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Mediating Role of Self-Compassion in Emotion Regulation and General Self-Efficacy

Abstract

Nursing students' clinical performance, course completion, and academic motivation are closely associated with their perceived levels of general self-efficacy. While emotion regulation skills are known to influence general self-efficacy, the mediating role of self-compassion in this relationship remains underexplored. This study aimed to investigate whether self-compassion mediates the relationship between emotional self-regulation skills and general self-efficacy in a sample of nursing students. A descriptive, correlational research design was employed. Data were collected using the Personal Information Form, General Self-Efficacy Scale, Emotion Regulation Skills Questionnaire and Self-Compassion Scale. Among the participants, 82.69% scored above the scale mean on general self-efficacy, 25.64% on emotion regulation skills, and 66.02% on self-compassion. Significant positive correlations were found between general self-efficacy, emotion regulation skills, and self-compassion ($p<0.01$). Structural equation modeling indicated that self-compassion significantly mediated the relationship between emotion regulation skills and general self-efficacy (B=0.1398, BootCI [0.0921, 0.1940]). These findings underscore the critical role of self-compassion as a psychological resource that enhances the impact of emotion regulation on self-efficacy among nursing students.

Keywords: Emotion regulation, motivation, nursing students, self-compassion, self-efficacy.

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Duygu Düzenlemesi ve Genel Öz Yeterlilikte Öz Şefkatin Aracılık Rolü

Öz

Hemşirelik öğrencilerinin klinik performansı, ders tamamlama ve akademik motivasyonu, algılanan genel öz yeterlik düzeyleri ile yakından ilişkilidir. Duygu düzenleme becerilerinin genel öz yeterliği etkilediği bilinmekle birlikte, bu ilişkide öz şefkatin aracılık rolü henüz yeterince araştırılmamıştır. Bu çalışma, hemşirelik öğrencileri arasında öz şefkatin duygu düzenleme becerileri ve genel öz yeterlik arasındaki ilişkiye aracılık edip etmediğini araştırmayı amaçlamıştır. Betimsel, ilişkisel bir araştırma deseni kullanılmıştır. Veriler Kişisel Bilgi Formu, Genel Öz Yeterlilik Ölçeği, Duygu Düzenleme Becerileri Anketi ve Öz Şefkat Ölçeği kullanılarak toplanmıştır. Katılımcıların %82.69'u genel öz yeterlik, %25.4'ü duygu düzenleme becerileri ve %66.02'si öz şefkatte ölçek ortalamasının üzerinde puan almıştır. Genel öz yeterlik, duygu düzenleme becerileri ve öz şefkat arasında anlamlı pozitif korelasyonlar bulunmuştur ($p<0.01$). Yapısal eşitlik modellemesi, öz şefkatin duygu düzenleme becerileri ile genel öz yeterlik arasındaki ilişkiye önemli ölçüde aracılık ettiğini göstermiştir (B=0.1398, BootCI [0.0921, 0.1940]). Bu bulgular, hemşirelik öğrencileri arasında duygu düzenlemenin öz yeterlilik üzerindeki etkisini artıran psikolojik bir kaynak olarak öz şefkatin kritik rolünü vurgulamaktadır.

Anahtar kelimeler: Duygu düzenleme, motivasyon, hemşirelik öğrencileri, öz şefkat, öz yeterlik.

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Introduction

Nursing is an emotionally demanding profession characterized by continuous exposure to suffering, ethical dilemmas, and heavy workloads.[1] This sustained emotional strain has been associated with burnout, compassion fatigue, reduced job satisfaction, and compromised patient safety.[2] Similarly, nursing students experience substantial emotional stressors during clinical training, including academic pressure, fear of making mistakes, responsibility for patient care, and exposure to human suffering.[3] These stressors may impair students' learning and clinical performance if not effectively managed. Therefore, identifying psychological resources that support nursing students' adaptive functioning and clinical competence remains a key priority in nursing education research.[3,4]

In this context, emotion regulation has emerged as a central construct in understanding how individuals cope with emotionally challenging situations. It refers to the processes through which individuals monitor, evaluate, and modify their emotional reactions in adaptive ways.[1] It encompasses emotional awareness, acceptance of emotional experiences, tolerance of distress, and the ability to actively influence emotional states in a goal-directed manner.[5] In the nursing context, effective emotion regulation is closely linked to better stress management, psychological well-being, interpersonal functioning, and clinical performance.[6-8]

Another important psychological resource is self-compassion, which refers to being kind, understanding, and non-judgmental toward oneself in times of difficulty or perceived failure. Self-compassion involves three core components: self-kindness versus self-judgment, recognition of common humanity versus isolation, and mindful awareness versus over-identification with negative emotions.[9] Accumulating evidence indicates that self-compassion is associated with numerous adaptive outcomes, including reduced stress, anxiety, depression, rumination, and self-criticism, as well as increased resilience, psychological well-being, optimism, mindfulness, self-efficacy, emotional intelligence, and academic achievement.[10-12] In healthcare professionals and students, higher self-compassion has been linked to lower burnout, improved coping with clinical stressors, and greater emotional balance in patient care.[11,13]

General self-efficacy, which reflects individuals' beliefs in their ability to successfully perform required behaviors, is another key factor for effective functioning in demanding environments such as nursing education. According to Social Cognitive Theory, self-efficacy is shaped not only by performance experiences but also by the interpretation of emotional and physiological states.[14] Strong self-efficacy beliefs promote motivation, persistence, adaptive coping, and psychological well-being, while low self-efficacy is associated with avoidance behaviors, heightened stress, and emotional vulnerability.[15] In nursing students, self-efficacy has been shown to predict academic success, clinical competence, problem-solving ability, resilience, emotional intelligence, and stress management.[14] Given its far-reaching impact on both professional development and patient safety, strengthening self-efficacy among nursing students represents a crucial objective of nursing education.[14,16-18]

From a theoretical perspective, self-efficacy is not determined solely by objective performance but is also strongly influenced by how individuals interpret and regulate their emotional experiences. Within Bandura's framework, emotional arousal and stress-related reactions serve as important sources of efficacy information; individuals who perceive their emotional states as overwhelming or unmanageable are more likely to develop low self-efficacy beliefs. In this regard, emotional self-regulation skills constitute a foundational psychological resource that directly supports the development of self-efficacy. Individuals who can effectively regulate negative emotions, tolerate distress, and cognitively reappraise challenging situations are more likely to interpret difficulties as manageable rather than threatening, thereby maintaining stronger beliefs in their own capabilities.[5,14,15] Self-compassion provides a critical theoretical bridge in this process. According to Neff's model, self-compassion involves responding to personal failures and emotional distress with kindness and understanding rather than harsh self-criticism. Effective emotion regulation facilitates mindful awareness, acceptance, and tolerance of negative emotional experiences, which in turn foster self-compassionate responses to failure. Individuals who regulate their emotions adaptively are less likely to engage in self-blame and emotional avoidance and more likely to approach mistakes as opportunities for learning. In turn, self-compassion reduces fear of failure, buffers the negative emotional impact of perceived inadequacy, and promotes psychological safety.[9-11] Within the framework of Social Cognitive Theory, these processes protect and enhance self-efficacy by preventing debilitating emotional reactions that undermine confidence in one's abilities.[14,15] Thus, self-compassion can be conceptually positioned as a mediating mechanism linking emotional self-regulation to self-efficacy.

Despite evidence supporting the independent associations between emotion regulation, self-compassion, and self-efficacy, these relationships have generally been examined separately.[18-22] There are currently no studies investigating the mediating role of self-compassion in the relationship between emotion regulation and self-efficacy. This represents an important gap, given that nursing students are exposed to uniquely intense emotional, academic, and clinical stressors that may differentially shape these psychological processes. Addressing this gap, this study aims to investigate whether self-compassion mediates the relationship between emotional self-regulation skills and general self-efficacy in a sample of nursing students. The findings are expected to provide evidence-based insights into which core competencies should be prioritized in educational interventions to foster self-efficacy in future nurses.

Research hypotheses

H_1: Emotional self-regulation skills significantly predict general self-efficacy.
H_2: Emotional self-regulation skills significantly predict self-compassion.
H_3: Self-compassion significantly predicts general self-efficacy.
H_4: Self-compassion mediates the relationship between emotional self-regulation skills and general self-efficacy.

Materials And Methods

Type of Study

This descriptive, correlational survey study was designed to investigate whether self-compassion mediates the relationship between emotional self-regulation skills and general self-efficacy in a sample of nursing students.

Population and Sample of the Study

The study population consisted of all students enrolled in a nursing faculty during the 2023-2024 academic year (N=963). The required sample size was determined using a web-based sample size calculator (https://www.calculator.net/), assuming a 95% confidence level and a significance level of $\alpha = 0.05$. This analysis indicated that a minimum of 275 students was required. To account for potential data loss, 20% more participants than the minimum required sample size were included in the study. Students who declined to participate, were absent during data collection, or were not actively attending classes despite being enrolled were excluded. Additionally, 18 questionnaires that were incomplete or incorrectly filled out were excluded from the analysis. Thus, the study was completed with a final sample of 312 students.

Ethics approval was obtained from Mersin University Clinical Research Ethics Committee (date: May 22 2024 / approval number: 2024/480). Institutional permission was also obtained from the nursing faculty where the study was conducted. The study was conducted in accordance with the Helsinki Declaration. Students were informed about the study, and verbal consent was obtained. The confidentiality and anonymity of participants' data were strictly protected throughout the research process.

Data Collection

Following the receipt of institutional approvals, data were collected via face-to-face interviews between June 1 and June 15, 2024, using the Personal Information Form, General Self-Efficacy Scale, Emotion Regulation Skills Questionnaire, and Self-Compassion Scale.

Personal Information Form

This form consisted of seven items assessing students' socio-demographic characteristics, including age, gender, class level, marital status, etc.).

General Self-Efficacy Scale (GSES)

Developed by Sherer et al., the Turkish validity and reliability of this scale were established by Yıldırım and İlhan. The scale consists of 17 items rated on a five-point Likert scale. The total score ranges from 17 to 85, with higher scores indicating greater levels of self-efficacy.[15] The Cronbach's alpha for the scale was 0.80 in the original study[15] and 0.76 in present study.

Emotion Regulation Skills Questionnaire (ERSQ)

Developed by Berking and Znoj to assess individuals' emotional self-regulation abilities. The Turkish version, validated by Vatan and Oruçlular-Kahya, contains 27 items rated on a five-point Likert scale. The total score ranges from 27 to 135, with higher scores indicating better emotional self-regulation skills.[5] The Cronbach's alpha was 0.89 in the original study[5] and 0.95 in this study.

Self-Compassion Scale (SCS)

The Self-Compassion Scale, developed by Neff, was adapted into Turkish by Kantaş. The scale consists of 26 items with a five-point Likert-type rating. To calculate the total self-compassion score, items from the "self-judgment," "isolation," and "over-identification" subscales (items 3, 4, 6, 9, 10, 11, 15, 16, 17, 20, 21, 22, 26) are reverse-coded. The sum of all item scores reflects the individual's level of self-

compassion, with higher scores indicating greater self-compassion.[23] The Cronbach's alpha was 0.94 in the original study[23] and 0.88 in this study.

Data Analysis

Data were analyzed using SPSS 26.0 and PROCESS v4.2. While examining the normality of the data, whether the parametric test assumptions were met was examined holistically using skewness and kurtosis values (values between −1.5 and +1.5), Kolmogorov-Smirnov test, histogram and Q-Q plots. Descriptive statistics (means and standard deviations) were calculated for all primary study variables. For group comparisons, the Independent Samples t-test was employed for two groups with normally distributed variables, while one-way ANOVA was used for comparisons involving more than two groups. Within the scope of parametric test assumptions, the homogeneity of variances between groups was examined using the Levene Test. The analysis revealed a homogeneous distribution of variances ($p > 0.05$). Therefore, parametric tests were used in the analyses. For variables that did not meet the assumption of normality, the Mann–Whitney U test was utilized for two-group comparisons. Pearson correlation analysis was used to examine relationships among the key study variables. Prior to the hierarchical regression analysis, the model was tested for meeting its assumptions. VIF (Variance Inflation Factor) and Tolerance values were examined to determine whether there was a multicollinearity problem among the variables. Since VIF values were less than 10 and Tolerance values were greater than 0.10, no multicollinearity problem was observed. The independence of the error terms was examined using the Durbin-Watson coefficient, and since the value was between 1.5 and 2.5, it was determined that there was no autocorrelation. Furthermore, the normal distribution of the error terms was confirmed using histograms and Normal P-P plots. To test the mediating role of self-compassion, the Baron and Kenny causal steps approach was applied through hierarchical regression analysis. The bootstrapping method was employed to assess the significance of the mediation effect. Bootstrapping is widely recommended in mediation analysis as it resamples the data to estimate the sampling distribution of indirect effects, allowing for more accurate inference.[24] In this study, 5,000 bootstrap samples were used to determine the bootstrap coefficient and confidence intervals. For the indirect effect to be considered significant, the confidence interval should not include zero.[25] A significance level of $p < 0.05$ was used.

Results

Table 1 shows the descriptive characteristics of the students (*n*=312). In this study, 82.69% of nursing students scored above the scale average for general self-efficacy, 25.64% for emotional self-regulation skills, and 66.02% for self-compassion. No statistically significant effects were found for descriptive variables such as age, gender, class level, socioeconomic status, or family type on students' total scores on the GSES, ERSQ, and SCS (p>0.005).

Table 1. Distribution of nursing students' descriptive characteristics (*n=312*)

Characteristic	**Min-Max**	**Mean±SD**
Age	17-46	21.58 ±2.38
	n	**%**
Age range		
17 to 20	87	27.9
21 to 22	155	49.7
23 to 46	70	22.4
Gender		
Female	208	66.7
Male	104	33.3
Marital status		
Married	5	1.6
Single	307	98.4
Class level		
Class 1	50	16.0
Class 2	33	10.6
Class 3	37	11.9
Class 4	192	61.5
Socioeconomic status		
Income less than expenditure	57	18.3
Income equals expenditure	246	78.8

Income more than expenditure	9	2.9
Family type		
Nuclear family	250	80.1
Extended family	62	19.9
Employment status		
Yes	22	7.1
No	290	92.9

SD: Standard deviation

However, non-working students had significantly higher GSES scores compared to working students (U=2178.50, p=0.013) (Table 2). Pearson correlation analysis revealed significant positive relationships between GSES, ERSQ, and SCS total scores. Specifically, GSES scores were significantly correlated with ERSQ (r=0.301, p<0.01) and SCS scores (r=0.518, p<0.01). In addition, a significant positive correlation was found between ERSQ and SCS scores (r=0.480, p<0.01) (Table 3).

Table 2. Comparison of nursing students' descriptive characteristics with mean total scores of GSES, ERSQ, and SCS

		GSES	**ERSQ**	**SCS**
		Mean±SD	**Mean±SD**	**Mean±SD**
Total Scale Scores		58.61±9.98	70.46±16.60	81.53±13.39
Characteristic				
Age range	17 to 20	59.12±10.15	67.29±18.75	81.31±13.42
	21 to 22	58.29±9.41	71.47±15.61	81.52±13.96
	23 to 46	58.68±11.04	72.18±15.56	81.84±12.21
	Testing and Significance	F=0.194, p=0.824	F=2.260, p=0.106	F=0.31, p=0.970
Gender	Female	58.59±9.09	69.24±16.68	81.95±13.36
	Male	58.65±11.60	72.91±16.24	80.70±13.47
	Testing and Significance	t=-0.044, p=0.965	t=-1.863, p= 0.064	t=0.777, p=0.438
Class level	Class 1	59.36±11.07	69.48±18.39	81.96±15.38
	Class 2	59.00±9.34	70.09±17.63	82.24±11.52
	Class 3	58.27±10.79	68.16±22.30	77.86±14.78
	Class 4	58.42±9.69	71.23±14.64	82.01±12.84
	Testing and Significance	F=0.147, p=0. 932	F=0.436, p=0.727	F=1.056, p=0.368
Socioeconomic status	Income less than expenditure	57.36±11.81	68.80±17.23	79.43±14.58
	Income equals expenditure	58.86±9.49	71.02±16.60	82.35±12.74
	Income more than expenditure	59.55±10.93	65.88±11.84	72.55±19.20
	Testing and Significance	F=1.925, p=0.382	F=1.562, p=0.458	F=5.430, p=0.066
Family Type	Nuclear family	58.80±10.13	70.42±16.97	81.71±13.29
	Extended family	57.83±9.36	70.62±15.16	80.82±13.89
	Testing and Significance	t=0.717, p=0.474	t=-0.091, p=0.927	t=0.457, p=0.648
Employment status	No	59.00±9.82	70.36±16.59	81.72±13.43
	Yes	53.50±10.87	71.77±17.04	79.13±12.89
	Testing and Significance	***U=2178.50* p=0.013**	*U=2985.00,* p=0.615	*U=2794.00,* p=0.331

GSES: General Self-Efficacy Scale, ERSQ: Emotion Regulation Skills Questionnaire, SCS: Self-Compassion Scale, SD: Standard deviation; t: Independent sample t test, F: One-way ANOVA test, U: Mann-Whitney U

Table 3. Relationships between total scores of the GSES, ERSQ, and SCS.

	GSES	**ERSQ**	**SCS**

GSES	***r***	1	.301**	.518**
	p		**<0.001**	**<0.001**
ERSQ	***r***		1	.480**
	p			**<0.001**
SCS	***r***			**1**
	p			

GSES: General Self-Efficacy Scale, ERSQ: Emotion Regulation Skills Questionnaire, SCS: Self-Compassion Scale, r: Pearson correlation coefficient

As illustrated in Figure 1, a significant positive relationship was found between ERSQ and SCS (*B*=0.3874, *p*<0.001), accounting for 23.07% of the variance in SCS (R^2=0.2307). Similarly, SCS had a significant positive effect on GSES (*B*=0.3609, *p*<0.001), explaining 27.17% of the variance in GSES (R^2=0.2717).

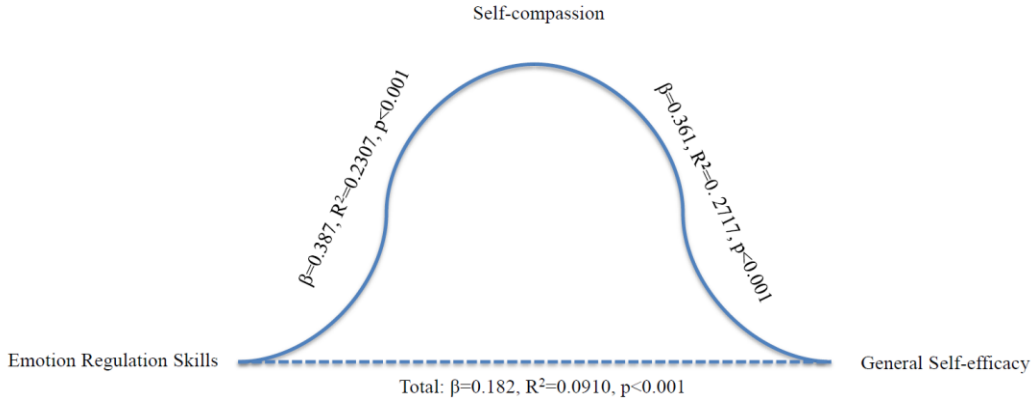

Figure 1. Mediating role of self-compassion between emotional regulation skills and general self-efficacy

The total effect analysis indicated that ERSQ had a significant positive total effect on GSES (B=0.1812, *p*<0.001). However, when SCS was included as a mediator, the direct effect of ERSQ on GSES became non-significant (B=0.0414, *p*>0.05). This finding suggests that the impact of emotional self-regulation skills on general self-efficacy is fully mediated by self-compassion. The indirect effect of ERSQ on GSES through SCS was statistically significant (B=0.1398, BootCI [0.0921, 0.1940]), as the 95% confidence interval did not include zero. These results confirm that self-compassion plays a significant mediating role in the relationship between emotional self-regulation skills and general self-efficacy (Table 4).

Table 4. Results of the mediation analysis examining the role of self-compassion in the relationship between emotion regulation skills and general self-efficacy

Models	**Independent variable**	**Intermediate variable**	**Dependent variable**	**R^2**	***B***	**se**	**LLCI**	**ULCI**	**F**	***p***
Model 1	ERSQ	N/A	SCS	0.2307	0.3874	0.0402	0.3082	0.4666	92.6703	**<0.001**
Model 2	SCS	N/A	GSES	0.2717	0.3609	0.0413	0.2797	0.4422	57.4525	**<0.001**
Model 3 (Total Effect)	ERSQ	SCS	GSES	0.0910	0.1812	0.0326	0.1171	0.2453	57.4525	**<0.001**
					B	**BootSE**	**BootLLCI**	**BootULCI**		
Indirect Effect					0.1398	0.0263	0.0921	0.1940		
Direct Effect					0.0414	0.0333	-0.0242	0.1069		

GSES: General Self-Efficacy Scale, ERSQ: Emotion Regulation Skills Questionnaire, SCS: Self-Compassion Scale, R^2: Proportion of variance explained, B: Regression coefficient, se: Standard error, LLCI: Lower confidence interval limit, ULCI: Upper confidence interval limit, F: Overall significance test of the model, BootSE: Bootstrap standard error, BootLLCI: Bootstrap lower confidence limit, BootULCI: Bootstrap upper confidence limit,

Discussion

This study investigated whether self-compassion mediates the relationship between emotional self-regulation skills and general self-efficacy in a sample of nursing students. In this study, most nursing students scored above the scale mean on measures of general self-efficacy and self-compassion. This is consistent with previous studies indicating that nursing students generally report moderate to high levels

of self-efficacy and self-compassion.[26-29] This may be partly explained by the emphasis in nursing curricula on professional responsibility, ethical practice, and caring attitudes, which can foster both self-belief and a compassionate stance toward oneself and others. Previous studies have also shown that higher self-efficacy is closely associated with improved professional competence in clinical settings and that elevated self-compassion and self-efficacy facilitate empathic, patient-centered care.[12,16] Collectively, these findings support the view that self-compassion and self-efficacy are key psychological resources in the development of professional competence and high-quality nursing care.

Beyond clinical care, emotional self-regulation is recognized as a critical skill for nursing students in managing academic and clinical stressors.[30] In this study, approximately three-quarters of the students scored below the scale mean for emotional self-regulation, indicating considerable difficulty in managing their emotions. This finding is consistent with previous reports of low to moderate self-regulation levels among nursing students.[30-32] This may be attributed to the emotionally demanding nature of clinical training together with limited formal training in emotion regulation strategies.[31,32] Students' distress may be further intensified by perceived professional inadequacy or exposure to unprofessional behaviors in clinical settings.[30] Given the well-established links between emotional self-regulation, psychological well-being, and clinical competence, this pattern points to a significant gap in nursing education. Accordingly, structured emotion regulation training should be systematically incorporated into nursing curricula through both theoretical instruction and clinical or simulation-based learning.

In this study, no statistically significant differences were observed in general self-efficacy, emotional self-regulation skills, or self-compassion in relation to sociodemographic variables. This finding is consistent with previous studies reporting that general self-efficacy among nursing students is not significantly associated with age, gender, class level, marital status, economic status, or work experience.[26,28] Similarly, a study has indicated no significant differences in self-compassion levels with respect to gender or class level among nursing students.[33] However, in contrast to these findings, Nam and Park reported that male students demonstrated significantly higher self-compassion than female students.[34] These inconsistent results suggest that the influence of sociodemographic factors on self-compassion may vary across cultural and educational contexts. Future studies could adopt cross-cultural or multi-institutional designs to clarify the role of gender, age, and other demographic characteristics in shaping self-compassion, self-efficacy, and emotion regulation among nursing students.

A notable finding of this study is that non-working students exhibited significantly higher general self-efficacy levels than their working counterparts. A plausible explanation is that working students may experience heightened anxiety as they attempt to balance work responsibilities, academic demands, and social life, which in turn may undermine their belief in their ability to cope effectively. This interpretation is supported by previous literature suggesting that anxiety and other stress-inducing factors can hinder the development of self-efficacy.[35] For nursing education, this finding implies that students who work alongside their studies may require additional support, such as flexible scheduling, counseling services, or targeted self-efficacy enhancement programs.

In this study, a significant positive correlation was observed between general self-efficacy and self-compassion. This finding suggests that students' tendencies toward self-compassion may positively influence their perceived self-efficacy. The existing literature supports this relationship. For instance, a systematic review highlighted a consistent and significant positive relationship between self-efficacy and self-compassion.[22] In addition, empirical study has demonstrated that self-compassion–enhancing interventions can improve self-efficacy among nursing students.[36] Conceptually, self-compassion may strengthen self-efficacy by reducing self-criticism and fostering a more balanced appraisal of personal strengths and limitations.

This study identified a significant positive correlation between emotional self-regulation skills and self-compassion. This finding suggests that students who can effectively regulate their emotions are more likely to adopt a kind, understanding, and accepting attitude toward themselves. Consistent with this, the literature characterizes self-compassion as an adaptive coping strategy that supports emotional acceptance, resilience, and the use of adaptive emotion regulation strategies while reducing maladaptive responses.[37-39] Moreover, higher self-compassion has been associated with better emotion regulation and lower levels of depression, anxiety, and stress among university students.[40,41] Taken together, these findings suggest that emotional self-regulation and self-compassion operate as mutually reinforcing psychological resources, enabling students to cope more adaptively with emotional challenges and to maintain psychological well-being

This study also demonstrated a significant positive relationship between emotional self-regulation skills and general self-efficacy, indicating that the ability to manage one's emotions may strengthen

perceived self-efficacy. This result is consistent with previous findings indicating that reduced stress, lower emotional reactivity, and greater emotional self-regulation are significant predictors of self-efficacy.[14,20] Moreover, students with stronger emotion regulation skills tend to report higher levels of academic and interpersonal self-efficacy.[21] Overall, emotional self-regulation appears to function as a core competence that supports adaptive coping with academic and clinical challenges and reinforces students' sense of efficacy.

Another important finding of this study is that self-compassion mediates the relationship between emotional self-regulation skills and general self-efficacy. This finding indicates that emotional self-regulation enhances self-compassion, which in turn supports higher levels of self-efficacy. Although no directly comparable studies were identified, Varmarzyari and Golpour reported that self-compassion reduced self-criticism and increased social self-efficacy in female students with test anxiety.[42] Findings suggest that nursing students who regulate their emotions effectively are more likely to respond to failure or stress with self-kindness and acceptance rather than self-criticism. This compassionate response may promote self-care and strengthen their belief in their ability to cope with academic and clinical difficulties.

From a theoretical perspective, this mediating effect is consistent with Berking's Functional Emotion Regulation Model and Bandura's Social Cognitive Theory. Effective emotion regulation promotes self-compassion by encouraging acceptance and self-support in distress, while self-compassion, in turn, enhances self-efficacy by shaping how individuals interpret emotional experiences and setbacks.

From a practical perspective, these findings highlight the importance of integrating structured emotion regulation and self-compassion–based interventions into nursing curricula. Mindfulness-, acceptance-, and self-compassion–based practices embedded in clinical training, debriefing sessions, and simulation activities may strengthen students' adaptive coping, emotional self-regulation, and self-efficacy, thereby supporting safe and compassionate patient care.

Finally, this study contributes to the literature by demonstrating the mediating role of self-compassion in the relationship between emotional self-regulation and general self-efficacy among nursing students. By examining these constructs within a unified model, the study extends prior research. Future studies should test this model in diverse nursing populations and evaluate targeted interventions aimed at enhancing these psychological resources.

Conclusion

This study investigated whether self-compassion mediates the relationship between emotional self-regulation skills and general self-efficacy in a sample of nursing students, revealing that self-compassion mediates the relationship between emotional self-regulation and self-efficacy.

The findings underscore the critical role of self-compassion in supporting both emotion regulation and self-efficacy beliefs. Accordingly, implementing interventions that enhance self-compassion and emotional self-regulation skills during nursing education may contribute significantly to strengthening students' self-efficacy. Furthermore, targeted programs to support the self-efficacy levels of working students appears to be crucial.

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Reviewer: External, Independent
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Declarations:

1. **Originality Statement:** This study is original and has not been published previously.
2. **Author Contributions:** Conceptualization: ZY, MB, ÖÖ; Idea: ZY, MB; Literature Review: ZY, MB; Data Collection: ZY, MB, ÖÖ; Data Processing: ZY, MB, ÖÖ; Analysis: ZY, MB, ÖÖ; Writing – Original Draft: ZY, MB, ÖÖ; Writing – Review and Editing: ZY, MB, ÖÖ.
3. **Ethics Committee Approval:** Ethics committee approval for this study was obtained from the Mersin University Clinical Research Ethics Committee with the decision dated 22/05/2024 and numbered 2024/480
4. **Funding/Support:** This study did not receive any financial support.
5. **Conflict of Interest:** The author(s) declare that there is no conflict of interest.
6. **Generative Artificial Intelligence Statement:** No generative artificial intelligence tools were used at any stage of this study.
7. **Sustainable Development Goals:** This work is related to the following United Nations Sustainable

Development Goals.

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