

Research Article

Does Covid 19 Revamp Nurses' Compassion? Post Covid 19 Approach

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Introduction

Coronavirus disease 2019 (COVID-19) is a newly emerged infectious disease. During the COVID-19 pandemic, healthcare employees were a vulnerable group who were subjected to direct contact with infected patients, an excessive workload, and experiences of physical exhaustion, fear, emotional disturbance, and sleep pattern dysregulation. Nurses are the first healthcare workers who care for COVID-19 patients [30]. Due to their position at frontline, nurses witness the agony and death of their patients which predispose them to psychological issues including self-compassion [27]. When confronted with difficulty or adversity like pandemic Self-compassion is highly concerned among another psychological factors [26]. Compassion can be described as an awareness of the suffering of others and coupled with the motivation to alleviate and prevent this suffering [29]. Compassion involves sensitivity, recognition, understanding, emotional resonance, empathic concern, and tolerance for the distress generated by the suffering of others, [8]. To be self-compassionate, one must be kind to oneself rather than judging or criticizing oneself (self-kindness), recognize that suffering is part of human nature (common humanity), and experience the present without over-identifying oneself with one's emotions (over-identification [29]). In this case of Self-compassion enables us to appreciate other people's views and experiences by helping us see our shared humanity, acknowledge that we all face challenges, and develop a balanced understanding of experiences [26].

Indeed, studies highlights that of nurse's self-compassion is an important component which reflect on self-awareness and empathic understanding of patients [10,18]. Through self-compassion nurses may be particularly aware mindfulness and non-judgmental behavior approaches which can be used in

their practice, such as approaches acknowledge that life can involve suffering at times, and things were out of control. Mindful approaches also help each one commit to live life in line with values and with awareness by avoidance or over-identification with automatic thoughts and negative thoughts [15]. Evidences states that self-compassionate people are less likely to develop negative self-evaluations and always have a sense of worth [22]. Additionally, self-compassion has a significant impact on the psychosocial abilities and behaviors of the general public, including happiness, good self-evaluation, and increased social connectedness [14]. Being mentally compassionate and understanding toward oneself when facing challenges or having weak moments is the act of practicing self-compassion. The capacity of a person to respect, care about, and be kind to others as well as to himself or herself [33].

In the period of unfavorable situations such as a pandemic, self-compassion is considered important to increase the protective factors of individuals in order to avoid mental problems that may occur in society [32]. When confronted with difficulty or adversity like pandemic Self-compassion is highly concerned among another psychological factors [26]. Professionals engaged in helping others, including nurses, experience lack of self-compassion due to working with patients who have experienced a traumatic event or pandemic [2].

In Qatar, few studies have been conducted on nurses after the COVID-19 pandemic (includes main two waves) to evaluate self-compassion aspects. This study aims to explore the self-compassion of staff nurses, after the COVID 19 pandemic. The research will aid in examining how the pandemic has affected the nurses' ability to cultivate self-compassion

Theoretical Framework

Shame Resilience Theory is the theoretical foundation for this study [13]. According to the Shame Resilience Theory, can help people understand and cope with circumstances and quiet their inner critic, which is essential for leading contempt life and promotes inner resilience [19]. In the beginning of COVID-19, nurses experienced dread, self-blame, and social isolation, but as their experience progresses, they start to build support and meaningful relationships with people (such as families and co-workers), which makes them resilient and empathic. They can develop self-compassion by moving along the shame resilience continuum from the fear zone to the growth zone [4].

Methods

Design

The study used a descriptive, cross-sectional research survey design. The study was conducted at the largest health organization in Qatar includes 14 health facilities. The organization has almost 10,000 nursing staff working in different facilities.

Participants

The target population of the study were registered nurses working in the health organization in Qatar. Based on the mean resilience score from the prior research (66.91±13.34) [1] the sample size was calculated to be 268 with a target population of 10,000 nurses and a 95% confidence interval. Assuming a 12% non-response rate, a total sample size of 300 was determined. The sample calculation has been done as a part of the part of the publication [21] Participants in the research had to be licensed staff nurses with a minimum of one year of experience in order to meet the inclusion requirements.

The Instrument

Data were gathered through the use of a structured online questionnaire. The demographic information about the subjects was included in the first section. The Self-Compassion Scale-Short Form (SCS-SF), a five-point Likert scale with 12 questions ranging from 1 to 5, is the second section of the questionnaire. 1 means "almost never," while 5 means "almost always." The total score can be between 12 and 60. Higher results reflect greater levels of self-compassion. The measure also includes subdomains for Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identified. Each item has two questions and a score range from 1 to 10 (Raes et al., 2011). The scale suggested good reliability encompassing Cronbach's α coefficient (0.84) and test-retest reliability (0.89, in the 2-week interval) (Meng et al., 2019).

Data Collection

The anonymized data were gathered via online questionnaires using Microsoft forms during the third wave of COVID-19, The information sheet and survey link were sent to participants via the hospital staff nurses' email. To boost response rates, a reminder email was sent every two weeks. The researchers had no formal relationship with the participants

Ethical Considerations

Institutional Review Board (IRB) approval was obtained from the Medical Research Centre (MRC- 01- 21- 723). The questionnaires were emailed to all staff who were working in 14 health facilities. Implied consent was used, where staff could refuse to participate in the survey by not returning their answers (O'Neill,

2003). Participants were made aware that their involvement was voluntary, and that no personally identifiable information was collected.

Data Analysis

A total of 300 subjects were collected. The distribution of participant data and the sample characteristics were determined using descriptive statistics. The score was calculated for self-compassion to add the responses of nurses. Categorical data were summarized using frequencies and proportions. The proper application of the unpaired t ANOVA test was used to evaluate quantitative data between two or more independent groups. All P values presented were two-tailed, and P values <0.05 were considered statistically significant. All Statistical analyses were done using the statistical packages STATA 17.0 and Epi-info (Armonk and Epi-info (Centers for Disease Control and Prevention, Atlanta, GA).

Results

Sample Characteristics

Total of 300 nurses returned the survey. The mean age of the participants was 38.2±7.2 years and more than one third (76%) of the participants were females. Most of the participants (42.7%) were in the age group of 35-44 years. The majority (76%) of the respondents were married and 74% were working as staff nurses. With regards to their experience 26.3% of them were having 1-3 years, 25.7% 6 to 10 years and 35% were having more than 11 years. The majority of participants (72.3%) were graduate registered nurses, followed by charge nurses (14%), nurse educators (5%), chief nurses (6%), and executive and nursing directors (2%).

More than half of the nurses (60.3%) were assigned to Covid-19 facilities during the pandemic and 21.7% still working in Covid-19 facilities during the survey. The sociodemographic data of the sample is described in table 1.

Table 1: Sociodemographic characteristics of the participants (n=300).

Factor	Level	Value (N=300)
Age in years, mean (SD)		38.2(7.2)
Gender	Male	72(24.0%)
	Female	228(76.0%)
Marital Status	Single	65(21.7%)
	Married	228(76.0%)
	Divorce	3(1.0%)
	Widowed	4(1.3%)
Educational qualification	Diploma Nursing	29(9.7%)
	BSN	222(74.0%)
	Master's degree and above	49(16.3%)
Years of experience in HMC	1-3yrs	79(26.3%)
	4-5 yrs.	39(13.0%)
	6-10yrs	77(25.7%)
	11 & above	105(35.0%)
Designation	Charge Nurse	42(14.0%)
	Executive / Director of nursing	8(2.7%)
	Graduate registered Nurse	217(72.3%)
	Head Nurse	18(6.0%)
	Nurse Educator/Researcher	15(5.0%)
COVID 19 Deployment Status	Assigned before	181(60.3%)
	currently working	65(21.7%)
	Never assigned	54(18%)

Table 2: Descriptive statistics study variables (n=300).

Status	Mean	SD	Median; (IQR) Range
• Self-compassion	41.3	5.91	30.0(26.0, 35.0)
• Kindness	7.3	1.55	7.0(6.0, 8.0)
• Judgement	6.8	2.01	7.0(6.0, 8.0)
• Humanity	6.6	1.47	7.0(6.0, 8.0)
• Isolation	6.2	1.99	6.0(5.0, 8.0)
• Mindfulness	7.9	1.55	8.0(7.0, 9.0)
• Over-identified	6.5	1.91	6.0(5.0, 8.0)

Self-Compassion of Study Participants

The mean self-compassion score was 41.3±5.91. The average score for the domain 'Mindfulness' showed comparatively high score (7.96±1.55) and the least score was for 'Isolation' (6.15±1.99). The score for 'Self-kindness' was 7.29±1.55, 'Self-judgment' 6.79±2.01, 'Common humility' 6.62±1.47 and for the sub domain 'Over identified' was 6.47±1.91.

Association of Socio-Demographic Variables with Study Variables

The relationship between socio-demographic characteristics (age, gender, marital status, education, experience, designation and COVID-19 deployment status) and self-compassion and itself domains shows no statistical significance except in designation and COVID-19 deployment status. The mean score for the sub domain 'Over identified' shows statistical significance ($P=0.02$) among the nurses who are currently deployed (3.22) or assigned to a COVID-19 facility (3.33) compared with nurses never assigned to a COVID-19 facility (2.93). Also 'mindfulness' among head nurses and executive/directors of nursing was high compared to other groups and which was statistically significant ($p=0.002$) (Table 3).

Table 3: Association between demographics and self-esteem, resilience, and self-compassion.

		Self-Kindness, mean (SD)	Self-Judgement, mean (SD)	Common Humanity, mean (SD)	Isolation, mean (SD)	Mindfulness, mean (SD)	Over Identified, mean (SD)	Self-Compassion Total, mean (SD)
Gender	Male	7.49(1.44)	6.97(2.06)	6.73(1.68)	5.96(1.92)	8.01(1.57)	6.28(1.89)	41.44(5.77)
	Female	7.23(1.58)	6.73(2.00)	6.59(1.40)	6.21(2.01)	7.95(1.54)	6.52(1.92)	41.24(5.96)
	P value	0.22	0.38	0.47	0.34	0.75	0.34	0.80
Marital status	Single	7.55(1.60)	6.89(1.88)	6.63(1.36)	6.11(1.89)	7.86(1.63)	6.40(1.76)	41.45(6.23)
	Married	7.19(1.53)	6.77(2.04)	6.63(1.51)	6.19(2.01)	8.00(1.49)	6.50(1.95)	41.28(5.67)
	Divorce/separated	8.66(2.31)	6.67(4.16)	6.67(1.15)	5.33(3.51)	7.0(4.36)	5.67(3.21)	40.00(17.43)
	widowed	7.75(0.5)	6.25(1.26)	6.25(0.96)	5.50(1.73)	8.25(0.5)	6.25(1.89)	40.25(3.77)
	P value	0.13	0.92	0.97	0.79	0.64	0.87	0.96
Education	BSN	7.30(1.51)	6.66(1.96)	6.64(1.46)	6.12(1.97)	7.91(1.45)	6.34(1.84)	40.98(5.55)
	Diploma	6.76(1.79)	7.41(1.94)	6.65(1.88)	6.24(2.32)	8.03(1.78)	7.03(1.88)	42.14(6.04)
	Master's degree/Above	7.53(1.57)	7.02(2.24)	6.53(1.28)	6.26(1.92)	8.16(1.78)	6.69(2.20)	42.20(7.24)
	P value	0.10	0.11	0.88	0.89	0.56	0.12	0.30
Year of experience	1-3 year	7.34(1.58)	6.72(2.01)	6.59(1.38)	6.09(2.16)	7.99(1.56)	6.47(1.89)	41.20(6.00)
	4-5 year	7.46(1.65)	6.59(2.07)	7.10(1.19)	6.03(2.02)	8.18(1.45)	6.05(1.85)	41.41(6.23)
	6-10 year	7.23(1.53)	6.86(2.01)	6.54(1.55)	6.21(1.92)	7.91(1.57)	6.55(1.94)	41.30(5.83)
	P value	0.66	0.70	0.09	0.83	0.60	0.33	0.98
Assigned for covid-19	Currently working	7.31(1.56)	6.91(2.01)	6.77(1.54)	6.05(2.07)	8.08(1.41)	6.65(1.98)	41.55(6.03)
	Assigned before	7.25(1.55)	6.80(2.02)	6.60(1.44)	6.25(1.90)	7.90(1.55)	6.66(1.91)	41.46(6.09)
	Never assigned	7.41(1.58)	6.61(2.01)	6.53(1.53)	5.96(2.19)	8.04(1.69)	5.85(1.74)	40.41(5.09)
	P value	0.80	0.72	0.65	0.58	0.68	0.02	0.48

Discussion

Working in unusual events, may negatively affect self-compassion. COVID-19 pandemic influenced self-compassion of nurses. This study sought to explore the self-compassion of nurses during the COVID 19 pandemic. Nurses in the current study show high self-compassion scores, this indicates that nurses are less likely to fear judgment from others, increasing their willingness to help other and coping with difficult circumstances [16]. Self-compassion act as a valuable coping resource when nurses experience negative life events. Nurses who are self-compassionate are less likely to catastrophize negative situations [12].

Self-compassion in the study is higher than other studies. A study conducted in Spain during the COVID-19 pandemic among nurses found that mean score of self-compassion was 19.8±4.4 [14]. Authors highlighted self-compassion developed as a psychological protective factor which prevent nurses from stress and burnout. The pandemic will enhance mental health, lessen the negative effects of stressful events that may affect nurses, and promote self-compassion [5]. According to a recent research on the self-compassion of nurses during a pandemic, self-compassion may enhance life satisfaction through effective coping [24]. Nurses in the study may adopt positive coping mechanisms and adjust with the circumstances Nurses in the study shows high level of mindfulness scores compared with other subdomains of self-compassion. The result is consistent with study conducted on nurses during the pandemic experiencing high level of mindfulness [28]. The authors stress that mindful nurses can observe thoughts, emotions, and events without embellishing, denying, or repressing them. Using mindfulness enables nurses to view the situation more broadly and

involves a balanced response to uncomfortable feelings [18]. Evidence suggests mindful nurses accept the present situation without being rambling in the future or past. Improvement in mindfulness scores highlights that nurses start accepting to COVID-19 pandemic increases, helping nurses cope with stress at work and develop a sense of resilience [12].

However, isolation scores are low when comparing with the other subdomain. Studies done early during the time of pandemic highlighting psychological strain involving perceived isolation from others at work contributes to poorer mental health among employees and played an important role in negative self-compassion attributes [18]. But the study was conducted after third wave of Covid pandemic, low isolation score explained the nurses many overcome the isolation feeling and become mindful. The low level of isolation score is incongruent with another study conducted among nurse's mindfulness and self-compassion training among [25]. By forming strong social bonds with other people, the author argues that nurses' feelings of loneliness will lessen, enhancing both their ability to perform their duties and their interactions with patients [25]. While considering the association, mindfulness' among head nurses and executive/directors of nursing was high compared to staff nurses participated in the study. Mindfulness is a wellness strategy which is inversely proposal to stress and burnout, high stress and pressure will decrease the mindfulness levels in individual [23]. Previous evidence highlighted nurses who are front line faces more challenges and stress [27]. Compared with the leaders which intern can reduces the mindfulness. Increased mindfulness was associated with decreased feelings of isolation [7,20]. The high mindfulness score and low isolation scores among nurses during the third wave of pandemic in the current study could be explained by the previous experience during the first and second waves, where in which nurses develop awareness about COVID 19 and develop empathy with patients and colleagues.

Moreover- over identified scores are high among the nurses who currently working or assigned to a covid- 19 facility compared with nurses never assigned to a covid-19 facility. Over-identification makes nurses to immersed in their current emotional reactions leads ruminating on difficulties which leads to burn out. Evidences found that burnout among nurses is a crucial issue during the COVID-19 pandemic [9]. Studies done on nurses burn out and self-compassion identified that burn out have a significant and positive correlation with over identification. [28] The study result pints out even during third wave nurses have not completely recovered from burn out and stress

Limitations and Recommendation

Convenience sampling was used to perform the study, from 14 different hospital which is all located in Qatar, which limiting generalization to other institutions. The study's use of an online questionnaire, there may have been some bias in the reporting, which is the propensity of participants to present a more positive view of themselves and self-reporting surveys may introduce bias due to social desirability [31].

Participants may fabricate answers to conform to socially acceptable standards or avoid criticism, or they may assume the information they report (self-deception) (Logan et al., 2008) Further studies need to be done qualitatively to understand the circumstances that contributed to develop compassion

Conclusion

Nurses faced many difficulties while working during COVID-19, including a heavy workload and tension. However, pandemic outbreaks might make nurses more compassionate toward themselves. The finding emphasizes the need to improve people's levels of self-compassion and provide them with emotional support at this time, when there is a significant risk factor for mental health, such as COVID-19. Healthcare organization should initiate psychological intervention to boost up self-compassion that the individual will have for himself can be a cure for mental problems during the crisis period.

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