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ORIGINAL REPORT

Diagnostic validation of the 00325 Inadequate Self-Compassion

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Abstract

Background: Self-compassion is an essential component of self-care. Recognizing it as a nursing diagnosis can promote interventions to address Inadequate Self-Compassion.

Aim: This study aims to clinically validate the new NANDA-I diagnosis (00325) Inadequate Self-Compassion.

Methodology: A mixed-methods study was conducted, combining quantitative and qualitative methods. A descriptive, cross-sectional, and prospective study was planned. Participants: We used the Self-Compassion Scale (SCS) to identify individuals with Inadequate Self-Compassion among nursing students. Subsequently, we conducted a group interview with these individuals, stratified by academic year of the nursing degree.

Results: The group interview followed the structure of the new NANDA-I diagnosis, with diagnostic items serving as variables for analyzing qualitative data. The study revealed that nursing students commonly experience Inadequate Self-Compassion. Group interviews with participants who reported low self-compassion validated the diagnostic items of the new Inadequate Self-Compassion diagnosis.

Conclusion: The study validates the new NANDA-I diagnosis of 00325 Inadequate Self-Compassion clinically.

Implications for nursing practice: The present study raises the level of diagnostic evidence from level 2.1. Conceptual validity to level 2.3.1a. Qualitative validity, increasing the strength of the evidence for diagnostic validity.

KEYWORDS
nursing, nursing diagnosis, psychiatric nursing, standardized nursing terminology, validation study

Resumen

Antecedentes: La autocompasión es un componente esencial del autocuidado. Reconocerla como un diagnóstico de enfermería puede promover intervenciones para abordar la disminución de la autocompasión.

Objetivo: Validar clínicamente el nuevo diagnóstico NANDA-I (00325) Autocompasión inadecuada.

Metodología: Se realizó un estudio con metodología mixta, combinando métodos cuantitativos y cualitativos. Se planificó un estudio descriptivo, transversal y prospectivo.

Participantes: Utilizamos la Escala de Autocompasión (SCS) para identificar individuos con disminución de la autocompasión entre estudiantes de enfermería de la Universidad Católica de Murcia, España. Posteriormente, realizamos entrevistas grupales con estos individuos, estratificadas por año académico del Grado de Enfermería.

Resultados: Las entrevistas grupales siguieron la estructura del nuevo diagnóstico NANDA-I, con los ítems diagnósticos sirviendo como variables para analizar los datos cualitativos. El estudio reveló que los estudiantes de enfermería experimentan comúnmente una disminución de la autocompasión. Las entrevistas grupales con participantes que informaron baja autocompasión validaron los ítems diagnósticos del nuevo diagnóstico de Autocompasión inadecuada.

Conclusión: El estudio valida clínicamente el nuevo diagnóstico NANDA-I de 00325 Autocompasión inadecuada.

Palabras clave: Diagnóstico de Enfermería, Estudio de Validación, Enfermería, Enfermería Psiquiátrica, Terminología Estándar de Enfermería

INTRODUCTION

If we define compassion as the desire to alleviate the suffering of others, self-compassion could be a vital aspect of self-care. However, caring alone is insufficient. Education on psycho-spiritual skills is also necessary to enable individuals to desire and motivate self-care actions. According to Neff (2003a), self-compassion is defined as:

> being open to and moved by one's suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience.

Self-compassion comprises three components (Neff, 2003b):

- Self-kindness versus self-criticism: This variable measures an individual's relationship with themselves. It assesses whether they are kind to themselves or if they judge and harm themselves through their thoughts, actions, or omissions, which can impact their emotional regulation positively.
- Common humanity against isolation: Every person experiences failure or perceives weaknesses in oneself. These experiences can bring feelings of belonging or disconnection with oneself or others.
- Mindfulness against over-identification: When faced with emotions or thoughts, a person can take one of three positions: recognition, rumination, or avoidance-negation.

Thus, self-compassion is considered a psycho-spiritual skill that can aid in cognitive-emotional regulation. This allows individuals to face reality in a healthier manner, with understanding, kindness, and a desire to alleviate their suffering, either internally or by taking action to resolve their discomfort.

Currently, there is a widespread lack of self-care as people prioritize other values over their health. This highlights the need to improve the self-compassion of the population so that individuals become more aware of their true needs and connect with themselves, nature, or a higher power that transcends the obstacles to self-realization. Western culture has established high social standards that lead to negative emotions or thoughts due to constant self-evaluation through comparison (Akin, 2008).

The aim of this research was to clinically validate the new diagnosis of NANDA-I *00325 Inadequate Self-Compassion* (Herdman, Kamitsuru & Lopes, 2024).

METHODOLOGY

To achieve our objective, we have designed a mixed-methods study that combines both quantitative and qualitative methods. We have planned a descriptive, cross-sectional, and prospective study.

Study population, sample, and sampling techniques

The study population comprised nursing students for convenience, totaling 1105 during the 2019/2020 academic year. The only inclusion criterion was enrollment a minimum of one semester completed in the degree program.

Sampling was conducted in two phases

First phase: Quantitative sampling

We used a stratified probability sampling method, which included students from the first to the fourth year of the 2019–2020 academic year. Stratification for a 95% confidence interval was calculated, resulting in $n = 285$ with a stratification coefficient of 0.257 (STAT Program). The stratified sizes were as follows:

- First year ($n = 95$)
- Second year ($n = 72$)
- Third year ($n = 67$)
- Fourth year ($n = 51$)

Second phase: Qualitative sampling

We performed a non-probabilistic criterion-based sampling to select participants who scored below 3 on the Self-Compassion Scale (SCS) long version (26 items) because 2.5–3.5 being moderate self-compassion (García-Campayo et al., 2014). The final sample consisted of 28 students, divided into four groups by academic year:

- First year: 8
- Second year: 8
- Third year: 6
- Fourth year: 6

Data collection techniques

First technique: The SCS long version (26 items) (García-Campayo et al., 2014) is an adaptation of the original English version (Neff, 2003a).

The instrument comprises 26 items with Likert scale responses ranging from "Almost never" to "Almost always." The items are grouped into three main dimensions, each phrased positively, with an additional complementary dimension for each main one, calculated inversely. According to Neff (2003a), a score below 3 indicates low self-compassion, which serves as the cutoff for identifying individuals eligible for the qualitative sampling phase.

SECOND TECHNIQUE: GROUP INTERVIEW

After identifying students with low self-compassion (Muñoz-Devesa et al., 2024), four groups were formed, one for each academic year, where participants could voluntarily attend. Each group consisted of six to eight individuals, totaling 28. Participants' age, gender, and sexual orientation were diverse, including heterosexual men and women aged 18–30, with a similar distribution in each group.

The researchers who conducted the group interviews were trained by the principal investigator to ensure control over reflexivity and as a triangulation mechanism. Each group interview lasted no longer than 90 min and took place between October 2019 and March 2020.

A semi-structured interview was conducted using the category table established a priori, based on the attributes of the theoretically proposed diagnosis accepted by NANDA-I in the 2024–2026 edition (Muñoz-Devesa et al., 2024).

Data analysis

Statistical analysis of the first phase: Quantitative data

Data processing and analysis were performed using the SPSS 24.0 statistical software after data cleaning. The response categories of Neff's self-compassion scale were recoded into three options (almost never, sometimes, and almost always) with positive, neutral, and negative perceptual interpretations, respectively.

Descriptive analysis of participants' socio-demographic variables with a ratio scale was performed using central tendency estimates (mean and standard deviation). Variables with nominal or ordinal scales were analyzed using proportions and percentages.

Content analysis of the second phase: Qualitative data

After data collection with a recorder, the information was transcribed (Muñoz-Devesa et al., 2024) and coded using a pre-established category model based on the attributes of the new NANDA-I diagnosis (see previous table of attributes), using the Maxqda v.20 software. No emergent categories were identified at this stage.

Once the information had been categorized, the segments recovered by the categories were analyzed. Finally, the data were triangulated with scientific literature and discussion among researchers.

Ethical considerations

This study is part of a larger project conducted during the years 2018–2020, approved by the Research Ethics Committee of the university. To ensure the privacy of the participants, all data were anonymized and stored on a secure server. Only the investigators had access to this information, and personal data were not shared with third parties. In addition, measures were taken to ensure that the published results did not allow the identification of any participant.

Participation was voluntary and was contingent upon adherence to the following ethical criteria: no student was permitted to answer the questionnaire or participate in the group interviews without first receiving information regarding the objectives of the study and providing consent. The questionnaire was administered in accordance with the academic timetable, which had been previously informed and

approved by the professor, who was duly informed about the objectives and activities of the study.

The research adheres to the principles of the Declaration of Helsinki in both study phases.

RESULTS AND DISCUSSION

Label and definition

The diagnostic label of self-compassion is determined by the research studies conducted by Neff (2003a, 2003b) and is defined by the group interviews as (Table 1):

> I know what I have, I know what I'm suffering from, that is, I know what I'm suffering from, I know how much I'm suffering, and I accept it, and I will try to move forward. (1.3).

Thus, we could synthesize the definition of reduced self-compassion as the reduced ability to extend self-kindness and understanding, to know that one is connected to the larger human experience, and to be mindful and self-aware of one's thoughts and feelings during times of failure, limitation, or suffering.

Related factors

Disconnection to society and individualism

According to previous studies and informants, culture and its values can create feelings of separation from others, reinforced by individualism (Table 1). They all reported that social media platforms such as Instagram make them feel different from others, strange, because of the constant comparison with what they observe on them. They say it does not matter who you are, but how you look. Therefore, they cannot feel connected to others, cared for or accepted by them when they feel different (Montero-Marín et al., 2018), which can lead to suffering due to the self-demand not to fall into mediocrity (Gilbert, 2014). Self-compassion could facilitate connecting with others through a shared humanity, learning with and from others without escaping the psycho-emotional reactions this might generate, and feeling part of the same whole, enriching society through diversity (Mitchell, 2021).

Narcissism

In relation to the above, the constant need for positive reinforcement and high self-esteem is a risk for the person's self-concept; while a narcissistic person is constantly dissatisfied with himself/herself, the self-pitying person could regulate this perception, since he would base his entire existence on constant evaluation, which can imply frustration and suffering when he loses the connection with the real *I*. Thus, the person becomes a rival in front of others when trying to maintain or increase self-esteem, because:

> you see girls or boys with great bodies and very handsome or beautiful, and you say, I am not like that. (2.1)

However, by improving this reduced self-compassion, this person could accept his or her perceived weaknesses or failures and value his or her individuality (Barry et al., 2015; Muris & Otgaar, 2023).

Social behavior incongruent with cultural norms or conflict between health behaviors and social norms

Social norms can be detrimental to a person's health, and in particular can influence their ideals of self-concept, such as:

> I look at a role model and I want to follow that model because everything they have is perfect, and I don't have that. (3.2)

That creates standards that can be used to self-validate and compare one's own perceptions, making the person feel better or worse than others, ignoring the common vulnerability that humanity has, which can promote neuroticism. Therefore, we can say that social norms can have a negative influence on the way one treats oneself, since the norms make a person tend to self-demand to fit in with the group, putting this above his or her health, such as the use of tobacco or other substances during adolescence (Beavan et al., 2023).

Parental overprotection

Parental overprotection can impede the autonomous development of their children, leading to restrictive or complacent emotions or cognitions against the challenges of existence, resulting in a disconnection with oneself (Temel & Atalay, 2018), as described by one informant:

> I am not completely satisfied with myself because my mother was overprotective, and I tend to be a victim. (3.2)

Dysfunctional family processes

The dysfunctional family processes include events that can have a strong impact on the child, creating insecure attachments that can damage self-concept through the demands of the circumstances or the child's own perception of failure, which can negatively affect self-compassion and lead to the development of feelings of guilt or shame (Gilbert, 2009). One informant said that divorce, for example, can be

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TABLE 1 Definition of inadequate self-compassion and related factors.

Definition		**4.4. "It's about having pity on ourselves, not being too hard, and when we do something bad, not punishing or hurting ourselves, but trying to improve and overcome."** **4.2. "Right now you are blaming yourself for something that has happened and you are falling into victimisation, which means poor me […] and that is pure victimisation. [Self-compassion means that now, in the present, I have this difficulty or this problem and I find a solution. That's why I don't see it as a weakness, because not falling into victimisation means having a very strong inner world, because there is a line and you can fall on either side."**
Related factors		
Culture/community	Disconnection to society or individualism	2.3. "They make us completely oblivious, we don't see reality, it doesn't affect us […] I, for example, would not be able to see a person next to me, no matter what's going on, whatever, and turn my head, which is what society doesn't do, turn its head."
	Narcissism	1.6. "I go to the gym and I see these men coming closer to the mirror because they need to see themselves. And in a couple of days they're taking pictures of themselves. And they get this social acceptance. And I've met girls who just go to the gym and they don't do anything, it's just to say they go to the gym."
	Social behavior incongruent with cultural norms or conflict between health behaviors and social norms	3.3. "You can go to give a talk about anorexia or whatever, but these girls, as soon as they leave the class, they go to Instagram and they want to be like the girls of their dreams, who is the most anorexic girl in the world, but because she's beautiful or whatever, then the communication media and all the social networks cause harm, a lot of harm."
Family		
	Parental overprotection	4.3. "When they overprotect you, they put you in a bubble, then problems don't exist, there's nothing that can hurt you, and when the real problems come, you drown in a glass of water, and in this generation, where almost all the children are overprotected, there are children who are frustrated, 11-year-old children with anxiety, 15-year-old children with depression, with drugs and things that have always been there, but they are multiplying."
	Dysfunctional family processes	3.5. "The fact that I had to mature before my time and that I had to dedicate my time to things that did not correspond to my age, these things influenced me in such a way that, from today, my parents have not given me the necessary tools to love myself."
Person		
	Perfectionism	3.2. "I notice a model to follow, I like that model to follow because everything she has is perfect and I don't have that, so I won't learn to love myself until I reach that level of perfection."
	Perception of weakness	3.4. "I'm not happy with myself, I would change many things, but I think the thing that encompasses everything else is the demand, because I start thinking about the things I have and I demand so much of myself that I'm not happy with anything, then it's a global demand that I would have to get rid of, it takes a lot."
	Perceived failure	4.4. "I have classes from other years, and I had terrible fears, I felt terrible, and then I thought 'well, I deserve it because I should have studied more', and I didn't tell my parents, and they on the other hand were really great with me, something I wouldn't have done if I were them."
	Rumination, over-identification with others' emotions or over-identification with others' thoughts	4.5. "I think about it a lot and ask myself why and how this happened to me. One time in hospital I put Nolotil in a 50 saline solution instead of a 100 saline solution, and then I went home and I could not sleep and I was thinking, I wonder how that man is… oh my God, what a mistake, and I feel like I don't have self-compassion when I make mistakes."
	Excessive stress or fatigue	1.5. "Ever since I started nursing, I have this fear in my head that says, no matter how much I try and dedicate myself, will I ever be a good nurse? I mean, to do my job well, because many people's lives will be in my hands. Can I go out for a beer one afternoon? Can I allow myself to do that?"
	Avoidance behaviors and denial	2.5. "I don't tend to show my anger, and I've kept it to myself. Then I would accumulate that anger until I couldn't hold it in anymore and I would explode, even if it was over some insignificant matter, but it was over everything I had accumulated. When I exploded out of anger, I wasn't aware of what I was saying or doing."
	Childhood emotional block or childhood emotional wounds	3.2. "When your parents compare you with others since you are little, you have to get better grades […] then when you are older, you ask yourself to do it, […] you will not have self-compassion, because that is what they have taught you, if they don't teach you: make an effort, you failed the class, but you made an effort, it's ok, you can overcome it."

Source: Written by the author based on the group interviews.

experienced as something anomalous, and the conspiracy of silence can make the child feel that it is their fault.

Perfectionism

Although perfectionism can create a desire to do one's best, it can also lead a person to place goals above reality. For example, a person without self-compassion may be dissatisfied when they perceive failures or weaknesses; if the self-concept is based on self-esteem, which is based on constant comparison with those we consider superior, the self-concept will be negative, which would imply greater self-demand. However, a self-compassionate relationship could regulate perfectionism toward a more adaptive way of being: giving one's best without expecting the desired outcome (Linnett & Kibowski, 2020).

Perception of weaknesses

Everyone is imperfect, and this perception can lead to weakness and shame, which can lead to depression, as insecurity and fear of possible failure can limit everyday life. However, self-compassion leads to acceptance and transcendence (Gilbert, 2009).

> Unless you are compassionate with yourself, there is a trance of weakness and feeling bad. (4.3)

Pattern of failure

Failure to achieve the goals proposed by oneself and by society can be defined as failure, which, in the case of individuals with reduced self-compassion, can negatively affect their self-concept, as all the informants in the different groups mentioned. When faced with failure, the person may judge themselves and lose their identity, with self-compassion being a capacity to regulate said emotions and thoughts through common humanity (Shimizu et al., 2016).

Rumination, over-identification with others' emotions or over-identification with others' thoughts

Over-identification is a variable that negatively affects self-compassion, as it involves rumination on destructive ideas about oneself and can also lead to emotional or cognitive repression, as in the case of compassion fatigue that nurses may experience from empathic suffering. However, if we enhance the mindfulness promoted by self-compassion, the person could become aware of the thoughts or feelings and therefore distance themselves without denial or avoidance (Akin, 2012; Neff, 2016; Odou & Brinker, 2014).

Excessive stress or fatigue

One of the informers mentioned that the thing to do is to force the machine. They say:

> When you can't go any further, take another step. (1.7)

However, several studies have shown that people with self-compassion could adjust their threat perception, thereby reducing the stress and fatigue response (Breines et al., 2015). At the same time, self-confidence would be improved by reducing self-criticism and perfectionism and respecting one's limits (Sirois et al., 2015), thereby preventing compassion fatigue (L. Kelly et al., 2015).

Avoidance behaviors or ineffective denial

One informant said:

> Sometimes I hide the problems I have or things that have happened to me because I'm not able to recognise what has happened to me. (4.2)

People with low self-compassion do not recognize emotions, thoughts, or experiences in order to avoid self-criticism or to recognize their vulnerability. However, when self-compassion increases, the person can recognize their limitations or suffering without destabilizing their emotions, which contributes to improved mental health (Gilbert, 2009).

Childhood emotional block or childhood emotional wounds

The emotional experiences of childhood, such as rejection, abandonment, humiliation, betrayal, and injustice, can determine the perspective of seeing the world, creating defense mechanisms to avoid experiencing this situation again and affecting the relationship with oneself (Bourbeau, 2014). All the informants mentioned that the self-concept is determined by what was experienced in childhood, which can create fears that limit the connection with oneself, others, the environment and the transcendent, with it being a kind of suffering that must be accepted and transcended (Neff & McGehee, 2010).

Defining characteristics (Table 2)

Self-care deficit

When a person has diminished self-compassion, one informant said who he/she:

> stops eating, dressing well and looking good. (4.3)

TABLE 2 Defining characteristics.

Defining characteristics	
Poor self-care	1.6. "I used to follow an Instagrammer, and over a period of a few days, she posted pictures that showed she had participated in some events where she had to try lots of different foods, and this really caught my attention […]. In the live videos, people would say: 'I wish I were there'. Many days passed, and then she uploaded something saying:" "Sorry guys, I'm human, and to tell you the truth, at these events I was doing terribly, because I had to try lots of different foods that didn't agree with me, I was allergic, and I ended up in hospital."
Self-judgment	1.5. "And I, for example, I love to dance, but I'm awful, so I don't dance often for fear of what they might say. In the end, you repress yourself." 2.1. "Often, people say 'I love you' more frequently on social media than in person, but we should give hugs even to friends." 4.4. "I buy a dress, and at night, since I didn't try it at the shop, I don't like the way it fits me, and I get overwhelmed, and I feel like crying, and then I think, 'you're stupid.'"
Impaired nutrition	1.2. "Making yourself throw up to feel better." 3.2. "I see a poor diet. I don't mind if it's because of excess or deficiency."
Reports feeling guilty	3.1. "We are able to blame ourselves for things that happen, and even to blame ourselves for things that happen to other people, when in truth we are not to blame for many things that happen in the world, and we condemn ourselves."
Complacent behaviors	1.1. "I was dating my first boyfriend, and I had a lot of sympathy for him because his parents had died, but he would always tell me 'you're fat' and other nasty things. We lasted three months and he was like that every day, but I forgave him because I would tell myself: 'poor guy, he's suffering because of his parents.'"
Anxiety	4.4. "I have classes from other years, and I've had horrible anxieties. I've felt dreadful, and then I've thought, 'well, I deserve it because I should have studied more.' I haven't told my parents, and they, on the other hand, have been truly great with me. It's something that I wouldn't have done if I was them."
Over-identification of thoughts and over-identification of feelings	1.2. "If you want to succeed in a field like studies, where it always seems that you have to succeed, you tend to expect more from yourself. The question is to push yourself forward, as they say: 'When you can't take it anymore, take one more step.'" 1.4. "I see people who are extremely fit and say, 'That's great for them,' but I don't say, 'I wish to be like them,' but it's true that I do say, 'I also want to be strong.'"
Exacerbation of disease symptoms of mental illness	3.1. "I think we can find hypochondriacs, people … that's the first thing that … depression, anxiety." 4.3. "It's just that these little problems can provoke anxiety, and this anxiety can turn to depression."
Social isolation and loneliness	1.6. "No one likes being the strange one, the different one, the one who is marginalised. You want to fit in and be part of the group. Or stand out, but in a good way; you don't want to stand out for having a spot, you want to have flawless skin."
Hetero-aggressive behavior	2.5. "I don't tend to show my anger, and I kept it to myself. Then, I would accumulate this anger until I couldn't hold it in anymore, and exploded, even if it was for some insignificant matter, but it was because of everything I had accumulated. When I exploded from anger, I'm not aware of what I say or do."
Self-harming thoughts and self-harming behaviors	1.3. "I've even thought about removing myself some days." 4.5. "I think that most adolescent suicides are due to complexes." 1.1. "I wish I didn't exist."
Risk-taking behavior and substance misuse	1.6. "Self-harm, suicide. Violence towards oneself or others. Taking drugs to the point of overdose, or drinking until you are in an alcoholic coma." 4.1. "Engaging in risky behaviour to fit in. Like when a group of friends is smoking marijuana and you start smoking to fit in." 4.5. "This is very common, especially during adolescence," Moderator: "Yes, this is very common, especially with very insecure personalities." 4.4. "Of course, for example when everyone drinks at that age and one of them doesn't, they end up drinking so that they don't lose friends and to fit in."
Psychological repression and cognitive repression	3.4. "Maybe you want to escape, but when you come back, the problem is still there, then, you have to face it at some point, and it's better to face it from the start, and then you don't have to deal with it anymore."
Expresses psychological distress	2.8. "Last year, in my first year at university, it was hard for me to study. I've been sharing a flat with (name of flatmate), and I used to compare myself to her. I saw that it was easier for her than for me, and it was frustrating because it took her less time to study the topics."

Source: Written by the author based on the group interviews.

That means that he/she begins to show a self-care deficit, either through a negative self-perception, denying his/her needs, or through self-demand, which negatively affects his/her efficacy and satisfaction. A person with self-compassion, on the other hand, takes time for himself/herself, sleeps the necessary hours, eats healthily, in short, is able to develop and transcend. Sometimes, the expectations placed on a person are so high that he or she sacrifices his or her well-being in order to achieve the proposed goals and even forgoes seeking solutions, such as consulting professionals or undergoing treatment (Terry & Leary, 2011).

Harsh self-judgment

Faced with the perception of weakness or failure, a person with reduced self-compassion may develop this sign, which could manifest as shame or self-judgment. This could translate into an insecure personality when faced with social isolation, which can occur when a person feels on the edge of normality. If we can improve self-compassion, we can reduce shame, with a consequent reduction in self-criticism, and connect with ourselves and others (Leary et al., 2007).

Impaired nutrition

All the group interviews indicated that symptoms associated with reduced self-compassion could be:

> bulimia, anorexia, obesity. (1.1)

Or:

> vigorexia. (4.4)

They mentioned that social pressures related to body image led them to be self-critical of themselves and to find an escape from stress in food, which could become pathological. If we increased self-compassion in the sick or at-risk populations, we could increase tolerance for negative feelings and find a healthy balance (A. C. Kelly & Stephen, 2016).

Feels guilty

The person with Inadequate Self-Compassion may feel guilty when confronted with failures, weaknesses, or imperfections. The informants said:

> I feel like a bad person (1.2)

> Do you see what you are? (1.7)

> How could I have done this? Why did I react that way? (1.2)

> Why am I so bad? (1.1)

Without self-compassion, the person may react with self-criticism and over-identification with thoughts and feelings, increasing social isolation when common humanity is not recognized. Self-compassion is a mechanism that can be used to regulate guilt without victimhood or self-indulgence (Chung, 2016).

Complacent behaviors

When a person feels disconnected from himself or herself, he or she puts the needs of others before his or her own, as observed in cases of shame, inferiority, or guilt, which can lead to behaviors of submission or complacency, as mentioned by informants:

> I think it's because of shame. I think it's the shame that they laugh at us. (3.3)

> I say I'm sorry even when I shouldn't have to. (2.6)

Self-compassion would promote the awareness and satisfaction of personal needs, as they would be considered as important as those of others (Akin, 2009).

Anxiety

Rumination, self-criticism, and disconnection from others are sources of anxiety, or as one informant said:

> I don't have self-compassion, and that's why I suffer from anxiety. (3.6)

When faced with weaknesses or failures, this person may self-harm, and the perception of threat could increase, causing this symptom. Self-compassion could protect against anxiety, as one would have a better self-evaluation through the reinforcement of common humanity, full attention, and kind treatment in situations of stress (Werner et al., 2012).

Over-identification of thoughts and over-identification of feelings

According to Neff, over-identification with thoughts or emotions is one of the negative variables of self-compassion. This symptom is characterized by assuming as one's own what the mind refers to in relation to limiting or negative beliefs about oneself. The consequence is a low

capacity to observe thoughts or emotions and understand and transcend them. These symptoms are a sign of Inadequate Self-Compassion because through mindfulness, a positive variable of self-compassion, the person could become aware of their thoughts and emotions to attend to them, take distance, understand, and accept them, be able to react freely and abandon suffering; the person is aware that these negative experiences are something that every human being experiences, and thus they are not trapped by automatic cognitive reactions (Barnard & Curry, 2011; Neff, 2016; Werner et al., 2012).

Exacerbation of disease symptoms or exacerbation of disease signs

In the group interviews, the participants indicated that people with low self-esteem could be influenced based on their:

> schizophrenia, personality disorder (1.6)
>
> narcissistic disorder (3.2)
>
> aesthetic surgery when it is already excessive (3.6)
>
> mental disorders, attention needs (4.5)

Given the stigmas suffered by individuals with mental illnesses, self-criticism can destabilize the mental health of the emotion regulator system (MacBeth & Gumley, 2012; Marsch et al., 2018).

Loneliness and social isolation

This symptom refers to loneliness; the person, when disconnected from vulnerability itself, can feel different from the rest of humanity, isolating themselves inside themselves; for example:

> it was me, my music, the silence, isolated from the world. (1.6)

Or:

> I get a spot, and I don't think about what others are going to think, I think about it for myself. (1.4)

When self-compassion is improved, people are interconnected through a vulnerability that is common to all of humanity, reducing over-identification with thoughts or emotions involved in singularity (Akin, 2010), such as:

> Egoism, too. Well selfishness and egocentrism go a little together. (3.5)

Hetero-aggressive behavior

The informants mentioned that when facing perceptions of weakness or failure, they felt ashamed, resulting in anger, rage, and aggression toward the people they loved the most and their way of isolating. One of the informants stated that the people who bully:

> see the other people and bully them to create an armour and make them see something that they are not. (3.2)

However, through self-compassion, they could reduce shame and self-criticism, increase full attention to thoughts and emotions, and have a greater interconnection with others due to the improvement of common humanity, which could prevent physical or mental aggression (Morley et al., 2016).

Self-harming thoughts

Inadequate Self-Compassion could cause hopelessness and may even lead to depression as it is closely linked with suicidal thoughts and behaviors. A clear example is, as mentioned in group interviews:

> that blue whale game from a few years ago where two kids died. (4.2)

Or

> I think that most adolescent suicides are due to complexes. (4.5)

That means the social isolation resulting from Inadequate Self-Compassion could be responsible for these indicators (Suh & Jeong, 2021).

Risk-taking behavior and substance misuse

Individuals with Inadequate Self-Compassion could experience:

> sexual impulses (1.1)
>
> partying too much (1.2)
>
> getting drunk (1.6)
>
> spending more money than what they have (1.2)
>
> going shopping (1.6)

playing video games (1.7)

hitting themselves (1.1)

drugging themselves (4.1)

The individual, when experiencing the shame-behavior-negative evaluation-depression/anxiety sequence, could find refuge in these behaviors as an alienating mechanism. However, when self-compassion improves, their emotional reactions could equilibrate with kindness and full attention, so that their self-perception and dealing with stress improve (Phillips & Hine, 2019).

Psychological repression and cognitive repression

The emotions or thoughts repressed by various psychological constraints can lead to situations of depression or anxiety. Over-identification with thoughts or emotions, rumination, self-criticism, and disconnection from the rest of humanity may cause people to suppress themselves in order to enhance their self-esteem, but:

> it doesn't matter if you run, that you hide it, because it will appear in another way because it will keep on appearing. (3.1)

Nevertheless, by improving the Inadequate Self-Compassion, we could better face the truth of one's existence, which facilitates exploration and comprehension of that stressful emotional factor (Kehtary et al., 2018).

Expresses psychological distress

Inadequate Self-Compassion can manifest due to emotional stress arising from over-identification and self-criticism, which can lead to over-excitation of maladaptive negative emotions and physiological repercussions arising from stress; furthermore, without self-compassion, the person will not have the desire to alleviate their own suffering. An interviewee mentioned that at the university, a person:

> had failed an exam and was crying for an hour without stopping. (1.6)

The grades or passing a course being one of the largest factors of stress due to the possible failure and the anxiety for perfection. However, through self-compassion, one could reach a greater resilience or greater positive moods for facing adverse or anticipatory phenomena (Marsch et al., 2018).

Associated conditions

Illness

Every illness is a stressful factor that must be resolved or incorporated, depending on the severity, and especially in long-term patients (Table 3):

> people have also strongly associated perfection with health and want to achieve this perfection, for example, since I'm sick, I'm not perfect. (3.4)

However:

> the sick person may not overcome the illness but manage it better. (3.5)

An informant asked:

> the Paralympic athletes, a swimmer without arms, I ask myself: What does that person have inside to be able to do this? (1.3)

The answer could be found in self-compassion, as this implies having a healthy attitude, despite the condition, without judging their pain or limitations. At the same time, they have a desire to transcend and a kind feeling towards themselves. The illness provokes physical changes which can affect self-esteem, and we can also add psychological symptoms such as anxiety or depression, with self-compassion being a mechanism which can promote the search for salutogenic solutions, such as adherence to the treatment and affective regulation, with greater objective health being the result of the improvement in subjective health (Kılıç et al., 2021; Pinto-Gouveia et al., 2014).

Thus, self-compassion could facilitate the adaptation of a person to a new situation, improving the psycho-social-spiritual symptoms, and driving him or her to resolve all the difficulties they may find.

At-risk population

Individuals with history of childhood abuse

Abuse during childhood can cause dystrophy in the child's negative self-perception and psycho-emotional response manifested by fear caused by the conflict between the real self and the desired self, causing fear, anxiety, or psychopathologies such as obsessive-compulsive disorder or eating disorder (Table 3). This leads the adult self to live with low self-esteem, feelings of shame or guilt, emotional repression or social isolation when they believe that they are not worthy of love. In our study, no participants had experienced abuse or mistreatment, but they did recognize the importance of a secure attachment bond for healthy

TABLE 3 Associated conditions and at-risk population.

Associated conditions	
Illness	4.1. "I was at the hospital, in the trauma service, and there was a woman aged 80 or more, who had lived her entire life on the farm with her husband, who had had knee surgery, so that she could no longer perform the same activities. After this situation of not being able to live her life normally, she developed depression. She didn't speak, didn't eat, all because everything would not be the same anymore."
At-risk population	
Individuals with history of childhood abuse	3.6. "The child tries to look for a logical or half-logical explanation for what he understands to be, and since he doesn't find any, he says, 'Oh well, I'll be myself because of how I am.'" 4.3: "You have to learn for yourself, you have to be self-sufficient, and they push you so much that there comes a time when you say, "I am capable of taking on the world, but in reality, you don't know yourself because you have had to fight so hard to do things for yourself." The same thing that you have never been able to stop and say, and what would I need to be able to do this well or to know myself, or what am I feeling?."

Source: Written by the author based on the group interviews.

development. They even stated that if it is difficult for them to be self-compassionate with structured families, on the contrary, it should be even more complex for them to love and treat each other well.

However, by developing self-compassion, the psycho-emotional consequences could be regulated by treating oneself with kindness without judging one's weaknesses, feelings or failures, reducing fear of the real self, reducing self-criticism and negative perception, and facilitating coping with stress, with this psycho-spiritual ability becoming a protective factor (Zhang et al., 2021).

CONCLUSIONS

The Inadequate Self-Compassion is one of the disorders that most affects a person's health, as a positive attitude with regard to self-concept and self-care is dependent on it. This new label is defined as the lack of extending self-kindness and understanding. This health and care problem could be associated with cultural or community matters such as disconnection from society, narcissism, and conflict between behaviors and social norms. At the same time, it could be caused by the family environment, such as a history of paternal overprotection during childhood and dysfunctional family processes. As for the related individual factors, we find perfectionism, perceived failure, perception of weakness, rumination, avoidance behaviors, denial, and excessive stress.

This health problem could be manifested by self-judgement, loneliness, social isolation, over-identification of thoughts, over-identification of feelings, anxiety, exacerbation of disease symptoms of mental illness, expresses psychological distress, psychological repression, cognitive repression, reports feeling guilty, poor self-care, substance misuse, impaired nutrition, self-harming thoughts, self-harming behaviors, hetero-aggressive behavior, complacent behaviors, and risk-taking behavior. Lastly, we find illness as an associated condition, and individuals with a history of childhood abuse as an at-risk population.

IMPLICATIONS

Holistic patient care: By integrating the diagnosis of Inadequate Self-Compassion, nurses can better address the emotional and psychological needs of their patients, leading to improved well-being and a more complete recovery.

Burnout prevention: Recognizing self-compassion as a key part of nursing self-care can help prevent burnout and compassion fatigue, fostering a healthier work environment and enhancing the quality of patient care.

Self-compassion training: Teaching psychospiritual skills, such as self-compassion, in nursing programs helps students better manage stress, enabling them to provide more compassionate and empathetic care.

Personalized interventions: The diagnosis allows for the development of tailored interventions, such as cognitive therapies or mindfulness techniques, that are specifically designed to meet the needs of both patients and healthcare professionals.

The present study raises the level of diagnostic evidence from level 2.1. Conceptual validity to level 2.3.1a. Qualitative validity, increasing the strength of the evidence for diagnostic validity.

AUTHOR CONTRIBUTIONS

Aarón Muñoz Devesa: Conceptualization; data curation; formal analysis; investigation; validation; and writing. **Isabel Morales Moreno**: Data curation; investigation; methodology; resources; software; and validation. **Daniel Guillén Martínez**: Investigation; formal analysis; resources; validation. **Adriana Caterina de Souza Oliveira**: Investigation; validation; software; visualization. **Daniel Muñoz Jiménez**: Resources; validation; data curation; investigation; Writing—review and editing; funding acquisition. **Paloma Echevarría Pérez**: Methodology; project administration; supervision; funding acquisition.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

ETHICS STATEMENT

This study is part of a larger project conducted at the Catholic University of Murcia/Spain during the years 2018–2020, approved by the Research Ethics Committee of the university (CE 111907). To ensure the privacy of the participants, all data were anonymized and stored on a secure server. Only the investigators had access to this information, and personal data were not shared with third parties. In addition, measures were taken to ensure that the published results did not allow the identification of any participant.

Participation was voluntary and was contingent upon adherence to the following ethical criteria: no student was permitted to answer the questionnaire or participate in the group interviews without first receiving information regarding the objectives of the study and providing consent. The administration of the questionnaire was conducted in accordance with the academic timetable, which had been previously informed and approved by the professor, who was duly informed about the objectives and activities of the study. The research adheres to the principles of the Declaration of Helsinki in both study phases.

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