"A STUDY TO ASSESS THE EFFECTIVENESS OF SELF-COMPASSION TRAINING FOR ENHANCING RESILIENCE AND QUALITY OF LIFE AMONG PAEDIATRIC NURSES WORKING IN SELECTED HOSPITALS OF MEERUT."

[1]Miss. Arti, [2]Mr. Arun Unnikrishnan

[1]M.Sc. Nursing Student, [2]H.O.D of Child Health Nursing,

[1]Child Health Nursinng,

[1]Panna Dhai Maa Subharti Nursing College, Meerut, India

Abstract: This study has been undertaken to evaluate the effectiveness of self compassion training for enhancing resilience and quality of life among stress among paediatric nurses in selected hospitals of Meerut." The objectives of this study are to assess the **1.** To assess the level of resilience and quality of life among Paediatric nurses in experimental and control group. **2.** To evaluate the effectiveness of self-compassion training for enhancing resilience and quality of life among experimental group. **3.** To compare the post test score on self-compassion training regarding enhancing resilience and quality of life in experimental and control group. **4.** To find out the association between pre-test score on resilience and quality of life score with their selected demographic variables in experimental and control group. . A quasi experimental study was conducted on 60 sample ofpaediatric nurses, 30 in control group and 30 in experimental group selected by the Non-probability purposive sampling technique. Demographic variables and standardized Brief resilience scale and Brook's modified quality of life scale was used to collect by applying quasi experimental research design the result shows that The study revealed that the in post-test majority of paediatric nurses 26(86.66%) had high level of resilience, 4(13%) had moderate level of resilience and 0 (0%) had low level of resilience and in post-test majority of paediatric nurse had, 16 (53.33%) have high quality of life, 9 (30%) had excellent quality of life, 5 (16.66%) had the normal quality of life 0 (0%) had poor quality of life and 0 (0%) Very poor quality of life by using paired t-test (t=11.23 and P<0.00001) There was partly significant association of pre-test score of resilience in experimental group with demographic variable as gender, qualification, professional experience and area of current work but no association with control group. There was partly significant association with pre-test of quality of life in experimental group with demographic variable such as qualification, professional experience and area of current work, there was partly significant association in control group with the demographic variable professional experience.

Key words - self-compassion, resilience, quality of life, paediatric nurses.

I. INTRODUCTION

Self-compassion was first proposed by Neff and is a healthy type of receptivity that demonstrates acceptance of unfavourable parts of life (2003). A type of compassion that is focused on the individual is self-compassion. Self-kindness, awareness of the common humanity, and mindfulness make up this structure's three interconnected parts. Many caring theories have stressed the significance of self-compassion for nurses.

Nursing students can learn self-compassion so they can put it to use for the patients. Self-compassion, however, is an internal phenomenon that influences nursing performance and feedback (clinical practise) for the patients rather than being some sort of interference with nursing work.

In contrast, studies suggest a link between self-compassion and self-efficacy.Since self-compassion is a novel and innovative idea, it has the potential to develop in numerous research areas and therapeutic settings. Self-compassion appears to have advantages for learning and academic pursuits as well. Human kindness, compassion, equanimity, and a sense of coherence with others can all be produced through the positive force known as self-compassion. A nurse can't truly have sympathy for the others if he can't have compassion for himself in this position.
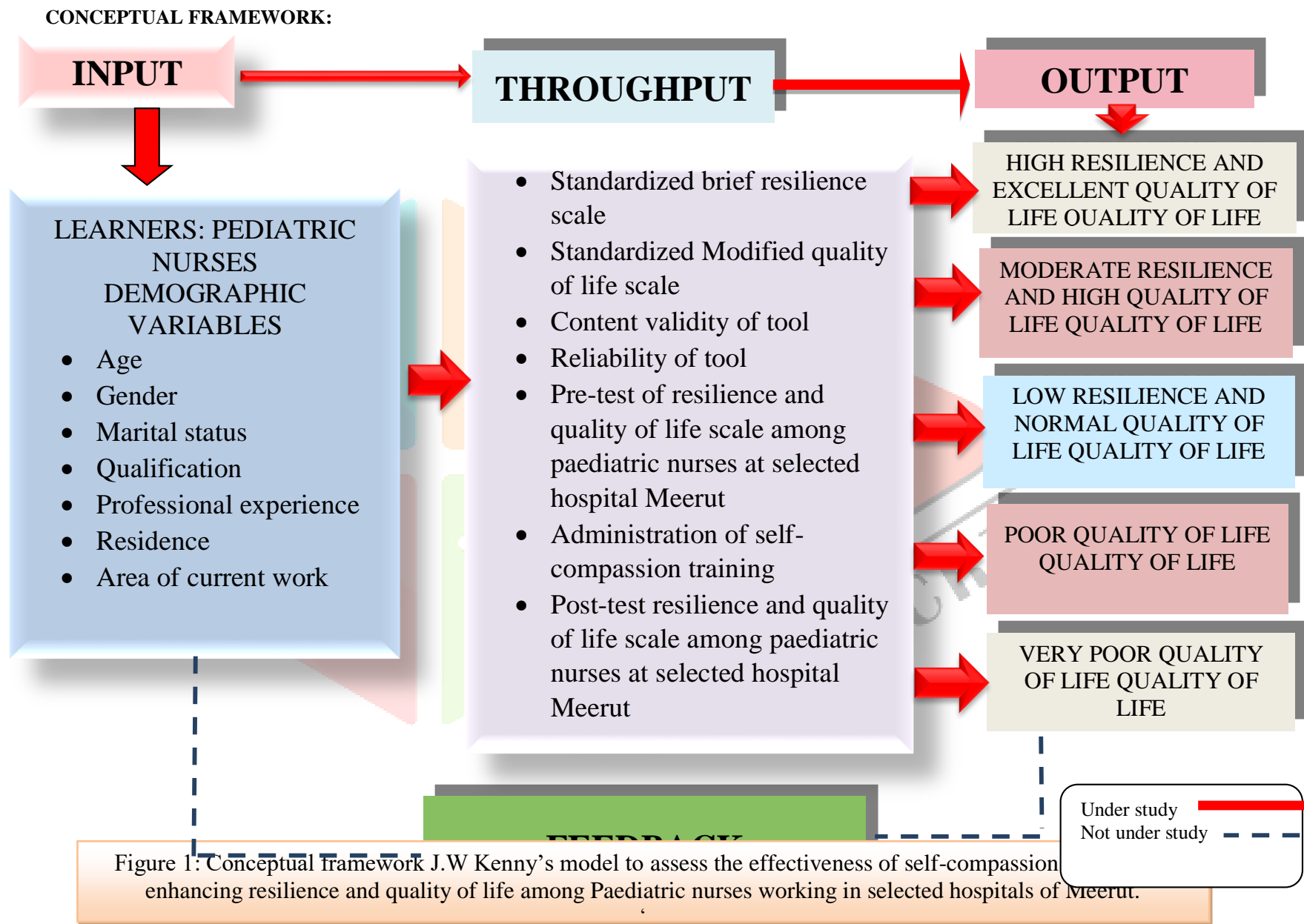
Additionally, a number of studies indicate that unneeded stressful circumstances, such as a lack of supplies and medical equipment, the use of unusual devices, an unsuitable hospital environment, the possibility of disease transmission, a delay in the arrival of a doctor, and improper interactions with co-workers, frequently lead to fatigue, poor coordination, and memory loss. On the other hand, caring patients with injuries, pain and suffering, affects nurses' health and exhausts them to be compassionate to the patients. Even in Tam's study in 2004, nurses reported more anxiety than the other health care workers during the SARS epidemic. Even nurses who did not work in sectors with patients suffering from SARS, reported more anxiety and more related physical symptoms than the other health care workers. It seems that learning the techniques of self-compassion could help nurses in controlling stressors of job and environment. Moreover, the number of articles associated with this structure is very limited in Iran and almost no global studies of this structure has been done on students and nursing community. Accordingly, finding new methods of promoting positive psychological aspects of nursing and subsequently improving the quality of care can be the effects of this research.

In terms of health, comfort, and the capacity to engage in or take pleasure in life events, an individual's quality of life (QOL) can be measured.

An individual's view of the state of their life is implied by the multi-dimensional construct known as "quality of life." In order to understand how diseases, treatments, and other pertinent factors affect a person's health status, there is an increasing emphasis on the need of examining quality of life.

Ledogar Adversity (2008) -Resilient has been defined as positive adaptation despite adversity is known as resilience. The last 40 years have seen numerous stages in the development of resilience research. Psychologists began to recognized that much of what appears to foster resilience originated from outside of the individual after initially placing a lot of emphasis on the unflappable or unbeatable youngster.

This study suggests, Future research should focus on the following five categories, with a particular focus on young people: 1) research to better understand why some Aboriginal adolescents react favourably to danger and hardship while others don't; 2) case studies that provide empirical support for the theory of resilient reintegration among Aboriginal youth; 3) more comparative studies on the role of culture as a resource for resilience; 4) studies to increase understanding of how Aboriginal youth, especially urban youth, who do not live in self-governed communities with strong cultural continuity, can be helped to become, or remain, resilient; and 5) greater involvement of Aboriginal researchers who can bring a no-blame perspective.

CONCEPTUAL FRAMEWORK:

INPUT

THROUGHPUT

OUTPUT

LEARNERS: PEDIATRIC NURSES DEMOGRAPHIC VARIABLES
- Age
- Gender
- Marital status
- Qualification
- Professional experience
- Residence
- Area of current work

- Standardized brief resilience scale
- Standardized Modified quality of life scale
- Content validity of tool
- Reliability of tool
- Pre-test of resilience and quality of life scale among paediatric nurses at selected hospital Meerut
- Administration of self-compassion training
- Post-test resilience and quality of life scale among paediatric nurses at selected hospital Meerut

HIGH RESILIENCE AND EXCELLENT QUALITY OF LIFE QUALITY OF LIFE

MODERATE RESILIENCE AND HIGH QUALITY OF LIFE QUALITY OF LIFE

LOW RESILIENCE AND NORMAL QUALITY OF LIFE QUALITY OF LIFE

POOR QUALITY OF LIFE QUALITY OF LIFE

VERY POOR QUALITY OF LIFE QUALITY OF LIFE

FEEDBACK

Under study ▬▬▬
Not under study ▬ ▬ ▬

Figure 1: Conceptual framework J.W Kenny's model to assess the effectiveness of self-compassion enhancing resilience and quality of life among Paediatric nurses working in selected hospitals of Meerut.

I. RESEARCH METHODOLOGY
RESEARCH APPROACH
Quantitative evaluative research approach

RESEARCH DESIGN

Quasi Experimental research design.

SAMPLE AND SAMPLING TECHNIQUES

The samples of paediatric nurses were selected in Chhatrapati Shivaji Subharti Hospital and Lokpriya Hopital, Meerut selected by Non-probability purposive sampling technique. The sample size is 60. 30 in experimental group and 30 in control group.

DATA COLLECTION

The study includes demographic variables. it included variables Age in years, Gender, Marital Status, Qualification, Professional experience, Residence, Area of current and used of Standardized Brief resilience scale and Brook's modified quality of life scale.

CONTENT VALIDITY OF TOOLS

The content validations of tools and criteria was prepared which consist of items. The tools along with the request letter , statement of the problem, objectives standardized Brief resilience scale, modified quality of life scale and Demographic variables on self-compassion for enhancing resilience and quality of life was submitted to 8 experts from the different field of paediatric department for validation. Based on experts' suggestions, necessary modifications were made. The tools were found to be valid for the purpose of the study.

RELIABILITY OF THE TOOL

The reliability for the (Standardized) brief resilience scale was **r=0.71** by internal consistency method which shows positive correlation and brooks modified quality of life scale reliability was **r=0.92** was calculated using interrater method which shows highly positive correlation.

RESULT AND DISCUSSION

Analysis and interpretation were done as per the objectives of the study and the hypothesis was formulated .Descriptive and inferential statistics were for analysis of the data. The data and findings have organized and presented under the following section.

Section I: - Findings related to demographical characteristics of the samples

    1.1 Frequency and frequency percentage distribution of Paediatric nurses according to demographical variable in experimental and control group.

Section II: -

2.1 Frequency & percentage distribution of resilience and quality of life among Paediatric nurses in experimental group.

2.2 Frequency & percentage distribution of resilience and quality of life among Paediatric nurses in control group.

2.3 Evaluate the effectiveness of self-compassion training regarding enhancing resilience and quality of life among Paediatric nurses in experimental group.

2.4 Compare the post test score of effectiveness of self-compassion training on the level resilience and quality of life among Paediatric nurses in experimental and control group.

Section -III:-

3.1 Find the association between the pre- test score on level of resilience and quality of life among Paediatric nurses in experimental and control group with their selected demographic variables

TABLE –1.1 FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC CHARACTERISTICS IN EXPERIMENTAL AND CONTROL GROUP. n=60

S. NO.	SOCIO DEMOGRAPHIC VARIABLES	EXPERIMENTAL GROUP (n=30)		CONTROL GROUP (n=30)	
		FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
1.	AGE (YEARS)				
	a) 21-25 YEARS	9	30%	7	23%
	b) 26-30 YEARS	8	27%	10	34%
	c) 31-35YEARS	6	20%	6	20%
	d) ABOVE 35 YEARS	7	23%	7	23%
2	GENDER				
	a) MALE	11	37%	14	47%
	b) FEMALE	19	63%	16	53%
3	MARITAL STATUS				
	a) MARRIED	10	33%	11	36%
	b) UNMARRIED	16	53%	15	50%
	c) DIVORCED	2	7%	2	7%
	d) WIDOWED	2	7%	2	7%
4	QUALIFICATION				
	a) M.SC NURSING	1	3%	1	3%
	b) B. SC NURSING	11	37%	9	30%
	c) POST. BASIC B. SC NURSING	1	3%	6	20%
	d) G.N.M	17	57%	14	47%
5	PROFESSIONAL EXPERIENCE				
	a) 0-5 YEARS	13	43%	7	23%
	b) 6-10 YEARS	6	20%	11	37%
	c) 11-15 YEARS	6	20%	7	23%
	d) 16-20 YEARS	3	10%	3	10%
	e) ABOVE 20 YEARS	2	7%	2	7%
6	RESIDENCE				
	a) URBAN	13	43%	12	40%
	b) SEMI URBAN	6	20%	9	30%

|					
	c) RURAL	11	37%	9	30%
7	**AREA OF CURRENT WORK**				
	a) P.I C. U	10	33%	9	30%
	b) N.I.C U	11	37%	11	37%
	c) PAEDIATRIC O.P. D	2	7%	3	10%
	d) PAEDIATRIC WARD	7	23%	7	23%

DATA PRESENTED IN TABLE DEPICTS IN EXPERIMENTAL GROUP THAT-

As per age, majority of the samples belongs to 21 to 25 years of age were 9 (30%), 26 to 30 years of age were 8 (27%), 31-35 year of age were 6 (20%), 35 and above age were 7 (23%) ,most of the samples were females 19 (63%) and males were 11 (37%), As per marital status, majority of the samples were unmarried 16 (53%), married were 10 (33%), divorced were 2 (7%) and also separated were 2 (7%), Qualification shows that the maximum samples were G.N.M 17 (57%), 11 (37%) were B. Sc. Nursing, 1 (3%) were M. Sc. Nursing and 1 (3%) were post basic B. Sc. Nursing, As per the professional experience, Majority of samples had the 0-5 years of experience 13 (43%), 6 (20%) samples had the 6-10 years of experience, 6 (20%) samples had the 11- 15 years of experience, 3 (10%) and 2 (7%) samples had the above 20 years of experience, Area of residence of shows that maximum samples 13 (43%) belongs to urban area, 11 (37%) belongs to rural area, and 6 (20%) belongs to semi urban area, As per the Area of current work, majority of sample 11(37%) working in N.I.C.U, 10 (33%) were working in P.I.C.U, 2 (7%) were working in paediatric O.P.D and 7 (23%) were working in paediatric ward.

**DATA PRESENTED IN TABLE DEPICTS IN CONTROL GROUP THAT-**

As per age, majority of the samples belongs to 26 to 30year were10 (34%), 21 to 25 years were 7 (23%), 31-35 year were 6 (20%), and 36 years 7 (23%) ,As per gender, most of the samples were females 16 (53%) and males were 14 (47%),As per marital status, majority of the samples were unmarried 15 (50%), married were 11 (33.33%), divorced were 2 (7%) and also separated were 2 (7%), Qualification shows that the maximum samples were G.N.M 14 (47%), 9 (30%) were B. Sc. Nursing, 6 (20%) were. post basic B.Sc. Nursing and 1 (3%) were M.Sc. Nursing, As per the professional experience, Majority of samples had the 6-10 years of experience 11 (37%), 7 (23%) samples had 0-5 years of experience, 7 (23%) samples had the 11- 15 years of experience, 3 (10%) had the 16-20 years of experience and 2 (7%) samples had the above 20 years of experience, Area of residence of shows that maximum samples 12 (40%) belongs to urban area, 9 (30%) belongs to semi urban area and 9 (30%) belongs to rural area, As per the Area of current work, majority of sample 11(37%) working in N.I.C.U, 9 (30%) were working in P.I.C.U, 3(10%) were working in paediatric O.P.D and 7 (23%) were working in paediatric ward.

2.1 FREQUENCY AND PERCENTAGE OF RESILIENCE AND QUALITY OF LIFE SCORE AMONG PAEDIATRIC NURSE OF THE EXPERIMENTAL GROUP
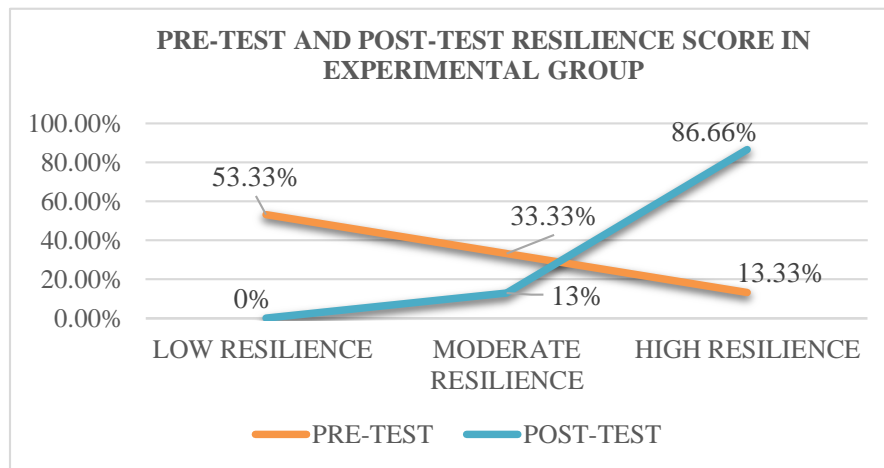
FIGURE-1 THE LINE WITH MARKER DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF PRE-TEST & POST-TEST RESILIENCE SCORE AMONG PAEDIATRIC NURSE IN THE EXPERIMENTAL GROUP
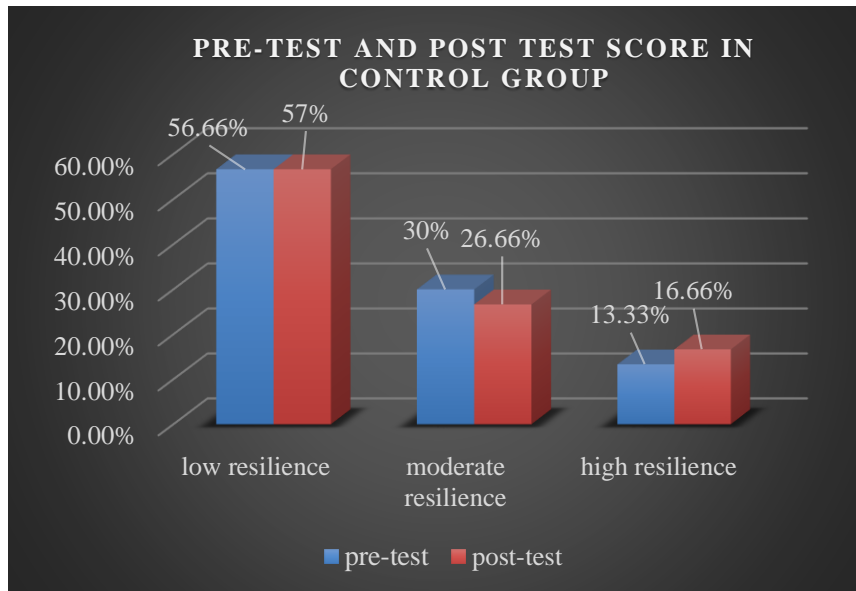
Data represented that in pre-test majority of paediatrics nurse,16(53.33%) had low level of resilience, 10(33.33%) had moderate level of resilience and 4(13.33%) had high level of resilience. but in post-test majority of paediatric nurse had,26(86.66%) had high level of resilience, 4(13%) had moderate level of resilience and 0(0%) had low level of resilience.
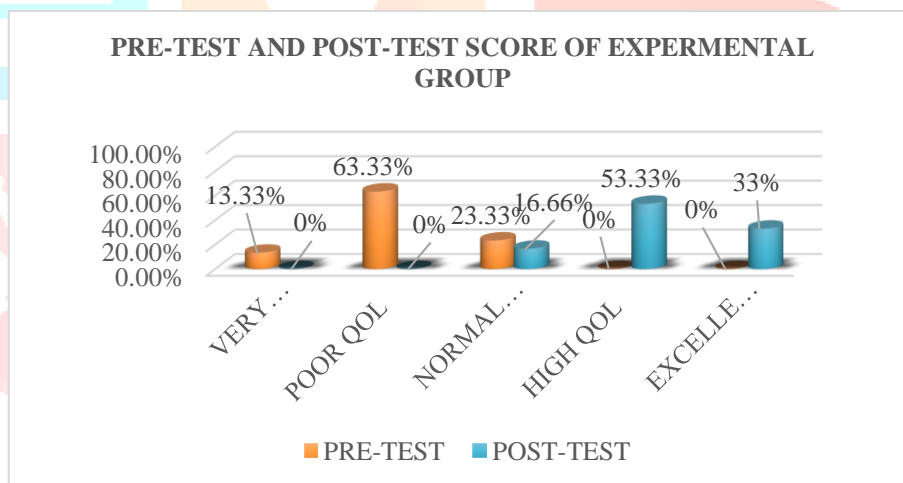
FIGURE-2 THE CYLINDRICAL DIAGRAM SHOWING THE PERCENTAGE OF PRE-TEST & POST-TEST OF QUALITY OF LIFE SCORE AMONG PAEDIATRIC NURSE OF THE EXPERIMENTAL GROUP.
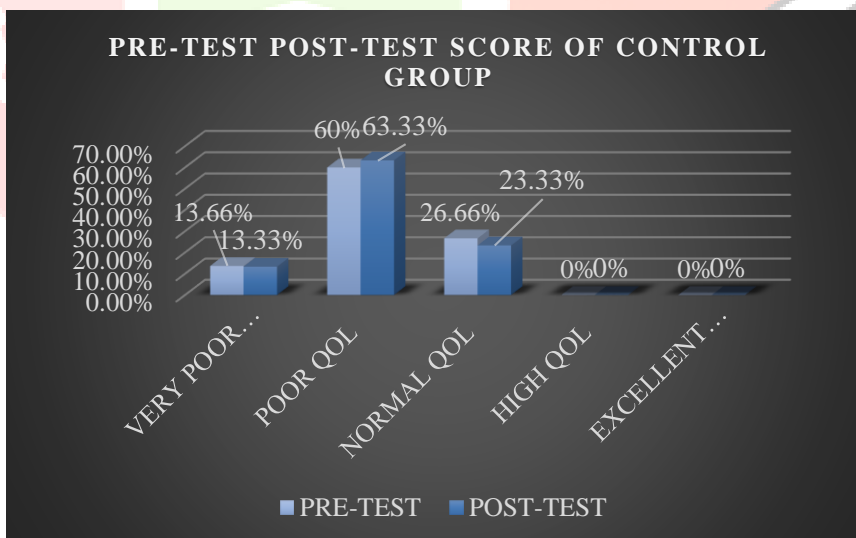
Data represented that in pre-test majority of paediatrics nurse,19 (63.33%) had poor quality of life, 7 (23.33%) had normal quality of life, 4 (13.33%) had shown Very poor quality of life. 0 (0%) had the high quality of life and 0 (0%) had excellent quality of life. But in post-test majority of paediatric nurse had, 16 (53.33%) have high   quality of life, 9 (30%) had excellent quality of life, 5 (16.66%) had the normal quality of life, 0 (0%) poor quality of life and 0 (0%) had the Very poor quality of life.

2.2 FREQUENCY AND PERCENTAGE RESILIENCE AND QUALITY OF LIFE SCORE AMONG PAEDIATRIC NURSE OF THE CONTROL GROUP

FIGURE-3 THE COLUMN DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF PRE-TEST & POST-TEST OF RESILIENCE SCORE AMONG PAEDIATRIC NURSE OF THE CONTROL GROUP.

Data represent in above table depicts that in pre-test majority of paediatrics nurse,19 (63.33%) had poor quality of life, 7 (23.33%) had normal quality of life, 4 (13.33%) had shown Very poor quality of life. 0 (0%) had the high quality of life and 0 (0%) had excellent quality of life. But in post-test majority of paediatric nurse had, 16 (53.33%) have high quality of life, 9 (30%) had excellent quality of life, 5 (16.66%) had the normal quality of life, 0 (0%) poor quality of life and 0 (0%) had the Very poor quality of life.

FIGURE-4 THE COLUMN DIAGRAM SHOWING THE PERCENTAGE OF PRE-TEST & POST-TEST OF QUALITY OF LIFE SCORE AMONG PAEDIATRIC NURSE OF THE CONTROL GROUP.

Data represented that in pre-test majority of paediatrics nurse,18 (60%) were had poor quality of life, 8 (26.66%) had normal quality of life, 4 (13.33%) had Very poor quality of life. 0 (0%) had the high quality of life and 0 (0%) had excellent quality of life but in post-test majority of paediatric nurse had shown that the, 19 (63.33%) have poor quality of life, 7 (23.33%) had normal quality of life, 4 (13.33%) had the very poor quality of life and 0 (0%) high quality of life and 0 (0%) had the excellent quality of life.

2.3 Evaluate the effectiveness of self-compassion training regarding enhancing resilience among Paediatric nurses in experimental group. n=30

Table-2

Level of Resilience	Mean	Mean diff.	DF	SD	SD diff.	Paired t-test (cal.)	T-test Table value	P value
Pre test	2.89	1.72	29	1.05	0.75	9.46	2.045	P<0.00001 S*
Post test	4.61			0.30				

Data represents in table show–The pre-test and post test score of Mean was 2.89 and 4.1 respectively and the Standard Deviation score of pre and post-test was 1.05 and 0.30 respectively. The mean difference was 1.72 and paired t" test score was 9.4645 that is more than the table value that is 2.045, df=(29) At 0.05 level of significance also the calculated **P<0.001** which was much lower than the acceptable level of Significant i.e P<0.05. Hence (H1) it is significantly interpreted that self-compassion training helps to enhance level of level of resilience among paediatric nurses in selected hospital in Meerut.

Hence the research hypothesis H1 was accepted & null hypothesis H01 was rejected at 0.05 level of significance.

2.3 Evaluate the effectiveness of self-compassion training regarding enhancing quality of life among Paediatric nurses in experimental group. n=30

Table-2

Level of Quality of life	Mean	Mean diff.	DF	SD	SD diff.	Paired t-test (cal.)	T-test Table value	P value
Pre test	48.93	61	29	16.90	4.82	11.23	2.045	P<0.00001 S*
Post test	109.93			21.72				

Data represents in table show – The pre-test and post test score of Mean was 48.93 and 109.93 respectively and the Standard Deviation score of pre and post-test was 16.90 and 21.72 respectively. The mean difference was 61 and paired t" test score was 11.2352 that is more than the table value that is 2.045, df (29) *At 0.05 level of significance also the calculated **P<0.001** which was much lower than the acceptable level of Significant i.e P<0.05. Hence (H1) significantly interpreted that self-compassion training helps to enhance level of quality of life among paediatric nurses in selected hospital in Meerut.

Hence the research hypothesis H_1 was accepted & null hypothesis H_{01} was rejected at 0.05 level of significance.

2.4 Compare the post test score of effectiveness of self-compassion training on the level resilience and quality of life among Paediatric nurses in experimental and control group.

n=60

Table-3

Level of resilience	Mean	Mean diff.	DF	SD	SD diff.	unpaired t-test (cal.)	T-test Table value	P value
Experimental group	4.61	1.87	58	0.30	0.82	8.8304	2.00	P<0.00001 S*
Control group	2.74			1.12				

Data represents in table shows- The table value depicts that the difference of mean post test score was 4.61 in experimental group and 2.74 in control group and the slandered deviation score was 0.30 in experimental and 1.12 in control group. The mean difference score was 1.87. The calculated unpaired "t" score was 8.8304 for df 58 At 0.05 level of significance which is higher than the table value that is 2.00. also the calculated **P<0.001** which was much lower than the acceptable level of Significant i.e P<0.05. hence (H2) so it is statistically interpreted that self-compassion training helps to enhance level of resilience among paediatric nurses in selected hospital in Meerut.

Hence the research hypothesis H_2 was accepted & null hypothesis H_{02} was rejected at 0.05 level of significance.

Compare the post test score of effectiveness of self-compassion training on the level of quality of life among Paediatric nurses in experimental and control group.

n=60

Table-4

Level of Quality of life	Mean	Mean Diff.	DF	SD	SD Diff.	unpaired t-test (cal.)	T-test Table value	P-value
Experimental group	109.93	61.33	58	21.72	5.52	12.397	2.00	P<0.00001 S*
Control group	48.60			16.20				

Data represents in table shows- The table value depicts that the difference of mean post test score was 109.93 in experimental group and 48.60 in control group and the standard deviation score was 21.72 in experimental and 16.20 in control group. The mean difference score was 61.33. The calculated unpaired "t" score was 12.397 for df 58 at 0.05 level of significance which is higher than the table value that is 2.00. also the calculated **P<0.001** which was much lower than the acceptable level of Significant i.e P<0.05. hence (H2) so it is statistically interpreted that self-compassion training helps to enhance level of quality of life among paediatric nurses in selected hospital in Meerut.

Hence the research hypothesis H_2 was accepted & null hypothesis H_{02} was rejected at 0.05 level of significance.

3.1 Chi square values showing association between pre- test resilience score of experimental group with selected demographic variables of paediatric nurses.

The data presented in the table shows that it is evident that there was partly significant association between pre-test level of resilience in experimental group with their socio demographic variables such as gender, qualification, professional experience, and area of current work were significant and age, marital status, residence were not significant. Hence, statistically interpreted that the research hypothesis H_3 was accepted and null hypothesis H_{03} was rejected at 0.05 level of significance.

3.2 Chi square values showing association between pre- test resilience score of control group with selected demographic variables of paediatric nurses.

The data presented in the table shows that it is evident that there was no significant association between pre-test level of resilience in control group with their socio demographic variables such as gender, qualification, professional experience, and area of current work were significant and age, marital status, residence were not significant. Hence, the research hypothesis H_4 was rejected and null hypothesis H_{04} was accepted.

3.3 Chi square values showing association between pre- test quality of life score of experimental group with selected demographic variables of paediatric nurses

The data presented in the table shows that it is evident that there was partly significant association between pre-test score of quality of life in experimental group among paediatric nurses with their socio demographic variables such as qualification, professional experience, and area of current work were significant and age, gender, marital status, residence were not significant. Hence, the research hypothesis H_3 was accepted and null hypothesis H_{03} was rejected at 0.05 level of significance.

3.4 Chi square values showing association between pre- test quality of life score of control group with selected demographic variables of paediatric nurses.

The data presented in the table shows that it is evident that there was partly significant association between pre-test score of quality of life in control group among paediatric nurses with their socio demographic variables such as professional experience, were significant and age, gender, qualification, marital status, residence, area of current of work were not significant. Hence, the research hypothesis H_4 was accepted and null hypothesis H_{04} was rejected at 0.05 level of significance..

REFERENCES

1. Polit, D and Hungler, B.: Nursing Research: Principle And Method, 6th Edition.; Philadelphia; Lipincott Company, (1999).

2. Debrs Nursing Research and Statistics, D. Elakkuvana Bhaskara Raj EMMESS Publication.

3. Basavanthappa BT Nursing Research. New Delhi; Jaypee Brothers Publications Ltd.

4. Kristin D. Neff, Kati A. Dham, (2003) Self-Compassion : What it is, What it does, and how it relates to mindfulness, New York, Springer University of Texas, Austin.

5. John Fleming Robert J. Ledogar, (2008) Resilience, an Evolving Concept: A Review of Literature Relevant to Aboriginal Research, Journal of Aboriginal and Indigenous Community Health.

6. MATTHEW R. MEDS ET.AL, (2019) BURNOUT AND ITS RELATIONSHIP WITH PERCEIVED STRESS, SELF-EFFICACY, DEPRESSION, SOCIAL SUPPORT, AND PROGRAMMATIC FACTORS IN GENERAL SURGERY RESIDENTS.

7. Jenna A. LoGiudice, Susan Bartas, (2015) Experiences of Nurses During Covid-19 pandemic: A Mixed Method Study, AACN Publishing, 14-26.

8. Haitham Khatatbeh, M. Z. (2021, november 2). The relationship between paediatric nurses' quality of life and intent to leave: The moderating role of hospital type. *pubmed*, 676-683. Retrieved from https://doi.org/10.1002/nop2.1116

9. Hasan Mohammad Abualruz, F. H. (29 november 2019). the Contrary Impact of Resilience on the complicated nursing working environment: a literature review. *open journal of nursing*, 1188-1201.