

Original Article

Assessing the impact of Psychological Distress on Burnout among nurses: the protective role of Self-Compassion

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Abstract

Objective: The current study aimed to investigate the relationship between psychological distress and burnout and to explore whether self-compassion would moderate the relationship between psychological distress and burnout among nurses

Study Design: A cross-sectional research design was employed.

Place and duration of study: The study was conducted at Private Hospitals of Islamabad and Rawalpindi.

Material and Methods: The study was conducted to examine the relationship between study variables among nurses. The sample consisted of 300 participants, including both male (N=48) and female (N=252), taken from different public and private hospitals in Islamabad and Rawalpindi, through convenience sampling. The age range of the participants were 25 to 45 years. The Depression, Anxiety and Stress Scale-21, Copenhagen Burnout Inventory, and Self-Compassion Scale-Short Form were used to collect data. SPSS Version 25 was applied to analyze and interpret the data in statistical terminology.

Results: The results indicated that regression model is significant and predicted total 26% variance in the outcome ($R^2 = 0.26$, $F=107.2$, $p<0.05$). Furthermore, psychological distress was a significant positive predictor of burnout ($\beta = 0.51$, $p=0.000$). It was also found that self-compassion ($B = -0.29$, $p=0.001$) acted as a significant moderator in the relationship between psychological distress and burnout of nurses.

Conclusion: Psychological distress and burnout are prevalent among nurses because of their highly stressful profession. The finding has implications for healthcare interventions, may contribute to the growing body of research literature in the field and also suggests avenues for future research.

Keywords: Burnout; Nurses; Psychological Distress; Self-Compassion

1. Introduction

Nurses are frontline healthcare personnel who serve more patients, work longer hours, take part in infection control measures, and treat infected patients directly during emergencies and pandemics.^(1,2) According to the Pakistan Economic Survey 2020-2021, with a population of over 200 million, the total number of registered nurses in Pakistan was 116,659. The Pakistan Nursing Council recommends a nurse-to-patient ratio of 3:10 in the general wards of Pakistani hospitals, however the present ratio is 1: 40. Nurses face a variety of work-related stressors, such as relationships with physicians and other personnel, work volume encompassing tasks outside of direct care, the demands of providing effective quality care, and meeting

expectations in their role as nurses.⁽³⁾ They struggle to handle the responsibilities of their jobs, which can be emotionally strenuous and has been linked to a decline in professional commitment.^(4,5) Psychological distress refers to the distinguishing unpleasant psychological state that an individual experiences as a reaction to a specific stressor or circumstance that harms them, either permanently or temporarily⁽⁶⁾ (Bhutto et al., 2019). Numerous researchers have demonstrated that psychological distress among nurses is rising as they are continuously confronted with the psychologically exhausting task of providing treatment for patients with chronic illnesses which affects their mental health

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work performance, social relationship, and overall well-being.^(7,8,9) In Pakistan, 45% of nurses had psychological distress.⁽¹⁰⁾ According to Huang et al. (2025), positive relationship exists between psychological distress and burnout, with an increase in psychological distress indicating an increase in burnout. Similarly, Hamid and Hee (2024) indicated that psychological stress and social stress have significant positive relationships with emotional exhaustion and depersonalization.⁽¹¹⁾

Burnout is one of the most significant psychological occupational hazards defined as a specific kind of long-lasting work-related stress that appears to affect human services workers the most and characterized by emotional tiredness, an absence of energy and an escape from work.⁽¹²⁾ Pakistan reported a high burnout rate of 79% linked to the increasing work burden.⁽¹³⁾ Furthermore, 48.6% of Pakistani nurses experienced burnout, with 37.2% reporting severe emotional exhaustion, 46.9% stating decreased personal achievement and 36.8% indicating severe depersonalization.⁽¹⁴⁾ Nurses have a heightened vulnerability to burnout due to predisposing factors including work rotations, female gender, placement to highly challenging fields of work (oncology, intensive care unit, etc.), lack of experience and an unstable work environment.⁽¹⁵⁾ Furthermore, numerous structural factors, such as the shortage of nurses, the potential for workplace violence, low pay, low social status, long work hours, and health issues, can be attributed for the high levels of emotional exhaustion among nurses.⁽¹⁶⁾ There is ample evidence in literature that nurses suffering from burnout are more prone to neglect essential elements of patient care like administering medication, communicating, and monitoring.⁽¹⁷⁾ Previous literature has supported the positive relationships between psychological distress and burnout. According to a study by Emilia et al. (2017), a significant portion of nursing employees in a variety of medical settings are at susceptible phase of burnout. Additionally, burnout was found to be significantly predicted by psychological distress.⁽¹⁸⁾ Additionally, those who experience burnout tend to have diminished self-confidence, negative self-perceptions, and a lower

sense of work achievement.^(19,20) As a result, developing useful coping mechanisms is crucial.

Self-compassion is investigated by Neff (2003) in three dimensions.⁽²¹⁾ Self-kindness is the first dimension which is described as accepting oneself and other people's thoughts, feelings, and behaviors without passing judgment. Second dimension is common humanity, which highlights that failures and flaws are a natural part of the human experience because no one is perfect. The third aspect is mindfulness, which entails confronting suffering and unpleasant ideas head-on rather than avoiding or overanalyzing them. Self-compassion is considered as a personal intrinsic resource⁽²²⁾ and nurses can use these resources to help them deal with the emotional demands of their work.⁽²³⁾ Through the integration emotional control and offering efficient coping approaches for stressful situations, self-compassion sustains an individual's good mental health.

^(23,24) When presented with challenging circumstances, nurses with self-compassion may stay composed and optimistic because they perceive difficulties as normal and avoiding negative thinking. This helps them learn from mistakes and continue providing quality care.⁽²⁵⁾

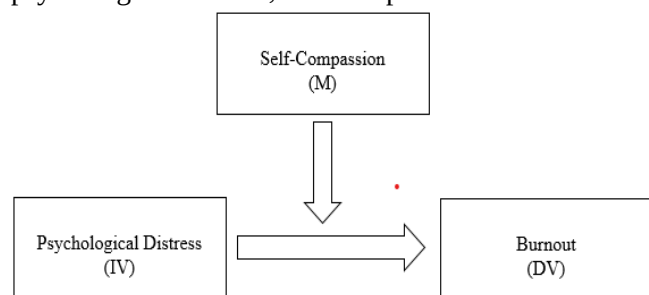
Transactional Theory of Stress and Coping by Lazarus and Folkman (1984) provide a valuable explanatory theoretical framework. It explains how people evaluate and react to stress through primary appraisal (determining whether a situation is hazardous) and secondary appraisal (assessing coping resources). Stress in nurses can result in psychological suffering and burnout when coping mechanisms are thought to be inadequate. Self-compassion serves as an effective coping strategy that helps nurses prevent burnout, regulate stress, and lessen distress. Empirical evidence suggests that greater self-compassion was associated with reduced job burnout and stress at work, as well as improved life quality among nurses.^(26,27,28)

Additionally, literature suggests self-compassion might act as a shield against the adverse effects of depression and burnout.⁽²⁹⁾ The majority of the researches that is now available is frequently extrapolated from Western context, which could not adequately represent the distinct cultural, social, and economic elements that influence Pakistani nurses. Particularly, in context of

Pakistan, there are limited empirical studies specifically focusing on self-compassion as a protective power in the relationship between psychological distress and burnout among registered nurses. Thus, there is a need for more research exploring the protective factors against negative outcome among Pakistani nurses as it plays a fundamental role in patient safety. To fill the literature gap, the predominant objective of current research was to examine the relationship between psychological distress and burnout among nurses and to explore whether self-compassion may play any role to reduce the effect of psychological distress and subsequently burnout.

The hypotheses formulated were: H1) Psychological distress would positively predict burnout among nurses. H2) Self-compassion would negatively moderate the relationship between psychological distress and burnout among nurses.

Figure 1: Presumed structural connections between psychological distress, self-compassion and burnout



2. Materials & Methods

A cross-sectional research design i.e. correlational research strategy was employed to examine the relationship between study variables among nurses employed in different hospitals of Islamabad and Rawalpindi, Pakistan. This study was conducted from November 2024 to April 2025 at the Department of Psychology, National University of Medical Sciences (NUMS). The sample consists of registered nurses (N=300) including men (N=48) and women (N=252) of age range of 25 to 45 years, currently working in medical/general wards, intensive care units and emergency wards of different departments of hospitals. Sample size was calculated using G power formula

($N > 50 + 8m$; m represents the total number of predictors in the model, So $N > 50 + 8 \times 3 = 75$). Convenience sampling technique was applied to collect data from participants. Since this study examine the risk factors, registered Nurses must have had two years of experience working in general wards, emergency wards, and intensive care units of different hospitals were included and nursing students, internees and off-duty nurses were excluded.

The approval was taken from the Institutional review board (IRB) to conduct the study. Permission to use scales was attained by respective authors. Ethical considerations were strictly followed, and the participants provided informed consent. Three standardized measures were administered for the collection of data along with demographic sheet, named as Depression Anxiety Stress Scale (DASS-21) (Lovibond, 1998), Copenhagen Burnout Inventory (Kristensen et al., 2005) and Self-Compassion Scale Short Form (SCS-SF) (Raes et al., 2011), to evaluate the levels of psychological distress, burnout, and self-compassion among nurses. ^(30,31)

For the statistical analysis, SPSS Statistics 25 version was utilized to evaluate data. Analysis was conducted in a quantitative manner. Descriptive statistics was used to analyze frequencies and percentages of demographic variables of participants (see Table 1). Reliability analysis was run for the psychometric properties (see Table 2). Furthermore, regression analysis was used to assess prediction among study variables (see Table 3). Moderation was done using Process by Hayes (2018) to assess the moderating effect of self-compassion on the association among psychological distress and burnout (see Table 4).

3. Results

Table 1

Descriptive statistics of the sample (N=300)

Characteristics of Participant		<i>f</i>	%
Age	25 to 30	153	51
	31 to 35	86	28.7
	36 to 40	42	14
	41 to 45	19	6.3
Gender	Male	48	16
	Female	252	84
Marital Status	Single	124	41.3
	Married	173	57.7
	Divorced	3	1
Employment Status			
	Full Time Employed	258	86
	Part Time Employed	42	14
Work Experience			
	2 to 5 years	152	50.7
	6 to 10 years	98	32.7
	11 to 15 years	26	8.7
	More than 15 years	24	8

Note: F= Frequency, %= Percentage

Table 1 shows the demographic characteristics of participants consists of a data of a total of 300 nurses. The sample consisted of participants of ages 25 to 45 years, where there were 153 participants aged between 25 and 30 years (51%), 86 participants in the age range of 31 to 35 years (28.7%), 42 participants aged between 36 and 40 years (14%) and 19 participants in age bracket of 41 to 45 years (6.3%). Based on gender, the number of female participants were greater than male, 252 (84%) and 48 (16%) respectively. When we segregate on the basis of marital status, 124 participants (41.3%) were single, 173 participants (57.7%) were married and only 1% were divorced. 258 participants (86%) were full time employed and 42 participants (14%) were part time employed. Data on work experience was found in five slabs. The first one shows there were a total of 152 (50.7%) participants had work experience of 2 to 5 years. 98 participants (32.7%) had a work experience of 6 to 10 years, 26 participants (8.7%) had a work experience of 11 to 15 years and 24 participants (8%) had a work experience of more than 15 years.

Table 2

Psychometric Properties of the Study Variables/Scales (N=300)

Variables	<i>k</i>	<i>α</i>	<i>M</i>	<i>SD</i>	Range		Skewness	Kurtosis
					Potential	Actual		
DASS-21	21	.84	36.34	17.33	0-126	6-90	0.42	-0.67
DS	7	.61	11.07	6.35	0-42	0-30	0.41	-0.45
AS	7	.70	12.56	7.49	0-42	0-36	0.52	-0.39
SS	7	.60	12.72	6.28	0-42	0-30	0.29	-0.53
CBI	19	.89	34.42	16.46	3-100	3.95-81.5	0.51	-0.19
PB	6	.81	35.64	18.25	0-100	0-91.67	0.53	0.04
WB	7	.74	38.02	19.57	0-100	3.57-96.4	0.54	-0.05
CB	6	.74	29.00	17.91	0-100	0-79.17	0.49	-0.36
SCS-SF	12	.73	3.28	0.43	1-5	1.83-4.5	-0.17	0.51

Note: DASS-21 = Depression Anxiety and Stress Scale-21, DS= Depression Subscale, AS= Anxiety Subscale, SS= Stress Subscale, CBI = Copenhagen Burnout Inventory, PB= Personal Burnout, WB= Work Burnout, CB= Client Burnout, SCS-SF = Self-Compassion Scale-Short Form

Table 2 presented the alpha reliability coefficient and descriptive statistics for the study variables. The Cronbach's alpha reliability for the Depression, Anxiety and Stress Scale (DASS-21) is 0.84. For the subscales of DASS-21 have reliability 0.61 (Depression), 0.70 (Anxiety) and 0.60 (Stress) respectively. On the Copenhagen Burnout Inventory (CBI), alpha reliability is found to be 0.89. For subscales of CBI, alpha reliability is 0.81 for personal burnout and 0.74 for the work-related burnout and client-related burnout. Self-Compassion Scale- Short Form (SCS-SF) has a good reliability (0.73). The data is normally distributed as skewness and kurtosis fall within their respective ranges.

Table 3

Linear Regression for Psychological Distress in predicting Burnout (N=300)

Variables	<i>B</i>	<i>SE</i>	95% CI		<i>β</i>	<i>p</i>
			<i>LL</i>	<i>UL</i>		
Constant	16.67	1.89	12.94	20.41		
PD	0.48	0.04	0.39	0.58	0.51	0.000
R ²					0.26	
F					107.2	0.000

Note: PD= Psychological Distress, R²= Correlation Square, F= Statistic

Table 3 shows linear regression to find predictor of burnout among nurses. Psychological Distress was entered as a predictor variable. The emerged model of regression proved to be significant, R² = 0.26, F= 107.2, p<0.05. This model predicted total 26% variance in the outcome. Furthermore, Psychological Distress is significant positive predictor of burnout (β = 0.51, p<0.000). It indicates that having psychological distress results in increase in burnout.

Table 4

Moderating effect of Self-Compassion on the relationship between psychological distress and burnout (N=300)

Variables	B	SE	95% Confidence Interval		R ²	P	F
			LL	UL			
					0.34	0.000	50.88
Constant	33.85	0.79	32.28	35.41			
PD	0.41	0.05	0.31	0.49			
SC	-8.72	1.84	-12.35	-5.09			
X*M	-0.29	0.09	-0.47	-0.12			
Interaction					$\Delta R^2 = 0.025$	0.001	11.06

Note: PD = Psychological Distress, SC=Self-Compassion

Table 4 shows moderation analysis was performed using PROCESS by Hayes on study variables. In this model, Self-Compassion acted as moderator which influence the relationship between psychological distress and burnout. The interaction effect shows that the moderation is significant (p<0.01) and self-compassion negatively moderated the effect of psychological distress on burnout (B = -0.29). Thus, indicating that higher self-compassion levels weaken the positive relationship between burnout and psychological distress. The overall model added 34% additional variance in burnout (R² = .34) and including the interaction term results in a substantial gradual change in explained variance ($\Delta R^2 = 0.025$).

Figure 2: Statistical model of moderation process indicating effect of self-compassion on burnout through psychological distress.

4. Discussion

The present study aims to explore how psychological distress affects burnout and to assess the moderating influences of resilience and self-compassion on the connection between psychological distress and burnout among nurses. The findings offer a thorough comprehension of how the study variables relate to one another. The current study’s findings are linked to existing literature.

The findings of the current study indicate that psychological distress would positively predict burnout among nurses. These results align with previous research that found psychological distress as a significant positive predictor of burnout.⁽³³⁾ Another research found that nurses' burnout is positively predicted by their anxiety, stress and depression.⁽³⁴⁾ Similarly, a study by Ren et al. (2023) showed that there was a positive correlation between psychological distress and emotional exhaustion as well as depersonalization, while job satisfaction was negatively correlated with psychological distress. Psychological distress had been found associated with significant effects such as burnout.⁽³⁵⁾

This study also highlighted that self-compassion negatively moderates the relationship between psychological distress and burnout among nurses. Previous studies have also confirmed the findings of the present study indicates that self-compassion can aid in preventing burnout. The study by Abdollahi⁽³⁷⁾ showed that nurses' job burnout is lessened by self-compassion in relation to perceived stress so that nurses with greater self-compassion had lower job burnout rates, while those with higher perceived stress exhibited increased job burnout. Likewise, the moderating effect of self-compassion is also in line with research carried out by⁽²⁹⁾ showing higher depressed symptoms were reported by those with high burnout and low to moderate self-compassion, indicating that self-compassion moderated this association. In reference to current findings, previous research found that self-compassion results in lower stress levels and acts as a preventive measure against burnout.⁽³⁸⁾ Moreover,

Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Sermeus, W., & Rn4cast Consortium. (2013). Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. *International journal of nursing studies*, 50(2), 143-153. another study found that self-compassion moderated the association between stressors and psychological consequences.⁽³⁹⁾

There are limitations to our study that future research should consider. The study's cross-sectional design offers a snapshot of data collected at one specific moment. This limits the generalizability of results and the ability to make causal inferences. Future research should adopt longitudinal designs to track how burnout and psychological distress change over time and how nurses learn to manage it. The findings on gender differences are not explored, because most of the nursing sample was female in this study. Future studies should also include data from male nurse staff. The study used self-reported measures which may produce several biases and have negative impact on the internal validity. There is a need for indigenous scales that are appropriate to our culture for the better understanding and interpretations of items.

Conclusion:

Results suggested that psychological distress is a significant positive predictor of burnout. Psychological distress not only directly impacted burnout but also buffer it through the influence of self-compassion. Thus, self-compassion should be valued as important protective factors for the prevention of psychological distress and burnout and enhancing nurses' quality of life. Overall, this study contributes to the growing body of literature on mental health in the nursing profession.

Disclosure /Conflict of interest:

Authors declare no conflict of interest.

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