

Self-compassion, mental health and work ethics: mediating role of self-compassion in the correlation between work stress and mental health

Nima Ghorbani (1)

Reza Pourhosein (2)

Saeedeh Armita Ghobadi (3)

(1) PhD, Professor (Full), University of Tehran, Tehran, Department of Psychology

(2) PhD, Professor (Associate), University of Tehran, Tehran, Department of Psychology

(3) Master Student in General Psychology, University of Tehran, Tehran, Department of Psychology

Corresponding author:

Saeedeh Armita Ghobadi

University of Tehran, Tehran, Department of Psychology

Tehran, Iran

Email: armita.ghobadi@gmail.com

Abstract

This study examines the relationship between self-compassion, mental health and work ethics and the mediational role of self-compassion in relation to work stress and mental health.

114 employees of the Hyper-Star were recruited via convenience sampling and responded to the scales of Self-Compassion (SC), Anxiety- Depression (AD), Self-esteem (SE), Work ethics (WE) and Perceived Stress (PS). Data was analyzed by Pearson Correlation Coefficient and path analysis. According to the results, perceived stress has a direct relationship with anxiety and depression and a reverse correlation with work ethics, life satisfaction and self-esteem.

Despite the high and meaningful correlation of self-compassion with both mental health and perceived stress in isolation, self-compassion does not have any mediational roles with these factors.

After considering cultural relationships, according to French management system and employees of Iranian nationals, it can be concluded that self-compassion variable has a lack of consistency with Iranian culture and cannot play a role in terms of Work ethics. This clarifies the taking effect of self-compassion from culture and inconsistency of the Persian culture on self-compassion.

Key words: Mental Health, Perceived Stress, Work Ethics, Self-Compassion

Please cite this article as: Ghobadi, S. et al. Self-compassion, mental health and work ethics: mediating role of self-compassion in the correlation between work stress and mental health. *World Family Medicine*. 2018;16(1):113-120
DOI: 10.5742/MEWFM.2018.93209

Introduction

Health is a quality of life, which is not easy to define and its real-time measurement may be impossible. Experts have presented different definitions of this concept; although all definitions have almost a common subject, which is self-responsibility and choosing a healthy lifestyle (Babapoor, 2002).

Mental health is in fact something more than just lack of mental diseases. According to World Health Organization (WHO), mental health refers to ideal level of physical and spiritual well-being and ideal social function and is not just associated with lack of mental diseases and weaknesses. The main concepts of mental health include individual wellbeing, self-efficacy understanding, independence, competition, collective dependence and ability of cognition and recognition of feelings and logic of each other. The elements are also recognized as a level of wellbeing, since people can cope with daily and routine stresses, work creativities and healthy cooperation and competition and working with each other through understanding the abilities of each other (Frunk M, 2003).

Mental health is a level of mental wellbeing in absence of mental disease. Mental health can include interpersonal capabilities to enjoy life and to make balance between life and activity (Garooosi and Shabestari, 2011).

Stress exists everywhere and has a highlighted presence in the modern day stress. Independent from the real meaning of stress, the today's modern societies? Stress is a deeply serious problem. Real or imaginary, right or wrong, less or more; stress is not a simple and ignorable problem (Krieger et al, 2016).

Today's definition for stress includes the pressure or demand on a person, often more severe pressure than the abilities of a person to cope with. Work stress happens when there is no adjustment between abilities and resources of individuals to solve the needs. The self-thinking, and self-report caused by thinking, is e in consistence with objective data and statistical analyses caused by objective data and has high validity. One of the most common problems in workplaces is work stress. Work stress can affect the function of individuals while working and can also decrease individual performance. On the other hand, the same work stress can cause lack of observance of work ethics and can also endanger mental health (Saeidi, Ghorbani, Sarafraz and Sharifian, 2013).

Self-compassion is a warm and acceptance mode against some aspects of life disliked by the person and needing 3 main elements including firstly, self-kindness, and self-judgment; secondly, common humanity against isolation and thirdly, mindfulness against over-identification. Self-compassion means extension of compassion to the innate self of person against incompetency, failures and innate suffering. Self-compassion is a different concept from self-commiseration, since self-commiseration is caused by lack

of self-confidence, sacrifice and competency to cope with non-adaptive conditions. Self-compassion has different effects from self-esteem, which is a self-assessment feeling against the innate self (Krieger, Berger and Holtforth, 2016). Hence, this study has analyzed the correlation of stress and work ethics and mental health. Naturally, the correlation should be negative based on the variables. In other words, the more the stress is, the lower mental health and work ethics would be. Along with analysis of the correlation between the said variables, the role of self-compassion is analyzed as a variable moderating the correlations of other variables.

According to the promotion of activity of foreign companies in Iran and enforcement of regulations and management of non-Iranian people among Iranian employees, mental health and self-compassion, stress and work ethics are analyzed in the Maf Pars (Carrefour) Hyper Star Chain Store as a successful and powerful organization. Also, through comparing the results with other regions and points of the world, the role and power of the said variables and the probable variables involved in the study are specified and the research hypotheses are tested.

Alirezaei, Masah and Akbari (2012) have studied the correlation between work conscience and job performance. A correlation study was done on a sample consisting of 130 employees of Khomeinishahr and a total number of 55 employees were selected randomly. Data collection was done using Big Five-factor personality test of Costa and McCrea, duty checklist of Byrne et al and underlying performance analysis checklist by Conway. The data were analyzed using Pearson correlation and stepwise regression analysis. The results showed that dimensions of work conscience (reliability and success-orientation) are in positive and significant correlation with job performance (duty and underlying performance). The results of regression analysis showed that among dimensions of work conscience, reliability has the ability to determine the variance to 32% (Narimani, Fallah, Narimani and Hassanpour, 2012).

Soleimani, Abbaszadeh and Niaz Azari (2010) studied the correlation of work ethics with job satisfaction and job stress of employees. The sample size in this study was estimated at 216 people based on Morgan table, and sampling was done using cluster and random sampling method. For purpose of data collection, 3 questionnaires were used including 1) work ethics scale 2) Robins' job satisfaction questionnaire and 3) job stress questionnaire. Collected data was analyzed using correlation coefficient and multivariate regression. The results obtained from the study showed that there is positive and significant correlation between perception of employees of dominant ethics of work and their job stress.

The results of regression study showed that 3 dimensions of work ethics (attachment, perseverance and seriousness at work) can be significant predictors for job stress of employees (Garooosi and Shabestari, 2011).

Martin Holtforth et al (2016) studied the relationship of self-compassion and depression. The previous studies show that self-compassion is in negative correlation with depression symptoms. Although the studies have mentioned clearly that lack of self-compassion can itself result in depression symptoms, no study has been conducted till now to confirm that lack of self-compassion is a cause of depression. To test the hypothesis, 125 depressed outpatients under behavioral therapy were used and self-compassion and depression were measured using self-report method in intervals of 6-12 months. The results showed that lack of self-compassion can undoubtedly lead to depression symptoms; although the limitation is that self-compassion can't be its absolute reason. It means that a third factor is also involved in this field and it could be found that lack of self-compassion can increase vulnerability of individuals against depression.

A study has been conducted with the objective of studying the relationship of job stress, job burnout and quality of life of employees with organizational life atmosphere satisfaction in the Mohaghegh Ardabili University in the form of descriptive correlation research. In this study, 112 employees were selected as sample using random sampling. For purpose of data collection, questionnaires of organizational atmosphere, job stress, job burnout and quality of life were used. The results showed that there is negative correlation between job stress and quality of life and there is positive correlation between job stress and job burnout (Hajloo, 2012).

Pauley and McPherson (2010) studied the experience and meaning of compassion and self-compassion in people with depression and worry. 10 participants were selected, who had depression symptoms based on DSM-4 scale and were surveyed using semi-structural interview using items with basis of self-compassion. The results showed that people with high self-compassion have higher mutual understanding and can show better response to clinical treatments.

Methodology

Population, sample and sampling method

Samples in this study consisted of 114 (77 female and 37 male) employees with education level below diploma to MA in 6 levels including advertising seller, decoration employee, administrative employee, supervisor, department manager and CEO, selected using convenience sampling method. Sampling was done using convenience random sampling method and the inclusion criteria included to be employed in HyperStar Store. Maf Pars (Carrefour) Hyper-Star Store, the first branch of which was established in 2009 in Iran, is the largest chain store in Iran with the investment of Carrefour France to 75% and Majed Al-Fatim Emirates investment to 25%. The regulations are derived from Carrefour France and all French Senior Directors. The employees in the sales department and central office in this center are Iranian and the majority of employees are newly graduated people. The main job advantage of this

complex is submitting the talented individuals abroad for better job opportunities and advantages.

Measurement instrument

The participants filled out the 140-item scale and the subscales analyzed in this checklist as mental health subscales included anxiety and depression, self-value and life satisfaction, perceived stress and work ethics.

Self-compassion scale (SC): (Neff, B, 2003) contains 26 items and the responses in this scale are ranged in a 5-point Likert scale from 1 (almost never) to 5 (almost always). The scale measures 3 bipolar components in frame of 6 subscales of self-kindness (5 items), self-judgment (5 reverse items), mindfulness (4 items), over-identification (4 reverse items), common humanity (4 items) and isolation (4 reverse items). Mean value of the points of 6 components of self-compassion are summated and a total value of self-compassion is obtained. The studies have shown high convergent validity (Neff, Kirkpatrick and Rood, 2007); discriminant validity, internal consistency and test-retest reliability of this test (Neff, A, 2003). Cronbach's alpha of the initial version of this scale is reported as 0.92 and Cronbach's alpha of this scale in a study in Iran is reported as 0.90 (Anjedani, 2010). Moreover, the correlation coefficient of this scale and Rosenberg's self-esteem scale is obtained at 0.85 in Iran (Ghorbani et al, 2009). Cronbach's alpha of self-compassion scale in this questionnaire is equal to 0.81.

Rosenberg's Self-esteem Scale (1965): this is one of the instruments widely used for measurement of self-esteem. The scale contains 10 items and each item refers to self-preference and self-acceptance. The responses are scored from 0 (mostly false) to 4 (mostly true). If the sentences are not the characteristics of a person at all, the respondent chooses "mostly false" and if the sentence is absolutely the characteristics of the respondent, they choose the option "mostly true"; otherwise, the options between the two scales are selected. Items 1, 3, 4, 7 and 10 are scored positively and items 2, 5, 6, 8 and 9 are scored negatively. The previous studies have reported reliability of alpha of this scale from 0.72 to 0.88 (Gary Little, Williams, Hancock, 1997). Other studies have also shown internal reliability of this scale with retest correlation to 0.61 during a 7-month period. In the study conducted by Ghorbani et al (2002), correlation coefficient of the scale and self-knowledge scale in Iranian samples is reported at 0.56 (Anjedani, 2010). Rosenberg's Self-esteem Scale is a widely applicable scale with high validity and reliability for evaluation and the previous studies have shown its high reliability in the Iranian population (Yamini and Tahriri, 2005, quoted from Hamzavi, 2009). Cronbach's alpha of self-esteem in the present study is obtained at 0.70 (Table 1 - next page).

Satisfaction with Life Scale (SWLS): this scale was made for evaluation and cognitive judgment of total satisfaction of person with life and not a special domain of life (Pout and Diener, 1993; Diner et al, 1985). Life satisfaction is different from being happy and positive emotions,

can be emotional aspects of life (Diner et al, 1999). This scale contains 5 items scored in 5-point Likert scale from 1 (totally disagree) to 5 (totally agree). The studies have reported internal reliability of this scale in the range 0.8 to 0.89. Analysis of factors in this scale showed one factor including total assessment of a person about life (Matheny et al, 2002; Diner et al, 1985). In this study, Cronbach's alpha is obtained at 0.83 (Table 1).

Multidimensional Work Ethic Profile (MWEPE): the 65-items multidimensional work ethic profile (MWEPE) scale is used including the items related to work and 7 subscales including self-confidence, ethics, hardworking, self-orientation at work, waste of time and delay in enjoying. This scale contains 5 phrases scored in a 5-point Likert scale from 1 (totally disagree) to 5 (totally agree). Studies have reported internal reliability of this scale in the range of 0.8 to 0.89 (Van Ness et al, 2010). Cronbach's alpha for the work ethic profile in this study is obtained to 0.95 (Table 1).

Anxiety and Depression Scale (AD):

This scale was made by Costello and Comrey (1967) and is applied to measure depression and anxiety as a scale. AD scale contains 23 items: 9 items measure anxiety as a feature and 14 items measure depression. Respondents should determine their agreement with each item using 5-point Likert scale. Validity and reliability of the scale is confirmed by Ghorbani et al (2002), so that the anxiety scale has Cronbach's alpha to 0.74 for Iranian trials and 0.78 for the US trials. Moreover, for depression scale, Cronbach's alpha is obtained at 0.88 in Iranian trials and is obtained at 0.91 in American trials. In another study (Ghasemipour and Ghorbani, 2010), Cronbach's alpha for anxiety is obtained at 0.78 and is also obtained at 0.88 for depression and this shows high reliability of this scale. In this study, Cronbach's alpha for depression was obtained at 0.74 and for anxiety, 0.86.

Perceived stress scale (PSS):

Perceived stress scale contains 14 items and is among the limited instruments assessing overall stress level. The scoring type of this scale is based on 5-point Likert scale from 1 (never) to 5 (most of the time). The scores are named reversely for items 13, 10, 9, 7, 6, 5 and 4. The lowest score obtained is 0 and the highest score is 56. Higher score shows more perceived stress. Easy items are for purpose of understanding the answers and variables. PSS has high internal consistency and validity and reliability before and after test and predicting correlation of self-report and behavioral criteria. Cronbach's alpha for this scale is obtained in 3 studies respectively at 0.84, 0.85 and 0.86 (Cohen et al, 2003). Cronbach's alpha for perceived stress in this study is obtained at 0.72 (Table 1).

PSS is very close to score and the effect of life event. PSS can be applied to assess stress as a reason in behavior or disease.

Scoring style:

The scale is scored using 5-point Likert scale (totally agree, partially agree, neither agree nor disagree, partially disagree, totally disagree). Each item is scored based on concept of the item from 1-5. As there are positive and negative items in the scale, the scoring is reverse in negative items, so that point 5 is given in an item to the option "totally agree" and again one point is given to "totally agree" in another item. The trials read each item and announce agreement or disagreement based on options. There is no time limitation to fulfill the scale.

Results

In Table 1, mean value, standard deviation (SD) and Cronbach's alpha associated with psychological variables (mental health, anxiety, depression, self-esteem, life satisfaction, perceived stress and work ethics) are shown in relation to the participants in this study. According to the Table 1, Cronbach's alpha of all structures is obtained in range 0.70 to 0.95, which shows high reliability of these structures.

Testing hypotheses

To test the research hypotheses, at the outset, two methods of Pearson Correlation and path analysis were used. The results in Table 2 show the correlation coefficient of perceived stress scale with self-compassion and relevant scales of mental health.

Discussion

The results obtained from this study show that perceived stress is in negative correlation with mental health. In the statistical population of Hyper-Star Stores, according to special conditions and strong regulations, any kind of partial mistake at work receives a warning and the employee will be fired after 3 warnings. According to the conditions, perceived stress is high to take responsibility for negligence or even a small mistake of employees can intensify stress. According to the investigations, the correlation between perceived stress with life satisfaction and self-esteem is negative and its correlation with depression and anxiety is positive. Therefore, perceived stress is in negative correlation with mental health. This result is consistent with findings of Hajloo (2012) in a study with the objective of studying the correlation between job stress, burnout and quality of life of employees with satisfaction with organizational life atmosphere at the Mohaghegh Ardabili University. In this study, the results showed that there is negative correlation between job stress and quality of life satisfaction and there is positive correlation between job stress and job burnout. Under stressful conditions, employees have lower tolerance than at normal times and as a result, they have lower mental health under stressful conditions.

According to the investigations, self-compassion and work ethics are not significantly correlated.

Table 1: Mean, SD and other statistics relevant to psychological variables

	Number	Mean	SD	Cronbach's alpha
Self-compassion	114	3.11	0.48	0.81
Work ethics	114	3.70	0.50	0.95
Depression	114	2.89	0.72	0.74
Anxiety	114	2.32	0.72	0.86
Perceived stress	114	2.58	0.47	0.72
Life satisfaction	114	3.19	0.83	0.83
Self-esteem	114	3.48	0.48	0.70

Table 2: Correlation coefficients of perceived stress and self-compassion with mental health scales (anxiety, depression, self-esteem and life satisfaction)

Row		1	2	3	4	5	6	7
1	Perceived stress	-						
2	Self-compassion	-0.39**	-					
3	Work ethics	-0.20	0.18	-				
4	Depression	0.42**	0.41**	0.00	-			
5	Anxiety	0.57**	0.48**	-0.13	0.5**	-		
6	Self-esteem	-0.40**	0.47**	0.18	-0.39**	-0.57**	-	
7	Life satisfaction	-0.46**	0.21*	0.05	-0.18	-0.60**	0.36**	-

**p<0.01 *p<0.05

According to the strong correlation of culture with self-compassion, the variable is consistent with the existing criteria in Iranian culture.

With the analysis of correlation between perceived stress and work ethics, the investigations show that stress is in negative and reverse correlation with work ethics and hence, increased stress can caused declined work ethics.

According to the findings of Soleimani, Abbaszadeh and Niaz Azari (2010) on studying relationship of work ethics with job satisfaction and job stress of employees in 216 samples using cluster and random sampling; the results showed that there is significant and negative correlation between perception of employees of ruling ethics of work and job stress.

Through investigation of correlation between self-compassion and mental health, the self-compassion is in negative correlation with subscales of mental health including anxiety and depression and is in positive correlation with self-esteem and life satisfaction. Hence, self-compassion is in positive correlation with mental health.

Pauley and McPherson (2010) studied the experience of self-compassion in individuals with depression and anxiety and took semi-structural interview using items based on self-compassion for 10 companies and found that individuals with high self-compassion have better mutual understanding and can show better response to clinical treatment.

According to investigations of Holtforth et al (2016), according to cross-sectional studies, self-compassion is in negative correlation with depression. Although previous studies mention clearly that lack of self-compassion can lead to depression symptoms, no study has been conducted till now on this basis, that lack of self-compassion is a cause of depression. To test the hypothesis, 125 depressed outpatients under behavioral therapy have been used and self-compassion and depression are measured using self-report method in intervals of 6-12 months. The results showed that lack of self-compassion can undoubtedly lead to depression symptoms; although the limitation is that self-compassion can't be its absolute reason. It means that a third factor is also involved in this field.

According to findings of Hajloo (2011), there is negative correlation between job stress and quality of life and life satisfaction.

Correlation studies show positive correlation of self-compassion with life satisfaction of individuals. These results are also true in cultures of North America and Thailand and China (Neff, 2008). According to the investigations, the mediating role of self-compassion with perceived stress and work ethics is not confirmed. According to sample information derived from statistical population of Hyper-Star Store with systematic French management, lack of respecting human resources and rapid replacement of newcomers instead of former employees, and lack of respect of employer for employees have led to collapse of trust of human resources in the organization and reduced self-esteem feeling and the reduced self-esteem can lead to increased perceived stress. Increased perceived stress can decline work ethics. However, according to high

correlation between the main variables, because of lack of consistency of self-compassion scale with Islamic-Iranian culture, this scale has no mediating role. The mediating role of self-compassion is not confirmed in the correlation between perceived stress and mental health. Perceived stress is in high correlation with mental health. Although the correlation between the two variables is a very strong correlation, self-compassion has no predicting ability in regard to mediating role between perceived stress and mental health.

According to high perceived stress and low mental health and work ethics in Hyper-Star, the question is why employees continue working at such a place even with very high volume of work and low self-esteem? The evidences shows that because of the very excellent CV of the foreign company compared to other companies and because of providing an opportunity to submit employees abroad and according to use of newly graduated people, they accept to tolerate conditions and this shows low self-compassion of employees.

Research Limitations

For sampling purpose, convenience sampling method is used and just those employees are used, who were ready to fill out the questionnaire. Convenience sampling method can decrease generalizability of results. According to this issue and that the author is employed in this store and although the author has promised to preserve their privacy, probability of wrong answers on behalf of some participants is high. According to employment of the majority of participants in the store and the crowd at the store during work hours and due to a large numbers of questions in the questionnaire, the participants may have become bored and be distracted and may have been unable to answer the questions properly.

Suggestions for further studies

This study is done using convenience sampling method. To ensure data generalization, data collection using random sampling is suggested. According to French management of the organization among Iranian employees, the suggestion is to do further studies in Shahrvand Chain Stores with Iranian management and employees for better analysis of variables involved in the research and to study other aspects of mediating role of self-compassion. Hence, it could be possible to make better comparison of results and to generalize the results. Because of lack of correlation between self-compassion and work ethics and strong correlation of the two variables with the culture and according to rich Islamic context and integration of ethics with religious beliefs in Iranian culture and society, it would be better to study samples with scales of Muslim's Attitudes Toward Religious Scale and Muslim Experiential Religiousness in further studies and to compare the results.

Because of insignificant mediating role of self-compassion between mental health and work stress and mental health with work ethics, it would be better to take a reassessment

of a larger sample size. According to the analysis of correlation between self-compassion and culture and confirmation of correlations in this study, the suggestion is to take further study on investigating correlation between mental health and 3 factors including self-compassion, culture and work ethics.

References

1. Alvani, M., & Memarzadeh, Gh. (2009). *Organizational Behavior by Morhed and Griffin*. Tehran: Morvarid Publishing.
2. Amiri, M (2010). *The relationship between irrational beliefs with stress, anxiety and depression*. Tehran: Master's thesis.
3. Amiri, M (2010). *The relationship between irrational beliefs with stress, anxiety and depression*. Master thesis, 13-30.
4. Hajloo, N (2012). *Job stress, job burnout and quality of life of employees with satisfaction from organizational climate of Mohagheh Ardebil University*. Quarterly Journal of New Approach in Educational Management, Third Year, No. 3, 170-176.
5. Zakerfard, M. (2009). *Effect of Shift Supervisor Perceptual Skills Training on Increasing Satisfaction and Job Performance of Their Subordinates in Isfahan Mobarakeh Steel Co*. Master's thesis of Isfahan University.
6. Rajabi Pour Meybodi, AS, & Dehghani Firoozabadi, M. (2012). *Relationship of Islamic Work Ethics with Organizational Commitment and Job Satisfaction in Nurses*. Biological Ethics Quarterly, Second Year 2, No. 6, 51-53.
7. Sudock, and. A., & Sudock, B. C. (2012). *Synopsis Psychotherapy 1*. Shahrab, Ayandesazan
8. Saeidi, Z., Ghorbani, N., Sarafraz, M., & Sharifian, M. (2013). *The relationship of self-compassion, self-esteem and unconscious emotions self-regulation*. Journal of Research in Psychological Health, Volume 6, Number 3, 2-3.
9. Soltani, A. (1998). *The work conscience as the cause of the dynamics of the administrative system of Iran*. Journal of Work and Society, 7-13.
10. Soleimani Zadeh, L., Soleimani Zadeh, F, Javadi, M. & Abbaszadeh, AS. (2011). *The Relationship between Educational Stress factors and Mental Health of Nursing Students of the Faculty of Nursing and Midwifery of Razi University of Kerman in 1999*. Iranian Journal of Medical Education, 3 (11).
11. Sharifian, Z S, (2013). *The effect of inducing self-compassion and self-respect on the degree of experiencing shame and sin*. Contemporary Psychology, 8 (1), 91-102.
12. Garoosi, S., & Shabestari, Sh. (2011). *The study of the relationship between social capital and mental health among female headed households in Kerman*. Journal of Social Studies of Iran, 4-6.
13. Narimani, S., Fallah, Z., Narimani, M. & Hassanpour M. (2012). *Investigating the relationship between work ethics and perception of equality*. Beyond Management, 44-50.
14. Noorbala, A. (2011). *Mental-social health and ways to improve it*. Special Issue on Mental Health, 151-156.
15. Ali, A. J., & Al-Owainan, A. (2008). *Islamic work*

- ethic: a critical review. *Cross Cultural Management: An International Journal*, 15(1), 5-19.
16. Alick, M. D., & Govorun, O. (2005). *The better than average effect*. New York: Psychology Press.
 17. Andrews, F. M., & Withey, S. B. (1976). *Social indicators of well-being*. New York: Plenum.
 18. Azadmarzabadi, E., Hoshmanja, M. M., & poorkhalil, M. (2013). The relation between organizational spirituality and spiritual intelligence with a staff job stress in military university. *Journal of Military*, 15 (1): 43-50.
 19. Beaumont, E., Durkin, M., Caroline, H. J., & Carson, J. (2016). *Compassion for others, self-compassion, quality of life and mental health*. Elsevier, 2.
 20. Bednar, R. L., & Peterson, S. R. (1995). *Self-Esteem: Paradoxes and Innovations in Clinical Theory and Practice*. American Psychological Association (APA).
 21. Bennet-Goleman, T. (2001). *Emotional alchemy: How the mind can heal the heart*. New York: Three Rivers Press.
 22. Bernard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of general psychology*, 15(4), 289.
 23. Blaug, R., Kenyon, A., & Lekhi, R. (2007). *Stress at Work*. The work foundation, 80-94.
 24. Büyükçelebi, İ. (2005). *Living in the shade of Islam*. Somerset, NJ: The Light Inc.
 25. Chanzanagh, H. E., & Akbarnejad, M. (2011). The meaning and dimensions of Islamic work ethic: initial validation of a multidimensional IWE in Iranian society. *Elsevier*, 916 – 924.
 26. Cohen S, K. T. (1983). A global measure of perceived stress. *Journal of health and social behavior*, 1-13.
 27. Cohen, S. (1994). *Perceived stress scale*. Perceived stress, 1-5.
 28. Costello, C., & Comrey, A. (1993). Scales for measuring depression and anxiety. *Journal of consulting and clinical psychology*, 631-638.
 29. Costello, C., & Corney, A. (1967). Scales for measuring depression and anxiety. *Journal of psychology*, 303-313.
 30. Damon, W. (1995). *Greater expectations: Overcoming the culture of indulgence in America's homes and schools*. New York: Free Press.
 31. Danvish, Y. A. (2000). Organizational commitment as a mediator of the relationship between Islamic work ethic and attitudes toward organizational change. *Human Relations*, 53(4), 513–537.
 32. Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95, 542-575.
 33. Diener, E. D., Emmons, R. A., Larson, R. J., & Griffin, S. (1985). The satisfaction with life. *Journal of Personality Assessment*, 49(1), 71–75.
 34. Emil, S. (2003). *Self-Esteem and stressful life events of university students*. Ankara: Middle East Turkey University.
 35. Eslami, H., Moghimi, S., & Rahbar, A. (2007). Organizational spirituality and its impact on creativity of employees. *Ethics in Science & Technology*, 2 (3, 4): 89-98.
 36. Figley, C. R. (2002). *Treating Compassion Fatigue*. New York: Brunner/Mazel.
 37. Flynn, G. (1994). Attitude more valued than ability. *Personal Journal*, 73,16.
 38. Frunk, M. (2003). *The mental health context*. Geneva: World Health Organization.
 39. Fu, W. (2013). The impact of emotional intelligence, organizational commitment, and job satisfaction on ethical behavior of Chinese employees. *Journal of Business Ethics*, 114 (2): 355-366.
 40. Furnham, A. &. (1984). The protestant work ethic in Britain and Malaysia. *Journal of Social Psychology*, 122, 157–161.
 41. Gallagher, S., & Shear, J. (1999). *Models of the self*. UK.
 42. Germer, C. K., & Siegel, R. D. (2012). *Wisdom and Compassion in Psychotherapy: Deepening Mindfulness in Clinical Practice*. Guildford: Guildford Press.
 43. Ghorbani, N., Watson, P. J., & Khan, Z. H. (2007). Theoretical, empirical, and potential ideological dimensions of using Western conceptualizations to measure Muslim religious commitments. *Journal of Muslim Mental Health*, 2, 113–131.
 44. Ghorbani, N., Watson, P.J., Geranmayeh, S, & Chen, Z. (2014). Measuring Muslim Spirituality: Relationships of Muslim Experiential Religiousness with Religious and Psychological Adjustment in Iran. *Journal of Muslim Mental Health*, 2-5.
 45. Ghorbani, N., Zhuo, C., Norballa, F., & Watson, P. J. (2012). Self-compassion in Iranian Muslims: Relationships with Integrative self-knowledge, mental health, and religious orientation. *International Journal for the Psychology of Religion*, 22, 106-118.
 46. Gilbert, P. (. (2005). *Compassion: Conceptualizations, research and use in psychotherapy*. New York: Routledge.
 47. Gilbert, P. (2009). *The Compassionate Mind*. London: Constable.
 48. Goldstein, J., & Kornfield, J. (1987). *Seeking the heart of wisdom: The path of insight meditation*. Boston: Shambhala.
 49. Hayes, S. C., Strosahi, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford.
 50. Hofmann , Grossman & Hinton. (2011).
 51. Horney, K. (1950). *Neurosis and human growth: The struggle toward self-realization*. New York: Norton.
 52. Inglehart, R. (1990). *Culture shift in advanced industrial society*. Princeton, NJ: Princeton University Press.
 53. Krieger, T., Berger, T., & Holtforth, M. G. (2016). The relationship of self-Compassion and depression: Cross lagged panel analysis in depressed patients after outpatient therapy. *Journal of Affective Disorders*.
 54. Leary, M. R., Downs, D. L., Terdal, S. K., & Tambor, E. S. (1995). Self-Esteem as an interpersonal monitor: The Sociometer Hypothesis. *American Psychological Association*, 518-530.
 55. Lupuleac, Z. L., Lupuleac, S., & Rusu, C. (2012). Changing ethical behavior in times of economic crisis in organizations. *Procedia Economics and Finance*, (3):921 – 927.
 56. Marsh, H. W., & Craven, R. G. (2006). Reciprocal Effects of Self-Concept and performance from a Multidimensional perspective: Beyond Seductive pleasure

and unidimensional Perspectives. SAGE journals.

57. McPherson, S., & Pauley, G. (2010). The experience and meaning of compassion and self-compassion for individual with depression or anxiety. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, 129–143, 129-131.
58. Meriac, J. P., Poling, T. L., & Woehr, D. J. (2009). Are there gender differences in Work ethic? An examination of the measurement equivalence of the multidimensional work ethic profile. *Personality and Individual Differences*, 209–213.
59. Miller, M. J., Woehr, D. J., & Hudspeth, N. (2001). The Meaning and Measurement of Work Ethic: Construction and Initial Validation of a Multidimensional Inventory. *Journal of Vocational Behavior*, 1-39.
60. Miller, M. J., Woher, D. J., & Hudspeth, N. (2001). The Meaning and Measurement of Work Ethic: Construction. *Vocational Behavior*, 2-4.
61. Mowday, R., Steers, R., & Porter, L. (1979). The measurement of organizational commitment. *Journal Vocational Behavior*, 14 (2): 224–247.
62. Myers, D. (1992). *The pursuit of happiness: Discovering the pathway to fulfillment, well-being, and enduring personal joy*. New York: Avon Books.
63. Neff K, D. ., (2009). Self-compassion versus global self-esteem: Two different ways of relating to one self. *Journal of personality*, 77:23-50.
64. Neff, K. D. (2003 a). Self-compassion: An alternative conceptualization of a healthy. *Psychology press*, 2,85-102.
65. Neff, K. D. (2003 b). The development and validation of a scale to measure self compassion. *Psychology press*, 2, 223–250.
66. Neff, K. D. (2003). The Development and Validation of a Scale. *Psychology press*, 1-28.
67. Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self Identity*, 2,223–250.
68. Neff, K. D. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*, 39(3), 267–285.
69. Neff, K. D. (2011). Self-compassion, Self-esteem and well-being. *Social and personality psychology compass*, 5, 1-12.
70. Neff, K. H. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*. *Psychology press*, 4, 263–287.
71. Neff, K. K. (2007). Self-compassion and adaptive psychological. *Journal of Research in Personality*, 41, 139–154.
72. Pargament, K. I. (2013). *Searching for the sacred: Toward a nonreductionistic theory of spirituality*. Washington, DC: American Psychological Association.
73. Princeton, N. (n.d.).
74. Raab, K. (2014). Mindfulness, self-compassion, and empathy among healthcare. *Health Care Chaplaincy*, 20,95–108.
75. Rockliff, H., Gilbert, P., McEvan, K., Lightman, S., & Glover, D. (2008). A pilot exploration of heart rate variability and salivary cortisol responses to compassion focused imagery. *Clin.Neuropsychiatry*, 5,132–139.
76. Rosenberg, M. (1965). Self-Esteem Scale. American Psychological Association.
77. Rude, S, Gortner, E. M., & Pennebaker, J. (2004). Language use of depressed and depression-vulnerable college students. *Cognition and emotion*, 1121-1133.
78. Ryan, J. J. (2002). Work values and organizational citizenship behaviors: Values that work or employees and organizations. *Journal of Business and Psychology*, 17,123,132.
79. Saeedi, Z., Sarafraz, M., Sharifian, M., & Ghorbani, N. (1392). The effect of inducing self-compassion and self-esteem on the level of the experience of shame and guilt. *Contemporary Psychology*, 8(1), 91-102.
80. Salehnia M, A. T. (2009). Organizational ethics with an emphasis on ethical charter. *Ethics in Science & Technology*, 4(3, 4): 66-78.
81. Sarason, I. G. (1988). Anxiety, Self-preoccupation and attention. *Anxiety research*, 3-7.
82. Shin, D. C., & Johnson, D. M. (1978). Avowed happiness as an overall assessment of the quality of life. *Social Indicators Research*, 5, 475-492.
83. Shulman, L. S., & Sykes, G. (1983). *Handbook of teaching and policy*. New York: Longman.
84. Smith, E. R., & De Coster, J. (2000). Dual Process models in Social and cognitive psychology: Conceptual integration and links underlying memory systems. *Personality and social psychology*, 108-131.
85. Spence, J. A., & Helmreich, R. L. (1983). *Achievement related motives and behavior*. San Francisco: Freeman.
86. Sun, X., Chan, D. W., & Chan, L.-K. (2016). Self-Compassion and psychological well being among adolescents in Hong Kong exploring gender differences. *International Society for the Study of Individual Differences*, Elsevier, 288-292.
87. Swann, W. B., & Bosson, J. K. (2009). Self-Esteem: Nature, Origins, and consequences. In R. Hoyle, & M. Leary, *Handbook of individual differences in social behavior* (pp. 527-546). New York: Guilford.
88. Swann, W., Chang-Schneider, C., & McClarty, K. L. (2007). Do People's self-views Matter? *American psychologist*, 84-92.
89. Tafarodi, R. W., & Swann, W. B. (1995). Self-Liking and Self-Competence as dimensions of Global Self-Esteem: initial Validation of a measure. *Personality and individual differences*, 322-342.
90. Van ness, R. K., Melinsky, K., Buff, C., & Seifert, C. F. (2010). Work Ethic: Do New Employees Mean New Work values? *Journal of Managerial Issues*, 10-34.
91. Zeigler-Hill, V. (2011). The connections between self-Esteem and Psychopathology. *Springer*, 157-164.
92. Zsolnai, L. (2010). *Spirituality and business*. Germany: Springer Berlin Heidelberg, P. 87-90.