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Citation for final published version:

Clouston, Teena J. ORCID: <https://orcid.org/0000-0003-0032-5473> 2021.
Commentary: perceived stress, self-compassion and job burnout in nurses: the moderating role of self-compassion. *Journal of Research in Nursing* 26 (3), pp. 192-193. 10.1177/1744987120971290 file

Publishers page: <http://dx.doi.org/10.1177/1744987120971290>
<<http://dx.doi.org/10.1177/1744987120971290>>

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Commentary:

Perceived stress, self-compassion, and job burnout in nurses: The moderating role of self-compassion

This is an interesting paper exploring the relationship of self-compassion to perceived stress and burnout in nurses. The focus on the quality of self-compassion is notable and the findings add to the extant body of literature in the field. The study design uses three different measures to collect data from 150 nurses i.e. the Perceived Stress Scale, the Self Compassion Scale and the Copenhagen Burnout Inventory. Data collection was carried out in Tehran, Iran and the transferability of the tools to that context is considered.

A shortcoming in the design, and this is noted by the authors, is the focus on the quantitative measures noted previously. It is of no doubt that the study would have benefited from some qualitative data, and that this would have added richness to the findings, as well as giving a more individualised and rounded perspective. More discussion around the findings in terms of the data collected would also have enhanced some of the key points raised; for example, the relationships between self-compassion and stress is less clearly described than the relationships between self-compassion and burnout. As the three concepts seem to be interrelated, this would have been an interesting point for discussion. However, the findings do suggest that the personal attribution of self-compassion can reduce perceived burnout in nurses and, alternatively that stress can increase burnout. In terms of understanding the concept of self-compassion, the authors align their thoughts to Neff's (2016) definition, and thus identify this as the ability to demonstrate three traits i.e. to show self-kindness, to recognise of one's sense of common humanity, and to exhibit mindfulness.

Neff's model of self-compassion is a notable one, and is based on Buddhist writings, specifically those of the Insight tradition (Neff 2016). Neff is also the creator of the Self Compassion Scale used in the study. This is a self-reported scale and, as such, it is perhaps an oversight that the authors do not explain this underpinning philosophical base, or indeed provide the full definition of self-compassion as provided by Neff (2016). In this construct the concept of self-compassion is located along a pole or continuum, whereby self-kindness is opposed to self-judgment, a sense of common humanity is understood as opposed to isolation, and mindfulness is understood as paying attention to suffering in a mindful way, rather than falling into over identification (Neff 2016 p. 264).

I would have liked to see a more in-depth understanding of this perspective of self-compassion in order to fully appreciate and/or contextualise the responses given by participants in terms of completing the questionnaire.

Notwithstanding this omission, the study does offer positive outcomes for the use of self-compassion as an effective tool in mediating burnout, and thus has implications for practice. However, the necessary techniques to develop these skills and the practicality of implementing them in the healthcare setting is not noted. This would be worth expanding on in terms of how the notion of self-compassion can be linked into the training and professional development of nurses.

Neff, K.D. 2016. The self-compassion scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness* 7, 264-274.

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