

# *Research Progress on Self-Compassion among Hospitalized Elderly Patients*

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**Abstract:** This study focuses on related research on self-compassion in elderly patients at home and abroad. It reviews the introduction, research status, measurement tools, and influencing factors of self-compassion to prepare for future research on self-compassion in elderly hospitalized patients. This study can provide reference for improving the mental health level of elderly hospitalized patients.

## **1. Introduction**

With the acceleration of the aging of the global population, the proportion of the global elderly population is steadily increasing. The United Nations report states that the proportion of the global population aged 65 and above is expected to be as high as 16% by 2050 <sup>[1]</sup>. Aging leads to increasing medical needs of the elderly population. Studies have shown <sup>[2]</sup> that the number of elderly hospitalizations has increased year by year in the past decade, with an average annual growth rate of 27.48%. However, due to the relatively long hospitalization time and the lack of patient care of accompanying family members, elderly patients often have negative emotions such as boredom and anxiety. Therefore, it is particularly important to maintain the mental health of elderly hospitalized patients. With the continuous development of positive psychology, the effect of self-compassion as one of its branches in improving negative psychological states has gradually attracted widespread attention from scholars from various countries. Relevant studies have found that self-compassion can protect older adults from psychological problems and sleep disorder symptoms, while improving their life satisfaction, self-care, and daily activities <sup>[3]</sup>. This paper focuses on the relevant research on self-compassion of hospitalized elderly patients and reviews it, in order to provide a basis for improving the self-compassion level of patients.

## **2. The concept of self-compassion**

The concept of self-compassion was first proposed by psychologist Neff in 2003. Self-compassion refers to an open, tolerant and non-critical attitude that individuals hold towards the negative events they experience. Self-compassion refers to directing the object of compassion toward oneself. Compassion often involves pain. Compassion for others means realizing the pain of

others, not avoiding or isolating it, and being kind to others in the hope of alleviating the pain of others. Therefore, self-compassion is to treat one's own pain with this attitude, not avoiding or isolating, and being kind to oneself to relieve and heal one's pain. And patients can be open and objective to understand their own pain, frustration and failure<sup>[4]</sup>. Self-compassion consists of three parts: self-tolerance, universal humanity, and mindfulness<sup>[5]</sup>. Self-forgiveness refers to being kind to oneself when an individual experiences pain or failure. Universal human nature means that when individuals encounter stressful events or pain, they do not think that fate is unfair, but that it is a common problem, so they can treat it more objectively. Mindfulness means that individuals recognize the current events with a balanced state of mind, without making any judgments, only expressing their thoughts and feelings when they feel pain, and avoiding excessive identification or complete escape<sup>[6]</sup>.

### 3. Current status of self-compassion research

In recent years, with the development of positive psychology, self-compassion, as an important predictor of mental health, has been widely used in the research of elderly patients with disability, stroke, diabetes, chronic heart failure, and cancer. The research results of Hu Jiahui et al.<sup>[7]</sup> on 355 disabled elderly people in 6 communities in Changchun City, China showed that the total score of self-compassion for disabled elderly people was (71.02±10.75) points. The self-compassion level of disabled elders in the community is at a moderate level. Research by Wang Yang<sup>[8]</sup> and others pointed out that the self-compassion level of semi-disabled elderly patients with stroke is at a medium level, and the total score of the self-compassion scale is (70.60±4.82) points. Sarah<sup>[9]</sup> pointed out in a survey study in the United States that the self-compassion of the elderly with type 2 diabetes is at a moderate level. Studies such as Huang Shumin<sup>[10]</sup> have shown that the self-compassion score of elderly patients with chronic heart failure is significantly lower than that of healthy elderly people. Liu Shuhua<sup>[11]</sup> conducted a survey of 179 colorectal cancer chemotherapy patients and found that positive self-compassion was higher than negative self-compassion, indicating that this group of patients will start to take the initiative to adopt positive self-cognition when facing traumatic events. But its level needs to be improved. The self-compassion level of elderly patients is generally at a moderate level, suggesting that medical staff should implement targeted interventions to improve patients' self-compassion level.

## 4. Measuring Tools for Self-Compassion

### 4.1 Self-Compassion Scale, SCS

The Self-Compassion Scale was compiled by Neff in 2003<sup>[12]</sup>. The self-compassion scale includes 6 dimensions, namely: self-kindness and self-criticism, general humanity and isolation, and mindfulness and over-identification. There are 26 items in 6 subscales. Each item adopts the Likert 5-point scoring method, ranging from "never" to "often", ranging from 1 to 5 points respectively, with a total score of 26 to 130 points. Among them, self-criticism, isolation and Overidentification was reverse-scored; self-kindness, general humanity, and mindfulness were forward-scored. Higher scores on the overall scale indicate higher levels of individual self-compassion. This scale has good reliability and validity, with internal consistency reliability and test-retest reliability of 0.92 and 0.93 respectively. It has been translated into Polish version, Spanish version and other multi-lingual versions<sup>[13-14]</sup>. Chen Jian et al. translated the scale into Chinese in 2011. A survey of 660 college students showed that the Cronbach's alpha coefficient was 0.84 and the test-retest reliability was 0.89, which has good psychometric properties<sup>[15]</sup>.

## 4.2 The Sussex-Oxford Compassion Scales, SOCS

Gu et al.<sup>[16]</sup> developed and compiled the Sussex-Oxford Compassion Scales in 2020. SOCS uses the empirically supported five-element definition of compassion to measure compassion for others and compassion for self. The self-compassion scale consists of 20 items and 5 dimensions, and is scored using the Likert 5-level scoring method, with 1 point for "totally incorrect" and 5 points for "always correct". The higher the patient's total score, the higher the level of self-compassion. The overall Cronbach's  $\alpha$  coefficient of the scale is 0.94. At present, the scale has been translated into a Korean version by Jiyoung<sup>[17]</sup>, etc., to evaluate the self-compassion level of Koreans.

## 5. Factors influencing self-compassion

### 5.1 Demographic factors

Mary<sup>[18]</sup> et al. showed in a British survey that younger diabetic patients had lower levels of self-compassion, which is consistent with the findings of Liu Shuhua<sup>[11]</sup> et al. on colorectal cancer chemotherapy patients. The possible reason is that younger patients have less experience, are psychologically fragile, and have poorer ability to accept the disease. Studies such as Yang Meiyang<sup>[19]</sup> pointed out that the self-compassion level of female burn patients is lower than that of males. Research by Liuyu W<sup>[20]</sup> and others also proved that patients with the characteristics of "low self-compassion and low self-indifference" are often female. Therefore, clinical nurses should develop corresponding intervention measures based on patient demographic data to ensure the effectiveness of the intervention measures.

### 5.2 Disease factors

A related study reported<sup>[21]</sup> that the older participants with more chronic diseases had lower self-compassion. With the aging process of the human body, the immune function of various organs of the body of most elderly people has declined, and their ability to adapt to changes in the external and internal environment has decreased, leading to the occurrence of some common elderly chronic diseases such as stroke, diabetes, and hypertension. Serious threat to the physical and mental health of the elderly. With the progress of chronic diseases, the physiological function of the elderly gradually declines, and participation in social and sports activities is limited. The sick elderly are prone to negative emotions such as low self-esteem, despair, and sadness, as well as anxiety, fear, and depression, which seriously affect patients. Mental health status of the sick and elderly. Hu Jiahui<sup>[7]</sup> pointed out that the level of self-compassion of disabled elderly people will gradually decrease with the prolongation of illness time. This may be related to the aggravation of the physical and psychological burden of the disabled elderly with the prolongation of the disease course. At the same time, the more serious the patient's condition, the more likely it is to have ruminant behavior<sup>[2]</sup>. We should suggest that in clinical nursing work, patients' ruminant behavior should be actively corrected to promote the formation of patients' self-compassion concept.

### 5.3 Psychological factors

In a study of Korean adolescents<sup>[22]</sup>, the positive component of self-compassion decreased depression and the negative component increased it. Ayşenur<sup>[23]</sup> pointed out in a 12-month longitudinal study that there was a significant negative correlation between self-compassion and psychological distress in patients with type 2 diabetes, and the self-compassion level of patients in anxiety and depression lower. Related studies have pointed out<sup>[24]</sup> that the higher the level of

anxiety, the lower my level of empathy. The higher the level of social anxiety an individual has, the more negative their self-perception is, including the fear of negative evaluation and the fear of positive evaluation. Individuals who are good at self-compassion have less negative repetitive thinking about the results of the events that have occurred. They can perceive the events in their lives with an objective attitude, neither excessively feeling the pain nor feeling the events. They tend to be overly overlooked. Because they think less about the possible negative effects of events that have occurred, individuals with higher levels of self-compassion may experience less negative repetitive thinking after negative events<sup>[25]</sup>. The emotion regulation theory of self-compassion holds that in stressful situations, the positive aspects of self-compassion can alleviate individual negative emotions and play a positive predictive role in psychological health indicators such as subjective well-being and life satisfaction. The negative components of self-compassion may amplify negative emotions, making individuals have difficulty in regulating emotions, and intensifying the negative effects of stress on individuals. Therefore, clinical medical staff should be keen to observe the patient's psychological state, identify the patient's negative emotions in a timely and accurate manner, and use appropriate psychotherapy to improve the patient's negative emotion, thereby improving the patient's self-compassion.

#### 5.4 Family-social factors

Relevant research shows <sup>[26]</sup> that the social rejection of Parkinson's patients is negatively correlated with the level of self-compassion, that is, the stronger the patient's sense of social rejection, the lower the level of self-compassion. Jeon <sup>[27]</sup> pointed out in the study of Korean elite students that there was a significant positive correlation between the level of social support and the level of self-compassion. The family function of stroke patients is positively correlated with all dimensions of self-compassion, that is, the better the family function, the higher the level of self-compassion <sup>[8]</sup>. Families with high intimacy and adaptability promote emotional communication among family members, are more flexible in responding to stressful events, and are more inclined to accept the current situation the family is facing with a tolerant and accepting attitude. As the "others" who spend the longest time with the patient, the attitude of family members can affect the patient's attitude towards themselves. The closer the family is, the stronger the adaptability. Patients are more able to actively cope with current difficulties with self-acceptance, peace of mind and more adaptive strategies. Manifested by higher levels of self-compassion. Family support, as part of social support, can have a certain degree of influence on self-compassion. Good social support can provide protection for patients and enhance patients' positive emotional experience. We suggest that clinical nurses learn to effectively use the social support system in their work, let more family members and peers participate in the recovery of the disease, accompany and encourage patients more, help patients make reasonable use of social resources, improve psychological flexibility, and improve the level of self-compassion.

#### 6. Conclusion

In summary, the self-compassion level of hospitalized elderly patients is related to many factors, and increasing the level of self-compassion is beneficial to the physical and mental health of hospitalized patients. At present, there are few reports on self-compassion among hospitalized elderly people and insufficient attention. It is suggested that in future research, while gradually improving the cross-sectional and longitudinal studies, we can understand the status quo of self-compassion levels of different types of hospitalized elderly patients, and actively carry out interventional research on self-compassion in hospitalized elderly patients. At present, there are few reports on self-compassion among hospitalized elderly patients in various countries and insufficient

attention. Although there is a widely used Chinese version of the self-compassion scale, whether the scale is suitable as a measurement tool for the self-compassion status of hospitalized elderly patients and whether it can truly reflect the self-compassion level of cancer patients remains to be further verified, and there is a lack of specific measurement tools.

At the same time, in the future, we can continue to develop tools for measuring the self-compassion level of hospitalized elderly patients that are suitable for our country's cultural background. While gradually improving cross-sectional and longitudinal studies, researchers should enrich the research population, understand the status quo of self-compassion level of different types of elderly inpatients, and actively carry out interventional studies on self-compassion of elderly inpatients, so as to improve the self-compassion level of elderly inpatients, promote the healthy physical and mental development of inpatients, and improve their quality of life.

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