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The Intermediary Role of Burnout in the Relationship Between Self-Compassion and Job Satisfaction Among Nurses

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Abstract

Background: Self-compassion is the process of treating oneself kindly especially when suffering. Self-compassion is associated with decreased symptoms of burnout in nurses such that those high in self-compassion are less likely to report emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.

Objectives: The purpose of this study was to examine the relationships among self-compassion, burnout, job satisfaction, and sleep quality.

Method and Participants: Recruited from MTurk, a final sample of 158 nurses living in the United States (57.6% female) completed indices of self-compassion, burnout, and outcomes of satisfaction and sleep via an online survey.

Results: Self-compassion was positively associated with satisfaction and sleep quality and negatively associated with burnout. In addition, increased burnout was associated with lower satisfaction and poorer sleep quality. Mediational models suggested that the relationships between self-compassion and outcomes were accounted for by the shared variance between self-compassion and burnout.

Conclusions: The results showed the predicted associations among self-compassion, burnout, and outcomes. Importantly, self-compassion was associated with lower burnout that, in turn, was associated with higher job satisfaction and better sleep. Despite the limitations of the study, these results add to the growing literature on the benefits of self-compassion for nurses for preventing and/or ameliorating symptoms of burnout.

Keywords

Self-compassion, burnout, job satisfaction, sleep, nurses

Introduction

Research has led to a growing consensus that treating one's self as one would treat a close friend, particularly in times of difficulty, is beneficial for individual psychological functioning (e.g., MacBeth & Gumley, 2012; Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007; Neff & Vonk, 2009; Zessin, Dickhauser, & Garbade, 2015). As a malleable trait, self-compassion may be advantageous for nurses as the demands of their work may predispose them to experience symptoms of burnout and lowered job satisfaction. Thus, the purpose of this study was to examine whether self-compassion would be associated with less burnout among nurses and if this association contributed to job satisfaction.

Self-compassion

According to Neff (2003a, 2003b), self-compassion is the process of accepting and caring for oneself, especially during times of difficulty and comprises three interrelated components: self-kindness (treating oneself with kindness vs. criticism and harsh judgment), common humanity (where suffering is seen as part of being human vs. an isolating phenomenon), and mindfulness

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(acknowledging one's feelings without ruminating or over-identifying). Since its inception, the research is clear that self-compassion is beneficial for individual functioning (e.g., Neff et al., 2007). Indeed, in a meta-analysis of 14 studies, MacBeth and Gumley (2012) found a large effect size for the association between self-compassion and aspects of mental health including depression and anxiety with one of the most robust findings being the inverse relationship between self-compassion and the experience of stress. Self-compassionate people also tend to experience more positive outcomes associated with well-being (Neff & Vonk, 2009; Zessin et al., 2015) and have greater satisfaction with life (e.g., Yang, Zhang, & Kou, 2016), with close relationships (Baker & McNulty, 2011), and with their jobs (Abaci & Arda, 2013). Thus, self-compassion has wide reaching associations with negative and positive aspects of mental health and this is corroborated by experimental studies that induce people to respond self-compassionately to difficulties or shortcomings (e.g., Diedrich, Grant, Hofmann, Hiller, & Berking, 2014; Johnson & O'Brien, 2013; Leary, Tate, Adams, Allen, & Hancock, 2007; Neff & Germer, 2013; Shapiro, Astin, Bishop, & Cordova, 2005). Relevant for this study is the research showing that self-compassion is associated with fewer symptoms of burnout among health-care providers, including nurses (e.g., Duarte, Pinto-Gouveia, & Cruz, 2016; Kemper, Mo, & Khayat, 2015; Montero-Marin et al., 2016).

Burnout

Burnout comprises three factors including emotional exhaustion, depersonalization of clients, and a reduced sense of personal accomplishment in which people tend to evaluate themselves and their work negatively (Maslach, Jackson, & Leiter, 1986). Burnout among nurses is widespread and, although reported rates vary, higher rates (34%–37%) were found among those who provided direct patient care in the United States (McHugh, Kutney-Lee, Cimiotti, Sloan, & Aiken, 2011). Several environmental factors appear to trigger the development of symptoms of burnout including high workload, access to resources, social support, and emotional demands (Aronsson et al., 2017). Recent changes within the health-care system including an aging population and significant cuts in government-supported health care may impact nurses as they are expected to give more of themselves both in time and performance (Dyrbye et al., 2017; Greenglass, Burke, & Fiksenbaum, 2001). Resultant nursing shortages contribute to more stress, lower job satisfaction, and early attrition from the profession (e.g., de Oliveira, Griep, Portela, & Rotenberg, 2017). In addition to environmental factors, there are individual differences that may predispose some people to experience symptoms of burnout. For example, some aspects of personality (e.g., emotional instability) are associated with higher levels of burnout (e.g., Ghorpade, Lackritz, & Singh, 2011; Yu, Kiang, & Shen, 2016).

Nurses who experience symptoms of burnout may suffer from a range of psychological and physical consequences including depression, anxiety, sleep disturbances, and neck/back pain (Peterson et al., 2008). The experience of burnout can, in turn, lead to dissatisfaction with work (e.g., Khamisa, Odengurg, Peltzer, & Ilic, 2015) with resultant costs to institutions such as decreased interpersonal teamwork and high employee turnover (e.g., Dyrbye et al., 2017; Toh, Ang, & Devi, 2012). Importantly, burnout was also an independent predictor of poor patient outcomes (Dyrbye et al., 2017; Hall, Johnson, Watt, Tsipa, & O'Connor, 2016). Clearly, symptoms of burnout are costly for individuals, institutions, and clients.

Given the high rates of burnout and the negative consequences that can arise, some researchers suggest that self-compassion may be key in preventing or mitigating the effects of burnout and its consequences. Self-compassionate nurses may relate to stressors and difficulties on the job with more acceptance of themselves and of their experiences. By adopting an emotionally balanced view of their work, self-compassionate nurses would be less likely to experience burnout and subsequent dissatisfaction with their work. To date, some studies have examined the association between self-compassion and burnout among nurses. For example, Duarte et al. (2016) showed that both self-compassion and burnout predicted aspects of empathy, and they reported correlations showing the predicted associations between self-compassion, burnout, and satisfaction derived from helping others. However, these relationships were not central to their investigation and questions remain about the nature of these associations. In another study, Duarte and Pinto-Gouveia (2017) found that the relationship between mindfulness training and reduced burnout was partly accounted for by changes in self-compassion. Thus, self-compassion appears to protect nurses from symptoms of burnout. Since the emotional, physical, and mental exhaustion that characterize burnout is associated with lowered job satisfaction (e.g., Khamisa et al., 2015) and with poorer sleep quality (e.g., Giorgi, Mattei, Notarnicola, Petrucci, & Lancia, 2017) an understanding of the role of self-compassion in these outcomes may provide a foundation for promoting self-compassion among nurses.

Methods

Given the literature reviewed, the primary purpose of this study was to examine the relationships between

self-compassion, burnout, and job satisfaction among nurses. Using a correlational design, we hypothesized that self-compassion would be a protective factor such that self-compassion would be inversely related to burnout and, the latter would be associated with job satisfaction. Thus, we examined whether burnout mediated the relationship between self-compassion and job satisfaction expecting that self-compassion would only predict job satisfaction because of its association with burnout. We then explored the relationships that these constructs have with self-reported sleep quality because of the evidence that sleep quality is associated with self-compassion (e.g., Hu, Wang, Sun, Arteta-Garcia, & Purol, 2018). Whereas Hu et al. (2018) found that self-compassion was associated with better sleep quality via reduced stress, we expected that self-compassion would be associated with higher perceived sleep quality as mediated by reduced symptoms of burnout. In other words, we expected that self-compassion would only relate to sleep quality because of its association with burnout. To test these hypotheses, we recruited nurses to participate in an online survey.

Participants

Following ethical approval from the authors' institution's Research Ethics Board, participants were recruited through MTurk to complete an online survey using Survey Monkey ©. Participation was restricted to residents of the United States who were currently employed as nurses. Initially, 195 people qualified for the survey, but 32 people did not complete any of the survey questions and their data were subsequently deleted. Data from an additional five participants were also deleted because they completed the survey in less than 3 min. The final sample comprised 158 nurses (57.6% female).

Materials

Participants were first provided with an introductory letter describing the project and the nature of the questions. Their willingness to complete the survey by "clicking agree" was interpreted as their consent to participate. Once consent was obtained, participants completed the following indices.

Demographic questions

Participants indicated their gender, age, and ethnicity. In addition, participants were asked about the nature of their employment including: type of employer, length of employment, and the percentage of time spent providing direct patient care.

Self-compassion

To index self-compassion, we adopted Neff's (2003a) 26-item scale. Participants indicate their extent of agreement with statements such as "I try to be loving towards myself when I'm feeling emotional pain". This scale includes six subscales: one for each component of self-compassion and one reflecting the inverse of each component. Thus, the subscales include self-kindness and its inverse self-judgement; common humanity and its inverse isolation; and mindfulness and its inverse over-identification. Average scores ranging from one to five were computed for each subscale. In line with Neff's recommendations (e.g., Neff, Whittaker, & Karl, 2016; Neff et al., 2019) our primary analyses included one overall self-compassion score with a possible range from one to five.

Burnout

To index symptoms of burnout, we used the Professional Quality of Life (ProQOL-5) scale (Stamm, 2009). This scale was chosen because it was created specifically for those whose work involves helping others (Stamm, 2009) and, because it also includes a subscale assessing the positive aspects of helping others (i.e., compassion satisfaction), which we construed as an indicator of satisfaction with one's work.

The ProQOL is a 30-item self-report measure that includes three subscales: burnout (10 items; e.g., "I feel worn out because of my work as a helper"), compassion satisfaction (10 items; e.g., "I get satisfaction from being able to help people"), and secondary traumatic stress (10 items; e.g., "I can't recall important parts of my work with trauma victims"). Participants responded to each statement on a scale from one (never) to five (very often) and responses were summed for each subscale yielding a possible range from 10 to 50 with higher scores indicating more symptoms of burnout, more satisfaction with helping, and more secondary trauma.

Job satisfaction

In addition to assessing compassion satisfaction, participants were asked to respond to a semantic differential scale ranging from one to nine comprising five opposing attributes of their current job (i.e., satisfied/dissatisfied; happy/unhappy; proud/ashamed; accomplished/unaccomplished; successful/unsuccessful). Responses were summed to yield an overall score of job satisfaction with a possible range from 5 to 45 where higher scores indicate greater overall satisfaction.

Sleep

Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI) (Buysse, Reynolds, Monk, Berman, & Kupfer, 1989). The PSQI is a nine-item self-report measure that assesses subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medications, and daytime dysfunction over the last month through a combination of rating scales and free response questions. Overall sleep quality was calculated following the authors' guidelines, and for ease of interpretation, we reversed final scores such that high scores indicated better sleep.

Results

Description of sample

Ages ranged from 20 to 69 years with the average being 33 ($SD = 8.64$). Twelve participants (7.6%) did not indicate ethnicity and of the remaining participants, the majority identified as Caucasian ($n = 107$; 73.3%) with 14 identifying as Asian (9.6%) and 11 identifying as African American (7.5%). On average, participants had been employed in their current positions for 5.03 years (ranging from 6 months to 45 years), worked on average 42 h per week ($SD = 11.15$) and estimated that they provided direct patient care on average about 62% of the time. As can be seen in Table 1, the majority of participants were registered nurses working in hospital settings.

Background analyses

Scores for each scale were computed if participants responded to a minimum of 80% of the items on each scale. This approach resulted in no missing data.

Table 1. Demographic characteristics of participants ($N = 158$).

Characteristic	*n*	%
Geographical location		
Urban	97	61.4
Rural	61	38.6
Current job title		
Registered nurse	90	57
RPN, LPN, LVN	36	23
Nursing assistant/health-care worker	27	17
Physician's assistant/nurse practitioner	5	3
Current place of employment		
Hospital/acute care	109	69
Private clinic, public health	31	20
Long-term care, hospice, home care	17	11

RPN: registered practical nurse; LPN: licensed practical nurse; LVN: licensed vocational nurse.

Descriptive statistics and correlations among the primary variables are included in Table 2. Internal reliability coefficients presented in the diagonal are acceptable. As expected, the correlations between the subscales of the Proqol, job satisfaction, and sleep showed a pattern whereby increased distress (i.e., low compassion satisfaction, high burnout, and high secondary trauma) was associated with lower job satisfaction and poorer sleep quality. In contrast, higher scores on self-compassion were associated with more job satisfaction and better sleep quality. In addition, as expected, self-compassion was positively related to compassion satisfaction and inversely related to burnout.

Given that self-compassion comprises three interrelated components (i.e., self-kindness, common humanity, and mindfulness) that are assessed with six subscales, we next explored the relationships that these subscales would have with the subscales of the Proqol, job satisfaction, and sleep. We present the bivariate correlations in Table 3. The correlations presented in Table 3 show a pattern whereby positive components of self-compassion (i.e., self-kindness, mindfulness, common humanity) are generally associated with compassion satisfaction, job satisfaction, and better sleep quality and inversely associated with burnout and secondary trauma. This pattern is mostly reversed for the negative components of self-compassion (i.e., self-judgment, isolation, and over identification). We conclude from these correlations that the relationship between overall self-compassion and other constructs is not accounted for by one specific component of self-compassion.

Are the relationships between self-compassion and outcomes mediated by burnout?

To examine whether self-compassion was associated with job satisfaction because of its association with lower burnout[1], we undertook a robust regression approach using PROCESS (Hayes, 2013; Preacher & Hayes, 2008). First, we examined the data for outliers and standardized residuals ranged from −2.73 to +2.03 with no influential cases (Cook's distances ranged from .000 to .046). The data met the assumption of multivariate normality using a P-P plot. We also specified model estimation with standard errors designed for heteroscedastic residuals as recommended by Field (2018), because the graph of the residuals suggested that the assumption of homoscedasticity was violated. The robust regression approach for mediation tests the direct effect of self-compassion on job satisfaction and its indirect effect through burnout by calculating bias-corrected 95% confidence interval (CI) using boot strapping with 5000 resamples. The results of this analysis are presented in Figure 1.

Table 2. Descriptive statistics and correlations among variables ($N = 158$).

Variable	Mean (*SD*)	1	2	3	4	5	6
1. Self-compassion	3.27 (0.58)	**.91**					
2. Burnout	24.65 (6.33)	−.67** [−.74, −.57]	**.79**				
3. Compassion satisfaction	38.49 (6.87)	.43** [.29, .55]	−.54** [−.64, −.42]	**.89**			
4. Secondary trauma	27.34 (9.15)	−.55** [−.65, −.43]	.76** [.69, .82]	−.10 [−.61, .06]	**.92**		
5. Sleep	16.77 (3.10)	.29** [.14, .43]	−.46** [−.58, −.33]	−.07 [−.61, .09]	−.55** [−.61, −.44]	**.61**	
6. Job satisfaction	36.42 (6.17)	.41** [.27, .57]	−.50** [−.61, −.37]	.70** [.61, .77]	−.13 [−.62, .08]	.04 [−.61, .20]	**.89**

Note: 95% confidence intervals are presented in brackets. There were four versions of the survey that differed in the ordering of the measures used. One-way analyses of variance indicated no differences across orders for self-compassion $F(3, 154) = .19$, $p = .9$, $\eta^2 < .01$; burnout $F(3, 154) = .45$, $p = .72$, $\eta^2 < .01$; compassion satisfaction $F(3, 154) = .57$, $p = .64$, $\eta^2 = .01$; secondary trauma $F(3, 154) = .88$, $p = .45$, $\eta^2 = .02$; sleep quality $F(3, 154) = 1.81$, $p = .15$, $\eta^2 = .03$; or satisfaction $F(3, 154) = 1.29$, $p = .3$, $\eta^2 = .02$. Bolded values are Cronbach's alphas.
**$p < .01$.

Table 3. Correlations between components of self-compassion and primary variables ($N = 158$).

	Mean (*SD*)	Compassion satisfaction	Burnout	Secondary trauma	Satisfaction	Sleep quality
Self-kindness	3.43 (0.85)	.57** [.45, .67]	−.29** [−.43, −.14]	.02 [−.14, .18]	.42** [.28, .54]	−.11 [−.26, .05]
Mindfulness	3.51 (0.83)	.62** [.51, .71]	−.37** [−.50, −.23]	−.07 [−.22, .09]	.15** [−.01, .30]	−.18* [−.33, −.03]
Common humanity	3.41 (0.89)	.42** [.28, .54]	−.15 [−.30, .01]	.03 [−.13, .19]	.31** [.16, .45]	−.28** [−.42, −.13]
Self-judgment	2.89 (0.98)	−.05 [−.21, .11]	.58** [.47, .68]	.66** [.56, .74]	−.18* [−.33, −.03]	−.53** [−.63, −.41]
Isolation	2.86 (1.01)	−.16 [−.31, −.004]	.65** [.55, .73]	.68** [.59, .77]	−.23** [−.37, −.08]	−.50** [−.61, −.37]
Over identification	2.84 (1.05)	−.09 [−.24, .07]	.59** [.48, .68]	.71** [.62, .78]	−.14 [−.29, .01]	−.47** [−.58, −.34]

Note: 95% confidence intervals are presented in brackets. *SD*: standard deviation.
*$p < .05$; **$p < .01$.

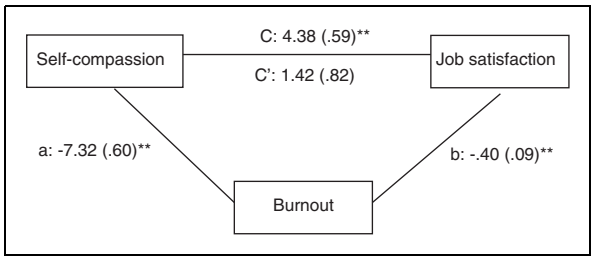


Figure 1. Burnout as mediator of the relationship between self-compassion and job satisfaction.

As seen in Figure 1, self-compassion was a significant predictor of job satisfaction ($F(1, 156) = 54.35$, $p < .01$, $R^2 = .17$) and of burnout ($F(1, 156) = 149.9$, $p < .01$, $R^2 = .44$). However, as seen in path C' when both self-compassion and burnout were included in the model ($F(2, 155) = 39.81$, $p < .01$, $R^2 = .26$), the coefficient for self-compassion was reduced to a nonsignificant value (95% CI: −.20, 3.05, $p = .08$). The point estimate for the indirect effect was 2.96 (standard error (SE) = .66) with a bias corrected 95% CI of 1.68 to 4.31. These results suggest that burnout contributes to our understanding of the relationship between self-compassion and job satisfaction.

Because the compassion satisfaction subscale of the Proqol assesses the extent to which respondents derive pleasure from helping others, it may be considered to be an index of job satisfaction. This is consistent with the high positive correlation between it and job satisfaction (seen in Table 2). As such, we examined the same mediational model with compassion satisfaction as the outcome. As seen in Figure 2, self-compassion was a significant predictor of compassion satisfaction ($F(1, 156) = 42.81$, $p < .01$, $R^2 = .19$) and of burnout ($F(1, 156) = 149.9$, $p < .01$, $R^2 = .44$). However, as seen in path C' when both self-compassion and burnout were included in the model ($F(2, 155) = 38.37$, $p < .01$, $R^2 = .30$), the coefficient for self-compassion was reduced to a nonsignificant value (95% CI: −.43, 3.51, $p = .12$). The point estimate for the indirect effect was 3.63 ($SE = .73$) with a bias corrected 95% CI of 2.22 to 5.09. These results are consistent with our previous analysis and suggest that burnout contributes to our understanding of the relationship between self-compassion and compassion satisfaction.

Similar results were found for sleep as seen in Figure 3. Specifically, self-compassion was a significant predictor of sleep ($F(1, 156) = 18.84$, $p < .01$, $R^2 = .08$) and of burnout ($F(1, 156) = 149.9$, $p < .01$, $R^2 = .44$). However, as seen in path C' when both self-compassion and burnout were included in the model ($F(2, 155) = 25.68$, $p < .01$, $R^2 = .21$), the coefficient for self-compassion was reduced to a nonsignificant value

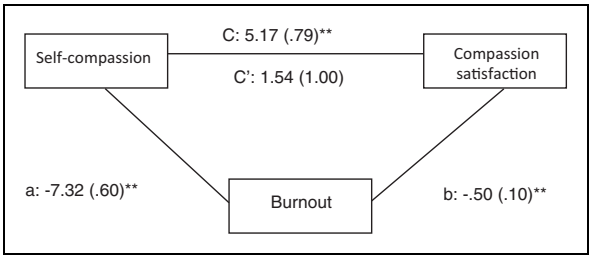


Figure 2. Burnout as mediator of the relationship between self-compassion and compassion satisfaction.

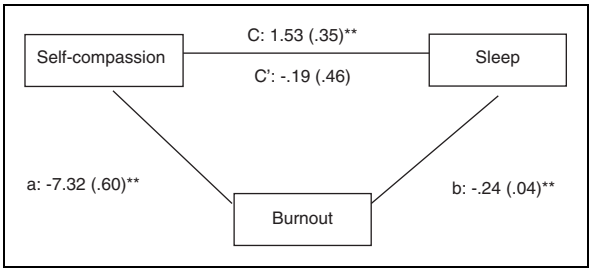


Figure 3. Burnout as mediator of the relationship between self-compassion and sleep quality.

(95% CI: −1.09, .71, $p = .67$). The point estimate for the indirect effect was 1.73 ($SE = .35$) with a bias corrected 95% CI of 1.06 to 2.43. Thus, burnout also contributes to our understanding of the relationship between self-compassion and sleep.

Discussion

The purpose of this study was to examine the relationships between self-compassion, burnout, and job satisfaction. In a modest sample of nurses in the United States, we found support for the predicted associations such that higher scores on self-compassion were associated with less burnout, better self-reported sleep quality, and more satisfaction with work. Of importance is the finding that self-compassion was associated with positive outcomes (better sleep, more job-satisfaction; more compassion satisfaction) because of its inverse association with burnout. Here, we highlight key findings from this study and their implications.

First, in line with past research, the correlations reported here showed the predicted associations among constructs. Specifically, like others, we found that burnout was associated with less job satisfaction (e.g., Khamisa et al., 2015), poorer sleep quality (e.g., Peterson et al., 2008), and less self-compassion (e.g., Duarte et al., 2016). When nurses experience mental, physical, and/or emotional exhaustion, they are likely to find their work to be less rewarding and such symptoms are also associated with less healthy behaviors such as sleep.

Our results also corroborate past research on self-compassion whereby nurses who report being less self-compassionate also tend to experience more symptoms of burnout. The finding that self-compassion was associated with lower burnout is consistent with other research (e.g., Duarte et al., 2016; Kemper et al., 2015; Montero-Marin et al., 2016) and is also consistent with the theoretical definition of self-compassion. According to Neff (2003a, 2003b), self-compassion allows people to accept the negative events in their lives without dwelling on them and respond accordingly. In other words, self-compassionate people hold things in perspective with resultant less stress and emotional impact. Nursing, as a caregiving profession, taxes emotional, physical, and mental resources, and the data presented here support the idea that being self-compassionate reduces the toll.

Of interest was the finding that the bivariate correlations between self-compassion and job satisfaction, sleep quality, and compassion satisfaction were significant which may suggest that being self-compassionate leads to more job satisfaction and better sleep. However, our data also show that these associations are accounted for by reduced burnout. In other words, when controlling for symptoms of burnout, self-compassion is no longer a significant predictor of these outcomes. Thus, these results help to untangle the nature of the relationships. Specifically, self-compassion appears to protect nurses from experiencing burnout and, it is this reduced burnout that contributes to more satisfaction and better sleep. However, given the cross sectional design of this study, our data cannot speak to the causal ordering suggested here. Thus, although the directionality we proposed is in line with past research and with theorizing about self-compassion, only longitudinal or experimental designs would establish causality.

In addition to the issues related to causality, this study is also limited by its sample. As a sample recruited from MTurk, only nurses working for this platform would have had the opportunity to participate and this may contribute to a lack of representativeness. Moreover, our sample of nurses was relatively heterogeneous insofar that their place of employment varied. Although the majority were registered nurses working in hospitals, it is possible that different wards/areas differ in terms of the work demands and may also differ in who they attract as nurses as seen in some research. For example, Duarte and Pinto-Gouveia (2017) limited their investigation to oncology nurses when demonstrating the effectiveness of mindfulness training. Such areas of nursing may actually appeal to individuals who are already more self-compassionate.

Future researchers examining similar constructs among nurses may also want to consider alternative

measures than the ones we used. For example, we opted to use the one subscale from the Proqol (compassion satisfaction) and a semantic differential scale to index job satisfaction. Although these demonstrated acceptable levels of reliability in the present sample (as indicated by the internal consistency reliability coefficients), other indices such as the Job Descriptive Index (Smith, Kendall, & Hullin, 1969) may provide more detail as it includes assessment in multiple domains including satisfaction with pay, supervision, and with coworkers. Moreover, all of the constructs were assessed using self-reports and therefore the results are vulnerable to mono-method biases. Alternatives such as peer reports or observational methods are likely less biased and may be useful in future research.

In this study, we opted to compute an overall score for self-compassion because of the evidence in support of its utility (see Neff, Whittaker, & Karl, 2016; Neff et al., 2019). Some like Duarte et al. (2016) have examined the components of self-compassion and suggested that there is value in doing so to identify the specific aspects to target for prevention and/or amelioration of symptoms associated with burnout. The correlations we presented between self-compassion components and other constructs do not conclusively suggest that this is so. However, given the theoretical definition of self-compassion whereby the three components (self-kindness, common humanity, mindfulness) combine into one attitude, one future direction may be to outline whether one component of self-compassion necessarily precedes the others. Others (e.g., Muris & Petrocchi, 2016) have proposed that the self-compassion scale be divided into two subscales reflecting positive and negative components. Thus, additional research on the self-compassion scale may reveal how best to measure self-compassion.

We began this research with the supposition that being self-compassionate may be beneficial for nurses because aspects of their work may predispose them to be vulnerable to symptoms of burnout and lowered job satisfaction. There is evidence that environmental factors (e.g., work load) contribute to symptoms of burnout; however, such factors are not easily amenable especially in the short term. Similarly, aspects of personality that may also predispose some people to experience burnout (e.g., low emotional stability) are relatively stable making change difficult. In contrast, self-compassion is malleable and a variety of exercises and interventions have been identified as effective for increasing self-compassion both in the short term (e.g., Leary et al., 2007) and in the long term (e.g., Neff & Germer, 2013).

In a recent discussion paper provided by the National Academy of Medicine, Dyrbye et al. (2017) convincingly argued that burnout is an under recognized issue that negatively impacts individuals, institutions, and clients. Consistent with Dyrbye et al.'s call for more research on burnout among health-care professionals, our data suggest that self-compassion may be one pathway to preventing and/or ameliorating symptoms of burnout and lowered satisfaction.

Conclusions

In a convenience sample of nurses, we described the associations between self-compassion, symptoms of burnout, sleep quality, and job satisfaction. Consistent with past research, self-compassion was associated with fewer symptoms of burnout, better sleep quality, and improved job satisfaction. Whereas the existing literature highlights the benefits of self-compassion in a variety of domains, this study extends the research because it suggests one possible pathway by which self-compassion may benefit nurses. Specifically, the analyses supported a mediated relationship such that increased self-compassion was associated with outcomes of sleep quality and job satisfaction, in part, because of its association with reduced symptoms of burnout.

Notwithstanding the limitations in this study, the findings suggest that increases in self-compassion will reduce the likelihood of experiencing symptoms of burnout and, subsequently, result in more satisfaction with one's work. From an individual perspective, this is important because it contributes to overall well-being. For institutions, employees' job satisfaction contributes to lower employee turnover and more productivity. Finally, for clients, nurses' satisfaction levels correspond to higher quality of care, safety, and patient satisfaction. In sum, the correlational results presented here add to the growing literature on the potential benefits of self-compassion for nurses.

Declaration of Conflicting Interests

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Note

1. Initially, we hypothesized that self-compassion might serve as a moderator between burnout and the outcomes of satisfaction and sleep. Scores on burnout, self-compassion, and

outcomes were centered such that the mean for each was equal to zero as recommended by Aiken and West (1991). An interaction term was calculated by multiplying burnout scores by self-compassion scores. The multiple regression models included three predictors: centered burnout scores, centered self-compassion scores, and the interaction term. The only significant predictor was burnout and the nonsignificant interaction terms in each analysis indicate that the relationship between burnout and satisfaction/sleep quality is the same regardless of level of self-compassion.

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