Original Article

Investigation of the Relationship between Self-compassion and Patience Levels in Nurses Working in an Emergency Hospital and Taking Care of Patients Diagnosed with COVID-19

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Abstract

Background: Nurses who are more self-compassionate may be better able to manage the stress and emotional challenges of working in an emergency hospital during a pandemic. They may be less likely to experience burnout or compassion fatigue and may be more resilient in the face of adversity. They will probably be more patient and understanding with their patients and colleagues, and more able to maintain a positive attitude and provide compassionate care.

Objectives: This study aims to determine the relationship between the self-compassion levels and patience levels of the nurses working in an emergency hospital and taking care of patients diagnosed with COVID-19.

Methods: This cross-sectional and correlational study was conducted between May and August 2021 on 171 nurses working in an emergency hospital in Istanbul and taking care of patients diagnosed with COVID-19. The data were collected using the researcher-made Nurse Information Form, the Self-Compassion Scale, and Patience Scale.

Results: The mean rank was found to be 78.03±12.03 for the Self-Compassion Scale and 37.97±6.34 for the Patience Scale. A weak positive significant correlation was identified between the nurses' mean rank of the Self-Compassion Scale and the mean rank of the Patience Scale (rho=0.393, P=0.000), interpersonal patience (rho=0.395), and short-term patience (rho=0.191) subscales, whereas a moderately positive significant correlation was detected between the mean rank of the Self-Compassion Scale and the mean rank of the long-term patience (rho=0.442) subscale.

Conclusion: It can be said that nurses' self-compassion and patience were at moderate levels, and as their self-compassion levels decreased, their patience levels reduced as well. Institutions should develop in-hospital social activities and policies that are supportive of nurses. Supporting nurses' self-compassion levels with evidence-based programs will also increase their patience levels.

Keywords: COVID-19, Nurse, Patience, Self-compassion

1. Background

Nurses who work in close contact with COVID-19 patients and individuals at risk constitute the group with the highest risk in terms of morbidity and mortality rates (1). This has created high occupational risks and psychological pressure on nurses in caring for critically ill patients diagnosed with COVID-19 (2). The psychological crisis that emerged during the pandemic has a profound effect on personality development, psychosocial functionality, and well-being (3). Compared to other professions, nurses experience more fatigue, depression, and anxiety due to occupational stress (4). Nurses have a higher risk of experiencing heart diseases, fatigue, digestive and respiratory problems, insomnia, and mental disorders due to their chronic stress (5).

Self-compassion is understood as providing ourselves with the care, comfort, and reassurance we provide to our loved ones when they suffer (6). Neff (2003) defined self-compassion as a person being open to feelings of pain and distress, approaching oneself with care and compassion, tolerating inadequacies and failures, and accepting negative experiences as a natural part of human life (7). Self-compassion is effective in being less affected by negative emotional states (8). Due to this feature, it is considered one of the important elements of the professional identity of the nursing profession (9). This supportive attitude toward oneself is associated with various beneficial psychological outcomes, less depression, less anxiety, and higher life satisfaction (10). Nurses with a high level of self-compassion are effective in providing quality patient care (11). Developing self-compassion is accepted as the key to enabling the 'flow' of compassion to others, and thus, compassionate practice (12). Self-compassion, which refers to being empathetic and understanding toward ourselves in general, as we can do to a close friend in times of pain and hardship, can be a protective factor for nurses' psychological adjustment in the face of pandemic-induced stress (7). It is essential to understand the role that self-compassion plays in nurses' psychological adjustment to high-stress situations such as a pandemic.

Nursing is a profession that has physical and emotional difficulties and requires being patient (13). Patience is defined as "the virtue of waiting for sad

situations such as pain, poverty, injustice, etc. to pass when they are faced, endurance" ([14]). According to Doğan ([15]), patience provides benefits to psychological well-being, not only when the desired result is achieved, but also with positive foundations, such as hope, optimism, and gratitude, in the process with its protective and healing effects. Being patient serves as an effective Islamic coping strategy for life stressors ([16]). Muslims benefit from their beliefs, piety, and spirituality to cope with life problems and stressors. Religion has a significant impact on individual and social behaviors, attitudes, and values and attempts to bring meaning to life in times of disaster ([17]). It is a well-known fact that patient people are more optimistic, less anxious, and more empathetic than others ([14-18]).

Rooeintan et al. ([13]) have stated that it is important to provide patience and empathy in nursing care. The professional responsibility of nurses is to care for patients; however, the emotional burden and difficulty of caring for patients with COVID-19 make this difficult and tiring in some cases ([19]). Uçar et al. emphasize that impatience is one of the factors that leads nurses to burnout ([20]). Furthermore, the results of a study by Schnitker ([14]) demonstrated that patient people experienced depression, a result of burnout, less than impatient people and encountered less negative emotions and health problems. Patience plays an important role in enduring the difficulties of the nursing profession ([21]). Xu et al. ([22]) revealed in their study that the care ability of nurses developed depending on their level of patience. The quality of care provided by nurses can be affected by their level of patience and self-compassion. A nurse who is struggling with high levels of stress or emotional exhaustion may be less patient with patients and colleagues, leading to poor communication, mistakes, and a decreased quality of care ([23]). On the other hand, a nurse who is patient and self-compassionate is more likely to provide high-quality care that meets the patient's physical, emotional, and spiritual needs ([24]).

Heffernan ([25]) has stated that nurses cannot provide compassionate patient care without self-compassion, and the level of self-compassion should be regarded as a nursing problem; this researcher suggests that the feeling of patience is closely related to the feeling of self-compassion. In the literature, it is stated that since individuals with a high level of self-compassion are more patient, they have a lower risk of burnout ([26], [27]).

The relationship between nurses' self-understanding and patience levels is an important area of inquiry because it can have a significant impact on the quality of care provided to patients. A nurse's self-understanding refers to their level of awareness and understanding of their own emotions, beliefs, and values. Patience, on the other hand, refers to the ability to remain calm and composed in the face of difficult or challenging situations ([28]).

Overall, it is essential for healthcare organizations and policymakers to comprehend the relationship between nurses' self-understanding and levels of patience. By investing in interventions that promote self-awareness and patience among nurses, healthcare organizations can improve the quality of care provided to patients, increase job satisfaction among nursing staff, and ultimately improve health outcomes for patients ([29]).

However, to the best of our knowledge, no study has been conducted to examine the patience levels of nurses and the relationship between patience levels and compassion levels during the pandemic period. Understanding nurses' levels of patience and self-compassion can help identify those who may be at risk of burnout or mental health issues, allowing for early intervention and support ([30]).

2. Objectives

Based on this information, this study aims to determine the relationship between the self-compassion levels and patience levels of the nurses working in an emergency hospital and taking care of patients diagnosed with COVID-19.

3. Methods

3.1. Study Design and Participants

This study was conducted as descriptive and cross-sectional. It was carried out in an emergency hospital between May and August 2021. The emergency hospital in Bakırköy, Turkey, is a pandemic hospital that had a bed capacity of 1,008 (576 ward beds and 432 intensive care unit beds) at the time of data collection. The population of this study consisted of nurses working in an emergency hospital opened in Istanbul to provide care and treatment services to patients diagnosed with COVID-19. A total of 344 nurses were working at the hospital during the data collection period of the study. The sample size was determined as 182 nurses, taking into account the sample size table, with 95% confidence and ± 0.05 margin of error. There were 171 nurses who met the inclusion criteria in the sample group (the study population coverage rate of the sample was 49.71%). The inclusion criteria were being a volunteer to participate in the research and answering data collection tools completely. On the other hand, individuals who were diagnosed with COVID-19 and were at rest with a report at home were excluded from the study.

3.2. Data Collection Tools

A questionnaire and scale method, one of the methods based on self-report, was employed in collecting the research data. The Nurse Information Form, Self-Compassion Scale, and Patience Scale were used in the study.

3.3. Nurse Information Form

This researcher-made form comprised 12 questions about nurses' socio-demographic and working characteristics, such as age, gender, marital status, having a child, educational background, professional experience, department, shift type (day, night, mixed), weekly working hours, the support provided by the workplace during the pandemic, finding the number of nurses in the ward sufficient, the status of having COVID-19, the presence of chronic disease, and psychiatric illness.

3.4. Self-Compassion Scale

This 26-item scale was developed by Neff (31) and is used to determine people's self-compassion levels. The validity and reliability study of the scale in Turkish was conducted by Deniz et al. (32). Different from the original scale, the Turkish version of the Self-Compassion Scale had a one-dimensional structure, and two items below 0.30 in the item-total correlation were removed from the scale, resulting in a 24-item scale. Eleven of these items (1, 3, 5, 7, 10, 12, 15, 17, 19, 22, and 23) are reverse statements. The replies to this tool are rated on a 5-point Likert-type scale (from 1=never to 5=always). The highest score that can be obtained from the scale is 120, while the lowest score is 24 (32). Cronbach's alpha coefficient of the scale was calculated as 0.89, and the test-retest correlation as 0.83. Cronbach's alpha coefficient for this study was 0.70.

3.5. Patience Scale

This scale was developed by Schnitker (14) to determine individuals' patience levels. The validity and reliability study in Turkish of the "five-point Likert-type Patience Scale" consisting of 11 items, whose original name is the "3-Factor Patience Scale" and which was developed by Schnitker, was conducted by Doğan and Gülmez in 2014 (33). The original scale has a three-factor structure, and the first factor, Interpersonal patience, consists of five items. Items 1, 4, 7(r), 9, and 11 of the scale measure interpersonal patience. The second factor is called Long-term patience/Life hardships, and items 2, 5, and 8 of the scale assess patience in the face of life's long-term hardships. The third factor is Short-term patience/Daily hassles. Items 3, 6, and 10(r) of the scale measure patience in the face of daily hassles. Each statement related to patience in the scale was rated as a 5-point Likert-type item between "Strongly Disagree" and "Strongly Agree". Nine of the scale items had a positive sentence structure, and two of them a negative sentence structure. Therefore, items 7 and 10 were reverse-scored. The highest score that can be obtained from the scale is 55, while the lowest score is 11. In this scale, a higher score is representative of a higher patience level, and a lower score is indicative of a lower patience level. Cronbach's alpha values of internal consistency in the original scale are 0.80 for interpersonal patience, 0.70 for short-term patience, 0.66 for long-term patience, and 0.83 for total patience (33). In this study, Cronbach's alpha values were 0.70 for interpersonal patience, 0.72 for short-term patience, 0.62 for long-term patience, and 0.84 for total patience.

3.6. Data Collection

The research data were collected by the researchers by distributing questionnaires to nurses working in an emergency hospital between May 2021 and August 2021 and receiving them back. The Self-Compassion Scale, Patience Scale, and Nurse Information Form were applied together. The forms were filled out in an average of 10-15 min.

3.7. Ethical considerations

Permission was obtained by e-mail from the researchers who developed the scales to be used as a data collection tool at the planning stage of the study. The study was approved by the University Non-Interventional Clinical Research Ethics Committee (E-10840098-772.02-2733), and written permission was obtained from the hospital where the research data were collected. The study was conducted in line with the principles of the Declaration of Helsinki. The participants were informed verbally and in writing about the purpose of the study, and their informed consent for voluntary participation was obtained. The research data were collected after obtaining institutional permission and ethics committee approval.

3.8. Statistical analysis

The data were evaluated in the SPSS 22.0 statistical analysis program using descriptive (number, percentage, mean, and standard deviation) statistical methods. Since the Shapiro-Wilk test result was found as $p > 0.05$, it was observed that the data were not normally distributed, and therefore, non-parametric tests were used. Descriptive statistics were expressed as a number, percentage, mean, and standard deviation. The comparison of the total mean scores of the scales and their sub-dimensions with the sociodemographic characteristics was evaluated using the nonparametric Mann-Whitney U and Kruskal Wallis tests. Bonferroni test, one of the posthoc test statistics, was used to determine the source of the significant difference between the groups as a result of the analysis. Since non-parametric tests do not evaluate the distribution, but rather the rank scores, the number of observations is essential for these tests. In this study, comparisons were made by considering the mean rank while evaluating the participants based on their personal characteristics-related scale scores. The results were evaluated at a 95% confidence interval, at a significance level of $p < 0.05$.

4. Results

Of the nurses, 76.0% were female, their mean age was 25.59±4.38 years, 83.6% were single, and 5.8% had children. It was revealed that 17% of them had a chronic disease, and 5.3% of them received psychiatric treatment. Of them, 76% had an undergraduate degree, 62.6% had 2-5 years of professional experience, and 68.4% worked in intensive care units. It was found that 90.1% of the nurses worked on the mixed (day-night) shift, and they worked an average of 50.78±16.73 hours per week. The reports also showed that 70.2% of them had contracted COVID-19. The majority of nurses, 78.4%, stated that the number of nurses was insufficient and they gave an average of 5.63±2.41 points out of 10 for the support they received at the workplace during the pandemic (Table 1).

Table 1. Distribution of individual characteristics of nurses (n=171)

Variables	n	%	Patience Scale		Self-Compassion Scale	
			Mean rank	Test value	Mean rank	Test value
Gender						
Female	130	76.0	86.69	Z=-0.324	85.75	Z=-0.118
Male	41	24.0	83.82	P=0.746	86.79	P=0.906
Marital status						
Single	143	83.6	80.64	Z=-1.312	82.33	Z=-0.118
Married	28	16.4	95.17	P=0.190	83.64	P=0.906
Having a child						
Yes	10	5.8	80.45	Z=-0.366	81.35	Z=-0.307
No	161	94.2	86.34	P=0.714	86.29	P=0.759
Educational level						
Vocational school	22	12.9	83.64		73.34	
Associate degree	9	5.3	51.67	KW=17.454	90.22	KW=11.918
Bachelor's degree	130	76.0	84.60	P=0.002**	84.18	P=0.218
Master's degree	8	4.7	133.00		96.31	
Doctorate degree	2	1.2	169.50		93.50	
Working experience as a nurse						
Less than 1 year	50	29.2	83.22		89.16	
2-5 years	107	62.6	81.81	KW=11.035	81.15	KW=5.207
6-9 years	6	3.5	129.08	P=0.012*	123.17	P=0.017*
10 years and above	8	4.7	127.13		126.94	
Chronic diseases						
Yes	29	17.0	83.51	Z=-1.456	87.27	Z=-0.746
No	142	83.0	98.17	P=0.145	79.76	P=0.456
Mental disorder						
Yes	9	5.3	70.11	Z=-0.991	69.83	Z-1.008
No	162	94.7	86.88	P=0.322	86.90	P=0.314
Department						
Emergency	11	6.4	72.45	KW=9.159	82.59	KW=0.058
Ward	43	25.1	105.47	P=0.010*	85.94	P=0.971
Intensive care unit	117	68.4	80.12		86.34	
Shift shape						
Only daytime	11	6.4	119.27		100.64	
Only night	6	3.5	96.50	KW=6.658	60.50	KW= 2.560
Mixed	154	90.1	82.82	P=0.036*	85.95	P=0.278
Is the number of nurses sufficient?						
Yes	37	21.6	101.68	Z=-2.180	84.16	Z= -0.255
No	134	78.4	81.67	P=0.029*	86.51	P=0.798
Being infected with COVİD-19 at any time						
Yes	120	70.2	80.43	Z=-2.263	83.55	Z=-0.994
No	51	29.8	99.12	P=0.024*	91.76	P=0.320
Variables	Minimum	Maximum	Mean	Standard Deviation		
Age	21.00	47.00	25.59	4.38		
Working hours (per week)	40.00	96.00	50.78	16.73		
Perceived support at work during the pandemic	0.00	10.00	5.63	2.41		

*P<0.05; **P<0.01; Z: Mann Whitney-U test; KW: Kruskal Wallis-H test

It was revealed that nurses received 78.03±12.03 points from the Self-Compassion Scale (Table 2). Upon comparing the nurses' mean rank of the Self-Compassion Scale and their individual characteristics, a statistically significant difference was found between the period of professional experience and the mean rank of the scale (P<0.05). The Self-Compassion Scale mean ranks of nurses with professional experience of 6-9 years and 10 years and above were statistically significantly higher than

those of other nurses, and the mean ranks of nurses indicating their health status as good were statistically significantly higher than those stating it as moderate or poor (Table 1).

Upon evaluating the Patience Scale total and subscales' mean scores, it was found that nurses received a total of 37.97±6.34 points from the scale, 17.19±3.24 points from the interpersonal patience subscale, 9.90±1.91 points from the short-term patience subscale, and 910.90±2.21 points from the long-term patience subscale (Table 2).

When the nurses' mean ranks of the Patience Scale and their individual characteristics were compared, a statistically significant difference was found between their educational background, years of work experience, department, shift type, nursing competence, and status of having COVID-19 on the one hand, and the Patience Scale mean ranks on the other (P<0.05). The Patience Scale mean ranks of nurses with master's and doctorate degrees were statistically significantly higher compared to other nurses. The Patience Scale mean ranks of nurses with professional experience of 6-9 years and 10 years and above were significantly higher than others. The

Patience Scale mean ranks of nurses working in the ward were found to be significantly higher than those of nurses working in the emergency and intensive care units. The Patience Scale mean ranks of nurses working only on the day shift were significantly higher than those of nurses working continuously on the night or mixed shifts. The Patience Scale mean ranks of nurses who found the number of nurses sufficient were revealed to be significantly higher. It was observed that nurses who had not contracted COVID-19 had significantly higher mean ranks of the Patience Scale than those who had had COVID-19 (Table 1).

Upon examining the relationship between the nurses' Self-Compassion Scale and Patience Scale mean ranks, a significant positive relationship was revealed between the Self-Compassion Scale and the Patience Scale (rho=0.393, P<0.001). A significant positive relationship was detected between the Self-Compassion Scale and the interpersonal patience subscale (rho=0.395, P<0.001), long-term patience subscale (rho=0.442, P<0.001), and the short-term patience subscale (rho=0.191, P<0.001) (Table 3).

Table 2. Scores obtained from the Patience Scale (total and individual sections) and the Self-Compassion Scale (n=171)

Scales and sub-scales	Minimum	Maximum	Mean	Standard Deviation
Interpersonal Patience	9.00	25.00	17.19	3.24
Short-Term Patience (everyday troubles)	5.00	15.00	9.90	1.91
Long-Term Patience (life challenges)	4.00	15.00	10.90	2.21
Patience Scale Total	22.00	54.00	37.97	6.34
Self-Compassion Scale Total	51.00	117.00	78.03	12.03

Table 3. Association between the Patience Scale and the Self-Compassion Scale scores and nurses' (n=171)

Scales and sub-scales	Interpersonal Patience		Long-Term Patience (life challenges)		Short-Term Patience (everyday troubles)		Patience Scale Total	
	Rho	P	rho	P	rho	P	rho	P
Self-Compassion Scale Total	0.395	0.000**	0.442	0.000**	0.191	0.012*	0.393	0.000**

*P<0.05; **P<0.01; Rho:Spearman correlation coefficient

5. Discussion

In this study, which was conducted on 171 nurses caring for COVID-19 patients in an emergency hospital in Istanbul, it was observed that the self-compassion and patience levels of nurses were moderate, and as their self-compassion levels decreased, their patience levels reduced as well. A weak positive significant correlation was identified between the nurses' mean rank of the Self-Compassion Scale and the mean rank of the Patience Scale, interpersonal patience subscale, and short-term patience subscale. However, a moderately positive significant correlation was detected between the mean rank of the Self-Compassion Scale and the mean rank of the long-term patience subscale. A significant relationship was found between nurses' self-compassion and patience levels and all subscales. This result indicates that nurses with a high level of self-compassion have a higher level of patience. Similar to the study findings, it is stated in the

literature that there is a relationship between patience and self-compassion and that nurses with high self-compassion levels have a low risk of burnout due to their high patience levels (26, 27). One study that examined nurses' mental health during the pandemic found that nurses reported higher levels of stress, anxiety, and burnout, which can impact their ability to remain patient and self-compassionate. The study recommended the implementation of interventions to support nurses' mental health and well-being, including mindfulness and meditation practices and employee assistance programs (30). However, no study has been found in the literature examining the patience levels of nurses and the relationship between patience levels and compassion levels during the pandemic process.

A study conducted in the United States found that nurses who experienced high levels of stress during the pandemic had lower levels of self-compassion (34). A study in Saudi Arabia found that nurses who had access to psychological support during the

pandemic had higher levels of self-compassion. The study concluded that providing psychological support to nurses during the COVID-19 outbreak might lead to increased self-compassion, which would probably have positive effects on their ability to manage stress and provide high-quality patient care (35).

The results of a study conducted in China demonstrated that nurses with higher levels of self-understanding during the pandemic reported higher levels of resilience (36). In another study conducted in Brazil, it was found that nurses with a high level of patience during the pandemic had a more positive perception of their workplace and lower levels of stress and burnout (37). Overall, these studies highlight that self-compassion and patience may be important factors in nurses' ability to cope with the stressors of the pandemic.

The self-compassion scores of the nurses in the study were moderate. Likewise, in a study conducted by Aggar et al. (38) on Australian nurses and in a study by Kavakli et al. (39), the self-compassion levels of healthcare professionals during the pandemic were moderate. Hiçdurmaz and Aydin (11) and Heffernan (25) have stated that nurses should have a high level of self-compassion to provide quality patient care. In this study, more experienced nurses had higher self-compassion levels. Considering that self-compassion is associated with less stress and better psychological adjustment results related to the pandemic, it can be said that nurses with less experience will need more support to develop psychological resources to cope with future pandemics and disasters. During the pandemic, especially graduate nurses who have just transitioned to working life need more emotional support (40). It is indicated that interventions that will increase nurses' self-compassion levels are beneficial for psychological functionality that provides adaptation during the pandemic (41).

The patience scores of the nurses in the study were moderate. The findings of studies by Tangünü (42) and Süzen (43) revealed that the patience scores of nurses were moderate. In their study, Kim and Kim (44) identified patience as one of the factors that helped nurses withstand the COVID-19 outbreak. In the current study, the patience levels of nurses working in the intensive care unit were lower in comparison with those of nurses working in the wards. Sariçam (4) reported that nurses working in intensive care units during the pandemic had higher levels of anxiety and depressive symptoms compared to nurses working in other units. Furthermore, it has been stated that burnout and susceptibility to psychiatric disorders are higher in intensive care nurses than in those working in other units (45, 46). Heavy workload, stress, working on shifts, the lack of social support, young age, the lack of professional experience, gender, and failure in anger control and stress management are the factors that reduce the

patience levels of nurses and cause burnout (45). The study findings support the literature. In the present study, a low level of patience was found in nurses who worked on the night shift, had low professional experience and education level, and reported that the number of nurses was insufficient and their workload was high. Similar to the study findings, it was revealed that the patience level of nurses was higher in employees with more professional experience in the study by Tangünü (42). It is thought that nurses with a long professional experience can solve the arising problems more easily due to their advanced age and experience.

The increase in the number of patients referring to hospitals during the pandemic may cause different emotions, such as fear, mourning, disappointment, guilt, and exhaustion in healthcare workers, and arouse concerns about not being able to protect themselves or save their patients due to the lack of nurses, the low level of nurses' competence, and COVID-19 transmission (47). They experience more fatigue, depression, and anxiety due to these concerns (4). Nurses with a difficult working environment due to the nature of their work have high patience levels against the difficulties of life, and therefore, they do not react aggressively to the problems they encounter, which may facilitate the start of looking for solutions. This can contribute to nurses' experiencing less stress and becoming burnout-resistant individuals (42).

5.1. Study Limitations

Response rates were very low due to the increased workload and working hours of nurses during the pandemic. The target sample size could not be reached; therefore, the results cannot be generalized to the wider nursing population in Turkey. Moreover, since this study was conducted as a descriptive, cross-sectional study, it is not possible to explain the causality between the studied variables. Furthermore, the lack of any study on nursing and patience in the international literature creates a limitation in terms of discussing the findings.

6. Conclusion

It can be said that the self-compassion and patience levels of nurses caring for patients diagnosed with COVID-19 were moderate, and as the self-compassion levels of nurses decreased, their patience levels reduced as well. In this study, more experienced nurses had higher self-compassion levels, whereas low levels of patience were revealed in nurses who worked on the night shift, had low professional experience and education level, and reported that the number of nurses was insufficient and their workload was high. Nurses with a high level of self-compassion are effective in providing quality

patient care. Supporting nurses with evidence-based programs to increase nurses' self-compassion levels will increase their patience levels. Programs supporting nurses, in-hospital social activities, and policies should be developed by institutions. A workplace culture that promotes patience and self-compassion can improve the overall morale and job satisfaction of nurses. This can result in reduced staff turnover rates, increased productivity, and improved patient outcomes.

Acknowledgments

Footnotes

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