



(RESEARCH ARTICLE)



## A study on self-compassion predicts stress management among caregivers of terminally ill patients

Sinduja Selvakumar \*, Jayashree S and Manoj R

*Department of Psychology, Dr. MGR Educational and Research Institute, Chennai, India.*

World Journal of Advanced Research and Reviews, 2026, 30(02), 672-678

Publication history: Received on 30 March 2026; revised on 06 May 2026; accepted on 08 May 2026

Article DOI: <https://doi.org/10.30574/wjarr.2026.30.2.1252>

### Abstract

The present study examined whether self-compassion predicts stress management among caregivers of terminally ill patients. A quantitative correlational and predictive research design was adopted. Data were collected from 150 caregivers using the Self-Compassion Scale (SCS) developed by Kristin Neff and the Perceived Stress Questionnaire (PSQ) developed by Levenstein et al. (1993). Pearson's Product-Moment Correlation and Simple Linear Regression analysis were used to analyze the data. The results revealed a significant positive correlation between self-compassion and stress management ( $r = 0.601, p < 0.01$ ), indicating that higher levels of self-compassion are associated with better stress management among caregivers. The findings suggest that self-compassion serves as a meaningful psychological resource for caregivers, enabling adaptive coping, emotional regulation, and reduced distress in the context of terminal caregiving.

**Keywords:** Self-Compassion; Stress Management; Caregivers; Terminally Ill Patients; Perceived Stress; Palliative Care

### 1. Introduction

Caring for a terminally ill patient is a profoundly demanding and emotionally complex role that often places caregivers under intense psychological, physical, and social strain. Terminal illness not only affects the individual diagnosed but also deeply impacts those who assume the responsibility of caregiving, commonly family members or close relatives. These caregivers, often referred to as informal caregivers, provide continuous emotional support, physical care, medical assistance, and decision-making help during the final stages of life. While caregiving can be meaningful and rooted in love and commitment, it frequently exposes caregivers to chronic stress, emotional exhaustion, and psychological distress.

Stress among caregivers of terminally ill patients has been widely documented in psychological and health literature. The prolonged nature of caregiving, uncertainty about disease progression, frequent exposure to suffering and death, financial strain, disrupted personal routines, and lack of adequate social support significantly contribute to elevated stress levels. Caregivers often neglect their own needs while prioritizing the patient's comfort and care, leading to burnout, anxiety, depression, sleep disturbances, and compromised physical health. Despite being central to the care process, caregivers' psychological well-being is often overlooked within healthcare systems.

Stress management, therefore, becomes a critical concern for caregivers of terminally ill patients. Effective stress management involves recognizing stressors, developing coping strategies, regulating emotional responses, and maintaining psychological resilience. However, traditional stress management approaches often focus on problem-solving and external coping mechanisms, which may not sufficiently address the deep emotional burden experienced

\* Corresponding author: Sinduja Selvakumar

by caregivers facing irreversible loss. In such contexts, internal psychological resources play a crucial role in helping caregivers cope with stress in a healthier and more sustainable manner.

One such internal resource that has gained increasing attention in recent years is self-compassion. Self-compassion, as conceptualized by Neff (2003), involves treating oneself with kindness, understanding, and acceptance during times of suffering or perceived inadequacy. It consists of three core components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Rather than criticizing themselves for feeling overwhelmed or inadequate, self-compassionate individuals acknowledge their pain as part of the shared human experience and respond to themselves with care and emotional balance.

For caregivers of terminally ill patients, self-compassion may serve as a powerful psychological buffer against stress. Caregivers often experience guilt, self-blame, and feelings of inadequacy—believing they are not doing enough or fearing they are failing their loved ones. These self-critical thoughts intensify stress and emotional suffering. Self-compassion encourages caregivers to recognize their limitations without harsh judgment and to accept that suffering and imperfection are inherent aspects of caregiving under such circumstances. This shift in perspective can reduce emotional distress and promote psychological well-being.

Research has shown that self-compassion is associated with lower levels of stress, anxiety, and depression, and higher levels of emotional resilience, life satisfaction, and well-being. Individuals with higher self-compassion are better able to regulate their emotions, cope with adversity, and recover from psychological distress. In caregiving populations, self-compassion has been linked to reduced caregiver burden, lower burnout, and improved mental health outcomes. This suggests that fostering self-compassion may be particularly beneficial for caregivers dealing with the emotional challenges of terminal illness.

Despite the growing body of research on self-compassion and stress, there remains a need for focused studies examining these variables specifically among caregivers of terminally ill patients. This population faces unique stressors that differ from those experienced by caregivers of patients with chronic but non-terminal illnesses. The anticipation of loss, prolonged emotional strain, and existential concerns related to death and meaning make terminal caregiving a distinct psychological experience. Understanding how self-compassion relates to stress management in this group is essential for developing targeted psychological interventions.

Therefore, the present study aims to explore the relationship between self-compassion and stress management among caregivers of terminally ill patients, and to determine whether self-compassion significantly predicts stress management. By examining levels of self-compassion and perceived stress, this study seeks to understand whether self-compassion acts as a protective factor against caregiver stress. The findings may contribute to the existing literature and provide valuable insights for designing psychological interventions, caregiver support programs, and counseling strategies tailored to the needs of caregivers in palliative and end-of-life care settings.

---

## **2. Materials and Methods**

### **2.1. Research Design**

The present study adopts a quantitative, non-experimental research design. A correlational and predictive research approach is employed to examine the relationship between self-compassion and stress management. Since no manipulation of variables is involved and data are collected at a single point in time, the study follows a cross-sectional design.

### **2.2. Participants**

The sample for the present study consists of 150 caregivers of terminally ill patients. A purposive sampling technique was used to select participants who met the inclusion criteria of the study. This method ensured that participants had direct caregiving experience relevant to the research objectives. Participants were aged 18 years and above, were primary caregivers of terminally ill patients, had been providing caregiving support for a minimum of three months, and provided written informed consent prior to participation. Professional or paid caregivers, individuals diagnosed with severe psychiatric disorders, and caregivers currently undergoing structured psychological intervention for stress-related problems were excluded from the study.

## 2.3. Materials and Instruments

### 2.3.1. Self-Compassion Scale (SCS)

The Self-Compassion Scale developed by Kristin Neff is a standardized self-report instrument designed to assess how individuals relate to themselves during times of difficulty and emotional distress. The scale consists of 26 items rated on a 5-point Likert scale ranging from Almost Never (1) to Almost Always (5). The scale measures six dimensions of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Negatively worded items are reverse scored. Higher total scores indicate higher levels of self-compassion. The scale has demonstrated strong psychometric properties, including good reliability and validity across diverse populations and research settings.

### 2.3.2. Perceived Stress Questionnaire (PSQ)

The Perceived Stress Questionnaire developed by Levenstein et al. (1993) is a 30-item self-report measure designed to assess the degree to which individuals perceive situations in their lives as stressful. Responses are rated on a 4-point scale ranging from Almost Never to Usually. Eight positively worded items are reverse scored. Higher scores reflect higher levels of perceived stress. The PSQ has demonstrated high internal consistency ( $\alpha = 0.90-0.92$ ) and good test-retest reliability (0.82), supporting its suitability for both clinical and research use.

## 2.4. Procedure

The study was conducted in accordance with ethical research guidelines. Prior permission was obtained from the concerned authorities. Participants were approached in hospital and home-care settings and were informed about the purpose and nature of the study. Written informed consent was obtained before participation. Participants were administered the Self-Compassion Scale followed by the Perceived Stress Questionnaire. Clear instructions were provided to ensure accurate understanding of the items. Participants were encouraged to respond honestly, and confidentiality and anonymity were assured. Upon completion, the questionnaires were collected and scored according to standardized scoring procedures.

## 2.5. Statistical Analysis

The collected data were analyzed using Pearson's Product-Moment Correlation to examine the relationship between self-compassion and perceived stress, and Simple Linear Regression Analysis to determine whether self-compassion significantly predicts stress management among caregivers. Descriptive statistics including mean and standard deviation were used to summarize the data. All analyses were interpreted at the 0.05 level of significance.

## 2.6. Ethical Considerations

Ethical approval for the study was obtained from the Institutional Ethics Committee prior to data collection. The study was conducted in accordance with established ethical guidelines for research involving human participants. Participants were informed about the purpose of the research, the voluntary nature of their participation, and their right to withdraw at any time without any negative consequences. Informed consent was obtained from all participants before participation. Confidentiality and anonymity were strictly maintained throughout the study.

---

## 3. Results

The present study examined the relationship between self-compassion and stress management among caregivers of terminally ill patients. A total of 150 caregivers participated in the study. Descriptive statistics and Pearson correlation analysis were conducted to analyze the relationship between the variables.

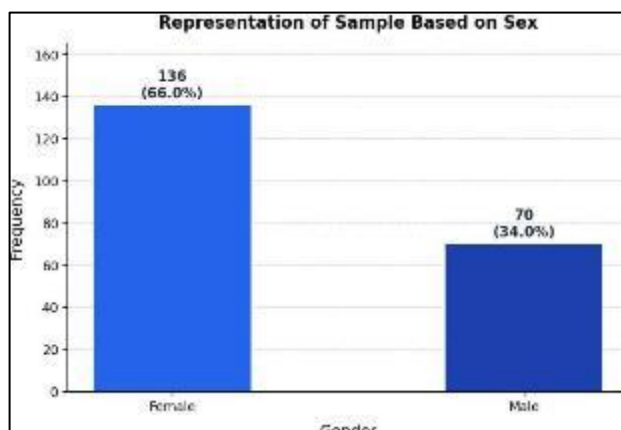
### 3.1. Sample Characteristics

Before presenting the main findings, the demographic profile of the study sample is described. The following figures illustrate the distribution of participants by gender and age, providing context for interpreting the results.

### 3.2. Distribution of Participants Based on Gender

Figure 1 illustrates the gender distribution of the 150 caregivers who participated in the study. The majority of respondents were female (approximately 66%), while male participants accounted for about 34% of the sample. This

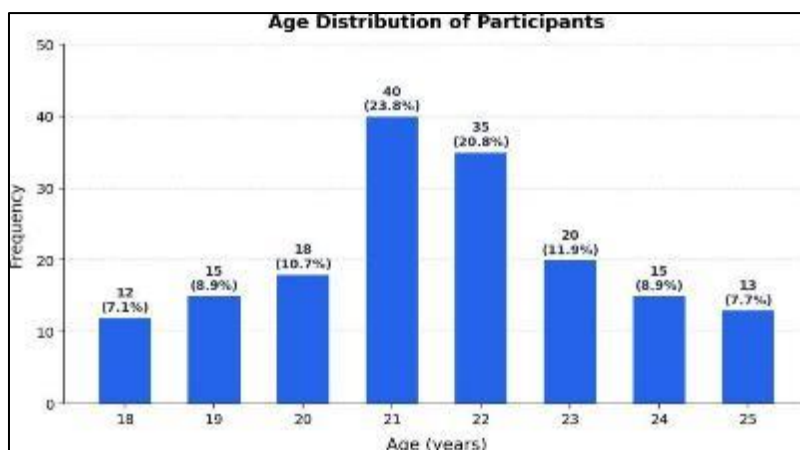
gender imbalance is consistent with broader trends in caregiving, where women are disproportionately represented as primary caregivers of terminally ill patients.



**Figure 1** Distribution of Participants Based on Gender

### 3.3. Distribution of Participants Based on Age

Figure 2 presents the age distribution of participants in the study. The majority of caregivers fell within the age range of 21 to 22 years, representing younger adults who are increasingly taking on caregiving responsibilities for terminally ill family members. The predominance of younger caregivers in this sample is noteworthy, as younger individuals may face unique stressors compared to older caregivers, including balancing caregiving with education or early career demands.



**Figure 2** Distribution of Participants Based on Age

**Table 1** Descriptive Statistics and Correlation between Stress Management and Self-Compassion

Variable	Mean	Std. Deviation	N	Correlation (r)
Stress Management (DV)	78.59	12.103	150	r = 0.601** Sig. (2-tailed) = 0.000
Self-Compassion (IV)	79.16	11.176	150	

\*\* Correlation is significant at the 0.01 level (2-tailed).

The table presents the descriptive statistics and correlation analysis between stress management and self-compassion among caregivers of terminally ill patients. The mean score for Stress Management was 78.59 (SD = 12.103) and for Self-Compassion was 79.16 (SD = 11.176). The correlation analysis shows a Pearson correlation value of  $r = 0.601$ , which indicates a moderate to strong positive relationship between stress management and self-compassion. The significance

value ( $p = 0.000$ ) indicates that the relationship is statistically significant at the 0.01 level. Since the obtained Pearson correlation was statistically significant at the 0.01 level (two-tailed),  $r = 0.601$ ,  $p = .000$ ,  $N = 150$ , the null hypothesis stating that there is no significant predictive relationship between self-compassion and perceived stress among caregivers of terminally ill patients was rejected.

---

#### 4. Discussion

The findings of the present study highlight the important relationship between stress management and self-compassion among caregivers of terminally ill patients. Caregivers often face intense emotional and psychological challenges due to continuous caregiving responsibilities, exposure to suffering, and uncertainty related to the patient's condition. These challenges can lead to high levels of stress, emotional exhaustion, and burnout.

The demographic profile of the sample predominantly female (66%) and largely in the age range of 21–22 years is consistent with patterns commonly observed in caregiving literature. Female caregivers in particular are known to bear a greater proportion of caregiving burdens, which may intensify stress-related outcomes. The younger age profile of participants further suggests that many caregivers in this study may be navigating caregiving responsibilities alongside their own developmental and social transitions, potentially amplifying stress levels.

The results of the study indicate a significant positive relationship between self-compassion and stress management ( $r = 0.601$ ,  $p < 0.01$ ). This suggests that caregivers who treat themselves with kindness, understanding, and acceptance are better able to cope with stressful caregiving situations. Self-compassion enables individuals to acknowledge their difficulties without harsh self-criticism and encourages a balanced emotional response to challenging experiences.

Self-compassion may also promote healthier coping strategies such as emotional regulation, mindfulness, and acceptance. These strategies help caregivers maintain psychological well-being and reduce the negative impact of caregiving stress. Caregivers with higher self-compassion may experience lower levels of emotional distress and may be more capable of managing the demands of caregiving effectively.

The findings are consistent with previous research that suggests self-compassion acts as a protective psychological factor that reduces stress and improves overall well-being among caregivers and healthcare professionals. Therefore, promoting self-compassion through psychological interventions, counselling, and mindfulness-based training programs may help caregivers manage stress more effectively and sustain their caregiving roles.

---

#### 5. Conclusion

Overall, the present study emphasizes the importance of strengthening self-compassion among caregivers of terminally ill patients in order to improve stress management and enhance psychological well-being. Interventions specifically tailored to the gender and age characteristics of caregivers as reflected in the demographic data may yield more effective outcomes in promoting self-compassion and reducing caregiver stress

---

#### Compliance with ethical standards

##### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

##### *Statement of ethical approval*

The study was approved by the Institutional Ethics Committee of Dr. MGR Educational and Research Institute, Chennai, India.

##### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

---

**References**

- [1] Asadi, N., Shoaie, S., and Salmani, F. (2023). The relationship between attitudes towards caring for dying patients and self-compassion in ICU nurses. *Journal of Hospice and Palliative Nursing*, 25(4), 198–205.
- [2] Baykal, E., Akar, H., and Yilmaz, M. (2024). Terminally ill patients: Self-care abilities and compassion in nurses and informal caregivers. *Palliative Care and Social Practice*, 18, 1–10.
- [3] Cuchet, I., Maneval, A., and Dambrun, M. (2025). Mental health trajectories, resilience and psychosocial factors in palliative care workers frequently exposed to death. *Scientific Reports*, 15(1), Article 23669.
- [4] Dhloomo, T. (2003). A health-promoting mutual-aid group for carers of terminally ill persons. *Journal of Community Psychology*, 31(6), 635–648.
- [5] Duran, S., and Aydoğdu, N. (2024). The effect of structured psychoeducation for caregivers of ALS patients on perceived stress, psychological resilience, and self-compassion. *Archives of Psychiatric Nursing*, 38, 23–30.
- [6] El-Ashry, A. M., Elsayed, S. M., Ghoneam, M. A., and Atta, M. H. R. (2023). Compassion fatigue and stress related to cardiopulmonary resuscitation: A study of critical care nurses' experiences. *BMC Nursing*, 22(1), Article 482.
- [7] Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.
- [8] Folkman, S., Chesney, M. A., and Christopher-Richards, A. (2000). Stress and coping in caregiving partners of men with AIDS. *Psychiatry*, 63(4), 361–376.
- [9] Grossman, P., Niemann, L., Schmidt, S., and Walach, H. (2004). Mindfulness-based stress reduction and health benefits. *Journal of Psychosomatic Research*, 57(1), 35–43.
- [10] Hotchkiss, J. T. (2018). Compassion satisfaction and compassion fatigue among chaplains. *Journal of Health Care Chaplaincy*, 24(2), 71–87.
- [11] Hotchkiss, J. T., and Leshner, R. (2018). Factors predicting burnout among chaplains: Compassion satisfaction, organizational factors, and the mediators of mindful self-care and secondary traumatic stress. *Journal of Pastoral Care and Counseling*, 72(3), 165–176.
- [12] Hsieh, C., Chandler, E., and Lu, M. (2019). Dispositional mindfulness, self-compassion, and compassion from others as moderators between stress and depression in caregivers of patients with lung cancer. *European Journal of Cancer Care*, 28(6), e13119.
- [13] Hsieh, C., Lu, M., and Chandler, E. (2021). Self-compassion and depressive symptoms among family caregivers of patients with lung cancer: A prospective longitudinal study. *Psycho-Oncology*, 30(5), 714–722.
- [14] Jain, P. (2024). Quality of life and burnout: A study on caregivers of elderly. *International Journal of Interdisciplinary Approaches in Psychology*, 2(4), 1368–1399.
- [15] Lathren, C. (2023). Self-compassion in relationships and caregiving contexts. In *Handbook of self-compassion* (pp. 251–261). Springer.
- [16] Minnes, P., Woodford, L., Carlson, P., Johnston, J., McColl, M. A., and Morrissey, M. (2009). Coping and stress among family caregivers of persons with traumatic brain injury. *Rehabilitation Psychology*, 54(3), 268–279.
- [17] Mok, E., Chan, F., Chan, V., and Yeung, E. (2003). Family experience caring for terminally ill patients with cancer in Hong Kong. *Cancer Nursing*, 26(4), 267–275.
- [18] Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101.
- [19] Neff, K. D., and Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69(1), 28–44.
- [20] Pearlin, L. I., Mullan, J. T., Semple, S. J., and Skaff, M. M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *The Gerontologist*, 30(5), 583–594.
- [21] Sansó, N., Galiana, L., Oliver, A., Pascual, A., Sinclair, S., and Benito, E. (2015). Palliative care professionals' inner life: Awareness, self-care, and professional quality of life. *Journal of Pain and Symptom Management*, 50(2), 200–207.

- [22] Schulz, R., and Sherwood, P. R. (2008). Physical and mental health effects of family caregiving. *American Journal of Nursing*, 108(9), 23–27.
- [23] Sinclair, S., Kondejewski, J., Raffin-Bouchal, S., King-Shier, K. M., and Singh, P. (2017). Can self-compassion promote healthcare provider well-being and compassionate care to others? Results of a systematic review. *Applied Psychology: Health and Well-Being*, 9(2), 168–206.
- [24] Spigelmyer, P. C., Renn, C. L., Stratton, C., Goloubeva, O., and Sorokin, M. (2022). Mindful self-compassion for caregivers of individuals with dementia: A feasibility study. *Dementia*, 21(4), 1237–1256.
- [25] Tripathi, S. K., and Mulkey, D. C. (2023). Implementing brief mindfulness-based interventions to reduce compassion fatigue. *Critical Care Nurse*, 43(5), 32–40.
- [26] Türkoğlu Dikmen, S. N., and İlkay, Ş. (2022). The relationship between depression, anxiety, stress levels, coping strategies and self-compassion of healthcare workers during the COVID-19 pandemic. *Turkish Journal of Family Medicine and Primary Care*, 16(2), 394–402.
- [27] Utne, I., Miaskowski, C., Bjordal, K., Paul, S. M., Jakobsen, G., and Rustøen, T. (2013). Association between hope and burden reported by family caregivers of patients with advanced cancer. *Supportive Care in Cancer*, 21(9), 2527–2535.
- [28] Wascavage, E. N. (2021). A study of compassion, self-compassion, and self-care in senior baccalaureate nursing students (Master's thesis). Widener University.
- [29] Yoon, S. J., Kim, J. S., Jung, J. G., Kim, S. S., and Kim, S. (2014). Modifiable factors associated with caregiver burden among family caregivers of terminally ill Korean cancer patients. *Supportive Care in Cancer*, 22(5), 1243–1250.
- [30] Zhang, N., Sandler, I., Thieleman, K., Wolchik, S., and O'Hara, K. (2023). Self-compassion for caregivers of children in parentally bereaved families: A theoretical model and intervention example. *Clinical Child and Family Psychology Review*, 26(2), 430–444.
- [31] Zubaidi, Z. S., Ariffin, F., Othman, Z., and Wahab, S. (2020). Caregiver burden among informal caregivers in the largest specialized palliative care unit in Malaysia. *BMC Palliative Care*, 19(1), Article 186.