

Perfectionism, Self-Compassion and Depressive Symptoms among Nursing Students

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Abstract

Background: Perfectionism plays an important role in nursing students' adjustment to training in the nursing profession. Nonetheless, perfectionism can complicate functioning and engender stress when experiencing failure. Self-compassion is one of the abilities that nursing students must possess in order to be compassionate with themselves and with patients to cope with stress. Perfectionistic students develop a strict thinking that hinders a compassionate attitude towards oneself causing greater depressive symptoms. Aimed to: Assess perfectionism, self-compassion and depressive symptoms among nursing students. **Design:** Cross sectional descriptive design was used. **Setting:** The present study was done at the Technical Institute of Nursing Zagazig University. **Subjects and methods:** A stratified sample was used in the current study, which composed of 280 nursing students. **Tools of data collection:** The first tool consists of two parts: socio-demographic data sheet, and Hewitt and Flett's multidimensional perfectionism scale. The second tool was the Neff's Self-Compassion Scale, and the third tool was Beck depression inventory scale (BDI-II). **Results:** The study findings showed that 95% of the nursing students have high level of perfectionism, 74.7% have moderate level of self-compassion, and 87.5% have depressive symptoms ranging from mild to extreme. Multivariate analysis revealed that urban residence and socially-prescribed perfectionism were statistically significant independent negative predictors of students' self-compassion score. While students' grade and self-compassion were an independent negative predictors of students' depressive symptoms score. **Conclusions:** The majority of nursing students have high level of perfectionism, moderate level of self-compassion and depressive symptoms ranging from mild to extreme. The students with perfectionistic tendencies are at risk of increasing depressive symptoms when they do not practice their self-compassion. **Recommendation:** Effective self-compassion interventions could be targeted to students who have perfectionistic thoughts to increase level of kindness, and thus decrease perfectionistic thoughts. Experimental study is suggested to manage maladaptive perfectionism and depressive symptoms in nursing students.

Key words: perfectionism, self-compassion, depressive symptoms and nursing students.

Introduction

Nursing students are at a crucial stage in their careers because they have not yet acquired professionalism. [Cleary et al., 2018]. They must deal with acute and chronic health issues, as well as navigate the complexities of medical language, devices, and directions. [Ayaz-Alkaya & Terzi, 2018]. Nursing students must acquire new

skills, information, and attitudes. to improve the quality of health care, to prevent errors in the health care setting [Boothby & Little, 2018]. They must also gain competency and professionalism in order to be prepared for daily interactions with patients and their families. As a result, nursing students seek perfectionism to meet these needs [Arveklev et al., 2018].

Perfectionism is a personality factor described by never settling for second best, constant improvement, and the elimination of even minor mistakes [Jensen et al., 2018]. Perfectionism is a complex concept that includes both personal and social aspects. Self-oriented perfectionism, other-oriented perfectionism, and socially-prescribed perfectionism are the three dimensions of Multidimensional Perfectionism. Self-directed perfectionists are known for achieving very high goals on their own. Other-oriented perfectionists, on the other hand, are more likely to be critical of others' performance, and socially-prescribed perfectionists are more likely to feel that people set very high standards for themselves. [Wong et al., 2018].

Perfectionism is defined by the establishment of high standards as well as intensely critical self-evaluations. Perfectionism is considered adaptive and associated to a beneficial effect at low levels, but it is deemed maladaptive at excessive levels and leads to various forms of depressive symptoms because of that perfectionist tend to distort reality through exaggeration of failure or minimization of successes [Jackman et al., 2017].

Self-compassion is being sympathetic in the face of difficulties, being compassionate to oneself, accepting painful situations as they are, and being nonjudgmental. Without this ability nursing students might not be prepared to be compassionate to themselves and to the patients they cared for. Self-compassion involves three core dimensions which are Self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over identification are all things to consider [Mathad et al., 2017].

Self-kindness is defined as the acceptance of one's perceived deficiency rather than harsh self-criticism in response to one's perceived inferiority. The concept of common humanity refers to the acceptance that everyone is faulty and that failure does

not isolate people. Finally, mindfulness refers to keeping a balanced sense of awareness of bad feelings rather than being overly identified with them. [Homan & Sirois, 2017]. According to a recent study, Self-kindness, common humanity, and mindfulness are associated to resilience elements, whereas self-judgment, isolation, and over-identification are linked to vulnerability factors for mental health symptoms and depressive symptoms. [Kim & Ko, 2018].

Self-compassion is one of the most important principles to consider when dealing with nursing challenges. It appears that students with higher levels of self-compassion can better control negative sentiments produced by educational load and stressful work conditions, demonstrating the importance of self-compassion in creating a balance in life. [Leary et al., 2007; Raab, 2014].

Depressive symptoms are significant public health issues that contribute to vulnerability to major depression, which leads to suicidal behavior [Shimada et al., 2018]. Over 300 million people are thought to suffer from depression on a global level. In Egypt, it is believed that about 2.5 million people suffer from depression [WHO, 2017]. Nursing students, who are female and between the ages of 15 and 29, are one population with risk factors for both depression and suicide [Ibrahim et al., 2013; Seo et al., 2018]. Depression is a mental illness that affects our thoughts, feelings, emotions, behavior, and physical and mental health, composed of a variety of different symptoms. These symptoms affect several domains of human functioning [Miner, 2018]. Nursing students experience not just the same problems as other students during their education, but they also face unique challenges such as the high emotional pressures of working in a hospital or emergency care, dealing with patients' problems, and their lengthy academic term. As a result, individuals are at a higher risk of

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developing depressive symptoms [Rezayat & Nayeri, 2014].

Perfectionism is defined as a psychological phenomenon marked by very high performance standards. This is characterized by a tendency for excessively critical assessments of one's own actions. Because the nature of health care does not accept errors, health care practitioners, particularly nursing students, are required to think critically and have perfectionistic attitudes. On the other hand, perfectionists are more likely than non-perfectionists to feel various forms of stress. In addition, Perfectionism may drive people to acquire a rigorous and severe way of thinking, which can make it difficult to have compassion for oneself and others, causing greater depressive symptoms among nursing students [Hiçdurmaz & Aydin, 2017]. Some studies have indicated that depressive symptoms may decrease the function of nursing students as nurses and disturbs the nurse-patient's relationship [Xu et al., 2014].

Significance of the study

Self-compassion is necessary for the development of positive mental health, adaptive coping skills, and the provision of high-quality care by nursing students. Nurses must be sympathetic and psychologically resilient in order to assist patients with health concerns or problems. However, providing compassionate care for individuals is impossible without compassion for oneself. Perfectionism, on the other hand, can complicate adaptive functioning by causing stress, though it may be useful to some extent in the performance of duties. To improve the inclusion of high-quality professionals in nursing and healthcare settings, the conflicting nature of self-compassion and perfectionism must be understood. Additionally, In Perfectionists, who experience failure in performance situations, depressive symptoms increase that lead to low performance level, and may negatively affect patient care.

Aim of the study

The current study aimed to assess perfectionism, self-compassion and depressive Symptoms among nursing students.

Research questions:

- 1- What is the level of perfectionism among nursing students?
- 2- What is the level of self-compassion and depressive symptoms among nursing students?
- 3- Is there a relation between perfectionism, self-compassion and depressive symptoms among nursing students?

Subject and Methods

Research Design: Across sectional descriptive design was used to conduct this study.

Study Setting: The current study was carried out at the Sharkia governorate's Technical Institute of Nursing, Zagazig University. It consists of two floors, the third and fourth floor. The third floor contains many places such as the Director's office, Secretarial' office, library and lecture halls. The fourth floor contains the scientific laboratory for training, lecture halls, staff rooms, and student affairs office.

Sample: Stratified sample was used in the current study, which composed of 280 nursing students. The students participated in the current study were fulfilled the following criteria:

- Academic years (year I and year II).
- Both sexes

Sample size and Technique: The sample size was calculated based on a self-compassion rate of 34.4% [Hiçdurmaz and Aydin, 2017] among students, with a 95% confidence level, and a 5% absolute precision, with finite population correction. Using the sample size estimation of single a proportion (Open-Epi software package), the required sample size was 233 students.

This increased to 280 to compensate for a non-response rate of about 15%.

The strata were the academic grade, namely year I and year II. Since the numbers of students in both years were almost equal, the sample size was nearly divided equally between the two years. A simple random sample of 280 students was chosen from the above mentioned subject by writing the names of all students on papers and put them in a container, then picked them up randomly until the required sample size of students were obtained.

Tools for Data Collection

Tool I: It composed of two parts

Part 1: Socio-demographic data sheet the researcher created it based on a review of current related literature. It was used to assess nursing students' socio-demographic characteristics, as age, gender, residence, grade, educational level of father, educational level of mother, residence, and marital status.

Part 2: Hewitt and Flett's multidimensional perfectionism scale (HFMPs). This scale was adopted by [Hewitt & Flett, 1990] in order to measure perfectionism among nursing students in this study and translated by the researcher. It consists 45 items are scored on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Perfectionism is measured along three distinct dimensions:

Self-oriented perfectionism (SOP) dimension used to assess the students' tendency to hold excessively high standards for oneself.

- Other-oriented perfectionism (OOP) dimension used to assess the students' tendency to hold excessively high standards for others.
- Socially-prescribed perfectionism (SPP) dimension used to assess the students' tendency to perceive that others hold excessively high standards for one.

Each of these dimensions includes 15 items. An increase in the subscale scores means an increase in that

dimension. The higher the score on each dimension, the more unhealthy perfectionism.

➤ Scoring system:

- Low (<50 T-score)
- Vulnerable (50-<55 T-score)
- Moderate (55-<60 T-score)
- High (60+ T-score)

Tool II: The Neff's Self-Compassion Scale (SCS). This scale was adopted by Neff (2003) to evaluate self-compassion among nursing students in this study. It consists of 26 items that are scored on a 5-point Likert scale ranging from 1 (never) to 5 (always). The scale distributed across 6 subscales as follows:

- Self-Kindness subscale used to assess the students' tendency to be kind and understanding towards oneself in moments of failure.
- Self-Judgment subscale used to assess the students' tendency to be self-critical in moments of failure.
- Common Humanity subscale used to assess whether students viewed personal experiences as part of common human experiences.
- Isolation subscale used to assess whether students viewed their experience as separate from others' experiences.
- Mindfulness subscale used to assess the students' tendency to be aware of painful thoughts and emotions.
- Over identification subscale to assess whether students over identified with painful thoughts and emotions.

The scale can also be used to get an overall self-compassion score. To compute the overall self-compassion score, the negative subscale items (self-judgment, isolation, and over-identification) are reverse coded. A rise in subscale scores indicates a rise in that dimension. Higher scores indicate higher self-compassion.

Scoring system:

- A score <2.5 indicates low

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- 2.5-<3.5 indicates moderate
- 3.5-5.0 indicates high self-compassion.

Tool III: Beck Depression Inventory Scale (BDI-II). This scale adopted by **Beck et al. (1996)** is a self-report inventory and one of the most widely used instruments for assessing the presence and severity of depression symptoms over the previous two weeks as listed in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition of the American Psychiatric Association. It consists of 21 items that related to psychological symptoms and physical symptoms such as sadness, pessimism, past failures, loss of pleasure, guilty feelings, punishment emotions, self-dislike, self-critics, suicidal thoughts, crying, agitation, loss of interest, indecisiveness, worthlessness, loss of energy, changes in sleeping patterns, irritability, changes in appetite, concentration difficulty, tiredness or fatigue, and loss of interest in sex are all symptoms of depression.

Scoring system:

The BDI-II score is calculated by adding the scores of each of the 21 items. Each item has a four-point scale ranging from 0 to 3. Add up the score for each of the 21 questions by counting the number to the right of each question marked. The highest possible score for the entire test is 63. The overall score level of depressed symptoms is classified as follows:

- 1-10 Normal ups and downs
- 11-16 Mild mood disturbances
- 17-20 Borderline clinical depression
- 21-30 Moderate depression
- 31-40 severe depression
- Over 40 Extreme depression

Operational Design

Content Validity and Reliability

The study tools were translated into Arabic, and then back translated. The tools' validity was determined by a panel of three experts from the nursing and educational fields who examined the instruments for clarity, relevance,

comprehensiveness, and understandability.

Reliability

Reliability was done by Cronbach's Alpha tests, it was 0.64 for tool (perfectionism scale) 0.63 for tool (self-compassion scale) and 0.82 for tool (depression inventory scale).

Pilot Study

A pilot study was conducted on 30 students from first and second university grades at the Technical Institute of Nursing, completed by students, constituting about 10% of the total study sample. It was carried out to assess content validity of the used tool, ascertain the clarity and applicability of the study tools, and estimated time needed to fill the questionnaire. Data obtained from the pilot were analyzed and no modification was done.

Ethical Considerations

During the research, ethical concerns were taken into account. The relevant authority of the research ethics committee of Zagazig University's faculty of nursing approved the study. To gain the trust of the student nurses to engage in the study, the students were given a verbal summary of the study's goal, prospective advantages, and techniques for completing out data collection tools. To participate in the study, each student nurse had to give their oral consent. Each student was advised that participation is entirely optional, and that they are free to leave at any time. The study sample was not exposed to any harm, and the questionnaire did not address any religious or traditional issues. Personal data was not disclosed during the study procedure, and confidentiality was preserved throughout. Students were assured that all data are used only for the research purpose.

Field work

The researcher met with students at the Technical Institute of Nursing who fulfilled the inclusion criteria. Instructions

were given to students to fill in the questionnaire. The researcher clarified any question to students if needed. The filled form was revised to check their completeness to avoid any missing data. The average time to fill in all tools was from 20-25 minutes. Data was collected three days per week (Monday, Tuesday and Wednesday). The questionnaire sheet was distributed during break time and between lectures in classrooms or at the end of the day. The average number of completed questionnaire daily ranged from 11-12 questionnaires. Data collection period continued in about 2 months from the mid of February till the mid of April, 2018.

Administration Design

An official permission was obtained from the Dean of Faculty of Nursing Zagazig University after explaining the nature and aim of this study seeking to facilitate the role of researcher.

Statistical Design

The SPSS 20.0 statistical software package was used for data entry and statistical analysis. For qualitative variables, descriptive statistics in the form of frequencies and percentages were used, whereas for quantitative data, means, standard deviations, and medians were used.

Results:

Table (1): Regarding socio-demographic characteristics of nursing students in the study sample, shows that the age of the studied students ranged from 18-21 years with a mean (19.3±0.8). As well as, 55.7% of the students were females. Additionally, the highest percentages of students were single (95.4%), living in rural areas (81.4%). Nearly, the students were equally divided between first and second university grade. Concerning the father and mother education, 59.6% of students' fathers and 73.2% of students' mothers were not university educated.

Table (2): reveals that self-oriented perfectionism represents the highest mean score (86.84±11.135), followed by others-

oriented perfectionism (68.05±9.510), while the lowest mean score was socially-prescribed perfectionism (65.82±9.292). The total score of perfectionism scale ranged from 136-272 with a mean (220.71±20.77).

Figure (1): reveals that the highest percentage (95.0%) of students had a high level of perfectionism, followed by moderate level, 2.1%. Meanwhile, 1.8% of students had vulnerable perfectionism level. Only 1.1% had low levels of perfectionism.

Table(3): clarifies that Self-judgment represents the highest mean score (17.30±3.492), followed by Self-kindness (16.80±3.775), followed by Mindfulness (14.76±2.726), followed by Over-identification (14.27±2.866), followed by Isolation (13.69±2.836), while the lowest mean score was Humanity (13.66±2.972). The total score of self-compassion scale ranged from 47-106 with a mean (77.97±10.756).

Figure (2): As regards level of self-compassion among nursing students, reveals that 74.7% of nursing students had a moderate level of self-compassion, followed by low and high levels, 13.9% and 11.4% respectively.

Figure (3): illustrates the levels of depressive symptoms among nursing students. It shows that 33.6% of nursing students were having a moderate level of depressive symptoms, followed by mild and borderline clinical levels, 22.9% and 22.5% respectively. Meanwhile, 6.1% of students had severe depressive symptoms. Only 2.5% had extreme depressive symptoms.

Table (4): indicates statistically significant weak positive correlations among the scores of students' self-oriented, others-oriented and socially-prescribed perfectionism. Similarly, statistically significant weak positive correlations were revealed between students' depressive symptoms and socially-prescribed perfectionism. Conversely, statistically

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significant weak to moderate negative correlations were demonstrated between the scores of students' self-compassion from one side and each of socially-prescribed perfectionism and depressive symptom scores.

Table (5): As regards multiple linear regression models for the students' self-compassion score, indicates that the urban residence and social perfectionism were its statistically significant independent negative predictors. The model explains 12% of this score as shown by the value of the r - square. Other students' socio-

demographic characteristics had no significant independent influence on self-compassion score.

Table (6): displays the best fitting multiple linear regression models for students' depressive symptoms score. It demonstrates that the students' grade and self-compassion score were its statistically significant independent negative predictors. The model explains 27% of this score as shown by the value of the r - square. Other students' socio-demographic characteristics had no significant independent influence on the depressive symptoms score.

Table (1): Socio-demographic characteristics of nursing students in the study sample (n=280).

	Frequency	Percent
Age:		
18	42	15.0
19	123	43.9
20+	115	41.1
Range		18.0-21.0
Mean±SD		19.3±0.8
Median		19.0
Gender:		
Male	124	44.3
Female	156	55.7
Residence:		
Rural	228	81.4
Urban	52	18.6
Grade:		
1	141	50.4
2	139	49.6
Father university education:		
No	167	59.6
Yes	113	40.4
Mother university education:		
No	205	73.2
Yes	75	26.8
Marital status:		
Single	267	95.4
Married	13	4.6

Table (2): Mean scores of perfectionism dimensions among nursing students in the study sample (n=280).

Perfectionism	Range	Mean	SD	Median
Self-oriented (max=105)	36-105	86.84	11.135	88.50
Others-oriented (max=105)	37-88	68.05	9.510	69.00
Socially-prescribed (max=105)	38-93	65.82	9.292	65.00
Total perfectionism	136-272	220.71	20.77	223.00

Figure (1): Distribution of the nursing students according to Multidimensional Perfectionism scale (n=280).

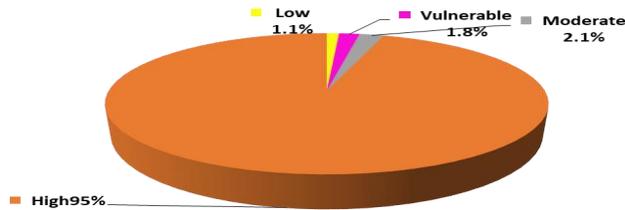


Table (3): Mean scores of self-compassion dimension among nursing students in the study sample (n=280).

Self-compassion	Range	Mean	SD	Median
Humanity (max=20)	5-20	13.66	2.972	14.00
Self-kindness (max=25)	5-25	16.80	3.775	17.00
Mindfulness (max=20)	8-20	14.76	2.726	15.00
Self-judgment (max=25)	8-25	17.30	3.492	17.00
Isolation (max=20)	7-20	13.69	2.836	14.00
Over-identification (max=20)	5-20	14.27	2.866	14.00
Total self-compassion	47-106	77.97	10.756	79.00

Figure (2): Distribution of total perfectionism level among nursing students (n=280).

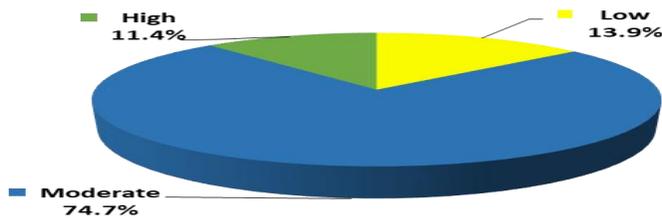
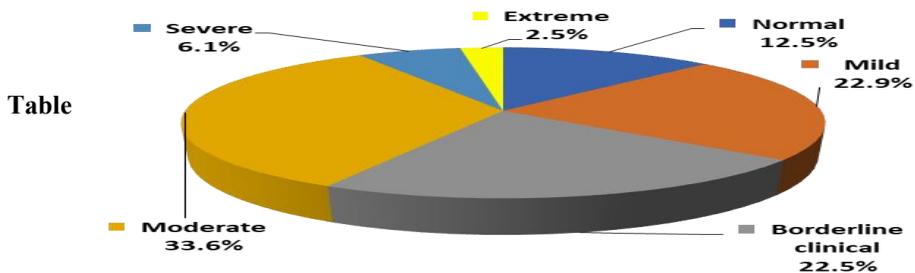


Figure (3): Distribution of depressive symptoms levels among the nursing students in the study (n=280).



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(4): Correlation matrix of perfectionism, self-compassion, and depressive symptom scores among nursing students (n=280).

Item	Spearman's rank correlation coefficient				
	Self	Others	Social	Self-Compassion	Depressive symptoms
Perfectionism:					
Self-oriented					
Others-oriented	.262**				
Socially-prescribed	.124*	.158**			
Self-compassion	-.055	-.115	-.336**		
Depressive symptoms	-.025	.016	.186**	-.556**	

Table (5): Best fitting multiple linear regression model for the students' self-compassion score.

Item	Unstandardized Coefficients		Standardized Coefficients	T-test	P-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	107.15	4.57		23.436	<0.001	98.15	116.15
Urban residence	-3.59	1.55	-0.13	2.311	0.022	-6.64	-0.53
Social perfectionism	-0.38	0.07	-0.33	5.823	0.000	-0.51	-0.25

R-square=0.12
Model ANOVA: F=20.74, p<0.001

The variables entered and excluded: age, gender, grade, marital status, parents' education, self- and other-oriented perfectionism

Table (6): Best fitting multiple linear regression model for students' depressive symptoms score

Item	Unstandardized Coefficients		Standardized Coefficients	T-test	P-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	55.94	3.65		15.312	<0.001	48.75	63.13
Grade	-2.20	0.89	-0.13	2.457	0.015	-3.96	-0.44
Self-compassion score	-0.43	0.04	-0.52	10.199	<0.001	-0.51	-0.34

R-square=0.27
Model ANOVA: F=53.18, p<0.001

The variables entered and excluded: age, gender, marital status, residence, parents' education, perfectionism

Discussion

Regarding level of perfectionism among nursing students, the study finding revealed that self-oriented perfectionism had a higher score among nursing students than other-oriented perfectionism and socially-prescribed perfectionism. This explained by that students place more importance on meeting their own performance standards than satisfying performance expectations which prescribed by others. Moreover, health care does not accept any mistakes because it

deals with human life. So, students have a tendency to set excessively high standards for themselves and a tendency to avoid any flaws in performance to be able to care for patients without any mistakes. At the same point, this finding was supported by a study of [Noh, 2017] in Korea to identify the effects of perfectionism and academic resilience on the level of students' satisfaction with nursing major, and found that the self-oriented perfectionism had a higher score than socially-prescribed perfectionism. Similarly,

Ko et al., [2018] in Korea, indicated self-oriented perfectionism had the highest score among sub dimensions of perfectionism. This finding contradicted with [**Costello, 2015; Collins, 2017**] in New York who found that socially-prescribed perfectionism had a higher mean score than self-oriented perfectionism and other-oriented perfectionism.

The findings of the present study mentioned that the majority of nursing students had a high level of perfectionism in all three perfectionism dimensions. A possible explanation for this is that nursing students push themselves to become as close to be perfect because nursing profession can only be practiced by the person who well prepared for it, because any errors affect the health of individuals directly receiving the service. Additionally, these students have high scores of other oriented perfectionism because they assume rigorous evaluations of others for achieving high-quality care for patients. Finally, students have social-prescribed perfectionism in order to meet the requirements of patients and community for providing high-quality care and achieving recovery. In accordance with this finding, [**Basirion et al., 2014**] who conducted a study in Malaysia found that the majority (58%) of students were classified as high perfectionists. This result contradicted with a study of [**Kelly & Kelly, 2018**] which conducted at a large United States western university to measure the level of perfectionism among nursing students. The study results showed that 12% of students' scores were elevated in all three perfectionism dimensions.

The present study revealed a statistically positive correlation between self-oriented perfectionism and other-oriented perfectionism and socially-prescribed perfectionism. The possible explanation is that the relationship between self-oriented perfectionism and socially-prescribed perfectionism is dynamic in nature and that these two dimensions of perfectionism do not

necessarily contradict each other. Moreover, the perfectionists are working hard and striving to achieve not only to meet their own standards, but also to satisfy the expectations prescribed by significant others. In the agreement with the foregoing, studies of **Choi [2017]** in Gwangyang city and **Grugan [2018]** in the United Kingdom. They found that there was a statistically positive correlation between self-oriented perfectionism and other-oriented perfectionism and socially-prescribed perfectionism.

Regarding level of self-compassion among nursing students, the study finding revealed that self-judgment dimension which constitutes one of the negative dimensions of self-compassion had the highest score among nursing students. This may be related to that nursing students has poor tolerance for mistakes to avoid causing harm to the patient. Additionally, these students have a high level of perfectionism. So, they are liable to be overly concerned about putting on the right performance, and evaluate their performance in an overly critical and harshest manner when faced any defect or failure. This raises self-doubt and causes self-judgment. The results coincided with a study of [**Senyuva et al., 2013**] in turkey to assess the relationship between self-compassion and emotional intelligence in nursing students. Results demonstrated that the highest score was on self-judgment. On the contrary, [**Seo, 2012**] who investigated the mediating roles of self-compassion in the relationship between maladaptive perfectionism and psychological distress among East Asian students showed that self-kindness which is one of the positive dimensions of self-compassion had the highest score.

The current study also demonstrated that the majority of nursing students had a moderate level of self-compassion. This may be attributed to the society's unsatisfactory view of the nursing profession and that the nursing staff does not enjoy sufficient respect and appreciation in the society. In addition,

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the submitted efforts and responsibility of nursing to provide comprehensive health care in light of limited available resources and decrease the number of nurses. As a result, the suffering of students as they study during the day and work in hospital during night to acquire experience in providing comprehensive health care. These factors reduce the compassion of nursing students toward themselves. This result was consistent with [Atharyan et al., 2018] who conduct a study in Tehran University of Medical Sciences to investigate the relationship between self-compassion and occupational stress. Results indicated that the majority (60.5%) of the study sample had a moderate level of self-compassion. Also, **Dong et al., [2016]** in china ,indicated self-compassion among nursing students is in medium level. In contrary, a conflicting study of [**Durkin et al., 2016**] that conducted on nursing students studying at a University in England to measure associations between self-compassion, compassion fatigue, well being, and burnout and results suggested that self-compassion scores were lower among nursing students.

The findings clarified that the majority of nursing students had depressive symptoms ranging from mild to extreme, and more than one third of them had a moderate level of depressive symptoms. This may be due to that the duration of study at the Institute is only two years, so students study in one semester more than one specialization and this constitutes academic burden and exhaustion on students. Further, nursing students share the suffering of other people who are affected with different health issues; this may become a cause of depressive symptoms. Similar results supported these findings, a study conducted in India by [**Karmakar & Behera, 2017**] who found that majority of nursing students had symptoms of depression and that maximum percentage of students (41.25%) had a moderate level of depression. This result disagreed with a study of [**Iorga et al., 2017**] in Romania to identify the level of depression among nursing students and the results

indicated that almost 20% of nursing students have symptoms of depression, ranging from mild to severe and that the highest percentage of the participants had mild depression.

Concerning students' perfectionism and their relation to depressive symptoms, the study revealed that depressive symptoms had a statistically significant positive correlation with socially-prescribed perfectionism. It might be explained by that nursing students have excessive concerns about being negatively evaluated by others when they do not perform perfectly. So they are excessively self-critical which result in feelings of inadequacy in others 'eyes if they failed to meet the others' expectation. That in turn led to depressive symptoms. On the same line, [**Smith et al., 2018**] in western Canada revealed that socially-prescribed perfectionism generates depressive symptoms and that socially-prescribed perfectionism had a moderate positive relationship with depressive symptoms among students. Also, **Galia [2017]** in New York, found higher social oriented perfectionism scores are associated with higher depression scores. On the contrary, a study of [**Newby et al., 2017**] in Canada found that the higher one scored on depression, the higher they scored on the self-oriented perfectionism subscale.

On the other hand, the present study showed a highly statistically significant negative correlation between students' perfectionism specific to socially-prescribed perfectionism and self-compassion. This might be explained by that socially-prescribed perfectionists experience intense levels of self-critics when their high standard goals are not achieved due to a constant perception of shortcoming in others 'eyes, which leads to decreased self-worth, and feeling of shame. These unrelenting negative reflections become habitual and can insidiously contribute to low self-compassion. This finding is in keeping with previous study in the United States such as [**Sharp, 2016**] that assessed the interaction between perfectionism and rumination in predicting self-compassion and found that those who

experience lower levels of perfectionism experience higher self-compassion than those higher in perfectionism. Unlike our study, a previous study of [Otrar & Tezcan, 2015] in Istanbul to determine relationships between self-compassion and perfectionism among students, indicated that there was a significant positive correlation between total self-compassion and socially-prescribed perfectionism

The present study also revealed that there was a statistically negative correlation between self-compassion and depressive symptoms. This could be because of nursing students' judge themselves harshly and may feel consumed with critical self-talk, shame and guilt, which in turn impacts their emotional wellbeing and cause depressive symptoms. This result was in congruence with [Øverup et al., 2017] who conducted a study on students in London clarified that self-compassion was significantly and negatively associated with depressive symptoms. In the same line, a study of [Carvalho et al., 2018] in Portugal that assessed mindfulness, self-compassion, and depressive symptoms of chronic pain and showed that self-compassion displayed negative associations with depressive symptoms.

The current study revealed a number of factors related to students' self-compassion. In multiple regression analysis, the significant independent negative predictor of students' self compassion score was socially-prescribed perfectionism. This finding may be due to that students with high socially- prescribed perfectionism is characterized by exhibiting a greater fear of negative evaluation, placing greater importance on obtaining the attention and depending on the approval of others before they can accept themselves. So, if students are negatively evaluated, they judge them harshly, overemphasize the failures and run away with negative feelings and that in turn decrease their self compassion. A similar finding of a study of [Linnett & Kibowski,

2018] in England, which conducted to investigate how multidimensional perfectionism related to multidimensional self-compassion. Results demonstrated that Perfectionism was found to significantly predict lower levels of mean self-compassion.

On the other hand, multivariate analysis showed that only regarding best fitting multiple linear regression model for the depressive symptom scores, the results of the current study revealed that self compassion score was the statistically significant independent negative predictors of the depressive symptoms score. These results might be explained by that the decrease in self-compassion is responsible for high levels of negative self-relevant emotions, over-identification with negative thoughts and emotions, severely criticizing the self, judging oneself harshly, feeling alone in one's failures and running away with negative feelings, resulting in increased ruminative thinking and that in turn led to depressive symptoms

In the same context, a study was conducted by [Körner et al., 2015] in Germany to explore the role of self-compassion in buffering symptoms of depression. This study also suggested that self-compassion was the strongest predictors of depressive symptoms. Furthermore, [Allen, 2017] who intended a study to explore the relationship of self-compassion and level of outness with emotional distress found that self-compassion, as a whole was a better predictor of depression symptom severity

Recommendations and Conclusion

In conclusion, the majority of nursing students had a high level of perfectionism, and moderate level of self-compassion. Additionally, socially-prescribed-perfectionism was an independent negative predictor of self-compassion, and self-compassion was an independent negative predictor of depressive symptoms among nursing students. So, Effective self-compassion interventions should be targeted

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to students who have perfectionistic thoughts to increase the level of kindness, and thus decrease perfectionistic thoughts. Experimental study is suggested to manage mal-adaptive perfectionism and depressive symptoms in nursing students.

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