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. Self-compassion is among the characteristics that nursing students need to have to be empathetic with themselves and with patients. 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: 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 composed 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: nearly all of the students had a high level of perfectionism, nearly three quarter of nursing students had a moderate level of self-compassion. Furthermore, the study revealed that statistically 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. Conclusions: 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. Recommendation: Effective self-compassion interventions could be targeted to students who have perfectionistic thoughts to increase the level of kindness, and thus decrease perfectionistic thoughts. Experimental study is suggested to manage perfectionism with nursing students.

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

Introduction

Nursing students are at an important stage in their development as they have not yet reached professional standing [Cleary et al., 2018]. They need to take care of acute or chronic health problems, and overcome the complexity of health terminology, devices, and instructions [Ayaz-Alkaya & Terzi, 2018]. Nursing students need to develop knowledge, skills, and attitudes to improve the quality of health care, to prevent errors in the health care setting [Boothby & Little, 2018]. Also, they need to develop competency and professionalism to be prepared for daily encounters with patients and relatives As a result, nursing students seek perfectionism to meet these needs [Arveklev et al., 2018].
Perfectionism is a personality factor characterized by never settling for second best, constantly striving to improve, and exterminating even small errors [Jensen et al., 2018]. Perfectionism is a multidimensional construct consisting of both personal and social components. The Multidimensional Perfectionism consists of three dimensions which are self-oriented perfectionism, other-oriented perfectionism and socially-prescribed perfectionism. A self-oriented perfectionist is characterized by self-implementation of extremely high goals. On the other hand, other-oriented perfectionist usually shows a critical assessment of other’s performance, whereas socially-prescribed perfectionists usually believe people set very high standards for themselves [Wong et al., 2018].

Perfectionism is characterized by the setting of high standards coupled with extremely self-critical evaluations. At low levels, perfectionism is considered adaptive and linked to positive effect, while at high levels, it is considered maladaptive 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 warm at times of hardship, being kind of self, accepting unpleasant experiences as they are and being non-judgmental. 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 [Mathad et al., 2017].

Self-kindness refers to responding to a perceived inadequacy with acceptance, rather than with harsh self-criticism. Common humanity refers to the recognition that all people are imperfect and do not feel isolated by the experience of failure. Finally, mindfulness refers to not becoming over-identified with the negative feelings, but maintaining a balanced sense of awareness of those feelings [Homan & Sirois, 2017]. More specifically, a recent study showed that the self-kindness, common humanity, and mindfulness are linked with resilience factors, while the self-judgment, isolation, and over-identification are linked with vulnerability factors for mental health symptoms and depressive symptoms [Kim & Ko, 2018].

Depressive symptoms are important public health problems and contribute to vulnerability to major depression, which causes suicidal behavior [Shimada et al., 2018]. At a global level, over 300 million people are estimated to suffer from depression. In Egypt, over 2.5 million people are estimated to suffer from depression [WHO, 2017]. One population with risk factors to both depression and suicide – being of the female gender and aged between 15 and 29 years – is nursing students [Ibrahim et al., 2013] [Seo et al., 2018]. Depression is a disorder dominating our thoughts, mood, emotions, behavior, and physical and mental health, composed of a variety of different symptoms. These symptoms affect several domains of human functioning [Miner, 2018].

Perfectionism is described as a psychological phenomenon characterized by setting excessively high standards for performance. This is accompanied by tendencies to overly critical evaluations of one’s behavior. Since the nature of health care does not tolerate mistakes, health care professionals, especially nursing students, are expected to do critical thinking and have perfectionistic views. However, perfectionists are more prone to experience various kinds of
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stressed than non-perfectionists. In addition, Perfectionism may cause people to develop a strict and severe thinking that may hinder a compassionate attitude towards oneself and others, causing greater depressive symptoms among nursing students [Hiçdurmuş & Aydin, 2017]. Some studies have indicated that depressive symptoms may decrease the function of nursing students as nurses and disturb the nurse–patient's relationship [Xu et al., 2014].

Significance study

Self-compassion is important for the development of positive mental health, adaptive coping strategies and help nursing students ensure high-quality care. On the other hand, perfectionism can complicate adaptive functioning by causing stress, although it may be useful to some extent in the fulfillment of duties. The conflicting nature of self-compassion and perfectionism needs to be understood to enhance the inclusion of high quality professionals in nursing and healthcare environments. 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 among nursing students?

3- Is there a relation between perfectionism, self-compassion and depressive symptoms among nursing students?

Subject and Methods

Research Design

Descriptive design was used to conduct this study.

Study Setting

The existing study was conducted at the Technical Institute of Nursing, Zagazig University at Sharkia governorate.

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

The strata was 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 that was prepared by researcher and
developed based on the review of current related literature. It was used to assess the socio-demographic characteristic of the nursing students, 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 of 45 items that are scored on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Three specific dimensions of perfectionism are measured:

- **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.

- **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.

An overall score of self-compassion can also be obtained from the scale. The negative subscale items (self-judgment, isolation, and over-identification) are reverse coded to calculate the overall self-compassion score. An increase in the subscale scores means an increase in that dimension. Higher scores represent greater self-compassion.

- **Scoring system:**

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- A score <2.5 indicates low
- 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 existence and severity of symptoms of depression over the previous two weeks as listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders Fourth Edition. It consists of 21 items that related to psychological symptoms and physical symptoms such as sadness, pessimism, past failure, loss of pleasure, guilty feelings, punishment feelings, self-dislike, self-critics, suicidal thoughts, crying, agitation, loss of interest, indecisiveness, worthlessness, loss of energy, changes in sleeping pattern, irritability, changes in appetite, concentration difficulty, tiredness or fatigue and loss of interest in sex.

Scoring system:

Each of the 21 items is summed to give a single score for the BDI-II. There is a four-point scale for each item 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 total for the whole test would be 63.

- 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 language and back translation of the study tool was done. The validity of the tools was done by group of panel who were three Experts from nursing and educational staff who reviewed the tools and ascertained clarity, relevance, comprehensiveness, and understandability.

Reliability

Reliability was done by Cronbach's Alpha tests, it was 0.64 for tool (I), 0.63 for tool (II) and 0.82 for tool (III).

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

The ethical issues were taken into consideration during the study. The study was approved by the pertinent authority of research ethics committee of the faculty of nursing at Zagazig University. The students were given a verbal description of the aim of the study, its potential benefits, and
methods for filling data collection tools to gain the student nurses’ trust to participate in the study. Oral consent was obtained from each student nurse in order to participate in the study. Each student was informed that participation is voluntary and withdrawal is permissible. The questionnaire did not include any harm and did not touch any religious and traditional issues among the study sample. Confidentiality was ensured throughout the study process, where personal data were not disclosed, and the 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 were 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

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations and medians for quantitative variables.

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
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(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 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).

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>42</td>
<td>15.0</td>
</tr>
<tr>
<td>19</td>
<td>123</td>
<td>43.9</td>
</tr>
<tr>
<td>20+</td>
<td>115</td>
<td>41.1</td>
</tr>
</tbody>
</table>

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).

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

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).

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

Figure (2): Distribution of the nursing students according to Self-Compassion scale (n=280).

Figure (3): Distribution of the nursing students according to Beck-Depression Inventory scale (n=280).
(4): Correlation matrix of perfectionism, self-compassion, and depressive symptom scores.

<table>
<thead>
<tr>
<th>Item</th>
<th>Spearman's rank correlation coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Perfectionism</td>
</tr>
<tr>
<td></td>
<td>Self</td>
</tr>
<tr>
<td>Perfectionism:</td>
<td></td>
</tr>
<tr>
<td>Self-oriented</td>
<td></td>
</tr>
<tr>
<td>Others-oriented</td>
<td>.262**</td>
</tr>
<tr>
<td>Socially-prescribed</td>
<td>.124*</td>
</tr>
<tr>
<td>Self-compassion</td>
<td>-.055</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>-.025</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T-test</th>
<th>P-value</th>
<th>95% Confidence Interval for B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>T</td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>Constant</td>
<td>107.15</td>
<td>4.57</td>
<td>23.436</td>
<td>&lt;0.001</td>
<td>98.15</td>
</tr>
<tr>
<td>Urban residence</td>
<td>-3.59</td>
<td>1.55</td>
<td>-0.13</td>
<td>2.311</td>
<td>0.022</td>
</tr>
<tr>
<td>Social perfectionism</td>
<td>-0.38</td>
<td>0.07</td>
<td>-0.33</td>
<td>5.823</td>
<td>0.000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T-test</th>
<th>P-value</th>
<th>95% Confidence Interval for B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>T</td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>Constant</td>
<td>55.94</td>
<td>3.65</td>
<td>15.312</td>
<td>&lt;0.001</td>
<td>48.75</td>
</tr>
<tr>
<td>Grade</td>
<td>-2.20</td>
<td>0.89</td>
<td>-0.13</td>
<td>2.457</td>
<td>0.015</td>
</tr>
<tr>
<td>Self-compassion score</td>
<td>-0.43</td>
<td>0.04</td>
<td>-0.52</td>
<td>10.199</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

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
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Discussion

Perfectionism plays an important role in nursing students’ adjustment to training in the nursing profession. Self-compassion is among the characteristics that nursing students need to have to be empathetic with themselves and with patients. Perfectionistic students develop a strict thinking that hinders a compassionate attitude towards oneself causing greater depressive symptoms [Hiçdurmak & Aydin, 2017]. Therefore the current study aimed to assess perfectionism, self-compassion and depressive symptoms 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. This finding contradicted with [Costello, 2015] 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 have self-oriented perfectionism since 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 other oriented perfectionism due to that 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 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, 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. 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 83.12% of nursing students had symptoms of depression and that maximum percentage of students (41.25%) has 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. 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 themselves 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 to students who have perfectionistic thoughts to increase the level of kindness, and thus decrease perfectionistic thoughts. Experimental study is suggested to overcome perfectionism in nursing students.

**Financial Support**

No funding was received.

**Conflict of interest:**

No Yes

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http://dx.doi.org/10.1016/j.nedt.2016.08.030


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