

Role of Self-Compassion in Life Satisfaction Among Patients with Schizophrenia

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Heba Mohamed Ibrahim Hassan Hekal⁽¹⁾, Rehab Fathy Abdel Hady Ghaith⁽²⁾ and Huda Saied Ibrahim Mohamed⁽³⁾

⁽¹⁾ Clinical instructor at Technical Institute of Nursing, Zagazig University, Egypt. ⁽²⁾ Assistant Professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Zagazig University, Egypt. ⁽³⁾ Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Zagazig University, Egypt.

ABSTRACT

Background: Life satisfaction is a key idea in positive psychology that helps people with schizophrenia function better and live better lives. Patients with schizophrenia seem to have higher levels of life satisfaction when they practice self-compassion. They may perform better, have less psychopathology, and achieve higher levels of life satisfaction and happiness if they have higher degrees of self-compassion. **Aim of the study:** This study aimed to evaluate the role of self-compassion in life satisfaction among patients with schizophrenia. **Subjects and method:** **Research design:** Cross-sectional descriptive research design was used. **Setting:** This study was conducted at the outpatient clinics of psychiatric and mental health hospital at Benha City, Qalyubia governorate, Egypt. **Subjects:** A purposive sample of 120 schizophrenic patients. **Tools of data collection:** three tools were used to collect the data. **Tool I** Structured Interview Questionnaire, which composed of Socio-demographic and clinical data, **Tool II:** The Neff's Self-Compassion Scale (SCS), **Tool III:** Satisfaction with Life Scale (SLS). **Results:** The study findings demonstrated that more than half of Schizophrenic patients had low level of self-compassion and the majority of them had low level of total life satisfaction. **Conclusion:** Patients' self-compassion score was highly significant positive predictor for total life satisfaction score. **Recommendations:** Encourage the use of the mindful self-compassion (MSC) intervention in the normal treatment and rehabilitation program for patients with schizophrenia in hospitals. Additionally, use random samples from hospitals in other Egyptian cities in order to extrapolate the study's results.

Keywords: Life satisfaction, Patients, Schizophrenia, Self-compassion.

Introduction

Schizophrenia is severe mental illness that impacts emotions, cognition, and behavior. It is one of the most crippling mental illnesses, it is typified by negative symptoms (such as loss of volition and emotional flatness), disorganization (such as disordered behavior), and reality distortion (such as delusions and hallucinations) (Tavakoli et al., 2025). According to more recent projections, the illness affects 1% of the population, with a global-age-standardized point prevalence of 0.28% (Sandroni and Chaumette, 2025).

Schizophrenia is a long-term mental illness that results in impairment. Psychosocial treatment would emphasis on subjective elements like personal recovery in addition to clinical recovery in order to get complete recovery (Dubreucq et al., 2022). The notion of personal recovery has lately been characterized as a life worth living, which is about developing a life that is satisfying, fulfilling, and joyful (Toshi et al., 2025).

Numerous studies have demonstrated that life satisfaction, a psychosocial construct, as a significant

cognitive factor that influences a variety of social and political behaviors. Life satisfaction is the subjective assessment of one's own life quality, including one's feelings about one's material life, spiritual life, social relationships, workplace, and so forth. The level of life satisfaction has a direct impression on one's mental well-being and happiness and is also one of the key indicators of social harmony and stability (**Papi and Cheraghi, 2021**).

Self-compassion (SC) has been proposed as a personal and internal contributor to resilience. Positive mental and psychological health as well as life satisfaction are associated with it. SC entails treating oneself with kindness, avoiding self-criticism about shortcomings, and accepting one's experiences as a component of the universal human experience (**Heidari and Nasiri, 2025**).

The ability to care for oneself in the face of hardship is known as self-compassion. In reaction to personal hardship, it entails responding with greater compassion and less emotionalism. Specifically, it involves treating oneself with warmth and compassion (self-kindness) as opposed to harshness and criticism (self-judgment) while one is suffering. It also involves paying attention to pain without passing judgment (mindfulness) without repressing or exaggerating the unpleasant sensation (over-identification). Additionally, it includes seeing pain as a universal human experience (common humanity) as opposed to a personal experience that occurs alone for the individual (isolation) (**Tannous-Haddad, Barel and Tzischinsky, 2024**).

In people with schizophrenia, self-compassion seems to be a major factor in improving life happiness. Self-compassion can improve psychological resilience and inner strength, which can help people cope with disease and enhance subjective well-being. People who have self-compassion may be better equipped to live hopeful, satisfying, and meaningful lives despite the

limitations brought on by their mental illness because they are aware of their mental health issues and respond to themselves with kindness, warmth, and compassion when they are in pain (**Pérez-Aranda et al., 2021**).

Since mental health nurses make up the biggest group of mental healthcare practitioners worldwide they play a vital role and are qualified to provide recovery-oriented therapies (**Thongsalab, Yunibhand and Uthis, 2023**). Through psychoeducation, nurses may help patients develop self-compassion by teaching them coping mechanisms after they stop blaming and humiliating themselves for their feelings, thoughts, and symptoms (**Hamed et al., 2024**). Moreover, the nurse has a part in determining what influences life satisfaction, such as positive emotions, fostering them, and teaching patients how to control bad ones. In a similar vein, assist patients with schizophrenia develop their character qualities, which can help them cope with future difficulties, and teach those techniques to lessen psychotic symptoms (**Messias, Peseschkian and Cagande, 2020**).

Significance of the study

Schizophrenia has double the death rate of the normal population and is ranked among the top ten causes of disability (**Hamed et al., 2024**). It's one of the most prevalent chronic mental illnesses in Egypt, it has a dismal prognosis that includes low quality of life, social roles, delayed rehabilitation, and decreased everyday functioning (**Su et al., 2021**). An estimated one million people in Egypt are thought to have schizophrenia by the end of 2019 (**Ramy, 2019**). Because they are under stress and have less hope, most people with schizophrenia report poorer life satisfaction than healthy controls (**Seo and Lim, 2019**). Previous research showed that Positive self-compassion indicators have been shown to have a protective effect against psychopathology, but negative ones

increase susceptibility to mental health issues (Yotsidi et al., 2023). Therefore, the present study conducted to evaluate the role of self-compassion in life satisfaction among patients with schizophrenia.

Aim of the study

The aim of the study was to evaluate the role of self-compassion in life satisfaction among patients with schizophrenia.

This aim accomplished through the specific objectives:

- Determine the levels of self-compassion among patients with schizophrenia?
- Classify the levels of life satisfaction among patients with schizophrenia?
- Investigate the relation between self-compassion and life satisfaction in patients with schizophrenia?

Research questions

- What are the levels of self-compassion among patients with schizophrenia?
- What are the levels of life satisfaction among patients with schizophrenia?
- Is there a relation between self-compassion and life satisfaction in patients with schizophrenia?

Subjects and methods

Research design

A descriptive cross-sectional design was used to conduct this study.

Study setting

This study was carried out in the psychiatric and mental health hospital's outpatient clinics in Benha City, Qalyubia governorate, that is connected to Egypt's General Secretariat of Mental Health.

Study subjects

A purposive sample of 120 psychiatric patients with schizophrenia was explain how you select them randomly from the above-mentioned setting based on the following:

Inclusion criteria:

-Psychiatric patients who diagnosed with schizophrenia, both male and female patients aged 18 to 60 years old, All educational levels.

Exclusion criteria:

-The presence of ongoing medical or neurobiological condition that would interfere with the patient's ability to communicate.
- History of drug or substance abuse other than nicotine.

Tools of data collection

To ensure that the study's goals were met, three tools were utilized to gather the mandatory statistics:

Tool I: Structured Interview questionnaire: - entailed two parts:

Part (I): Demographic data: To gather information about patients' demographic characteristics such as (age, sex, occupation, educational level and marital status).

Part (II): Clinical data: which includes (family history of disease, Onset of disease, Total disease duration, frequency of hospitalization & frequency of visits to outpatient clinics).

Tool II: The Neff's Self-Compassion Scale (SCS):

This measure, created by Neff (2003), to asses an individual's potential for self-compassion, encompassing the capacity to confront one's pain with warmth, connection, and responsiveness. It entails 26 items circulated through six dimensions in this way:

□ Self- Kindness dimensions used to evaluate an individual's inclination to treat oneself with consideration and kindness after failing.

□ Self-Judgment dimension used to judge an individual's propensity to criticize oneself after failing.

□ Common Humanity dimension used to determine if one's considered personal involvements to be a component of human involvements in general.

- the isolation dimension is used to determine if a person believes their experience is distinct from that of others.
- Mindfulness dimension used to determine an individual's propensity to remain mindful of tender beliefs and feelings.
- Using the over identification dimension, one may determine if they are overly associated with unpleasant beliefs and feelings.

The scale can also be used to get an overall self-compassion score. To compute the overall self-compassion score, the negative subscale items (self-judgment, isolation, and over identification) are in reverse order. A rise in that dimension is shown by an increase in subscale scores. Greater self-compassion is indicated by higher scores.

Scoring system:

The scale was measured on 5-point Likert scale ranging from 1 (never) to 5 (always). The level of self-compassion was categorized as follows:

- A score below 2.5 denotes a low
- 2.5 to less than 3.5 denotes mild
- A score of 3.5 to 5.0 denotes great self-compassion.

Tool III: Satisfaction with Life Scale (SWLS):

El Desouki (1998) was the original developer of this scale. A person's level of life satisfaction, their level of enthusiasm for life, and their genuine desire to live it were all measured by this scale. The scale consisted of 29 items, which were then subdivided into 6 subscales: Conviction (3 items), Happiness (7 items), Sociality (4 items), Reassurance (6 items), Psychological Stability (3 things) and Social recognition (6 items)

Scoring system:

The scale was measured on 3-point Likert scale. (0) strongly disagree, (1) somewhat agree, and (2) strongly agree were the possible answers. The level of life satisfaction was categorized as follows:

- Low life satisfaction= <50%
- Moderate life satisfaction= 50-70%
- High life satisfaction=>70%

Content validity and reliability

Translation and back translation procedures were used to validate the original authenticity of the tools before they were translated into Arabic. Prior to the pilot research and the real data collection, the content validity was examined. Five-person panels of experts reviewed the tools after they were distributed together with a covering letter and an explanation sheet outlining the study's objectives. They revised the tools to improve their comprehensiveness, clarity, relevance, and application while also taking recommendations into account. The Cronbach's alpha test was used to evaluate the tools' reliability. They have a great degree of reliability.

Field work

The researcher spoke with the hospital's manager and head nurses to get their agreement after obtaining the required approval to conduct this study. The researcher then obtained formal agreement to participate in the research from the chosen patients.

The researcher built a trustworthy connection with the chosen sample before starting data collection. Before choosing the response that best suited their requirements, the researcher thoroughly explained each question on the data collecting forms to each patient during one-on-one interviews. A detailed explanation was given to encourage their involvement in filling out the study's instruments.

Depending on their degree of comprehension and capacity to respond to each question, patients took between fifty and sixty minutes to complete the questions. Twice a week, between 9 a.m. and 1 p.m., the researcher visited the outpatient clinics of psychiatric and mental health hospital in Benha City in order to gather data. Beginning in early August 2024 and ending in late October 2024, the data collection phase was carried out over the course of three months.

Pilot study

Twelve individuals with schizophrenia, or around 10% of the estimated overall sample size, participated in a pilot trial. The findings of the pilot research showed that it took around 30 to 40 minutes to complete the tools. Since the data collecting form didn't require any changes, the study sample includes the patients who participated in the pilot study.

Administration and ethical consideration

First, with the code M.D.ZU.NUR/210/12/5/2024 The research proposal was permitted by the Post Graduate Committee and Research Ethics Committee (REC) of the Faculty of Nursing Zagazig University.

Prior to beginning any study's steps, the director of the General Secretariat of Mental Health and Addiction Treatment in Cairo City received a formal letter from the nursing faculty dean at Zagazig University granting authorization to perform this study. Then, approvals were obtained from the hospital director and the nursing director of psychiatric and mental health hospital in Benha City. The voluntary involvement of the patients was verified. There were detailed instructions on how to fill out the scales. The study's research tools didn't hurt, upset, or cause any religious or cultural issues for the patients in the sample. The patients in the study had the choice not to participate and were told that they could stop using the tools at any time.

Statistical analysis

IBM compatible computers running the Statistical Package for Social Science (SPSS) version 25 for Windows were used to arrange, tabulate, and statistically analyze the acquired data. The use of descriptive statistics, such as frequency, percentages, mean, and standard deviation, was implemented. The chi square test (X^2) and P-value were used to compare qualitative variables and determine if two variables were associated. The correlation between the variables under study was examined

using the correlation coefficient test (r). To ascertain the predicted values of the variables under investigation, multiple linear regression was employed. Cronbach's Alpha was used to assess the study tools' reliability. $P < 0.05$ was regarded as a significant level value, and $p < 0.01$ as a very significant level value. When $p > 0.05$, no statistically significant difference was considered.

Results

Table (1) it shows that, of the patients in the study, 37.5% were between the ages of 30 and 40. The mean SD age was 37.9 ± 9.37 years. As regard to gender, 71.7% of them were male, and (49.2%) of them were married. Concerning educational level, it was found that, 45.8% of them have secondary education, and (65.8%) of them were unemployed.

Table (2) displays that, 60.0% of the studied patients had no family history of schizophrenia, and (55.0%) of them their age at onset of disease was 20-<30 years. Moreover, disease duration was ≥ 10 years among 47.5% of studied patients, and 70.0% of them had no history of hospitalization. Also, (79.2%) of them visited outpatient clinics once a month.

Table (3) shows that the mean scores of overall self-compassions was (62.81 ± 18.5). The highest mean scores (10.7 ± 2.94) was for "common humanity subscale" which represent (53.5%), while the lowest mean scores (8.72 ± 3.21) was for "mindfulness subscale" which represent (43.6%).

Figure (1) shows that, 56.7% Among the patients under study had low level of self-compassion, (38.3%) of them had moderate level, While, (5.0%) of them had high level.

Figure (2): demonstrates that a poor degree of overall life satisfaction was experienced by most of the patients (80.0%). Also (15.0%) of them had moderate level. While, the minority of them (5.0%) reported feeling very satisfied with their lives overall.

Table (4): reveals that, there was highly significant positive correlation between patients' self-compassion and life satisfaction score in which $r=0.813$ at $p<0.01$.

Table (5): shows that the age of the studied patients, and total life satisfaction score were a statistically significant positive predictor for the self-compassion score. While, Age at onset of disease and duration of disease were a statistically Negative predictor for the self-compassion score.

Table (6): displays that marital Status, age at onset of disease, duration of disease and total self-compassion score were a statistically significant positive predictor for the life satisfaction score. While, age of the studied patients and occupation were a statistically negative predictor for the life satisfaction score.

Discussion

According to mean scores of self-compassion dimensions the present study showed that, common humanity dimension represented the highest mean score among schizophrenic patients compared to other self-compassion dimensions. This may be due to the common humanity emphasizes the recognition that suffering and personal shortcomings are part of the human experience that we all share. This result is like **Böge et al, (2022)** study in Germany, who investigated self-compassion, cognitive function, and mindfulness in individuals with schizophrenia, his study reported that the highest mean score was for common humanity dimension. On the other hand, the previous result disagrees with the study of **Mahmoud et al, (2022)** about mindful self-compassion intervention in person with schizophrenia, who found that the highest mean score was for self-kindness.

The current study revealed that mindfulness dimension represented the lowest mean score among schizophrenic patients compared to other self-compassion dimensions. This might be related to Schizophrenia often involves cognitive impairments, including difficulties in

attention and concentration. These challenges can hinder the ability to practice mindfulness effectively, leading to lower scores. On the same point, these findings were supported the study by **Sabé et al, (2024)** about Mindfulness-based therapies for those with schizophrenia, who reported that for patients with schizophrenia spectrum disorders typically report low global mindfulness. On the contrary, **Mahmoud et al. (2022)** who demonstrated in his study, that the lowest mean score was for over identification.

According to levels of self-compassion among the studied patients, the result of the current study revealed that, more than half of the studied patients had low level of self-compassion. Also, more than one third of them had moderate level. Possible explanation of such result is that Self-stigma, in which people internalize unfavourable assumptions and preconceptions about themselves. This outcome was consistent with a research conducted in Japan by **Toshi et al, (2025)**, who found that the majority of patients exhibited low levels of self-compassion. In the opposite, a study by **Uzer-Kremers et al, (2020)** in France, reported that, more than half of schizophrenic patient had moderate level of self-compassion.

According levels of life satisfaction, the current study's findings showed that most of the patients had poor levels of overall life satisfaction. This might be explained by elements that impact their capacity to form deep connections and take care of themselves, such as social isolation, stigma, emotional anguish, and cognitive challenges. This result supported by **Bilge, Bulut-Uğurlu and Güler, (2020)**, who found that patients' happiness and life satisfaction decline when they are unable to cope with pressures. In the meantime, life satisfaction is lowered by diminished self-esteem brought on by negative symptoms of schizophrenia. Additionally, this outcome was consistent with a study by **Seo and Lim (2019)**, who found that most patients have

lower life satisfaction than healthy controls because of stress and decreased optimism.

According correlation between overall self-compassion score and total life satisfaction score among the studied patients, the present study results revealed that, there was highly significant positive correlation between total patients' self-compassion score and total life satisfaction. In the same line this study agreed with the study by **Mavituna et al. (2023)** who discovered a positive correlation between life meaning and self-compassion.

Lastly, the current study's multivariate analysis results demonstrated that Age at onset of disease and duration of disease were a statistically Negative predictor for the self-compassion score. This indicated that earlier onset and longer illness duration correlate with lower self-compassion levels. This result was supported by **Linke et al. (2015)** about neuro and social cognition in schizophrenia, patients with an earlier start of disease often have worse cognitive performance, which may have an impact on their sense of self and self-compassion. Also, a study conducted by **Hamed et al, (2024)** at Mansoura University Hospitals about cognitive function and mindfulness in schizophrenia patients' self-compassion found that Prolonged illness duration has been linked to diminished self-compassion, as chronicity may exacerbate negative self-evaluations and emotional distress.

The present study results showed that Marital Status, Age at onset of disease, Duration of disease, and Total self-compassion score were a statistically significant positive predictor for the life satisfaction score. While, Age of the studied patients and Occupation were a statistically Negative predictor for the life satisfaction score. This result was supported by **Pinho et al. (2018)** study on the sociodemographic, clinical, and satisfaction traits of people with schizophrenia clarified that In order to improve life happiness, social integration and interpersonal interactions are essential

so Marital Status were a statistically significant positive predictor for the life satisfaction score. Also, a study by **Gómez et al, (2017)** found that, Earlier onset and longer duration of the disease can lead to better adaptation and coping mechanisms, potentially increasing life satisfaction and Older age is associated with a decline in life satisfaction, possibly due to increased physical and cognitive decline, and reduced social interactions. As well, This result was in accordance with the study conducted by **Bercovich et al. (2020)** at Israel, on the role of self-compassion and metacognition in helping people with schizophrenia predict their life's purpose, Which clarified that Total self-compassion score were a statistically significant positive predictor to Meaning in life.

Conclusion

The results of this study indicate that most of the patients have poor levels of overall life satisfaction and that over half of the patients have low levels of self-compassion. The total life satisfaction score and the patients' self-compassion score showed a highly significant positive link, according to the findings.

Recommendations

Based on the findings of this research, the following recommendations are suggested:

- Targeting self-compassion in the treatment of people with schizophrenia, as well as using the existing understanding of and promoting further research on compassion-based treatments in schizophrenia
- Offering individual counselling to clients as part of psycho-educational programs about the impact of self-compassion on subjective happiness and life satisfaction.
- Encourage the use of mindful self-compassion (MSC) intervention in psychiatric hospitals.

- Further research: It is advised that the current study be repeated in several Egyptian governorates with a larger, representative probability sample size to improve the findings' generalizability.

Authors' contributions

H.M.I.H.; suggested the research concept and was a major contributor in data collection and writing the manuscript. H.S.E.M.; analyzed and interpreted the patient data. R.F.A.G.; performed editing the manuscript and revising the data analysis. All authors, participated, revised and approved the final manuscript.

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Declaration of conflicting interest

The authors declare that there is no conflict of interest.

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Table (1): Frequency distribution of the studied patients according to their demographic data (n=120)

Items	No.	%
Age (years)		
<20	2	1.7
20-< 30	22	18.3
30-<40	45	37.5
40-<50	35	29.2
50 – 60	16	13.3
Range	18 – 60	
Mean \pm SD	37.9\pm9.37	
Gender		
Male	86	71.7
Female	34	28.3
Marital Status		
Single	50	41.7
Married	59	49.2
Divorced	9	7.5
Widowed	2	1.7
Educational level		
Illiterate	18	15.0
Read and write	7	5.8
Primary education	7	5.8
Preparatory education	16	13.3
Secondary education	55	45.8
High education / Post graduate studies	17	14.2
Occupation		
Student	3	2.5
Employee	38	31.7
Not working	79	65.8

Table (2): Frequency distribution of the studied patients according to their clinical data (n=120)

Items	No.	%
Family history of disease		
Present	48	40.0
Not present	72	60.0
Age at onset of disease		
< 20 years	15	12.5
20-<30 years	66	55.0
30-<40 years	34	28.3
≥ 40 years	5	4.2
Duration of disease		
< 1 years	4	3.3
1-<5 years	31	25.9
5-<10 years	28	23.3
≥ 10 years	57	47.5
Frequency of hospitalization		
Never	84	70.0
1-3 times	24	20.0
4-6 times	12	10.0
Frequency of visits to outpatient clinics		
Once a month	95	79.2
Twice a month	22	18.3
3 times a month or more	3	2.5

Table (3): Mean scores of self-compassion dimensions as perceived by the studied patients (n=120).

Self-compassion dimensions	No of items	Min	Max	Mean ± SD	Score %	Ranking
Self-Kindness dimensions	5	5	22	12.4±4.67	49.6%	2
Self-Judgment dimensions	5	5	20	11.8±4.72	47.2%	4
Common Humanity dimensions	4	4	20	10.7±2.94	53.5%	1
Isolation dimensions	4	4	17	9.67±3.03	48.4%	3
Mindfulness dimensions	4	4	16	8.72±3.21	43.6%	6
Over-Identification dimensions	4	4	20	9.18±2.35	45.9%	5
Overall self-compassion	26	26	115	62.81±18.5	48.3%	

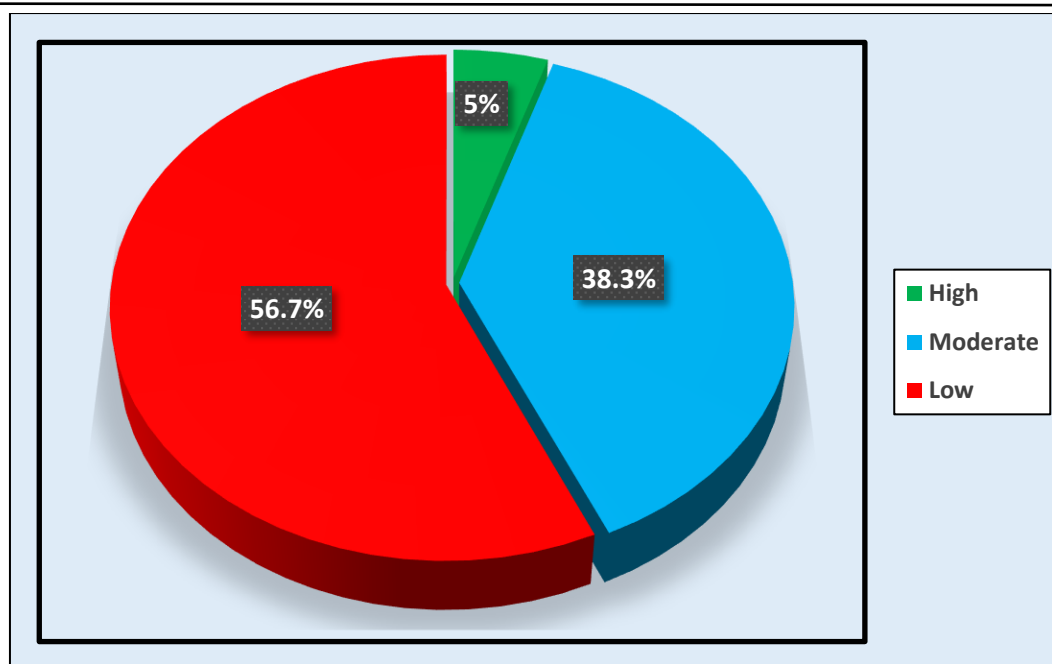


Figure (1): Percentage distribution of the studied patients according to their overall self-compassion (n=120).

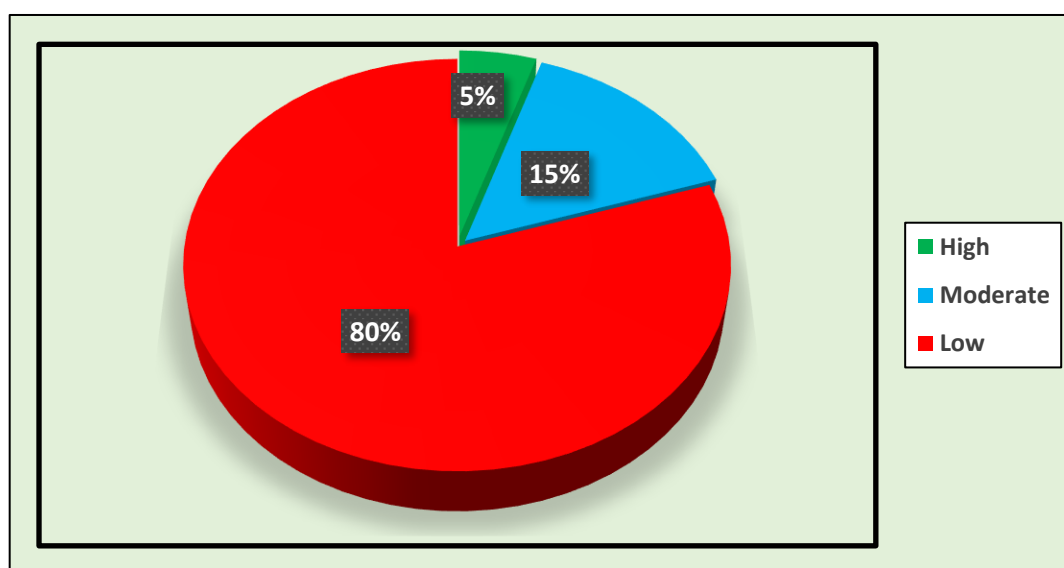


Figure (2): Percentage distribution of the studied patients according to their total life satisfaction (n=120).

Table (4): Correlation between overall self-compassion score and total life satisfaction score among the studied patients (n=120).

Variables	Overall self-compassion score	
	r	p-value
Total life satisfaction score	0.813	0.000**

R = correlation coefficient test. *P*= p-value **highly significant at $p < 0.001$.

Table (5): Multiple linear regression model to predict self-compassion among the patients with schizophrenia (n=120).

Items	Unstandardized Coefficients		Standardized Coefficients	T	P. value
	B	Std. Error	Beta		
Constant	36.339	9.533		3.812	0.000**
Age	0.754	0.171	0.379	4.412	0.000**
Age at onset of disease	-4.892-	1.623	-0.189-	-3.015-	0.003**
Duration of disease	-4.273-	1.644	-0.211-	-2.599-	0.011*
Total life satisfaction score	0.943	0.137	0.589	6.870	0.000**
Model Summary					
Model	R	R ²	Adjusted R ²	Std. Error of the Estimate	
1	0.871	0.759	0.739	9.5335	
ANOVA					
Model	Df.		F	P- value	
Regression	9		38.500	0.000**	

Dependent Variable: Total self-compassion score.

Variables entered and excluded: Marital Status, occupation, frequency of hospitalization and frequency of visits to outpatient clinics.

*F= One Way ANOVA Test. t: Independent t-test. No significant at $p > 0.05$. * $p < 0.05$. ** $p < 0.01$.*

R= Pearson correlation coefficient test, R² = Coefficient of multiple determination, Adjusted R² = Fraction of explained variance (%) adjusted for the number of predictors, Df. = degree of freedom.

Table (6): Multiple linear regression model to predict life satisfaction among the patients with schizophrenia (n=120).

Items	Unstandardized Coefficients		Standardized Coefficients	T	P-value
	B	Std. Error	Beta		
Constant	-8.008-	5.843		-1.371-	0.173
Age	-0.329-	0.103	-0.265-	-3.196-	0.002**
Marital Status	2.215	0.894	0.130	2.476	0.015*
Occupation	-2.371-	1.177	-0.108-	-2.014-	0.046*
Age at onset of disease	2.414	0.953	0.149	2.532	0.013*
Duration of disease	2.328	0.959	0.184	2.429	0.017*
Total self-compassion score	0.318	0.046	0.509	6.870	0.000**
Model Summary					
Model	R	R ²	Adjusted R ²	Std. Error of the Estimate	
1	0.890	0.792	0.775	5.5386	
ANOVA					
Model	Df.		F	P- value	
Regression	9		46.45	0.000**	

a. Dependent Variable: Total life satisfaction score.

Variables entered and excluded: Frequency of hospitalization and frequency of visits to outpatient clinics.

*F= One Way ANOVA Test. t: Independent t-test. No significant at $p > 0.05$. * $p < 0.05$. ** $p < 0.01$.*

R= Pearson correlation coefficient test, R² = Coefficient of multiple determination, Adjusted R² = Fraction of explained variance (%) adjusted for the number of predictors, Df. = degree of freedom.

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