Published in final edited form as:

Explore (NY). 2017 ; 13(3): 201–206. doi:10.1016/j.explore.2017.02.001.

Compassion, Mindfulness and the Happiness of Health Care Workers

Roberto P. Benzo^{1,*}, Janae L. Kirsch¹, and Carlie Nelson¹

¹Mindful Breathing Laboratory. Division of Pulmonary and Critical Care Medicine, Mayo Clinic, Rochester, Minnesota, USA

Abstract

Context—Decreased well-being of health care workers expressed as stress and decreased job satisfaction influences patient safety and satisfaction and cost containment. Self-compassion has garnered recent attention due to its positive association with wellbeing and happiness. Discovering novel pathways to increase the well-being of health care workers is essential.

Objective—This study sought to explore the influence of self-compassion on employee happiness in health care professionals.

Design, Setting & Participants—400 participants (mean age 45 ± 14 , 65% female) health care workers at a large teaching hospital were randomly asked to complete questionnaires assessing their levels of happiness and self-compassion, life conditions and habits.

Measures—Participants completed the Happiness Scale and Self-Compassion Scales, the Five Facet Mindfulness Questionnaire as well as variables associated with wellbeing: relationship status, the number of hours spent exercising a week, attendance at a wellness facility and engagement in a regular spiritual practice.

Results—Self-compassion was significantly and independently associated with perceived happiness explaining 39% of its variance after adjusting for age, marital status, gender, time spent exercising and attendance to an exercise facility. Two specific subdomains of self-compassion from the instrument used, coping with isolation and mindfulness, accounted for 95% of the self-compassion effect on happiness.

Conclusion—Self-compassion is meaningfully and independently associated with happiness and well-being in health care professionals. Our results may have practical implications by providing specific self-compassion components to be targeted in future programs aimed at enhancing wellbeing in health care professionals.

Keywords

happiness; health care workers; self-compassion; mindfulness; job stress

---

*Corresponding Author: benzo.roberto@mayo.edu (RB).

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Introduction

Decreased satisfaction and happiness continues to permeate the professional health care setting, making the exploration of novel pathways to address these needs essential for employee happiness and best patient care. The American Society for Healthcare Human Resources Administration strongly suggests that employee satisfaction and engagement levels impact revenue generation, patient safety, patient satisfaction and cost containment. In fact, 36% of practitioners reported that negative perceptions of the workplace, such as perceived stress, negatively impacted patient care.¹ Additionally, when examining nurses intention to quit, job happiness was a significant predictor.²

Understanding and increasing happiness in health care professionals continue to be an important, yet underrepresented area of research. Previous studies have suggested factors such as spirituality,^{1, 3} social support,¹ and self-care behaviors such as nutrition,¹ exercise,^{1, 4} and awareness of personal emotional and physical needs⁵ in positively influencing happiness and overall wellbeing in health care professionals. Importantly, research has indicated that happiness levels can be improved through the use of adaptive behavioral and cognitive tasks.⁶

Self-compassion has garnered recent attention due to its positive association with happiness.^{7, 8} also, self-compassion has been related to less emotional issues⁹ and decreased feelings of defensiveness,¹⁰ ruminations,^{7, 10} stress,^{11, 12} and increased mindfulness.¹³ The substantial influence of negative and positive affect in determining individual happiness makes self-compassion an intriguing area to explore.

We sought to identify whether self-compassion^{7, 8} is meaningfully associated with the perception of happiness (the subjective report of high levels of life satisfaction and positive affect, and infrequent negative affect¹⁴) in health care workers after adjusting for previously reported factors (stress, spirituality, exercise and awareness of personal needs)^{1, 4, 5, 15} associated with to health care worker happiness and wellbeing

Methods

Participants

A random sample of health professionals from a large teaching hospital completed questionnaires regarding their perceived level of happiness, self-compassion, and mindfulness (Table 1). Participants also completed demographic information and questions regarding what were considered important outcomes to predict wellbeing: the number of hours spent exercising a week,¹ amount of time spent in spiritual practice^{1, 3} per week (meditation, praying, etc.) and attendance (documented) to the employee exercise facility.

Multiple survey locations were utilized across the hospital campus. There were no exclusionary criteria for participation. A study team member distributed the questionnaires and described the purpose of the study to each participant. Participants completed the questionnaires individually at the study location. A healthy snack was given to participants

following questionnaire completion. All study procedures were approved by the Institutional Review Board.

Measures

Subjective Happiness Scale (SHS)—The SHS is a brief questionnaire assessing perceived happiness. The respondents were asked to answer four questions on a Likert scale from 1 to 7. The sum of the questions (with the fourth question reverse coded) was averaged revealing a possible range from 1.0 to 7.0, with greater happiness reflected by higher scores. An adult community sample revealed an average score of 5.62 (SD=0.96), with no significant gender or age differences.¹⁴ Test-retest reliability of the scale is adequate with a mean of 0.86 across several time points; the mean Cronbach's alpha of 14 samples was found to be 0.86.¹⁴

Self-Compassion Scale-Short Form (SCS-SF)—Participants were asked to rate on a scale from 1 (almost never) to 5 (almost always) the extent to which the twelve statements are representative of their behavior. The instrument provides an overall score and six subdomain scores: self-kindness and its opposite self-judgement, common humanity and its opposite isolation, as well as mindfulness and its opposite over-identification. The questionnaire yields a high internally consistent total score ($\alpha = 0.86$) and is highly correlated with the long form ($r = 0.97$).¹⁶

Five Facet Mindfulness Questionnaire (FFMQ)—The FFMQ asks participants to rate on a five-point scale (1=never or very rarely true; 5=very often or always true) how closely they agree with the statements.¹⁷ The two domains that were assessed in this study *acting with awareness* and *non-reactivity to inner experience* have been independently associated with positive psychological outcomes in health care workers.^{18–20} Since we “a priori” anticipated the importance of the Self-Compassion Scale's subdomain of mindfulness, we wanted to further test its validity in the same cohort using two domains of the Five Facet Mindfulness Questionnaire, acting with awareness and nonreactivity to inner emotions, shown to be important in health care workers.^{18–20}

Perceived Stress Scale (PSS-4)—The PSS-4 is a brief questionnaire which asks participants to rate on a Likert scale from 0 (never) to 4 (very often) how often they had stressful experiences in the past month, with higher scores indicating more stress. The PSS-4 has good internal consistency ($\alpha = 0.77$).²¹

Statements in the acting with awareness subdomain include, “When I do things, my mind wanders off and I am easily distracted” and “It seems I am ‘running on automatic’ without much awareness of what I am doing.” Items in the non-reactivity to inner experience subdomain include, “In difficult situations, I can pause without immediately reacting” and “When I have distressing thoughts or images, I feel calm soon after.”

Sample size

We calculated the sample size for this study using a multiple regression models to predict the effect of the desired factor, self-compassion (dependent factor), on the desired outcome,

happiness (independent factor), given a probability level of 0.05 ($\alpha=0.05$), envisioning up to eight potential predictors (independent variables) in the model including, but not limited to, self-compassion (a priori hypothesis), age, gender, marital status, reported exercise time per week, reported time per week of spiritual practice (praying, meditation) and attendance to the employee wellness center. We anticipated the effect size for the variables of interest (self-compassion) to be $>5\%$ (change in R square in the model) with a statistical power level of 0.9. The minimum required sample size for the proposed study was 390 participants with complete records.

Statistical Analysis

JMP statistical software (version 9.01, SAS, Cary, NC) was used for all analyses. Descriptive analysis included calculating means and standard deviations (SDs). Correlation analyses were tested between the measured variables. Univariate and multivariate models were built to predict perceived happiness (dependent variable in the model) including all significant variables from the univariate analysis as independent model variables. We used bootstrapping methods (1000 iterations) to confirm the robustness of the models and to build a confidence interval for the Adjusted R square of the models. All tests were 2-sided and p-values less than 0.05 were considered statistically significant.

Results

We surveyed 400 health care workers at a major medical center in the Midwest (Table 1). The study included the questionnaires assessing self-reported happiness, self-compassion, and mindfulness in addition to individual questions inquiring about the number of hours spent a week exercising and in spiritual practice (Table 2).

Table 3 shows the model that showed a significant independent relationship between self-compassion measured by the SCS and exercise time per week in predicting happiness after adjusting for gender, age, attendance to a wellness center and marriage status.

In a stepwise regression analysis, we further explored the subdomains of the self-compassion inventory that significantly contributed to overall perceived happiness: we entered the self-compassion subscores instead of the total score. We found that the two subdomains *isolation* (“When I’m feeling down, I tend to feel like most other people are probably happier than I am”) and “When I fail at something that’s important to me, I tend to feel alone in my failure”) and *mindfulness* (“When something painful happens I try to take a balanced view of the situation” and “When something upsets me I try to keep my emotions in balance”) were most predictive of health care workers happiness (Table 4).

We further investigated the validity of the subscore mindfulness from the SCS by testing its association with a validated mindfulness score, the Five Factor Mindfulness Questionnaire domains of non-reactivity to inner experience and acting with awareness (as they were used reported in a landmark publication on mindfulness in health care workers)²⁰. We found significant positive correlations: $R=0.52$ for SCS-mindfulness and non-reactivity to inner emotions and $R=0.38$ for SCS-mindfulness and acting with awareness.

Discussion

Our results confirmed our hypothesis that posited that self-compassion is significantly and independently associated with perceived happiness in health care workers after adjusting for important factors like age, marital status, gender, time spent in spiritual practice and exercise, and the attendance to the employees' wellness center. Furthermore, coping with isolation and mindfulness were the most important aspects of self-compassion. Importantly explains 39% of the variance of happiness confirmed by bootstrapping of the model.

Our results extend previous studies that found self-compassion and mindfulness to be associated with increased well-being^{8, 22, 23} and positive affect^{24, 25} such as optimism⁷ and happiness in healthcare professionals.^{26–28} Self-compassion has been related to increased health satisfaction²⁹ and the ability to look at problems from a larger perspective.¹¹

Importantly, for the implementation and dissemination of our results, we identified specific aspects of self-compassion *coping with isolation and mindfulness* that can be impacted in wellness programs, personalized health coaching or counseling for health care workers.

Isolation

The construct of isolation is very much dependent on the individual's social expectations of what is perfect.^{16, 30, 31} Holding oneself to the standard of perfection in social relationships is setting oneself up for disappointment and decreased happiness. Identifying techniques to meaningfully alleviate isolation and compassion for oneself in the midst of imperfection is critical to increasing wellbeing and happiness. Our results in health care workers extend previous results that showed that increased self-compassion was associated with decreased feelings of isolation^{32, 33} and better social quality of life.^{34, 35}

Mindfulness

This study highlights the relationship between nonjudgmental awareness of one's emotions (mindfulness) and increased happiness. Our results extend previous results suggesting that being mindful of one's emotions through mindfulness practices have the potential to decrease stress and increase empathy and self-compassion in health care professionals.²⁶

Furthermore, acting on awareness, a component of mindfulness, was found to predict lower symptoms of depression³⁶ a factor that may impact the overall perception of workplace conditions for health care workers.³⁷ Prospective studies suggested that mindfulness-based meditation training may improve self-awareness and empathy and decrease burnout.^{20, 38, 39}

Exercise

We found that the number of hours exercising per week was found to have an only modest association with happiness. While previous results are indicating that physical activity relates to better physical and mental health outcomes^{40, 41}, our model suggests that exercise time per week contributed minimally to the overall prediction of happiness, particularly when compared to the effect of self-compassion on happiness. We also found that exercise performed each week, but not specifically attendance to a wellness center was a significant

contributor to happiness. The latter may suggest the importance of the old Zen principle “just do it” regarding *doing* the exercise rather than *where* the exercise occurs.

Practical implications

Positive psychology interventions, emotional intelligence training, and addressing happiness in employees have flourished in the last decade and have recently been incorporated into business models.⁴² In fact, Fortune 500 companies have identified employee happiness as an important factor in business and have reported asking employees to rate themselves on a “happiness scale” and then taking steps toward addressing factors that may increase employee happiness. Because happiness has been found to affect immune system functioning,⁴³ it is plausible that healthcare organizations may also consider happiness as an important outcome.

Emotional intelligence training may be an effective, indirect approach to increasing self-compassion, positive experiences, and happiness in health care professionals. Studies examining healthcare workers and students showed that individuals with increased emotional intelligence had higher performance levels,⁴⁴ better ability to cope⁴⁵ were more committed to the organization for which they worked,⁴⁵ and reported increased feelings of happiness, well-being, and life satisfaction.⁴⁶ Another study on nurses working in an acute care setting showed a positive association between self-compassion and emotional intelligence.⁴⁷

Brief online exercises in emotional intelligence were found to decrease depressive symptoms^{48, 49} and stress,⁵⁰ and increase life satisfaction,⁴⁸ resilience, empathy,⁵⁰ and happiness.⁴⁹ Emotional intelligence training programs may promote enhanced awareness and further understanding of the interaction between emotions and thoughts. They can also be useful to manage emotions, increase motivation, and start practices⁵¹ like mindfulness and meditation.⁵² Importantly, programs have shown increases in quality of life and wellbeing⁵¹ not only initially after program completion, but also in long-term follow-ups.^{51, 53} Improving emotional intelligence may result in better understanding of positive and negative emotions and their effects on our behavior.

Mindfulness is the foundation of current emotional intelligence programs,⁵⁴ as particularly cultivating awareness of positive and negative affect as well as emotions through the non-judgmental focus on the present.⁵⁵ Hillis-Walker and Colosimo assert that “mindfulness is related to psychologically adaptive variables and self-compassion is a crucial attitudinal factor in the mindfulness-happiness relationship”.⁵⁶ Because of this interplay, some mindfulness programs, such as the Mindfulness Based Stress Reduction Program which are well defined and have a significant history of effectiveness,^{52, 57, 58} could be applied to health care professionals.

Limitations

While we show an independent and meaningful association between self-compassion and health care worker happiness, our work cannot claim that training to increase self-compassion will result in increased happiness. The sample of randomly selected health care workers may not accurately represent the organization as a whole; future studies may need

more expansive sampling methods to ensure accurate representation from all health care professions. Additionally, because individuals were participating in a workplace environment, there may have been some response bias. We acknowledge the caution needed when suggesting that one or two factors of a larger construct can operate individually without the other unmeasured factors.

Conclusions

The need to improve health care workers happiness and overall wellbeing is essential for self-care and patient care. We found an independent and strong relationship between aspects of self-compassion (mindfulness and coping with isolation) with the perceived happiness of health care workers.⁵⁹ Due to the relationship between self-compassion and happiness in this sample, implementing training programs to increase a sense of community and awareness of emotions may be an important first step.

Self-compassion training within the medical setting may not be appealing to health care workers trained in a strictly medical model. However, we believe our results provide compelling seminal information to be applied in wellness programs for health care workers. Personalized health coaching⁶⁰ as used in patients and patient-centered therapy may create a condition for individuals to deal the sense of isolation and challenging emotions that may increase happiness and contribute to better patient care.

Acknowledgments

Dr Benzo is funded by grant CA163293 from the National Institutes of Health

The authors would like to thank Johanna Hoult for her assistance in data collection for this research study. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

References

1. Weiner EL, Swain GR, Wolf B, Gottlieb M. A qualitative study of physicians' own wellness-promotion practices. *Western Journal of Medicine*. 2001; 174:19. [PubMed: 11154656]
2. Tzeng HM. The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. *Int J Nurs Stud*. 2002; 39:867–878. [PubMed: 12379304]
3. Manusov EG, Carr RJ, Rowane M, Beatty LA, Nadeau MT. Dimensions of happiness: a qualitative study of family practice residents. *J Am Board Fam Pract*. 1995; 8:367–375. [PubMed: 7484224]
4. Shanafelt TD, Oreskovich MR, Dyrbye LN, et al. Avoiding burnout: the personal health habits and wellness practices of US surgeons. *Annals of surgery*. 2012; 255:625–633. [PubMed: 22388107]
5. Quill TE, Williamson PR. Healthy approaches to physician stress. *Archives of internal medicine*. 1990; 150:1857–1861. [PubMed: 2393317]
6. Sin NL, Lyubomirsky S. Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: a practice-friendly meta-analysis. *J Clin Psychol*. 2009; 65:467–487. [PubMed: 19301241]
7. Neff KD, Kirkpatrick KL, Rude SS. Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*. 2007; 41:139–154.
8. Zessin U, Dickhauser O, Garbade S. The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well Being*. Aug.2015 No Pagination Specified.
9. Allen AB, Goldwasser ER, Leary MR. Self-compassion and well-being among older adults. *Self and Identity*. 2012; 11:428–453. [PubMed: 23525647]

10. Leary MR, Tate EB, Adams CE, Batts Allen A, Hancock J. Self-compassion and reactions to unpleasant self-relevant events: the implications of treating oneself kindly. *Journal of Personality and Social Psychology*. 2007; 92:887. [PubMed: 17484611]
11. Costa J, Pinto-Gouveia J. Acceptance of pain, self-compassion and psychopathology: Using the Chronic Pain Acceptance Questionnaire to identify patients' subgroups. *Clinical psychology & psychotherapy*. 2011; 18:292–302. [PubMed: 20806418]
12. Brion JM, Leary MR, Drabkin AS. Self-compassion and reactions to serious illness: The case of HIV. *Journal of health psychology*. 2014; 19:218–229. [PubMed: 23300046]
13. Keng S-L, Smoski MJ, Robins CJ, Ekblad AG, Brantley JG. Mechanisms of change in mindfulness-based stress reduction: Self-compassion and mindfulness as mediators of intervention outcomes. *Journal of Cognitive Psychotherapy*. 2012; 26:270–280.
14. Lyubomirsky S, Lepper HS. A measure of subjective happiness: Preliminary reliability and construct validation. *Social indicators research*. 1999; 46:137–155.
15. Firth-Cozens, J., Payne, R. *Stress in Health Professionals: Psychological and Organisational Causes and Interventions*. Chichester: Wiley; 1999.
16. Raes F, Pommier E, Neff KD, Van Gucht D. Construction and factorial validation of a short form of the self-compassion scale. *Clinical psychology & psychotherapy*. 2011; 18:250–255. [PubMed: 21584907]
17. Baer RA, Smith GT, Hopkins J, Krietemeyer J, Toney L. Using self-report assessment methods to explore facets of mindfulness. *Assessment*. 2006; 13:27–45. [PubMed: 16443717]
18. Hill CL, Updegraff JA. Mindfulness and its relationship to emotional regulation. *Emotion*. 2012; 12:81–90. [PubMed: 22148996]
19. Branstrom R, Duncan LG, Moskowitz JT. The association between dispositional mindfulness, psychological well-being, and perceived health in a Swedish population-based sample. *Br J Health Psychol*. 2011; 16:300–316. [PubMed: 21489058]
20. Krasner MS, Epstein RM, Beckman H, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *Jama*. 2009; 302:1284–1293. [PubMed: 19773563]
21. Warttig SL, Forshaw MJ, South J, White AK. New, normative, English-sample data for the Short Form Perceived Stress Scale (PSS-4). *J Health Psychol*. 2013; 18:1617–1628. [PubMed: 24155195]
22. Neely ME, Schallert DL, Mohammed SS, Roberts RM, Chen Y-J. Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion*. 2009; 33:88–97.
23. Neff KD. Self-compassion, self-esteem, and well-being. *Social and personality psychology compass*. 2011; 5:1–12.
24. Satici SA, Uysal R, Akin A. Investigating the relationship between flourishing and self-compassion: A structural equation modeling approach. *Psychologica Belgica*. 2013; 53:85–99.
25. Germer CK, Neff KD. Self-compassion in clinical practice. *Journal of clinical psychology*. 2013; 69:856–867. [PubMed: 23775511]
26. Raab K. Mindfulness, self-compassion, and empathy among health care professionals: a review of the literature. *J Health Care Chaplain*. 2014; 20:95–108. [PubMed: 24926896]
27. Shapiro S, Brown K, Biegel G. Self-care for health care professionals: Effects of MBSR on mental well being of counseling psychology students. *Training and Education in Professional Psychology*. 2007; 1:105–115.
28. Shapiro SL, Astin JA, Bishop SR, Cordova M. Mindfulness-based stress reduction for health care professionals: results from a randomized trial. *International Journal of Stress Management*. 2005; 12:164.
29. Terry ML, Leary MR, Mehta S, Henderson K. Self-compassionate reactions to health threats. *Personality and Social Psychology Bulletin*. 2013; 39:911–926. [PubMed: 23813424]
30. Neff K. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*. 2003; 2:85–101.
31. Neff KD. The development and validation of a scale to measure self-compassion. *Self and identity*. 2003; 2:223–250.

32. Neff KD, Kirkpatrick KL, Rude SS. Self-compassion and adaptive psychological functioning and personality traits. *Journal of Research in Personality*. 2007; 41:139–154.
33. Costa J, Pinto-Gouveia J. Acceptance of pain, self-compassion and psychopathology: Using the Chronic Pain Acceptance Questionnaire to identify patients' subgroups. *Clinical Psychology & Psychotherapy*. 2011; 18:292–302. [PubMed: 20806418]
34. Allen AB, Goldwasser ER, Leary MR. Self-compassion and Well-being among Older Adults. *Self & Identity*. 2012; 11:428–453. [PubMed: 23525647]
35. Pinto-Gouveia J, Duarte C, Matos M, Fráguas S. The Protective Role of Self-compassion in Relation to Psychopathology Symptoms and Quality of Life in Chronic and in Cancer Patients. *Clinical Psychology & Psychotherapy*. 2014; 21:311–323. [PubMed: 23526623]
36. Cash M, Whittingham K. What facets of mindfulness contribute to psychological well-being and depressive, anxious, and stress-related symptomatology? *Mindfulness*. 2010; 1:177–182.
37. Perreira TA, Berta W. The object of your affection: how commitment, leadership and justice influence workplace behaviours in health care. *Journal of nursing management*. 2015
38. Fortney L, Luchterhand C, Zakletskaia L, Zgierska A, Rakel D. Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: a pilot study. *Ann Fam Med*. 2013; 11:412–420. [PubMed: 24019272]
39. Epstein RM. Mindful practice. *Jama*. 1999; 282:833–839. [PubMed: 10478689]
40. Warburton DE, Nicol CW, Bredin SS. Health benefits of physical activity: the evidence. *Canadian medical association journal*. 2006; 174:801–809. [PubMed: 16534088]
41. Penedo FJ, Dahn JR. Exercise and well-being: a review of mental and physical health benefits associated with physical activity. *Current opinion in psychiatry*. 2005; 18:189–193. [PubMed: 16639173]
42. Seligman M. Building resilience. *Harvard Business Review*. 2011; 89:100–106. 138. [PubMed: 21510522]
43. Marchant J. The pursuit of happiness. *Nature*. 2013; 503:458–460. [PubMed: 24284714]
44. Codier E, Kooker BM, Shoultz J. Measuring the emotional intelligence of clinical staff nurses: an approach for improving the clinical care environment. *Nursing Administration Quarterly*. 2008; 32:8–14. [PubMed: 18160858]
45. Humphreys J, Brunsen B, Davis D. Emotional structure and commitment: implications for health care management. *Journal of Health Organization and Management*. 2005; 19:120–129. [PubMed: 16119051]
46. Ruiz-Aranda D, Extremera N, Pineda-Galán C. Emotional intelligence, life satisfaction and subjective happiness in female student health professionals: the mediating effect of perceived stress. *Journal of Psychiatric & Mental Health Nursing*. 2014; 21:106–113. [PubMed: 23578272]
47. Heffernan M, Griffin MT, McNulty SR, Fitzpatrick JJ. Self-compassion and emotional intelligence in nurses. *International Journal of Nursing Practice*. 2010; 16:366–373. [PubMed: 20649668]
48. Sergeant S, Mongrain M. Distressed users report a better response to online positive psychology interventions than nondistressed users. *Canadian Psychology/Psychologie canadienne*. 2015; 56:322–331.
49. Shapira LB, Mongrain M. The benefits of self-compassion and optimism exercises for individuals vulnerable to depression. *The Journal of Positive Psychology*. 2010; 5:377–389.
50. Kemper KJ, Khirallah M. Acute Effects of Online Mind-Body Skills Training on Resilience, Mindfulness, and Empathy. *J Evid Based Complementary Altern Med*. 2015; 20:247–253. [PubMed: 25783980]
51. Yalcin BM, Karahan TF, Ozcelik M, Igde FA. The effects of an emotional intelligence program on the quality of life and well-being of patients with type 2 diabetes mellitus. *The Diabetes Educator*. 2008; 34:1013–1024. [PubMed: 19075083]
52. Benzo RP. Mindfulness and motivational interviewing: two candidate methods for promoting self-management. *Chronic respiratory disease*. 2013; 10:175–182. [PubMed: 23897933]
53. Kotsou I, Nelis D, Grégoire J, Mikolajczak M. Emotional plasticity: conditions and effects of improving emotional competence in adulthood. *Journal of Applied Psychology*. 2011; 96:827. [PubMed: 21443316]

54. Goleman D, Boyatzis R. Social intelligence and the biology of leadership. *Harvard Business Review*. 2008; 86:74–81.
55. Kabat-Zinn J, Lipworth L, Burney R. The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of behavioral medicine*. 1985; 8:163–190. [PubMed: 3897551]
56. Hollis-Walker L, Colosimo K. Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences*. 2011; 50:222–227.
57. Bränström R, Kvillemo P, Brandberg Y, Moskowitz JT. Self-report mindfulness as a mediator of psychological well-being in a stress reduction intervention for cancer patients—a randomized study. *Annals of Behavioral Medicine*. 2010; 39:151–161. [PubMed: 20177843]
58. Peterson LG, Pbert L. Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *Am J Psychiatry*. 1992; 149:936–943. [PubMed: 1609875]
59. Olson K, Kemper KJ. Factors associated with well-being and confidence in providing compassionate care. *Journal of Evidence-Based Complementary & Alternative Medicine*. 2014; 19:292–296. [PubMed: 24986815]
60. Benzo R, Vickers K, Novotny PJ, et al. Health Coaching and Chronic Obstructive Pulmonary Disease Rehospitalization. A Randomized Study. *Am J Respir Crit Care Med*. 2016; 194:672–680. [PubMed: 26953637]

Table 1

Baseline Characteristics

Characteristic	N=400
Age (mean $\pm$ SD)	45.92 $\pm$ 14.99
Gender	
Female	65%
Male	35%
Married/Steady relationship	
Yes (percentage)	80%
Overall health	7.59 $\pm$ 2.05
Happiness (SHS)	5.51 $\pm$ 1.03
Perceived Stress (PSS-4)	4.63 $\pm$ 2.71
Quality of Life (LASA)	44.89 $\pm$ 7.88
Mindfulness (FFMQ)	
Nonreacting	24.10 $\pm$ 4.60
Acting with Awareness	25.17 $\pm$ 4.54
Self-compassion (SCS-SF)	41.98 $\pm$ 7.81
Self-Kindness	3.46 $\pm$ 0.78
Self-Judgment	3.34 $\pm$ 0.99
Common Humanity	3.49 $\pm$ 0.86
Isolation	3.32 $\pm$ 1.02
Mindfulness	3.88 $\pm$ 0.76
Over-identified	3.50 $\pm$ 1.02
Spiritual Practice	
Yes	63%
No	37%
Hours per week	2.39 $\pm$ 3.81
Exercise	
Hours per week	4.92 $\pm$ 4.47

Abbreviations: SD, standard deviation; SHS, Subjective Happiness Scale; PSS-4, Perceived Stress Scale; LASA, Linear Analog Scale Assessment; FFMQ, Five Facet Mindfulness Questionnaire; SCS-SF, Self-Compassion Scale-Short Form

Table 2

Correlations

	SHS	PSS-4	FFMQ Nonreactive	FFMQ Awareness	SCS Total	Exercise	Spiritual Practice
<i>PSS-4</i>	−0.63						
FFMQ Nonreactive	0.43	−0.41					
FFMQ Awareness	0.43	−0.41	0.39				
SCS-SF Total	0.63	−0.54	0.54	0.50			
Exercise	0.15	−0.10	0.01	0.16	0.06		
Spiritual Practice	0.14	−0.08	0.06	0.07	0.17	0.20	
Age	0.10	−0.07	0.06	0.02	0.17	0.003	0.15

Abbreviations: PSS-4, Perceived Stress Scale; FFMQ, Five Facet Mindfulness Questionnaire; SCS-SF, Self-Compassion Scale-Short Form

Table 3

Stepwise Regression Model Predicting Happiness (total R² 0.4 (0.37–0.46^{*}))

DV	IV	Multivariate Model			Not significant in the model
		Estimate	P-Value	Cum R ²	
Happiness	Self-Compassion	0.082	<.0001	0.39	Gender, Age, Attendance to the Wellness center, Marriage Status
	Exercise per week (hrs.)	0.029	0.0025	0.40	

Abbreviations. DV, Dependent Variable; IV, Independent Variable; hrs., hours; Cum, Cumulative
Note. The items were dependent and independent variables within the model, not the study as a whole.
^{*} CI obtained after 1000 bootstrapping iterations

Table 4

Stepwise Regression Model of Self-Compassion Components Predicting Happiness

		Multivariate Model		
DV	IV	Estimate	P-Value	Cum R ²
Happiness				
	Self-Compassion Domain Isolation	0.293	<.0001	0.29
	Self-Compassion Domain Mindfulness	0.318	<.0001	0.39

Abbreviations. DV, Dependent Variable; IV, Independent Variable; Cum, Cumulative*Note.* The items were dependent and independent variables within the model, not the study as a whole.