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**SELF-COMPASSION, COPING WITH STRESS  
AND THE BURNOUT SYNDROME AMONG PSYCHOTHERAPISTS**

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**occupational burnout  
coping style  
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**Summary**

**Objective:** Persons performing the profession of psychotherapy, and similarly other helping professionals are at particular risk of occupational burnout. Hence, it seems to be an important issue to find adequate resources to prevent this phenomenon. One of them, recently identified in the context of occupational burnout, is self-compassion which is regarded as a regulator of emotion-oriented coping style. The aim of the study was to analyze the relationship between self-compassion and the style of coping with stress and occupational burnout, and to verify the mediational model in which the style of coping with stress served as a mediating variable between self-compassion and occupational burnout.

**Methods:** A total of 70 psychotherapists with an average age of 39.56 (SD = 8.18), mostly women (94.3%), were examined in a cross-sectional study, wherein varied instruments were used: the Link Burnout Questionnaire (LBQ), the Coping Inventory for Stressful Situations (CISS) and the Self-Compassion Scale – Short Form.

**Results:** The study showed a negative relationship between psychophysical exhaustion and disillusion – as dimensions of occupational burnout – and self-compassion, as well as a positive relationship between disillusion and emotion-oriented coping. The negative relationship concerned self-compassion (SC) and the emotion-oriented coping style (EOS), there were no correlations associated with the task-oriented (TOS) and avoidance-oriented (AOS) styles. The mediation analysis demonstrated no evidence to maintain that stress coping strategies mediated the relationship between self-compassion and professional burnout in the sample group of psychotherapists.

**Conclusions:** The obtained results indicate that developing self-compassion may directly prevent occupational burnout without the indirect effect of coping with stress.

## Introduction

One of the most highly appreciated and popular concepts clarifying occupational burnout was created by Ch. Maslach [1]. From this perspective, occupational burnout is the syndrome characterized by “emotional exhaustion, depersonalization / attitudinal hardening and a sense of decreased personal accomplishment which may occur in persons who work in professions based on contact with people” [2, p. 3]. Maslach and M.P. Leiter [3] developed a model showing a sequence of particular components of burnout. The first symptom of burnout is emotional exhaustion to be understood as a feeling of excessive fatigue and being depleted of emotional resources. If no remedial measures are taken within a reasonable period then it comes to the emergence of the distancing from difficulties / showing detached concern and withdrawal behaviour in the workplace, as well as to the objective approach to the client’s / patient’s symptoms. The second dimension of burnout is depersonalization / derealization disorder – a negative, cynical, and uncaring reaction toward care recipients. Persons with the burnout syndrome (BOS), who are in the final stage of the process triggered by chronic stress, demonstrate a lack of job satisfaction and unwillingness to perform specified roles, and also a loss of involvement. This is the third factor of occupational burnout, manifested by decreased job satisfaction, reduced personal accomplishment and working productivity, and furthermore, the tendency to underestimate one’s own abilities. An additional dimension of burnout, namely professional disillusion, was introduced by M. Santinello [4]. Disillusion is associated with existential expectations, motivation to provide support for others, as well as self-efficacy related to the ability to complete a task successfully. Thus, occupational burnout is therein related to disillusion and loss of enthusiasm resulting from the confrontation of the individual vision and expectations in that area with reality.

In the light of definitions and research on the burnout syndrome, a significant impact of remedial measures is observed [5, 6]. Recent studies have revealed that stress which is not modified by remedial measures leads to a loss of strength and relatively permanent attitudinal changes that are typical for the burnout syndrome [7]. However, occupational burnout is not demonstrated by all professionals being in the same work context, therefore, there are grounds for presuming that individuals who use passive coping strategies in stressful situations have a higher burnout risk than those who are active and rational [4, 5]. A coping style is understood as a relatively constant, and specific for an individual, tendency for confronting a stressful situation and dealing with it [8].

Researchers have proposed three stress coping styles [9]. The first one is problem-focused and is used by persons who take action to solve a problem according to the cognitive transformation theory or an attempt to alter the problem causing the distress and think how to best handle the problem / by cognitive reappraisal. The emotion-oriented coping style characterizes people who tend to concentrate

on themselves and their own emotions. The third coping strategy is avoidance-focused, characterized by the effort to avoid dealing with the stressor, i.e. thinking, cognition, or experience of stressful situations [9, 10]. This style can take two forms of dealing with stress. One form is engagement in alternative / surrogate activities (distraction seeking / DS), such as indulging on food, sleeping, reading, or watching TV; the other form of dealing with stress is searching for social activities (social diversion/ SD) [8]. Recent research has proven that the use of confrontation or emotion-focused strategies in difficult situations, in contrast to avoidance-oriented or task-focused styles, is related to a higher risk of occurrence of the burnout syndrome [11, 12].

Among personality constructs seen as significant to prevent occupational burnout, apart from coping strategies (task-focused or confrontation mechanisms), there are mentioned as follows: the internal feeling of control, self-efficacy, sense of humour, extraversion, and empathy [12]. A relatively new construct that prevents burnout in each of its dimensions seems to be self-compassion. According to K. Neff, self-compassion entails an accepting and warm attitude toward oneself that includes “being open and sensitive toward oneself in instances of pain, and at the same time experiencing care and kindness toward oneself, adopting understanding and non-judgmental conduct concerning own imperfections and failures, and also perceiving one’s experiences as part of a larger human experience” [13, 14 p. 67]. Individuals with a higher level of self-compassion have greater life satisfaction and personal accomplishment [15], they are happier and more optimistic than those with a lower level of self-compassion [15–17]. Also, there have been carried out studies revealing the correlation of self-compassion and intrinsic motivation [17], higher emotional intelligence [18, 19] and variables which indicate a greater sense of closeness with other people [15, 19].

As defined by Neff, the author of the construct [13], self-compassion is comprised of three elements. The first element is self-kindness, i.e. accepting one’s own mistakes and failures which means that an individual realizes that he / she is not always able to fulfill their own expectations and achieve their ideals. This understanding enables individuals to avoid stress, frustration, and excessive criticism. Another dimension is common humanity which refers to the perception of one’s own experiences as part of a larger human experience. Common humanity aims at preventing frustration at the time of failure, furthermore, it protects against feelings of separateness and isolation. The last mentioned component is mindfulness, which is the focused awareness of own feelings and bodily sensations but with any judgment taken out, as well as without any attempt at control, suppression, or inhibition. This approach to the self leads to considerably increased tolerance, and to a more positive attribution style about the own behavior as well as that of other people [13, 14].

Self-compassion has been recognized as a significant regulator of emotional adaptation in humans and of coping with stress [13, 14]. Recent studies have found that individuals with high self-compassion

attempt to understand their emotions (emotional processing), whereas they do not need to communicate them to others [16]. The research conducted by Neff et al. [18] also revealed correlations between self-compassion and strategies being part of emotional coping with stress (the positive one referred to positive reevaluation and acceptance, while the negative one – concentration on emotions, emotion release, and avoidance). Therefore, self-compassion may be treated as an adaptive approach to emotions, provoking the occurrence of proactive management strategies for coping with difficulties [13, 14]. Inconclusive research results were obtained with respect to the relationship between self-compassion and the task-oriented style (TOS). Self-compassion was significantly associated with active coping and planning [18], however, this association was not confirmed in further research [20, 21].

### Objective of the research

The purpose of the study was the analysis of dependencies between self-compassion, stress coping styles and occupational burnout, as well as the assessment of the impact of the stress coping style as a mediator in the relationship between self-compassion and occupational burnout.

Currently, self-compassion is considered as a significant psychological construct, which plays a self-regulatory role. It may play an essential role to understand affective states and expression of “the I” [14]. Therefore, it may be treated as the primary process in relation to stress coping styles and occupational burnout, being phenomena associated with difficult situations.

Referring to the components of self-compassion: kindness for oneself, common humanity and mindfulness, it may be assumed that self-compassion will regulate (reduce) the level of occupational burnout and lead to the application of more adaptive forms of coping with stress. The mechanism of emotional self-regulation through self-compassion consists in identifying, understanding, and expressing emotions in an adaptive manner [13, 22]. Presumably, the stress coping style will perform a mediational role between self-compassion and occupational burnout (precisely: the task-oriented style (TOS) will be positively related to self-compassion, wherein the emotion-oriented (EOS) and avoidance styles (AOS) - negatively), and further – indirectly, it will lead to preventing occupational burnout. The relationship between these variables is reflected in Figure 1.

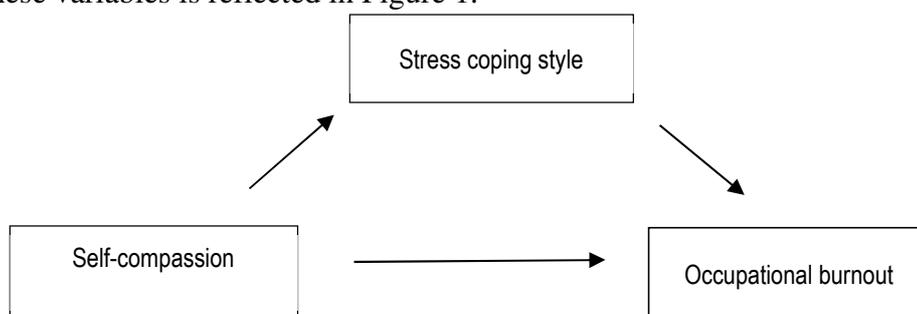


Figure 1. **Research Model – own study**

The adopted scheme of correlations among variables should be taken with great caution, and should be only considered as a research hypothesis, primarily due to a correlative nature of studies conducted so far, and also because of the lack of research conducted among psychotherapists, which is the group of professionals in which the said research model is going to be verified.

## Method

### Study participants

The study sample included 70 psychotherapists ranged in age from 26 to 63 ( $M = 39.56$ ;  $SD = 8.18$ ), the overwhelming majority were females (94.3%). The participants reported from 1 to 30 years of work experience ( $M = 7.94$ ;  $SD = 6.77$ ). Most of the respondents were married (57.1%) or in cohabitating unions (22.9%), whereas the remainder reported being single (20%). The majority of the participants in the sample (64.3%) had children. 62.7% of the tested psychotherapists were employed in state institutions, whereas 37.1% – in private entities. Most of them, that is as much as 88.6% of the participants, indicated therapy with individual counseling as their dominant type of conducted economic activity. The majority of the therapists in the sample underwent therapy themselves (87.1%) and provided their own clinical work for supervision (94.3%). A detailed description of the sample group is presented in Table 1.

**Table 1. Demographic description of the psychotherapists in the study (N = 70).**

		n	%
Gender	females	66	94.3
	males	4	5.7
Marital status	single	14	20.0
	married	40	57.1
	in cohabiting union	16	22.9
Having children	yes	45	64.3
	no	25	35.7
Nature of entity/ provider	state	44	62.9
	non-state	26	37.1
Dominant type of conducted therapy	individual	62	88.6
	family	3	4.3
	couple	3	4.3
	addiction	2	2.8
Own therapy of the therapist	yes	61	87.1
	no	9	12.9
Working under supervision	yes	66	94.3
	no	4	5.7

In view of the quite homogenous characteristics of the sample group, demographic variables and other measurable characteristics related to professional activity were not assessed in terms of occupational burnout.

#### Research tools

In the cross-sectional study, the following questionnaires were used:

Link Burnout Questionnaire (LBQ), author: M. Santinello, in the Polish adaptation by A. Jaworowska [23]. The participants provide comments to each of the 24 statements contained in the research tool, on a 6-point answer scale (“never”, “seldom”, “once or more times per month”, “more or less every week”, “several times a week”, “every day”). The questionnaire refers to four areas associated with occupational burnout: 1. Psychophysical exhaustion; 2. Deterioration of the relationship with the client; 3. Feeling of professional inefficacy; 4. Disillusion. The reliability of the LBQ subscales estimated with the method of Cronbach’s alpha in our research was as follows (respectively to the presented subscales): 1 – 0.77; 2 – 0.57; 3 – 0.49; 4 – 0.75. Similarly as in the original version, the internal consistency of the scale assessing professional efficacy is unsatisfactory, in the presented study this also refers to the scale measuring deterioration of the relationship with clients. For this reason, both those scales were excluded from further analyses.

The Coping Inventory for Stressful Situations (CISS) created by N. S. Endler and J. D. A. Parker, in the Polish adaptation by P. Szczepaniak, J. Strelau and K. Wrześniewski [8]. CISS consists of 48 statements related to various behaviours typical for people in distress. The respondents, by marking a proper number on a five-point scale, refer to each statement determining the frequency of a particular reaction (where 1 means never, 2 – very seldom, 3 – sometimes, 4 – often, and 5 – very often). Strategies of coping with stress were included in the form of three subscales: 1. Task-oriented style (TOS); 2. Emotion-oriented style (EOS); and 3. Avoidance-oriented style (AOS). Additionally, on the last subscale, two forms of demonstrating avoidance were singled out: substitution-based avoidance – distraction seeking (DS) and social diversion (SD). The assessment of cohesion coefficients for the CISS subscales with the method of Cronbach’s alpha in this study was satisfactory: TOS – 0.75; EOS – 0.88; AOS – 0.75; DS – 0.75 and SD – 0.76.

Self-Compassion Scale – Short Form (SCS-SF) by K. Neff [13] in the Polish adaptation by P. Holas. The scale consists of 12 diagnostic statements, *e.g.*, “I try to see my failings as part of the human condition.” The respondents in the sample evaluate the frequency of occurrence of their feelings and attitudes on a five-point scale, wherein: 1 means “almost never”, and 5 – “nearly always”. For further calculations, only the overall result of SCS-SF was used because the internal cohesion of the subscales in this questionnaire, measuring the dimensions of self-compassion (see: Introduction) was

unsatisfactory. In the presented study, Cronbach's alpha coefficient, calculated for the whole scale, was assessed as satisfactory – 0.88.

## Results

The statistical analysis of sampled data was carried out with the use of the program IBM SPSS Statistics – version 23. Descriptive statistical analysis was performed, including the Shapiro-Wilk test for the assessment of normality regarding the distribution of all variables that were measured on the quantitative scale. Moreover, numerous Student's t-tests were performed, as well as correlation analyses and regression analyses. The mediation effect was analyzed with the application of the macro PROCESS for SPSS, developed by Andrew F. Hayes (version 2.16.2) [24].

### Relationship between self-compassion, coping with stress, and occupational burnout

To test the hypothesis concerning the relationship between self-compassion and occupational burnout (its dimensions), Pearson's *r* correlation analysis was conducted. The results thereof demonstrate that each of the correlation coefficients is statistically significant, of negative value, and indicating a moderate strength of the relationship (see Table 2). A negative nature of the relationship between the analyzed variables indicates that the greater the self-compassion of the tested therapists, the lower the results they obtain in the particular dimensions of the Questionnaire of Occupational Burnout.

In further parts of the conducted statistical analyses, occupational burnout (its dimensions) was correlated with stress coping styles (see Table 2). Only the emotion-oriented style (EOS) turned out to co-occur statistically significantly, in a positive correlation, though, relatively weakly, with disillusion as a dimension of occupational burnout. These findings show that the greater the feeling of disillusion, the stronger the tendency in the tested therapists to concentrate on emotions when being in distress. All the other relations (also including the subscales of AOS / avoidance-oriented style) are of no statistical significance, at least at the level of  $p > 0.1$ .

**Table 2. Results of correlation: Pearson's correlation coefficient (*r*) between self-compassion, occupational burnout, and stress coping styles (N = 70)**

Variables		Self-compassion (SCS-SF)	Stress coping style – focused on: (CISS)		
			task (TOS)	emotion (EOS)	avoidance (AOS)
Occupational burnout (LBQ)	Psychophysical exhaustion	-0.42***	-0.04	0.18	-0.07
	Disillusion	-0.45***	-0.18	0.24*	-0.02

*Explanations:* \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

### Relationship between self-compassion and stress coping styles

In the next step, correlations analysis was performed, this time comparing self-compassion subscales with stress coping styles (see Table 3). In this case, only one relation is of statistical importance: the one referring to self-compassion (SC) and emotion-oriented style (EOS). This is a strong negative relationship which means that the greater the self-compassion in the tested therapists, the lesser their inclination to focus on emotions in distress. The remaining stress coping styles (including the subscales of AOS) are not correlated with an increase in self-compassion in the tested psychotherapists.

Table 3. **Results of correlation: Pearson's correlation coefficient (r) between self-compassion and stress coping styles**

Variables	Stress coping style – focused on:(CISS)		
	Task (TOS)	Emotion (EOS)	Avoidance (AOS)
Self-compassion (SCS-SF)	0.02	-0.62***	0.05

\*\*\*p < 0.001

### The mediational effect of stress coping styles in the relationship between self-compassion and occupational burnout

To test the hypothesized model concerning the mediational effect of stress coping styles in the relationship between self-compassion (predictor) and occupational burnout (independent variable), mediation analysis was performed. It should be pointed out that according to R. Baron and D. Kenny's classic approach [25], the mediational effect can be tested when there are significant statistical relationships / correlations between all variables and the relationship between the mediator and a dependent variable is assessed with the independent variable being controlled for.

Given the previously obtained outcome of correlations, only one model was tested. Firstly, a regression analysis of self-compassion (predictor) together with disillusion as a dimension of occupational burnout (dependent variable) was performed. The relationship proved to be significant ( $\beta = -0.45$ ,  $p < 0.001$ ). Then, the relationship between self-compassion (predictor) and the emotion-oriented style (mediator) was examined. Also between those variables, a significant relationship was found ( $\beta = 0.62$ ;  $p < 0.001$ ). The third step was the regression analysis including self-compassion and the emotion-oriented style (EOS) as predictors of the dependent variable – occupational burnout. After including the mediator in the model, the relationship between self-compassion and occupational burnout was still observed to be statistically significant ( $\beta = -0.53$ ;  $p < 0.001$ ), whereas no significant correlation with the emotion-oriented style ( $\beta = -0.07$ ;  $p > 0.05$ ) was found. Despite this fact, mediation analyses were carried

out for exploration purposes, however – as expected – the obtained results did not indicate the presence of any significant mediational effect of coping strategies in the relationship between self-compassion and occupational burnout ( $Z = 0.49$ ,  $p > 0.05$ ).

### Discussion of results

The purpose of the conducted study was to explore relationships between stress coping styles, self-compassion, and occupational burnout in psychotherapists. Furthermore, the study aimed at indicating whether stress coping styles play a mediating role between self-compassion and occupational burnout.

Correlations analyses have revealed that the higher the level of self-compassion in psychotherapists, the lower the observed level of occupational burnout in the dimension of psychophysical exhaustion and disillusion. The outcome is consistent with previous research [26–29]. Psychotherapists, due to the nature of their profession, may be at risk of exposure to isolation, which contributes to occupational burnout [30]. Hence, it appears that a higher level of self-compassion, in particular, the common humanity dimension, plays a role in coping with occupational burnout [29–31].

In addition, the obtained results indicate that the stronger the inclination to use the emotion-oriented style in distress, the higher the level of occupational burnout. No such correlations were observed for the task-oriented style and the avoidance-oriented style. Other researchers note in their studies [13] that the application of functional strategies and measures allows to modify stressful situations and achieve previously set professional goals. In contrast, the use of inactive strategies has maladaptive effects and in consequence, makes it difficult to perform certain tasks. Our results, which do not confirm the dependencies presented by other researchers, are likely to be linked to the specificity of the sample group. In this study, nearly 90% of psychotherapists participate or have participated in their own therapy program, and almost 95% provide their work for supervision. Those factors may be recognized as preventing the occurrence of occupational burnout.

The analysis of the relationship between self-compassion and stress coping styles showed that the higher the level of self-compassion that was demonstrated by the therapists, the lower their tendency to cope with stress through concentration on emotions. There was no significant relationship found between self-compassion and the task-oriented or the avoidance-oriented coping style. The results confirmed previous findings that self-compassion is negatively related to concentration on emotions and their discharge [13–15, 17], however, in the presented study, this does not apply to avoidance. As regards the task-oriented style, also no correlation with self-compassion was confirmed [19, 22]. Therefore, the assumption can be established that individuals choosing the task-oriented style, do not need to focus on and observe their own emotions in difficult situations in view of a high level of confidence in their own

abilities and resources. It is possible that they manage to discharge a considerable part of emotional tension by performing activities, as well as – according to the definition of self-compassion – they do not need to reject it nor identify with it.

In the presented study, it was analyzed whether the stress coping style could be a mediator in the relationship between self-compassion and occupational burnout. This hypothesis was proposed with great caution due to the lack of sufficient evidence to confirm such a nature of correlation. The results of the analysis revealed that the stress coping style does not play a mediating role in the relationship between self-compassion and occupational burnout. Due to the deficiency of reliable research, it is difficult to draw unambiguous conclusions. It can be considered that self-compassion directly affects occupational burnout and this impact does not disappear after including a mediator into the model in the form of stress coping styles in the sample group of psychotherapists. Taking into account the previous arguments for coping with stress by psychotherapists, it cannot be ruled out that the assumption of the mediational nature in this relationship would be confirmed in a different group of participants.

The results obtained in the presented study have significant practical implications. It has been confirmed that self-compassion is protective against occupational burnout. Self-compassion, according to the above-mentioned research results, may be considered as a resource to regulate emotions, and also more broadly – to achieve personal accomplishment. From the point of view of practical actions, it is also important that self-compassion may be developed. Some specific programs have been designed (Mindful Self-Compassion), the results of which can be considered as satisfactory. Those individuals who completed the training obtained an outcome indicating a lower level of depression, anxiety, as well as higher readiness for confrontation with their own emotions and better life satisfaction than before starting the training program [32]. It can be presumed that through developing self-compassion it is possible to reduce the risk of occupational burnout. This is crucial, in particular, if taking into consideration the specificity of the work in a therapeutic relationship but also during the preparation to perform this profession, many years of one's own work, aimed, *inter alia*, at designing the most adaptive strategies for a given individual to cope with distress. The profession of a psychotherapist, involving the therapist-client-relationship, is at high risk of stress, being exposed to hearing about difficult experiences of others, strongly empathizing with a patient, often when traumatic experiences are described. Thus, developing skills to regulate emotions through nourishing self-compassion can be recognized as an important part of personal development of psychotherapists, and also persons working as helping professionals.

Finally, it should be mentioned that there are some limitations of the conducted study, as well as it should be stressed that there are some prospects for future research. First of all, tools were used, the reliability of which did not allow to include all the dimensions of occupational burnout or self-

compassion. Furthermore, the study included a quite homogenous sample group, with most of the participants having the tremendous effort of their own work already done and having strong support in the form of supervision. Therefore, it would be worthwhile to compare psychotherapists on the basis of gender and other demographic variables, and also the standard of their working conditions, whether they have undergone a therapy themselves and provide their work for supervision. All those could not have been realized in the study sample. Nevertheless, valuable information could be provided by a comparative study targeting psychotherapists and individuals from other professional areas being at risk of developing burnout symptoms.

### Conclusions

Summing up the obtained results and the performed analyses, the following conclusions can be drawn:

- Psychotherapists demonstrating higher levels of occupational burnout more often choose the emotion-oriented style (EOS) and display lower levels of self-compassion.
- In the sample group of psychotherapists, stress coping style does not play a mediating role in the relationship between self-compassion and occupational burnout.

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