

General

The Predictive Role of Self-Compassion to Job Satisfaction and Professional Burnout Among Medical and Nursing Staff

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Self-compassion is characterized as the positive attitude individuals adopt toward themselves when facing difficult situations, accepting experiences of failure, pain, or other particularly negative life events. Research has shown that self-compassion is negatively associated with professional burnout and positively associated with job satisfaction. The aim of the present study was to investigate the relationship between self-compassion, job satisfaction, and professional burnout among physicians and nurses working in healthcare facilities across Greece. A quantitative study was conducted involving 114 physicians and nurses of both genders employed in healthcare settings. Participants were up to 65 years of age and had a minimum of two years of professional experience in their current role. The results indicated that self-compassion was negatively correlated with emotional exhaustion and depersonalization and positively correlated with personal accomplishment and job satisfaction. Furthermore, self-compassion was found to be a significant predictor of increased job satisfaction and personal accomplishment reduced professional burnout. No statistically significant differences in levels of self-compassion were observed among the healthcare professionals. The findings of this study highlight the critical role of self-compassion as a factor of psychological resilience, emphasizing its association with the work performance of medical and nursing staff and the need to design interventions and programs aimed at fostering self-compassion.

Introduction

The healthcare sector has faced increasing pressures in recent years due to a range of factors, including growing patient demands and patient volumes, shortages of healthcare personnel, and the psychological burden of working in highly emotionally charged and stressful environments (Davis & Robinson, 2010). Among the professionals most affected by these challenges are physicians and nurses, who frequently encounter issues such as extended working hours, ethical dilemmas, and continuous exposure to human suffering (Jackson & Haigh, 2010). These stressors contribute significantly to professional burnout among healthcare workers, a phenomenon that affects not only the well-being of the professionals themselves but also the quality of care provided to patients (Taranu et al., 2022). At the same time, emerging psychological constructs such as self-compassion have attracted increasing attention from researchers as potential protective factors that may enhance emotional resilience and improve overall job satisfaction (Riedinger et al., 2022).

Self-compassion is defined as the practice of being kind, understanding, and supportive toward oneself during times of difficulty (Neff, 2003b). It has emerged as a critical factor in understanding both job satisfaction and professional burnout. Investigating how self-compassion relates to job satisfaction and burnout among healthcare workers may

provide valuable insights for improving both individual well-being and organizational effectiveness.

Despite the growing research interest in the importance of self-compassion for psychological well-being, few studies have focused on its role among healthcare professionals in Greece, and even fewer have simultaneously examined its association with professional burnout and job satisfaction. Within this context, the present study aims to address this gap by investigating whether, and to what extent, self-compassion is associated with lower levels of professional burnout and higher levels of job satisfaction among healthcare personnel. Understanding these relationships may contribute to the development of interventions that promote psychological resilience and support the maintenance of professional commitment in the highly demanding healthcare sector.

The concept of self-compassion (self and compassion), originally described and popularized by Kristin Neff (2003b), refers to a fundamental shift in the way individuals respond to personal failures and emotional difficulties. While self-esteem depends on external factors, achievements, and processes of comparison with others, self-compassion is a stable, intrinsic factor that reflects an individual's internal attitude toward the self, fostering self-care and reducing self-judgment. Self-compassion consists of interconnected components, including self-kindness, com-

mon humanity, and mindfulness. Neff (2003a, 2003b) proposed that individuals should treat themselves with kindness during times of hardship, responding with care and understanding rather than with judgment and criticism. Furthermore, individuals should recognize that suffering and personal inadequacy are part of the shared human experience, and that the perception that emotional pain, flaws, or failures are unique to oneself and threaten one's sense of belonging should be diminished. Thus, individuals are encouraged to maintain a balanced awareness of painful thoughts and emotions while avoiding over-identification with them. This balanced approach allows people to acknowledge their experiences without becoming overwhelmed by them.

An individual's emotional balance is supported through the collective recognition of these elements as part of the human experience, thereby helping to maintain emotional equilibrium. This process emphasizes the reduction of negative emotions while strengthening psychological resilience. It is important to understand that self-compassion does not encourage passivity or self-pity. Rather, it promotes a set of behaviors associated with proactive coping, emotional self-regulation, and constructive self-reflection (Barnard & Curry, 2011). In other words, self-compassion encompasses behavioral tendencies that have been linked to lower levels of anxiety, depression, and stress, as well as higher levels of emotional intelligence and psychological well-being (Neff & Germer, 2013). Furthermore, self-compassion has not only been associated with psychological variables but also with organizational variables, as will be discussed in the following sections.

One of the most extensively studied constructs in the field of organizational psychology is job satisfaction, which is defined as a pleasurable emotional state resulting from the appraisal of one's job or work experiences (Locke, 1976). It is a multidimensional construct that encompasses both intrinsic factors (e.g., autonomy, purpose, and recognition) and extrinsic factors (e.g., financial rewards, job security, and working conditions). According to Judge et al. (2001), high levels of job satisfaction are associated with better mental health, stronger organizational commitment, and improved job performance, as well as lower intentions to be absent from work or leave one's position. In healthcare settings specifically, job satisfaction has also been linked to patient satisfaction and the quality of care provided, according to Lu et al. (2012).

On the other hand, professional burnout refers to a psychological response to chronic emotional and interpersonal stressors in the workplace. According to Maslach and Jackson (1981, 1986, 1996), burnout consists of three core dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Employees experiencing emotional exhaustion suffer from a substantial depletion of their emotional resources. As a result, they may develop behaviors characterized by impersonal or detached responses toward patients, clients, or colleagues. At the same time, these individuals often experience a decline in personal accomplishment, leading to diminished feelings of competence and reduced confidence in their ability to perform

successfully at work. Healthcare professionals are particularly vulnerable to burnout due to the high emotional demands associated with their roles. Burnout negatively affects both individual health and job performance and is considered one of the primary contributors to medical errors, lower patient satisfaction, and reduced teamwork and collaboration within healthcare settings (Shanafelt et al., 2015).

In the healthcare sector, self-compassion is increasingly recognized as a critical psychological factor that may substantially reduce the negative effects of professional burnout while enhancing employees' job satisfaction. Numerous empirical studies support the contribution of self-compassion to stress resilience, emotional regulation, and the prevention of burnout. The relationship between self-compassion and professional burnout among healthcare professionals is characterized by a significant inverse association. This finding is supported by a growing body of research that identifies self-compassion as a protective factor against the psychological stressors inherent in healthcare work environments. Duarte et al. (2016) conducted a cross-sectional study involving a sample of 280 Portuguese registered nurses and found that those with higher levels of self-compassion reported significantly lower levels of emotional exhaustion, personal distress, and depersonalization. The findings of this study suggest that nurses who learn to regulate their empathic responses through self-compassion may experience improved professional quality of life, leading to greater satisfaction derived from effectively helping others.

Additionally, a randomized controlled trial among healthcare professionals (physicians, nurses, assistants, etc.), involving 188 participants—79 in the control group and 109 in the intervention group—aged over 18 years and working at least 30 hours per week, reported that an intervention designed to enhance self-compassion led to a significant increase in self-compassion and mental health, along with reductions in anxiety levels and professional burnout (Super et al., 2024).

A cross-sectional study in South Korea involving 208 nurses examined how different dimensions of self-compassion influence levels of professional burnout. The authors concluded that understanding the factors affecting burnout—particularly self-compassion—is essential for improving nurses' mental health. Higher levels of self-compassion were associated with lower levels of burnout, especially emotional exhaustion and depersonalization (Jang et al., 2022). These findings suggest that self-compassion is an important factor for job satisfaction and professional development within healthcare work environments.

Similar conclusions were also reached by Durkin et al. (2016), who conducted a pilot study involving 37 community nurses with clinical experience enrolled in a postgraduate program at a university in the United Kingdom. The study examined issues of compassion fatigue and professional burnout among nurses, both of which can negatively affect their performance and the quality of care they provide. The findings indicated that self-compassion moderated the relationship between work-related stress and

burnout. In addition, students with higher levels of self-compassion reported greater compassion toward others, higher levels of well-being, and lower emotional exhaustion, even when workload and job demands were high. Similar findings were reported by Babenko et al. (2019), who conducted a study involving 57 resident physicians in Canada. The authors aimed to examine the relationship between self-compassion and professional well-being (including work engagement, exhaustion, and job satisfaction) among physicians who often face uncertainty and challenges in clinical practice. Physicians with higher levels of self-compassion experienced more positive work engagement, felt less emotionally, physically, and cognitively exhausted due to job demands, and reported greater satisfaction with their professional lives compared to those with lower levels of self-compassion, particularly in uncertain and demanding situations.

Choi & Song (2022), in their study aimed at examining the relationship between professional burnout and the capacity of self-compassion to influence job satisfaction, included 102 registered nurses working in intensive care units and emergency departments. The findings showed that self-compassion was a significant predictor of job satisfaction, influencing the relationship between professional burnout and job satisfaction.

Professional burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is a widely recognized challenge among physicians and nurses. While the relationship between self-compassion and burnout has received considerable attention in the scientific literature, further studies are needed to directly examine how self-compassion affects job satisfaction. However, the limited available evidence suggests a positive association, indicating that self-compassion serves as a protective factor against burnout.

Specifically, according to Hashem and Zeinoun (2020), self-compassion acts as a buffering mechanism against burnout by fostering a non-judgmental awareness of one's own suffering and failures—an aspect that is particularly critical in high-stress environments such as healthcare settings. The researchers included 93 healthcare professionals from two major private university medical centers in Beirut, Lebanon, which provide primary and tertiary outpatient and inpatient services across various specialties. The results showed that self-compassion predicted and was negatively correlated with emotional exhaustion and depersonalization, but it had a positive correlation with personal accomplishment.

In addition, according to Vaillancourt & Wasyliw (2020), self-compassion contributes to job satisfaction by strengthening emotional resilience and reducing the negative impact of stress. It enables healthcare professionals to maintain a positive attitude toward their work despite ongoing challenges. The authors highlighted that reducing professional burnout through self-compassion can lead to higher job satisfaction among nurses. This protective effect is essential for sustaining job satisfaction and overall well-being in high-stress environments such as healthcare units. According to Khalil et al. (2023) and Nazari et al. (2024),

self-compassion helps manage exhaustion by promoting emotional balance and reducing the impact of stressors.

Subsequently, Myhren et al. (2013) assessed the levels and relationships between job satisfaction, work-related stress, and symptoms of professional burnout by conducting a cross-sectional study in the intensive care units (ICUs) of the University Hospital of Oslo, Norway. The study included 145 staff members (16 physicians and 129 nurses) who completed a comprehensive questionnaire. The researchers concluded that nurses were significantly less satisfied with their jobs compared to physicians, which may be attributed to differences in work environments, patient interactions, and organizational support. They also found that physicians tended to report higher levels of job satisfaction, possibly due to greater autonomy and recognition in their roles. No differences were observed between genders or levels of experience regarding job satisfaction, work-related stress, or burnout scores. In contrast to previous studies reporting higher burnout among women or among physicians, these researchers did not find significant differences based on gender.

At the same time, some studies suggest that nurses may benefit more from interventions aimed at enhancing self-compassion, as their roles often involve high levels of emotional labour and patient interaction (Clouston, 2021; Jang et al., 2022). Although self-compassion is also important for physicians, evidence indicates that its role on professional burnout and job satisfaction may be less pronounced compared to nurses (Babenko et al., 2019; Dev et al., 2020).

Although self-compassion has been studied in relation to professional burnout and job satisfaction, research examining these relationships among physicians and nurses remains limited, particularly in the Greek context. The aim of the present study was to investigate the predictive role of self-compassion to job satisfaction and professional burnout among medical and nursing staff. Additionally, it will be investigated whether there are statistically significant differences in self-compassion between physicians and nurses. Consistent with previous findings, nurses experience lower job satisfaction and higher levels of burnout (Babenko et al., 2019; Dev et al., 2020), and it has been suggested that self-compassion interventions may be particularly beneficial for them (Clouston, 2021; Jang et al., 2022). Therefore, it is expected that levels of self-compassion will be lower among nursing staff.

The research hypotheses are:

- H1: Self-compassion is negatively associated with and predicts professional burnout.
- H2: Self-compassion is positively associated with and predicts job satisfaction.
- H3: Physicians are expected to experience more self-compassion than nurses.

Methods

Design

A quantitative study with a cross-sectional, independent-samples design was conducted to measure the variables of self-compassion, professional burnout, and job sat-

Table 1. Demographic data of the participants (N=114)

Variables		n	%	M (SD)
Gender	Man	40	35.1%	
	Woman	74	64.9%	
Job	Physicians	30	26.3%	
	Nurses	84	73.7%	
Marital Status	Married	74	64.9%	
	Single	30	26.3%	
	Divorced	8	7%	
	Widow	2	1.8%	
Education	Bachelor degree	46	40.4%	
	Master degree	56	49.1%	
	PhD degree	12	10.5%	
Professional Grade	Nurses	66	57.89%	
	Senior/Charge Nurses	18	15.8%	
	Residents (Medical Trainees)	20	17.54%	
	Consultant Physicians (Grade A & B)	7	6.14%	
	Supervisors-Directors	3	2.63%	
Job experience				18.42 (8.92)
Age				43.31 (7.94)

isfaction, with self-compassion as the predictor variable and the other two as outcome variables. Pearson's *r* correlation analyses and linear regression analyses were performed to examine the first two hypotheses, while an independent samples *t*-test was conducted to test the final hypothesis.

Participants

The study included 114 participants (physicians and nurses) of both genders, graduates of the respective faculties, working in healthcare facilities. The maximum age limit for participants was set at 65 years, as this represents the standard retirement age. Regarding professional experience, a minimum threshold of 2 years in the current role was established to ensure sufficient exposure to the work environment. Specifically, the sample consisted of 40 men (35.1%) and 74 women (64.9%). Of the participants, 73.7% were nurses (*n* = 84) and 26.3% were physicians (*n* = 30). Participants' ages ranged from 24 to 58 years (*M* = 43.31, *SD* = 7.94), and professional experience ranged from 2 to 38 years (*M* = 18.42, *SD* = 8.92). Regarding marital status, the majority were married (*n* = 74, 64.9%), 30 (26.3%) were single, 8 (7%) were divorced, and 2 (1.8%) were widowed. In terms of educational level, 46 (40.4%) held a bachelor's degree, 56 (49.1%) held a master's degree, and 12 (10.5%) held a doctoral degree. Regarding professional grade, 66 (57.89%) were nurses, 18 (15.8%) were senior/charge nurses, 20 (17.54%) were residents (medical trainees), 7 (6.14%) were consultant physicians (grade A & B) and 3 (2.63%) were supervisors or directors. The demographic characteristics are presented in [Table 1](#).

Participation in the study was voluntary, as participants initially agreed to the terms for completing the question-

naires. Healthcare professionals on long-term leave (e.g., sick leave, maternity leave) and those working fewer than 20 hours per week were excluded, as limited exposure to the work environment could have influenced the results. The exclusion criteria were assessed through self-report questions included at the beginning of the questionnaire. Participants were asked to indicate their weekly working hours, years of professional experience, and whether they were on long-term leave at the time of completing the questionnaire. The final composition of the sample consisted of specific demographic and occupational characteristics, as anticipated during the study design. Specifically:

a) Professional role: 60–70% nurses and 20–30% physicians, given that nurses typically constitute the majority of hospital staff.

b) Gender: balanced distribution where possible, considering that women tend to predominate in nursing roles.

c) Level of professional experience: inclusion of a broad range of experience levels.

The present study used convenience sampling in combination with purposive and snowball sampling. Participants were selected based on their availability and willingness to complete the questionnaire (convenience sampling), as well as to meet specific criteria defined during the research design phase (purposive sampling).

Materials

In the study, three questionnaires and a demographic data form were administered, including questions regarding gender, age, professional role, years of experience, educational background, organizational position, and marital status.

Employee Satisfaction Inventory (ESI-24): developed in Greek by Koustelios & Bagiatis (1997), this instrument consists of 24 items and measures job satisfaction across six dimensions of work: (i) the nature of the job (4 items), (ii) salary (4 items), (iii) promotion opportunities (3 items), (iv) relationship with supervisor (4 items), (v) working conditions (5 items), and (vi) the organization as a whole (4 items). For the purpose of the current study, the specific scale was examined in its entirety. Responses are provided on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree).

Maslach Burnout Inventory (MBI): the Maslach Burnout Inventory (Maslach & Jackson, 1986), standardized in Greek by Anagnostopoulos & Papadatou (1992), was used to assess professional burnout. It includes 22 items measuring the three dimensions of burnout (emotional exhaustion, depersonalization, and personal accomplishment), which yield separate scores and were treated as distinct variables in the present study. Responses are given on a 7-point Likert scale (0 = never to 6 = every day). The cut-off criteria are for emotional exhaustion: 0-16 (low), 17-26 (moderate), ≥ 27 (high), for depersonalization: 0-6 (low), 7-12 (moderate), ≥ 13 (high), and for personal accomplishment: 0-31 (low), 32-38 (moderate), ≥ 39 (high) (Maslach & Jackson, 1986). High emotional exhaustion and depersonalization and low personal accomplishment indicate high burnout (Maslach & Jackson, 1986, 1996).

Self-Compassion Scale (SCS): developed by Neff (2003b) and adapted into Greek by Karakasidou et al. (2017), this scale consists of 26 items measuring six factors (and their opposites): self-kindness, common humanity, and mindfulness (positive dimensions), as well as self-judgment, isolation, and over-identification (negative dimensions). Responses are rated on a 5-point Likert scale (1 = almost never to 5 = almost always). The scores for the individual self-compassion subscales are based on the raw scores, whereas for the overall assessment of self-compassion, the negatively worded subscales were reverse-scored in order to be included in the total score.

Procedure

Data collection was conducted between January and March 2025 among participants working in public and private hospitals in Greece. Participation was voluntary and required informed consent from all participants. Initially, an electronic questionnaire designed using the Google Forms platform was sent to five key individuals within the researcher's broader social and professional network; however, these individuals did not participate in the study. These key contacts subsequently distributed the questionnaire via email to colleagues who met the study's inclusion criteria, following the instructions provided by the researcher and the study's inclusion criteria.

Additionally, the questionnaire was posted on social media in specialized groups relevant to the target population. The survey link included an introductory invitation, and participants were informed in detail about the purpose of the study, the terms of participation, and the expected duration. Participants were also assured regarding the type

of data collected and the confidentiality and anonymity of their responses. The information sheet emphasized that participation was anonymous and voluntary, and that participants could withdraw at any time without any consequences. The average completion time for the questionnaires was approximately 10–15 minutes. A consent form and the researcher's contact details were also provided, allowing participants to communicate freely for any questions or clarifications. To reduce response bias due to fatigue, participants were instructed to complete the questionnaires in a quiet environment and without time constraints. Data were collected anonymously, and no identifying personal information was requested. The study received approval from the Collaborative Research Ethics Committee (CREC) of the Metropolitan College of Athens (protocol number 4280/Z, dated 10-03-2025), and all ethical guidelines were followed in accordance with the British Psychological Society (BPS, 2018) ethical standards for research involving human participants.

Results

Descriptive Statistics

To examine the internal consistency of the questionnaires used in the study, Cronbach's alpha coefficient was calculated for each instrument separately. Specifically, for self-compassion, Cronbach's α was found to be 0.91. For the subscales of professional burnout, the values were: emotional exhaustion $\alpha = 0.88$, depersonalization $\alpha = 0.82$, and personal accomplishment $\alpha = 0.89$. For job satisfaction, Cronbach's α was 0.86. The mean score for self-compassion was $M = 3.31$ ($SD = 0.59$). For emotional exhaustion, the mean was $M = 18.40$ ($SD = 9.91$), for depersonalization $M = 13.9$ ($SD = 9.24$), for personal accomplishment $M = 34.75$ ($SD = 8.93$), and for job satisfaction $M = 72.61$ ($SD = 13.59$). The normality of the distribution was assessed using the Kolmogorov-Smirnov test, where $p > 0.05$, indicating that parametric statistical analyses could be applied. Specifically, for self-compassion, $D(114) = 0.054$, $p = .200$; for emotional exhaustion, $D(114) = 0.072$, $p = .108$; for depersonalization, $D(114) = 0.078$, $p = .081$; for personal accomplishment, $D(114) = 0.067$, $p = .120$; and for job satisfaction, $D(114) = 0.079$, $p = .075$. Furthermore, skewness and kurtosis values were calculated and were found to be within the acceptable range $[-1, 1]$. Specifically, skewness values ranged from -0.859 to 0.518 , whereas kurtosis values ranged from -0.782 to 0.883 .

Linear Regression

To test the first two hypotheses, simple linear regression analyses were conducted, with self-compassion as the predictor variable and the subscales of professional burnout and job satisfaction as the outcome variables. Initially, self-compassion was found to be negatively associated with emotional exhaustion ($r = -.407$, $p < .001$) and depersonalization ($r = -.427$, $p < .001$), while a positive association was found with personal accomplishment ($r = .421$, $p < .001$) and job satisfaction ($r = .342$, $p < .001$) (Table 3).

Table 2. Descriptive Statistics (N=114)

	M (SD)	Cronbach's alpha	Kolmogorov-Smirnov
Self-compassion	3.31(0.59)	0.91	p>0.05
Self-kindness	3.22(0.81)	0.87	p>0.05
Self-judgment	3.29 (0.82)	0.82	p>0.05
Common humanity	3.13 (0.72)	0.76	p>0.05
Isolation	3.57 (0.87)	0.78	p>0.05
Mindfulness	3.41 (0.76)	0.83	p>0.05
Over-identification	3.29 (0.86)	0.81	p>0.05
Emotional exhaustion	18.40(9.91)	0.88	p>0.05
Depersonalization	13.9(9.24)	0.82	p>0.05
Personal Accomplishment	34.75(8.93)	0.89	p>0.05
Job satisfaction	72.61(13.59)	0.86	p>0.05

Table 3. Correlations

	Self-compassion
Emotional exhaustion	-.407***
Depersonalization	-.427***
Personal accomplishment	.421***
Job satisfaction	.342***

***p<.001

Table 4. Prediction of emotional exhaustion by self-compassion (N = 114)

Independent variables	B	SE B	β	t	95% CI	p
Self-Compassion	-6.79	1.44	-0.41	-4.72	[-9.64, -3.93]	<.001

By conducting simple linear regression analysis, it was found that self-compassion explains 16.6% of the variance in emotional exhaustion, and this prediction is statistically significant, $R^2 = .166$, adjusted $R^2 = .158$, $F(1, 112) = 22.23$, $p < .001$, $b = -6.79$. Self-compassion significantly predicted emotional exhaustion ($B = -6.79$, $SE = 1.44$, $\beta = -.41$, 95% CI [-9.64, -3.93], $p < .001$), indicating that higher levels of self-compassion are associated with lower emotional exhaustion. It is a significant predictor of emotional exhaustion, $t(112) = -4.72$, $p < .001$, $b = -6.79$, suggesting that a one-unit increase in self-compassion corresponds to a decrease of 6.79 units in emotional exhaustion (Table 4).

Next, self-compassion explains 18.2% of the variance in depersonalization, and this prediction is statistically significant, $R^2 = .182$, adjusted $R^2 = .175$, $F(1, 112) = 24.95$, $p < .001$, $b = -6.64$. Self-compassion significantly predicted depersonalization ($B = -6.64$, $SE = 1.33$, $\beta = -.43$, 95% CI [-9.27, -4.00], $p < .001$), indicating that higher levels of self-compassion are associated with lower depersonalization. It is a significant predictor of depersonalization, $t(112) = -4.99$, $p < .001$, $b = -6.64$, suggesting that a one-unit increase in self-compassion corresponds to a decrease of 6.64 units in depersonalization (Table 5).

Regarding the prediction of self-compassion on personal accomplishment, self-compassion explains 17.7% of the variance in personal accomplishment, and this prediction is statistically significant, $R^2 = .177$, adjusted $R^2 = .170$, $F(1, 112) = 24.13$, $p < .001$, $b = 6.33$. Self-compassion significantly predicted personal accomplishment ($B = 6.33$, $SE = 1.29$, $\beta = .42$, 95% CI [3.78, 8.88], $p < .001$), indicating that higher levels of self-compassion are associated with higher personal accomplishment. Self-compassion is a significant predictor of personal accomplishment, $t(112) = 4.91$, $p < .001$, $b = 6.33$, indicating that a one-unit increase in self-compassion corresponds to an increase of 6.33 units in personal accomplishment (Table 6).

Finally, regarding the prediction of self-compassion on job satisfaction, self-compassion explains 11.7% of the variance in job satisfaction, and this prediction is statistically significant, $R^2 = .117$, adjusted $R^2 = .109$, $F(1, 112) = 14.83$, $p < .001$, $b = 7.82$. Self-compassion significantly predicted job satisfaction ($B = 7.82$, $SE = 2.03$, $\beta = 0.34$, 95% CI [3.80, 11.84], $p < .001$), indicating that higher levels of self-compassion are associated with higher job satisfaction. Self-compassion is a significant predictor of job satisfaction, $t(112) = 3.85$, $p < .001$, $b = 7.82$, indicating that a one-

Table 5. Prediction of depersonalization by self-compassion (N = 114)

Independent variables	B	SE B	β	t	95% CI	p
Self-Compassion	-6.64	1.33	-0.43	-4.99	[-9.27, -4.00]	<.001

Table 6. Prediction of personal accomplishment by self-compassion (N = 114)

Independent variables	B	SE B	β	t	95% CI	p
Self-Compassion	6.33	1.29	0.42	4.91	[3.78, 8.88]	<.001

Table 7. Prediction of job satisfaction by self-compassion (N = 114)

Independent variables	B	SE B	β	t	95% CI	p
Self-Compassion	7.82	2.03	0.34	3.85	[3.80, 11.84]	<.001

unit increase in self-compassion corresponds to an increase of 7.82 units in job satisfaction (Table 7).

Independent Sample T-test

To examine whether statistically significant differences exist between physicians and nurses in terms of self-compassion, an independent samples t-test was conducted. Initially, the equality of variances was examined using Levene's test, which was confirmed ($p = .392$). The results showed that physicians ($M = 3.35$, $SD = 0.48$) did not differ significantly from nurses ($M = 3.30$, $SD = 0.63$) in levels of self-compassion, $t(112) = 0.44$, $p = 0.66$, Cohen's $d = 0.59$, 95% CI [-.32, .51].

Discussion

The present study aimed to investigate the predictive role of self-compassion to professional burnout and job satisfaction among medical and nursing staff. In a sample of physicians and nurses working in hospitals across the country, a range of variables was analyzed using measurement instruments including the Self-Compassion Scale (SCS), the Maslach Burnout Inventory (MBI), and the Employee Satisfaction Inventory (ESI-24). The results provide a valuable profile of both the psychological state of healthcare professionals and the interaction between variables related to self-compassion, professional burnout, and job satisfaction.

The descriptive statistical analysis revealed that participants exhibited relatively moderate levels of self-compassion. More specifically, the subscales of self-compassion showed higher scores in isolation and mindfulness, indicating that although participants maintain awareness of their emotions, they experience feelings of loneliness and detachment in difficult circumstances. This finding is consistent with previous studies highlighting isolation as a risk factor for the development of burnout (Neff, 2003b).

The mean scores of professional burnout across its three dimensions showed that emotional exhaustion was at a moderate level, depersonalization was high, and personal

accomplishment indicated moderate levels of burnout, confirming the occupational strain experienced by healthcare professionals.

Job satisfaction showed an overall score suggesting generally better working conditions and a positive work environment. Examining the subscales, the highest scores were observed in working conditions and supervision, indicating that participants evaluated their immediate work environment and relationships with supervisors positively. However, lower satisfaction was observed in relation to salary and promotion opportunities, confirming previous findings that highlight persistent dissatisfaction regarding pay and career advancement in the healthcare sector (Maslach & Leiter, 2016).

The analysis of correlations revealed statistically significant relationships between the main variables. Specifically, the first hypothesis, which proposed that self-compassion would predict professional burnout, was confirmed. The findings showed that self-compassion was negatively associated with and predicted both emotional exhaustion and depersonalization (components of professional burnout), while it was positively associated with personal accomplishment.

The observed correlations support the hypothesis that self-compassion functions as a protective factor against professional burnout. The negative association between these variables indicates that healthcare professionals with higher levels of self-compassion experience lower levels of emotional exhaustion and depersonalization, while also reporting higher levels of personal accomplishment.

Therefore, professionals who are able to approach themselves with empathy and non-judgmental awareness demonstrate greater resilience to the psychological burdens associated with caring for others. Particularly in high-emotional-demand environments such as hospitals, self-compassion acts as an "internal psychological support," reducing the burden of daily challenges and enhancing the ability for personal recovery.

Within this context, the findings are especially relevant for the Greek healthcare system, which is characterized

by frequent understaffing, high workload, and limited psychosocial support for staff. The presence of such a relationship suggests that strengthening self-compassion, even through brief interventions (e.g., psychoeducation), could have immediate benefits for healthcare professionals' psychological resilience, reducing burnout levels and maintaining occupational engagement. The present study therefore not only confirms previous findings (Hashem & Zeinoun, 2020; Jang et al., 2022) but also extends them into a new cultural and occupational context, demonstrating that self-compassion is a meaningful and practically applicable psychological tool rather than merely a theoretical construct. Its role lies in strengthening the professional not through systemic changes (which require time and resources), but through the cultivation of a personal attitude that is directly accessible and developable.

Similarly, the second hypothesis regarding the existence of a positive relationship between self-compassion and job satisfaction was confirmed. This finding supports the view that the ability for emotional self-regulation and the cultivation of a positive, non-judgmental internal attitude enhance the daily work experience of professionals in the workplace.

The association between self-compassion and job satisfaction becomes particularly important when considering the nature of the healthcare sector, where intense ethical and emotional dilemmas, unpredictable situations, and often low external recognition prevail. The ability of professionals to offer themselves understanding and support, especially when facing mistakes, exhaustion, or disappointment, can function as a mechanism of "internal recovery" and strengthen their personal connection with their profession. This internal relationship is especially critical when external rewards are absent.

The fact that self-compassion explains a small but statistically significant proportion of the variance in job satisfaction (as well as burnout) does not diminish its importance. On the contrary, it highlights that the human experience in the workplace is multifactorial. In addition to individual attitudes, important roles are also played by working conditions, organizational culture, the quality of relationships with colleagues and supervisors, as well as external social factors such as financial compensation and career advancement opportunities.

Within this context, the present study offers not only by confirming theoretical models such as that of Neff (2003b), but also by suggesting in practical terms that enhancing self-compassion may represent a cost-effective and psychologically beneficial means of improving job satisfaction. Particularly in environments such as Greece, where opportunities for external improvements (e.g., salary increases or staffing expansion) are limited, strengthening internal mechanisms such as self-compassion constitutes a realistic and meaningful intervention strategy. Thus, the cultivation of positive self-appraisals and emotional regulation is crucial for promoting psychological well-being.

The third hypothesis examined the existence of statistically significant differences in self-compassion, a topic that has not been extensively investigated in the existing litera-

ture. However, the findings did not show statistically significant differences between physicians and nursing staff, as the mean scores for self-compassion were at similar levels across both groups. As the equality of variances was confirmed, a possible explanation for the absence of statistically significant differences is the relatively small number of physicians compared to nurses. Therefore, the analysis may have had limited statistical power to detect small- or medium-sized differences, and the possibility of a Type II error cannot be ruled out. Consequently, the results should be interpreted with caution. Another possible explanation is that both nurses and physicians are professions centered on human care, and although they care for patients, they may not have learned to adequately address their own needs. This is supported by Figley (2002), who mainly discussed the profession of psychotherapists; however, as psychotherapists also place the human being at the center of their work, the same may apply to medical and nursing staff. Moreover, showing compassion toward others does not necessarily imply the ability to show equal compassion toward oneself (Gilbert, 2009).

The findings of the study highlight the necessity of integrating training programs aimed at developing self-compassion within healthcare work environments. Cultivating this skill could be associated with lower professional burnout and higher job satisfaction. In this context, intervention approaches such as lectures, seminars, and mindfulness and self-compassion exercises are recommended, which have already demonstrated effectiveness in other studies (Super et al., 2024).

Furthermore, the relationship between self-compassion and reduced burnout has practical implications for healthcare organizations. Improving staff psychological well-being may lead to better quality of care, a reduction in medical errors, and increased organizational commitment. From this perspective, the implementation of stress management strategies is crucial for maintaining the workforce in a high-pressure environment.

Despite the clear and encouraging findings, the present study has several limitations that should be taken into consideration. First, the sampling was based on convenience sampling, which may affect the external validity of the results and limit the generalizability to broader populations of healthcare professionals. In addition, the use of self-report questionnaires introduces the possibility of response bias, whereby participants may overestimate or underestimate their levels of self-compassion, burnout, or job satisfaction. The use of online snowball sampling may have led to self-selection bias, which could affect the representativeness of the sample. Due to the nature of this recruitment method and the open online distribution of the questionnaire, it was not possible to calculate a response rate, as the total number of individuals who received or viewed the participation invitation was unknown. Subsequently, the inclusion and exclusion criteria were assessed through the completion of the corresponding questions in the self-report questionnaire; however, due to the anonymous nature of the study, independent verification of participants' responses was not possible. Another limitation concerns the

cross-sectional nature of the data, as the study employed a cross-sectional design, which makes it impossible to draw causal inferences. In future studies, the use of longitudinal designs could contribute to a deeper understanding of changes over time and the long-term effects of self-compassion among healthcare professionals working in healthcare units.

Based on the above, the use of a larger and more representative sample could allow for a better understanding of the relationships between self-compassion, burnout, and job satisfaction, thereby strengthening the study's conclusions. Furthermore, future research could adopt longitudinal designs to examine causal relationships and the development of self-compassion levels over time, as well as their link with job performance and well-being. Further analysis of the subscales of the MBI and job satisfaction could also facilitate a deeper understanding of specific factors that may act as mediators between self-compassion and professional burnout and job satisfaction, respectively. Additionally, future research would benefit from applying multiple linear regression or other multivariate models in order to examine the unique contribution of self-compassion after adjusting for potential confounding factors, such as age, gender, professional experience, occupational role, and job position. In addition, implementing pilot studies focused on self-compassion training programs would make it possible to investigate their practical effectiveness in reducing burnout and enhancing job satisfaction. Such interventions could be evaluated through experimentally designed studies with randomized participant allocation. Finally, although no significant differences were found in the present sample between physicians and nurses in terms of self-compassion, future studies focusing on other healthcare

professions or specific specialties may reveal different patterns, particularly in environments with substantially different working conditions. Despite the limitations, the findings of the present study show the predictive role of self-compassion on lower professional burnout and higher job satisfaction. The results are consistent with the existing literature and confirm the need to integrate programs that promote self-compassion among healthcare workers. They also reinforce the central role of self-compassion as a factor of psychological resilience to enhanced job satisfaction, offering important directions for the development of targeted support programs for healthcare professionals.

Ultimately, this study offers to the scientific understanding of the psychological mechanisms that associate with healthcare professionals' performance and well-being, opening new avenues for future research and practical interventions. The findings may have significant implications for healthcare organizations by informing the development of targeted interventions, such as self-compassion training programs, aimed at improving staff well-being and reducing burnout. The literature indicates that nurses experience lower job satisfaction (Myhren et al., 2013). Therefore, their participation in self-compassion interventions could help them improve this skill and gain its associated benefits, as demonstrated by the relationship between the variables examined in the present study. Furthermore, understanding the role of self-compassion could enhance staff retention in healthcare settings, increase job satisfaction, and ultimately improve patient care outcomes.

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