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Self-compassion for others and the level of empathy, life satisfaction and emotional control in nursing students

Współczucie wobec innych a poziom empatii, zadowolenie z życia i kontrola emocjonalna wśród studentów pielęgniarstwa

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STRESZCZENIE

WSPÓŁCZUCIE WOBEC INNYCH A POZIOM EMPATII, ZADOWOLENIE Z ŻYCIA I KONTROLA EMOCJONALNA WŚRÓD STUDENTÓW PIELĘGNIARSTWA

Cel pracy. W badaniu oceniano poziom współczucia wobec siebie i innych wśród studentek pielęgniarstwa w kontekście ich poziomu empatii, zadowolenia z życia oraz zdolności do tłumienia emocji.

Materiał i metody. W badaniu wzięło udział 217 studentek pielęgniarstwa, które jednocześnie studiowały i pracowały. Zastosowano metodę badania diagnostycznego z wykorzystaniem: Skali Współczucia dla Siebie (SCS-SF), Skali Współczucia dla Innych (CS-R-PL), Kwestionariusza Empatycznego Zrozumienia (KRE), Skali Zadowolenia z Życia (SWLS) oraz Skali Kontroli Emocji (CECS).

Wyniki. Średni wiek respondentów wynosił 22,5±1,3 roku. Średni poziom współczucia wobec siebie wynosił 73,6±8,8 punktów, a poziom współczucia wobec innych – 62,6±10,8. Średnia wartość zadowolenia z życia wynosiła 25,1±1, przy czym 33,6% respondentów było bardzo zadowolonych ze swojego życia. Średni poziom tłumienia negatywnych emocji wyniósł 48,9±4,0 punktów, w tym tłumienie gniewu – 16,3±4,50; tłumienie depresji – 16,5±4,0 oraz tłumienie strachu – 16,1±10,6. Średni poziom empatii wyniósł 61,9±11,7.

Wnioski. Studentki wykazywały nieco wyższy od średniej poziom współczucia wobec siebie, wysoki poziom współczucia wobec innych, wysoki poziom zadowolenia z życia, średni poziom tłumienia negatywnych emocji oraz wysoki poziom empatii. Stwierdzono istotne korelacje między empatią a współczuciem wobec siebie oraz między podskalami a nadmierną identyfikacją.

Słowa kluczowe: empatia, zadowolenie z życia, pielęgniarki, współczucie dla siebie i innych, umiejętność powstrzymywania emocji

ABSTRACT

SELF-COMPASSION FOR OTHERS AND THE LEVEL OF EMPATHY, LIFE SATISFACTION AND EMOTIONAL CONTROL IN NURSING STUDENTS

Aim. The study assessed compassion for oneself and others in nursing students in the context of their level of empathy, life satisfaction, and ability to control emotions.

Material and methods. The study included 217 female nursing students who were simultaneously studying and working. A diagnostic survey method was applied: the Self-Compassion Scale (SCS-SF), the Compassion Scale for Others (CS-R-PL), the Empathic Understanding Questionnaire (KRE), the Satisfaction with Life Scale (SWLS) and the Emotion Control Scale (CECS).

Results. The average age of the respondents was 22.5±1.3. The average level of compassion towards oneself was 73.6±8.8 points, and the level of compassion towards others was – 62.6±10.8. The average values of life satisfaction were 25.1±1, where 33.6% were very satisfied with their lives. The average level of suppression of negative emotions was 48.9±4.0 points, including suppression of anger – 16.3±4.50; suppression of depression – 16.5±4.0 and suppression of fear – 16.1±10.6. The average level of empathy was 61.9±11.7.

Conclusions. Female students had slightly higher than average levels of self-compassion, high levels of compassion towards others, high levels of life satisfaction, average levels of suppression of negative emotions, and high levels of empathy. Significant correlations were found between the empathy and self-compassion subscales and over-identification.

Key words: empathy, life satisfaction, nurses, compassion for oneself and others, ability to suppress emotions

INTRODUCTION

Compassion is one of the basic skills of all living beings, which can be learned and developed [1-2]. It is linked to the evolution of caring attitudes, altruism and prosocial behavior [3]. In recent years, interest in self-compassion and compassion for others has been noticed in many fields of science (psychology, pedagogy, and medicine). Although the concept originates from Buddhism and Eastern philosophy, Kristin Neff introduced it to the contemporary world [4,5]. The author distinguishes three components of the attitude of self-compassion [4,5]. The first dimension is „self-kindness" (kindness towards oneself and self-esteem), i.e., awareness that one cannot always realize one's expectations and ideals, as opposed to excessive self-criticism. Such an attitude prevents frustration, stress and exaggerated self-criticism. The second dimension is „mindfulness" (reflectiveness and over-orientation), or the reflectiveness, which consists of patient awareness of one's own feelings and sensations without trying to criticize, control, suppress or repress them. The opposite of this dimension is excessive identification with one's own experiences and sensations. The third dimension is „common humanity" (community with humanity and isolation), or the interpretation of one's own experience as part of the general experience of humanity. The sense of a shared experience with other people is supposed to prevent frustration and irritation in the event of failure and to counteract the feeling of global isolation, loneliness and the belief that one is the only person in the world who has flaws, makes mistakes and suffers. Such an attitude helps to distance oneself from one's own feelings. The opposite of this component is the tendency to perceive one's situation as a separate and isolated individual state, a sense of isolation from the world. It should be emphasized that all three sub-dimensions of self-compassion interact and influence each other [4,5].

Higher levels of self-compassion is associated with higher psychological well-being, higher levels of emotional intelligence, better coping with parenting challenges, and a lower likelihood of mental disorders, in particular, a lower risk of depression [6-10]. It is also positively associated with better coping with stress in difficult moments and a more adaptive approach to experiencing a chronic disease [11,12].

Compassion is rooted in caring motives, which require several competencies, such as empathy, generosity, openness, tolerance of suffering, commitment and courage [13-16]. Among the distinctive features and attributes of compassion are recognition of and sensitivity to suffering, non-judgment, recognition of common human suffering, calmness, patience, and motivation to act to alleviate and prevent suffering [17].

It is worth noting that the experience of working with people who are suffering and experiencing difficult situations shows that hard skills alone are not a sufficient response to the reported needs. What a person seeking support and help needs is defined in terms of the soft skills of helping professionally individuals, including broadly understood compassion. The literature emphasizes that self-compassion, which positively impacts well-being, coping and emotions, is a feature developed through interaction with another person [18]. Anyone cooperating with others should demonstrate mindfulness, empathy, openness, etc. These features become particularly important when dealing with people for whom one is responsible and cares.

The study primarily aimed to assess compassion for oneself and others in nursing students regarding their level of empathy, life satisfaction and the ability to suppress emotions.

Research questions:

1. What level of self-compassion, compassion for others, empathy, life satisfaction and emotional control do the surveyed female students demonstrate?
2. Are there any relationships between the level of self-compassion and compassion for others?
3. Are there any relationships between self-compassion and empathy, life satisfaction and emotional control?
4. Are there any relationships between the level of compassion for others and the level of empathy, life satisfaction, and emotional control?

Research hypotheses:

1. The examined female students present high levels of self-compassion, compassion for others, empathy, satisfaction with life, and suppression of negative emotions.
2. The level of self-compassion depends on the level of compassion for others.
3. The level of empathy, satisfaction with life, and suppression of negative emotions influences the level of self-compassion
4. The level of empathy, satisfaction with life, and suppression of negative emotions influences the level of compassion for others.

MATERIAL AND METHODOLOGY

This was a cross-sectional comparative study conducted in March and April 2025.

The study included 217 female nursing students studying in Białystok and working professionally simultaneously. The sample selection was purposeful.

The study was conducted with 250 distributed questionnairesand 217 fully completed questionnaires were qualified for the study.

Research instruments

The study used the following instruments:

The Self-Compassion Scale (SCS-SF) by Kristin Neff in the Polish adaptation by D. Kocur, M. Flakus, and M. Fopka-Kowalczyk, containing 26 statements to which participants responded on a 5-point scale, specifying the frequency of occurrence of individual symptoms (1 – almost never; 5 – almost always). The scale consists of six subscales: Self-Kindness Subscale, Self-Judgment Subscale, Common Humanity Subscale; Isolation Subscale; Mindfulness Subscale and Over-Identification Subscale. Reliability, according to the coefficient for the individual subscales, is as follows: 0.80 for kindness towards oneself, 0.74 for

the community of experiences, 0.68 for mindfulness, 0.78 for Self-judgment, 0.77 for isolation, and 0.77 for Over--identification [19].

The Compassion for Others Scale (CS-R-PL) by Pommier, K. Neff and Tóth-Király, adapted to Polish conditions by Fopka-Kowalczyk, Flakus and Kocur. It consists of 16 statements, to which the respondents respond on a 5-point scale, specifying the frequency of occurrence of individual symptoms (1 – almost never; 5 – almost always). The scale consists of four subscales: Kindness; Common Humanity; Mindfulness; Indifference. The Cronbach's alpha reliability coefficient is 0.85 for the overall score of compassion, 0.72 for kindness, 0.56 for Common Humanity, 0.54 for mindfulness and 0.55 for Indifference [20].

The questionnaire of empathic understanding of people (KRE), according to Węgliński, is based on the concept of empathy, understood as an emotional-cognitive syndrome. The test consists of 33 items, to which the examined person gave answers: „yes", „rather yes", „rather no", and „no". It measures emotional consonance with other people, sympathizing with them, sensitivity and empathy toward other people's experiences and readiness to sacrifice oneself for others. The reliability of KRE,calculated according to the Sperman-Brown formula, was rtt = 0.91, after applying the Gaylord correction rtt = 0.90. The stability of the KRE results was rtt = 0.77 after three weeks and after ten months rtt = 0.66. Validity was tested using the intergroup differences method, which is also evidenced by a relatively high correlation of r = 0.60 with the Mehrabian and Epstejn Emotional Empathy Questionnaire [21-23].

The satisfaction with Life Scale (SWLS) – the study respondents assessed the extent to which each referred to his/her life so far, where 1 – meant – I completely disagree, and 7 – I agree entirely. The range of results could be from 5 to 35 points, with the higher the score, the greater the satisfaction with life. The reliability index (Cronbach's alpha) is 0.81. The scale stability index – 0.86 [24].

The Emotion Control Scale (CECS) by M. Watson and S. Greer, in the Polish adaptation by Juczyński, measures subjective control of anger, anxiety and depression in difficult situations. The purpose of the study is to determine to what extent an individual is subjectively convinced of the ability to control their reactions when experiencing specific negative emotions. The general index of emotion control ranges from 21 to 84 points. The higher the score, the greater the suppression of negative emotions. When assessing the reliability of the Polish version of the scale, the following Cronbach's α coefficients were obtained: for anger control 0.80, depression 0.77, anxiety 0.78, and for the total index of emotion control 0.87 [24].

Ethical aspects

The consent of the Medical University of Białystok (UMB) bioethics committee was obtained for the study – APK.002.87.2025.

Statistical analysis

Statistical correlations between the level of compassion towards oneself and the level of compassion towards others were assessed using the Wilcoxon test. Compassion towards oneself (SCL-PL) and Compassion towards others (CS-R-PL) correlated with the level of empathy, life satisfaction and the ability to suppress emotions were assessed using the Spearman correlation test.

RESULTS

Characteristics of the study group

The average age of the female students surveyed was 22.5±1.3 years; the youngest was 22 years old, the oldest – 28 years old. The study respondents most often lived in cities with more than 100 thousand inhabitants (64%). These results are presented in Table 1.

Tab. 1. Characteristics of the group of respondents in terms of a year of starting the studies and their profession

Age (years)	Number of respondents (%) N=217
22	173 (79.7%)
23	22 (10.2%)
24	3 (1.4%)
25	8 (3.7%)
27	9 (4.1%)
28	2 (0.9%)
No=217	**Average age [years]**
$\bar{x}$	22.5
Median	1.3
Min	22
Max	28
No=217	**Domicile (%)**
Village	42 (19.4%)
City up to 50 thousand	20 (9.2%)
City from 52 thousand to 100 thousand	16 (7.4%)
City over 100 thousand	139 (64%)

The surveyed students showed a slightly higher-than--average level of self-compassion, scoring 73.6±8.8 points out of 130. The levels of Self-Kindness and Self-judgment were above average, and Common Humanity, Isolation, Mindfulness, and Over-Identification were average (Tab. 2).

Tab. 2. Self-Compassion Scale (SCL-PL) assessment results

	Overall score	Kindness towards oneself	Judgment of oneself	Community of experiences	Isolation	Mindfulness	Over-identification
Mean	73.6	15.0	17.1	13.0	12.9	12.5	13.9
SD	8.8	3.0	3.0	3.0	3.3	2.8	2.9
min	45	10	12	8	7	6	10
max	94	22	23	23	20	18	19

SD- standard deviation, min – minimum, maximum

The respondents showed high compassion towards others and scored on average of 62.6±10.8 points out of 80 possible points. The levels of Self-Kindness. Common

Tab. 3. Characteristics of the group of respondents in terms of a year of starting the studies and their profession

	Overall score	Kindness	Community of experiences	Mindfulness	Indifference
Mean	62.6	15.9	16.0	15.9	10.0
SD	10.8	3.6	2.8	3.5	4.1
min	38	4	11	9	4
max	80	20	20	20	20

SD- standard deviation, min – minimum, maximum

Tab. 4. Results of the life satisfaction assessment (SWLS)

Scoring	Mean	SD	Min.	Max.
	25.1	6.3	5	35
Degree of satisfaction				Number of respondents (%) N=217
very satisfied				73 (33.6%)
rather satisfied				56 (25.8%)
definitely satisfied				39 (18.0%)
rather dissatisfied				24 (11.1%)
neutral				12 (5.5%)
very dissatisfied				9 (4.1%)
dissatisfied				4 (1.9%)
Stenes	Mean	SD	Min.	Max.
	7.2	2.2	1	10
Low Satisfaction				23 (10.6%)
Average Satisfaction				48 (22.1%)
High Satisfaction				146 (67.3%)

SD- standard deviation, min – minimum, maximum

Tab. 5. Results of the Emotion Control Assessment (CECS)

	General control of emotions	Suppressing anger	Suppressing depression	Suppressing fear
Mean	48.9	16.3	16.5	16.1
SD	4.0	4.0	4.5	10.6
min	24	7	7	24
max	79	25	28	79

SD- standard deviation, min – minimum, maximum

Humanity and Mindfulness were classified at quite a high level, and Over-Identification at an average level (Tab. 3).

Significant differences were found between the levels of compassion towards self and towards others among female students ($p<0.001$).

The analysis of the respondents' life satisfaction levels showed that most (67.3%) had a high level of life satisfaction and scored an average of 25.1±1 points out of 35 possible. The results are presented in Table 3.

When assessing students' emotion control, they scored slightly above average in suppressing negative emotions, 48.9±4.0 out of 84. The subscale averages were also slightly above average, with a maximum of 28 points (Table 5).

When assessing the level of empathy presented by the respondents, it was found that they had a relatively high level of empathy – on average, 61.9±11.7 points out of 90 possible.

Significant correlations were found between the level of empathy and the general level of self-compassion, as well as the subscales judging others, community of experience, isolation, mindfulness and over-identification. Only fear suppression and self-compassion showed statistically significant correlations within the community of experience. No correlations were found between the general level of self-compassion and life satisfaction. The results are presented in Table 6.

Significant correlations were found between the levels of empathy and general compassion for others and the kindness subscale, judging others, community of experiences, isolation, mindfulness, and excessive identification. No correlations were found among compassion for others, satisfaction with life, and the suppression of negative emotions. The results are presented in Table 7.

The verification of the hypotheses confirmed Hypothesis 2 and partially confirmed Hypotheses 1, 3, and 4.

Tab. 6. Results of the relationship between self-compassion (SCL-PL) and the level of empathy, life satisfaction, and the ability to suppress emotions

	Correlation in the Spearman rank test						
	Overall score	Kindness towards self	Judgment of self	Community of experiences	Isolation	Mindfulness	Over -identification
KRE							
Empathy Level	R= -0,277 p<0.001	NS	R=0.198 P=0.003	R=-0.251 P<0.001	R=0.334 P<0.001	R=0.217 P<0.01	R=-0.350 P<0.001
SWLS							
Low Satisfaction	NS	NS	NS	NS	NS	NS	NS
Average Satisfaction	NS	NS	NS	NS	NS	NS	NS
High Satisfaction	NS	NS	NS	NS	NS	NS	NS
CECS							
General emotional control	NS	NS	NS	NS	NS	NS	NS
Angry suppression	NS	NS	NS	NS	NS	NS	NS
Depression suppression	NS	NS	NS	NS	NS	NS	NS
Anxiety suppression	NS	NS	NS	R= -135 P<0.001	NS	NS	NS

KRE- Questionnaire of empathic understanding of people; SWLS- Satisfaction with Life Scale; CECS - The Emotion Control Scale; R- Spearman's rank correlation coefficient; NS- not significant

Tab. 7. Results of the relationship between compassion for others (CS-R-PL) and the level of empathy, life satisfaction, and the ability to suppress emotions

	Correlations in the Spearman rank test				
	Overall score	**Kindness**	**Community of experiences**	**Mindfulness**	**Indifference**
KRE					
Empathy Level	R=0.581 P<0.001	R=0.570 P<0.001	R=0.312 P<0.01	R=0.634 P<0.001	R= -0.271 P<0.01
SWLS					
Low Satisfaction	NS	NS	NS	NS	NS
Average Satisfaction	NS	NS	NS	NS	NS
High Satisfaction	NS	NS	NS	NS	NS
CECS					
General emotional control	NS	NS	NS	NS	NS
Angry suppression	NS	NS	NS	NS	NS
Depression suppression	NS	NS	NS	NS	NS
Anxiety suppression	NS	NS	NS	NS	NS

KRE- Questionnaire of empathic understanding of people; SWLS- Satisfaction with Life Scale; CECS - The Emotion Control Scale; R- Spearman's rank correlation coefficient; NS- not significant

DISCUSSION

Self-compassion is considered an important transdiagnostic factor of mental health [25]. Self-compassion is a way of relating to oneself that is an alternative to self-criticism, harsh self-assessment, and a tendency towards egocentrism, egoism or even narcissism. A less critical and less judgmental approach to oneself may lead to greater tolerance and more accurate attributions of one's own and other people's behaviours [26,27].

The Polish Self-Compassion Scale, developed by Kristin Neff, was used in the current study. Alabdulaziz et al. surveyed 961 nurses using the Self-Compassion Scale [20]. Students rated self-compassion moderately, with the highest mean for mindfulness and the lowest for self-esteem. Significant differences in student compassion were observed between universities. The subjects also rated caring behavior and compassion competence as moderately competent. „Self-kindness" and „common humanity" were significant predictors of caring behavior, while „self-kindness", „self-esteem", „common humanity", and „mindfulness" were significant predictors of compassion competence [20].

Lancaster et al. investigated the impact of COVID-19 on resilience and self-compassion among nursing students [30]. A moderate relationship was found between resilience, self-compassion and age [30]. Similarly, Joy et al. assessed self-esteem among 300 nurses during the pandemic and found that resilience scores, as measured by the Connor-Davidson Resilience Scale, were positively correlated with self-esteem and self-compassion [31]. In turn, Luo et al. determined the relationship between self-compassion, perceived stress, anxiety and depression among 1453 nursing students in Ningbo, China. The mean scores for self-compassion and perceived stress were 38.99 ± 4.55 and 0.40 ± 0.14, respectively [32]. In the current study, female students showed higher levels of self-compassion than in Luo's study and they rated Self-Judgment and Self-Kindness the highest, and Mindfulness the lowest.

Salafi et al. assessed the relationships between sociodemographic variables and self-compassion among undergraduate nursing students at the State University in Indonesia [33]. They found that 60% of students showed moderate self-compassion. The students reported the highest levels of self-kindness and over-identification, indicating that they often tried to love themselves when they felt emotional pain and also often got carried away when something depressing happened. A significant correlation was also found between age and self-compassion [33]. It is worth emphasizing that the ability to direct self-compassion offers wide benefits for the mind and body. Its high level is associated with greater happiness, optimism, and well-being, and helps balance emotions [6-8,10-16]. Our research found no statistical correlation between life satisfaction and compassion. Respondents showed high life satisfaction, average self-compassion, and fairly high compassion for others.

The literature notes the connection between compassion and empathy above all [34]. Some researchers identify compassion and empathy, treating them interchangeably as the same forms of response to another person's experiences. However, the differences between these two terms are indicated when analysing empathy in the context of compassion. Practitioners of Compassion treat empathy as a emotional state. This emotion arises from witnessing another person's experiences and from the ability to understand and acknowledge those feelings, enabling a response to the observed experiences. Conversely, compassion is a form of action: „doing something" to alleviate or eliminate another person's suffering [34]. Other studies point to a difference between empathy, which is more closely related to awareness and intuition and compassion, which is understood as taking the necessary actions to encourage and promote well-being in ourselves and others. Duarte conducted a study among 280 registered nurses from Portugal assessing quality of life, empathy, and self-compassion [35]. The authors found that empathy and self-compassion predicted three aspects of professional quality of life. Empathic care was positively associated with compassion satisfaction and compassion fatigue. In addition, Asayesh et al. assessed the mediating roles of self-compassion and empathy in nurses and found a positive correlation between the two [36]. Our study confirmed significant relationships between empathy and both self- and other-directed compassion.

Kotera emphasises that self-compassion and kindness towards oneself are key factors in protecting mental health [37]. Therefore, the authors assessed the predictors of self-compassion by examining its links with resilience, engagement, motivation, and psychological well-being. The research study comprising 182 British nursing students

revealed that self-compassion positively correlates with resilience, engagement, intrinsic motivation and psychological well-being, while it negatively correlates with motivation. Furthermore, resilience and psychological well-being were identified as significant predictors of self--compassion.

Similarly, Luo et al. showed that self-compassion was negatively associated with anxiety and depression and with perceived stress [32]. In a cross-sectional study of 1,800 nursing and medical students from China, self-compassion was directly and indirectly associated with reduced depressive symptoms through increased resilience and optimism and reduced perceived stress [38].

The current study did not find significant correlations between compassion for others and the ability to suppress negative emotions. Correlations were observed between self-compassion and suppression of negative emotions, specifically in relation to fear and shared experiences.

According to Hagerman et al. , who reviewed articles published between 2007 and 2020 that used Whittemore and Knafel's methodology to assess self-compassion and its role in supporting well-being, compassionate care, and the academic experience among nursing students [39]. They found that self-compassion can promote compassionate care, well-being, resilience, and emotional intelligence while supporting indicators of academic success. Andrews et al. examined nurses' experiences of self-care and self-compassion and their connections to compassionate patient care [40]. The study found that nurses required permission from others and themselves to engage in self-care and self-compassion. The absence of these practices affected nurses' well-being and their ability to offer compassionate care. Promoting proactive self-care among nurses may improve their emotional management and reduce burnout and compassion fatigue.

The study by Tang et al.showed that self-compassion moderated the association between insomnia and anxiety among 1161 Chinese nursing students [41]. Higher self--compassion reduced anxiety from insomnia, while lower self-compassion increased it. This study highlights self--compassion's protective role in mental health [41]. The study by Jiang et al. examined 308 Chinese nurses and found that average monthly income and pet ownership most significantly influenced self-compassion [42]. They suggest focusing on how pet ownership affects nurses' health and developing pet-based interventions.

CONCLUSIONS

Female students showed slightly higher-than-average self-compassion, high life satisfaction and relatively high empathy. There was a significant correlation between empathy and general self-compassion. Suppression of negative emotions correlated significantly only with fear suppression and with shared experiences of self-compassion. No correlation was found between self-compassion and life satisfaction. Compassion for others did not correlate with life satisfaction or suppression of negative emotions.

Postulates

The findings of our research and those of other scholars indicate the need to enhance nursing students' ability to practice compassion towards themselves and others [30,31,35,37-39]. This can be achieved through interventions such as self-compassion training, mindfulness training, compassion-focused empirical techniques, resilience training, and psychological well-being programs. Furthermore, nursing education should incorporate the development of empathy and the capacity to manage negative emotions effectively.

Limitations of the study

The study is cross-sectional, which limits the ability to draw conclusions about cause-and-effect relationships among nursing students between self-compassion, empathy, life satisfaction and emotional control. The study was conducted with a limited number of respondents, all of whom were sourced exclusively from a single Polish city. This geographic and demographic limitation may affect the generalizability of the findings to broader populations or different cultural contexts. Challenges in facilitating discussion due to the absence of comparable studies within the same thematic scope as this research.

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