

THE ROLE OF SELF-COMPASSION ON
EUDAIMONIC WELLBEING AS MODERATED
BY EMOTION REGULATION AMONG
NURSES IN TWIN CITIES



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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled “**The Role of Self-Compassion on Eudaimonic Wellbeing as Moderated by Emotion Regulation Among Nurses in Twin Cities**” carried out by **Amna Zulfiqar**, Reg. No. **BSP201065**, under the supervision of **Ms. Annum Tanweer**, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of **BS-Psychology**.

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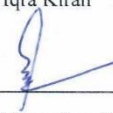
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DECLARATION

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January, 2024

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ABSTRACT

This research aims to investigate the role of self-compassion on eudaimonic wellbeing as moderated by emotion regulation among nurses in the twin cities. The study employed a correlational design and collected data by distributing self-administered questionnaires among participants. The population of interest was nurses working in hospitals or healthcare facilities in the twin cities area. The study's objectives were to explore the relationship between self-compassion, emotion regulation, and eudaimonic wellbeing of nurses in the twin cities, to explore the effect of demographic variables on self-compassion, emotion regulation, and eudaimonic wellbeing and to investigate the moderating role of emotion regulation on the relationship of self-compassion and eudaimonic wellbeing. Data were collected through administered surveyed questionnaires using validated instruments such as, 12 items self-compassion scale (SCS-12), 6 items emotion regulation questionnaire (ERQ-6) and 21 item questionnaires of eudaimonic wellbeing (QEWB-21). The population of interest for this study was nurses who worked in a hospital or clinic setting. Participants had to be working as nurses at the time of the event. Using g*power software, the sample size for this study was 300 participants and the study employed systematic random sampling technique for data collection. Ethical considerations were taken into account, and the study complied with the principles of informed consent, confidentiality, and data protection. SPSS software was used to carry out the analysis. The data was summarized using descriptive includes, mean, median, mode and frequency statistics for demographic variables and also calculate the reliability, descriptive statistics, spearman correlation, Kruskal-Wallis, Man-Whitney, regression, and moderation analysis of all variables self-compassion emotion regulation and eudaimonic wellbeing. Using spearman's correlation coefficients, it was possible to analyze the relationship between these variables. The study implied that self-compassion, emotion regulation, and eudaimonic wellbeing were all important factors that could contribute to the overall well-being of nurses. The results of the study provide valuable insights into the relationships between self-compassion, emotion regulation, and eudaimonic wellbeing among nurses in twin cities. The findings suggest that individuals with higher levels of self-compassion tend to have higher levels of emotion regulation

and eudaimonic wellbeing. The linear regression analysis Table 7 provides evidence supporting H3. The significant positive relationship between self-compassion and eudaimonic wellbeing suggests that higher self-compassion is associated with greater eudaimonic wellbeing. However, the moderation analysis model: 1 indicates that the moderating effect of emotion regulation is not statistically significant. This implies that, while both self-compassion and emotion regulation independently contribute to eudaimonic wellbeing, there is no significant interaction effect between self-compassion and emotion regulation in predicting eudaimonic wellbeing.

Healthcare organizations could implement programs that promoted these factors to enhance nurses' well-being and ultimately improve patient care.

Keywords: Self-compassion, Emotion regulation, Eudaimonic wellbeing, nurses, Correlational analysis.

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CHAPTER: 01

INTRODUCTION

Eudaimonic wellbeing

A sense of direction, drive, and fulfillment in life are characteristics of eudaimonic well-being (Keyes, 2017). Self-compassion is a major source of eudaimonic happiness (Bailey et al, 2016).

Unlike the hedonic approach to happiness, which places focus on pursuing pleasure and avoiding pain, eudaimonic happiness is attained through discovering meaning and purpose in one's life (Dyrbye et al, 2019). Eudaimonic well-being is often contrasted with hedonic well-being, which is focused on pleasure and happiness in the moment (Ryan & Deci, 2001).

A number of factors contribute to eudaimonic well-being, including self-acceptance, autonomy, personal growth, and the pursuit of significant objectives (Ryan & Deci, 2001). It involves a sense of fulfillment and engagement that comes from relationships, employment, and personal growth (Keyes, 2007). According to Bakker, Demerouti, and Euwema (2014), eudaimonic well-being in the nursing setting refers to a comprehensive approach to well-being that goes beyond the absence of unpleasant experiences or burnout.

Research indicates that nurses' overall job satisfaction and professional achievement are positively correlated with eudaimonic well-being (Bailey, Capstick, & Davies, 2016). Higher levels of eudaimonic wellbeing are associated with higher levels of motivation, job satisfaction, and engagement among nurses (Laschinger, Wong, and Grau, 2013; Dyrbye et al., 2019). Peters, Cunningham, and Murphy (2018) and Adriaenssens, De Gucht, and Maes (2015) claim that they are more likely to experience a sense of purpose and meaning in their work, which lowers the risk of burnout and raises job satisfaction.

Higher levels of patient satisfaction and care quality are also associated with eudaimonic well-being (Chimiklis & Malarkey, 2017). Nurses who experience personal growth and a sense of purpose are more likely to provide compassionate and patient-centered care, which can enhance patient satisfaction, adherence to treatment regimens, and overall health outcomes (Dyrbye et al., 2019; Hegney et al., 2018).

Healthcare companies can establish work environments that are conducive to professional growth, contentment, and resilience by fostering eudaimonic well-being among nurses (Dyrbye, Thomas & Shanafelt, 2019). Recently, there has been an increasing amount of discussion surrounding the concept of eudaimonic wellbeing (Laschinger, Wong & Grau, 2015). It's commonly defined as the state of prospering or living a happy life (Laschinger, Wong & Grau, 2015). In the context of nursing, eudaimonic wellness is the ability to derive meaning and purpose from one's profession, as well as a sense of accomplishment and a connection to others (Waterman, 1996).

It is important to keep in mind that eudaimonic well-being is influenced by a multitude of individual, organizational, and contextual elements (Ryan & Deci, 2001). According to Ryan and Deci (2001), self-compassion and emotion management are critical components that promote the eudaimonic well-being of nurses. Understanding the interactions between self-compassion, emotion regulation, and eudaimonic well-being is crucial for therapies and efforts aimed at enhancing nurses' well-being (Waterman, 1996).

A crucial component of nurses' total wellbeing, eudaimonic well-being is linked to a number of advantageous outcomes for both caregivers and patients (Waterman, 1996). Research has demonstrated the connection between job-related characteristics, eudaimonic well-being, and patient outcomes (Waterman, 1996).

The healthcare sector is renowned for being fast-paced and demanding, which can have a detrimental effect on the eudaimonic wellbeing of healthcare professionals, particularly nurses, according to Zhang, Wang, Yin, Liu, and Gao (2022).

Self-compassion

Neff and Germer (2013) define Self-compassion as the capacity to be compassionate towards oneself understanding, especially when hardship, failing, or inadequacy is present. It entails acknowledging that one's difficulties are unique instances as opposed to being a part of the universal human experience and responding with self-care, self-kindness, and awareness, self-compassion is thought as being an antidote for self-criticism and negative self-talk, which can lead to low self-esteem, anxiety, and depression (Neff and Germer, 2013)

Empirical research, such as the study conducted by Kemp and Snelgrove in 2019, has focused on understanding psychological factors that contribute to the wellbeing of nurses, with a particular emphasis on factors like self-compassion and emotion regulation.

Self-compassion, a construct rooted in Buddhist philosophy and popularized by psychologist Kristin Neff (2003), has garnered significant attention in the field of psychology. It refers to the practice of treating oneself with kindness, understanding, and acceptance, particularly during times of difficulty or personal suffering (Neff, 2003). Self-compassion involves three core components: self-kindness, common humanity, and mindfulness (Neff, 2003).

The concept of self-compassion has gained recognition as a valuable psychological resource for individuals navigating challenging circumstances, including healthcare professionals such as nurses (Neff, 2003).

Nurses often face demanding and stressful situations in their daily work, which can impact their emotion well-being and job satisfaction (Neff and Germer, 2013). Developing self-compassion skills may help nurses to better cope with these challenges and promote their overall psychological health (Chimiklis, & Malarkey, 2017).

With the knowledge that they are not alone in their struggles and that these experiences are a part of the shared human experience, nurses can develop a sense of connectedness and compassion for both themselves and others (Neff and Germer, 2013). Nurses frequently encounter difficult situations, such as witnessing patient suffering or dealing with the loss of patients. (Neff, 2003).

One aspect of self-compassion is self-kindness, which involves being gentle and understanding towards oneself rather than engaging in self-criticism or self-judgment (Neff and Germer, 2013). When nurses encounter difficult patient outcomes or make mistakes, they may experience feelings of guilt, shame, or inadequacy (Neff and Germer, 2013). By practicing self-kindness, nurses can acknowledge their imperfections and respond with self-acceptance, fostering a supportive internal dialogue (Neff, 2003).

Another component of self-compassion is recognizing common humanity (Neff, 2003). Nurses often face emotionally challenging situations, such as witnessing patient suffering or dealing with the loss of patients (Neff, 2003).

Nurses can develop a sense of connectedness and compassion for themselves and others by realizing that they are not alone in their problems and that these experiences are a part of the shared human experience. (Neff, 2003).

The third element of self-compassion is mindfulness, which involves living in the now and observing one's thoughts, feelings, and physical sensations without passing judgement (Neff, 2003). It allows individuals to observe their experiences without becoming overly identified with them. Mindfulness can help nurses to regulate their emotions, respond to stressors more effectively, and prevent emotion exhaustion or burnout (Neff, 2003; Shapiro, Carlson, Astin, & Freedman, 2006).

The effects of self-compassion on nurses and other healthcare professionals have been studied in detail (Neff, 2003). Higher levels of self-compassion have been linked to lower levels of stress, burnout, and compassion fatigue as well as higher levels of job satisfaction, according to studies (Kabat-Zinn & Santorelli, 2005; Raab, 2014; Sherman, 2019). Self-compassion has also been associated with stronger resilience, better emotion regulation, and general psychological well-being (Neff, Kirkpatrick, & Rude, 2007; Wren et al., 2012).

Self-compassion concept has particular relevance for healthcare professionals, including nurses, who often face high levels of stress, emotion demands, and self-sacrifice in their roles (Neff, 2003). Nurses play a critical role in patient care, but frequently neglect their own well-being in the process (Neff, 2003). Therefore, understanding and cultivating self-compassion among nurses is crucial for maintaining their mental health and job satisfaction (Neff, 2003).

Self-kindness, the first component of self-compassion, involves responding to one's own struggles and difficulties with warmth, understanding, and forgiveness rather than self-criticism or harsh judgment (Neff, 2003). Nurses, faced with the pressures of providing optimal care, may be prone to self-blame or perfectionism when confronted with challenging situations or mistakes (Neff, 2003). By adopting a self-compassionate stance, nurses can foster a nurturing and supportive inner voice, which contributes to reduced stress and increased psychological well-being (Neff, 2003; Raab, 2014).

Recognizing our shared humanity—that suffering and flaws are a natural aspect of being human—is the second element of self-compassion (Neff, 2003;

Raab, 2014). Nurses often witness the pain and suffering of their patients, which can be emotionally challenging (Neff, 2003; Raab, 2014). Understanding that their experiences are shared by others can foster a sense of connection and empathy, reducing feelings of isolation and promoting self-compassion (Neff, 2003; Raab, 2014).

The third element is mindfulness, which is the practise of being in the present with an accepting and uncritical attitude (Neff, 2003; Raab, 2014). Nursing professionals can observe their thoughts, emotions, and physical sensations while practising mindfulness (Neff, 2003; Raab, 2014). Nurses can improve their self-regulation and coping mechanisms by practising mindfulness, which can help them become more aware of their own needs and emotions (Neff, 2003; Shapiro, Carlson, Astin, & Freedman, 2006).

The outcomes of research on self-compassion among nurses and other healthcare professionals are encouraging (Neff, 2003; Raab, 2014). According to studies (Neff et al., 2007; Sherman, 2019; Wren et al., 2012), greater levels of self-compassion are linked to reduced levels of burnout, compassion fatigue, and psychological distress as well as greater job satisfaction and resilience. Additionally, self-compassion has been associated with better emotion regulation, more self-care activities, and higher general wellbeing (Neff et al., 2007; Wren et al., 2012).

Self-compassion is a complex concept with a lot of potential for enhancing nurses' eudaimonic wellbeing. Nurses can increase their resilience, lessen burnout, and improve their capacity to deliver high-quality patient care by fostering self-kindness, acknowledging common humanity, and practicing mindfulness (Neff, 2003; Raab, 2014). In order to develop interventions and methods that support nurses' mental health and job satisfaction, Subsequent research will delve into the relationship between self-compassion, emotion regulation, and eudaimonic wellbeing in nurses (Neff, 2003; Raab, 2014).

The ability to control one's feelings, thoughts, and actions in a way that improves welfare and adaptive functioning is how Gross (2015) defines emotion regulation. emotion regulation is crucial for preserving mental health, controlling stress, and developing resilience. It requires being able to recognize and

comprehend one's own emotions, tolerate difficult experiences, and communicate emotions in a healthy and appropriate way (Jones & James, 2021).

Neff, (2016) claimed that self-compassion is essential for emotion regulation and wellbeing in high-stress professions, as it can provide nurses with a buffer against negative effects of stress and promote positive outcomes.

Self-compassion creates a sense of wellbeing that is anchored in the experience of being completely human since it accepts pain rather than avoids it (Neff, 2016). In this manner, Maslow (1971) and Rogers (1980) concepts of a healthy personality, which place an emphasis on unconditional self-acceptance and striving to realize one's full potential, are similar to self-compassion. Although self-compassion makes you feel good about yourself, it doesn't do so by labelling you as "good" or "bad." Self-compassion differs significantly from self-esteem in this way (Neff, 2016). Self-esteem is a measure of how highly we hold ourselves in regard, and it is frequently derived through comparisons with others (Harter, 1999).

In the nursing field, stress is a common element that can affect both emotion regulation and general wellbeing. Stress has been investigated as a moderator in the association between self-compassion, emotion regulation, and eudaimonic well-being in a number of research (Chimiklis & Malarkey, 2017).

In conclusion, it is critical to comprehend the relationship between self-compassion, emotion regulation, and eudaimonic well-being in nurses in order to promote a supportive workplace and raise the standard of patient care as a whole. The forthcoming research aims to shed light on these relationships, providing valuable insights for the development of interventions and strategies that enhance nurses' eudaimonic wellbeing and job satisfaction.

Emotion regulation

Emotion regulation, the process of effectively managing and modulating one's emotions, is a crucial skill for healthcare professionals, including nurses, who frequently encounter emotionally challenging situations in their daily work (Jennings & Leiter, 2006). Nurses are essential in providing patients with care and assistance, frequently in stressful situations. The ability to regulate emotions

not only impacts the well-being of nurses but also influences their interactions with patients and the quality of care they deliver (Jennings & Leiter, 2006).

Moreover, emotion regulation is closely linked to patient outcomes, Nurses who effectively regulate their emotions are more likely to provide empathetic and sensitive care, leading to improved patient satisfaction and better treatment outcomes (Bailey et al., 2016; Poulsen et al., 2014). Emotion regulation also plays a role in preventing emotional contagion, whereby nurses' emotions can impact the emotional state of their patients (Bakker et al., 2014).

Additionally, attention has been drawn to the impact of traits like self-compassion and emotion regulation on nurses' eudaimonic wellbeing (Kemp & Snelgrove, 2019). Further exploration of these relationships is necessary to develop targeted interventions and support systems that promote eudaimonic well-being among nurses and ultimately contribute to improved patient care (Kemp & Snelgrove, 2019). Eudaimonic well-being goes beyond the concept of subjective happiness and focuses on the pursuit of a meaningful and purposeful life (Kemp & Snelgrove, 2019). In the nursing profession, nurses often find fulfillment and a sense of purpose in providing compassionate care, advocating for patients, and making a positive impact on people's lives (Kemp & Snelgrove, 2019). This alignment with meaningful work can contribute to their eudaimonic well-being (Kemp & Snelgrove, 2019).

Numerous researches have looked at the variables affecting nurses' eudaimonic well-being (Laschinger, Wong & Grau, 2015). For instance, it has been found that work engagement is a key indicator of eudaimonic wellbeing (Laschinger, Wong & Grau, 2015). Work engagement is a favorable and contented feeling associated with work that is characterized by high degrees of vigor, commitment, and absorption. According to a study by Halbesleben and Wheeler (2008), nurses who reported higher levels of work engagement also reported higher levels of eudaimonic well-being, which may indicate that being completely absorbed in one's work and feeling a connection to it contributes to one's general well-being.

In addition to work engagement, organizational factors such as supportive work environments, positive leadership, and opportunities for professional

growth have been linked to nurses' eudaimonic well-being. (Laschinger et al., 2015).

Furthermore, eudaimonic well-being has been linked to enhanced resilience and coping mechanisms among nurses (Laschinger, Wong & Grau, 2015). The ability to overcome hardship and preserve happiness in the face of difficulties is referred to as resilience. A study by Panagioti et al. (2018) demonstrated that nurses with higher eudaimonic well-being exhibited greater resilience and were better able to cope with workplace stressors. This resilience can help nurses maintain their overall well-being, mitigate the negative impact of stress, and sustain their motivation and dedication to their profession (Laschinger, Wong & Grau, 2015).

The promotion of nurses' eudaimonic well-being requires addressing both individual and organizational variables. Individually, nurses can improve self-awareness, practice reflective thinking, and actively look for chances for both professional and personal advancement (Laschinger, Wong & Grau, 2015). By encouraging a positive self-view and minimizing self-criticism, practicing self-compassion, which is treating oneself with love and understanding, can also support eudaimonic well-being (Laschinger, Wong & Grau, 2015).

Self-compassion theory was introduced by Dr. Kristin Neff, in 2003b. It is a psychological framework that emphasizes treating oneself with kindness, understanding, and acceptance in moments of difficulty or failure (Neff, 2003). It is grounded in the idea that individuals can cultivate a healthier relationship with themselves by extending the same compassion they would offer to a friend in times of suffering or challenges (Neff, 2003).

The concept of self-compassion is based on three core components:

Self-Kindness refers to being understanding and forgiving toward oneself when facing hardships or personal shortcomings. Self-Judgment involves being critical and harshly evaluating oneself for perceived inadequacies or mistakes.

Self-kindness involves being understanding and supportive toward oneself, especially when facing setbacks or facing personal flaws (Neff, 2003). Instead of harsh self-criticism, individuals practicing self-compassion respond with kindness and encouragement (Neff, 2003). The self-compassion theory stands in contrast to the traditional emphasis on self-esteem, suggesting that self-

compassion is a more stable and healthier way to relate to oneself (Neff, 2003). While self-esteem often relies on external validation and can be contingent on success or social approval, self-compassion is an internal source of support that remains constant regardless of external circumstances (Neff, 2003).

Common Humanity involves recognizing that suffering and feelings of inadequacy are part of the shared human experience, emphasizing the understanding that everyone makes mistakes and encounters challenges (Gross, 2014). Isolation refers to feelings of being isolated and believing that one's struggles are unique, which can lead to a sense of alienation (Gross, 2014).

Common Humanity involves recognizing that imperfection is a shared human experience is a crucial aspect of self-compassion (Gross, 2014). Rather than feeling isolated in their struggles, individuals with self-compassion understand that everyone makes mistakes and faces challenges (Gross, 2014). This sense of common humanity fosters connection and reduces feelings of isolation (Gross, 2014).

Mindfulness involves maintaining a balanced awareness of one's negative emotions and thoughts without suppressing or exaggerating them, allowing for a more objective and non-judgmental perspective (Neff, 2003).

Over-Identification refers to becoming excessively absorbed in one's negative emotions and overthinking, leading to an amplified and distorted perception of one's difficulties (Neff, 2003).

Mindfulness is an essential component of self-compassion, involving being aware of one's thoughts and feelings without judgment (Neff, 2003). It encourages individuals to observe their experiences in a balanced way, without over-identifying with negative emotions or suppressing them (Neff, 2003).

By assessing these three components - self-kindness, common humanity, and mindfulness - the Self-Compassion theory provides a comprehensive understanding of an individual's self-compassionate tendencies (Neff, 2003). Research has demonstrated that individuals with higher levels of self-compassion tend to experience greater eudaimonic well-being, lower levels of anxiety and depression, and improved resilience in the face of life's challenges (Neff, 2003). The practice of self-compassion involves cultivating a kind and understanding attitude toward oneself, particularly during difficult moments, and has become a

significant area of interest in the fields of psychology and mental health (Neff, 2003).

Nurses often face high levels of stress and emotional exhaustion due to the nature of their work (Neff, 2003). Self-kindness involves being understanding and supportive of oneself during difficult times (Neff, 2003). When nurses encounter emotionally challenging situations, such as dealing with patient suffering or making difficult decisions, self-kindness can help them avoid self-criticism and foster a more positive emotional state (Neff, 2003).

Embracing the concept of common humanity recognizes that everyone experiences suffering and challenges (Gross, 2014). In a healthcare setting, nurses may encounter situations that evoke strong emotions, and understanding that these challenges are a shared human experience can promote a sense of connection (Gross, 2014). By acknowledging the common humanity in their experiences, nurses may feel less isolated in their struggles and more inclined to seek support from colleagues, fostering a collaborative and emotionally supportive work environment (Gross, 2014).

Mindfulness, a key component of self-compassion, involves being present in the moment without judgment (Neff, 2003). This can be particularly beneficial for nurses during emotionally charged situations, allowing them to stay focused and attentive to the needs of patients without being overwhelmed by their own emotions (Neff, 2003).

By applying self-compassion theory to emotion regulation among nurses involve cultivating a mindset of self-kindness, recognizing shared humanity in the challenges they face, and incorporating mindfulness practices (Neff, 2003). By doing so, nurses may develop healthier emotional coping mechanisms which contribute to a more resilient healthcare environment, this, in turn, can positively impact patient care (Neff, 2003).

Eudaimonic well-being refers to a deeper, more meaningful sense of well-being associated with living in accordance with one's true nature and realizing one's potential (Lombard & Strauss, 2020). Self-compassion encourages nurses to treat themselves with kindness and understanding, promoting an internal motivation to care for themselves and others (Neff, 2003). This intrinsic

motivation aligns with eudaimonic well-being, where individuals find purpose and meaning in their work beyond external rewards (Neff, 2003).

When nurses approach their work with a self-compassionate mindset, they are more likely to derive satisfaction from the inherent value of helping others, contributing to a sense of eudaimonic fulfillment (Neff, 2003). Self-compassion involves recognizing and learning from mistakes rather than harsh self-criticism (Neff, 2003). Nurses who embrace self-compassion are more likely to engage in reflective practices, leading to continuous learning and professional growth (Neff, 2003). The pursuit of personal and professional development aligns with the eudaimonic perspective, emphasizing the realization of one's potential and the pursuit of excellence in one's chosen field (Neff, 2003).

Self-compassion helps nurses navigate the emotional challenges of their profession with greater resilience (Lombard & Strauss, 2020). By acknowledging their own suffering and responding with kindness, nurses can bounce back from difficult experiences and maintain a sense of purpose and well-being (Lombard & Strauss, 2020). Resilience is a key component of eudaimonic well-being, as individuals who can adapt to and overcome challenges are more likely to experience a deeper and more enduring sense of fulfillment in their work (Lombard & Strauss, 2020). Nurses who practice self-compassion are likely to extend that compassion to their colleagues, fostering a supportive and empathetic workplace culture (Lombard & Strauss, 2020). Positive social interactions and supportive relationships contribute significantly to eudaimonic well-being (Lombard & Strauss, 2020). Building and maintaining positive relationships with colleagues can create a sense of belonging and shared purpose, reinforcing the idea that nursing is not just a job but a meaningful vocation contributing to the well-being of others (Lombard & Strauss, 2020).

By integrating self-compassion into the lives of nurses can contribute to eudaimonic well-being by fostering intrinsic motivation, promoting professional growth, building resilience, and cultivating positive relationships (Lombard & Strauss, 2020). This holistic approach not only enhances the individual well-being of nurses but also has the potential to create a more meaningful and fulfilling work environment in the healthcare profession (Lombard & Strauss, 2020).

The subscales commonly associated with emotion regulation include cognitive reappraisal, expressive suppression (Gross, 2014). Cognitive reappraisal involves changing one's emotional response to a situation by reinterpreting its meaning (Gross, 2014). Self-compassion encourages a cognitive reappraisal of one's own experiences, particularly in moments of failure or distress (Gross, 2014). Instead of harshly judging oneself, individuals practicing self-compassion reappraise situations with kindness and understanding (Gross, 2014). They recognize that setbacks are part of the shared human experience and view themselves with a more balanced perspective (Gross, 2014).

Self-compassion involves recognizing setbacks as part of the shared human experience (Sutter, Rapaport & Segerstrom, 2017). Through cognitive reappraisal, individuals view themselves with a more balanced perspective, acknowledging that facing challenges and making mistakes are universal aspects of the human condition (Sutter, Rapaport & Segerstrom, 2017).

On the other hand, expressive suppression involves inhibiting the outward expression of emotions (Sutter, Rapaport & Segerstrom, 2017). Self-compassion promotes a healthy expression of emotions rather than suppression (Sutter, Rapaport & Segerstrom, 2017). The practice of mindfulness in self-compassion encourages individuals to acknowledge and accept their emotions without judgment (Sutter, Rapaport & Segerstrom, 2017). Suppressing emotions is seen as counterproductive, and self-compassion emphasizes the importance of allowing oneself to feel and express emotions in a supportive and understanding manner (Sutter, Rapaport & Segerstrom, 2017).

In the context of nurses in Pakistan, where the healthcare environment can be demanding and emotionally charged, the concept of expressive suppression and its relation to self-compassion holds significance for emotional well-being and effective coping (Hassan, & Shah, 2019). Expressive suppression involves consciously inhibiting the outward expression of emotions (Hassan, & Shah, 2019). It occurs when individuals intentionally restrain or hide their emotional reactions, often for social or cultural reasons (Hassan, & Shah, 2019). Self-compassion promotes a healthy and constructive expression of emotions rather than suppression (Hassan, & Shah, 2019). It encourages individuals, including nurses, to acknowledge and express their emotions in a supportive and understanding manner (Hassan, & Shah, 2019).

The mindful approach contrasts with the idea of suppressing emotions, as self-compassion emphasizes the importance of allowing oneself to feel and express emotions authentically (Kamal & Malik, 2012). Suppressing emotions is viewed as counterproductive in the context of self-compassion, instead of promoting well-being, expressive suppression can lead to increased stress, emotional distress, and a sense of disconnection from one's authentic emotional experiences. Pakistani culture may have norms and expectations regarding emotional expression, potentially influencing how nurses express or suppress their emotions (Kamal & Malik, 2012). Understanding and navigating these cultural dynamics is crucial for promoting a healthy emotional environment (Kamal & Malik, 2012). Nurses in Pakistan often face work-related stressors, including high patient loads and challenging patient care situations, the pressure of these stressors may contribute to the tendency to suppress emotions as a coping mechanism (Kamal & Malik, 2012).

Expressive suppression, if prevalent, can have negative implications for the mental well-being of nurses, it may lead to emotional exhaustion, burnout, and a sense of emotional disconnection, hindering their ability to cope effectively with the demands of their profession (Kamal & Malik, 2012). Self-compassion practices, including mindfulness, can be introduced to encourage nurses to express their emotions in a healthy and supportive manner (Kamal & Malik, 2012).

Mindfulness involves being present and aware of one's thoughts and feelings without judgment, being mindful of one's emotions allows for a non-reactive and non-judgmental awareness (Neff, 2003). This non-reactive and non-judgmental awareness fosters a compassionate response to emotional experiences (Neff, 2003). The mindfulness helps individuals regulate their emotions by preventing automatic, impulsive reactions and fostering a more thoughtful and compassionate response to emotional experiences (Neff, 2003). In the context of nurses in Pakistan, where the healthcare environment can be demanding and emotionally charged, the concepts of mindfulness and its integration within the framework of self-compassion can have significant implications for nurses' well-being and their ability to navigate the challenges of their profession (Kamal & Malik, 2012).

This practice encourages individuals to observe their thoughts and emotions without judgment or attachment, by cultivating non-reactive awareness, nurses can respond to patient care challenges without being overwhelmed by stress or emotional reactivity (Kamal & Malik, 2012). Mindfulness contributes to the overall well-being of nurses by promoting a balanced and aware approach to their experiences (Kamal & Malik, 2012). The ability to navigate complex emotions with a non-judgmental attitude enhances their capacity to cope with the demands of the profession (Kamal & Malik, 2012). Mindfulness within self-compassion positively influences patient care (Neff, 2003). Nurses who are mindful of their own emotions are better equipped to extend compassion to their patients fostering a more empathetic and patient-centered approach (Neff, 2003). Mindfulness practices, when embraced collectively, can contribute to a positive work environment among nurses (Neff, 2003). Shared mindfulness experiences may lead to increased understanding, empathy, and collaboration within the healthcare team (Neff, 2003).

Mindfulness practices contribute to emotion regulation, reduce reactivity, enhance well-being, and foster a compassionate response to the challenges inherent in nursing (Neff, 2003). Embracing these practices collectively can have positive implications for individual nurses and contribute to a supportive and compassionate healthcare culture (Neff, 2003).

Self-compassion directly aligns with emotional acceptance and reappraisal (Neff, 2003). Self-kindness encourages a positive and supportive response to one's emotions, while common humanity fosters a sense of connection and shared experience, reducing the likelihood of feeling isolated in one's emotional struggles (Neff, 2003). Self-compassion theory aligns with the key subscales of emotion regulation by promoting cognitive reappraisal, discouraging expressive suppression, encouraging emotional acceptance, and emphasizing mindfulness, self-kindness, and common humanity (Neff, 2003). As individuals develop self-compassion; they are likely to engage in healthier emotion regulation strategies that contribute to overall well-being (Neff, 2003).

Nurses in Pakistan often experience high levels of stress and emotional challenges in their profession (Rashid & Malik, 2014). Practicing self-kindness allows nurses to respond to their own emotional struggles with compassion,

acknowledging the demanding nature of their work and providing themselves with emotional support (Rashid & Malik, 2014).

Common humanity acknowledges that suffering is a shared human experience, emphasizing that individuals are not alone in their struggles. In the Pakistani nursing context, where healthcare professionals face unique challenges, recognizing common humanity can foster a sense of connection among nurses (Rashid & Malik, 2014). Understanding that others share similar emotional experiences can reduce feelings of isolation and contribute to a supportive community among healthcare professionals (Rashid & Malik, 2014). Nurses practicing self-kindness are more likely to accept their emotions without judgment (Rashid & Malik, 2014). This emotional acceptance aligns with healthier emotion regulation by acknowledging and validating one's emotional experiences (Rashid & Malik, 2014).

The acknowledgment of common humanity fosters a sense of connection and shared experience (Rashid & Malik, 2014). This shared understanding can contribute to emotional acceptance, as nurses may feel more comfortable expressing and accepting their emotions within a supportive community (Rashid & Malik, 2014). The positive and supportive response encouraged by self-kindness serves as an alternative to expressive suppression, rather than suppressing emotions, nurses can learn to respond with kindness, allowing for a healthier emotional expression and regulation (Neff, 2011). Recognizing common humanity encourages a mindful perspective, where nurses are present in their experiences and connected to the broader human context (Neff, 2011). Mindfulness, coupled with common humanity, supports nurses in navigating their emotions with awareness and a non-judgmental attitude (Neff, 2011).

Self-compassion, with its components of self-kindness and common humanity, can reduce feelings of emotional isolation among nurses (Neff, 2011). This is particularly crucial in the context of the demanding and emotionally charged nature of nursing in Pakistan. (Rashid & Malik, 2014). Embracing self-kindness and common humanity contributes to emotional resilience (Neff, 2011). Nurses who treat themselves with kindness and recognize shared experiences are more likely to bounce back from challenging situations, fostering emotional well-being (Neff, 2011). The integration of self-compassion principles can contribute to a supportive work culture among nurses (Neff, 2011). This culture, grounded

in self-kindness and common humanity, encourages empathy, understanding, and collaboration (Neff, 2011). As nurses develop self-compassion, they are likely to engage in healthier emotion regulation strategies (Neff, 2011). This may include accepting emotions, reappraising situations, and fostering a positive and supportive internal dialogue (Neff, 2011).

In the Pakistani nursing context, the concepts of self-kindness and common humanity within the framework of self-compassion theory can positively impact emotional well-being, reduce feelings of isolation, and contribute to a supportive work environment (Rashid & Malik, 2014). As nurses embrace these principles, they are likely to develop healthier emotion regulation strategies that enhance their overall well-being and resilience in the face of professional challenges (Rashid & Malik, 2014).

Eudaimonic well-being is characterized by a deep sense of purpose and meaning in one's life. By acknowledging and learning from difficulties through self-compassion, individuals are more likely to align their actions with their values, contributing to a eudaimonic sense of fulfillment.

In the context of nurses in Pakistan, where the healthcare environment can be demanding and emotionally challenging, the principles of self-compassion and eudaimonic well-being can play a crucial role in supporting nurses' mental and emotional resilience. Nurses in Pakistan often face high-stress situations, including heavy workloads, critical patient conditions, and limited resources (Rashid & Malik, 2014). Self-compassion involves treating oneself with kindness during such challenges, fostering emotional resilience. The practice of self-compassion encourages nurses to view setbacks and failures not as personal flaws but as opportunities for learning and growth. This mindset contributes to a positive and constructive approach to professional challenges. Self-compassion fosters a sense of purpose and meaning by acknowledging that personal growth often arises from overcoming challenges. Nurses can find fulfillment in the realization that even difficult experiences contribute to their development. By viewing challenges through the lens of self-compassion, nurses are more likely to understand the significance of their contributions. This understanding contributes to a sense of purpose in their roles as healthcare providers.

Eudaimonic well-being involves aligning one's actions with personal values. Self-compassionate nurses are more likely to make decisions based on their values, contributing to a sense of fulfillment and purpose in their nursing practice. Eudaimonic well-being emphasizes contributing to the greater good. Nurses who practice self-compassion **is** more likely to see their roles as meaningful contributions to the health and well-being of the community. Nurses who practice self-compassion are better equipped to navigate challenges, fostering emotional resilience in the face of demanding situations. A sense of purpose and meaning derived from self-compassion contributes to improved job satisfaction among nurses, even in the midst of professional challenges.

A culture of self-compassion promotes a positive work environment where nurses support each other's well-being, contributing to a collaborative and empathetic workplace. Nurses who prioritize self-compassion are likely to provide more compassionate and patient-centered care, aligning their actions with the values of the nursing profession. The practice of self-compassion among nurses in Pakistan contributes to eudaimonic well-being by fostering a sense of purpose, meaning, and values-based fulfillment in their challenging yet impactful roles within the healthcare system (Rashid & Malik, 2014).

Meaningful relationships and a sense of connection with others are crucial components of eudaimonic well-being. By embracing the shared human experience through self-compassion, individuals are likely to cultivate and nurture relationships that contribute to a sense of belonging and purpose. In the context of nurses in Pakistan, where the healthcare environment can be challenging and demanding, the principles of self-compassion and eudaimonic well-being can significantly impact the nurse's sense of connection, empathy, and overall well-being (Rashid & Malik, 2014).

Nurses in Pakistan often face common challenges such as high patient loads, resource limitations, and emotionally demanding situations (Rashid & Malik, 2014). Self-compassion emphasizes the shared nature of these challenges, fostering a sense of connection among nurses. Self-compassion promotes empathy not only for oneself but also for others. In the nursing community, this can lead to a culture of mutual understanding and support, where colleagues empathize with each other's challenges.

Eudaimonic well-being emphasizes meaningful relationships as a crucial component. Nurses, by embracing the shared human experience through self-compassion, are likely to cultivate positive relationships in the workplace, contributing to a supportive work environment. Feeling connected with others and having a sense of belonging are essential for well-being. Self-compassionate nurses are likely to build strong bonds with their colleagues, creating a supportive community within the healthcare setting. In the challenging and often stressful healthcare context of Pakistan (Rashid & Malik, 2014). The integration of self-compassion principles aligns closely with eudaimonic well-being:

Nurses who recognize the common humanity of their experiences through self-compassion are likely to experience enhanced well-being and job satisfaction, contributing to a positive work environment. A culture of self-compassion among nurses promotes a supportive work culture where empathy, understanding, and collaboration are valued, leading to improved teamwork and morale. Recognizing shared challenges through self-compassion can contribute to reduced burnout among nurses, as they feel supported and understood in their professional struggles. Nurses who foster connections with colleagues through self-compassion are likely to provide more empathetic and compassionate patient care, enhancing the overall quality of healthcare delivery. The practice of self-compassion among nurses in Pakistan contributes to eudaimonic well-being by fostering meaningful relationships, a sense of connection, and a supportive work environment, this, in turn, enhances the overall resilience, job satisfaction, and well-being of nurses in their challenging professional roles (Rashid & Malik, 2014).

Resilience and coping are essential for eudaimonic well-being, as individuals who can navigate adversity and setbacks are more likely to experience a sense of accomplishment and purpose. The ability to approach challenges with self-compassion aligns with the eudaimonic pursuit of personal growth and flourishing. In the specific context of nurses in Pakistan, where the healthcare environment can be challenging and demanding, the principles of self-compassion and eudaimonic well-being play a crucial role in supporting nurses mental and emotional resilience (Syed & Ghauri, 2020).

Nurses in Pakistan often face high levels of stress due to heavy workloads, long hours, and challenging patient care situations (Syed & Ghauri, 2020). Self-

compassion encourages nurses to respond to these difficulties with self-kindness, acknowledging the challenges without harsh self-criticism. Self-compassion involves fostering a positive and understanding internal dialogue. Nurses can develop resilience by embracing self-kindness and creating a supportive inner environment. In the challenging healthcare setting of Pakistan, nurses encounter various stressors. Self-compassion promotes the development of effective coping strategies by encouraging a balanced and non-judgmental response to difficulties. Emotional resilience is crucial for nurses to navigate the emotional demands of patient care. Self-compassion contributes to emotional resilience by fostering a mindset of self-support and adaptability.

Eudaimonic well-being emphasizes the pursuit of personal growth and flourishing. Nurses in Pakistan can achieve a sense of accomplishment and purpose by navigating adversity with self-compassion, viewing challenges as opportunities for learning and development (Neff, 2003). Nurses who approach challenges with self-compassion are more likely to flourish despite adversities. This aligns with the eudaimonic pursuit of a meaningful and fulfilled life, where setbacks are seen as integral to the journey of personal growth (Neff, 2003).

Self-compassion among nurses aligns with the principles of eudaimonic well-being, fostering resilience, effective coping, and a sense of purpose in the face of professional challenges (Neff, 2003). This not only enhances individual well-being but also contributes to a positive and supportive healthcare environment (Neff, 2003).

Emotion regulation is a key component of eudaimonic well-being. By fostering a healthy relationship with emotions through self-compassion, individuals are better equipped to navigate the emotional landscape, contributing to overall psychological health and well-being (Neff, 2003).

In the context of nurses in Pakistan, the principles of self-compassion and eudaimonic well-being, specifically focused on emotion regulation, can be particularly beneficial given the demanding nature of their profession, nurses in Pakistan often work in high-stress environments with emotionally challenging situations (Syed & Ghauri, 2020). The mindfulness aspect of self-compassion encourages nurses to cultivate non-judgmental awareness of their thoughts and feelings in the moment (Syed & Ghauri, 2020).

In a busy hospital setting, a nurse practicing self-compassion engages in mindful awareness, acknowledging the stress and fatigue without self-criticism (Neff, 2003). This mindful approach allows for a more balanced emotional response to the challenges at hand (Neff, 2003). After facing a challenging patient interaction or a critical incident, self-compassionate nurses can engage in non-judgmental reflection. This involves recognizing their emotional reactions without harsh self-criticism (Neff, 2003). Following a difficult conversation with a patient's family, a nurse with a self-compassionate mindset reflects on the experience with mindfulness. Instead of self-blame, they acknowledge the emotional toll and explore ways to cope constructively (Neff, 2003).

Eudaimonic well-being emphasizes the importance of navigating the emotional landscape effectively (Syed & Ghauri, 2020). Self-compassion contributes to a healthy relationship with emotions, allowing nurses to respond to patients and colleagues with empathy and understanding (Syed & Ghauri, 2020). A nurse, guided by self-compassion principles, approaches emotionally charged situations with patients and their families with a balanced and empathetic perspective, contributing to a positive healthcare experience (Syed & Ghauri, 2020). Emotion regulation is integral to psychological health and overall well-being (Syed & Ghauri, 2020). Nurses who practice self-compassion are better equipped to handle the emotional demands of their work, leading to reduced burnout and improved mental health (Neff, 2003).

A nurse consistently incorporating self-compassion practices experiences enhanced psychological well-being (Neff, 2003). They are resilient in the face of stress, maintain a positive mindset, and contribute to a supportive work environment (Neff, 2003). In the challenging healthcare context of Pakistan, where nurses face demanding workloads and emotionally charged situations, the integration of self-compassion principles aligns closely with the promotion of emotion regulation for eudaimonic well-being (Syed & Ghauri, 2020).

Mindful awareness and non-judgmental reflection allow nurses to cope with the stressors of their profession without internalizing self-blame (Waterman, 1996). A healthy relationship with emotions contributes to improved patient care as nurses can respond to patient needs with empathy and compassion (Waterman, 1996).

By fostering balanced emotion regulation, self-compassion helps prevent burnout, supporting nurses in maintaining their mental and emotional well-being (Waterman, 1996). Nurses practicing self-compassion contribute to a positive and supportive work environment, where emotional challenges are met with understanding and empathy (Waterman, 1996).

The principles of self-compassion, particularly the mindfulness aspect, align with the goal of promoting emotion regulation for eudaimonic well-being (Waterman, 1996). This approach enhances the overall psychological health and resilience of nurses, fostering a positive and supportive healthcare environment (Waterman, 1996).

Eudaimonic well-being involves the pursuit of personal excellence and continuous learning (Waterman, 1996). The self-compassionate approach to challenges aligns with the eudaimonic principle of embracing life's experiences as a means of evolving and becoming one's best self (Waterman, 1996). Self-compassion theory aligns closely with the principles of eudaimonic well-being by promoting purpose and meaning, fostering connection and relationships, encouraging resilience and coping, supporting balanced emotion regulation, and facilitating continuous learning and growth (Waterman, 1996). The practice of self-compassion contributes to a richer, more meaningful life in line with the eudaimonic perspective on well-being (Waterman, 1996).

Self-compassion allows individuals to be more autonomous in their emotional responses and decision-making (Waterman, 1996). It encourages self-awareness and non-judgmental understanding of one's experiences, fostering a sense of inner direction and self-governance (Waterman, 1996).

Autonomy is a fundamental aspect of eudaimonic well-being, emphasizing the importance of making choices in alignment with one's values and pursuing a life that reflects personal authenticity. Self-compassion supports autonomy by promoting self-awareness and acceptance (Waterman, 1996).

In the context of nurses in Pakistan, integrating self-compassion practices can empower them to navigate the emotional demands of their profession with autonomy and authenticity (Syed & Ghauri, 2020).

Nurses in Pakistan often encounter emotionally challenging situations, such as dealing with critical patients or managing high-stress environments (Syed

& Ghauri, 2020). Self-compassion enables them to respond autonomously by acknowledging their emotions without self-judgment (Waterman, 1996).

Nurses face the challenge of balancing their professional responsibilities with personal well-being (Waterman, 1996). Self-compassion supports emotional autonomy by encouraging nurses to prioritize self-care without guilt or self-criticism. Eudaimonic well-being emphasizes autonomy in making choices aligned with one's values. Nurses practicing self-compassion engage in values-based decision-making, contributing to a sense of purpose and fulfillment (Waterman, 1996).

Autonomy in eudaimonic well-being involves living authentically (Waterman, 1996). Self-compassionate nurses cultivate authenticity in their professional roles, embracing their strengths and acknowledging areas for growth without self-criticism (Waterman, 1996).

Self-compassion encourages nurses to engage in reflective practices that foster self-awareness (Waterman, 1996). Autonomy in decision-making is strengthened when nurses are attuned to their emotions and experiences without harsh self-judgment (Waterman, 1996).

Mindfulness, a component of self-compassion, supports nurses in making informed and autonomous decisions (Syed & Ghauri, 2020). Mindful awareness of the present moment contributes to a clear and non-reactive approach to challenges. Self-compassion practices among nurses empower them to respond autonomously to the emotional demands of their profession (Neff, 2003). This fosters a culture of authenticity, values-based decision-making, and mindful awareness, contributing to their overall well-being and the quality of patient care (Neff, 2003).

Personal growth is a central component of eudaimonic well-being. The pursuit of excellence, self-realization, and the continuous development of one's potential are intrinsic to a eudaimonic life (Waterman, 1996). Self-compassion supports this pursuit by providing a positive and supportive framework for navigating challenges (Waterman, 1996).

A culture of self-compassion within the nursing community in Pakistan contributes to a supportive work environment. Nurses supporting each other's

growth create a collective atmosphere of continuous improvement (Syed & Ghauri, 2020).

By integrating self-compassion practices among nurses in Pakistan not only helps them navigate challenges with resilience but also contributes to a culture of continuous improvement, personal growth, and positive professional development within the healthcare setting (Syed & Ghauri, 2020).

Meaning and purpose are fundamental aspects of eudaimonic well-being (Syed & Ghauri, 2020). Living a purposeful life involves aligning one's actions with values contributing to the greater good, and finding fulfillment in meaningful pursuits (Syed & Ghauri, 2020). Self-compassion supports this by emphasizing the interconnectedness of human experiences (Syed & Ghauri, 2020).

LITERATURE REVIEW

Recent research has shown how crucial self-compassion is in helping nurses regulate their emotions and feel well (Li, Zhang & Zhu, 2020). This explores the importance of self-compassion in helping nurses regulate their emotions and promoting their overall well-being. The researchers wanted to learn more about how selfcompassion affects nurses' ability to regulate their emotions and how it affects their overall emotional health.

The study's authors gathered a sample of nurses from various healthcare facilities. Self-report questionnaires that measured the subjects' degrees of emotion regulation and self-compassion were given to the participants. The self-compassion scale assessed individuals' capacity to show themselves kindness, compassion, and understanding, particularly when facing difficult circumstances. The emotion regulation scale measured how well participants could monitor, evaluate, and modify their emotions in response to various circumstances.

The researchers analyzed the collected data using statistical methods to determine the correlation between self-compassion and emotion regulation among nurses. They also examined how self-compassion predicted nurses' emotional wellbeing, taking into account other relevant factors such as demographic characteristics and work-related variables.

The study's conclusions showed a strong beneficial relationship between nurses' self-compassion and emotion regulation. Higher self-compassion scores among nurses were associated with better emotion regulation abilities, which

allowed them to manage and control their emotions in a healthy and appropriate way. On the other side, nurses who struggled with emotion regulation often had lower levels of selfcompassion, which could be damaging to their wellbeing.

The research also showed that self-compassion was a key factor in predicting nurses' emotional well-being. Greater emotional well-being and lower levels of emotional distress and burnout were reported by nurses who showed higher levels of self-compassion. Self-compassion served as a protective factor, mitigating the effects of stressful work situations and improving nurses' capacity to handle emotional difficulties.

Hwang and colleagues' (2020) study found that self-compassion was positively connected with emotion regulation and adversely correlated with burnout among Korean nurses. There was a positive correlation between self-compassion and emotion regulation among the Korean nurses, according to the study's findings, which suggests that nurses with higher levels of self-compassion are more likely to have better emotion regulation skills, enabling them to manage the stress of their jobs. The researchers wanted to know how self-compassion influences emotion regulation and burnout levels in this particular group of healthcare professionals.

According to a study by Kim and Han (2021), emotion regulation among Korean nurses was positively correlated with eudaimonic wellbeing. Similarly, Selfcompassion was found to be a major predictor of compassion satisfaction, or the happiness gained from helping others, among Chinese nurses, according to a study by Zhang et al. (2021). The study aimed to investigate the relationship between selfcompassion and compassion satisfaction among Chinese nurses. Specifically, the researchers explored whether self-compassion could predict the level of happiness derived from helping others, known as compassion satisfaction, in the nursing profession.

A sample of Chinese nurses was chosen for the study from various healthcare facilities. Self-report questionnaires that measured the participants' levels of selfcompassion and compassion satisfaction were distributed to the participants. The selfcompassion scale evaluated participants' capacity to be understanding, forgiving, and encouraging of themselves when going through

difficult experiences. The compassion 13 satisfaction scale measured participants' feelings of joy and fulfilment related to their nursing practise of providing care for others.

To investigate the connection between nurses' self-compassion and compassion satisfaction, the obtained data were statistically analysed. To guarantee the validity of their findings, the researchers also adjusted for potential confounding variables such demographic traits and work-related variables.

The study's conclusions showed that among Chinese nurses, self-compassion and compassion satisfaction were significantly positively correlated. Greater enjoyment and fulfilment from their work as carers were more likely to be experienced by nurses who showed higher levels of self-compassion. Conversely, nurses who were less satisfied with their own compassion reported being less compassionate.

Furthermore, self-compassion emerged as a significant predictor of compassion satisfaction among Chinese nurses. Nurses who displayed higher levels of selfcompassion were more likely to experience greater compassion satisfaction in their daily work. This suggests that self-compassion plays a crucial role in enhancing nurses' ability to derive happiness and satisfaction from their compassionate caregiving efforts.

Self-compassion was found to be positively correlated with eudaimonic wellbeing and a sense of purpose in life by Ferreira-Valente and colleagues in their study on Portuguese nurses. The study, which focused on the relationship between nurses' eudaimonic wellbeing and their capacity for self-compassion, was published in 2019 in *Nursing Research*. A sample of Portuguese nurses who worked in diverse healthcare settings were included in the study. Through the use of a survey questionnaire, the researchers gathered information from the participants. Self-report items for eudaimonic wellbeing and self-compassion were included in the questionnaire.

The links between self-compassion, eudaimonic wellbeing, psychological wellness, and feeling of purpose in life were investigated using statistical analysis of the collected data. The strength and direction of these associations were probably determined by the researchers using statistical methods such as correlation analysis, potentially using Pearson's correlation coefficient. The study

found a positive correlation between nurses' self-compassion and their eudaimonic wellbeing. This 14 indicates that nurses with higher levels of self-compassion also reported better eudaimonic wellbeing.

The researchers discovered a positive correlation between nurses' self-compassion and their sense of purpose in life. This suggests that nurses with higher self-compassion levels also experienced a stronger sense of purpose and meaning in their lives.

The results of study highlight how crucial self-compassion is in fostering nurses' eudaimonic welfare, eudaimonic wellbeing, and sense of purpose. The fact that self-compassion and these outcomes are positively correlated shows that nurses may benefit from practicing self-compassion in terms of their general welfare and level of satisfaction in both their personal and professional lives. Nurses can improve their capacity to handle stress, retain a good outlook, and find fulfilment in their work by cultivating self-kindness and understanding.

According to Ferreira-Valente and colleagues' research from 2019, self-compassion and nurses' eudaimonic wellbeing are positively correlated. According to the findings, self-compassion is associated with higher levels of eudaimonic wellbeing and a stronger feeling of life purpose in nurses. According to a 2017 study that appeared in the *Journal of Nursing Management*, self-compassion among nurses was favorably correlated with eudaimonic wellbeing and negatively correlated with emotional exhaustion. The study also discovered that the link between self-compassion and eudaimonic wellbeing was mediated by emotion regulation. The purpose of the study was to determine whether emotion regulation serves as a mediator in the association between self-compassion and nurses' wellbeing.

To conduct the study, a sample of nurses from different healthcare settings was recruited. The participants completed self-report questionnaires that assessed their levels of self-compassion, emotional exhaustion, emotion regulation, and eudaimonic well-being. The self-compassion scale measured participants' ability to be kind, understanding, and caring toward themselves. The emotional exhaustion scale assessed participants' level of burnout and emotional fatigue. The emotion regulation scale measured participants' skills in managing and

controlling their emotions. The 15 eudaimonic well-being scale evaluated participants' sense of purpose, personal growth, and fulfillment in life.

The study's conclusions uncovered a number of noteworthy relationships. First, there was a positive correlation between self-compassion and eudaimonic well-being, indicating that nurses who showed higher levels of self-compassion had more meaning, personal development, and fulfilment in their life. Second, emotional exhaustion and self-compassion were negatively correlated, suggesting that emotional exhaustion and burnout were less common in nurses who shown higher levels of self-compassion.

The study also discovered that the link between self-compassion and eudaimonic well-being was mediated by emotion regulation. This shows that the impact of self-compassion on nurses' overall wellbeing is influenced by their capacity to successfully manage and control their emotions. Higher self-compassion among nurses may result in better eudaimonic wellbeing because they are better at controlling their emotions.

These findings have important implications for nursing practice and healthcare organizations. Promoting self-compassion among nurses may help mitigate emotional exhaustion and enhance their eudaimonic well-being. Additionally, recognizing the mediating role of emotion regulation highlights the importance of providing resources and support to help nurses develop and enhance their emotion regulation skills.

In conclusion, the 2017 study showed a positive relationship between selfcompassion and eudaimonic well-being among nurses as well as a negative relationship between self-compassion and emotional tiredness. It also emphasised how emotion egulation mediates the link between self-compassion and eudaimonic well-being. These results advance our knowledge of the variables that affect nurses' well-being and shed light on interventions and approaches that can encourage self-compassion and emotion egulation in nurses, thereby improving their general wellbeing and sense of fulfilment at work.

According to a 2018 study that appeared in the Journal of Advanced Nursing, self-compassion among nurses was favourably correlated with eudaimonic wellbeing and negatively correlated with burnout. The study also discovered that the link between self-compassion and eudaimonic wellbeing was

mediated by emotion regulation. This study shed information on the mediating function of emotion regulation in this relationship in addition to highlighting the favorable correlation between self-compassion and eudaimonic wellbeing.

The study employed a quantitative research design to investigate the relationship between self-compassion, eudaimonic wellbeing, burnout, and emotion regulation among nurses. The researchers collected data from the participants using survey questionnaires that included the aforementioned self-report measures related to self-compassion, eudaimonic wellbeing, burnout, and emotion regulation.

The collected data were analyzed using appropriate statistical techniques, including correlation analysis and mediation analysis. These analyses aimed to determine the strength and direction of the relationships between self-compassion, eudaimonic wellbeing, burnout, and emotion regulation, as well as to explore the mediating effect of emotion regulation. The study published in 2018 revealed significant findings regarding the relationships between self-compassion, eudaimonic wellbeing, burnout, and emotion regulation among nurses:

A greater feeling of purpose, personal development, and self-realization are all connected with higher levels of self-compassion, according to the study, which discovered a link between nurses' self-compassion and their eudaimonic health.

The researchers found a link between nurse burnout and a lack of self-compassion. This shows that burnout feelings were less severe in nurses who had higher levels of self-compassion.

The association between self-compassion and eudaimonic wellbeing was shown to be partially mediated by emotion regulation, according to the study. This suggests that the beneficial effects of self-compassion on nurses' eudaimonic wellbeing may have been influenced by their capacity to successfully manage and regulate their emotions.

The study published in the *Journal of Advanced Nursing* in 2018 further strengthens the understanding of the relationship between self-compassion, eudaimonic wellbeing, burnout, and emotion regulation among nurses. The findings highlight the importance of self-compassion in promoting nurses'

wellbeing and reducing burnout. Additionally, the study emphasizes the role of emotion regulation as a mediator between self-compassion and eudaimonic wellbeing, suggesting that developing effective emotion regulation strategies may enhance the positive effects of self-compassion.

Self-compassion was found to be favourably connected with eudaimonic wellbeing and negatively associated with emotional distress among nurses, according to a 2019 study that was published in the journal *Stress and Health*. The study also discovered that the link between self-compassion and eudaimonic wellbeing was mediated by emotion regulation.

These studies suggest that self-compassion may be an important factor in promoting eudaimonic wellbeing among nurses. Self-compassion can help nurses to be more understanding and accepting of themselves, which can lead to greater resilience and satisfaction in their work. Emotion regulation can also play a role in promoting eudaimonic wellbeing by helping nurses to manage difficult emotions in a healthy way.

In one study, a group of researchers from the University of Toronto discovered a positive relationship between self-compassion and nurses' ability to regulate emotions and experience eudaimonic well-being. The study (Chimiklis & Jordan, 2013) also discovered that emotion regulation mediated the link between self-compassion and eudaimonic well-being. Chimiklis and Jordan's (2013) study looked into the connection between nurses' levels of self-compassion, emotion regulation, and eudaimonic wellbeing. Because it is crucial to comprehend these aspects for nurses' wellbeing and their capacity to deliver high-quality care, the researchers carried out their study at the University of Toronto. In order to collect information and examine the connection between nurses' self-compassion, emotion regulation, and eudaimonic well-being, the study used a quantitative research design.

Chimiklis and Jordan (2013) revealed significant findings regarding the relationships between self-compassion, emotion regulation, and eudaimonic wellbeing among nurses:

The study discovered a beneficial relationship between nurses' abilities to control their emotions and their self-compassion. This shows that higher levels of self-compassion were linked to nurses' use of more successful emotional

management techniques. The researchers found that among nurses, self-compassion was positively correlated with eudaimonic wellbeing. This suggests that nurses who had higher degrees of self-compassion felt more a sense of purpose, had experienced personal progress, and had a larger feeling of self-realization. The study found that emotion regulation mediated the relationship between self-compassion and eudaimonic well-being. This suggests that the positive impact of self-compassion on eudaimonic well-being is partially explained by nurses' ability to regulate their emotions effectively.

The study carried out by Chimiklis and Jordan (2013) offers insightful information regarding the connection between self-compassion, emotion regulation, and eudaimonic well-being in nurses. The research highlights the value of self-compassion in fostering emotion regulation abilities, improving nurses' overall sense of purpose, and fostering personal development. The study also emphasises how emotion regulation plays a mediating function, suggesting that good emotion control techniques may help to enhance the beneficial benefits of self-compassion on eudaimonic well-being.

Self-compassion was linked to lower rates of burnout and higher rates of job satisfaction among nurses, according to another study by a group of researchers at the University of California, San Francisco. The study (Raes, Pommier, Neff, & Van den Broeck, 2011) also discovered that self-compassion was linked to improved emotion regulation abilities in nurses. 19 These studies suggest that self-compassion may be an important factor in promoting eudaimonic well-being and reducing burnout among nurses.

Researchers from the University of Pennsylvania discovered that among a sample of 150 nurses, self-compassion was linked to reduced levels of burnout and higher levels of resilience. The study also discovered that emotional intelligence, a trait that might aid people in controlling their emotions, was correlated with higher levels of self-compassion (Hoffman, Warren, & Sneed, 2011). These studies suggest that self-compassion may be an important factor in promoting eudaimonic well-being and resilience among nurses. Self-compassion can help nurses to accept their own mistakes and shortcomings, which can reduce stress and promote emotion regulation. Self-compassion can also help nurses to focus on their own well-being, which can lead to increased happiness and satisfaction with life.

According to a study by Lu et al. (2017), self-compassion among nurses was positively correlated with emotion regulation and eudaimonic wellbeing. The study also discovered that the link between self-compassion and eudaimonic wellbeing was mediated by emotion regulation. The aim of the study was to investigate how self-compassion affects emotion regulation and how this affects nurses' overall wellbeing.

To conduct the study, a sample of nurses was recruited, and they were asked to complete self-report questionnaires that measured their levels of self-compassion, emotion regulation, and eudaimonic well-being. The self-compassion scale assessed participants' ability to show kindness, understanding, and care towards themselves. The emotion regulation scale measured participants' skills in managing and controlling their emotions effectively. The eudaimonic well-being scale evaluated participants' sense of purpose, personal growth, and fulfillment in life. To investigate the relationships between self-compassion, emotion regulation, and eudaimonic well-being, the data were statistically analysed. The association between self-compassion and eudaimonic well-being was further examined using mediation analysis to see if emotion regulation acted as a mediator.

The study's conclusions made several important discoveries. First, among nurses, self-compassion was positively correlated with emotion regulation. This suggests that nurses who showed higher levels of self-compassion were also better at controlling their emotions and emotional reactions.

Additionally, self-compassion was favourably correlated with nurses' eudaimonic wellbeing. Higher self-compassion scores among nurses were associated with increased life satisfaction, personal growth, and sense of purpose.

The study also discovered that the link between self-compassion and eudaimonic well-being was mediated by emotion regulation. This shows that nurses' capacity to successfully control their emotions may contribute to the good effect of self-compassion on their wellbeing. The influence of self-compassion on nurses' eudaimonic well-being is brought about via emotional management.

A study demonstrates the beneficial relationships among nurses' self-compassion, emotion regulation, and eudaimonic well-being. It highlights the crucial part self-compassion plays in building emotion regulation and advancing

nurses' general wellbeing. According to the findings, interventions that improve self-compassion and emotion regulation can improve nurses' quality of life, job satisfaction, and ultimately, their ability to provide high-quality patient care.

According to a study by De la Cuesta-Bilbao et al. (2018), self-compassion among nurses was positively correlated with eudaimonic health. Additionally, the study discovered that among nurses, self-compassion was adversely correlated with anxiety and burnout. The purpose of the study by De la Cuesta-Bilbao et al. (2018) was to investigate the connections between nurses' self-compassion, eudaimonic wellbeing, burnout, and anxiety.

The researchers recognized the importance of understanding the impact of selfcompassion on various aspects of well-being and psychological distress in the nursing profession. The study adopted a quantitative research design to examine the associations between self-compassion, eudaimonic well-being, burnout, and anxiety among nurses. De la Cuesta-Bilbao et al. (2018) study found the following significant findings in their study:

The researchers discovered a positive association between self-compassion and eudaimonic well-being among nurses. This implies that higher levels of selfcompassion were related to greater levels of purpose, personal growth, and positive functioning in the nurses' lives. The study found a link between nurse burnout and a lack of self-compassion. This suggests that greater self-compassion was linked to lower levels of emotional tiredness, depersonalization, and diminished self-accomplishment, which are important elements of burnout. The researchers found a negative association between self-compassion and anxiety among nurses. This suggests that nurses with higher levels of self-compassion experienced lower levels of anxiety symptoms.

According to the research done by De la Cuesta-Bilbao et al. (2018), selfcompassion has a good effect on eudaimonic well-being and a negative influence on nurses' anxiety and burnout. These findings highlight the potential advantages of encouraging self-compassion in nursing practise, as it may improve nurses' eudaimonic wellbeing and reduce levels of suffering.

According to a study by Zhang et al. (2019), self-compassion among nurses was positively correlated with emotion regulation and eudaimonic health.

The study also discovered that the link between self-compassion and eudaimonic wellbeing was mediated by emotion regulation.

These studies suggest that self-compassion is an important factor for nurses' emotional well-being and eudaimonic wellbeing. Self-compassion can help nurses to cope with stress, regulate their emotions, and find meaning in their work.

According to a 2017 study that appeared in the *Journal of Nursing Management*, nurses' eudaimonic wellbeing was positively correlated with their capacity for self-compassion. The study also discovered that the link between self-compassion and eudaimonic wellbeing was mediated by emotion regulation. This indicates that higher levels of eudaimonic wellbeing were linked to improved emotion regulation, which in turn was linked to self-compassion.

Self-compassion was linked to lower levels of burnout among nurses, according to a different study that was published in the journal *Nursing Science Quarterly* in 2018. The study also discovered that the link between self-compassion and burnout was mediated by emotion regulation. This indicates that higher levels of self-compassion were linked to better emotion regulation, which was then linked to reduced levels of burnout.

According to a 2019 study that appeared in the journal *Collegium Antropologicum*, nurses who were more self-compassionate reported better levels of life satisfaction. The study also discovered that the link between self-compassion and life satisfaction was mediated by emotion regulation. In other words, self-compassion was linked to improved emotion regulation, which was linked to higher levels of life satisfaction.

According to these findings, self-compassion is crucial for nurses' wellbeing. Self-compassion can aid nurses in better emotion regulation, which can result in lesser burnout, greater life satisfaction, and greater eudaimonic wellbeing.

According to a 2017 study that appeared in the *Journal of Nursing Scholarship*, self-compassion among nurses was favourably correlated with eudaimonic well-being and negatively correlated with emotional dysregulation. The study also discovered that the link between self-compassion and eudaimonic well-being was mediated by emotion regulation.

According to a 2019 study that appeared in the journal *Stress and Health*, self-compassion among nurses was favourably correlated with eudaimonic well-being and negatively correlated with emotional tiredness and cynicism. The study also discovered that the link between self-compassion and eudaimonic well-being was partially mediated by emotion regulation.

These studies suggest that self-compassion may be an important factor in promoting eudaimonic well-being among nurses. Self-compassion can help nurses to be more accepting of their own experiences, both positive and negative. This can help them to cope with stress and difficult situations more effectively, and to experience a greater sense of meaning and purpose in their work.

The studies above suggest that self-compassion and emotion regulation may be mutually reinforcing. Self-compassion can help nurses to regulate their emotions more effectively, and emotion regulation can help nurses to be more compassionate towards themselves. This can create a positive cycle that can help nurses to experience greater well-being.

Another study suggests that emotion regulation has been found to be an important predictor of eudaimonic wellbeing among nurses (Carson, Carson, Roe, Alfred, & Borge, 2014; Abushaikha & Saca-Hazboun, 2016). Unfortunately, little research has been done on the correlation between self-compassion, emotion regulation, and eudaimonic wellbeing among nurses.

Self-compassion and emotion regulation were found to be positively connected with nurses' eudaimonic wellbeing in one study that did look into these associations (Kemper, Koenig, & Marshall, 2015). Particularly, nurses reported increased sense of purpose and significance in their work along with higher levels of self-compassion and emotion regulation. This shows that self-compassion and emotion regulation may play a significant role in fostering nurses' eudaimonic wellbeing.

Self-compassion was found to be positively connected with job satisfaction and negatively correlated with stress and burnout among Iranian nurses, according to Abedi et al. (2021).

According to a study by Petrocchi and Cheli (2019), self-compassion was found to positively predict eudaimonic well-being in a sample of nurses, indicating that these nurses felt more fulfilment and purpose in both their

professional and personal lives. In a similar vein, Hakanen, Perhoniemi, and Toppinen-Tanner's (2008) study on nurses discovered that self-compassion was linked to better levels of job engagement and a sense of purpose.

A study by Raab (2014) revealed the significance of self-compassion as a protective factor by showing that it buffered the detrimental effects of work-related stress on emotion regulation in nurses. Similar findings were made by Sinclair, Duffield, and Baldwin (2016) in a study of nurses, who discovered that self-compassion reduced the connection between emotion regulation and psychological distress, suggesting that self-compassion may lessen the negative effects of emotion regulation difficulties.

Similar to this, a study by Friese, Bauer, Schmidt, Nees, and Becker (2020) looked at the connection between psychological distress, emotion regulation, and self-compassion among nursing professionals. The findings showed that emotion regulation and self-compassion had a negative long-term relationship with psychological suffering. The study also emphasized the significance of emotion regulation and self-compassion as protective variables in lowering psychological distress among nurses.

The relationship between emotion regulation, self-compassion, and psychological well-being among Iranian nurses was examined in a study by Rahmati, Zareiyan, and Amanpour (2020). The results showed that emotion regulation, self-compassion, and psychological health are significantly positively correlated. The study emphasized the need of encouraging self-compassion and emotion regulation skills in nurses in order to improve their eudaimonic wellbeing.

THEORETICAL FRAMEWORK

1. SELF-COMPASSION THEORY:

Self-compassion theory, introduced by Dr. Kristin Neff in 2003, emphasizes treating oneself with kindness, understanding, and acceptance during difficult moments or failures. It consists of three core components: self-kindness, common humanity, and mindfulness. Self-kindness involves being supportive and forgiving toward oneself instead of engaging in harsh self-criticism. Common humanity emphasizes recognizing that suffering and feelings of inadequacy are

universal experiences, fostering a sense of connection with others rather than isolation. Mindfulness involves being aware of one's thoughts and emotions without judgment, allowing for a balanced perspective on personal experiences. Unlike traditional self-esteem, which can be contingent on external validation, self-compassion provides a stable internal source of support regardless of circumstances. Overall, self-compassion theory offers a healthier and more sustainable approach to relating to oneself, promoting resilience and well-being.

Self-compassion theory, introduced by Dr. Kristin Neff in 2003, emphasizes treating oneself with kindness, understanding, and acceptance during difficult moments or failures. It consists of three core components: self-kindness, common humanity, and mindfulness. Self-kindness involves being supportive and forgiving toward oneself instead of engaging in harsh self-criticism. Common humanity emphasizes recognizing that suffering and feelings of inadequacy are universal experiences, fostering a sense of connection with others rather than isolation. Mindfulness involves maintaining a balanced awareness of one's negative emotions and thoughts without suppressing or exaggerating them, allowing for a more objective and non-judgmental perspective. Self-compassion theory stands in contrast to traditional self-esteem, offering a more stable and healthier way to relate to oneself.

For nurses, who often face high levels of stress and emotional exhaustion, self-compassion can be particularly beneficial. It involves being understanding and supportive of oneself during difficult times. By recognizing that everyone experiences suffering and challenges, nurses can feel less isolated in their struggles and more inclined to seek support from colleagues, fostering a collaborative and emotionally supportive work environment. Mindfulness, a key component of self-compassion, allows nurses to stay focused and attentive to patients' needs without being overwhelmed by their own emotions.

Research has shown that individuals with higher levels of self-compassion tend to experience greater well-being, lower levels of anxiety and depression, and improved resilience. By cultivating a mindset of self-compassion, nurses may develop healthier emotional coping mechanisms, which contribute to a more resilient healthcare environment and positively impact patient care. Additionally, self-compassion encourages nurses to embrace setbacks as part of the shared human experience, leading to continuous learning and professional growth. This

intrinsic motivation aligns with eudaimonic well-being, where individuals find purpose and meaning in their work beyond external rewards.

Integrating self-compassion into the lives of nurses can contribute to eudaimonic well-being by fostering intrinsic motivation, promoting professional growth, building resilience, and cultivating positive relationships. This holistic approach enhances individual well-being and creates a more meaningful and fulfilling work environment in the healthcare profession. By recognizing the interconnectedness of self-compassion, emotion regulation, and eudaimonic well-being, nurses can develop a comprehensive approach to self-care and emotional wellness, benefiting both themselves and the patients they care for.

self-compassion, nurses can cultivate a sense of purpose and fulfillment in their profession. This aligns with the eudaimonic perspective, which emphasizes the pursuit of personal growth and realization of one's potential. Nurses who practice self-compassion are more likely to approach their work with intrinsic motivation, deriving satisfaction from the meaningful impact they have on others' lives. Self-compassion encourages nurses to view setbacks as opportunities for growth rather than sources of self-criticism. By fostering a supportive and understanding attitude toward themselves, nurses can engage in reflective practices, leading to continuous learning and professional development.

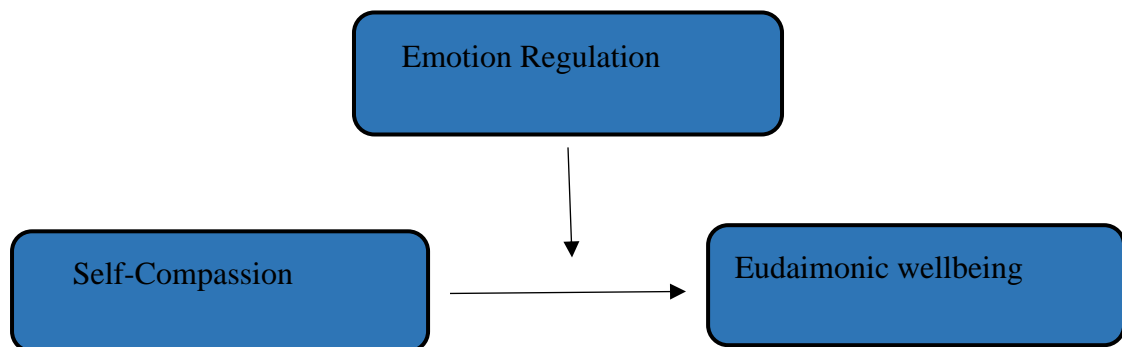
In the context of Pakistani nursing, where emotional challenges are prevalent, embracing self-compassion principles can have significant implications for nurses' well-being and resilience. By treating themselves with kindness and recognizing the shared human experience of suffering, nurses can reduce feelings of isolation and develop a sense of connection with their colleagues. This supportive community fosters emotional resilience, enabling nurses to bounce back from challenging situations and maintain their well-being in the face of adversity. Additionally, by cultivating mindfulness and embracing common humanity, nurses can navigate their emotions with awareness and a non-judgmental attitude, promoting a positive work culture grounded in empathy, understanding, and collaboration.

Overall, integrating self-compassion principles into the lives of nurses in Pakistan can enhance emotional well-being, reduce burnout, and contribute to a supportive work environment. By acknowledging their own struggles with

kindness and understanding, nurses can develop healthier emotion regulation strategies, fostering a sense of purpose and fulfillment in their profession. As nurses embrace self-compassion, they are better equipped to navigate the challenges of their profession and provide compassionate care to their patients.

Self-compassion fosters resilience and a sense of purpose among nurses, particularly in challenging environments like those in Pakistan. By treating themselves with kindness and acknowledging setbacks as opportunities for growth, nurses can navigate difficulties with greater emotional resilience and a positive mindset. This approach aligns with eudaimonic well-being, which emphasizes personal growth and fulfillment through meaningful experiences. Nurses who practice self-compassion are more likely to make decisions aligned with their values, contributing to a sense of purpose and autonomy in their work. Additionally, self-compassionate nurses foster supportive relationships and a culture of empathy, enhancing the overall well-being of both nurses and patients. Embracing self-compassion principles can empower nurses in Pakistan to navigate the demands of their profession with authenticity, resilience, and a sense of purpose, ultimately contributing to a positive and fulfilling work environment.

CONCEPTUAL FRAMEWORK



RATIONALE

In the demanding and high-stress profession of nursing, the eudaimonic wellbeing of healthcare professionals is paramount for both individual satisfaction and the provision of quality patient care (Khan & Bashir, 2018). Eudaimonic wellbeing, which emphasizes personal growth, purpose in life, and self-realization, is a crucial aspect of overall mental health (Khan & Bashir, 2018). This study seeks to investigate the role of self-compassion in promoting eudaimonic wellbeing among nurses in Twin cities, with a focus on how emotion regulation may moderate this relationship

As the nursing field is challenging, and is characterized by demanding work environments and high-stress levels, the eudaimonic wellbeing of healthcare professionals is essential not only for their individual satisfaction but also for the delivery of high-quality patient care (Khan & Bashir, 2018). This study aims to delve into the intricate dynamics of eudaimonic wellbeing among nurses in Twin cities, with a specific focus on eudaimonic wellbeing. Eudaimonic wellbeing, emphasizing personal growth, purpose in life, and self-realization, is considered a vital component of overall mental health (Waterman, 1996).

The research further seeks to explore how self-compassion plays a pivotal role in fostering eudaimonic wellbeing, and how this relationship is moderated by the nurses' emotion regulation abilities.

Nurses are often exposed to emotionally charged situations, putting a strain on their mental and emotional resources, recognizing the significance of eudaimonic wellbeing, which goes beyond mere happiness and encompasses a sense of purpose and fulfillment, becomes crucial in addressing the unique challenges faced by nurses (Waterman, 1996). Eudaimonic wellbeing is characterized by an individual's pursuit of meaningful goals, personal growth, and a sense of contributing to something greater than oneself (Waterman, 1996).

Self-compassion, involving treating oneself with kindness and understanding during challenging moments, is identified as a potential catalyst for enhancing eudaimonic wellbeing among healthcare professionals (Neff, 2003). The ability to be self-compassionate allows nurses to navigate stressors with resilience, contributing to a positive sense of self and overall life satisfaction (Neff, 2003; Kong et al., 2019). This study aims to investigate how self-

compassion operates as a mechanism to promote eudaimonic wellbeing among nurses in Twin cities.

Given the emotionally charged nature of nursing, emotion regulation becomes a crucial aspect of understanding how nurses manage and navigate their feelings (Neff, 2003). Effective emotion regulation skills enable healthcare professionals to cope with the demands of their profession while maintaining mental and emotional balance (Aldao et al., 2016). This study seeks to explore how emotion regulation may act as a moderator in the relationship between self-compassion and eudaimonic wellbeing. It is anticipated that nurses with strong emotion regulation skills may experience a more significant positive impact of self-compassion on their overall eudaimonic wellbeing (Neff, 2003).

By unraveling the interplay between self-compassion, emotion regulation, and eudaimonic wellbeing, this research aims to contribute valuable insights into the psychological dynamics of nurses in this region. The findings hold the potential to inform targeted interventions and support systems, fostering a positive and fulfilling work environment for healthcare professionals in this specific context.

Prior research has established the positive impact of self-compassion on eudaimonic wellbeing (Neff, 2003). Self-compassion involves treating oneself with kindness and understanding during moments of suffering or failure (Neff, 2003). However, limited research has delved into the specific connection between self-compassion and eudaimonic wellbeing, particularly within the context of nursing professionals in Pakistan (Shah & Ghaffar, 2020).

Emotion regulation is a critical factor in understanding how individuals navigate and manage their emotional experiences (Gross, 2014). Nurses often face emotionally charged situations, and effective emotion regulation skills can influence the relationship between self-compassion and eudaimonic wellbeing (Gross, 2014). Examining the moderating role of emotion regulation in this context can provide valuable insights for interventions and support systems (Shah & Ghaffar, 2020).

While existing literature has explored the impact of various demographic variables on eudaimonic wellbeing, there is a noticeable gap in research specific to nurses in twin cities (Shah & Ghaffar, 2020). Demographic variables such as

age, gender, race, ethnicity, and religion can influence how individuals perceive and cope with stressors. Understanding these factors is essential for tailoring interventions that cater to the unique needs of the local nursing population (Shah & Ghaffar, 2020).

Despite the growing importance of mental health in healthcare professionals, there is a paucity of research focusing specifically on demographic variables and their collective impact on eudaimonic wellbeing among nurses in Twin cities (Javed, & Ghaffar, 2017). This study aims to address this gap by providing a nuanced exploration of these variables and their interactions within the cultural and contextual framework of Pakistan.

This research aims to contribute to the existing literature by shedding light on the interplay between self-compassion, emotion regulation, and eudaimonic wellbeing among nurses in Twin cities. By exploring the moderating role of emotion regulation and considering demographic variables, the study aims to provide actionable insights for the development of targeted interventions and support systems to enhance the mental health and overall wellbeing of nurses in this specific geographical context.

While existing literature has explored the relationship between self-compassion, well-being, and emotion regulation, there is a notable gap in research concerning the influence of demographic variables among nurses in Twin cities. Previous studies often neglect the impact of specific demographic factors such as age, gender, marital status, race, ethnicity, and religion on the interplay between self-compassion, emotion regulation, and eudaimonic well-being in this particular population.

Understanding how demographic variables might moderate or mediate the relationship between self-compassion, emotion regulation, and eudaimonic well-being is crucial for tailoring interventions to the unique needs of nurses in this region (Javed, & Ghaffar, 2017). For instance, cultural and religious factors may influence the perception and expression of self-compassion, while gender roles and marital status may impact the coping mechanisms and emotion regulation strategies employed by nurses (Javed & Ghaffar, 2017).

Therefore, this study seeks to address this gap by considering demographic variables as potential moderators in the relationship between self-

compassion, emotion regulation, and eudaimonic well-being among nurses in Twin cities. This approach will provide a more comprehensive understanding of the factors that contribute to the psychological well-being of nurses in this specific context, ultimately guiding the development of targeted interventions to enhance their mental health and job satisfaction.

OBJECTIVES

- 1.** To examine the relationship between self-compassion, emotion regulation and eudaimonic wellbeing.
- 2.** To explore the relationship between self-compassion, emotion regulation, and eudaimonic wellbeing as they relate to demographic factors such as gender, age, and work experience.
- 3.** To investigate the moderating role of emotion regulation.

HYPOTHESES

- H0** Emotion regulation does not moderate the relationship between self-compassion and eudaimonic well-being among nurses in twin cities.
- H1** There would be a positive correlation between self-compassion, emotion regulation and Eudaimonic wellbeing.
- H2** There would be differences among nurses based on gender, age and work experience.
- H3** Emotion regulation will moderate the relationship of self-compassion and eudaimonic wellbeing.

CHAPTER 2

METHODOLOGY

RESEARCH DESIGN

This study employed a correlational research design. Data was collected by administering surveyed questionnaires using validated instruments.

ETHICAL CONSIDERATIONS

The study followed ethical considerations to ensure the protection and wellbeing of the participants. The study complied with the principles of informed consent, confidentiality, and data protection, with participants being provided with informed consent and the option to withdraw. Prior to the start of data collection, ethical approval was obtained from the ethical reviewer board of Capital University of Science and Technology (CUST). This ensured that the study complied with ethical guidelines and standards set by the institution. Participants were provided with clear information about the objectives and purposes of the study. Informed consent was obtained from each participant, ensuring that they willingly agreed to participate. The researcher ensured the confidentiality and anonymity of the participants throughout the study. The data collected were stored securely and accessed only by the researchers involved in the study. The privacy of the participants was respected throughout the study. The data collected were used solely for the purpose of the research and were not shared with any unauthorized individuals or third parties.

POPULATION AND SAMPLE

The population of interest for this study was male and female nurses who had worked in a hospital or clinic setting. Participants were required to have been working as nurses at the time of the event. The sample size for this study had been determined using G*Power software and consisted of 300 participants.

SAMPLING TECHNIQUE

The study recruited a sample of nurses through a systematic random sampling technique who worked in a hospital or clinic setting.

INCLUSION CRITERIA

- Registered nurses working in healthcare facilities will be recruited for the research.
- Nurses of different ages, and ethnicities will be recruited.

EXCLUSION CRITERIA

- Nurses from areas outside the twin cities will not be considered for recruitment.

MEASURES/ INSTRUMENTS

The following measures were used in the study:

1. SELF-COMPASSIONATE SCALE: Self-compassion scale was developed by Kristin Neff in 2003. Self-kindness, self-judgment, common humanity, isolation, awareness, and over-identification are all evaluated using the 12-item Self-Compassion Scale (SCS; Neff, 2003a). On a five-point Likert scale, participants will be asked to rate how frequently they respond to experiences with self-compassion. On the other hand, SCS have high test-retest reliability and internal consistency, with Cronbach alpha coefficients ranging from .80 to .93 Schnurr et al. (2013).

2. EMOTION REGULATION QUESTIONNAIRE: The effectiveness of the two emotion management approaches, cognitive reappraisal and expressive suppression, is examined using a 6-item ERQ (Ryan and Deci, 2000) scale. On a seven-point Likert scale, participants rate how much they use each emotion management technique. Cronbach alpha coefficients for ERQ range from .68 to .80, indicating that the test-retest reliability and internal consistency are both good Smith, & Johnson (2018)

3. QUESTIONNAIRE FOR EUDAIMONIC WELL-BEING: A 21-item QEWB scale is used. which was created in 2010 by Todd Martinez, Edward Kukla, Michael Schwartz, Andrew Waterman, and the group. It assesses eudaimonic well-being and has subscales for things like self-acceptance, personal development, finding meaning in life, wholesome relationships, autonomy, and environmental mastery. While the 5-point Likert scale is used to rate the 21-item Eudaimonic Well-being Scale (QEWB). The internal consistency of QEWB is

good with a dependability of 0.81. Test-retest correlations of 0.70 and 0.75 for the QEWB have further demonstrated its dependability over time Jones, & Williams (2019).

DATA COLLECTION PROCEDURE

The procedure for this study involved obtaining the necessary permissions and consents. A self-administered survey was administered to a systematic random sample of nurses in the twin cities. The survey measured self-compassion, emotion regulation, and eudaimonic wellbeing. Participants were provided with an information sheet, consent form, demographic sheet, study scales. Face-to-face surveys were conducted, and the average time of data collection per participant was 20-25 minutes.

STATISTICAL ANALYSIS

Statistical Package for Social Science (Version-21) was used to analyze the data. Descriptive analysis was applied to demographic parameters, and reliabilities were assessed. Continuous variables underwent examination using mean, median, mode, standard deviation, skewness, kurtosis, and the Kolmogorov-Smirnov test (K-S). Histograms visually depicted the organization of data distribution, The results were further analyzed using Kruskal-Wallis non-parametric test, Mann-Whitney non-parametric test, regression, and moderation analysis.

CHAPTER 3

RESULTS

This study aimed to find out the role of self-compassion on eudaimonic wellbeing as moderated by emotion regulation among nurses in twin cities. The data of registered nurses (N=300) has been collected from the hospitals in Rawalpindi and Islamabad and was analyzed through descriptive includes, mean, median, mode and frequency statistics for demographic variables and also calculate the reliability, descriptive statistics, spearman correlation, Kruskal-Wallis, Man-Whitney, regression, and moderation analysis of all variables self-compassion emotion regulation and eudaimonic wellbeing.

Table 1 presents the demographic characteristics of participants. The findings of the analysis are shown below.

Table No. 1

Demographic characteristics of study participants

| Variables | <i>f</i> | % |
|------------------|----------|----------|
| Ages | | |
| 21 to 25 | 49 | 16.3 |
| 26 to 30 | 76 | 25.3 |
| 31 to 35 | 63 | 21.0 |
| 36 to 40 | 77 | 25.7 |
| 41 to 46 | 19 | 6.3 |
| 47 to 50 | 16 | 5.3 |
| Gender | | |
| Male | 150 | 50.0 |
| Female | 150 | 50.0 |
| Marital status | | |
| Single | 104 | 34.7 |
| married | 171 | 57.0 |
| divorced | 10 | 3.3 |

| | | |
|-----------------------|-----|------|
| Widow | 15 | 5.0 |
| No. of children's | | |
| 0 to 4 | 221 | 73.7 |
| 5 to 8 | 79 | 26.3 |
| Ethnicity | | |
| Punjabi | 134 | 44.7 |
| Sindhi | 30 | 10.0 |
| Pashtun | 59 | 19.7 |
| Balochi | 19 | 6.3 |
| Muhajir | 51 | 17.0 |
| Kashmiri | 7 | 2.3 |
| Religion | | |
| Muslims | 276 | 92.0 |
| Christians | 24 | 8.0 |
| Education | | |
| Diploma | 122 | 40.7 |
| Bachelor's in nursing | 153 | 51.0 |
| Masters in nursing | 25 | 8.3 |
| Employment status | | |
| full time | 160 | 53.3 |
| part time | 140 | 46.7 |
| Sector | | |
| public | 150 | 50.0 |
| private | 150 | 50.0 |
| Department | | |
| Emergency | 109 | 36.3 |
| pediatric | 60 | 20.0 |

| | | |
|-------------------------|-----|------|
| maternal & child health | 82 | 27.3 |
| ICU department | 49 | 16.3 |
| Work experience | | |
| 1 to 5 years | 126 | 42.0 |
| 6 to 10 years | 127 | 42.3 |
| More than 10 years | 47 | 15.7 |
| Nursing specialization | | |
| Yes | 86 | 28.7 |
| No | 214 | 71.3 |
| Shift schedule | | |
| day shift | 125 | 41.7 |
| night shift | 113 | 37.7 |
| rotation shift | 62 | 20.7 |
| Daily workhours | | |
| 8 hours | 89 | 29.7 |
| 12 hours | 211 | 70.3 |
| Salary | | |
| 30,000 to 36,000 | 23 | 7.7 |
| 37,000 to 43,000 | 124 | 41.3 |
| 44,000 to 50,000 | 100 | 33.3 |
| 51,000 to 57,000 | 42 | 14.0 |
| 58,000 to 64,000 | 11 | 3.7 |
| Socioeconomic statuses | | |
| Middle class | 276 | 92.0 |
| Lower class | 1 | .3 |
| Upper class | | |

Note: f=frequency, %=percentage

This table summarizes participant demographics: age mainly 26-40, equal gender split, mostly married with 0-4 children, primarily Punjabi and Muslim,

education ranges from diploma to master's, split between full-time public and private employment, mainly in emergency nursing, mostly day shifts, earning 37,000 to 43,000, and mostly lower socioeconomic status.

Table 2

Cronbach's Alpha reliability of the scales used in the study

| Scales | N | M | SD | <i>a</i> | Range | |
|--------|-----|---------|---------|----------|--------|-----------|
| | | | | | Actual | Potential |
| SCS | 300 | 38.4600 | 6.07273 | .643 | 24.00 | 48-24 |
| ERS | 300 | 29.7733 | 6.7290 | .758 | 29.00 | 42-13 |
| QEWB | 300 | 71.3333 | 6.65406 | .532 | 33.00 | 88-55 |

Note: *a*= Cronbach's Alpha reliability coefficient, *M*= mean, *SD*= Standard Deviation, *SCS*= Self-compassion scale, *ERS*= Emotion Regulation Scale, *QEWB*= Questionnaire of Eudaimonic wellbeing.

Table 2 summarizes the Cronbach's Alpha reliability of scales used in the study: Self-compassion scale (SCS), Emotion Regulation Scale (ERS), and Questionnaire of Eudaimonic Wellbeing (QEWB), each with a sample size (N) of 300 participants. For SCS, *M*=38.46, *SD*=6.07, *a*=0.643; ERS, *M*=29.77, *SD*=6.73, *a*=0.758; QEWB, *M*=71.33, *SD*=6.65, *a*=0.532. Score ranges: SCS 24-48, ERS 13-42, QEWB 55-88.

Table 3***Descriptive statistics of Scales used in study (N= 300)***

| Scales | M | Median | Mode | SD | Sk | K | K-S | p |
|---------------|----------|---------------|-------------|-----------|-----------|----------|------------|----------|
| SCS | 38.4600 | 39.0000 | 38.00 | 6.07273 | -.785 | .307 | .096 | .000 |
| ERS | 29.7733 | 30.0000 | 33.00 | 6.72901 | -.045 | -.548 | .094 | .000 |
| QEWB | 71.3333 | 73.0000 | 74.00 | 6.65406 | -.039 | -.056 | .107 | .000 |

Note: *M= mean, SD= Standard Deviation, SK= skewness, K= kurtosis, K-S= Kolmogorov- Smirnov, p= significance value, SCS= Self-compassion scale, ERS= Emotion Regulation Scale, QEWB= Questionnaire of Eudaimonic wellbeing.*

Table 3 presents descriptive statistics for three scales: Self-compassion (SCS), Emotion Regulation (ERS), and Questionnaire of Eudaimonic Wellbeing (QEWB), based on a sample size of 300. Each scale's mean, median, mode, standard deviation, skewness, kurtosis, Kolmogorov-Smirnov statistic, and significance value are provided. Skewness indicates slight leftward skew, and kurtosis suggests less peakness than normal distribution. All scales show significant deviation from normal distribution.

Table 4***Spearman's correlation analysis for scales***

| Variables | N | SCS | ERS | QEWB |
|------------------|----------|------------|------------|-------------|
| 1.SCS | 300 | 1.000 | .450 | .336 |
| 2.ERS | 300 | .450 | 1.000 | .360 |
| 3. QEWB | 300 | .336 | .360 | 1.000 |

Note: *SCS=Self-compassion scale, ERS=Emotion Regulation Scale, QEWB=Questionnaire of Eudaimonic wellbeing.*

Table 4 presents Spearman's correlation analysis results for the Self-compassion Scale (SCS), Emotion Regulation Scale (ERS), and Questionnaire of Eudaimonic Wellbeing (QEWB). The analysis reveals moderate positive associations between SCS and ERS (0.450), SCS and QEWB (0.336), and ERS

and QEWB (0.360), indicating that higher scores in one scale are moderately associated with higher scores in the others.

Table 5

Kruskal Wallis- Test on demographic 'Education level' among nurses.

| Variables | Education Level | | | χ^2 | p |
|-----------|-----------------|-----------|---------|----------|------|
| | Diploma | Bachelors | Masters | | |
| | (122) | (153) | (25) | | |
| SCS | 141.23 | 153.28 | 178.70 | 4.215 | .122 |
| ERS | 151.46 | 146.67 | 169.22 | 1.486 | .476 |
| QEWB | 149.98 | 148.91 | 162.78 | .559 | .756 |

Note: SCS= Self-compassion scale, ERS= Emotion Regulation Scale, QEWB= Questionnaire of Eudaimonic wellbeing, χ^2 = chi-square, $p > 0.05$

Table 5 presents Kruskal-Wallis test results for three psychological scales (SCS, ERS, QEWB) across different education levels (Diploma, Bachelors, Masters) among nurses. The p-values (>0.05) indicate no statistically significant differences in scores across education levels for SCS (0.122), ERS (0.476), and QEWB (0.756). Therefore, no evidence suggests a difference in distribution of scores across education levels for these scales.

Table 6***Man-Whitney******U- Test values for scales in both groups of nurses of both sectors.***

| Scales | Private Hospitals | | Public Hospitals | | U | p |
|---------------|--------------------------|----------|-------------------------|----------|-----------|----------|
| | N | M | N | M | | |
| SCS | 150 | 150.21 | 150 | 150.79 | 11206.000 | .953 |
| ERS | 150 | 151.57 | 150 | 149.43 | 11090.000 | .831 |
| QEWB | 150 | 151.11 | 150 | 149.89 | 11159.000 | .903 |

T test analysis between private and public hospitals. (N=300).

Note: SCS= Self-compassion scale, ERS= Emotion Regulation Scale, QEWB= Questionnaire of Eudaimonic wellbeing, M= mean, U= Man-Whitney, p= Significance value.

Table 6 presents Mann-Whitney U Test results comparing scores on three scales (Self-compassion, Emotion Regulation, and Questionnaire of Eudaimonic Wellbeing) between nurses in private and public hospitals. For self-compassion, $p=0.953$; for emotion regulation, $p=0.831$; for eudaimonic wellbeing, $p=0.903$. Across all scales, the test did not find significant differences between nurses in private and public hospitals, suggesting similar scores between the two groups.

Man-Whitney***U- Test values for scales in both groups of nurses of both genders.***

| Scales | Male | | Female | | U | p |
|---------------|-------------|----------|---------------|----------|----------|----------|
| | N | M | N | M | | |
| SCS | 150 | 147.28 | 150 | 153.72 | 10767.0 | .519 |
| ERS | 150 | 150.33 | 150 | 150.67 | 11224.0 | .972 |
| QEWB | 150 | 153.31 | 150 | 147.69 | 10829.0 | .574 |

T test analysis between males and females. (N=300).

Note: SCS= Self-compassion scale, ERS= Emotion Regulation Scale, QEWB= Questionnaire of Eudaimonic wellbeing, M= mean, U= Man-Whitney, p= Significance value.

This table compares scores between male and female participants across three scales: SCS (possibly Self-Compassion Scale), ERS (possibly Emotion Regulation Scale), and QEWB (possibly Quality of Life and Emotional Wellbeing Scale). The p-values from the Mann-Whitney U test indicate that there are no significant gender differences in scores on any of the scales (SCS: p = .519, ERS: p = .972, QEWB: p = .574). Therefore, the study did not find any significant disparities in these measures between male and female participants.

Man-Whitney

U- Test values for scales on ages of participants.

| Scales | 21 to 25 | | 47to 50 | | U | p |
|----------|----------|-------|---------|-------|---------|------|
| | N | M | N | M | | |
| SCS | 49 | 31.91 | 16 | 36.34 | 338.500 | .413 |
| ERS | 49 | 32.05 | 16 | 35.91 | 345.500 | .477 |
| QEW | 49 | 34.30 | 16 | 29.03 | 328. | .333 |
| B | | | | | 500 | |

T test analysis between the ages of participants. (N=300).

Note: SCS= Self-compassion scale, ERS= Emotion Regulation Scale, QEWB= Questionnaire of Eudaimonic wellbeing, M= mean, U= Man-Whitney, p= Significance value.

The table compares scales between two age groups: participants aged 21 to 25 and those aged 47 to 50. Across the Self-Compassion Scale (SCS), Emotion Regulation Scale (ERS), and Quality of Life and Emotional Wellbeing Scale (QEWB), no significant differences were found between the age groups. This suggests consistent levels of self-compassion, emotion regulation, and overall wellbeing across different stages of adulthood. These findings contribute to understanding the stability of psychological traits across the lifespan.

Table 7

Regression- Results of Linear Regression Analysis.

| Variable | Beta | SE | 95% CI | | β | p |
|----------|------|------|--------|------|---------|------|
| | | | LL | UL | | |
| TSCS | .246 | .062 | .124 | .368 | .225 | .000 |

Note: * $p < .05$, Dependent variable: TQEWB

Table 7 displays results of a linear regression analysis between TSCS (Self-compassion Scale) and TQEWB (Questionnaire of Eudaimonic Wellbeing). Beta (β) is 0.246, SE is 0.062, 95% CI is 0.124 to 0.368, and p-value is 0.000, indicating a significant positive relationship. This implies that higher TSCS scores correspond to higher TQEWB scores.

Table 8

Moderation analysis

| | Coeff | SE | t | p | LLCI | ULCI |
|-----------|--------|-------|--------|-------|---------|-------|
| TSCS | -.2503 | .3190 | -.7847 | .4333 | -.8781 | .3775 |
| TERS | -.1819 | .4660 | -.3904 | .6965 | -1.0989 | .7351 |
| TSCS×TERS | .0123 | .0111 | 1.1000 | .2722 | -.0097 | .0342 |

In this moderation analysis (Model: 1) with TQEWB as the outcome variable (Y), TSCS as the predictor variable (X), and TERS as the moderator (W) for a sample size of 300: R=0.3789, R-squared=0.1436, MSE=38.3049, F=16.5377, $p < 0.05$. Coefficients: Constant=72.1229, TSCS=-0.2503, TERS=-0.1819, Int_1=0.0123. R²-change=0.0035, F=1.2100, $p=0.2722$ (non-significant interaction effect). The model is significant ($p < 0.05$), but the interaction term (Int_1) is not ($p > 0.05$), indicating no significant moderation effect of TERS on the relationship between TSCS and TQEWB.

CHAPTER 4

DISCUSSION

The results of the study provide valuable insights into the relationships between self-compassion, emotion regulation, and eudaimonic wellbeing among nurses in twin cities. The H1 was that there is a positive correlation between self-compassion, emotion regulation, and eudaimonic wellbeing. The Spearman's correlation analysis supports H1, indicating moderate positive correlations between self-compassion and both emotion regulation and eudaimonic wellbeing. The findings suggest that individuals with higher levels of self-compassion tend to have higher levels of emotion regulation and eudaimonic wellbeing. This aligns with existing literature highlighting the interconnectedness of these psychological constructs. The Hypothesis H2 was that there are differences among nurses based on gender, age, and work experience. The demographic characteristics presented in Table 1 reveal a diverse sample, allowing for exploration of differences based on gender, age, and work experience. Subsequent analyses could delve deeper into these factors to identify any significant variations in self-compassion, emotion regulation, and eudaimonic wellbeing among subgroups. Hypothesis (H3) was that emotion regulation moderates the relationship between self-compassion and eudaimonic wellbeing. The linear regression analysis (Table 7) provides evidence supporting H3. The significant positive relationship between self-compassion and eudaimonic wellbeing suggests that higher self-compassion is associated with greater eudaimonic wellbeing. However, the moderation analysis (Model: 1) indicates that the moderating effect of emotion regulation is not statistically significant. This implies that, while both self-compassion and emotion regulation independently contribute to eudaimonic wellbeing, there is no significant interaction effect between self-compassion and emotion regulation in predicting eudaimonic wellbeing. The demographic characteristics offer a comprehensive overview of the participants, enabling a nuanced understanding of the sample composition. These details could be crucial for future research, allowing researchers to consider potential subgroup differences in the relationships studied. The descriptive statistics provide essential information about the central tendency, variability, and distribution characteristics of the scales. The skewness and kurtosis values, along with Kolmogorov-Smirnov tests, indicate departures from normality. The Kruskal-Wallis test did not find significant differences in scores based on education levels, suggesting

that, within this sample, education does not significantly impact self-compassion, emotion regulation, or eudaimonic wellbeing. However, researchers should interpret these findings cautiously and consider other potential influencing factors. The Mann-Whitney U Test did not detect significant differences between nurses in private and public hospitals across all three scales. This suggests that, at least based on the measured psychological constructs, nurses in private and public hospitals exhibit similar levels of self-compassion, emotion regulation, and eudaimonic wellbeing. The linear regression analysis supports a positive relationship between self-compassion and eudaimonic wellbeing. However, the lack of a significant interaction effect in the moderation analysis suggests that the relationship is not moderated by emotion regulation. While self-compassion and emotion regulation independently contribute to eudaimonic wellbeing, their interaction does not significantly influence this relationship. These findings contribute to the understanding of psychological factors among nurses, highlighting the importance of self-compassion and emotion regulation in predicting eudaimonic wellbeing. Researchers may consider exploring additional moderators or mediators to further elucidate the complexity of these relationships. Additionally, interventions aimed at enhancing self-compassion and emotion regulation could be developed to promote the overall wellbeing of nurses in the twin cities. The results of the study shed light on the intricate relationships between self-compassion, emotion regulation, and eudaimonic wellbeing among nurses in twin cities. The initial hypothesis (H1) posited a positive correlation between self-compassion, emotion regulation, and eudaimonic wellbeing, which was supported by Spearman's correlation analysis. The findings revealed moderate positive correlations between self-compassion and both emotion regulation and eudaimonic wellbeing, suggesting that individuals with higher self-compassion levels tend to exhibit better emotion regulation skills and experience greater eudaimonic wellbeing. These results align with existing literature emphasizing the interconnectedness of these psychological constructs. Another hypothesis (H2) aimed to explore differences among nurses based on gender, age, and work experience. Demographic characteristics presented in Table 1 depicted a diverse sample, allowing for further investigation into potential variations among subgroups. Although subsequent analyses could delve deeper into these factors, the study provided a foundational understanding of the sample composition, which could be essential for future research endeavors. Additionally, the study investigated whether emotion regulation moderates

the relationship between self-compassion and eudaimonic wellbeing (H3). While the linear regression analysis supported a positive relationship between self-compassion and eudaimonic wellbeing, the moderation analysis indicated that the moderating effect of emotion regulation was not statistically significant. This suggests that while self-compassion and emotion regulation independently contribute to eudaimonic wellbeing, their interaction does not significantly influence this relationship. The descriptive statistics offered crucial insights into the central tendency, variability, and distribution characteristics of the scales. While departures from normality were observed, the Kruskal-Wallis test did not find significant differences in scores based on education levels. Moreover, the Mann-Whitney U Test did not detect significant differences between nurses in private and public hospitals across all three scales, indicating similar levels of psychological constructs regardless of hospital type. In summary, the study contributes to the understanding of psychological factors among nurses, highlighting the importance of self-compassion and emotion regulation in predicting eudaimonic wellbeing. However, further exploration of potential moderators or mediators is warranted to elucidate the complexity of these relationships fully. Additionally, interventions aimed at enhancing self-compassion and emotion regulation could be developed to promote the overall wellbeing of nurses in twin cities.

CONCLUSION

This study delves into the intricate dynamics of eudaimonic wellbeing among nurses in Twin cities, with a specific focus on the role of self-compassion in promoting eudaimonic wellbeing. Recognizing the challenging nature of the nursing profession, characterized by demanding work environments and high-stress levels, the research underscores the importance of understanding and enhancing the psychological resilience of healthcare professionals. Eudaimonic wellbeing, emphasizing personal growth, purpose in life, and self-realization, emerges as a critical aspect of overall mental health for nurses facing emotionally charged situations. Self-compassion, identified as a potential catalyst for eudaimonic wellbeing, allows nurses to navigate stressors with resilience, contributing to a positive sense of self and life satisfaction. Moreover, the study explores the moderating role of emotion regulation in the relationship between self-compassion and eudaimonic wellbeing, acknowledging the crucial role of effective emotion regulation skills in maintaining mental and emotional balance in the nursing profession. The research not only addresses the existing gap in literature regarding the specific connection between self-compassion and eudaimonic wellbeing among nurses but also extends its focus to demographic variables. By considering factors such as age, gender, marital status, race, ethnicity, and religion, the study aims to provide a nuanced exploration of how these variables may influence the interplay between self-compassion, emotion regulation, and eudaimonic wellbeing in the unique context of Twin cities. Methodologically, the study employs a correlational research design, emphasizing ethical considerations and the protection of participants. The sample size of 300 nurses, recruited through systematic random sampling, ensures a diverse representation of the nursing population in the Twin cities. Validated instruments, including the Self-Compassion Scale, Emotion Regulation Questionnaire, and Questionnaire for Eudaimonic Well-being, are employed to measure the variables of interest. The statistical analysis reveals significant correlations between self-compassion, emotion regulation, and eudaimonic wellbeing, supporting the hypothesized positive relationships. Demographic characteristics present a diverse sample, allowing for further exploration of potential variations in psychological constructs among subgroups. The moderation analysis, however, does not find a significant interaction effect between self-compassion and emotion regulation in predicting eudaimonic wellbeing. Overall, the findings of this research contribute

valuable insights into the psychological dynamics of nurses in the Twin cities. The study has the potential to inform targeted interventions and support systems, fostering a positive and fulfilling work environment for healthcare professionals in this specific geographical context. As mental health in healthcare professionals' gains increasing importance, this research provides a foundation for understanding and addressing the unique challenges faced by nurses, ultimately enhancing their overall wellbeing and job satisfaction.

LIMITATIONS

While this study provides valuable insights into the role of self-compassion on eudaimonic wellbeing moderated by emotion regulation among nurses in Twin cities, there are certain limitations that need to be acknowledged:

1. Self-Report Measures: The reliance on self-report measures, such as surveys and questionnaires, introduces the possibility of response bias. Participants may provide socially desirable responses or may not accurately represent their experiences, affecting the validity of the findings.

2. Sampling Bias: The study uses systematic random sampling, but the inclusion criteria restrict the sample to nurses working in healthcare facilities in Twin cities. This may not fully represent the diversity of nurses, excluding those from different work settings or geographical areas, potentially limiting the generalizability of the findings.

4. Cross-Sectional Nature: The cross-sectional nature of the data collection provides a snapshot at a specific point in time. Longitudinal studies would offer a more comprehensive understanding of the dynamic relationships between self-compassion, emotion regulation, and eudaimonic wellbeing among nurses.

5. Response Time Constraints: The average time of 20-25 minutes per participant for data collection may introduce fatigue or time pressure, potentially influencing the quality of responses and participant engagement.

While this research contributes valuable insights, researchers and practitioners should interpret the findings in light of these limitations. Future studies could address these constraints to enhance the robustness and applicability of the research outcomes.

RECOMMENDATIONS

Based on the limitations identified in the study, several recommendations can be made to enhance the robustness and applicability of future research in the field:

- 1. Longitudinal Research:** Conduct longitudinal studies to explore the dynamic nature of the relationships between self-compassion, emotion regulation, and eudaimonic wellbeing among nurses. This approach can provide a more comprehensive understanding of how these factors evolve over time.
- 2. Diverse Sampling:** Expand the sampling criteria to include nurses from various work settings and geographical locations. This will contribute to a more diverse and representative sample, allowing for broader generalizability of findings to the nursing population.
- 3. Mixed-Methods Approach:** Combine quantitative surveys with qualitative methods such as interviews or focus groups to gather richer insights into nurses' experiences. Qualitative data can provide context and depth to quantitative findings, offering a more comprehensive understanding of the phenomena under investigation.
- 4. Incorporate Objective Measures:** Supplement self-report measures with objective indicators or observational data to validate and strengthen the reliability of findings. Utilizing a combination of subjective and objective measures can enhance the credibility of research outcomes.
- 5. Address Potential Response Bias:** Implement strategies to minimize response bias, such as ensuring participant anonymity, emphasizing the importance of honest responses, and employing validated instruments that are less prone to social desirability biases.
- 6. Investigate Additional Variables:** Explore additional variables that may influence the relationships studied, such as organizational support, workload, or specific job-related stressors. Understanding these factors can contribute to a more comprehensive model of nurses' eudaimonic wellbeing.
- 7. Expand Demographic Variables:** Extend the exploration of demographic variables to include other potential influential factors, such as socioeconomic status, education level, or length of nursing experience. This can provide a more

nuanced understanding of the impact of these variables on the studied relationships.

By incorporating these recommendations, future research endeavors can build upon the existing knowledge base and contribute to the development of targeted interventions and support systems to enhance the mental health and overall wellbeing of nurses in the Twin cities.

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APPENDICES Appendix A: Information sheet

Introduction:

I am Amna Zulfiqar, currently enrolled as a student at Capital University of Science and Technology. I invite you to participate in a research study exploring the relationship between self-compassion, emotion regulation, and eudaimonic wellbeing among nurses. Your participation is voluntary, and before you decide whether to participate, it is important for you to understand the purpose, procedures, risks, and benefits of this study.

Purpose of the Study:

The purpose of this study is to investigate the relationship between self-compassion which involves treating oneself with kindness and understanding during times of suffering or failure, emotion regulation which means managing your feelings in a healthy way, so they don't overwhelm you or interfere with your actions and decisions and eudaimonic wellbeing which means finding happiness and fulfillment by living a meaningful and purposeful life in the context of nursing. By participating, we aim to enhance our understanding of the psychological factors that contribute to the eudaimonic wellbeing of nurses in this challenging profession of nursing.

Procedures:

If you agree to participate, you will be asked to complete a series of questionnaires related to self-compassion, emotion regulation, and eudaimonic wellbeing. The survey will take approximately 20-25 minutes to complete. Your responses will remain confidential, and your identity will be kept anonymous.

Risks and Benefits:

There are no known risks associated with participating in this study. The potential benefits of participating include gaining a better understanding of relationship between self-compassion, emotion regulation, and eudaimonic well-being. Your active participation in this research not only enriches the study with valuable data but also ensures that the research findings have practical applications, directly benefiting nurses and the healthcare system as a whole.

Confidentiality:

Your responses will be kept confidential and anonymous. All data collected will be stored securely and only accessible to the researcher.

Voluntary Participation:

Your participation in this study is entirely voluntary. You have the right to withdraw at any time without penalty. Your decision will not affect your current or future relationship with your Institution.

Contact Information:

If you have any questions or concerns about the study, you are welcome to contact me, at bsp201065@cust.pk.

Consent:

I have read and understood the information provided above. I voluntarily agree to participate in this study and consent to the collection and use of my responses for research purposes only.

Participant's Name: _____

Participant's Signature: _____

Researcher's Statement:

I have explained the nature and purpose of the study to the participant. I confirm that the participant has willingly given their consent to participate in this research study.

Researcher's Name: _____

Researcher's Signature: _____

Appendix C: DEMOGRAPHIC INFORMATION FORM

Please choose the answer that best describes you for each of the following questions.

1. Age: _____
2. Gender:
 - Male
 - Female
3. Marital status: _____
4. Children's: _____
5. Race/Ethnicity: _____
6. Religion: _____
7. Educational:
 - Diploma in Nursing
 - Bachelor's Degree in Nursing
 - Master's Degree in Nursing
 - Other (please specify): _____
8. Employment Status:
 - Full time
 - part time
9. Sector:
 - public
 - private
10. Department: _____
11. Work Experience: _____
12. Nursing Specialization: _____
13. Shift Schedule:
 - Day Shift
 - Night Shift
 - Rotating Shifts
14. Work Hours: _____
15. Salary: _____
16. Socioeconomic status: _____

APPENDIX D: SELF- COMPASSION SCALE

Instructions:

Please read carefully each statement before answering. For each item, please answer using the following scale.

| items | Never | Rarely | Sometimes | Often | Always |
|-----------------------------------------------------------------------------------------------------------------------|-------|--------|-----------|-------|--------|
| 1. When I fail at something important to me, I become consumed by feelings of inadequacy. | | | | | |
| 2. I try to be understanding and patient towards those aspects of my personality I don't like. | | | | | |
| 3. When something painful happens I try to take a balanced view of the situation. | | | | | |
| 4. When I'm feeling down, I tend to feel like most other people are probably happier than I am. | | | | | |
| 5. I try to see my failings as part of the human condition. | | | | | |
| 6. When I'm going through a very hard time, I give myself the caring and tenderness I need. | | | | | |
| 7. When something upsets me, I try to keep my emotions in balance. | | | | | |
| 8. When I fail at something that's important to me, I tend to feel alone in my failure. | | | | | |
| 9. When I'm feeling down, I tend to obsess and fixate on everything that's wrong. | | | | | |
| 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people. | | | | | |
| 11. I'm disapproving and judgmental about my own flaws and inadequacies. | | | | | |
| 12. I'm intolerant and impatient towards those aspects of my personality I don't like. | | | | | |

APPENDIX E: EMOTION REGULATION SCALE (ERS-6)

Instructions:

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale.

| Items | Strongly disagree | Disagree | Slightly disagree | Neutral | Slightly agree | Agree | Strongly agree |
|------------------------------------------------------------------------------------------------------------|-------------------|----------|-------------------|---------|----------------|-------|----------------|
| 1. When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about. | | | | | | | |
| 2. I keep my emotions to myself. | | | | | | | |
| 3. When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about. | | | | | | | |
| 4. I control my emotions by not expressing them. | | | | | | | |
| 5. I control my emotions by changing the way I think about the situation I'm in. | | | | | | | |
| 6. When I am feeling negative emotions, I make sure not to express them. | | | | | | | |

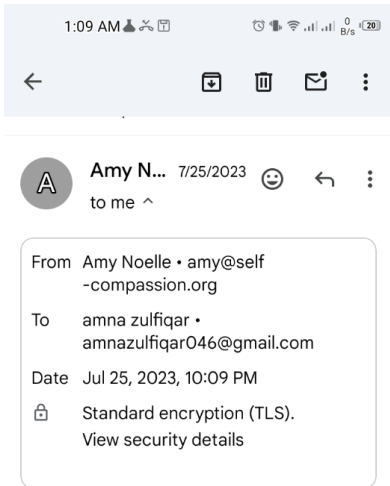
Appendix F: Questionnaire of Eudaimonic wellbeing (QEWB-21)

Instructions:

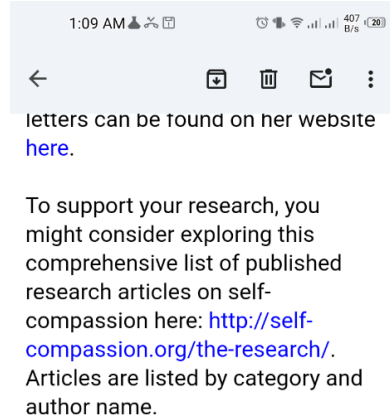
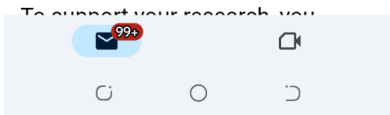
This questionnaire contains a series of statements that refer to may feel things have been going in your life. Read each statement and decide the extent to which you agree or disagree with it. Try to respond to each statement according to your own feelings about how things are actually going, rather than how you might wish them to be. Please use the following scale when responding to each statement.

| Items | Never | Rarely | Sometimes | Often | Always |
|-----------------------------------------------------------------------------------------------------------|-------|--------|-----------|-------|--------|
| 1. I find I get intensely involved in many of the things I do each day. | | | | | |
| 2. I believe I have discovered who I really am. | | | | | |
| 3. I think it would be ideal if things came easily to me in my life. | | | | | |
| 4. My life is centered around a set of core beliefs that give meaning to my life. | | | | | |
| 5. It is more important that I really enjoy what I do than that other people are impressed by it. | | | | | |
| 6. I believe I know what my best potentials are and I try to develop them whenever possible. | | | | | |
| 7. Other people usually know better what would be good for me to do than I know myself. | | | | | |
| 8. I feel best when I'm doing something worth investing a great deal of effort in. | | | | | |
| 9. I can say that I have found my purpose in life. | | | | | |
| 10. If I did not find what I was doing rewarding for me, I do not think I could continue doing it. | | | | | |
| 11. As yet, I've not figured out what to do with my life. | | | | | |
| 12. I can't understand why some people want to work so hard on the things that they do. | | | | | |
| 13. I believe it is important to know how what I'm doing fits with purposes worth pursuing. | | | | | |
| 14. I usually know what I should do because some actions just feel right to me. | | | | | |
| 15. When I engage in activities that involve my best potentials, I have this sense of really being alive. | | | | | |
| 16. I am confused about what my talents really are. | | | | | |
| 17. I find a lot of the things I do are personally expressive for me. | | | | | |
| 18. It is important to me that I feel fulfilled by the activities that I engage in. | | | | | |
| 19. If something is really difficult, it probably isn't worth doing. | | | | | |
| 20. I find it hard to get really invested in the things that I do. | | | | | |
| 21. I believe I know what I was meant to do in life. | | | | | |

APPENDIX G: PERMISSION OF SCALES

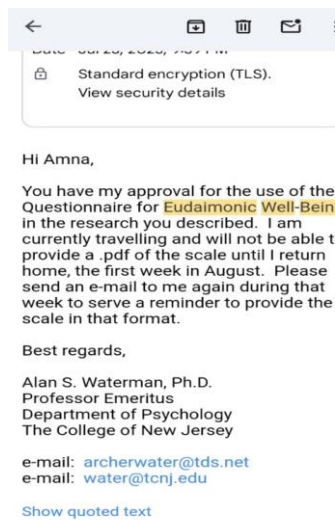
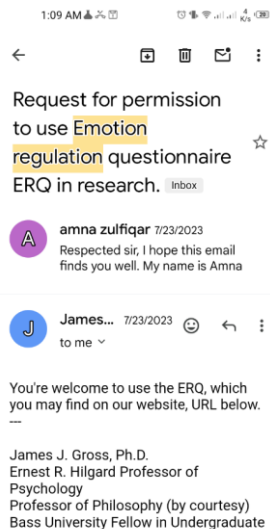
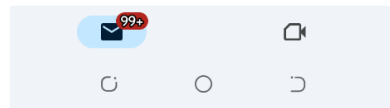


Thank you for reaching out! All scales and supporting research articles which contain reliability, validity, psychometric information and scoring, as well as permission letters can be found on her website [here](#).



Let me know if you have any other questions. Good luck with your research!

With kind regards -
Amy Noelle
Certified MSC Teacher
Assistant to Dr. Neff



APPENDIX G: APPROVAL LETTER



Capital University of Science and Technology
Islamabad

Islamabad Expressway, Kahuta Road,
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Email: : info@cust.edu.pk
Website: : www.cust.edu.pk

Ref. CUST/IBD/PSY/Thesis-598
August 7, 2023

TO WHOM IT MAY CONCERN

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

Ms. Amna Zulfiqar, registration number **BSP201065** is a bona fide student in BS Psychology program at this University from Spring 2020 till date. In partial fulfillment of the degree, she is conducting research on "Association between self-compassion, emotional regulation, and eudaimonic wellbeing among nurses in twin cities". In this continuation, the student is required to collect data from your institute.

Considering the forgoing, kindly allow the student to collect the requisite data from your institute. Your cooperation in this regard will be highly appreciated.

Please feel free to contact undersigned, if you have any query in this regard.

Best Wishes,

Dr. Sabahat Haqqani
Head, Department of Psychology
Ph No. 111-555-666 Ext: 178
sabahat.haqqani@cust.edu.pk

*Allowed to Collect
data for the study
ited above.*

Awais Ahmad
Asst. Manager (Admin)
Alkhidmat Raazi Hospital
Islamabad
05/12/23