

## THE MEDIATING EFFECT OF EMOTIONAL LABOR BEHAVIOR ON THE RELATIONSHIP BETWEEN PERCEIVED SOCIAL SUPPORT AND SELF-COMPASSION IN NURSING STUDENTS

### HEMŞİRELİK ÖĞRENCİLERİNDE ALGILANAN SOSYAL DESTEK İLE ÖZ ŞEFKAT ARASINDAKİ İLİŞKİDE DUYGUSAL EMEK DAVRANIŞININ ARACI ETKİSİ

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#### Abstract

**Background:** It is important for nurses to manage emotional labor behaviors in increasing the quality of care and patient satisfaction. Emotional labor behavior also helps the person show self-compassion. Self-compassion is the ability of an individual to be in a relationship with others that is, not to be far from one's environment and perceived social support can be mentioned here. In this study, it was aimed to determine the mediating effect of emotional labor behavior on the relationship between perceived social support and self-compassion in nursing students.

**Method:** This research was carried out as descriptive-relational with the aim of in-depth research by establishing structural equation modeling. The sample of the study consisted of 226 nursing students who met the inclusion criteria. The data were obtained using "Descriptive information form", "Emotional Labor Behavior Scale of Nurses (ELBSN)", "Self-Compassion Scale Short Form (SCS-SF)" and "Multidimensional Scale of Perceived Social Support Revised Form (MSPSS-RF)".

**Results:** The mediating role of ELBSN was found low. Moreover, 1.9% of the ELBSN scores of nursing students are explained by SCS-SF. Besides, 8.7% of MSPSS scores are explained by ELBSN and SCS-SF.

**Conclusion:** As a result of this study, it was determined that emotional labor behavior mediated the relationship between perceived social support and self-compassion at a low level among nursing students.

**Keywords:** Perceived Social Support, Emotional Labor, Nursing Student, Self-Compassion

#### Özet

**Giriş:** Bakım kalitesinin ve hasta memnuniyetinin artırılmasında hemşirelerin duygusal emek davranışlarını yönetmeleri önemlidir. Duygusal emek davranışı, kişinin kendine şefkat göstermesine yardımcı olur. Öz-şefkat, bireyin başkalarıyla ilişki içinde olabilme, yani çevresinden uzak olmama yeteneğidir ve burada algılanan sosyal destekten söz edilebilir. Bu çalışmada, hemşirelik öğrencilerinde algılanan sosyal destek ile öz-şefkat arasındaki ilişkide duygusal emek davranışının aracılık etkisinin belirlenmesi amaçlanmıştır.

**Yöntem:** Bu araştırma, yapısal eşitlik modelleme kurarak derinlemesine araştırmak amacı ile tanımlayıcı-ilişkisel olarak yapılmıştır. Araştırmanın örneklemini dahil edilme kriterlerini karşılayan 226 hemşirelik öğrencisi oluşturmuştur. Veri toplama aracı olarak "Tanıtıcı bilgi formu", "Hemşireler İçin Duygusal Emek Davranışı Ölçeği (HDEDÖ)", "Öz Şefkat Ölçeği (ÖŞÖ-K)" ve "Çok Boyutlu Algılanan Sosyal Destek Ölçeğinin Gözden Geçirilmiş Formu" kullanılmıştır.

**Bulgular:** HDEDÖ'nün aracı rolü düşük bulunmuştur. HDEDÖ puanlarının %1,9'luk kısmı ÖŞÖ-K ile açıklanmaktadır. Çok Boyutlu Algılanan Sosyal Destek Ölçeği puanlarının ise %8,7'lik kısmı HDEDÖ ve ÖŞÖ-K ile açıklanmaktadır.

**Sonuç:** Bu çalışmanın sonucunda, hemşirelik öğrencilerinde algılanan sosyal destek ile öz-şefkat arasındaki ilişkiye duygusal emek davranışının düşük düzeyde aracılık ettiği belirlenmiştir.

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## INTRODUCTION

It is known that higher levels of emotional intensity are felt in the education and health sectors, where human-dominated, face-to-face communication and interactions are high (1,2). In today's conditions where rapid changes are experienced in the fields of technology and health, nursing students need to health workers who are aware of their own emotions, have effective communication skills, and have developed emotional labor behavior (3). Emotional labor is an emotion management process (4). Emotion management can be a factor that increases nurses' commitment to work, job satisfaction and motivation (5).

When nurses have a negative emotional state, they spend emotional labor by pretending to suppress or reflect these emotions or to have a positive mood (3). However, in order for the nurse to work efficiently and to have job satisfaction, the emotions felt and shown must be compatible. This harmony will increase both the quality of care and patient satisfaction by allowing the nurse to spend less emotional labor (6,7). Henderson (8) reported that nurses should be emotionally intelligent, have good communication skills and be compassionate towards themselves in order to provide a quality health service. The nurse who spends less emotional labor can cope with painful feelings and thoughts by being understanding towards herself (9,10,11,12).

Self-compassion is one of the most basic characteristics that nurses should have in helping individuals with health problems. It is reported that being compassionate is effective in providing quality nursing care to patients. But providing compassionate care is not possible without self-compassion. Self-compassion gives nurses the flexibility they need to help individuals with health problems and concerns (13). In a qualitative study conducted with nursing senior students, it was concluded that self-compassion is important in order to provide compassionate care (14). Neff and Beretvas (15) stated that people with high self-compassion are described as more emotionally attached and accepted by their friends, while

Crocker and Canevello (16) stated that these people are more compassionate in their relationships and provide more support to other people (17).

Social support is the support that individuals obtain from others (18) and creates a positive effect on their well-being by meeting the need for individuals to relate to the environment (19). While perceived social support from friends is important in all periods of life, it is seen as more important in university life. For university students, University is a new social environment that is beyond the ordinary. Adapting to this environment, establishing and maintaining new social relationships, and being able to effectively solve the problems they encounter are the behavioral characteristics that are important for the healthy personal development of university students. One of the most important sources of social support for students who are far from their families and try to fulfill many responsibilities on their own is the circle of friends (20,21).

Emotional labor behavior in nursing students has been examined (22,23) and no studies have been found in which emotional labor, self-compassion, and perceived social support are considered together. It is important to address the emotional labor behaviors, self-compassion and perceived social support of nursing students who are about to step into the profession since nursing education and the profession involve a difficult and stressful process. Because nursing professionals can give emotional labor to their patients during the care process, this can lead nurses who lack self-compassion and support to burnout. The aim of this study was to examine the mediating effect of emotional labor behavior on the relationship between perceived social support and self-compassion in nursing students.

### Hypotheses

H<sub>1</sub>: There are statistically significant positive relationships between the levels of perceived social support, self-compassion and emotional labor behavior in nursing students.

H<sub>2</sub>: Emotional labor behavior has a mediating effect on the relationship between perceived social support and self-compassion in nursing students.

## **MATERIAL AND METHODS**

### **Type of the Research**

The research was carried out as a descriptive-relational study to investigate the mediating effect of emotional labor behavior on the relationship between perceived social support and self-compassion in nursing students by establishing structural equation modeling.

### **Location and Features of the Research**

The research was carried out in the Nursing Department of the Faculty of Health Sciences of a university located in the Central Anatolia Region.

### **Study Population and Sample**

In the fourth year of the faculty, 244 students were studying. The population of the research consisted of fourth-year nursing students studying at the Faculty of Health Sciences of a university in the 2021-2022 academic year and doing intern practice. All students who met the inclusion criteria and agreed to participate in the study were included in the sample. Intern application is an application that students encounter in the 4th grade and they go to internships of all departments. Individuals aged 18 and over, fourth-year nursing students, who approved the informed consent form, were included in the study. First, second and third-year students were not included in the sample of the study due to limited clinical practice. At the end of the study, 226 students were reached with 1.77% acceptable error and 95% confidence level (n=226).

### **Participant**

After the individuals who met the criteria were informed about the content of the study by the researchers, their consent was obtained, and the data were collected face-to-face in the 2021-2022 academic year. Considering the possibility of being missing from the study, a total of 244 people were invited to the study. Among these individuals, 229 of them agreed to participate in

the study. Three students were excluded from the study because they gave incomplete answers to the questionnaire and scale questions (n=226).

### **Data Collection Tools**

#### **Introductory Information Form**

The introductory information form consists of six questions in total, including questions about gender, age, sociodemographic data such as family type, and occupation.

#### **Emotional Labor Behavior Scale of Nurses**

The scale was developed by Değirmenci Öz and Baykal (3) and consists of three sub-dimensions and a total of 24 items. There is no negative (reverse) item on the scale. The answers given to the statements in the scale are evaluated between "1" points (I strongly disagree) and "5" points (I strongly agree). Total and all sub-dimension mean scores range from "1-5" points. Although the scale does not have a cut-off score, the closer the average score is to "1" means the less emotional labor behavior, and the closer it is to "5" means the more emotional labor behavior (3). The Cronbach's alpha coefficient of the scale was 0.90. In our study, the total Cronbach's alpha coefficient was found to be 0.91.

#### **Self-Compassion Scale Short Form**

Raes et al. (24) translated the original 26-item scale from the English long version to the short 11-item version. The validity and reliability study of the scale in Turkey was carried out by Yıldırım and Sarı (25). The scale is a Likert-type scale rated from 1 (never) to 5 (always). The Cronbach's alpha coefficient for the entire scale was calculated as 0.75.

Items 1, 4, 8, 9, 10 and 11 of the scale are reverse coded. The highest score obtained from the scale is 55. High scores on the scale indicate a high level of self-compassion. In our study, the total Cronbach's alpha coefficient was found to be 0.84.

#### **Multidimensional Scale of Perceived Social Support Revised Form**

The Multidimensional Scale of Perceived Social Support Revised Form (MSPSS-RF) was used to measure the perceived social support of university students. The "Multidimensional

Scale of Perceived Social Support” was developed by Zimet et al. (26) and Eker et al. (27) adapted into Turkish and it is a scale consisting of 12 items. The scale consists of three sub-dimensions (family, a special person and friend). It is a seven-interval Likert type scale, and a high score from the scale indicates high perceived social support. The Cronbach's alpha coefficient of the scale was found between 0.80 and 0.95. In our study, the total Cronbach's alpha coefficient was 0.90, the sub-dimension Cronbach's alpha coefficient was 0.88 for family, 0.90 for friends, and 0.96 for a special person.

#### **Application of Data Collection Forms**

The data were collected by the researchers by face-to-face interview technique. The purpose of the study was explained to the students and questionnaires were given to the participants who accepted, and the individuals filled the forms themselves. During the answering period, the researchers were with the individuals and answered the questions asked about the forms. It took about 15 minutes to fill out the forms.

#### **Statistical Analysis of Data**

AMOS 26.0, SPSS 25.0 package software and the PROCESS macro, which is an add-on of this software, were used in the analysis of the research data. In the study, the upper limit of the error value for statistical significance was determined as 0.05. In the study, descriptive analysis of the research variables was made after frequency and percentage analysis regarding the demographic information of the participants. It was examined whether the variables, which are the hypothetical criteria for the use of parametric techniques in examining the relationships between the variables, meet the normality assumption. It was observed that the variables showed normal distribution according to the kurtosis and skewness coefficients of the variables and the coefficient of variation. Relationships between research variables were analyzed with Pearson product-moment correlation coefficient. For the use of regression analysis, linear scattering was observed

between the variables. Conditional Process Analysis was used within the framework of structural equation modeling (SEM) to determine the direct and indirect predictive power of the independent variable on the dependent variable. Conditional Process Modeling is a new approach that can handle mediation and regulation analyzes together and can include constrained situations before and after variables that affect each other (22). The analyzes of the multi-mediation effect in the research were made using the PROCESS macro (Model 4) developed by Hayes (28). In data analysis, Bootstrap was performed on 5,000 samples.

#### **Ethical Aspect of the Research**

In order to conduct the research, approval (2021/476) from the Social and Human Sciences Ethics Committee of a university and institutional permission from the Faculty of Health Sciences were obtained.

## **RESULTS**

Comparison of nursing students' emotional labor behavior scale, multidimensional perceived social support scale and its sub-dimensions and self-compassion scale mean scores according to descriptive characteristics is given in Table 1. The mean age of the students in our study was  $21.91 \pm 1.55$ . Moreover, 80.1% of the nursing students were women, 46.9% were living with their families, 84.1% had a nuclear family, 69.5% chose the profession voluntarily, and 79.2% of them were satisfied with being in the profession. A statistically significant difference was found among those whose family sub-dimension average was female ( $p < 0.05$ ). Statistically significant differences were found between those who stayed with their families and those who stayed in the dormitory, and between those who stayed with their families and those who were alone ( $p < 0.05$ ). Statistically significant differences were found between the mean of ELBSN and SCS-SF among those who chose their profession willingly ( $p < 0.05$ ). Furthermore, a statistically significant difference was found between the mean of

MSPSS, Friend, SCS-SF among those who were happy to be in the profession ( $p<0.05$ ).

The mean, standard deviation, min-max and correlation values of the nurses' emotional labor behavior scale, the multidimensional scale of perceived social support, and the self-compassion scale are given in Table 2. In our study, it was seen that the mean of ELBSN was  $4.03 \pm 0.53$ , MSPSS mean was  $66.02 \pm 15.29$ , and the mean of SCS-SF was  $35.87 \pm 6.45$ . It was determined that a statistically significant and positive correlation was found between ELBSN and MSPSS mean scores at a weak level ( $r=0.247$ ;  $p<0.05$ ), between ELBSN and SCS-SF mean scores at a very weak level ( $r=0.137$ ;  $p<0.05$ ), and between MSPSS and SCS-SF mean scores at a very weak level ( $r=0.193$ ;  $p<0.05$ ).

Table 3 shows the mediating role of the Emotional Labor Behavior Scale for Nurses in the effect of the Self-Compassion Scale on the Multidimensional Scale of Perceived Social Support. The path coefficient between SCS-SF and ELBSN was statistically significant ( $\beta=0.011$ ;  $p=0.040$ ). Path coefficient between ELBSN and MSPSS was significant ( $\beta=6.434$ ;  $p=0.001$ ). Path coefficient between SCS-SF and MSPSS was significant ( $\beta=0.385$ ;  $p=0.013$ ). The direct effect between SCS-SF and MSPSS was statistically significant, and a one-unit increase in SCS-SF caused an increase of 0.385 units in MSPSS ( $\beta=0.385$ ;  $p=0.013$ ). When the indirect effect was examined, it was observed that the effect was 0.073 and the 95% confidence interval obtained with the Bootstrap technique did not contain the zero value, and it was determined that the indirect effect had a significant effect. The fully standardized indirect effect was obtained as 0.031(0.004: 0.072). With this result, the mediating role of ELBSN was found low. In the study, 1.9% of Nursing students' ELBSN scores are explained by SCS-SF. Besides, 8.7% of MSPSS scores are explained by ELBSN and SCS-SF.

**Table 1.** Comparison of Nursing Students' Emotional Labor Behavior Scale, Multidimensional Perceived Social Support Scale and its Sub-Dimensions and Self-Compassion Scale Mean Scores According to Descriptive Characteristics (n=226)

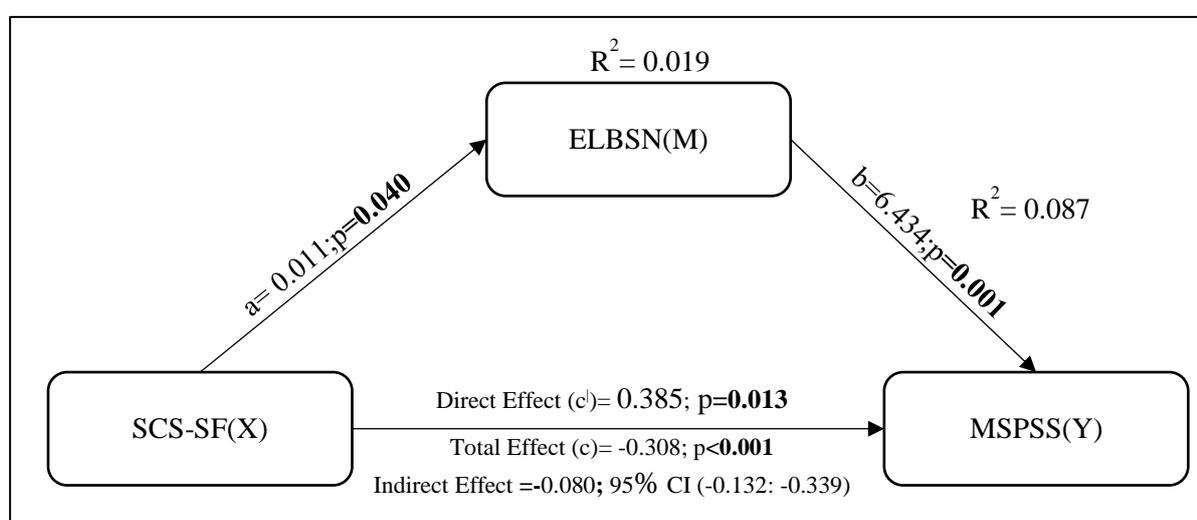
<b>Characteristics</b>								
<b>Age (Mean ± SD)</b>		21.91 ± 1.55						
<b>Gender</b>	<b>n</b>	<b>%</b>	<b>ELBSN</b>	<b>MSPSS</b>	<b>ASP</b>	<b>Family</b>	<b>Friend</b>	<b>SCS-SF</b>
Female	181	80.1	4.03 ± 0.53	66.27 ± 15.03	18.63 ± 9.0	24.34 ± 5.19	23.3 ± 5.34	35.66 ± 6.36
Male	45	19.9	4.05 ± 0.56	65.04 ± 16.4	19.6 ± 9.05	22.53 ± 5.46	22.91 ± 5.98	36.73 ± 6.79
Test Stat.			-0.171*	0.479*	-0.647*	2.065*	0.425*	-1.002*
<i>p</i>			0.864	0.633	0.519	<b>0.040</b>	0.671	0.318
<b>Living place</b>								
Family	106	46.9	3.96 ± 0.57	67 ± 14.58	20.02 ± 8.36 <sup>a</sup>	23.81 ± 5.12	23.17 ± 5.16	35.61 ± 6.19
Friends	22	9.7	4.04 ± 0.73	71.95 ± 13.63	21.82 ± 8.84 <sup>abc</sup>	25.82 ± 3.71	24.32 ± 5.14	38.86 ± 7.56
Alone	3	1.3	4.35 ± 0.10	71.33 ± 11.24	26.33 ± 1.53 <sup>b</sup>	25 ± 2.65	20 ± 10.58	35.33 ± 4.04
Dormitory	95	42	4.10 ± 0.42	63.39 ± 16.14	16.56 ± 9.34 <sup>c</sup>	23.71 ± 5.77	23.13 ± 5.72	35.48 ± 6.42
Test Stat.			1.512**	2.350**	18.423**	1.698**	0.653**	1.775**
<i>p</i>			0.212	0.073	<b>&lt;0.001</b>	0.229	0.582	0.153
<b>Family structure</b>								
Nuclear family	190	84.1	4.05 ± 0.57	66.51 ± 15.39	19.06 ± 8.91	24.14 ± 5.21	23.31 ± 5.55	35.85 ± 6.50
Extended family	33	14.6	3.94 ± 0.27	63.30 ± 15.18	17.55 ± 9.65	23.21 ± 5.48	22.55 ± 5.14	35.58 ± 6
Parents Separated	3	1.3	4.35 ± 0.54	65 ± 8.89	18 ± 8.89	22 ± 8.72	25 ± 3.61	40.67 ± 8.14
Test Stat.			1.114**	0.624**	0.408**	0.647**	0.435**	0.865**
<i>p</i>			0.33	0.537	0.665	0.525	0.648	0.423
<b>Status of Willingly Choosing a Profession</b>								
Yes	157	69.5	4.09 ± 0.53	67.28 ± 14.95	19.15 ± 9.04	24.45 ± 4.87	23.69 ± 5.05	36.79 ± 5.47
No	69	30.5	3.90 ± 0.53	63.16 ± 15.76	18.09 ± 8.91	22.91 ± 6.01	22.16 ± 6.21	33.78 ± 7.91
Test Stat.			2.470*	1.877*	0.815*	1.866*	1.950*	3.299*
<i>p</i>			<b>0.014</b>	0.062	0.416	0.065	0.052	<b>0.001</b>
<b>Satisfaction with Being in the Profession</b>								
Yes	179	79.2	4.06 ± 0.55	67.13 ± 14.92	19.35 ± 8.98	24.18 ± 5.20	23.60 ± 5.26	36.65 ± 5.82
No	47	20.8	3.95 ± 0.44	61.81 ± 16.09	16.83 ± 8.88	23.19 ± 5.58	21.79 ± 6.01	32.91 ± 7.80
Test Stat.			1.288*	2.140*	1.714*	1.148*	2.037*	3.627*
<i>p</i>			0.199	<b>0.033</b>	0.088	0.252	<b>0.043</b>	<b>&lt;0.001</b>

a-c: No difference between groups with the same letter for each measurement, \* Independent sample t-test, \*\* One-Way Analysis of Variance (ANOVA), (Mean ± SD). ELBSN: Emotional Labor Behavior Scale of Nurses; MSPSS: Multidimensional Scale of Perceived Social Support; ASP: A Special Person; SCS-SF: Self-Compassion Scale–Short Form

**Table 2.** The mean, standard deviation, min-max and correlation values of the Nurses' Emotional Labor Behavior Scale, the Multidimensional Scale of Perceived Social Support, and the Self-Compassion Scale (n=226)

Variables	Mean ± SD	min-max	1	2	3
1. ELBSN	4.03 ± 0.53	1-5	-		
2. MSPSS	66.02 ± 15.29	23-84	0.247**	-	
3. SCS-SF	35.87 ± 6.45	15-52	0.137*	0.193**	-

Pearson correlation coefficient was used. ELBSN: Emotional Labor Behavior Scale of Nurses; MSPSS: Multidimensional Scale of Perceived Social Support; SCS-SF: Self-Compassion Scale–Short Form \*p<0.05, \*\*p<0.01



**Figure 1.** The mediating effect model of the Emotional Labor Behavior Scale for Nurses in the effect of the Self-Compassion Scale on the Multidimensional Scale of Perceived Social Support.

ELBSN: Emotional Labor Behavior Scale of Nurses; MSPSS: Multidimensional Scale of Perceived Social Support; SCS-SF: Self-Compassion Scale–Short Form

**Table 3.** The mediating role of the Emotional Labor Behavior Scale for Nurses in the effect of the Self-Compassion Scale on the Multidimensional Scale of Perceived Social Support

	ELBSN			MSPSS				
	$\beta$	SE	p	$\beta$	SE	p		
SCS-SF	a	0.011	0.006	0.040	c'	0.385	0.153	0.013
	Constant	3.628	0.200	<0.001				
ELBSN	***	***	***	b	6.434	1.851	0.001	
				Constant	26.254	8.700	0.003	
R2		0.019				0.087		
Total Effect (c)= 0.458;p=0.004								
Indirect Effect=0.073; 95% CI (0.009: 0.172)								

$\beta$ : Standardized Coefficient; SE: Standard Error; ELBSN: Emotional Labor Behavior Scale of Nurses; MSPSS: Multidimensional Scale of Perceived Social Support; SCS-SF: Self-Compassion Scale–Short Form. \*<0.001

## DISCUSSION

In this study, the relationship between self-compassion, emotional labor and perceived social support in nursing students was discussed in line with the literature.

Nurses are responsible for providing quality nursing care through daily interactions with patients (29). Emotional labor can negatively affect nurses' job satisfaction and well-being by causing stress and burnout (29,30). The literature shows that most nurses exhibit emotional labor behavior (30-32). In our study, the emotional labor behaviors of nursing students were found to be high ( $4.03 \pm 0.53$ ). These results show parallelism with the literature (31,32). When nurses experience a sad event in institutions and share this situation with their relatives, they have to manage their emotions as a result of emotional incompatibility. Emotional labor has an important and meaningful place in the nursing profession to feel and manage the fear, anxiety, pain and panic feelings that individuals feel (33). This result can be explained by the fact that student nurses who do intern practice and participate in hospital practices all year exhibit emotional labor behavior as a result of patient interactions and active care.

University education is a stressful period for students. Especially in this post-pandemic period, considering factors such as establishing new social relationships, trying to live independently by separating from their parents and friends, excessive course load, and intense academic environment at school, the perception of social support is important for students (34). A study emphasizes that manager nurses should take measures to increase nurses' job satisfaction and social support (35). In our study, the perceived social support levels of nursing students were found above the average (Table 2). This result is in line with the literature (34-36).

Self-compassion plays an important role in the individual, social, and emotional domains of spiritual well-being. In the nursing profession, the place of self-compassion in

providing effective health care is emphasized day by day (37). In our study, it was found that the self-compassion levels of nursing students were moderate (Table 2). This result is similar to the literature (38-40). For nurses to be fully present, connected, and compassionate to their patients, care settings need to promote the self-compassion and well-being of nursing staff (41). Studies emphasize the role of self-compassion in nurses' professional life quality and the importance of paying attention to self-compassion and its components during nursing education (42,43). At the same time, it has been reported that the self-compassion of clinical nurses should be improved (44). In this respect, the findings of the study are important in terms of determining the self-compassion of nurse candidates and raising awareness before stepping into the nursing profession.

In our study, it was determined that there was a positive relationship between the emotional labor behavior levels of nursing students and their perceived social support and self-compassion levels (Table 2). Similarly, studies have reported that as emotional labor behavior increases, perceived social support increases (45,46). When the literature was examined, studies examining emotional labor and self-compassion could not be found. This research is the first study conducted on students and shows that there is a need for studies to be conducted in different groups. It is emphasized that emotional labor behaviors should be revealed in clinical practices to support the professional development of students and increase the quality of care they give to patients (47).

The mediation model in our study reveals that emotional labor behavior low mediates the relationship between self-compassion and perceived social support in nursing students. It can be said that as emotional labor behaviors of nurses increase, perceived social support needs increase, which in turn increases self-compassion. Furthermore, perceived social support in nursing students has a direct

predictive effect on self-compassion. This study also showed that perceived social support in nursing students contributes positively to self-compassion, which is consistent with the results of previous studies (17,48). In a study, social support moderated the relationship between emotional labor and job satisfaction at a significant level (49). The perceived need for social support in the nursing profession is increasing, and it is thought that the mental health of individuals is positively affected by the development of self-compassion that occurs with this support.

In our study, it has been determined that the emotional labor behaviors and self-compassion levels of individuals who have the profession willingly increase. Again, it was determined that the perceived social support level, total and friend sub-dimension, and self-compassion levels increased in those who were happy to be in the profession (Table 1). In a study, it was determined that the students who chose their profession willingly had higher social support scores of friends, a special person and total scores of perceived social support compared to others (50). This result is similar to our study. This situation reveals the importance of the willingness of individuals to participate in the profession in the formation of emotional labor, self-compassion and social support perceptions.

As a result of the research, it is seen that emotional labor behavior mediates the relationship between self-compassion and perceived social support at a low level. At the same time, perceived social support has a direct predictive effect on self-compassion. The results of the research draw attention to the importance of emotional labor and self-compassion in the process of providing better quality care. In this context, it also reveals the effect of social support perceived by student nurses on caregiving. For future studies, it is recommended to take initiatives to increase the self-compassion of student nurses, strengthen their support systems, and to aim for a normal level of emotional labor in this context.

## Limitations of the Research

This study is limited to students made in a single faculty. The other limitations of the study are that the answers given by the individuals participating in the research to the scales are based on self-reports.

## Ethical Considerations

In order to conduct the research, approval (2021/476) from the Social and Human Sciences Ethics Committee of a university and institutional permission from the Faculty of Health Sciences were obtained

## Conflict of Interest

The authors have no conflict of interests to declare. The study was not funded by any institution/organization. Nursing students participating in the study were informed verbally and in writing. The study has not been presented elsewhere. Erciyes University Social and Human Sciences Ethics Committee, numbered 476, dated 28.12.2021.

## Author Contribution

NU: Concept; NU: Design; NU: Audit; EA: Resources; EA: Materials; EA: Data Collection and/or Processing; NU: Analysis and/or Interpretation; EA: Literature Review; EA: Writing; NU: Critical Review

## Note

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