had a higher proportion of nurses aged  $\geq 45$  (30%), nurses from urban areas (80%), nurses with a bachelor's degree in nursing (50%), nurses working < 45 h per week (100%), and nurses caring for  $\geq 10$  patients per shift (50%).

**FAS and psychological wellbeing scale results:** No significant difference in FAS scores was observed among the groups. Meanwhile, Group 1 had the highest mean FAS score ( $29.69 \pm 7.59$ ), whereas Group 3 had the lowest mean FAS score ( $23.50 \pm 5.23$ ). Severe fatigue was observed in Group 1 and 2 only, whereas normal fatigue was more prevalent in Group 3 (60%) than in other groups (Table 2).

Statistically significant differences in the total and subscale scores of the Psychological Wellbeing Scale were observed between the groups. Group 1 had the lowest mean total and subscale scores, whereas Group 3 had the highest mean total and subscale scores.

**Relational studies:** Correlation between the total scores in SCS-SF, the FAS, and the Psychological Wellbeing Scale and other parameters (Table 3) found that the total FAS score had a negative correlation with age ( $r = -0.28$ ;  $p = 0.042$ ) and a positive correlation with being married ( $r = 0.28$ ;  $p = 0.044$ ). The total score on SCS-SF had a strong positive correlation with the total score on the Psychological Wellbeing Scale ( $r = 0.72$ ;  $p < 0.0001$ ).

Univariate linear regression between self-compassion and other parameters (Table 4) reported psychiatric nurses with high self-compassion were significantly more

**Table 1** The socio-demographic characteristics of the psychiatric nurses

Variables	Total participants (n = 50)	Group 1 (n = 13)	Group 2 (n = 27)	Group 3 (n = 10)	P value
Age (mean ± SD)	40.84 ± 7.67	37.15 ± 7.49	42.37 ± 6.96	41.5 ± 8.87	0.104
< 35 years	12 (24%)	5 (38.5%)	5 (18.5%)	2 (20%)	0.51
35–45 years	27 (54%)	7 (53.8%)	15 (55.6%)	5 (50%)	
> 45 years	11 (22%)	1 (7.7%)	7 (25.9%)	3 (30%)	
Sex					
Male	9 (18%)	1 (7.7%)	6 (22.2%)	2 (20%)	0.52
Female	41 (82%)	12 (92.3%)	21 (77.8%)	8 (80%)	
Residence					
Rural	11 (22%)	3 (23.1%)	6 (22.2%)	2 (20%)	0.98
Urban	39 (78%)	10 (76.9%)	21 (77.8%)	8 (80%)	
Level of education					
Bachelor of nursing	16 (32%)	5 (38.5%)	6 (22.2%)	5 (50%)	0.23
Diploma	34 (68%)	8 (61.5%)	21 (77.8%)	5 (50%)	
Marital status					
Single	3 (6%)	1 (7.7%)	0 (0%)	2 (20%)	0.13
Married	41 (82%)	10 (76.9%)	25 (92.6%)	6 (60%)	
Widow	6 (12%)	2 (15.4%)	2 (7.4%)	2 (20%)	
Years' experience: mean ± SD	19.58 ± 8.57	15.69 ± 8.57	22.26 ± 6.95	17.40 ± 10.65	0.06
< 10 years	9 (18%)	4 (30.8%)	2 (7.4%)	3 (30%)	0.17
10–20 years	11 (22%)	4 (30.8%)	5 (18.5%)	2 (20%)	
> 20 years	30 (60%)	5 (38.5%)	20 (74.1%)	5 (50%)	
Working hours/weekly					
≤ 45 h	38 (76%)	10 (76.9%)	20 (74.1%)	8 (80%)	0.92
> 45 h	12 (24%)	3 (23.1%)	7 (25.9%)	2 (20%)	
Working shifts/month					
1–5 shifts per month	39 (78%)	9 (69.2%)	20 (74.1%)	10 (100%)	0.16
> 5 shifts per month	11 (22%)	4 (30.8%)	7 (25.9%)	0 (0%)	
Nurse caring patients during shift: mean ± SD	7.94 ± 4.10	7.31 ± 4.38	7.67 ± 3.55	9.5 ± 5.1	0.6
1–5 patients	20 (40%)	6 (46.2%)	11 (40.7%)	3 (30%)	0.5
6–10 patients	14 (28%)	5 (38.5%)	7 (25.9%)	2 (20%)	
> 10 patients	16 (32%)	2 (15.4%)	9 (33.3%)	5 (50%)	
Previous training program about self-compassion					
Yes	9 (18%)	0 (0%)	7 (25.9%)	2 (20%)	0.13
No	41 (82%)	12 (100%)	20 (74.1%)	8 (80%)	

Group 1: low self-compassion, Group 2: moderate self-compassion, Group 3: high self-compassion

likely to be male ( $p=0.04$ ), have a lower overall fatigue score ( $p=0.028$ ), and have better psychological wellbeing ( $p=0.0001$ ).

Univariate linear regression between fatigue and other parameters and univariate linear regression between psychological wellbeing and other parameters (Tables 5 and 6) shows psychiatric nurses with high fatigue scores were more likely to be female ( $p=0.047$ ), married ( $p=0.042$ ), have diploma ( $p=0.04$ ), have less self-compassion ( $p=0.028$ ), and have poorer psychological wellbeing ( $p=0.04$ ).

## Discussion

Mental health nurses must deal with patients at many levels, ranging from patients with psychological issues to those with physical disorders, from children to adults, and from inpatients to those in critical situations [24]. They face many challenges and experience several negative events. Self-compassion appears to be an important tool for dealing with unpleasant events [25]. Individuals with high self-compassion respond less emotionally to unfavorable events, produce more reasonable and less harsh perceptions of their experiences, and do not

**Table 2** FAS and psychological wellbeing scale results

Variables	Total participants (n = 50)	Group 1 (n = 13)	Group 2 (n = 27)	Group 3 (n = 10)	P value
Levels of fatigue assessment					
Normal	17 (34%)	3 (23.1%)	8 (29.6%)	6 (60%)	0.22
Mild to moderate	27 (54%)	7 (53.8%)	16 (59.3%)	4 (40%)	
Severe	6 (12%)	3 (23.1%)	3 (11.1%)	0 (0%)	
Total FAS score mean $\pm$ SD	27.08 $\pm$ 7.04	29.69 $\pm$ 7.59	27.15 $\pm$ 6.9	23.50 $\pm$ 5.23	0.12
Psychological wellbeing					
Autonomy	9.54 $\pm$ 2.60	7 $\pm$ 2.30	10.41 $\pm$ 1.88	10.50 $\pm$ 2.59	0.001*
Environmental mastery	11.66 $\pm$ 3.79	6.46 $\pm$ 1.12	13 $\pm$ 2.37	14.80 $\pm$ 2.25	0.001*
Personal growth	11.84 $\pm$ 4.01	6.77 $\pm$ 1.73	13.11 $\pm$ 2.45	15 $\pm$ 3.59	0.001*
Positive relations with others	10.02 $\pm$ 2.52	7.69 $\pm$ 2.28	10.48 $\pm$ 1.84	11.80 $\pm$ 2.39	0.001*
Purpose in life	10.74 $\pm$ 2.85	8.62 $\pm$ 2.18	11.30 $\pm$ 2.61	12 $\pm$ 2.98	0.007*
Self-acceptance	12.10 $\pm$ 4.41	6.15 $\pm$ 1.51	13.56 $\pm$ 2.17	15.9 $\pm$ 3.98	0.001*
Total of psychological Wellbeing	65.90 $\pm$ 16.38	42.69 $\pm$ 6.68	71.85 $\pm$ 8.02	80 $\pm$ 10.49	0.001*

Group 1: low self-compassion, Group 2: moderate self-compassion, Group 3: high self-compassion, FAS Fatigue Assessment Scale, \*  $p$  significant  $\leq 0.05$

**Table 3** Correlation between total score of self-compassion, FAS, psychological wellbeing scales and other parameters

Variables		Total self-compassion score	Total FAS score	Total of psychological wellbeing
Age	$r$	0.186	-0.289	0.111
	$P$ value	0.195	0.042*	0.443
Sex	$r$	-0.259	0.244	-0.249
	$P$ value	0.069	0.087	0.081
Marital status	$r$	-0.179	0.286	0.025
	$P$ value	0.213	0.044*	0.862
Residence	$r$	-0.054	0.116	-0.116
	$P$ value	0.711	0.423	0.424
Level education	$r$	0.081	0.271	0.006
	$P$ value	0.578	0.057	0.967
Years' Experience	$r$	0.117	-0.042	0.085
	$P$ value	0.417	0.770	0.556
Working shifts/month	$r$	-0.013	0.147	0.098
	$P$ value	0.928	0.309	0.499
Working hours/weekly	$r$	-0.078	-0.075	0.091
	$P$ value	0.589	0.605	0.530
Nurse caring patients during shift	$r$	0.087	-0.033	-0.027
	$P$ value	0.547	0.820	0.850
Previous compassion training	$r$	-0.322	0.204	0.022
	$P$ value	0.122	0.154	0.881
Total FAS score	$r$	-0.271	-	-0.242
	$P$ value	0.057	-	0.091
Total of Psychological Wellbeing	$r$	0.728	-0.242	-
	$P$ value	0.0001*	0.091	-

FAS Fatigue Assessment Scale, \*  $p$  significant  $\leq 0.05$

**Table 4** Univariate linear regression between self-compassion and other parameters

Variables	B	Std. error	Beta	t	P value	Confidence interval	
						Lower bound	Upper bound
Age	0.009	0.011	0.122	0.851	0.399	-0.013	0.031
Sex	-0.437	0.208	-0.289	-2.095	0.041*	-0.856	-0.018
Marital status	-0.256	0.215	-0.170	-1.193	0.239	-0.687	0.176
Residence	-0.021	0.202	-0.015	-0.103	0.918	-0.427	0.385
Level education	0.047	0.179	0.038	0.263	0.793	-0.313	0.407
Years' Experience	0.005	0.010	0.071	0.491	0.626	-0.015	0.025
Working shifts/month	-0.013	0.038	-0.050	-0.345	0.732	-0.090	0.064
Working hours/weekly	-0.038	0.196	-0.028	-0.192	0.848	-0.431	0.356
Nurse caring patients during shift	0.027	0.020	0.188	1.328	0.191	-0.014	0.068
Previous compassion	-0.403	0.210	-0.267	-1.919	0.061	-0.824	0.019
Total FAS score	-0.026	0.011	-0.311	-2.269	0.028*	-0.049	-0.003
Total of psychological wellbeing	0.032	0.002	0.899	14.197	0.0001*	0.028	0.037

FAS Fatigue Assessment Scale, \*p significant  $\leq 0.05$

**Table 5** Univariate linear regression between fatigue and other parameters

Variables	B	Std. error	Odds ratio	t	P value	Confidence interval	
						Lower bound	Upper bound
Age	-0.182	0.130	-0.199	-1.406	0.166	-0.443	0.078
Sex	5.111	2.512	0.282	2.035	0.047*	0.061	10.161
Marital status	5.247	2.506	0.289	2.094	0.042*	0.208	10.285
Residence	2.200	2.407	0.131	0.914	0.365	-2.639	7.040
Level education	4.346	2.063	0.291	2.107	0.040*	0.198	8.493
Years' Experience	0.023	0.118	0.028	0.196	0.845	-0.215	0.261
Working shifts/month	0.505	0.455	0.158	1.109	0.273	-0.410	1.419
Working hours/weekly	-1.311	2.347	-0.080	-0.559	0.579	-6.031	3.408
Nurse caring patients during shift	-0.376	0.242	-0.219	-1.554	0.127	-0.861	0.110
Previous compassion	3.756	2.561	0.207	1.467	0.149	-1.393	8.906
Total compassion	-3.743	1.649	-0.311	-2.269	0.028*	-7.059	-0.426
Total of Psychological wellbeing	-0.125	0.059	-0.291	-2.108	0.040*	-0.244	-0.006

FAS Fatigue Assessment Scale

\*p significant  $\leq 0.05$

develop bad feelings when thinking of stressful or bad situations [4]. Therefore, we evaluated the relationships between self-compassion and fatigue and psychological wellbeing among psychiatric nurses and determined its possible risk factors.

In this study, psychiatric nurses with lower self-compassion were younger, had fewer years of experience, and cared for fewer patients during a shift. In contrast, nurses with high self-compassion were aged  $\geq 45$  years, were from urban areas, had a bachelor's degree in nursing (high academic degree), were working  $< 45$  h per week, and were caring for  $\geq 10$  patients per shift. Two studies found that increased age and having longer clinical

experience are related to low compassion fatigue [26] and high compassion satisfaction [27] as experienced nurses may have higher professional performance and coping methods to care for psychiatric patients and they are confident in their ability to respond effectively to situations [27].

Regarding high education, a study found that students who practice high levels of self-compassion are less likely to suffer from anxiety or procrastination, both of which can impair academic progress [28].

Regarding working hours, higher self-compassion ratings were correlated with decreased working hours, as working few hours help reduce the negative effects



**Table 6** Univariate linear regression between psychological wellbeing and other parameters

Variables	B	Std. Error	Odds ratio	t	P value	Confidence interval	
						Lower bound	Upper bound
Age	0.195	0.307	0.092	0.637	0.527	-0.421	0.812
Sex	-11.098	5.879	-0.263	-1.888	0.065	-22.917	0.722
Marital status	-1.748	6.088	-0.041	-0.287	0.775	-13.988	10.492
Residence	-3.741	5.625	-0.096	-0.665	0.509	-15.051	7.568
Level education	-0.790	5.017	-0.023	-0.158	0.875	-10.877	9.296
Years' experience	0.170	0.275	0.089	0.617	0.540	-0.383	0.722
Working shifts/month	-0.150	1.072	-0.020	-0.140	0.889	-2.306	2.005
Working hours/weekly	2.434	5.470	0.064	0.445	0.658	-8.563	13.432
Nurse caring patients during shift	0.276	0.575	0.069	0.480	0.633	-0.880	1.432
Previous compassion	-6.626	6.017	-0.157	-1.101	0.276	-18.725	5.473

associated with stressful situations at work [29]. In contrast, living in urban areas helps reduce traffic time and stress to get in work as this study was conducted at an urban hospital.

This study found no significant difference in FAS scores among the groups. The low self-compassion group had the highest mean FAS scale score (worst score), whereas the high self-compassion group had the lowest mean FAS scale score (better score). Additionally, statistically significant differences in the total and subscale scores on the Psychological Wellbeing Scale were observed among the groups. The lowest mean total and subscale scores on the Psychological Wellbeing Scale were observed in the low self-compassion group, whereas the high self-compassion group had the highest mean total and subscale scores.

In a previous study, nurses working in special care departments, such as the emergency room, intensive care unit, and operating room, reported higher levels of fatigue, which could be because these nurses must care for patients who have more severe diseases or injuries and are more physically dependent [30]. Furthermore, the role of a mental health nurse is significantly different from that of a general nurse, although both nurses are responsible for patient care. Even so, the care demanded by psychiatric patients is significantly different from that required by a patient with physical diseases [24].

It has been demonstrated that individuals with high self-compassion are more likely to have good psychological wellbeing and have a stronger sense of satisfaction than those with low self-compassion [31]. In contrast, individuals who lack self-compassion are more likely to have psychological issues and fatigue [10].

This finding is consistent with those of Durkin and colleagues, who investigated the relationship between self-compassion and wellbeing among community nurses and discovered that community nurses who

reported high levels of self-compassion also reported less burnout and more compassion for others [32].

Moreover, the total FAS score was associated with younger age and being married. Additionally, univariate linear regression studies found that psychiatric nurses with high self-compassion were significantly more likely to be male, have a low fatigue, and have high psychological wellbeing. Psychiatric nurses with high fatigue scores were more likely to be female, be married, have a diploma, have less self-compassion, and have less psychological wellbeing. Similarly, fatigue was associated with female sex [33], lower education level [34], being divorced or married [35], and poor psychological wellbeing [36].

This study established the influence of self-compassion on fatigue and psychological wellbeing among psychiatric nurses by providing important insights and substantial proof. As a result, we hope that the findings of this study will be applicable not only to mental nursing but to all nursing disciplines.

We recommend creating an educational intervention program about self-compassion that can reduce fatigue and improve the psychological wellbeing of psychiatric hospital nurses. An intervention program for all psychiatric nurses should be established to increase self-compassion knowledge, attitudes, and abilities to protect them from fatigue and psychological distress. Also, a self-compassion training program should be addressed at various population levels, such as schools, jobs, or public service. To attract participants, it must be free or low-cost.

This study has some limitations: (a) first, the convenience sample limits the generalization of the findings; (b) second, the study was limited to Assiut University's Psychiatry and Neurology Hospital; (c) third, we did not exclude nurses with psychiatric disorders or

medical conditions that might have affected their levels of compassion and psychological wellbeing.

## Conclusions

Psychiatry nurses with higher self-compassion had lower fatigue score and better psychological wellbeing. Gender and education level were significant factors for self-compassion and fatigue. Future studies should evaluate therapies and techniques for improving self-compassion among psychiatric nurses to reduce fatigue and increase psychological wellbeing.

## Abbreviations

FAS Fatigue Assessment Scale  
SCS-SFL The Self-Compassion Scale

## Acknowledgements

Not applicable.

## Author contributions

SB contributed to the study conception, design of the work, statistical analysis, and critical revision of the manuscript. SA and GKA contributed to data interpretation, statistical analysis, and critical revision of the manuscript. OAAS contributed to the study conception, design of the work, data recruitment, and drafted the manuscript. All authors gave final approval of the version to be published.

## Funding

None.

## Availability of data and materials

All data generated or analyzed during this study are available from correspondence on request.

## Declarations

### Ethics approval and consent to participate

The institutional review board of the Faculty of Medicine, Assiut University, granted ethical approval for the investigation (IRB: 17300900). In addition to the questionnaire, the nurses received a cover letter with a written explanation of the purpose and nature of the study. Before the request for participation, the anonymity and confidentiality of the nurses were assured. Informed written consent was obtained from the participants. Additionally, the nurses were reassured that their participation in this study was voluntary.

### Consent for publication

Not applicable.

### Competing interests

The authors have no competing interests to declare that are relevant to the content of this article.

Received: 5 April 2024 Accepted: 15 September 2024

Published online: 24 September 2024

## References

- Thompson BL, Waltz J. Self-compassion and PTSD symptom severity. *J Trauma Stress*. 2008;21(6):556–8.
- Bluth K, Eisenlohr-Moul TA. Response to a mindful self-compassion intervention in teens: a within-person association of mindfulness, self-compassion, and emotional well-being outcomes. *J Adolesc*. 2017;57:108–18.
- Neely ME, Schallert DL, Mohammed SS, Roberts RM, Chen Y-J. Self-kindness when facing stress: the role of self-compassion, goal regulation, and support in college students' well-being. *Motiv Emotion*. 2009;33(1):88–97.
- Leary MR, Tate EB, Adams CE, Allen AB, Hancock J. Self-compassion and reactions to unpleasant self-relevant events: the implications of treating oneself kindly. *J Pers Soc Psychol*. 2007;92(5):887–904.
- Neff KD. The development and validation of a scale to measure self-compassion. *Self and identity*. 2003;2(3):223–50.
- Kabat-Zinn J. *Wherever you go, there you are: mindfulness meditation in everyday life*. New York: Hyperion; 1994.
- Kabat-Zinn J. *Wherever you go, there you are: mindfulness meditation in everyday life*. Paris: Hachette; 2023.
- Pauley G, McPherson S. The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. *Psychol Psychother*. 2010;83(2):129–43.
- Bhat SA, Shah SA. Self compassion and mental health: a study on young adults. *IJRANSS*. 2015;3(4):2347–4580.
- Dev V, Fernando AT 3rd, Considine NS. Self-compassion as a stress moderator: a cross-sectional study of 1700 doctors, nurses, and medical students. *Mindfulness*. 2020;11(5):1170–81.
- Andrews H, Tierney S, Seers K. Needing permission: the experience of self-care and self-compassion in nursing: a constructivist grounded theory study. *Int J Nurs Stud*. 2020;101:103436.
- Beaumont E, Durkin M, Hollins Martin CJ, Carson J. Compassion for others, self-compassion, quality of life and mental well-being measures and their association with compassion fatigue and burnout in student midwives: a quantitative survey. *Midwifery*. 2016;34:239–44.
- Shapira LB, Mongrain M. The benefits of self-compassion and optimism exercises for individuals vulnerable to depression. *J Posit Psychol*. 2010;5(5):377–89.
- Vaillancourt ES, Wasyliw L. The intermediary role of burnout in the relationship between self-compassion and job satisfaction among nurses. *Can J Nurs Res*. 2020;52(4):246–54.
- Jones G, Hocine M, Salomon J, Dab W, Temime L. Demographic and occupational predictors of stress and fatigue in French intensive-care registered nurses and nurses' aides: a cross-sectional study. *Int J Nurs Stud*. 2015;52(1):250–9.
- Vasconcelos S, Marqueze E, Gonçalves L, Lemos L, Araújo L, Fischer FM, et al. Morbidity among nursing personnel and its association with working conditions and work organization. *Work*. 2012;41(Suppl 1):3732–7.
- Laschinger HKS, Fida R. New nurses burnout and workplace wellbeing: the influence of authentic leadership and psychological capital. *Burn research*. 2014;1(1):19–28.
- Raes F, Pommier E, Neff KD, Van Gucht D. Construction and factorial validation of a short form of the self-compassion scale. *Clin Psychol Psychother*. 2011;18(3):250–5.
- Neff KD, Tóth-Király I. Self-Compassion Scale (SCS). In: Medvedev ON, Krágeloh CU, Siegert RJ, Singh NN, editors. *Handbook of assessment in mindfulness research*. Cham: Springer International Publishing; 2022. p. 1–22.
- Hendriks C, Drent M, Elfferich M, De Vries J. The fatigue assessment Scale: quality and availability in sarcoidosis and other diseases. *Curr Opin Pulm Med*. 2018;24(5):495–503.
- Alhanbali S, AlJasser A, Aboudi O, Alaqrabawi W, Munro KJ. Establishing the reliability and the validity of the Arabic translated versions of the effort assessment scale and the fatigue assessment scale. *Int J Audiol*. 2023;62(9):853–8.
- Ryff CD, Keyes CL. The structure of psychological well-being revisited. *J Pers Soc Psychol*. 1995;69(4):719–27.
- Alabdulaziz H, Alquwez N, Almazan JU, Albougami A, Alshammari F, Cruz JP. The self-compassion scale Arabic version for baccalaureate nursing students: a validation study. *Nurse Educ Today*. 2020;89:104420.
- Lever T, Lucas M, Ortlepp K. Burnout in psychiatric nurses: contributions of the work environment and a sense of coherence. *S Afr J Psychol*. 2000;30:36–43.
- MacBeth A, Gumley A. Exploring compassion: a meta-analysis of the association between self-compassion and psychopathology. *Clin Psychol Rev*. 2012;32(6):545–52.
- Stacey W, Kramer M, Gunnarsdottir K, Gonzalez-Martinez J, Zaghoul K, Inati S, et al. Emerging roles of network analysis for epilepsy. *Epilepsy Res*. 2020;159:106255.



27. Xie W, Wang J, Okoli CTC, He H, Feng F, Zhuang L, et al. Prevalence and factors of compassion fatigue among Chinese psychiatric nurses: a cross-sectional study. *Medicine (Baltimore)*. 2020;99(29):e21083.
28. Williams JG, Stark SK, Foster EE. Start today or the very last day?. The relationships among self-compassion, motivation, and procrastination. *Am J Psychol Res*. 2008;4(1):37-44.
29. Cotterill M, Kotera Y, Garip G. The effect of self-compassion on job burnout and hours worked in employees' working from home. *J Concurr Disord*. 2021. <https://doi.org/10.54127/GRNJ6778>.
30. Lee E-Y, Kim J-S. Relationships among Emotional Labor, Fatigue, and Musculoskeletal Pain in Nurses [Internet]. Vol. 18, *Journal of the Korea Academia-Industrial cooperation Society. The Korea Academia-Industrial Cooperation Society*; 2017. p. 351–9. Available from: <https://doi.org/10.5762/KAIS.2017.18.1.351>
31. Benzo R, Kirsch JL, Nelson C. Compassion, mindfulness, and the happiness of healthcare workers. *Explore*. 2017;13:201–6.
32. Durkin M, Beaumont E, Hollins Martin CJ, Carson J. A pilot study exploring the relationship between self-compassion, self-judgement, self-kindness, compassion, professional quality of life and wellbeing among UK community nurses. *Nurse Educ Today*. 2016;46:109–14.
33. Cullen W, Kearney Y, Bury G. Prevalence of fatigue in general practice. *Ir J Med Sci*. 2002;171:10–2.
34. Lee K-J, Kim J. Related factors on fatigue symptom in married working women. *J Epidemiol*. 2008;30:82.
35. Baye M, Fisseha B, Bayisa M, Abebe SM, Janakiraman B. Experience of fatigue and associated factors among adult people living with HIV attending ART clinic: a hospital-based cross-sectional study in Ethiopia. *BMJ Open*. 2020;10(10):e042029.
36. Sagherian K, Cho H, Steege LM. The insomnia, fatigue, and psychological well-being of hospital nurses 18 months after the COVID-19 pandemic began: a cross-sectional study. *J Clin Nurs*. 2022. <https://doi.org/10.1111/jocn.16451>.

### **Publisher's Note**

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.