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Sağlık Çalışanlarında, Öz Şefkatin Tükenmişlik ve İşe Bağlılık Üzerine Ilımlaştırıcı Etkisi

The Moderating Effect of Self-Compassion on Burnout and Work Engagement of Health Care Workers

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ÖZ

Giriş ve Amaç: Tükenmişlik tıbbi bir durumdur ve tükenme, duyarsızlaşma ve yetersizlik olarak olmak üzere üç boyutta tanımlamaktadır. Yüksek iş yükü, aşırı bağlılık ve uzun süre yüksek düzeyde strese maruz kalmak tükenmişliğe neden olur. Tükenmişliğin belirtileri duygusal tükenme, duyarsızlaşma ve kişisel başarıda azalmadır. Öz-şefkat ise sağlıklı bir kendini kabul etme biçimidir. Kişinin kendisinin ve hayatının sevilmeyen yönlerine karşı samimi, sıcak ve kabul edici bir tavrı temsil eder.

Bu çalışmanın amacı, sağlık çalışanlarında öz-şefkatin, işe adanmışlık ve tükenmişlik üzerindeki etkisini araştırmak, sağlık çalışanları arasında öz-şefkat yoluyla dolaylı olarak iyilik halini artırmak için konunun ön plana çıkarılması ve farkındalığın artırılması amaçlanmaktadır.

Gereç ve Yöntem: Çalışmaya toplam 43 sağlık çalışanı katıldı. Tüm katılımcılara çalışmanın amacı, gizliliği ve anonimliği hakkında bilgi verildi ve rastgele gruplara ayrıldı. Değerlendirmede; Google Survey üzerinden 74 soruluk anket yapıldı. Öz-şefkat Ölçeği (SCS), Algılanan Stres Ölçeği (PSS), Utrecht İşe Bağlılık Ölçeği (UWES) ve Kopenhag Tükenmişlik Envanteri (CBI) kullanıldı.

Bulgular: Çalışma sonucunda, danışan kaynaklı tükenmişlik (r= .864, p= .00), ardından işle ilgili tükenmişlik (r= .966, p= .00) ve kişisel tükenmişlik (r= .903, p= .00) olmuştur. Buna ek olarak, işle ilgili tükenmişlik ile kişisel tükenmişlik arasındaki en güçlü anlamlı ilişki de vardı. Sonuçlar, genel modelde sağlık çalışanlarının hasta ve hasta yakınları ile etkileşiminden daha fazla etkilendiğini, aynı zamanda günlük yaşam ve mesleki stresörlerin birbirini tetiklediğini göstermektedir. Özellikle öz şefkati düşük ve orta seviyede olan katılımcıların tükenmişlikten daha çok etkilendiklerini göstermiştir. Yüksek öz şefkati olanlar ile ilgili anlamlı bir sonuç bulunamamıştır. Öz-şefkatin, işe bağlılık üzerinde doğrudan bir etkisi olmamasına rağmen, tükenmişlik ve işe bağlılık arasındaki ilişkide önemli bir moderatör olduğunu göstermiştir. **Sonuç**: Öz-şefkat azaldıkça, tükenmişlik ile işe bağlılık arasındaki ilişki daha olumsuz hale gelmektedir. Sağlık çalışanlarında, eğitim ve farkındalık ile öz-şefkat düzeylerinin artacağı, öz-şefkat düzeylerinin tükenmişlik ve işe bağlılık üzerine ılımlaştırıcı bir etkisi olduğu kanaatindeyiz.

Anahtar Kelimeler: Tükenmişlik, İşe bağlılık, Öz şekfat, Sağlık çalışanları, Farkındalık

ABSTRACT

Introduction and Objective: Burnout is accepted as a medical condition and described as three facets of exhaustion, cynicism, and inefficacy. High workload, over-commitment, and prolonged exposure to high levels of stress at work cause burnout. Symptoms of burnout are emotional exhaustion, depersonalization and reduced personal accomplishment. Self-compassion is a healthy form of self-acceptance. It represents a friendly, warm and accepting manner towards those aspects of oneself and one's life that are disliked.

The objective of this survey study is to investigate the impact of self-compassion in relation to work engagement and burnout, bringing this issue to the forefront in an effort to decrease negative effects of burnout and indirectly enhance well-being among health care employees through self-compassion and increasing awareness.

Method and Materials: 43 health care workers from public hospitals in Turkey participated in this study. All the participants were informed of study's objective, confidentiality and anonymity and they were assigned randomly into groups. Survey was consisted of 74 questions and conducted via Google Survey. Self-Compassion Scale (SCS), Perceived Stress Scale (PSS), Utrecht Work Engagement Scale (UWES), Copenhagen Burnout Inventory (CBI) were used.

Results: The strongest correlation was client-related burnout (r= .864, p= .00), followed by work-related burnout (r= .966, p= .00) and personal burnout (r= .903, p= .00). Another strongest

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significant correlation was between work-related burnout and personal burnout. Results suggest that health care workers get more affected by interaction with patients and relatives of patients in overall model but also daily life and occupational stressors trigger one another. Particularly participants with low and moderate self-compassion get more affected from burnout. No significant relationship was found for high self-compassion condition, Burnout and work engagement interaction is affected by self-compassion, although self-compassion has not a direct significant effect on work engagement.

Conclusion: As self-compassion decreases, the negative relationship between burnout and work engagement gets stronger. This research posits that self-compassion of health care workers can be improved through training and awareness, and self-compassion has a mediating effect on burnout and work engagement.

Keywords*:* Burnout, Work engagement, Self-compassion, Health service, Mindfulness

INTRODUCTION

Burnout is accepted as a medical condition. Maslach, describes burnout by three dimensions that consist of exhaustion (distancing oneself from one's work emotionally and cognitively), cynicism (depersonalization,), and inefficacy (lack of professional efficacy) (1). High workload, over-commitment, and prolonged exposure to high levels of stress at work cause burnout (2, 3). In helping industries, burnout is a common outcome of stress (4). In the health system, human capital is decreasing due to prioritization of instrumental outcomes (5). However, focus of examined professions has not included helping professions such as doctors, nurses, psychologists and psychiatrists, although twenty-five to sixty percent of physicians report burnout across all specialties (6,7). According to a recent research, 26.3% of nurses scored at clinical levels for anxiety and 5.9% of nurses scored above the clinical cut-off point for depression (3). Gert Van Humbeeck et al. listed potential reasons of burnout antecedents as disappointment, dissatisfaction, frustration and discouragement (8). Moreover, job demands, social support, decision latitude and personal development opportunities, effort, over-commitment, rewards and ways of coping are the predictors of occupational stress (3).

Primary motive for most of social workers is the need to be helpful, which may cause over involvement with patients, thus, contribution to stress (5). Obligation to display organizationally accepted emotions while sometimes suppressing the genuine ones have additional variance in burnout scores (9). Hence, work demands are higher for the occupations or roles require appropriate emotional display more frequent (10). Burnout occurs when customer interactions require over emotional involvement and employee struggles to replenish spent emotional resources. The symptoms of burnout are emotional exhaustion, depersonalization and reduced personal accomplishment. Emotional labor may cause emotive dissonance, self-alienation and lower job satisfaction due to priming irredeemable customer expectations (10,11). On the contrary, flexibility for self-expression in the customer interactions has been found positively correlated with personal wellbeing (11). Morris and Feldman found that frequency of emotional display, attentiveness to display rules, variety of emotions to be displayed, and emotional dissonance lead to greater emotional exhaustion (10).

H1: Client-related burnout affects health personnel more than other two facets.

Neff first coined *self-compassion* scientifically in 2003 (12). She proposed self-compassion as a healthy form of self-acceptance. It represents a friendly, warm and accepting manner towards those aspects of oneself and one's life that are disliked (13). It derives from six main components;

- Self-kindness versus self-judgment
- Common humanity versus isolation
- Mindfulness versus over identification

First of all, it involves being understanding and kind to oneself in occurrence of suffering events or perceived inadequacy, desire to alleviate one's own suffering and actively soothing and comforting oneself. Since people are prone to be judgmental and unkind towards them compared to their reactions to others they cared about, or even to strangers, Neff stresses the importance of adopting the non-judgmental attitude towards oneself like treating to a friend instead of being harshly self-critical (12).

Secondly, it involves a sense of common humanity, being aware of and recognizing that pain and failure are unavoidable aspects of the shared human experience rather than trying to cope with them in isolation. Since, being imperfect, making mistakes and encountering difficulties are the characteristics of human nature, one should embrace it instead of isolating oneself (14).

Lastly, mindfulness is the balanced awareness of one's emotions. Mindfulness refers to an awareness that emerges by intentionally paying attention to the present experience in a nonjudgmental or non-evaluative way (15). In other words, it's the ability to face painful thoughts and feelings instead

of avoiding them, but without exaggeration, catastrophizing or self-pity.

H2: Self-compassion levels of health-care workers will improve after self-compassion training.

Self-compassion is strongly related to mental wellbeing. Hence it's negatively correlated with negative influences in work life as depression, anxiety, stress, rumination, thought suppression and neurotic perfectionism while being equally strongly related to positive aspects such as happiness, social connectedness and life satisfaction (12). According to Leary et al., high-self-compassionate people react to negative life events different from and in some cases more beneficial than low-self-compassionate people (16). In other words, self-compassion has a moderating effect between the reactions to real and potential failure, by reducing the averseness of self-esteem threatened events. Self-efficacious, optimist and emotionally stable individuals, likely to self-compassionate ones, have an authentic way of dealing with reality since they are likely to perceive their environment as benign (17).

Engaged employees are physically, cognitively and emotionally related to their occupational roles (18). They are strongly goal-oriented, energized and fully concentrated on their job. Work engagement is defined as "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption" (19). Vigor is characterized by high levels of energy and mental resilience while working, the willingness to invest effort in ones work, and persistence even in the face of difficulties (20). Dedication is characterized by a sense of significance, enthusiasm, inspiration, pride and challenge. Absorption is characterized by fully concentrating on and being deeply engrossed in one's work, where time passes quickly and one has difficulty detaching oneself from work. Work engagement is predictor of job performance and client satisfaction (21). Xanthopoulou et al. indicated that when employees are autonomous, receive support, and have opportunities for personal development, they are likely to reciprocate by showing higher levels of engagement (22). Job resources and personal resources are predictive of work engagement, which leads to higher job performance. Moreover, individual engagement levels may affect team performance outcomes (23). Hence, engagement is a crucial indicator of occupational wellbeing for not only employees but also for organizations (18).

According to Xanthopoulou et al., personal and job resources are equally strong correlates of each other and of work engagement (22). They have a potential to activate and conserve positive conditions, beliefs and affective states. On one hand, employees tend to be more goal-oriented, when job resources are provided for them. On the other hand, employees who feel self-efficacious, valuable and optimistic tend to create a resourceful work environment. These results indicate that employees with personal resources are able to influence their environment for engagement (such as job crafting) while for the rest they need physical resources to reach the same state. Nevertheless, engaged employees tend to easily recognize, activate or create resources, likely to ones with personal resources.

H3: Self-compassion moderates the relationship between burnout and work engagement.

MATERIALS AND METHODS

The study was conducted in April 2018 as Work and Organizational Psychology Master's Degree thesis in Tallinn University of Technology, with 43 healthcare professionals working in Turkish state hospitals. Although 43 healthcare personnel participated the first phase (filling the first survey), 16 of them dropped out and they did not participate to third phase (re-taking the survey after training). Statistical tests were run for 43 participants except self-compassion training evaluation.

All the participants were informed of study's objective, confidentiality and anonymity on the first page of the survey. They were assigned randomly in to groups. Questionnaires were sent via Google Survey in the beginning of April. Four scales were used to evaluate the cases; Self-Compassion Scale (SCS), Perceived Stress Scale (PSS), Utrecht Work Engagement Scale (UWES), Copenhagen Burnout Inventory (CBI). In total, questionnaire consists of 74 questions including demographics. First survey collection took one week. After 43 responses received, 23 participants were asked to write themselves daily one-paragraph self-compassionate letters for a week. Two-weeks later than one-week training session, Google Survey link was sent again via e-mail in order to ask participants to fill the same questionnaire. As the surveys were completed, each was reviewed for completeness and data were entered into the SPSS database. SPSS version 24 was used for statistics

Self-Compassion Scale (SCS): The scale comprised of 12 items, which assesses trait levels of self-compassion. The scale was developed by Neff to explicitly represent the thoughts, emotions, and behaviors associated with the six facets of self-compassion (24). It consists of items that

assess how frequent people respond to feelings of suffering or inadequacy with *self-kindness*, *self-judgment*, *common humanity*, *isolation*, *mindfulness*, and *over-identification*. Responses are given on a 5-point likert type scale from "Almost Never" to "Almost Always".

Perceived Stress Scale (PSS): The PSS is the most widely used psychological instrument for measuring the perception of stress, which was constructed by Cohen et al. (25). It measures the degree of which situations in one's life are perceived as stressful. The scale also includes a number of direct questions about present levels of experienced stress. In each case, respondents are asked how often they felt a particular way. The 10-item Perceived Stress Scale was used to assess on a five-point likert type scale how often (0=never, 4=very often) in the past month participants found their lives unpredictable, uncontrollable, and overwhelming.

Utrecht Work Engagement Scale (UWES): Schaufeli and Bakker define burnout and engagement as distinct concepts that should be measured independently (26). UWES-17 was used in the present study. They assessed work engagement by six items of vigor (α = .83), five items of dedication (α = .92) and six items of absorption (α = .82).

Copenhagen Burnout Inventory (CBI): Kristensen et al. designed CBI to compensate the pitfalls of MBI (see Kristensen et al.'s article for pitfalls). CBI consists of three sub-dimensions to measure all kinds of participants regardless of workplace and/or occupation (27). These dimensions are namely; personal burnout, work-related burnout and client-related burnout. The personal burnout subscale was designed for the general population regardless of their occupational status even if they do not work and consists of six items. The work-related burnout questions can be used for any kind employee and measured by seven items. Lastly, the six questions on client-related burnout involve the term 'client' – or a similar term when appropriate such as patient, student, inmate, etc. Turkish version of CBI was adapted by Marmara University academics with high reliability and validity (28). It was transcribed to Turkish by responses of 351 university staff. Cronbach's alpha values are personal burnout (.87), work-related burnout (.87) and client related burnout (.85) in total CBI (.87).

RESULTS

The study was conducted with 43 health care personnel. Participants included 34 doctors and 9 nurses from different age ranges. Most of the participants were 25-34 years old (37.2%). They reported that 62.8% work between 40 to 50 hours per week. Majority of participants (60.4%) have work experience more than 11 years. However, most of them (44.2%) have been working at the same organization less than 5 years. Almost all of them are full-time employees (90.7%) with a permanent contract (83.7%). For sick leave, 81.4% of participants had less than 10 days in previous year. They reported that more than half are in a stable relationship (72.1%) and have 1 or more children (51.2%). Lastly, as another indicator of perceived stress, they were asked about economical difficulties they experience in general and results showed that 60.5% sometimes have difficulties (Table 1).

Table 1. Occupational and Socio-demographics of Participants

	n	%
Age		
25-34	16	37.2
35-44	13	30.2
45-54	10	23.3
>55	4	9.3
Economic Difficulties		
Never	10	23.3
Sometimes	26	60.5
Almost Always	3	7
Always	4	9.3
Working Hours/Week		
<40	2	4.7
40-50	27	62.8
50>	14	32.6
Experience (in years)		
<5	12	27.9
5-10	5	11.6
11-20	13	30.2
20>	13	30.2
Years in Same Organization		
<5	19	44.2
5-10	9	20.9
11-20	6	14
>20	9	20.9
Sick Leave (days/years)		
>10	35	81.4
10-20	4	9.3
20>	4	9.3

Descriptive Results:

In preliminary analysis of Pearson correlation coefficient, age was found positively correlated with engagement, (r= .305, *p*= .047) whereas negatively correlated with work-related burnout (r= – .302, *p*= .025). Economic difficulties were found negatively correlated with engagement (r= – .317, *p*= .038) and self-compassion (r= – .382, p= .011). while positively correlated with total burnout score (r = .409, p = .007). Furthermore, personal burnout (r= .423, *p*= .005), client-related burnout (r= .306, *p*= .049) and work-related

(r= .377, *p*= .013) were found positively correlated with economic difficulties.

A one-way ANOVA was conducted to determine if the burnout was different for groups with different occupations. Participants were classified into two groups: doctors (n= 33) and nurses (n= 9). There were no outliers, as assessed by boxplot; data was normally distributed for each group, as assessed by Shapiro-Wilk test (p > .05); and there was homogeneity of variances, as assessed by Levene's test of homogeneity of variances (p= .193). There was no significant difference between group means, nurses (max=75, min=45) and doctors (max= 82, min= 29).

Hypothesis 1

A Pearson's product-moment correlation was run to assess the relationship between work engagement and three facets of burnout. Results showed negative significant correlation for work-related burnout (r=-.439, p=.003) and personal burnout (r=-.309, p=.044). Client-related burnout was not found significantly correlated (r=-.200, p=.203).

As the second step, multiple regression was run to predict work engagement from three levels of burnout. Stepwise method was used. Work-related burnout was eliminated from the model due to the non-significant results of first analysis. There was linearity as assessed by partial regression plots and a plot of studentized residuals against the predicted values. There was independence of residuals, as assessed by a Durbin-Watson statistic of 2.108. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals greater than ±3 standard deviations, no leverage values greater than 0.2, and values for Cook's distance above 1. The assumption of normality was met, as assessed by a Q-Q Plot. Only two burnout variables added statistically significantly to the prediction, p< .05. Regression coefficients and standard errors are displayed in Table 2. The multiple regression model significantly predicted work engagement. Client-related burnout and personal burnout were found significant to predict work engagement. Moreover, personal burnout has stronger negative influence on work engagement compared to client-related burnout.

A Pearson's product-moment correlation was run to assess the relationship between total burnout score and the scores of three sub-scales of burnout to identify their effects in correlation relationship (Table 3). The strongest correlation was client-related burnout (r=.864, p=.00), followed by work-related burnout (r=.966, p=.00) and personal burnout (r=.903, p=.00). Addition to that, another strongest significant correlation was between work-related burnout and personal burnout. Results suggest that health care workers get more affected by interaction with patients and relatives of patients in general model but also daily life and occupational stressors trigger one another.

Table 2. Regression Analysis of Burnout Facets on Work Engagement

Model	Unstandardized Coefficients		Standardized Coefficients		
	Regression coefficient B	Standard error	Beta	*t*	Sig.
(Constant)	120.582	9.131		13.206	.00
Client BO	-.567	.141	-.512	-4.013	.00
Personal BO	-.992	.483	-.262	-2.054	.047

R^2=0,323
[a] Dependent Variable: total UWES score

Table 3. Correlations for Facets of Burnout

Variable	*n*	*M*	*SD*	1	2	3	4
1. Overall Burnout [a]	42	57.8	12.3	—			
2. Client-Related Burnout	42	18.3	4.06	.864**	—		
3. Work-Related Burnout	42	21.6	4.9	.726**	.784**	—	
4. Personal Burnout	42	18	4.47	.507**	.606**	.819**	—

[a] Total Burnout Score

*p < .05. **p < .01.

Hypothesis 2

A paired-samples t-test was conducted to assess self-compassion training by comparing the scores before and after the training. Participants had higher scores in self-compassion questionnaire before compassionate letter training. There was not a significant difference in the scores for before self-compassion training (M= 40.9, SD= 6.6) and after training (M=40.2, SD= 7.1) conditions; t(27)=.563, p=.578. These results suggest that 1-week self-accomplished training does not have a significant effect in two weeks among health care personnel.

Hypothesis 3

In order to test the moderation effect of self-compassion, a linear multiple regression analysis was conducted. The overall model was found significant. Self-compassion was not a direct significant predictor of engagement. Burnout was found as a significant predictor of engagement. Moderation interaction was found significant, $F(3,38)=8.60$, $p<.001$,

R^2=.40. States of low, *b*= – .73, *t*(38)= – 2.87, *p*=.007 and moderate, *b*= – .37, *t*(38)= – 2,18, *p*=.04, self-compassion were found significantly related with burnout and work engagement. Results showed that as self-compassion decreases, the negative relationship between burnout and work engagement gets stronger. Specifically, participants who scored less than 40 in self-compassion questionnaire, their work engagement will be significantly affected by burnout symptoms. Lastly, no significant relationship was found between burnout and work engagement under the high self-compassion condition, *b*= – .004, *t*(38)= – .02, *p*=.99; (Table 4, 5). Results suggest that high self-compassion buffers the negative effect of burnout, which means high self-compassionate employees' work engagement would not be affected by occupational stress (Figure 1).

Table 4. Moderation of Self-Compassion: Overall Model

Overall Model

					95% Confidence Interval	
Variables	B	S.E	*t*	*p*	Lower Bound	Upper Bound
(Constant)	94.1523	1.9514	48,2488	.00	90,2019	98.1028
Burnout	-.3713	.1701	-2.1825	.036	-.7158	-.0269
SCT	.6878	.2740	2.5102	.02	.1331	1.2425
Interaction	.0486	.0198	2.4610	.019	.0086	.0886

R^2=0.404 Regression. ANOVA: *F*=8.599 *p*=.0002
B= unstandardized coefficient; S.E= standard error
SCT= total self-compassion score

Table 5. Conditional Effects of Self –Compassion: Parameter Estimates

Moderation of Self-Compassion

Conditional Effects of Self-Compassion: Parameter Estimates

Moderator Levels			95% Confidence Interval			
Self-Compassion	Estimate	SE	Lower	Upper	*t*	*p*
Mean-1 SD	-.7391	.2571	-1.2596	-.2186	-2.8746	.007
Mean	-.3713	.1701	-.7158	-.0269	-2.1825	.036
Mean+1 SD	-.0036	.1909	-.3901	.3829	-.0187	.99

R^2=0.404 Regression. ANOVA: *F*=8.599 *p*=.0002
B= unstandardized coefficient; S.E= standard error
SCT= total self-compassion score

DISCUSSION

Present study has contributed to the understanding of self-compassion moderation on relationship between burnout and work engagement in health sector. Health care workers are in risk group for burnout regardless of their specialization and geographic location due to major occupational stressors as lack of staff, exhausting shifts, lack of autonomy and authority, demand-load from the patients and their relatives, use of technology and frequent exposure to death (29). Burnout is more likely to develop in the absence of social support from organization, managers or colleagues, and it causes negative effects on patients' care and physicians' professionalism (3, 29, 30). Burnout and work engagement are negatively correlated and distinct concepts, which show different patterns of changes over time (31,32). They are also related to other constructs, such as work demands and resources.

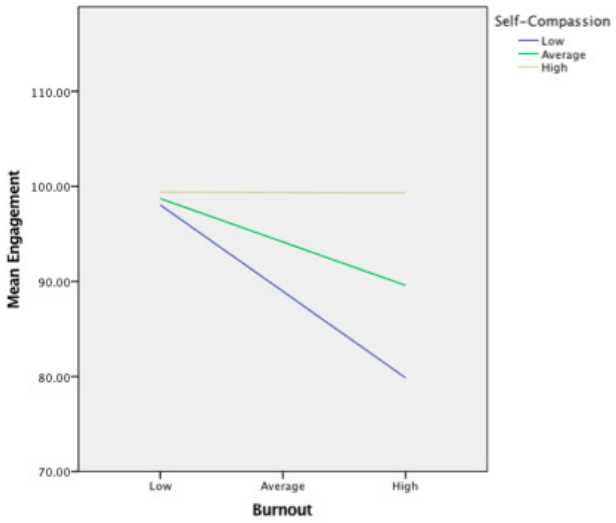

Figure 1. Moderating Effect of Different Levels of Self-Compassion

Health workers are usually high strain employees due to low latitude and high demands. High strain employees experience job dissatisfaction, emotional exhaustion and anxiety more than other three quadrants (3,33). Work conditions and stressors of doctors and nurses are not similar to any other occupations. Specifically for health sector, main stressors are exhausting shifts, lack of downward communication, lack of autonomy and authority, demand load from patients and their relatives, personal/professional life imbalance, career development, lack of social support, frequent exposure to death (3, 29, 31, 34) and even violence (35, 36, 37). These are the main reasons of burnout and emotional exhaustion (33, 38).

Burnout scores were significant to predict work engagement compliance with past researches. Present study indicates a moderate negative relationship between work-related burnout and work engagement. Furthermore, results also show that personal burnout affects engagement the most, and followed by client-related burnout, while

client-related burnout contributes to total burnout score the most. According to UWES results, mean score of health care workers were found high (5.36) compared to Schaufeli's UWES database (3.82) and specifically for physicians (3.10) (26). Same research found that physicians have the lowest scores in three facets while nurses have relatively high score (3.92) in absorption. Present study did not find any occupational differences in terms of burnout scores. Prins et al. conducted a research among resident doctors in Netherlands and they evaluated work engagement by UWES in different hospital types (39). Doctors who work at general teaching hospitals had the highest scores whereas doctors work in rehabilitation center had the lowest scores. General teaching hospitals can be seen as the most similar hospital type with Turkish State Training Hospitals, however participants in present study had higher scores than Netherlands sample. Engagement score differences between Turkish sample and Schaufeli's Dutch sample may imply culture impact, regarding to moderate work conditions and relatively low wage.

On the other hand, Leiter and Maslach explain engagement as "an experience that fluctuates and is not chronic" and continue "Thus, a person move between different levels of engagement, for different tasks, within different periods of time, rather than always being fully engaged" (32). Bakker indicates differences within persons over time in terms of engagement, which derives from more or less exposure to job resources such as social support from colleagues, feedback from a supervisor, and interesting contacts with customers on daily basis (18).

The results of the study indicate that burnout and work engagement interaction is affected by self-compassion, although self-compassion has not a direct significant effect on work engagement. This means that more the health personnel have self-compassion, less they get affected by burnout factors. According to Montero-Marin et al., mindfulness, which is a facet of self-compassion, can be an intervention for preventing first phases of burnout via reduced negative arousal states and perceived overload (15). Moreover, they found that resilience, as vigor is an option to treat advanced stages of burnout syndrome by emphasizing positive affect and leading engagement and personal development. Researchers also found correlations of burnout subtypes and facets of self-compassion (40). Subjects with "frenetic" burnout are very ambitious and involved who work increasingly harder to fulfill their job demands and it is associated with self-judgment. The "underchallenged" type of burnout refers to insufficient motivation and boredom among workers who have to cope with monotonous and unstimulating conditions, which is related to isolation and had the highest inverse associations with engagement. Lastly, employees with "worn-out" burnout give up when they face with stressful conditions or lack of satisfaction. These subjects feel lack of control over the results of their work and lack of acknowledgment for their efforts, thus, leading them to neglect their responsibilities. Worn-out type, which is related to over-identification, has the strongest direct associations with burnout.

Self-compassion as a trainable quality seems to be useful for health care workers to prevent or be protected from developing job-related stress (7). Gilbert's Compassionate-Focused Therapy (GFT) is one of the techniques to help participants, who have had limited experiences of compassion, to develop their own self-compassionate state of mind and attitude in a therapeutic setting (41, 42). Mindfulness-based interventions (MBI) may lead to the maintenance of healthy mental state through the direct effect on burnout levels but also indirect one, through the change in levels of negative and positive affect (15). Besides MBI and GFT, professional coaching is a result-oriented method to address burnout by training on one's locus of control (7). Coaching enhances self-awareness, emphasizes on individual strengths, questioning self-defeating thoughts and beliefs via increasing one's sense of accomplishment, purpose and engagement, likely to self-compassion trainings. Despite lack of scientific evidence, theoretical basis of coaching's efficacy root in the fields of positive psychology, mindfulness and self-determination theory. Present study did not find any significant difference of training in terms of SCS scores. Neff's self-compassionate letter method did not improve the participants' compassionate state in two-week period. This may conclude from two possible reasons; 1) task might not be completed by the participants regularly due to the nature of training and/or 2) negative correlation of economic difficulties and self-compassion might affect the significance due to majority of sample indicated that they 'sometimes' have economical problems.

This research examined the relationship between burnout and work engagement under the influence of self-compassion. Burnout is a global problem among all occupations. However, burnout among health care personnel has not been examined frequently, although they are in high-risk group. Addition to that, anything about burnout-work engagement relationship under the influence

of self-compassion could not been found in literature. This research may help HR departments of hospitals to improve engagement and prevent burnout via self-compassion. Results showed that as self-compassion decreases, the relationship between burnout and work engagement becomes more negative with the lowest self-compassion score. Even though self-completed training did not have any significant effect to increase self-compassion, hospitals have more viable sources to implement self-compassion training by professionals for significant improvement. Increased self-compassion does not only improve work engagement, but also it may increase employee and patient satisfaction.

Firstly, results cannot be generalized to population due to small sample size and focus of one occupation group. Work conditions and stressors of health care workers (such as frequent exposure to death) are neither comparable nor applicable to other occupation groups. Secondly, two-week self-compassion training did not have any significant effect on improving self-compassion among health care workers. The nature of the implemented training could cause this issue. Participants were supposed to write self-compassionate letters on daily basis without monitoring, which means any of the letters were not checked or read by the researcher for feedback. However, past researches suggest that any other training with a professional would lead more self-compassionate employees. This issue might arise due to special nature of health care sector. Secondly, negative correlation of economic difficulties and self-compassion might affect the significance due to majority of sample (60.5%) indicated that they 'sometimes' have economical problems.

This research presents the results of a unique study of burnout and work engagement relationship under the influence of self-compassion. Kristen Neff's short-term self-compassion training was conducted to improve participants' compassionate behaviors and thoughts for themselves. However, no significant increase was detected in self-compassion scores after two-week training.

Results showed that self-compassion is a significant moderator on the relationship between burnout and work engagement, even though self-compassion has not a direct effect on work engagement. As self-compassion decreases, the relationship between burnout and work engagement becomes more negative with the lowest self-compassion score. Specifically, employees who scored less than 40 in self-compassion Specifically, employees who scored less than 40 in self-compassion questionnaire, their work engagement will be significantly affected by burnout symptoms whereas no relationship found between burnout and work engagement for the high self-compassionate subjects. Future studies can address effect of self-compassion among other high-risk occupations by long-term training with a professional.

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