

Investigating the Mediating Role of Self-Compassion in the Relationship between Spiritual Intelligence and Hope in Female Nurses of Neyshabur-Iran Hospitals in 2019

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Abstract

Background: Nurses are among the individuals who are under various forms of stress and physical and psychological harm due to the nature of their occupation.

Objectives: The present study aimed to investigate the mediating role of self-compassion in the relationship between spiritual intelligence and hope in female nurses.

Methods: The method of the current research was descriptive-correlational. In this research, 183 female nurses of Neyshabur hospitals were selected by convenience sampling method in 2019. Participants completed King's Spiritual Intelligence Questionnaire (2008), Snyder's Hope Questionnaire (2000), and Neff's Self-Compassion Scale (2003). The data were analyzed using SPSS software version 24, descriptive statistics (mean, standard deviation, frequency, and frequency percentage), path analysis method, and Pearson correlation coefficient.

Results: The mean (SD) age of participants was 35.22(5.91) years. Spiritual intelligence and self-compassion were predictors of hope in female nurses ($p < 0.005$). Overall, the results showed that self-compassion had a mediating role in the relationship between spiritual intelligence and hope in female nurses ($p < 0.05$).

Conclusion: According to the findings, it seems that individuals who have high spiritual intelligence feel self-compassion and therefore are more hopeful.

Keywords: *self-compassion, spiritual intelligence, hope, female nurses*

Introduction

Nurses are one of the most important pillars of the treatment department who are responsible for critical tasks such as mental and physical care of the patient due to their occupational status [1]. Among hospital occupations, nursing is an occupation where an individual spends many hours with patients [2]. Nurses who do not have good general health will not be able to provide adequate care for patients [3]. Nurses are among the individuals who are under various forms of

stress and physical and psychological harm due to the nature of their occupation [4]. Due to the critical role of this group in the recovery of patients, the inadequacy of their work will have irreparable consequences, so considering the factors affecting the performance of nurses and research in this area is very important [5].

One of the harms that can engage nurses is reducing their hope. Hope is a positive and mental motivational state based on planning to achieve a goal, which results from an individual's

interaction with the environment [6]. In positivist psychology, special attention is paid to hope, and it is believed that hope as a factor for the richness of life enables individuals to see themselves with a perspective beyond the current situation. Individuals who have experienced stressful events with varying degrees of hope await everything, even miracles, and tend to move toward their predictions [7]. Hope is considered one of the human coping sources in adapting to problems and even incurable diseases, can play an important role in adapting as a healing, multidimensional, dynamic, and powerful factor, and can affect the quality of relationships with others [8]. Hope gives humans the flexibility, vitality, and ability to eliminate strikes imposed by life and leads to increased life satisfaction [9]. Many factors can influence an individual's hope. Spiritual intelligence is one of these factors, which plays a vital role in individuals' hope level [10].

Spirituality causes meaning in human life so that the individual uses intellectual and logical behaviors to follow in life, and his/her relationships with others will be humanistic and belief relationships, and will find a positive attitude towards himself/herself and others [11]. Spiritual intelligence is the adaptive use of spiritual information to solve problems in daily life and adapt to achieve the goal [12]. Spiritual intelligence is one of the types of multiple intelligences that can grow and develop independently and requires different ways of recognizing and uniting the inner life of the mind with life in the universe [13]. Spiritual intelligence means acting with awareness, maintaining health, and inner and outer calmness. Spiritual intelligence indeed is an innate intelligence and can grow like any other intelligence [14]. It also requires better adaptation to the environment, and individuals with higher spiritual intelligence are more tolerant of life pressures and have a higher ability to adapt to the environment [15].

Another factor in the emergence of hope in an individual may be the feeling of self-compassion. Neff [16] has suggested the structure of self-compassion as a healthy self-control mold. Self-compassion is an affectionate and receptive attitude toward the unpleasant dimensions of oneself and one's life, which has three main

components: Self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Self-compassion can be influenced by spiritual intelligence. In fact, self-compassion is significantly associated with each of these two constructs. Self-compassion is used in situations in which the upsetting event results from failures, unwise actions, or individual defects. Although most individuals report that they are more violent and uncompromising in dealing with themselves than with others, "self-compassionate" individuals report that they are as kind to themselves as they are to others [17]. According to research, self-compassion has been able to be directly related to other psychological constructs such as social support and mental well-being [18], life satisfaction with the mediating role of hope [19], and the feeling of loneliness and life expectancy [20]; however, the mediating role of this construct in the relationship between hope and spiritual intelligence is ambiguous and has not yet been determined.

In addition to protecting an individual from negative mental states, compassion also plays a role in strengthening positive emotional states [21]. A response resulting from self-compassion involves generalizing kindness instead of blaming oneself or ruminating about perceived inadequacies; therefore, the effects of negative emotional experiences such as depression and anxiety are minimized [22]. In Akin and Akin's [23] research, a positive relationship was observed between the components of self-compassion and hope. Given the mentioned materials, on the one hand, nurses suffer from stress for various reasons, reducing their mental health [25]. In many cases, their workloads increase to the extent that their satisfaction, commitment, and attachment to occupation reduce and even provide the ground for them to abandon employment [24]. As a result, the study of constructs affecting nurses' mental health is essential. On the other hand, employees working in human services departments are often exposed to burnout, family problems, frustration, and physical and psychological harm. Law-abiding and highly systematic professions such as nursing, as one of the stressful occupations, can influence the psychological health of staff and, subsequently, their families. Therefore, research

in the field of nursing seems necessary. Given the research gap in this field and the importance of paying attention to nurses' self-compassion behavior in improving their health, this question arises whether self-compassion has a mediating role in the relationship between spiritual intelligence and hope in female nurses?.

Methods

The present research is descriptive-correlational. The statistical population of this study included all female nurses of Neyshabur hospitals in 2019. The sample consisted of 183 female nurses of Neyshabur hospitals (three hospitals) selected by convenience sampling method. The sample size was determined using G*Power software with an average effect coefficient, statistical power of 0.95, and alpha of 0.05 of 180 people. Ethical considerations such as informed consent to fill out the questionnaire were obtained by observing the principle of confidentiality in conducting the research. The following questionnaires were used to collect data:

The Self-Compassion Scale (SCS): This scale, developed by Neff [26], consists of 26 items and is scored on a 5-point Likert scale from 1 (almost never) to 5 (almost always), with a higher score indicating a higher level of self-compassion. Also, items 1, 4, 8, 9, 11, and 12 are scored in reverse. The SCS has three bipolar components (six subscales): Self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification.

The reliability of this scale was obtained at 0.93 using the retest method. In Iran, Abolghasemi, Taghipour, and Narimani [27] reported the reliability of this scale by the internal consistency of questions using Cronbach's alpha coefficient of 0.81. In this study, the scale reliability for the total score was obtained using Cronbach's coefficient of 0.76.

The Spiritual Intelligence Self-Report Inventory (SISRI-24): This questionnaire, developed by King [28], measures 24 questions and 4 subscales of critical existential thinking, personal meaning production, transcendental awareness, and conscious state expansion. It has a five-point Likert scale ranging from 5 to 1 as 5 (absolutely true), 4 (very true), 3 (somewhat), 2 (not very true), and 1 (not at all true). The reliability of the dimensions and the total score of

the questionnaire are 0.83, 0.84, 0.75, 0.90, and 0.91, respectively. In Iran, Yazdani, Etebarian, and Abzari [29] translated this questionnaire into Persian by the back-translation method, examined its face and content validity, and reported the reliability of this scale by using internal consistency of questions and Cronbach's alpha coefficient for four subscales and the total score of the questionnaire as 0.83, 0.76, 0.77, 0.82, and 0.94, respectively. In this study, the scale reliability was obtained by Cronbach's alpha coefficient for the total score equal to 0.81.

Snyder's Hope Questionnaire (HQ): This questionnaire, developed by Snyder [30], has 12 questions, and the answer to each question is scored on an 8-point Likert scale from 1 to 7 as "completely correct" to "completely incorrect". The scores of this questionnaire are between 8 and 64. Four questions are neutral, and 8 questions (1,2,4,6,8,9,10,12) are related to hope. The subscales of this questionnaire include strategic thinking and factor thinking. The reliability of this questionnaire was obtained by Snyder [30] using Cronbach's alpha for its total score equal to 0.86. The reliability of this scale by the internal consistency method was obtained between 0.74 and 0.84, and its validity by the simultaneous criterion validity method and by correlating its items with the optimism, goal achievement expectation, and self-esteem questionnaires was obtained between 0.50 and 0.60, indicating the simultaneous validity of this scale [31]. In Iran, Azhari, Mirnsab, and Mohebbi [32] assessed the construct validity using confirmatory factor analysis and showed that this scale had two factors: Factor thinking and strategic thinking. The reliability of this scale was calculated by the internal consistency of questions using Cronbach's alpha coefficient equal to 0.74. In this study, the reliability of this scale was obtained by Cronbach's alpha coefficient for a total score equal to 0.72.

Procedure

In this project, after receiving a letter of introduction from the university to perform the research and coordination with the managers of hospitals (22 Bahman, Hakim, and Qamar) in Neyshabur, the researcher provided the present research tools to female nurses. Out of 200 distributed questionnaires, 183 questionnaires were returned. The present study data were

analyzed using SPSS version 24 and PROCESS statistical software through descriptive and inferential statistical indices. Baron and Kenny's path analysis and Pearson correlation coefficient were used for data analysis.

Results

Based on the findings, participants' mean age and standard deviation were 35.22 and 5.91 years, respectively, and their average work experience was 12.33 with a standard deviation of 8.53 years (Table 1).

Table 1: The demographic characteristics of nurses of Neyshabur hospitals, 2019

Variable	Mean	Standard Deviation	p
Age	35.32	5.91	
Work experience (year)	12.23	8.53	
Marital Status	Frequency	Percentage	
Single	41	%22.40	<0/05
Married	131	%71.58	
Divorced	9	%4.92	
Widow	2	%1.09	

Table 2 shows the mean, standard deviation, and correlation coefficients of the variables of

spiritual intelligence, self-compassion, and hope.

Table 2: Pearson correlation coefficients related to research variables

Variable	Spiritual Intelligence	Self-Compassion	Hope
Spiritual intelligence	1.00		
Self-compassion	0.693**	1.00	
Hope	0.576**	0.513**	1.00
Mean	72.14	78.59	57.07
Standard deviation	15.36	13.01	57.08

** are significant at the level of 0.01

The results of Table 2 show that the mean scores of the variables of spiritual intelligence, self-compassion, and hope are 72.14, 78.59, and 57.07, respectively. Accordingly, it can be said that nurses' spiritual intelligence and hope are at a high level, and their self-compassion is at a medium level. The skewed results show that the data are between 1.96 and 1.96. Also, the results of the Kolmogorov-Smirnov test showed that the z value was not significant for the variable of hope ($p > 0.05$). Therefore, it can be said that data

distribution is normal. The results of Table 2 show that spiritual intelligence is related to self-compassion and hope ($P < 0.05$). There is also a significant relationship between self-compassion and hope ($P < 0.05$). Hence, the correlation between the research variables is assumed. For this purpose, hierarchical regression was used to investigate the mediating role in the relationships between the studied variables. Table 3 shows the results of regression analysis using PROCESS software.

Table 3: The summary of the regression model of the mediating role of self-compassion in the relationship between spiritual intelligence and hope

Criterion Variable	Non-Standard Effect Coefficient	Standard Error	t Value	Significance Level	Correlation Coefficient	The Square of the Correlation Coefficient	Average Squared Error	F	df1	df2	Standard Coefficient
Step 1: Self-compassion Spiritual intelligence	0.58	0.04	12.92	0.00001	0.69	0.48	88.55	167.07	1	181	0.69
Step 2: Hope Spiritual intelligence	0.37	2.94	10.13	0.00001	0.57	0.33	68.24	90.06	1	181	0.57
Step 3: Hope Self-compassion	0.27	0.05	2.13	0.0001	0.59	0.35	66.09	49.95	2	180	0.42
Spiritual intelligence	0.16	0.06	2.62	0.009							0.21

The results of Table 3 show that in the first step, spiritual intelligence predicts self-compassion ($P < 0.05$, $\beta = 0.58$, $F_{(1, 181)} = 167.07$) and overall explains 48% of the variance of female nurses' self-compassion ($P < 0.05$). The standard coefficient of the above model is equal to 0.69 ($P < 0.05$). In the second step, spiritual intelligence predicts hope ($P < 0.05$, $\beta = 0.37$, $F_{(1, 181)} = 90.06$) and overall explains 33% of the variance of female nurses' hope ($P < 0.001$). The standard coefficient of the above model is equal to 0.57 ($P < 0.001$). In

the third step, spiritual intelligence and self-compassion predict female nurses' hope ($P < 0.05$, $F_{(1, 180)} = 49.95$) and overall explains 35% of the variance of hope ($P = 0.009$). The effect coefficients of spiritual intelligence and self-compassion are equal to 0.27 and 0.16, respectively. The standard coefficients are 0.42 and 0.21, respectively. Table 4 reports the total, direct, and indirect effects of spiritual intelligence on hope.

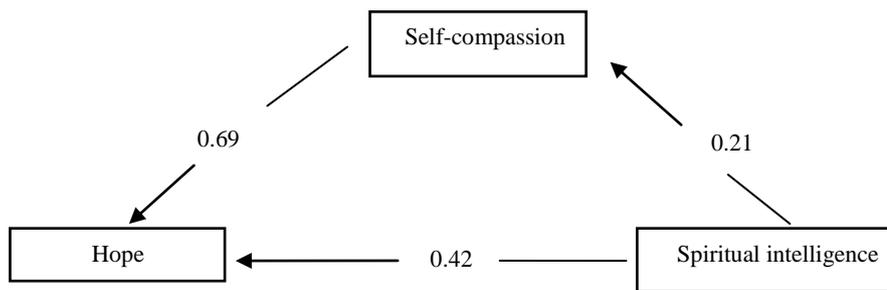


Figure 1: Standardized regression coefficients of the model related to the mediating role of self-compassion in the relationship between spiritual intelligence and hope in female nurses

Table 4: The total, direct, and indirect effects of spiritual intelligence on hope

Effects	Standard Error	t	p	Lower Bound	Upper Bound
Total	0.37	0.03	9.49	0.0001	0.29 0.45
Direct	0.27	0.05	5.13	0.0001	0.17 0.38
Indirect	0.099				
Indirect Standard partial	0.009				
Indirect standard complete	0.15				

The results of Table 4 show that the total, direct, and indirect effects of spiritual intelligence on hope are 0.37, 0.27, and .10 respectively, and the standard partial and complete indirect effects are 0.009 and 0.15. The results show that after

entering the mediator variable into the equation, the standard effect coefficient decreased from 0.57 to 0.15. The results of the Sobel test (Sobel test=2.57, $P = 0.01$) indicate that self-compassion mediates in the relationship between spiritual

intelligence and hope. Hence, self-compassion plays a mediating role in the relationship between spiritual intelligence and hope in female nurses.

Discussion

The present study was conducted aiming to investigate the mediating role of self-compassion in the relationship between spiritual intelligence and hope in female nurses. The results of the present study showed that self-compassion had a mediating role in the relationship between spiritual intelligence and hope in female nurses. The findings of this study are in line with the results of Todoro, Sherman, and Kilby [33], Fong and Kai [34], Yang et al. [35], Akin and Akin [23], Zarei and Fooladvand [19], and Dashtbozorgi and Homayi's [18] studies. No inconsistent study was found in previous studies.

In a study on women with breast cancer, Todoro et al. [33] concluded that self-compassion and hope were significantly positively related. Also, self-compassion and hope were significantly negatively related to mental health, and stress stemmed from the body image of women with cancer. From this perspective, in the present study, self-compassion also had an indirect effect on female nurses' hope. In addition, there was a significant positive relationship between self-compassion and hope. In another study by Fong and Kai [34], self-compassion was shown to play a mediating role in the relationship between perfectionism and hope.

In fact, in this study, self-compassion was significantly positively related to hope and indirectly affected hope toward the exam. However, in Yang et al.'s [35] study, a significant positive relationship was found between self-compassion and hope. The difference was that, in the mentioned study, hope played a mediating role in the relationship between hope and life satisfaction; therefore, self-compassion directly affected hope.

Akin and Akin's [23] study showed a significant positive relationship between students' self-compassion and spiritual experiences. However, in this research, the authors have considered spiritual experiences as the criterion variable and predicted spiritual experiences based on self-compassion. It seems that spiritual experiences first happen to the individual, changing the individual into a self-compassionate person.

Therefore, in the present study, spiritual intelligence and spirituality have been considered exogenous variables and, in fact, predict self-compassion because self-compassion is formed after the creation of spiritual intelligence and is a variable whose formation takes precedence over self-compassion. All the above studies are different from the present research in that they have examined the relationship and correlation between the mentioned variables. In contrast, the present study has examined the non-experimental causal effect between the variables through path analysis and has actually added to the richness of the results. In addition to direct effects, the present study has considered indirect effects and has considered self-compassion as a mediating variable, which from this perspective; the research subject is novel and adds new results to previous studies.

In explaining the result, it can be said that self-compassion is an important human force that is considered the quality of kindness, gentleness, a sense of inner connection, and helping individuals be hopeful when confronting life's difficulties. In this approach, internal conflicts are mostly resolved, and by providing care, serious attention to oneself, and suggesting compassionate internal processes, individuals are helped change their behaviors [36]. In general, it can be said that individuals with self-compassion are much more optimistic than those without self-compassion, and as a result, they are better able to cope with their negative emotions. Ultimately, self-compassion increases individuals' desire for growth and increases their ability to manage life and dominate the environment. Self-compassion is also one of the ways to adapt to stressful life situations and can also reduce cognitions focused on negative points by reducing negative reactions; thereby, it improves individuals' performance and well-being [37].

Dashtbozorgi and Homayi [18], in their research, concluded that individuals with high self-compassion treat themselves with kindness, concern, and affection when they experience negative events, leading to increased social communication and reduced self-criticism, rumination, and suppression of negative thoughts, and ultimately to psychological well-being and hope for a better future. Hope causes individuals who have failed in their lives or suffer from

physical and mental problems to return to their healthy and happy lives through reconstructing their damaged emotions and feelings and strengthens their life satisfaction. It means that individuals with higher self-compassion have higher hope levels.

According to Reiss [38], it can be said that individuals with high hope are happier in life and have more life satisfaction, leading to increasing their level of energy and activity. Increasing the level of energy and activity, on the one hand, leads to satisfactory activities and, on the other hand, causes to solving life challenges and crises relatively quickly and mental well-being. Self-compassion typically increases the individual's sensitivity to his/her health and that of others. Therefore, having a positive view of the future is the most critical advantage of self-compassion. Self-compassion effectively increases optimism and life expectancy in individuals regarding their abilities when faced with challenging situations, perhaps because self-compassion reduces self-judgment and increases the perception of competence.

Akin and Akin [23] have suggested in their research that having self-compassion requires the individual not to criticize himself/herself for failures strictly or due to not meeting the standards. According to them, via self-compassion, the individual creates emotional security, allowing him/her to see himself/herself clearly without fear of self-blame, and has the opportunity to more accurately understand and correct the maladaptive mental, emotional, and behavioral patterns. Thus, self-compassion does not lead to passivity and stillness; rather, individuals with high levels of self-compassion have better mental health than those with low levels of self-compassion because the inevitable pain and sense of defeat that everyone experiences are not perpetuated in them by a brutal self-blame, a feeling of isolation, and over-identification with thoughts and emotions. This attitude of individuals with high self-compassion toward themselves is related to numerous positive psychological consequences such as more motivation to resolve interpersonal conflicts, effective problem-solving, less fear of failure, less negative self-assessment, less depression and anxiety, and more hope [38]. Therefore, the higher an individual's self-compassion, the more

patient and tolerant is in the face of his/her own problems and sufferings; as a result, it affects his/her lifestyle and increases the individual's hope and life satisfaction. It shows that self-compassion is an effective mediator for the positive relationship between hope and life satisfaction [39].

Conclusion

Given that spiritual intelligence is a set of activities leading to affection and flexibility in behavior and an individual's deep awareness and insight into the life and its purposefulness so that goals are drawn beyond the material world, it causes the individual to adapt appropriately to the environment and his/her satisfaction. As a result, an individual with high self-compassion and spiritual intelligence experiences more positive emotions and moods and fewer negative emotions. Therefore, it can be said that self-compassion can play a mediating role between positive psychological functions and personality traits [40].

Limitations of the research include the impossibility of random selection, using a self-report questionnaire, and the lack of cooperation of some subjects due to the high workload. According to the findings and the review of the results and explanations, in general, it can be said that self-compassion plays a mediating role in the relationship between spiritual intelligence and hope in female nurses.

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Conflict of interest

The authors have no conflicts of interest to declare.

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