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Self -Compassion and Self-Efficacy Among Academic Nursing Staff: Relationship Approach

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Abstract
Self-compassion may help academic staff experience the relationship benefits associated with high self- efficacy. Hence, relationship self-efficacy is positively associated with changes in relationship satisfaction. Aim of the study: This study aimed to assess the relationship between self-efficacy, and self-compassion and socio demographic data among academic nursing staff in Mansoura University, Egypt. Research Design: A descriptive design. Tools of data collection: three tools were used to collect data; 1- Data interview questionnaire .2-Neff self -compassion scale, 2011 3- General self- efficacy scale by (Schwarzer and Jerusalem, 1995). Results: The total mean score of self- compassion was 37.3±7.2. It is also observed that mindfulness subscales obtained a higher mean score X±SD =8.3±6.5, followed by Common-humanity subscale X±SD =6.7±1.6, Self- kindness had a mean score of X±SD = 6.6±1.2.General self -efficacy scale, total mean score was 30.3±4.4. There were significant positive correlation between self- kindness subscale and general self -efficacy P=.000. Also there is statistical significant negative correlation regarding Self- judgment, and general self –efficacy= 0.000. Conclusion: Self -compassion was moderate among academic nursing staff while Self- efficacy was higher among them. Self -efficacy significantly correlated with self- kindness and negatively with self -judgment. Key words: Academic nursing staff, self -compassion, self -efficacy.
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Introduction

Persons differ in how they respond to their shortcomings. Whereas some persons are likely to respond to their mistakes and inadequacies with self-criticism, for example, others be liable to respond to such shortcomings with self-compassion – a noncritical stance towards one's inadequacies and failures [(1)].

Concept of self-compassion involving self-kindness, mindfulness and awareness of common humanity. Self-kindness is related to reacting with kindness and understanding toward oneself when experiencing negative events. Mindfulness is related to holding emotions in nonjudgmental alertness, and common humanity is linked to seeing one's life as element of the larger human experience and realizing that everyone goes through difficult times [(2)].

Whereas self-esteem is a way of conceptualizing people's favourable or unfavourable attitudes toward themselves, self-compassion is a way of conceptualizing how people intellectually deal with themselves following their mistakes [(3)]. Self-compassion entails to be kind and understand oneself in instances of pain or failure rather than being harshly self-critical; perceiving one's experiences as part of the larger human practice rather than considering them as isolated and holding painful thoughts and feelings in careful awareness rather than over-identifying with them [(4)] .

Self-compassion has also been establish to be the strongest predictor of psychological health rather than mindfulness and has been related to academic success. It buffers individuals against negative self-feelings when imagining stressful social situations, and moderates negative emotions after receiving undecided feedback [(5)]. More-self-compassionate people, for example, report lesser depression, lower anxiety level, and higher levels of self-esteem and self-efficacy than do less-self-compassionate people as, they do not reflect about their mistakes [(1)].

Compassionate individuals will be capable of perceiving their own failures as something also present in others and will be capable of donating kindness on themselves when dealing with their thoughts and feeling in a balanced manner. Hence the self-efficacy is relevant to self-compassion bearing on its increase or reduction [(6)].

Many of us have received messages during our lives that in order to succeed and achieve our goals, we need to punish and compel ourselves with inner harsh judgment and self-criticism. What research actually shows is that harsh self-criticism activates the threat defence part of our nervous system and when that happens, we're more likely to move toward "fight-flight-freeze" responses. When our self-concept is under attack, our threat defence system is understandably trying to protect us from the intense pain of negative, harsh condemnation. Common feelings and responses are to feel loose, close up, leave, separate, escape from the situation or become defensive, emotionally isolated or highly reactive to those around us. Sometimes we turn to food, alcohol, drugs, TV and other outlets to deaden the pain [(7)].

According to Swami Saraswati's observation that self-criticism leads to negative emotions, self-compassion may be most likely to improve wellbeing by protecting people from the negative emotional sequences of their mistakes. However, Karl Marx's observation that negative emotions can motivate, however, this protecting nature

of self-compassion may be harming well-being by extracting an important source of people's motivation to correct their mistakes and avoid them from returning [1][8].

Many studies have shown self-efficacy to be one of the most strongest predictors of act. Also, individual with increased self-efficacy try different solutions when they do not achieve their goals, and they put a great effort into achieving their goals as well as this beliefs have been positively correlated to motivations and engagements, and they are leading to greater task concern. Having meaningful goals and plans to follow one's goals is possibly resulting in higher levels of engagement as well [9].

Self-efficacy is defined as people's judgments of their abilities to arrange and carry out series of action necessary to achieve selected types of performances (8). It has three dimensions; the first one is magnitude and this is the level of tasks difficult for the person believes he can attain. The second one is the strength and this is the convection of the magnitude as weak or strong. The last one is generality which is the degree to which this convection is generalized on different situations. Hence the self -efficacy determines the person's performance as we rarely perform a task when we expect failure in it [10].

There are four principal sources of self- efficacy which are: past performance, various experience, verbal persuasion and emotional cues. Also, it has many effects on personality as which action a person will choose, the amount of efforts expended, endurance in facing of troubles, thought patterns, stress level, and level of accomplishment achieved [11].

A research made by Iskender 2009 illustrated that mindfulness related in a positive manner to self-efficacy, and it was negatively correlated to self-judgment and isolation. Awareness of common humanity as part of self-compassion had positive correlation with self-efficacy and had negative correlation with self-judgment. Self-judgment had a negative correlation with self-efficacy. On the other hand, isolation was connected negatively to self-efficacy and self-kindness, and positively to self-judgment [12] [9].

Significance of the study

self-compassion may help academic staff experience the relationship benefits associated with high self- efficacy. Hence, relationship self-efficacy is positively associated with changes in relationship satisfaction [1]. Academic staff with high self-efficacy are convinced that they can learn and carry out a precise duty. Thus, they are likely to persevere in their efforts even when problems face. on the other hand, employees with lower self-efficacy who believe they are able to learn and perform a complex tasks are likely to give up when problems face. In an extensive literature review on self-efficacy, Albert Bandura and Edwin Locke (2003) concluded that self-efficacy is a powerful determinant of job act [13]. So, this study aimed to assess the relationship between self-efficacy, and self-compassion.

Aim of the study: This study aimed to assess the relationship between self-efficacy, and self-compassion and socio demographic data among academic nursing staff in Mansoura University, Egypt.

Subjects and Method:

Research Design: A descriptive design.

Research Setting: study was conducted at faculty of nursing, Mansoura University.

Sample: Convenience sample of academic nursing staff. 100 out of 220 academic nursing staff who agreed to participate in the study. They were met 2 days/ week for a period of 2 months at a period from (first of August 2018 to end of September 2018).

Tools of data collection:

Three tools were used to collect the required data:

Part I- Structured interview questionnaire:

It was developed by the researcher after reviewing the related literatures, it composed of the following:

- **Academic Staff Basic Data:** Include age, gender, level of education, marital status, number of children, specialty, income sufficiency, and history of chronic illness… etc.

Part II- Neffe's Self compassion Scale (SCS):

It was firstly designed by **(Raes., Neff and Gucht (2011)** [14]. SCS was developed to explicitly represent the thoughts, emotions and behaviours associated with various components of self-compassion. It involves items that used to measure how often individuals respond to feeling of inadequacy or suffering with Self-Kindness, Self-Judgment, common humanity, isolation, mindfulness and over identification. Responses are given on a 5-point scale from "Almost Never" to "Almost Always." Items demonstrating uncompassionate responses to suffering are reverse-coded so that higher scores correspond to a lower frequency of these responses. Means are then calculated for each subscale, and a grand mean is calculated that represents an overall measure of self-compassion. Thus, the SCS can be used as an overall measure of self- compassion.

The 12-item Self-Compassion Scale – Short Form (SCS-SF) was constructed, validated and demonstrated good internal consistency ($\alpha \geq .86$ in all samples) (Raes, Pommier, Neff, & Van Gucht, 2011).It consists of 12 items

under six subscales which are:
•Self-kindness items: 2, 6
•Self-judgement items: 11, 12.
•Common humanity items: 5, 10.
•Isolation items: 4, 8.
•Mindfulness items: 3, 7
•Over- identified items: 1, 9.
The teachers rate every part of items on a five (5) point scale of 1(never), 2(rarely), 3(some times), 4(often), and 5(always). This for positive items as self -kindness, common humanity and mindfulness. For the negative items as self- judgement, isolation and over identified the score is reversed, it will be, 5(never), 4(rarely), 3(sometimes), 2(often), and 1(always).

Scoring system

The higher score is 60 and the lower is 12.The average score for self-compassion is 36.00. Higher scores indicate higher levels of teacher's self-compassion and lower score indicate lower levels of teacher's self-compassion.

Reversed Scoring

Items 1, 4, 8, 9, 11 and 12 are reverse-scored.
The average for self-kindness is 5.86, and the average for self-judgment is 5.98. The average scores for common humanity, isolation, mindfulness and over-identification are 5.79, 6.14, 6.69, and 6.39 respectively.

Part III- General self-efficacy scale (GSF):

This scale was created originally by (**Schwarzer and Jerusalem, 1995**) to predict coping and adaptation with daily hassles and different kinds of stressful life situations. It is intended to assess optimistic self- belief and to cope with a variety of demands in the life.

The tool is composed of 10 items that focuses on different skills and components of problem solving approaches. Each item refers to successful coping and involves an internal-stable attribution of success. This tool demonstrated good psychometric characteristics with adequate reliability (Cronbach's alpha ranged from .76 to 0.90 with the majority in the high 0.80) and adequate validity.

Scoring system:

This used 4 point Likert scale for all ten items and are summed up to yield the final composite score, with arrange from 10 to 40 with mean cut of point equal 20. Thus, the total self -efficacy score varies between 10 and 40. Higher score indicate higher self- efficacy [(15)].

Operational design:

1-Pilot study:

A pilot stud was carried out on 10% of the subjects (10) teachers, before starting the data collection to ascertain the clarity and applicability of the study tools. Teachers included in the pilot study were excluded from the study subjects.

2-Ethical Consideration:

Ethical approval was obtained from Mansoura University Faculty of Nursing Ethics Committee.

3- Administrative and ethical consideration:

Official permissions for collecting data were obtained from the dean of the faculty.

4-Human rights:

Informed consent was obtained from the eligible academic staff after explanation of the nature of the study. The staff was informed that their participation is voluntary and they can withdraw from the study at any time. Confidentiality and anonymity of the collected data were assured.

Statistical Analysis

Data were analysed with SPSS version 24. The normality of data was first tested with one-sample Kolmogorov-Smirnov test. Qualitative data were described using number and percentage. Analysis Of Variance (ANOVA test) used for comparison of means of more than two groups (parametric data). Continuous variables were presented as mean ± SD (standard deviation) for parametric data .Pearson correlation used for correlation between continuous parametric data.

Level significance

For all above mentioned statistical tests done, the threshold of significance is fixed at 5% level (p-value).
The results were considered:
•Significant when the probability of error is less than 5% ($p < 0.05$).
•Non-significant when the probability of error is more than 5% ($p > 0.05$).
Highly significant when the probability of error is less than 0.1% ($p < 0.001$).
The smaller the p-value obtained, the more significant are the results.

Limitation of the study

Number of the staff participated in the study was not sufficient enough to detect accurately self -compassion level and self -efficacy among academic nursing staff.

Results

Table (1): Socio demographic characteristics among Academic Nursing Staff:

Socio-demographic items	No	%
Age group		
20-30	47	47%
31-40	43	43%
41-50	10	10 %
Mean± SD	31.7±6.06	
Sex		
Male	17	17%
Female	83	83%
Number of children		
- Non	15	15%
- 1	35	35%
- 2	30	30%
- 3	20	20%
Years of experience		
- 1-5 y	66	66%
- 5-10 y	25	25%
- 11-15 y	9	9%
History of chronic illness		
- Yes	13	13%
- No	87	87%
Income		
- Sufficient	20	20%
- Insufficient	80	80%

Table (1) shows frequency distribution of the studied subjects according to their socio-demographic characteristics. It appears from the table that, nearly half of the studied subjects were in the age group of 20 to 30 years followed by 43 % were in the age group 31 to 40 years with a mean age of 31.7±6.06 years. Also, it was found that female represented a higher percentage, they constituted 83.0%.

Regarding years of experience, 66% were having experience from 1-5 years. Followed by 25 % were have experience from 5-10 years. 25% were pediatric nursing staff while 5% were administrative nursing staff.

As for income; 80% of the studied subjects reported not having enough income.

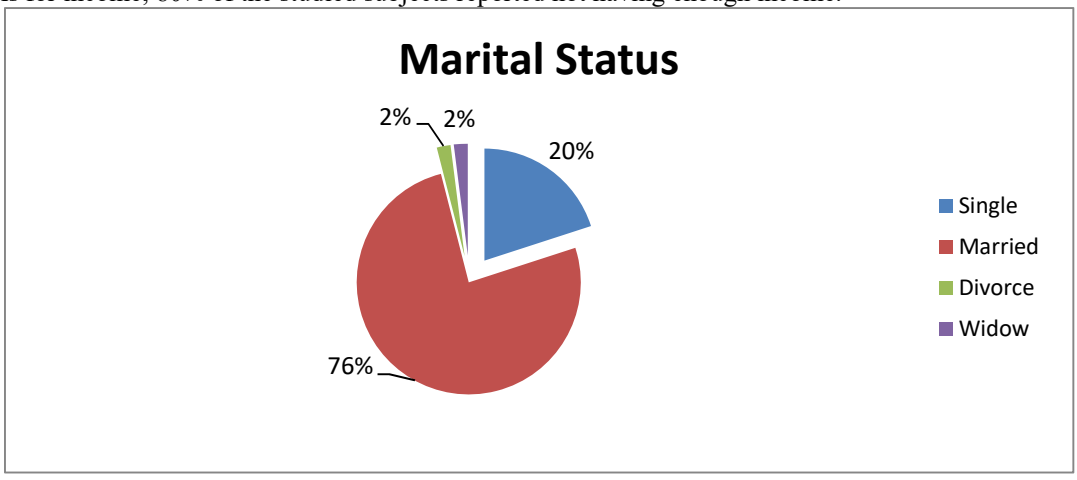

Figure (1) marital status

Figure (1) illustrates that, the majority of study sample were married and constituted 76%.

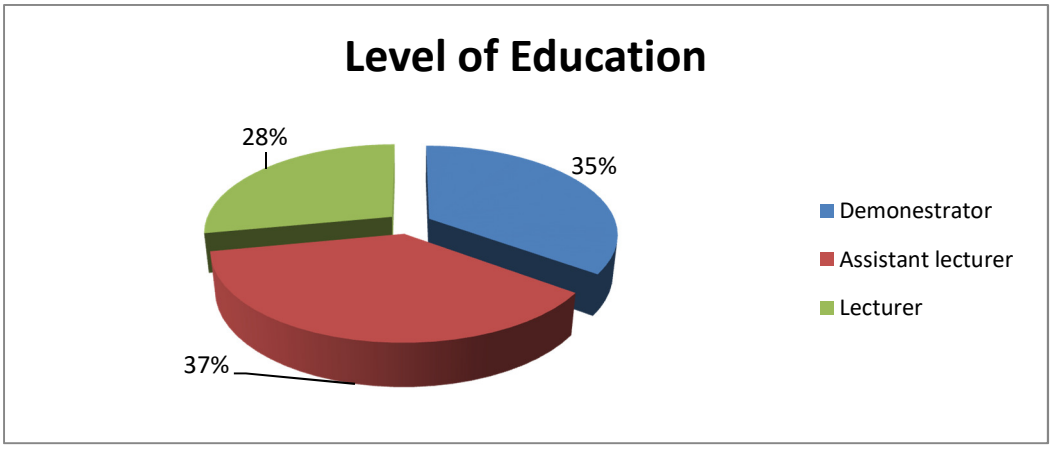

Figure (2) level of education

Figure (2), Concerning educational degree, 37% of the studied subjects were Assistant lecturer, while 35 % were Demonstrator and 28% were lecturer.

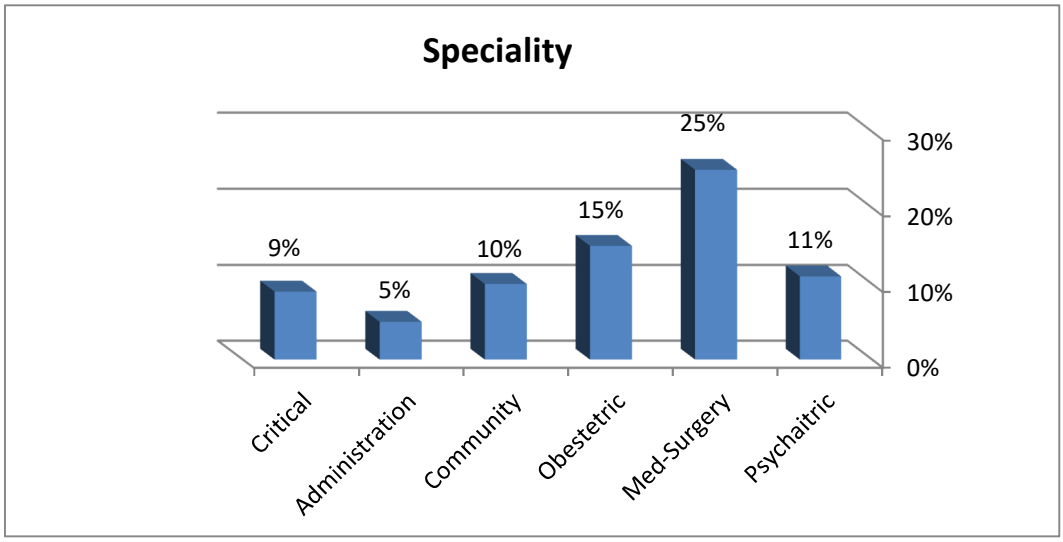

Figure (3) academic speciality

Figure (3), concerning speciality, majority of the study sample were med surgery academic nursing staff.

Table (2): Mean Scores of Self-Compassion and its Subscales:

Self-compassion subscales	Mean ± SD	T-test	P
- Self- kindness	6.6±1.2	54.117	.000
- Self- judgment	5.4±1.7	36.811	.000
- Common-humanity	6.7±1.6	41.856	.000
- Isolation	5.4±1.7	37.651	.000
- Mindfulness	8.3±6.5	12.633	.000
- Over-identified	5.1±1.4	46.091	.000
Total Self-compassion	37.3±7.2	48.669	.000

Table (2): Shows the self -compassion scale total and its subscales. The total mean score was 37.3±7.2. It is also observed from the table that mindfulness subscales obtained a higher mean score X±SD =8.3±6.5, followed by Common-humanity subscale X±SD =6.7±1.6, Self- kindness had a mean score of X±SD = 6.6±1.2

Table (3): Mean Scores of General Self -Efficacy:

Self- Efficacy items	Mean ± SD	T-test	P
1-I can always manage to solve difficult problems if I try hard enough.	3.1±0.7	41.591	.000
2- If someone opposes me, I can find the means and ways to get what I want.	2.7±0.7	37.674	.000
3- It is easy for me to stick to my aims and accomplish my goals.	2.9±0.9	31.340	.000
4-I am confident that I could deal efficiently with unexpected events.	2.9±0.9	32.664	.000
5- Thanks to my resourcefulness, I know how to handle unforeseen situations.	3.0±0.7	42.253	.000
6- I can solve most problems if I invest the necessary effort.	3.3±0.7	45.904	.000
7- I can remain calm when facing difficulties because I can rely on my coping abilities. When I am confronted with a problem, I can usually find several solutions.	2.8±0.8	33.838	.000
8- I can remain calm when facing difficulties because I can rely on my coping abilities. When I am confronted with a problem, I can usually find several solutions.	3.0±0.6	44.289	.000
9- If I am in trouble, I can usually think of a solution. I can usually handle whatever comes my way.	3.2±0.8	39.000	.000
10- If I am in trouble, I can usually think of a solution. I can usually handle whatever comes my way.	3.0±0.9	32.111	.000
- Total Self –Efficacy	30.3±4.4	67.818	.000

Table (3): Shows the general self -efficacy scale. The total mean score was 30.3±4.4**.**

Table (4): Relationship between Socio-demographic Characteristics and Self-Compassion mean Score:

Socio-demographic items	Total self-compassion Mean ± SD	Test of significance	P
Age group			
20-30	38.9±9.1		
31-40	36.9±5.1	F= 1.5	.226
41-50	35.2±3.2		
Sex			
Male	40.2±4.0	t= 2.34	.024
Female	37.2±7.6		
Educational degree			
Demonstrator	39.6±10.2	F= 2.70	.072
Assistant lecturer	35.7±4.8		
Lecturer	37.8±4.3		
Specialty			
Pediatric	40.6±9.9		
Psychiatric	39.2±3.9		
Med-surgery	41.7±11.7	F= 0.62	.710
Obstetric	42.0±5.4		
Community	44.8±5.2		
Administration	41.0±6.5		
Critical	44.8±5.2		
Marital status			
Single	44.7±.14.2		
Married	36.3±5.0	F= 4.69	.002
Divorce	35.0±.00		
Widow	40.0±.00		
Number of children			
Non	46.7±11.8		
1	35.3±4.2	F= 14.0	.000
2	35.4±5.4		
3	38.5±2.7		

Socio-demographic items	Total self-compassion Mean ± SD	Test of significance	P
Years of experience			
1-5 y	38.0±8.5		
5-10 y	36.7±3.9	F= .316	.730
11-15 y	37.8±3.3		
History of chronic illness			
Yes	39.1±1.1		
No	37.5±7.7	t=.764	.005
Income			
Sufficient	38.2±4.0	t=-.475	.637
Insufficient	37.6±7.8		

Table (4): Shows the association of self- compassion scores among the studied subjects based on socio-demographic data. it was found that the highest mean score were for subjects at age group 20-30 year as the mean score was 38.9±9.1 with no statistical significant difference P= .226. Concerning subject's sex, it was found that highest mean score of self -compassion was for male academic teacher as the mean score was 40.2±4.0 with no statistical significant difference P= .119. Also it was found that the demonstrator had higher general self -compassion mean score with no statistical significant difference P= .072. There is no statistical significant mean difference regarding self -compassion and specialty. As regard marital status, the academic staff who are single had higher self -compassion mean score 44.7±.14.2 with statistical significant difference P= .000. While the least mean score was for divorced staff as the mean score35.0±.00. The table also shows that the academic staff who have not children had higher general self -compassion mean score 46.7±11.8 with statistical significant difference P= .000. As for history of chronic illness, the academic staff who have chronic illness had higher mean score 39.1±1.1 with statistical significant difference P= .005. Also, staff who had enough income had a higher self-compassion mean score with no statistical significant difference.

Table (5): Relationship between Socio-demographic Characteristics and General Self -Efficacy Mean Score:

Socio-demographic Items	General self-efficacy Mean ± SD	Test of significance	P
Age group			
20-30	27.6±3.4		
31-40	32.4±4.3	F= 22.7	.000
41-50	33.6±1.7		
Sex			
Male	33.2±4.0	t=3.29	.003
Female	29.7±4.3		
Educational degree			
Demonstrator	27.2±3.1		
Assistant lecturer	32.0±3.6	F= 17.6	.000
Lecturer	31.9±4.8		
Specialty			
Pediatric	27.3±3.3		
Psychiatric	31.3±5.0		
Med-surgery	27.6±3.5		
Obstetric	35.0±1.7		
Community	33.0±2.3	F= 13.3	.000
Administration	32.6±4.0		
Critical	32.8±3.1		
Marital status			
Single	27.2±3.7		
Married	30.9±4.3	F= 5.9	.000
Divorce	34.0±.0		
Widow	37.0±.0		
Number of children			
Non	28.7±5.0		
1	28.4±4.1	F= 12.8	.000
2	33.9±1.8		
3	29.4±4.4		

Socio-demographic Items	General self-efficacy Mean ± SD	Test of significance	P
Years of experience			
1-5 y	30.5±4.7	F= 3.8	.024
5-10 y	31.0±3.5		
11-15 y	26.5±3.5		
History of chronic illness			
Yes	26.7±3.6	t= -3.6	.002
No	30.8±4.3		
Income			
Sufficient	30.9±3.1	t= -.691	.000
Insufficient	30.1±4.7		

Table (5): Shows the association of general self -efficacy scores among the studied subjects based on socio-demographic data. it was found that the highest mean score were for subjects at age group 41-50 year as the mean score was 33.6±1.7 with statistical significant difference P= .000. Concerning subject's sex, it was found that highest mean score of general self -efficacy was for male academic staff as the mean score was 33.2±4.0 with statistical significant difference P= .003.The higher mean score for self-efficacy was for obstetric nursing staff as the mean = 35.0±1.7 with statistical significant difference P= .000. Also it was found that the assistant lecturer had higher general self- efficacy mean score with statistical significant difference P= .000. As regard marital status, the academic staff who are widow had higher self- efficacy mean score with statistical significant difference P= .000. The table also shows that the academic staff who have two children had higher general self -efficacy mean score with statistical significant difference P= .000. No statistical significant difference was found between general self -efficacy mean score and years of experience. Moreover, there is a statistical significant difference were found between the general self -efficacy mean score and History of chronic illness P= .002. Regarding income, staff who had enough income had a higher general self -efficacy mean score with statistical significant difference = .000.

Table (6): Correlation between Self-Compassion and General Self- Efficacy:

Self-compassion subscales	General self- efficacy	
	R	P
Self- kindness	0.524	.000
Self- judgment	-.392	.000
Common-humanity	0.127	.207
Isolation	-.042	.675
Mindfulness	-.177	.078
Over-identified	-.026	.798

Table (6): shows the correlation between general self -efficacy and self -compassion subscales. The results indicate that, there were significant positive correlation between self- kindness subscale and general self -efficacy P=.000. Also there is no statistical significant negative correlation regarding Self- judgment, Isolation, Mindfulness, Over-identified and general self -efficacy.

Discussion

The aim of this study is to assess self -compassion and self-efficacy among academic nursing staff working at Mansoura University and assessing the relation between them.

First for base line characteristics of the respondents; there were total 100 nursing academic staff participated in the current study. More than three quadrants of them were female compared to only less than one quadrant was male. Nearly half of them their age range from 20 to 30 years old and majority of them their ages are ranging from 30 to 40 years old. About one tenth of them are from 40 to 50 years old. More than three quadrants of them are married and only few numbers are divorced and widow. Also, about more than three quadrants of the teachers their income is in sufficient for them. The insufficient income may be a result of responsibilities of marriage and children as half of them have more than 2 children.

The second part which assesses the mean scores of self -compassion and self -efficacy: the present study revealed that total self - compassion among study group was relatively moderate. While subscale of mindfulness were relatively high with mean =8.3200±6.57033 and higher level of self –kindness = 6.6±1.2. This result agrees with what **Neff 2003** said that mindfulness allows to more universal understanding of the suffering and emerges of self- kindness [(16)]. Moreover, the result of the present study revealed that the total mean self-efficacy scores of the present study have highly increased. This agrees with what **Jeffrey 1999** said that, Men and women had the same level of research motivation. Hence, staff with higher degrees and greater research productivity were more

motivated and self-efficacious about their lives [17].

The third part of the study: regarding relation between socio demographic data and self-compassion, the present study revealed that the mean of self-compassion in female not statistically significant differ than male with p=0. 119 This result dis agrees with **Neff 2003** who stated that women are less than men in self- Compassion scores. At the same time this result agrees with **Neff 2007 and Iskender 2009** who stated that self-compassion doesn't differs from male to female [18][12] .Self-compassion did not differ with age group difference with p=0. 226. This result is matching with what Neff said 2003a and 2009 that self- compassion is a challenge for adolescents and improves with adults. Self -compassion scores were slightly higher among demonstrator than assistant lecturer, lecturer and professors with no statistically significant difference [3]. Moreover no statistically difference among self -compassion with different years of experience. This result could be related to insufficient sample size. However, self-compassion strongly correlated with marital status and number of children. As, self- compassion mean is higher among single teachers and among those with only one child with p=0.002 & 0.000 respectively. This may be related to marriage troubles or problems in romantic relationship. This analysis agrees with **Emily Hannah, 2018** who stated that individuals who show more self-compassion would make better partners [19]. Moreover, the result revealed that mean of self- compassion increased in teachers with chronic illness than others who not complain p=0.005. This result could be a sequence of increasing mindfulness and this agrees with Van Dam, 2011 who stated that mindfulness and self-efficacy predicting wellbeing [20].

The forth part relation between -self -efficacy and socio demographic factors: the study found that the self – efficacy mean score increased significantly among lecturer than instructors and assistant lecturer with p=000. This could be a result of what **Jeiffery 1999** said before that staff with higher degrees and greater research productivity was more motivated and self-efficacious about their lives [17] **.** The present study found increasing in self -efficacy mean scores among higher age group than younger age groups with significant of p= 0.000. The finding agrees with a research made by **Mahdieh Irom, Ali Zarie, 2016** who stated that self -efficacy was higher among age group from 35 -44 years old. More over the mean score of self -efficacy is not differ in male than female with p=0.251[21]. This result agree with a result of study made **by Siti Salwa & Sawari Norwati Mansor, 2013** who stated that, there is no difference between male and female in their self -efficacy level [22]. However, self -efficacy scores - significantly correlated negatively with chronic illness and income with p=0.01 & 0.000 respectively. For presence of chronic illness results agree with **Finney Rutten etal., 2016** who stated that self -efficacy is stronger among those with higher chronic illness burden. For income sufficiency the result disagree with what **Sun J1, Buys N, Wang X 2012**, stated that income as an indicator of social inequality revealed its significant predictive role in the occurrence of low level of self –efficacy[23][24]. In addition to previous, the study found that self-efficacy mean scores were higher among obstetric nursing academic staff. It could be related to their personal characteristics or their academic achievements as previously mentioned by **Jeiffery, 1999** who reported that staff with higher degrees and greater research productivity were more motivated and self-efficacious.

Fifth part is correlation between self- compassion and self -efficacy: the study found that self-compassion is strongly correlated with self-kindness, p=0.00 and strongly negatively correlated with self-judgment with p=0.000.This result agrees with a study made by **Ahmet Akın, 2015** who reported that there were significant positive relationships between mindfulness, common humanity, and self-kindness adaptive dimension of self-compassion- and self-efficacy scores [25]. On the other hand isolation and over-identification -maladaptive dimensions of self-compassion- predicted self-efficacy negatively. This is explained by **Maddux 2002** that control believes and self- kindnesses in situations which results are attributed to the persons themselves increase their self-efficacy [26][27] .

Conclusion

Self -compassion was moderate among academic nursing staff while Self- efficacy was high among them. Self -efficacy significantly correlated with self- kindness and negatively with self -judgment. Single academic teacher compassionate with themselves better than married and divorced ones. Income correlated negatively with self-efficacy**.**

Recommendations

The results of the present study recommended that:

- Further research needed to be made between self -judgment, self -efficacy and depressive levels among academic staff.
- Further study needed on a large sample size to detect self -efficacy among academic staff and its relation with their kind of speciality.
- Making frequent programs including the self -compassion enhancements and measuring their effects on psychological disorders as depression and anxiety.
- Making Dyadic adjustment therapy to enhance marital conflicts as a way to improve self-compassion among married staff.

- Further study needed to detect the relation between income and self- efficacy among academic nursing staff.

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