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RESEARCH ARTICLE

THE MEDIATING ROLE OF RESILIENCE IN THE EFFECT OF SELF-COMPASSION ON LIFE SATISFACTION IN DIALYSIS PATIENTS WAITING FOR ORGAN TRANSPLANTATION

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ABSTRACT

Purpose: Patients receiving hemodialysis treatment are faced with a wide variety of problems with medical, social, psychological and economic dimensions during the disease process.
Material and Methods: This study was planned as a descriptive study to determine the role of resilience in the effect of self-compassion on life satisfaction in patients awaiting organ transplantation.The study was completed with 196 dialysis patients who met the research criteria and accepted to participate in the study. Descriptive statistics, correlation, confirmatory factor analysis, and Process Macro analysis were used in the statistical evaluation of the data.
Results: In this study conducted on dialysis patients awaiting organ transplantation, it was determined that self-compassion positively affected life satisfaction and psychological resilience. Likewise, it was found that psychological resilience positively affected life satisfaction. In mediation analysis, it was determined that psychological resilience had a mediating role in the effect of self-compassion on life satisfaction.
Conclusion: In this study conducted on dialysis patients awaiting organ transplantation, it was determined that self-compassion positively affected life satisfaction and psychological resilience. Likewise, it was found that psychological resilience positively affected life satisfaction. In mediation analysis, it was determined that psychological resilience had a mediating role in the effect of self-compassion on life satisfaction.

Keywords: dialysis patients, life satisfaction, nursing, organ transplantation, psychological resilience, self-compassion

INTRODUCTION

Patients who receive hemodialysis treatment are faced with a wide variety of medical, social, psychological, and economic problems during their illness. Additionally, hemodialysis (HD) limits the abilities of the individual and harms self-esteem by making the individual dependent (1). Although dialysis is an important treatment method that improves the quality of life of kidney patients and prolongs their life span, the definitive treatment of chronic renal failure is only possible with kidney transplantation.

Patients who cannot receive a kidney transplant have to live on hemodialysis for many years, which brings many problems. (1-3). On the other hand, some psychosocial difficulties such as impaired life satisfaction decreased physical activity, and decreased family social support make it difficult to

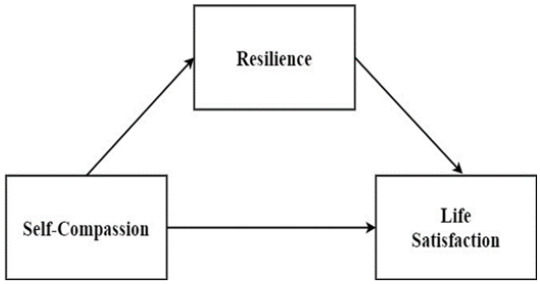

Figure 1. The research model of the study

continue treatment and negatively affect the treatment during the illness. The expectation of organ transplantation is quite common among individuals receiving hemodialysis treatment (4). In our country, where organ donation and transplantation are limited, finding suitable kidneys for sick individuals may take years or no suitable kidney may be available. In this process, the patient must undergo dialysis in order to survive. Hemodialysis is a commonly used process in which individuals are connected to the dialysis machine for a few hours three days a week, allowing the functions to be performed that the kidney fails to do (1,4). It is possible to increase the level of quality of life that is negatively affected by various factors in hemodialysis patients by successfully dealing with problems in the process and by reframing the experienced disease with positive changes (5). For this to happen, it is necessary to have psychological resilience, which means the power to overcome difficulties and being resistant. Psychological resilience is a multidimensional structure that activates adaptive behaviors in the face of difficult living conditions and includes positive attitudes and behaviors (6). Chronic renal failure (CRF), which is a challenging disease experience on the bio-psycho-social dimension, is a process that strains the coping capacity of patients and makes it difficult to comply with the disease. Studies conducted show that individuals with high psychological resilience also increase their quality and satisfaction of life (6,7).

In solving the mental, psychosocial, and life satisfaction of patients undergoing hemodialysis treatment due to chronic renal failure, there is a need to increase their self-compassion by increasing their psychological resilience during the treatment process. Hemodialysis patients' self- compassion is negatively affected due to reasons such as long treatment processes, frequent exposure to dialysis sessions, deterioration in body image, and restrictions in their social lives. Therefore, the self-awareness levels of hemodialysis patients are a very important concept in terms of their quality of life and psychological resilience.

Self-compassion refers to the individual being open to the emotions that cause him/her to experience suffering and distress, approaching himself/herself with caring and loving attitudes, being understanding towards his/her inadequacies and failures, and accepting negative experiences s/he goes through as a natural process of human life (8).

Investigating the self-compassion of hemodialysis patients, their awareness of their competence, increasing the compassion of patients towards themselves, and hemodialysis patients treating themselves kindly are very important for the long-term treatment process. Self-compassion represents a very important emotion in order to support the person's own health and well-being, increase life satisfaction, and contribute to psychological resilience. Studies have determined that individuals who are tolerant towards themselves also treat the individuals around them with understanding and have strong psychological resilience (8,9).

For this reason, Self-compassion can affect the reaction of an individual with chronic illness to their illness, so it can be a determining factor in the patient's compliance with their illness (8). Nurses assume important roles in solving these problems, activating psychological resilience to the benefit of the patient, increasing life satisfaction, and increasing the patient's self-compassion, and ensuring their compliance with treatment. It is stated that resilience plays an important role in curing chronic diseases by giving the individual a healthy coping ability, reducing the feeling of hopelessness and depression, increasing personal competence in times of stress, and providing emotional balance, life satisfaction, and psychological well-being (8,9).

Asadi bijaeyeh et al. (2021) found that self-compassion increased life satisfaction and resilience in older women. (10).

Pérez-Aranda Adrián et al. (2021) conducted a study with 860 adult individuals and found that psychological resilience partially mediated the effect of psychological resilience on self-compassion and depression. (11)

Lara-Cabrera, Mariela Loreto, et al. (2021) found that resilience mediated the relationship between stress and mental health in their study with nurses. (12). To conclude, our findings supported the hypothesis that

Table 1. The goodness of fit statistics of scales and research model

Goodness of Fit Values	χ2	df	CMIN/DF	SRMR	IFI	CFI	TLI	RMSEA
Self-Compassion	115.62	64	1.806	0.020	0.995	0.995	0.992	0.052
Resilience	287.44	98	2.933	0.031	0.974	0.974	0.970	0.072
Life Satisfaction	68.60	42	1.633	0.016	0.997	0.997	0.995	0.030

resilience mediated the relationship between stress and mental health

Increasing the psychological resilience of patients waiting for organ transplantation can facilitate the waiting and difficult treatment process.

Therefore, increasing the self-sensitivity and life satisfaction of patients waiting for organ transplantation will also increase their resilience.

Nurses take initiatives to increase the resilience of patients through therapeutic methods such as management of chronic diseases, determination of appropriate coping methods, and adaptation to chronic disease.

It is thought that this study will be a guide in terms of conceptualizing, implementing and using disease resistance as a nursing concept.

A high level of resilience in patients waiting for organ transplantation is very important and will increase their life satisfaction. Resilience means the capacity to adapt to difficulties.

Examining resilience in patients awaiting organ transplantation is decisive for these patients and can be defined as the ability to recover. Increasing social support, self-compassion and life satisfaction is very important in reconnecting patients to life.

Therefore, it was aimed to investigate the mediating role of resilience between life satisfaction and self-compassion in patients awaiting organ transplantation. These concepts are very important in terms of their contribution to increasing the life satisfaction of patients waiting for organ transplantation.

Therefore, the starting point of this study was to investigate the mediating role of resilience in the effect of self-compassion of individuals awaiting organ transplantation on life satisfaction.

MATERIAL AND METHODS

Objective

Structural equation modeling was used in this study. Structural equation modeling is used in testing multivariate models, estimating direct and indirect effects, and determining causal relationships. This model can be applied in this article to determine the effects of self-compassion or psychological resilience in hemodialysis patients. This model is very important in terms of guiding other studies, determining the importance of the concepts examined, determining relationships, and emphasizing the importance of concepts affecting the disease. Structural equation modeling, unlike other statistical methods, is an approach that determines the strength of the relationships between parameters instead of an exploratory approach. For this reason, structural equation modeling gives more successful results than other methods in terms of hypothesis testing.

In this study, which was conducted to determine the mediating role of resilience in the effect of self-compassion on life satisfaction in patients awaiting organ transplantation, the following model was created to determine the relationships between variables. (Figure 1).

This study investigates the role and effect of psychological resilience on self-compassion and life satisfaction. Structural equation modeling is a combination of factor analyses and regression analyses to test models that usually include observed and latent variables.

In this study, the model created for the research plan was tested with structural equation modeling in order to test the research hypotheses based on the relationships between the variables

H1: Self-compassion affects life satisfaction positively and significantly.

H2: Self-compassion has a significant and positive effect on resilience.

H3: Resilience significantly and positively affects life satisfaction.

H4: Resilience has a mediating role in the effect of self-compassion on life satisfaction

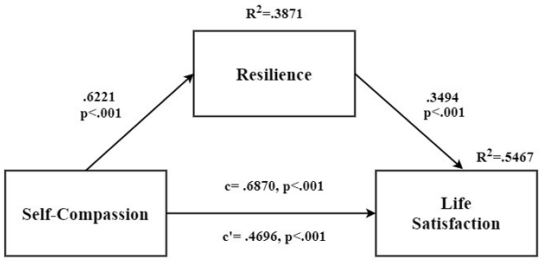

Figure 2. The Mediating Model

Setting Population

This descriptive study was conducted with dialysis patients waiting for organ transplantation who were treated in the dialysis center of a private hospital in X province and private dialysis centers in the province.

The population of the study consisted of patients receiving hemodialysis treatment waiting for organ transplantation between January 2-30, 2020. The sample of the study, on the other hand, consisted of 196 dialysis patients who were being treated on the date of data collection, accepted to participate in the study, and met the criteria for participation in the study.

In the analysis conducted using the G Power 3.0.1 program, the effect size was 0.25, the significance level (α) was 0.05, and the sample size was calculated as 164 people when the power was 95% (13). This study was completed with 196 patients who met the research criteria.

Sampling

Eligibility criteria for participants: The criteria for participation in the study were to be a dialysis patient over the age of 18, to have had dialysis treatment for at least one year, to have no mental impairment and perception problems, not to have communication problems, to be able to speak x and to be waiting for organ transplantation. The data of the study were collected via a personal information form prepared by the researchers using the literature information, Self-Compassion Scale, Life Satisfaction Scale, and Psychological Resilience Scale.

Procedure

Individuals who accepted to participate in the study were invited to the research after being informed about the study by the researcher. Those who met the research criteria were asked to give written and verbal informed consent prior to data collection. The questionnaires of the study were administered by the researcher using a face-to-face method and lasted approximately 10-15 minutes.

Data collection

Personal Information Form: The patient introduction form was created by reviewing the relevant literature. This form consists of 7 questions including sociodemographic characteristics of (age, gender, education, and marital status) and hemodialysis features (duration of treatment, the status of having received training, etc.) of dialysis patients. (14,15).

Self-Compassion Scale: The scale, which was developed by Neff (2003b) consists of three paired subscales and twenty-six expressions, namely (a) self-kindness vs. self-judgment, (b) mindfulness vs. over-identification, and (c) common humanity vs. isolation (16). Each item is scored on a 5-point Likert scale (1 = "almost never", 5 = "almost always"). The confirmatory factor analysis was conducted for the scale, and the goodness of fit values of the scale was presented in Table 1 together with the other scales. As a result of the reliability analysis, the Cronbach's alpha reliability coefficient of the scale was found to be 0.91.

Psychological Resilience Scale: Three dimensions and eighteen items of resilience scale developed by Maddi et al. (2006) were used. Each item is scored on a 4-point Likert scale (1 = "completely wrong", 4 = "completely true") (17). The confirmatory factor analysis was conducted for the scale, and the goodness of fit values of the scale was presented in Table 1. As a result of the reliability analysis, the Cronbach's alpha reliability coefficient of the scale was found to be 0.89.

Life Satisfaction Scale: One dimension and five items of the life satisfaction scale developed by Diener et al. (1985) were used.v Each item is scored on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) (18). The confirmatory factor analysis was conducted for the scale, and the goodness of fit values of the scale was presented in Table 1. As a result of the reliability analysis, the Cronbach's alpha reliability coefficient of the scale was found to be 0.94.

Data analysis

In this study, structural equation modeling was used to test the research hypotheses based on the relationships between variables. The data obtained from the research were evaluated in SPSS and Amos statistical package programs. Descriptive statistics,

Table 2. Descriptive statistics and correlation coefficients of variables

	Mean	SD	CR	AVE	1	2	3
1. Self-Compassion	3.67	.84	.98	.75	(.91)		
2. Resilience	3.64	1.13	.96	.69	.622**	(.89)	
3. Life Satisfaction	4.75	.98	.98	.92	.687**	.642**	(.94

** p < 0.001, n = 196, the Cronbach's alpha reliability values are shown in parentheses

correlation analysis, confirmatory factor analysis, and Process Macro analysis developed by Hayes (2018) were used to evaluate the data (19).

Ethical principles of the research

Before the research data were collected, official permission from the institutions and ethical approval were obtained from the Scientific Research and Publication Ethics Committee of Osmaniye Korkut Ata University (Decision No: 2020/1/7, Date: 03.01.2020). In addition, the aim of the study was explained to the patients who received hemodialysis treatment, and those who volunteered were included in the study. The application time of the questionnaire forms took an average of 10-15 minutes.

RESULTS

Demographic characteristics

The sociodemographic findings obtained regarding hemodialysis patients awaiting organ transplantation are given below. Of the participants, 51% (n = 100) were female and 49% (n = 96) were male. 57.1% (n = 112) of the participants were married and 42.9% (n = 84) were single. Of the participants, 12.2% (n = 24) were between the ages of 18-35, 39.3% (n = 77) were between the ages of 36-50, and 48.5% (n = 95) were over the age of 50.38.3% (n = 75) of the patients receiving hemodialysis treatment were primary school graduates, 47.4% (n = 93) were secondary school graduates, and 14.3% (n = 28) were higher education graduates. In addition, 60.2% (n = 118) of the patients came from nuclear families and 39.8% (n = 78) came from extended families. Individuals participating in the research, 30.1% (n = 59) had been on dialysis for 1-5 years, 47.4% (n = 93) for 6-15 years and 22.4% (n = 44) for 16 years or more. Of the patients, 9.7% (n = 19) dialyzed for 1 session, 27.6% (n = 54) for 2 sessions and 62.8% (n = 123) for 3 sessions per week.

According to the test of the goodness of fit values of the scales that were used in the study and the measurement model that was created, it was found that the chi-square fit statistics/degrees of freedom (CMIN/DF), Standardized Root Mean Square Residual (SRMR), Incremental fit index (IFI), Comparative Fit Index (CFI), and Tucker-Lewis Index (TLI) values were within a good fit range. Additionally, the Root Mean Square Error of Approximation (RMSEA) value of the Self-Compassion and Resilience scales were within acceptable limits (20).

Table 2 shows the mean, standard deviation, average variance extracted (AVE) values of the structural variables, combined reliability (CR) values, the Cronbach's alpha internal consistency coefficients, and the relationships between the variables with the validity analysis statistics that were obtained. As seen in Table 2, there is a positive relationship between Self-Compassion, Resilience, and Life Satisfaction. There is also a positive relationship between Resilience and Life Satisfaction. Additionally, it was seen that the CR values of the variables were between 0.94 and 0.96, the AVE values were between 0.74 and 0.80, and CR > AVE(21). To test the mediating role of resilience in the effect of self-compassion on life satisfaction, a regression analysis based on the bootstrap method in Figure 2 was performed. Analyses were made using Process Macro developed by Hayes (2018). In the analyses, the 5,000 resampling option was preferred with the bootstrap technique (19).

According to the findings obtained as a result of the analysis, self-compassion has a significant and positive effect on resilience (path a). (β :.6221, 95% CI [.3631, .5346], t: 10.3305, p < .001). It is understood that beta value is significant since both p-values are smaller than .001 and the values belonging to the confidence interval do not include the zero value. At the 95% confidence level, the lower value of the confidence interval was determined to be 0.3631 and the upper value was 0.5346. Since the upper and lower values of the confidence interval are positive, the interval does not contain the zero value.

Table 3. Process macro analysis results

		Outcome Variables				
		M (Resilience)			**Y (Life Satisfaction)**	
Estimate Variables		β	S. E.		β	S.E.
X (Self-Compassion)	a	.6221***	.0435	c'	.4696***	.1135
M (Resilience)	-	-	-	b	.3494***	.1573
Constant		1.0738***	.1490		-.0823	.3485
		R^2=.3871			R^2=.5467	
		F (1; 169) = 106.719; p < .001			F (2; 168) = 101.3261; p < .001	

*** p < 0.001

The specificity coefficient was also found to be 0.3871. This finding shows that 38.71% of resilience is explained by self-compassion. In this case, H2 was supported.

Resilience was found to positively affect life satisfaction (path b). (β: .3494, 95% CI [.5179, 1.1392], t: 5.2662, p < .001). It is understood that the beta value is significant since both the p-value is less than 0.01 and the values of the confidence interval do not include the zero value. At the 95% confidence level, the lower value of the confidence interval was determined as 0.5179, and the upper value as 1.1392. Since the upper and lower values of the confidence interval are positive, the interval does not contain the zero value. In this case, H3 was supported. Self-compassion also affects life satisfaction (path c) positively and significantly. (β :.4696, 95% CI [.5794, 1.0276], t: 7.0782, p < .001). Beta value is significant since both p values are smaller than .001 and the values of the confidence interval do not include the zero value. At the 95% confidence level, the lower value of the confidence interval was determined to be 0.5794 and the upper value was 1.0276. Since the upper and lower values of the confidence interval are positive, the interval does not contain the zero value. The specificity coefficient was found to be 0.5467. This finding shows that 54.67% of life satisfaction and resilience are explained by self-compassion. In this case, H1 was supported.

In the absence of a mediating variable, resilience, the effect of self-compassion on life satisfaction (path c), i.e. the total effects, was also found to be significant. (β :.6870, 95% CI [.9866, 1.3642], t: 12.2894, p < .001). The total effects were found to be significant, and the upper and lower values of the total effects confidence interval do not include the zero value. In this case, H4 was supported.

When the mediating variable of resilience was also included in the model, the indirect effects calculated were also found to be significant. (β :.2174, 95% BCA CI [.1753,.6068]. The upper and lower values of indirect effects confidence interval do not include the zero value. This finding shows that the mediating effect is also significant.

Completely standardized indirect effects of self-compassion on life satisfaction estimation value, i.e. Chi-square value, were obtained as 0.0836. This finding shows that the mediating effect is medium. This is because if the Chi-square value is close to 0.01, the effect is interpreted as low, if it is close to 0.09, the effect is medium, and if it is close to 0.25, the effect is interpreted as high (21). As a result of the analysis, it was found that resilience had a moderate mediating effect on the effect of self-compassion on life satisfaction.

DISCUSSION

As a result of the mediation analysis conducted for the purpose of the study, it was determined that psychological resilience has a partial mediating role in the effect of self-compassion on life satisfaction in patients waiting for organ transplantation.

It is possible to talk about the psychological dimension at every stage of the organ transplantation process because this process requires the psychological acceptance of an organ along with its physiological acceptance. The loss of a vital organ, being informed about the diagnosis and treatment method, waiting for the process for organ transplantation, possible complications during and after the transplant operation, regaining the function

of the transplanted organ, readjusting to life, adapting to medication and diet therapy, and the follow-up process that continues for years affect individuals psychologically and constitute a great source of stress on patients and their relatives. (4,5,7).

Although psychological resilience is considered as a process of success and adaptation, it is also considered as a person's adaptation to stress. Changes in the body image of hemodialysis patients, adaptation to dialysis and waiting for organ transplantation are among the factors that negatively affect resilience. Therefore, increasing the life satisfaction and self-sensitivity of patients will contribute positively to the treatment process of HD patients.

Nurses' determining the psychological resilience status of HD patients and being aware of the factors affecting it will be effective in increasing the well-being of patients. Thanks to this diagnosis, nurses can plan nursing interventions that may be effective in increasing psychological resilience and provide effective care.

In the literature, it has been determined that self-compassion has a positive relationship with life satisfaction, happiness, optimism, psychological well-being, psychological resilience, emotional intelligence, personal initiative, courtesy, extroversion, and honesty (self-compassion had a significant positive association with self-reported measures of happiness, optimism, positive affect, wisdom, personal initiative, curiosity and exploration, agreeableness, extroversion, and conscientiousness) (8,9,11). In this study, which was conducted to determine the mediating role of psychological resilience in the effect of self-compassion on life satisfaction, as a result of the analyses, it was found first of all that self-compassion positively affected life satisfaction. This finding shows that self-compassion increases life satisfaction. As Voci, (2019) stated, self-compassion, which is considered as an individual's orientation towards themselves, functions as psychological power (22). This finding obtained in the study is consistent with studies conducted to determine the relationship between self-compassion and life satisfaction (23,24). Thusly, self-compassion, which helps individuals find hope and inner strength when they encounter life difficulties and is an essential internal resource, is an important factor in increasing the life satisfaction of patients awaiting organ transplantation (23).

In the analysis conducted to determine the effect of self-compassion on psychological resilience, it was found that self-compassion positively affected psychological resilience. This finding shows that self-compassion enhances psychological resilience. This finding obtained in the study is consistent with the studies conducted to determine the relationship between self-compassion and psychological resilience (22-24). In the studies conducted in the literature, it has been stated that individuals with high self-compassion tend to use adaptive strategies to cope with stressful events, make correct self-evaluation and show emotional resistance to difficulties (22-25) and that individuals can overcome the negative events they are in without judging themselves by creating awareness and thanks to the psychological power created by self-compassion (24-27). In this respect, it is possible to state that self-compassion, as a resistance mechanism, increases resilience in patients awaiting organ transplantation.

Moreover, it was seen in the study that resilience had a positive effect on life satisfaction. This finding shows that psychological resilience increases life satisfaction. The result obtained from the study is consistent with the studies conducted to determine the relationship between psychological resilience and life satisfaction (10,12).

In a study conducted by Şentürk et al. (2024), it was determined that as the psychological resilience of individuals with chronic diseases increases, their self-care levels also increase (28).

Izadi Avanji et al. (2021) determined the importance of psychological resilience among the factors affecting patients' self-care and quality of life in a study conducted on hemodialysis patients (29). Weak psychological resilience will make it difficult for patients to adapt to the treatment process and will also prolong the patient's recovery process.

At the same time, low psychological resilience in patients will also reduce self-compassion and sensitivity towards themselves. Hemodialysis patients whose psychological resilience is strengthened will be individuals with strategies to cope with the disease, strong adaptability, and high quality of life and self-sensitivity.

In this respect, psychological resilience, which is considered as the ability to overcome difficulties, seems to be an important factor in increasing the life satisfaction of patients awaiting organ transplantation.

As a result of the mediation analysis conducted in accordance with the main purpose of the study, it was found that resilience had a partial mediating role in the effect of self-compassion on life satisfaction. This finding shows that resilience, which is a tendency to reduce the negative side effects of stress in the face of difficulties and encourage adaptation to difficulties, has an enhancing effect in terms of the effect of self-compassion on life satisfaction (24). From this perspective, as a facilitator of functional coping, experiential stability, and comfort, resilience has an important role in the effect of self-compassion on life satisfaction.

Limitations

The research has some limitations. This study is limited to the findings obtained from 196 hemodialysis patients participating in the study. The study is limited to individuals who have been on HD treatment especially dialysis patients awaiting organ transplantation. Additionally, since the research is a cross-sectional study, it covers a specific time period and a specific region. The study is also limited to the data obtained during the time period covered.

CONCLUSION

As a result, psychological resilience has a mediating role in the effect of self-compassion on life satisfaction in patients awaiting organ transplantation.

Individuals with high self-compassion tend to use adaptive strategies in order to cope with stressful events, make correct self-assessment, and show emotional resistance to difficulties. In this process, it may be suggested that individuals newly diagnosed should be given comprehensive information and counseling to cope with this crisis, be supported in terms of using positive coping methods, be encouraged to receive professional help, if need be, and that families, as well as the patients, should be included in these programs. In this respect, it is necessary to increase the levels of self-compassion and psychological resilience, which act as a resistance mechanism, so as to increase the life satisfaction of patients awaiting organ transplantation. Hence, nurses can contribute to the healing processes by contributing to the preservation of the psychological well-being of sick individuals through developing or strengthening self-compassion. In line with the results, suggestions can be made for both practitioners and researchers.

In this context, informative activities can be organized for nurses on self-compassion and life satisfaction. Various studies can be conducted within the scope of nurse personality services to increase the self-compassion level of nurses. Developing group guidance, individual interviews, and seminars can be organized for nurses on self-compassion and life satisfaction. Nurses are responsible for empowering patients, providing education, and improving the quality of life of patients during long-term treatment processes of hemodialysis patients. Nurses should focus on empowering patients with low self-compassion and develop individualized intervention approaches. More attention should be paid to the implementation of effective nursing interventions to improve self-compassion among patients on hemodialysis. Thus, it is very important to provide patient-centered behavioral methods to support patient care and contribute to recovery processes. Due to the limitations in our study, the study can be recommended in larger populations. Despite these limitations, the comparison of psychological resilience of dialysis patients awaiting organ transplantation and those not awaiting organ transplantation, and the investigation of dialysis patients in terms of factors affecting their quality of life and self-compassion will contribute to the literature.

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Author contribution: K.S.U.A undertook data collection, data analysis, and prepared the manuscript; and supervised the analysis and research process; read and approved the final manuscript.

Conflict of interests: The authors declare no conflicts of interest.

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