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Relationship Between Perfectionism And Self-Forgiveness: Mediating Role Of Self-Compassion Among Health Care Professionals

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Abstract

Health Care Professionals strive for perfectionism due to nature of their work, as minor mistakes can have serious complications in patient health and well-being. Literature review showed a gap in quantitative research on relation between subtypes of perfectionism, self-forgiveness and self-compassion, specially among health care professionals. The purpose of present study was to identify the relationship between self-compassion, perfectionism subtypes (self-oriented perfectionism and socially prescribed perfectionism) and self-forgiveness, and to investigate the mediating role of self-compassion in the relationship between perfectionism and self-forgiveness among health care professionals. Sample (N = 600) health care professionals, out of which (N=300) were males and (N=300) were females, were selected through purposive sampling. Age range of participants was 23-40 years. Self- Compassion Scale (Raes et al., 2011), Heartland Self-Forgiveness scale (Thompson et al., 2005), and Multidimensional Perfectionism scale (Hewitt et al., 1991) were used. Result showed that self-compassion and self-forgiveness are negatively linked with both self-oriented perfectionism and socially prescribed perfectionism. Self-Compassion is positively linked with Self-Forgiveness. Females scored higher in self-forgiveness as compared to males. Self-compassion was greater in participants of age 35 to 40 years as compared to other groups. Furthermore, mediation analysis suggests 20.3% variance in self-forgiveness by self-compassion. Self-compassion and self-forgiveness can help health care professionals in professional grooming, dealing better with the clients and coping with the negative effects of perfectionism.

Keywords: Perfectionism, Self-oriented Perfectionism, Socially Prescribed Perfectionism, Self-Forgiveness, Self-Compassion, Health Care Professionals

Introduction

Human has an inborn tendency of perfectionism. Strive to become better is one of the basic need of man which he has been practicing for centuries. Health Care Professionals also strive for perfectionism due to nature of their work, as minor mistakes can have serious complications in patient health and well-being. They desire to provide best possible care to their patients. Their motivation to achieve excellence i.e., self-oriented perfectionism, in providing better services to their clients, and social expectation of patients, colleagues can create distress and

dissatisfaction in them (Craiovan, 2014). At this time, self-compassion and self-forgiveness is necessary to overcome the distress, that is a threat to their well-being. These factors are necessary to create a balance between striving for excellence and the limitations of abilities and therapeutic process.

The current study focused on the relationship between self-forgiveness and subtypes of perfectionism i.e., self-oriented perfectionism and socially-prescribed perfectionism, mediating role of self-compassion. Recent research suggests that each type of perfectionism has different motivational factors thereby, they have distinct relation to the same variable. The current research examined whether different types of perfectionism have distinct relationships with self-compassion and self-forgiveness.

Many research on perfectionism have been conducted by using university students (Zar & Swe, 2020), perfectionist athletes (Olsson et al., 2021), depressive patients (Savari et al., 2021), and in mothers of young child (Flett et al., 2023). Present research included healthcare professionals, as their work requires attention, accuracy, and precision, therefore, they continuously strive to provide the best possible treatment to their client i.e., perfectionism. This strive for perfectionism makes them prone to burnout. To overcome this threat, self-forgiveness and self-compassion can play an important role. These traits allow a person to accept their weaknesses and build motivation to learn from past experiences and develop new skills. Moreover, differences in demographic variables including gender, profession, job status, and salary package were also studied.

Perfectionism

Perfectionism can be characterized as the pursuit of flawlessness by setting high standards of performance, being unable to bear failure, measuring productivity by success, and having a self-critical view about oneself in case of not reaching the set standards (Flett & Hewitt, 2015; Damian et al., 2021). Research suggests that perfectionism is a multidimensional personality trait. The most influential model is Hewitt and Flett's (1991) model of Perfectionism. They proposed that perfectionism has three components i.e., self-oriented perfectionism, social-oriented perfectionism, and other-oriented perfectionism (Hewitt & Flett, 1991).

Self-Oriented Perfectionism

Self-oriented perfectionism, an intrinsic form of motivation, is “setting high goals for oneself, striving hard to accomplish them, and feeling dissatisfied when goals are not achieved” (Flett & Hewitt, 2002). It is the attempt to strive for flawlessness by setting high expectations, achieving those expectations, and preventing failure (Hamza & Helal, 2012).

Self-oriented perfectionism has various advantages such as motivating a person for ongoing professional development and growth (Umandap & Teh, 2020), goal attainment (Flett et al., 2012). Striving to make oneself better, achieving one's goals, avoiding failure, and approaching success results in personal growth, self-improvement as well as task mastery (Umandap & Teh, 2020).

However, it can also result in maladaptive behavior (Smith et al., 2021), development of negative thoughts about oneself (Huang et al., 2020), obsessive fear of critique (Zar & Swe, 2020), and self-critical habits (Richardson et al., 2020). Long-term maladaptive behavior results in distress, that can further develop into anxiety (Spadofora et al., 2022), burnout (Liu et al., 2021), personality disorders, and high shame (Fjermestad-Noll, 2020; Overholser & Dimaggio, 2020), low self-esteem (Kang et al., 2020), hopelessness and high potentials for suicide (Robinson et al., 2021).

Socially Prescribed Perfectionism

Socially-prescribed perfectionism, is an extrinsic motivation, defined as “perceiving high expectations from others and feeling pressure to achieve those expectations” (Richardson et al., 2020). They tend to develop unrealistic beliefs that others have high expectations of them, thereby trying to hide things that they consider as failures and present themselves as perfect to others.

Socially-prescribed perfectionism is most of the time maladaptive. Research shows that it is related to low self-esteem (Raudasoja et al., 2022), self-control (Flett et al., 2022), procrastination (Kathleen & Basaira, 2021), greater feelings of shame, and suicidal ideation (Shahnaz et al., 2018). Socially prescribed perfectionists develop a sense of inferiority (Lee et al., 2020), and contribute to hostility and anger by impeding positive relationships with other (Abdollahi et al., 2022).

Self-Forgiveness

Self-forgiveness involves acceptance and accountability of one's actions, feeling guilty about his actions, and developing strategies to release self-directed negativity to heal oneself (Webb et al., 2017). In other words, it involves comprehending and embracing one's actions to transition from negative thoughts, emotions, motivations, and behaviors to positive ones (Griffin et al., 2015; Webb et al., 2017), and efforts to improve oneself. Self-forgiveness involves a person to be mindful rather than ruminating on one's mistakes (Arslan & Coşkun, 2021).

It is negatively correlated with anger as well as self-destructive behaviour (Hirsch, Webb, & Jeglic, 2012).

Self-Compassion

Self-compassion is “the capacity to prioritize one's values and strengths over their mistakes, flaws, and limitations” (Yang et al., 2016). It can also be defined as “preventing one-self from suffering (Crews & Crawford, 2015) by accepting personal failures rather than being self-critical (Neff, 2016), and avoiding fixation or over-identification of mistakes” (Phillips, 2019). Self-compassion includes treating oneself with kindness by developing insight into emotionally distressing thoughts, emotions, and experiences (Gibbons & Newberry, 2022), and having an empathic approach toward oneself during difficult or challenging situations (Marshall et al., 2020). It is an acknowledgement of the idea that failure is natural, which needs to be accepted rather than feeling isolated by experiences (Neff, 2016).

Literature Review

Studies have demonstrated that perfectionism reduces levels of self-compassion as well as self-forgiveness (Smith et al., 2016). Perfectionists are more self-critical and less accepting of their mistakes and imperfections. As a result, they are less inclined to engage in self-compassionate and forgiving behaviors when they experience setbacks or failures (Smith et al., 2016).

Self-compassion helps individuals approach their mistakes with kindness and understanding, and view them as opportunities for growth rather than sources of shame. Self-oriented perfectionists have more difficulty forgiving themselves for mistakes (Neff, & Faso, 2015; Sirois et al., 2015).

Literature suggests that the relationship of self-oriented perfectionism and self-forgiveness is moderated by self-compassion (Tiwari et al., 2020). Self-compassionate clinical psychologists can better cope the stresses and difficulties and may exhibit greater resilience when facing setbacks or error (Ewert et al., 2021).

A study showed discovered that more self-compassionate individuals tended to be less self-critical and less concerned with meeting unrealistic standards. Self-compassion positively correlates with self-forgiveness (Roxas et al. 2019). Self-compassion offers a pathway to soften the negative impacts of perfectionism, promoting a more compassionate and forgiving approach towards oneself and others (Cleare et al., 2019).

According to Miyagawa et al. (2020), self-compassion helps people lessen suffering as a result of failure and can shift how individuals perceive failure, leading them to acknowledge failures as opportunities for learning and growth. Self-compassion is negatively linked to overly concern over mistakes and perceived social and parental pressures, which are the sole traits of perfectionism (Mosewich, et al., 2011).

Overall, literature indicates a negative association between perfectionism and self-forgiveness. Additionally, interventions like mindfulness and acceptance-based therapies worked in mitigating the impacts of perfectionism on these constructs (Ong et al., 2019).

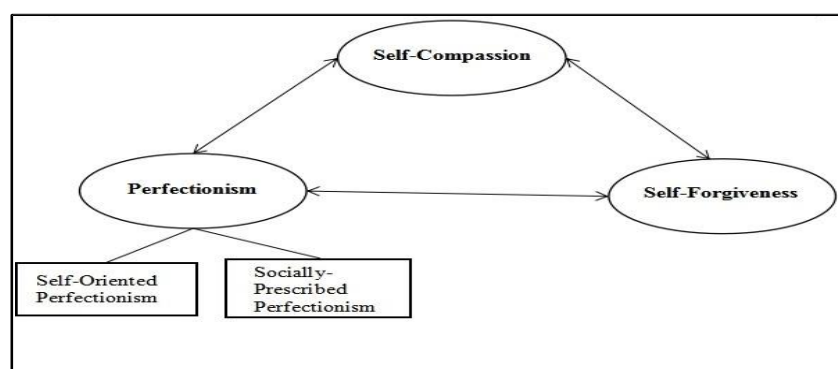


Figure 1 Hypothetical Model

Material and Methods

This study aimed to find out the relationship between Perfectionism, Self-Forgiveness, and Self-Compassion among health care professionals and had following objectives. The mediating role of Self-Compassion between Perfectionism and Self-Forgiveness among health care professionals, was examined. Secondly, the differences on the basis of gender, age, current job status, and salary package were noted.

Following were the hypotheses of the study. (1) Self-Oriented Perfectionism and Socially Prescribed Perfectionism would be negatively linked with Self-Forgiveness and Self-Compassion among health care professionals. (2) Self-Compassion would be positively linked with Self-Forgiveness among health care professionals. Self-Compassion would work as a mediator between Perfectionism and Self-Forgiveness among health care professionals. (3) Females would score higher on perfectionism and self-forgiveness as compared to males.

To operationalize self-oriented and socially prescribed perfectionism, Multi-Dimensional Perfectionism Scale

(MPS), developed by Hewitt and Flett, in 1991, was used. Self-oriented perfectionism was operationalized as “setting high personal standards, striving for flawlessness, and accompanied by self-criticism”. While socially prescribed perfectionism was operationalized as “perceived parental expectations, perceived expectations from others, and perceived social pressures to be perfect”. Self-forgiveness is operationalized as an individual capacity to forgive themselves for their own perceived mistakes and failures. It reflects the ability to let go self-blame, and feeling of guilt and shame. Self-forgiveness was assessed through Heartland Forgiveness Scale developed by Thompson and colleagues in 2005. Self-compassion was operationalized, using Self-compassion scale (short form) developed by Raes, Pommier, Neff, & Van Gucht in 2011, as self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification. In this study, cross sectional, co-relational research design was used. Total (N=600) health care professionals, out of which (N= 300) were males and (N= 300) were females, were selected from hospitals, clinics and rehab centres of Islamabad/Rawalpindi. Data was collected using purposive sampling technique. Age range was 23 - 40 years. Participants suffering from any physical or mental illness were not included in the study. Multidimensional Perfectionism Scale (Hewitt et al., 1991), Heartland Forgiveness Scale (Thompson et al., 2005), and Self-Compassion Scale (Short Form) (Raes et al., 2011) were used. Data was collected from health care professionals of different hospitals, clinics and rehabilitation centers of Rawalpindi/Islamabad. No psychological or physical harm was provided to the participants. Data was collected in a time duration of 2 months. Ethical considerations are integral to the research process. Informed consent was obtained from participants, emphasizing voluntary participation in the study. Post-study debriefing was conducted to provide participants with a comprehensive understanding of the study, and measures were implemented to ensure confidentiality, and protection against potential harm.

Results

IBM SPSS version 25 was used to prepare the dataset and run the analysis. The internal reliability of all scales i.e., SCS, HFS, MPS was based on the dependability coefficient for Cronbach's Alpha. Pearson correlation method was used to obtain correlation between the variables. Moreover, t- test was used to identify differences in variables on the basis of gender and job status. One Way ANOVA was used to find differences on the basis of age and salary package. Process Method was used to find the mediating role of self-compassion in relation between perfectionism and self-forgiveness. Sample consisted of N = 600 Health Care Professionals with age range 23 - 28 are 49.0%, 29- 34 are 29.7% and 35 - 40 are 21.3%. Health Care Professionals in which 50% were males and 50% were females. In education category, frequency for MBBS doctors was 73.7%, and 26.3% others (psychologists, physiotherapists, etc). 88.7% of participants were employed, while 11.3% were unemployed. In salary package category, 10.3% were unpaid, 21.8% participants received 30K to 50K, 33.5% participants received 50K to 100K, and 34.3% participants received more than 100K.

Table 1 Descriptive statistics and Reliability estimates of Study Variable Scale (N = 600)

Scales	N	α	M	SD	Range		Skewness	Kurtosis
					Actual	Potential		
SCS	12	0.707	38.31	7.20	15-58	12-60	-0.153	0.526
HFS	6	0.516	27.95	5.38	13-42	6-42	0.206	-0.029
SOP	15	0.846	70.80	14.54	29-105	15-105	-0.123	-0.188
SPP	15	0.603	63.17	9.90	28-104	15-105	0.261	0.466

Note: SCS= Self-Compassion Scale; HFS= Heartland Self-Forgiveness Scale (Subscale of HFS); SOP= Self-Oriented Perfectionism (Subscale of MPS), SPP= Socially Prescribed Perfectionism (Subscale of MPS); N= number of items, α = Alpha reliability; M= mean; SD= Standard Deviation

All scales have good and satisfactory alpha reliability coefficients values (i.e., $\alpha > .50$). The fact that all the skewness values fell within the allowed range of -1 and +1 shows that data was distributed normally and appropriate for psychometric testing.

Table 2 Correlation matrix between Self-Compassion, Self-Forgiveness, Self-Oriented Perfectionism and Socially Prescribed Perfectionism among Health Care Professionals (N= 600)

Variables	1	2	3	4
1. SCS	-	0.450**	-0.061	-0.259**
2. HFS		-	-0.071	-0.299**
3. SOP			-	0.417**
4. SPP				-

Note: SCS= Self-Compassion Scale; HFS= Heartland Self-Forgiveness Scale (Subscale of HFS); MPS= Multidimensional Perfectionism Scale; SOP= Self-Oriented Perfectionism (Subscale of MPS), SPP= Socially

Prescribed Perfectionism (Subscale of MPS);** $p < .01$, * $p < .05$

Table 2 described that self-compassion is positively correlated with Self-Forgiveness ($r = 0.450^{**}$; $p < .01$). While self-compassion is negatively linked to self-oriented perfectionism ($r = -0.061$; $p > .01$), and socially prescribed perfectionism ($r = -0.259^{**}$; $p < .01$). Self-Forgiveness is negatively correlated to socially prescribed perfectionism ($r = -0.299$; $p < 0.05$). Similarly, Self-forgiveness is negatively correlated with self-oriented perfectionism ($r = -0.071$; $p > 0.05$), but the results are not statistically significant. Self-oriented perfectionism is positively correlated with socially prescribed perfectionism ($r = 0.417$; $p < 0.05$).

Table 3 Differences across Gender in relation to Self-compassion, Self-forgiveness, Self-Oriented Perfectionism and Socially Prescribed Perfectionism among Health Care Professionals (N = 600)

Variable (n=300)	Male		Female		95% CI		Cohen's		
	M	SD	M	SD	t (598)	P	LL	UL	d
SCS	39.16	7.03	37.46	7.27	2.89	0.004	0.54	2.84	0.23
HFS	27.43	4.98	28.46	5.72	-2.33	0.02	-1.88	-0.16	0.19
MPS	132.65	20.17	135.28	21.27	-1.54	0.123	-5.96	0.712	0.12
SOP	69.77	13.75	71.83	15.25	-1.73	0.08	-4.38	0.269	0.141
SPP	62.93	9.53	63.41	10.27	-0.59	0.55	-2.07	1.10	0.048

Note: SCS= Self-Compassion Scale; HFS= Heartland Self-Forgiveness Scale (Subscale of HFS); MPS= Multidimensional Perfectionism Scale; SOP= Self-Oriented Perfectionism (Subscale of MPS), SPP= Socially Prescribed Perfectionism (Subscale of MPS); * $p < .05$, ** $p < .01$, M=Mean; SD=Standard Deviation; LL= Lower Limit; UL=Upper Limit; CI= Class Interval

Table 3 shows gender differences in self-compassion, self-forgiveness, self-oriented perfectionism, and socially prescribed perfectionism. Results of the table shows that there exists statistically significant gender differences in self-compassion (SCS) ($p = 0.004$), self-forgiveness (HFS) ($p = 0.02$). Moreover, there does not exist statistically significant gender differences in self-oriented perfectionism (subscale of MPS) ($p = 0.08$) socially prescribed perfectionism (subscale of MPS) ($p = 0.55$).

Table 4 Differences across Job Status in relation to Self-compassion, Self-forgiveness, Self-Oriented Perfectionism and Socially Prescribed Perfectionism among health care professionals (N = 600)

Variable	Employed		Unemployed		95% CI		Cohen's		
	(n=532)		(n=68)		t (598)	P	LL	UL	d
	M	SD	M	SD					
SCS	38.55	7.056	36.41	8.06	2.317	0.021	0.326	3.95	0.282
HFS	28.10	5.369	26.76	5.43	1.923	0.05	-0.029	2.69	0.248
MPS	134.02	20.58	133.57	22.23	0.166	0.868	-4.81	5.72	0.021
SOP	70.80	14.55	70.79	14.57	0.006	0.996	-3.67	3.69	0.000
SPP	63.22	9.79	62.78	10.82	0.347	0.728	-2.06	2.95	0.042

Note: SCS= Self-Compassion Scale; HFS= Heartland Self-Forgiveness Scale (Subscale of HFS); MPS= Multidimensional Perfectionism Scale; SOP= Self-Oriented Perfectionism (Subscale of MPS), SPP= Socially Prescribed Perfectionism (Subscale of MPS); * $p < .05$, ** $p < .01$, M=Mean; SD=Standard Deviation; LL= Lower Limit; UL=Upper Limit; CI= Class Interval

Table 4 shows job differences in self-compassion, self-forgiveness, self-oriented perfectionism, and socially prescribed perfectionism. Results of the table shows that there exists statistically significant gender differences in self-compassion (SCS) ($p = 0.021$) and self-forgiveness (HFS) ($p = 0.05$). Moreover, there does not exist statistically significant gender differences in self-oriented perfectionism (subscale of MPS) ($p = 0.996$) and socially prescribed perfectionism (subscale of MPS) ($p = 0.728$).

Table 5 One Way ANOVA to Investigate Differences on the Basis of Age in Self-compassion, Self-forgiveness, Self-Oriented Perfectionism and Socially Prescribed Perfectionism among Health Care Professionals (N = 600)

Variable	Professionals (N = 600)							
	23-28		29-34		35-40		F	p
	(n=294)		(n=178)		(n=128)			
	M	SD	M	SD	M	SD		
SCS	36.88	7.16	38.94	6.86	40.72	7.03	14.27	0.00
HFS	27.64	5.79	27.94	5.01	28.64	4.86	1.53	0.217

MPS	135.01	20.49	134.53	20.09	130.80	22.10	1.91	0.148
SOP	71.56	14.35	70.60	14.45	69.32	15.10	1.08	0.340
SPP	63.40	10.41	63.90	9.15	61.59	9.61	2.18	0.113

Note: SCS= Self-Compassion Scale; HFS= Heartland Self-Forgiveness Scale (Subscale of HFS); MPS= Multidimensional Perfectionism Scale; SOP= Self-Oriented Perfectionism (Subscale of MPS), SPP= Socially Prescribed Perfectionism (Subscale of MPS) F = F Statistic; **p < .01; *p < .05

Table 5 shows one way ANOVA to investigate differences on the basis of age in self-compassion, self-forgiveness, self-oriented perfectionism and socially prescribed perfectionism among health care professionals. Results shows significant differences on the basis of age in self-compassion [$F(2, 597) = 14.27, p < 0.05$], while there exists no statistical significant differences in self-forgiveness [$F(2, 597) = 1.53, p > 0.217$], self-oriented perfectionism [$F(2, 597) = 1.08, p > 0.340$], and socially prescribed perfectionism [$F(2, 594) = 2.18, p > 0.113$].

Table 6 Post Hoc Test (Gabriel Method) for investigating Multiple Comparisons with Respect to Age (N = 600)

Dependent Variable	(I) Age	(J) Age	MD (I-J)	SE	p	95% CI	
						LL	UL
SumSCS	23-28	29-34	-2.066**	0.66	0.002	-3.38	-0.75
		35-40	-3.841*	0.76	0.000	-5.31	-2.38
	29-34	23-28	2.066**	0.66	0.002	0.75	3.38
		35-40	-1.775*	0.81	0.030	-3.38	-0.17
	35-40	23-28	3.841*	0.74	0.000	2.38	5.31
		29-34	1.775*	0.82	0.030	0.17	3.38

Note: SCS= Self-Compassion Scale; MD= Mean Difference; S.E= Standard Error; *p < .05; LL= Lower Limit; UL= Upper Limit; CI= Class Interval

Table 6 shows post hoc test for investigating multiple comparisons with respect to age. Results show that in SCS there was significant difference between the ages 23 - 28, 29 - 34, and 35 - 40 ($p < 0.05$).

Table 7 One Way ANOVA to Investigate Differences on the Basis of Salary Package in Self-compassion, Self-forgiveness, Self-Oriented Perfectionism and Socially Prescribed Perfectionism among Health Care Professionals (N = 600)

Variable	Professionals (N = 606)									
	Zero (n=62)	30-50K (n=131)		50-100K (n=201)		More than 100K (n= 206)		F	p	
	M	SD	M	SD	M	SD				
SCS	35.95	6.83	37.99	7.11	38.00	7.07	39.52	7.302	4.434	0.004
HFS	26.56	5.60	27.83	5.60	27.99	5.28	28.39	5.250	1.863	0.135
MPS	134.0	20.60	133.8	21.5	135.1	19.76	132.96	21.34	0.358	0.783
SOP	70.24	13.07	70.89	14.7	71.72	14.40	70.02	15.02	0.495	0.686
SPP	63.76	10.40	62.98	10.5	63.36	9.32	62.94	9.921	0.151	0.929

Note: SCS= Self-Compassion Scale; HFS= Heartland Self-Forgiveness Scale (Subscale of HFS); MPS= Multidimensional Perfectionism Scale; SOP= Self-Oriented Perfectionism (Subscale of MPS), SPP= Socially Prescribed Perfectionism (Subscale of MPS) F = F Statistic; **p < .01; *p < .05

Table 7 shows one way ANOVA to investigate differences on the basis of salary package in self-compassion, self-forgiveness, self-oriented perfectionism and socially prescribed perfectionism among health care professionals. Results shows significant differences on the basis of age in self-compassion [$F(3, 596) = 4.434, p < 0.05$], while there exists no statistical significant differences in self-forgiveness [$F(3, 596) = 1.863, p > 0.135$], self-oriented perfectionism [$F(3, 596) = 0.495, p > 0.686$], and socially prescribed perfectionism [$F(3, 593) = 0.151, p > 0.929$].

Table 8 Post Hoc Test (Gabriel Method) for investigating Multiple Comparisons with Respect to Salary Package (N = 600)

Dependent Variable	(I) Salary Package	Salary (K) Salary Package	MD (I-J)	SE	p	95% CI	
						LL	UL
SumSCS	zero	30-50K	-2.041	1.101	0.064	-4.20	0.12
		50-100K	-2.053*	1.037	0.048	-4.09	-0.02

30-50K	More than 100K	-3.658*	1.034	0.001	-5.60	-1.54
	zero	2.041	1.101	0.064	-0.12	4.20
	50-100K	-0.013	0.802	0.987	-1.59	1.56
50-100K	More than 100K	-1.527	0.798	0.056	-3.09	0.04
	zero	2.053*	1.037	0.048	0.02	4.09
	30-50K	0.013	0.802	0.987	-1.56	1.59
More than 100K	More than 100K	-1.514*	0.708	0.033	-2.90	-0.12
	zero	3.568*	1.034	0.001	1.54	5.60
	30-50K	1.567	0.798	0.056	-0.04	3.09
	50-100K	1.514*	0.708	0.033	0.12	2.90

Note: SCS= Self-Compassion Scale; MD= Mean Difference; S.E= Standard Error; *p < .05; LL= Lower Limit; UL= Upper Limit; CI= Class Interval

Table 8 shows post hoc test for investigating multiple comparisons with respect to salary package. Results show that in SCS there was significant difference between the scores of zero and more than 100K ($p < .05$).

Table 9 By Using Process Method to Investigate the Mediating Role of Self-Compassion between Perfectionism and Self-Forgiveness among Health Care Professionals (N = 600)

	Self Compassion		β
	B [95% CI]	SE B	
Step I			
Constant	46.1615** [42.41 , 49.90]	1.9065	
Perfectionism	-0.0586** [- 0.0862 , - 0.0309]	0.0141	0.00**
R = 0.1684, R ² = 0.0284, F (1, 598) = 17.3427, p >0.01			
	Self-Forgiveness		β
	B [95% CI]	SE B	
Step II			
Constant	14.403** [10.8287, 17.9773]	1.8199	
Perfectionism	0.0041 [-0.0149, 0.0231]	0.0097	0.671
Self Compassion	0.3388** [0.2842, 0.3934]	0.0278	0.00**

R = 0.4510, $R^2 = 0.2034$, F (1, 598) = 75.7026, $p > 0.01$

Note: *p < .05, **p < .01

Table 9 shows process analysis to investigate the mediating role of self-compassion between perfectionism and self-forgiveness among health care professionals. In step-II the R^2 value of 0.203 explained 20.3% variance in the outcome variable by the mediator self-compassion, $F(1, 598) = 75.7026$, $p < .05$. Results show that self-compassion ($\beta = 0.671$, $p < .05$) significantly partially mediated the relationship between perfectionism and self-forgiveness among health care professionals.

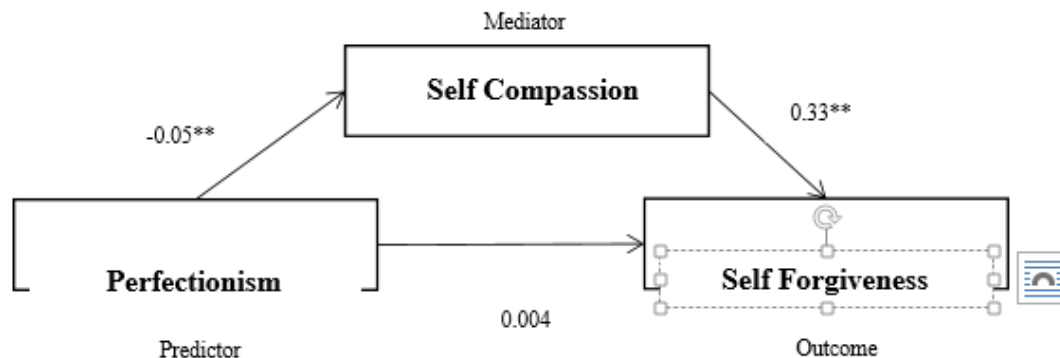


Figure 2, Mediation

Figure 1 is showing the direct effect of perfectionism on self-forgiveness ($B = .004$, $p > 0.05$) and an indirect effect of perfectionism through self-compassion ($B = -0.05$, $p < .01$) on self- forgiveness among health care professionals ($B = 0.33$, $p < .01$).

Discussions

The aim of present study was to study the relationship between self-compassion, perfectionism and self-forgiveness, and to investigate the mediating role of self-compassion in the relationship between perfectionism and self-forgiveness among health care professionals.

Self-compassion has a negative linked with self-oriented perfectionism ($r = -0.061$; $p > .01$), and socially prescribed perfectionism ($r = -0.259^{**}$; $p < .01$) suggest that greater the level of self-compassion lesser the tendency for perfectionism. This result is also supported by literature that when individuals have a high level of self-compassion, they tend to have lower levels of perfectionism. Additionally, self-forgiveness has a negative correlation with Self-Forgiveness is negatively correlated to socially prescribed perfectionism ($r = -0.299$; $p < 0.05$), and self-oriented perfectionism ($r = -0.071$; $p > 0.05$). Individuals who have higher levels of self-oriented perfectionism may have more difficulty forgiving themselves for mistakes. Also, socially prescribed perfectionism is more strongly associated with negative effects and less strongly associated with self-forgiveness than self-oriented perfectionism (Krueger et al., 2013).

Correlation analysis showed that self-compassion has a positive correlation with Self-forgiveness ($r = 0.450^{**}$; $p < .01$), indicating that individuals who were more self-compassionate tended to have higher standards for themselves but were also more forgiving and understanding when they fell short of those standards. Self-compassion and self-forgiveness both have a positive impact on individuals (Sirois et al., 2015 & Muris et al., 2018). Statistically significant gender differences has been noted in self-compassion and self-forgiveness. Males were found to be more self-compassionate while females scored more in self-forgiveness. Gender differences in self-oriented perfectionism and socially prescribed perfectionism are no statistically significant.

Self-compassion has seemed to increase with age. It was noted that there was significant differences on the basis of age in self-compassion; while there exists no statistical significant differences in self-forgiveness, self-oriented perfectionism and socially prescribed perfectionism.

Table 9 showed process analysis to investigate the mediating role of Self-Compassion between Perfectionism and Self-Forgiveness among Health Care professionals. In step-II, the R-square value of 0.203 explained 20.3% variance in the outcome variable, by the mediator self compassion, $F(1, 598) = 75.70$. Result showed that self-compassion significantly partially mediated the relationship between perfectionism and self-forgiveness among health care professionals. These findings are consistent with the previous researches. People with high discrepancy in perfectionism, are low in self-compassion (Zar & Swe, 2020).

Practical Implications

The study will help to understand the relationship between perfectionism, self-forgiveness and self-compassion which can lead to interventions that foster mental well-being. The study will be helpful to have a better understanding of how different types of perfectionism impact the ability to forgive oneself. Also, addressing perfectionism through self-forgiveness and self-compassion will reduce burnout rates, increase quality of life, which will further lead to enhanced patient care and communication. Insight from research can inform the development of training programs for health care professionals, integrating elements that promote self-compassion and self-forgiveness, thereby preparing them for future challenges.

Limitations and Suggestions

Study used self-report data which increases the possibility of common answers. Data should be collected through interviews to get more reliable results. Study used cross-sectional design, thereby it could not investigate the changes overtime. Data was collected from Rawalpindi and Islamabad, future studies should be conducted with larger and varied sample size in order not only to get clearer picture, but also for the purpose of generalization. Questionnaire was lengthy, therefore response rate was low. Future researchers should establish good rapport with the participant and short, time consuming scales should be used. Future studies should be conducted to analyse the impact of different types of perfectionism on self-compassion and self-forgiveness. Insight from research can inform the development of training programs for health care professionals, integrating elements that promote self-compassion and self-forgiveness, thereby preparing them for future challenges.

Conclusion

The purpose of present study was to identify the relationship between self-compassion, perfectionism and self-forgiveness, and to investigate the mediating role of self-compassion in the relationship between perfectionism and self-forgiveness among health care professionals. Result of the study revealed that self-compassion and self-forgiveness were negatively linked with both self-oriented and socially prescribed perfectionism. Self-Compassion was positively linked with Self-Forgiveness among health care professionals. Self-Compassion significantly partially mediated the relationship between perfectionism and self-forgiveness. Females scored higher in self-forgiveness as compared to males. Also, age differences were only significant in self-compassion, as mean value

35- 40 years was higher as compared to 23-28, and 29-34 years.

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