

Relation Between Mindfulness, Self-compassion and Psychological Wellbeing among Psychiatric Nurses

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Abstract

Background: Mental health professionals face stressful situations while caring their patients, which adversely affect quality of care and well-being. From the factors contributing to the well-being are : mindfulness and self-compassion which are explored in the health care literature, with a great emphasis on reducing stress and enhancing wellbeing. **The aim:** was to assess the relation between mindfulness, self-compassion and psychological wellbeing among the psychiatric nurses. **Participants and Method:** Descriptive correlational design was utilized. **Setting:** Psychiatric Mental Health Hospital in Tanta City. **A purposive sample** of sixty psychiatric nurse from the above setting. **Tools for data collection,** questionnaire for socio-demographic characteristics of the studied sample were used, tool one: **the mindful self-care scale (MSCS; Cook-Cottone & Guyker, 2018)** to measure the level of mindful self-care. It consists of six subscales with 33 items each. The self-compassion scale (SCS, Neff, 2003b) is the second tool. This 26-item scale evaluates aspects of self-compassion through six subscales. **Scale of Psychological Well-being (PWB; Ryff & Keyes, 1995)** it measures six domains of well-being, and the total numbers of items were 54. **Results:** the study revealed that there is a positive statistical significant correlation between mindful self-care and Self-compassion, where there is a positive statistical significant correlation between mindful self-care and psychological well-being. Furthermore, there is a positive statistical significant correlation between self-compassion and psychological well-being. **Conclusion and recommendations:** To enhance their psychological well-being, all psychiatric nurses should participate in educational programs that teach them self-compassion and mindfulness practices.

Keywords: *Mindfulness, Self-compassion & Psychological well-being*

Introduction

One of the most demanding occupations in the world is psychiatric nursing. It is considered as a physically and psychologically demanding job. Psychiatric nurses particularly are at high risk to be stressed and this negatively can influence their physical and mental health. Nurses are on the front lines, responsible for providing daily care to the patients and serving as a provider of information, encouragement, and education to the patients and their families (Elsherif, & Sabra, 2022; Bazarko et al, 2013; Itzhaki, 2018). Inappropriate patient attitudes, the demanding nature of patients' illness, violence, workload, work environment, insufficient resources, and ethical dilemmas are all great sources of stress for psychiatric nurses (Ahanchian et al., 2015; Al-Nabhani, 2016; İşgör, & Haspolat, 2016). Therefore, the psychological well-being of psychiatric nurses would be impacted if their physical and mental health were not protected. A work environment that aligns with nurses' values, interests, and abilities can have a beneficial impact on their job satisfaction, which in turn can have a favorable impact on their psychological health. Therefore, a significant portion of life is inspired by one's career, which is considered

to be one of the key components of psychological well-being (İşgör & Haspolat, 2016; Malasch, & Leiter, 1997). A sense of progress and self-realization, along with psychological adjustment, are characteristics of psychological well-being (Melnyk et al, 2018).

According to Yousefi Afrashteh & Hasani (2022), mindfulness-involves having a non-judgmental realization of one's present-moment experiences-is one of the elements linked to psychological well-being. By using the five senses and paying attention to the shifting sceneries in your mind without clinging to or avoiding what you are feeling, mindfulness is the power to purposely increase one's realization of current-moment experiences by openness and curiosity (Stroud, 2016). On both a personal and professional level, mindfulness benefits psychiatric nurses. It fosters communication and the sensation of empathy, job satisfaction, and psychological well-being while lowering psychological and physiological stress, emotional discomfort, and burnout (Stroud, 2016). Additionally, mindfulness helps nurses calm their minds and effectively handle difficult life circumstances (Tugade & Fredrikson, 2015).

Self-compassion linked to psychological health and mindfulness (Yousefi Afrashteh, & Hasani, 2022). In order to be self-compassionate, one must focus compassion inward. We can extend compassion to ourselves during difficult times, regardless of whether the suffering is brought on by our own failures just as we can feel compassion for the suffering of others (Neff, & Germer., 2017). Therefore, self-compassion entails being aware of and receptive to one's own suffering, without denying or minimizing it, and treating oneself with care. Offering a nonjudgmental understanding of one's suffering and life failures is another aspect of self-compassion. By regulating people's responses to unpleasant life situations, self-compassion aids in coping with them (Muris, & Otgaar., 2022).

Kindness towards self-versus judgment towards self, common humanity versus isolation, and awareness versus over-identification are the three primary components of owing self-compassion, each of which has a positive orientation and a negative side, according to Neff (2003a). Kindness towards self is the capacity to treat oneself with compassion during difficult times as opposed to criticizing or demeaning oneself harshly. Seeing one's pain as a natural portion of our humanity and acknowledging it as an essential experience that links one with other people rather than being separated from them is "common humanity." In order to be mindful, one must be able to recognize suffering without becoming totally consumed by unpleasant emotions.

Relation between mindfulness and self-compassion is discussed in the health care literature, with a confirmation on decreasing stress among psychiatric nurses for helping them in provision of a compassionate patient care and being compassionate for others necessitates being compassionate for self. Also, there have been studies on the linkage between mindfulness, self-compassion and psychological well-being, which recorded that a strong foreteller for psychological well-being was having self-compassion. Also mindfulness is a favorable and important foreteller of self-compassion (Voci. et al., 2018; Múzquiz., 2022; Mendes., 2022; Sünbula, & Güneri., 2019; Ruiz-Fernández, 2020).

Significance of the study:

Psychiatric nurses are faced with situations of emotional vulnerability by being in a continuous interaction with the psychiatric patients. These situations may present a risk to the nurses' psychological well-being, by negatively affecting their capacity to deliver competent and compassionate care to their patients (Alabdulaziz et al, 2020). To address this issue, mindfulness could be used to reduce their stress and boost self-compassion (Brun, 2023; Mills, 2018).

Self-compassion is a crucial component of high-quality care, and it may benefit patients and nurses alike if psychiatric nurses are encouraged to give a patient-centered care relationship via self-compassion and mindfulness. In addition to providing more compassionate care, nurses who look after themselves can also become healthier, happier, and more psychologically stable (Galiana, 2022; Barnard, & Curry., 2012). Self-compassion has been shown as a significant contributor to the sensation of psychological wellbeing. In order to effectively provide patient care, nurses working in the healthcare field need have a sufficient level of psychological well-being (Aksu, 2020). The linkage between self-compassion, mindfulness, and psychological wellbeing among psychiatric nurses in this study must thus be acknowledged.

Aim of the study:

The study aims to assess the relation between mindfulness, self-compassion and psychological wellbeing among the psychiatric nurses.

Research hypothesis/ question:

What is the relation between mindfulness, self-compassion and psychological wellbeing among psychiatric nurses?

Subjects and Method:

Study design: descriptive correlational research design was utilized in this study.

Setting: The study was conducted at the psychiatric department of Tanta university hospital.

Subjects: A purposive sample of sixty nurses were selected. The statistical tool included in the Epi-Info software was used to compute the estimated number of samples. The following criteria were used to calculate the sample size: Z- value corresponding to your desired confidence level (for a 95% confidence, z= 1.96) with a 5% margin of error by using this

formula of sample size:
$$n = \frac{Z^2 \cdot P(1-P)}{E^2}$$

Inclusion criteria of the nurses was as the following:-

- Willing to participate in the study.
- Have at least two years' experience at psychiatric hospitals.
- Direct care to psychiatric patients.

Tools of data collection

Tool (1): The Mindful Self-Care Scale (MSCS):

This scale was developed by Cook-Cottone & Guyker (2018) in English language to measure mindful self-care. It consists of 33 items that are broken down into six subscales: eight items about physical care; five items about supportive relationships; four items about mindful awareness; six items about self-compassion and purpose; six items about mindful relaxation; and four items about

supportive structure. An additional three general items do not enter into calculation of the scale's mean score. The final score is determined by the sum of the mean scores for each of the six subscales.

Total Scoring System of mindfulness scale was categorized as follows:

- < 50%: low mindfulness levels.
- 50% -<75%: moderate mindfulness levels.
- ≥75: high mindfulness levels.

Tool (2): Self-Compassion Scale (SCS):

This scale was developed by **Neff., (2003)** in English language. It is a 26-item scale, which evaluates aspects of self-compassion through six subscales. The items are divided into six subscales, three of which were positive (self-kindness, awareness, and common humanity) and three of which were negative (self-judgment, isolation, and over-identification). A five-point Likert scale, with 1 denoting "almost never" and 5 denoting "almost always," is used to arrange the response possibilities. Before calculating the mean value of each subscale and the overall mean value (the average of the six subscale means) of the self-compassion score, the negative subscale items are reverse-scored. The mean of the responses to the subscale items was used to calculate the subscale scores. Self-judgment, isolation, and over-identification are negative subscale items that should be reverse-scored (1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1) in order to calculate a total self-compassion score. The sum of all items divided by the entire number of items is the total amount of self-compassion. For the sample under study, the mean and standard deviation of the total scores were computed.

- < 50% indicated low self-compassion levels.
- 50% -<75%: indicated moderate self-compassion levels
- ≥75: indicated high self-compassion levels.

Tool (3): The Scale of Psychological Well-Being (PWB):

This scale was developed by **Ryff & Keyes (1995)** in English language. The six categories of well-being measured by this scale are: 1) self-acceptance; 2) life purpose; 3) environmental mastery; 4) personal development; 5) positive interpersonal relationships; and 6) autonomy. There were 54 items in total, with 9 items in each domain. The scale is self-rating and was presented by mixing items from each domain one after the other. Participants are asked to rate their answers on a six-point scale, with 1 denoting "strongly disagree" and 6 denoting "strongly agree." There are certain items in every domain that received a low score. Each participant's subscale scores are calculated by adding their answers to each subscale item. Higher scores indicate higher psychological well-being.

The total Scoring System of mindfulness scale was classified as follows:

- < 50% indicated low well-being levels.
- 50% -<75%: indicated moderate well-being levels.
- ≥75: indicated high well-being levels.

Socio- demographic characteristics and clinical data:-

it was developed by the researchers. Socio-demographic characteristics included data about nurses' age, residence, sex, marital status, the presence of children. The clinical data included occupation, qualification levels, years of experience in psychiatric nursing, and total years of experience.

Method

The study was carried out according to the following steps:

1. An official letter was addressed from the dean of the faculty of nursing to the director of the psychiatric department of Tanta university hospital to request their authorization and collaboration for collection of data.
2. **Ethical considerations:**
 - An ethical approval with a code number of 290-8-2023 was taken from the ethics and research committee at the Faculty of nursing, Tanta University before beginning the study.
 - Prior to nurses' participation in the study, informed oral consent was taken out from them after explanation of the purpose of the study.
 - The nurses were assured about the confidentiality and the privacy of their obtained information.
 - A code number was used instead of the names on sheets.
3. **Validity of the tools:-**
 - The study tools were translated into Arabic language by the researcher and tested for internal validity by a jury composed of five experts in psychiatric nursing field.
 - Tools of the study were examined for reliability by testing them on ten nurses and retesting them using the appropriate statistical test.
 - A pilot study was carried out on 10 nurses in order to identify the barriers and problems that may be faced during the period of data collection and to examine the tools for clearness; those subjects were excluded from the whole study sample.
 - Data collection procedure:- After obtaining the permission to conduct the research from the required authorities, the psychiatric nurses who met the inclusion criteria participated in the study after being informed of the nature of the study, and the researcher collected the data through face to face interview with each nurse individually. The duration of data collection was six months, starting from 1st April to the end of September 2024 and the time required to complete the data collection sheet ranged from 30 to 40 minutes.

Statistical analysis of the data

Data were fed up to the computer and analyzed by utilizing IBM SPSS software package version 23.0. For the correlate between normally distributed quantitative variables, Pearson coefficient was utilized. Significance of the obtained results was determined at the 5% level. For the qualitative data, comparison was done by utilizing the Chi-square test (χ^2).

Results

Table (1): Distribution of the studied nurses according to their socio-demographic and clinical data (n = 60):

	No.	%
Age (years)		
30-	27	45.0
40-	14	23.3
51-60	19	31.7
Sex		
Males	13	21.7
Females	47	78.3
Residence		
Urban	27	45.0
Rural	33	55.0
Marital status		
Married	36	60.0
Divorced	11	18.3
Widow	7	11.7
Single	6	10.0
With children		
Yes	52	86.7
No	08	13.3
Qualification levels		
Diploma	17	28.3
Practical	32	53.3
Bachelors	11	18.3
Occupation		
Practical nurse	27	45.0
Nurse leader	17	28.3
Other	16	26.7
Years of experience in the current department:		
<5	33	55.0
5 – 10	14	23.3
>10	13	21.7
Total years of experience		
<5	40	66.7
5 – 10	14	23.3
>10	6	10.0

Table (2): Distribution of the studied subjects according to their total level of mindfulness, self-compassion and psychological well-being among the studied psychiatric nurses (n = 60)

	Low		Moderate		High		Test of significance
	No.	%	No.	%	No.	%	
Mindful self-care	24	40.0	36	60.0	0	0.0	$\chi^2 = 9.663$ P=0.043*
Self-compassion	25	41.7	35	58.3	0	0.0	
Psychological Well-being	10	16.7	50	83.3	0	0.0	

Table (3): Distribution of the studied nurses according to dimensions of mindful self-care, self-compassion, and psychological well-being scales mean scores nurses (n = 60) .

Mindful self-care	Min. – Max.	Mean ± SD.
Mindful Relaxation	8.0 – 30.0	19.87 ± 7.73
Physical Care	12.0 – 36.0	22.47 ± 6.38
Self-Compassion and Purpose	8.0 – 30.0	17.98 ± 5.65
Supportive Relationships	7.0 – 18.0	12.78 ± 3.11
Supportive Structure	4.0 – 14.0	9.32 ± 2.63
Mindful Awareness	4.0 – 13.0	8.27 ± 2.24
Overall score	60.0 – 116.0	90.68 ± 14.15
Self-compassion	Min. – Max.	Mean ± SD.
Self-Kindness	6.0 – 16.0	9.93 ± 2.05
Self-Judgment	16.0 – 24.0	20.22 ± 2.08
Common Humanity	5.0 – 11.0	8.12 ± 1.63
Isolation	11.0 – 20.0	16.53 ± 1.80
Mindfulness	4.0 – 10.0	7.87 ± 1.87
Over-identified	11.0 – 18.0	14.70 ± 1.94
Overall score	72.0 – 85.0	77.37 ± 3.44
Psychological Well-being	Min. – Max.	Mean ± SD.
Autonomy	18.0 – 27.0	22.20 ± 1.86
Environmental mastery	19.0 – 26.0	22.98 ± 1.69
Personal Growth	20.0 – 30.0	25.93 ± 2.20
Positive Relations	20.0 – 28.0	23.55 ± 1.87
Purpose in life	23.0 – 29.0	25.53 ± 1.83
Self-acceptance	19.0 – 26.0	22.87 ± 1.84
Overall score	131.0 – 151.0	143.1 ± 4.15

Table (4): Correlation between mindfulness, self-compassion and psychological well-being among the studied psychiatric nurses (n = 60)

		Mindful self-care	Self-compassion	Psychological Well-being
Mindful self-care	r			
	p			
Self-compassion	r	0.727*		
	p	<0.001*		
Psychological Well-being	r	0.848*	0.890*	
	P	<0.001*	<0.001*	

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table (5): Correlation between mindful self-care dimensions score with self-compassion dimensions score and Psychological well-being dimensions score

		Mindful Relaxation	Physical Care	Self-Compassion and Purpose	Supportive Relationships	Supportive Structure	Mindful Awareness	Overall Mindful self-care
Self-Kindness	r	0.252	0.059	0.243	0.070	0.123	0.022	0.303*
	p	0.052	0.652	0.061	0.598	0.348	0.865	0.019*
Self-Judgment	r	0.130	0.123	0.172	-0.224	0.096	0.031	0.169
	p	0.324	0.350	0.188	0.086	0.467	0.813	0.198
Common Humanity	r	0.484*	0.357*	0.284*	0.049	0.023	0.005	0.554*
	p	<0.001*	0.005*	0.028*	0.712	0.862	0.968	<0.001*
Isolation	r	-0.299*	-0.167	-0.088	0.012	-0.015	-0.049	-0.282*
	p	0.020*	0.203	0.506	0.928	0.911	0.713	0.029*
Mindfulness	r	0.178	0.056	0.163	0.178	-0.070	0.288*	0.259*
	p	0.174	0.669	0.213	0.173	0.593	0.026*	0.045*
Over-identified	r	0.170	0.214	0.146	0.051	0.251	0.175	0.333*
	p	0.194	0.101	0.265	0.700	0.053	0.182	0.009*
Overall self-compassion score	r	0.493*	0.343*	0.509*	0.061	0.238	0.264*	0.727*
	p	<0.001*	0.007*	<0.001*	0.641	0.067	0.041*	<0.001*
Autonomy	r	0.346*	0.292*	0.281*	-0.016	0.216	0.321*	0.521*
	p	0.007*	0.024*	0.029*	0.904	0.098	0.012*	<0.001*
Environmental mastery	r	0.224	0.131	0.282*	-0.020	0.401*	0.287*	0.410*
	p	0.085	0.319	0.029*	0.879	0.002*	0.026*	0.001*
Personal Growth	r	-0.002	0.071	0.050	-0.138	-0.222	-0.282*	-0.065
	p	0.991	0.590	0.702	0.292	0.089	0.029*	0.622
Positive Relations	r	0.558*	0.276*	0.469*	0.024	0.071	0.235	0.672*
	p	<0.001*	0.033*	<0.001*	0.857	0.592	0.070	<0.001*
Purpose in life	r	0.123	0.022	0.219	0.045	-0.219	-0.098	0.118
	p	0.350	0.868	0.092	0.735	0.093	0.459	0.369
Self-acceptance	r	0.195	0.219	-0.041	0.084	0.349*	0.099	0.288*
	p	0.136	0.092	0.755	0.524	0.006*	0.449	0.026*
Overall Psychological Well-being	r	0.637*	0.453*	0.558*	-0.021	0.232	0.219	0.848*
	p	<0.001*	<0.001*	<0.001*	0.872	0.074	0.093	<0.001*

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table (6): Correlation between self-compassion dimensions score and psychological well-being dimensions score (n = 60)

		Self-Kindness	Self-Judgment	Common Humanity	Isolation	Mindfulness	Over-identified	Overall self-compassion score
Autonomy	r	0.248	-0.104	0.396*	-0.174	0.247	0.322*	0.498*
	p	0.056	0.430	0.002*	0.182	0.058	0.012*	<0.001*
Environmental mastery	r	0.244	0.035	0.255*	-0.097	0.229	0.096	0.415*
	p	0.060	0.792	0.049*	0.460	0.078	0.464	0.001*
Personal Growth	r	-0.087	0.059	0.102	0.082	-0.134	0.011	0.008
	p	0.506	0.655	0.440	0.534	0.308	0.933	0.953
Positive Relations	r	0.354*	0.257*	0.362*	-0.245	0.065	0.233	0.576*
	p	0.005*	0.048*	0.004*	0.060	0.623	0.074	<0.001*
Purpose in life	r	0.118	0.045	0.138	-0.057	0.115	0.051	0.225
	p	0.368	0.733	0.292	0.665	0.381	0.701	0.084
Self-acceptance	r	0.164	-0.117	0.107	-0.086	0.241	0.250	0.306*
	p	0.210	0.374	0.414	0.514	0.063	0.054	0.018*
Overall Psychological Well-being	r	0.449*	0.083	0.606*	-0.248	0.320*	0.427*	0.890*
	p	<0.001*	0.529	<0.001*	0.056	0.013*	0.001*	<0.001*

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table (7): Correlation between mindfulness, self-compassion and psychological well-being among the studied psychiatric nurses and socio-demographic (n = 60)

Socio-demographic		Mindful self-care	Self-compassion	Psychological Well-being
Age (years)	rs	0.785*	0.646*	0.762*
	p	<0.001*	<0.001*	<0.001*
Qualification levels	rs	0.737*	0.609*	0.714*
	p	<0.001*	<0.001*	<0.001*
Years of experience	rs	0.457*	0.826*	0.750*
	p	<0.001*	<0.001*	<0.001*

rs: Spearman coefficient

*: Statistically significant at $p \leq 0.05$

Table (1): Shows distribution of the studied nurses according to their socio-demographic and clinical data. It was observed that (45.0%) of the studied nurses aged more than between 30 to less than 40 years and the highest frequency of nurses were female (78.3%). In relation to residence, more than half (55.0%) of the nurses were living in rural areas. Concerning the marital status, more than half (60.0%) were married. Also, as regard to the qualification levels, 53.3% of them were having practical qualification. Related to occupation, (45.0%) of the nurses were practical nurses. In relation to years of experience, the highest frequency of nurses was (55.0%) of nurses had experience less than 5 years. Moreover, (66.7 %) of the nurses had total years of experience less than five years.

Table (2): It's obvious that the majority of studied nurses has moderate levels of mindful self-care, self-compassion and psychological wellbeing. The studied subjects had moderate level of mindfulness were had moderate level of self-compassion. The studied subjects had moderate level of mindfulness and self-compassion were had moderate level of psychological well-being. The difference between the three groups, was statistically significant ($\chi^2 = 9.663$, $P < 0.05$).

Table (3): Presents the distribution of the studied nurses according to dimensions of mindful self-care. It's obvious that physical care has the highest mean score (22.47 ± 6.38) followed by mindful relaxation (19.87 ± 7.73), Self-Compassion and Purpose (17.98 ± 5.65), supportive relationships (12.78 ± 3.11), Supportive Structure was (9.32 ± 2.63) and mindful awareness has lowest mean score (8.27 ± 2.24). Also, the overall mean score of mindful self-care scale was (90.68 ± 14.15). In relation to of dimensions self-compassion scale. It's obvious that self-judgment has the highest mean score (20.22 ± 2.08) followed by isolation (16.53 ± 1.80), Over-identified (14.70 ± 1.94), Self-Kindness (9.93 ± 2.05), Common Humanity was (8.12 ± 1.63) and mindfulness has lowest mean score (7.87 ± 1.87).

Also, the overall mean score of self-compassion scale was (77.37 ± 3.44).

Dimensions of psychological well-being scale. It's obvious that purpose in life has the highest mean score (25.53 ± 1.83) followed by personal growth (25.93 ± 2.20) positive relations (23.55 ± 1.87), environmental mastery (22.98 ± 1.69), self-acceptance was (22.87 ± 1.84) and self-acceptance has lowest mean score (22.20 ± 1.86). Also, the overall mean score of psychological well-being scale was (143.1 ± 4.15).

Table (4): Clarifies correlation between mindfulness, self-compassion and psychological well-being among the studied psychiatric nurses. It's obvious that there is a positive statistical significant correlation between mindful self-care and Self-compassion where $r = 0.727^*$, p -value = $<0.001^*$. There is a positive statistical significant correlation between mindful self-care and psychological well-being where $r = 0.848^*$, p -value = $<0.001^*$. Furthermore, there is a positive statistical significant correlation between self-compassion and psychological well-being where $r = 0.890^*$, p -value = $<0.001^*$.

Table (5): Shows correlation between mindful self-care with self-compassion score and psychological well-being. The results of this table showed that there was a statistically significant positive correlation between overall mindful self-care and self-kindness, common humanity, isolation, mindfulness, over-identified, autonomy, environmental mastery, positive relations and self-acceptance where P value was ($P \leq 0.05$). In addition, there was a statistically significant positive correlation between Overall Mindful self-care and Overall self-compassion score where $r = 0.727^*$ and P value ($<0.001^*$) and there was a statistically significant positive correlation between overall mindful self-care and overall psychological well-being where $r = 0.890^*$ and P value ($<0.001^*$).

Table (6): Shows correlation between self-compassion score and psychological well-being score. The results of this table showed that there was a statistically significant positive correlation between

self-kindness and Overall Psychological Well-being where $r= 0.449^*$ and P value ($<0.001^*$). Also, there was a statistically significant positive correlation between common humanity and overall psychological well-being where $r= 0.606^*$ and P value ($<0.001^*$).

In addition, there was a statistically significant positive correlation between mindfulness and overall psychological well-being where $r= 0.320^*$ and P value (0.013^*). Also, there was a statistically significant positive correlation between over-identified and overall psychological well-being where $r= 0.427^*$ and P value ($<0.001^*$). Finally, there was a statistically significant positive correlation between overall self-compassion score and overall psychological well-being where $r=0.890^*$ and P value ($<0.001^*$).

Table (7): Correlation between total scores of mindfulness, self-compassion and psychological well-being among the studied psychiatric nurses and socio-demographic scores among the studied psychiatric staff nurses are in relation to their demographic data. In relation to mindfulness, self-compassion and psychological wellbeing total score, it was significantly related positively to; age and years of experience. When years of experience and age increased; three study variables also were in an increase.

Discussion

The wellbeing of psychiatric nurses has drawn a lot of attention in recent years. Employees in the nursing field are especially susceptible to burnout and stress overload (Crego, et al., 2022). Because they work in an emotionally taxing environment, mental health professionals in particular are prone to high levels of stress. Increased anxiety, mental exhaustion, and disrupted interpersonal connections are all claimed to be common among mental health professionals. Despite the hazards of occupational well-being associated with psychological care, mental health providers frequently neglect the significance of developing self-compassion and mindfulness (Reed, et al, 2020; Yang, & Hayes, 2020). Research has demonstrated the connection between well-being and a number of personality traits, including self-compassion and mindfulness, are associated with well-being (De Vibe, et al., 2018; Nelson, et al., 2018).

Results of the present study appeared that there was a positive statistical significant correlation between mindful self-care and Self-compassion, where there is a positive statistical significant correlation between mindful self-care and psychological well-being. Furthermore, there is a positive statistical significant correlation between self-compassion and psychological well-being.

Results reveals that the majority of studied subjects had moderate level of mindfulness, self-compassion and psychological well-being. High frequency of studied subjects had moderate level of mindfulness were had moderate level of self-compassion. The majority of the studied subjects had moderate level of mindfulness and self-compassion were had moderate level of psychological well-being. Also, results reveals that there was positive significant correlation between studied nurses mean score of total mindfulness, their total mean score of compassion and well-being

More than half of the nurses in the study who had a moderate level of mindfulness supported these findings, according to Jensen et al. (2020). Although they disagreed with Baer et al. (2016), they discovered that three-quarters of the nurses in the study had a high level of mindfulness. Falkenström (2016), who reported that the majority of the nurses in the study had a high degree of mindfulness, was also at odds with this conclusion. This discrepancy with the current study may result from variations in educational attainment and culture.

Regarding the relationship between years of experience, age, and overall mindfulness. The current study found a positive correlation between nurses' years of experience and their overall mean mindfulness score. Additionally, there was a favorable relationship between their age and the overall mean mindfulness score. Increased knowledge and experience to cope effectively with life's circumstances may be the cause of this. Hayes (2014) & Bishop et al. (2016) provided support for this finding, demonstrating that years of experience had a substantial link with mindfulness in their study.

In relation to self-compassion is generally linked to a host of advantages for professionals' mental and psychological wellbeing. For instance, cross-sectional studies have found a positive correlation between self-compassion and well-being and a negative correlation with depression and psychological distress Ondrejková et al., 2022; McCade, et al., 2021). Similarly, qualitative study indicates that the general sense of well-being and the assessment of one's physical, mental, and emotional health are among the advantages of practicing self-compassion. Additionally, there is strong evidence from four experimental and quasi-experimental studies (Bourgault, et al., 2019; Eriksson, et al., 2018) showing self-compassion training decreases anxiety and depression in addition to improving self-compassion, mindfulness skills and psychological well-being.

According to **Bluth & Blanton (2014)**, self-compassion and mindfulness have a positive association, and emotional well-being serves as a third component in this interaction. According to **Conversano & colleagues (2020)**, mindfulness-based therapies had a positive impact on health care professionals' quality of life, self-compassion, and both positive and negative affectivity. This is consistent with a study conducted by **Shapiro and colleagues in 2007**, which discovered that mindfulness improved health care professionals' self-compassion. Additionally, research has shown that self-compassion and kindness and mindfulness are positively correlated (**Neff, & Germer, 2018**). Mindfulness-based interventions have been shown to reduce stress and increase compassion (**Gustin, Wagner, 2013**). Not only does self-compassion have a direct association with mental health, but it also indirectly contributes to the mindfulness link, and even in stressful situations, well-being has a favorable effect on this relationship (**Sirois, et al., 2015**). According to a prior study, people with higher degrees of self-compassion should exhibit better psychological health than those with lower levels (**Duarte, et al., 2016**).

Additionally, **Ruiz-Fernández et al.**, assessed the impact of a mindfulness-based intervention on mental health nurses' stress, self-compassion, and mindfulness. **Penque (2019)**, further demonstrated the value of having a higher mindfulness may enhance nurses' wellbeing by fostering healthier working environments and positive responses to stress. Furthermore, it is believed that mindfulness plays a significant role in compassion. Compassion has been proposed by some researchers as a result of mindfulness practice and by others as a feature of mindfulness. In summary, self-compassion and mindfulness are widely regarded as effective strategies for fostering self-care and well-being as well as resilience against emotional burnout. Therefore, it is essential that healthcare providers adopt mindfulness-based interventions to lower stress and boost self-compassion and self-care.

Conclusion:

A positive statistical correlation between mindfulness, self-compassion and psychological well-being. The findings from this study show that self-compassion is strongly related to mindfulness and well-being and by their interaction. Age and experience year's significant factors for self-compassion and mindfulness. Ongoing studies should develop strategies for improving mindfulness, self-compassion and psychological well-being.

Recommendations:

- Conducting ongoing courses for psychiatric nurses that focus on their degree of mindfulness, mental health, and other positive psychological conceptions.
- Curriculum development for nursing education is also necessary in order to teach healthcare professionals mindfulness and self-compassion.
- Creating and implementing regular self-compassion and mindfulness training programs for mental health practitioners.
- Programs pertaining to self-compassion and mindfulness, in order to determine which interventions have the strongest evidence to avoid burnout and enhance participants' emotional regulation, well-being, quality of life, and mindfulness and/or compassion.

Study Limitations:

- Cross-sectional designs, nonexperimental, observational, and non-randomly assigned groups were used in this study. The accuracy of the data is also dependent on how accurately respondents self-report information and, potentially, how they were feeling physically and/or psychologically when they completed the survey.
- Additional possible drawbacks include the nonrandom convenience sampling approach and the very small sample size (n = 60). In any case, this might restrict how far the results can be applied.
- Additionally, data collection was purposefully limited to licensed psychiatric nurses who were actively working in the study setting. This could have limited the results' external validity and generalizability to other populations or geographic areas.

Acknowledgment: The researchers thank all psychiatric nurses who participated in this study.

Conflict of interest: The authors declare that there is no conflict of interest

Funding: No funding was received for this study.

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