ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 11 (November 2026)

Self-Control as a Predictor of Self-Compassion Among OR Nurses in Selected Hospitals in Mindoro

George L. Bocobo, Jr.
St. Jude College, Manila, Philippines
gela.bocobo.sjc@phinmaed.com

Date Submitted:
September 12, 2026

Date Accepted:
October 10, 2026

Date Published:
November 09, 2026

DOI:
10.5281/zenodo.24085735

ABSTRACT

This study examined self-control as a predictor of self-compassion among operating room (OR) nurses in selected hospitals in Mindoro. Specifically, it assessed nurses' levels of self-control and self-compassion, determined the relationship between these variables, and evaluated the predictive contribution of self-control to self-compassion. A quantitative, cross-sectional, descriptive-correlational, and predictive research design was employed. The study targeted 100 OR nurses selected through purposive sampling. Data were gathered using the Brief Self-Control Scale and the Self-Compassion Scale–Short Form and analyzed through means, standard deviations, Pearson product-moment correlation, and simple linear regression at a 0.05 significance level. Findings revealed that respondents demonstrated high self-control ($M = 3.54$, $SD = 0.293$) and moderate self-compassion ($M = 3.31$, $SD = 0.356$). Self-control was significantly and positively associated with self-compassion ($r = .608$, $p < .001$). Regression analysis further indicated that self-control significantly predicted self-compassion, accounting for 36.9% of its variance ($R^2 = .369$, $p < .001$). These findings suggest that nurses with greater self-control tend to report higher self-compassion, although the cross-sectional design does not establish causality. The study concluded that OR nurses possess strong self-regulatory abilities but may benefit from additional support in cultivating self-compassion. It recommends incorporating self-control, emotional balance, and self-compassion activities into hospital wellness initiatives, professional development, and continuing education. The proposed SELF-COMPASS OR Enhancement Framework should be piloted and evaluated. Future studies should involve larger, more diverse samples and adopt longitudinal or experimental designs to further examine these relationships. Such efforts may strengthen supportive workplace environments and nurses' psychological well-being.

Keywords: *Self-Control, Self-Compassion, Operating Room Nurses, Emotional Regulation, Psychological Well-Being, Nursing Practice, Predictive Relationship, Hospital Wellness Programs, Self-Regulation, Mindoro*

INTRODUCTION

Contemporary nursing practice increasingly demands more than clinical competence. Nurses are expected to regulate emotions, sustain professional composure, respond compassionately to patients, and make sound decisions while working within environments characterized by substantial cognitive and emotional demands. Recent research reflects a growing interest in the personal psychological resources that may help healthcare professionals function effectively under such conditions. Among these resources, self-control has emerged as an important construct associated with behavioral regulation, emotional functioning, and professional interactions. Safavi et al. (2025) found significant relationships between personality

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
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characteristics and self-control among emergency nurses, suggesting that self-control is relevant to nurses' professional functioning. Similarly, Ahmed et al. (2026) reported that trait self-control may protect nurses against the effects of depleted self-regulatory resources arising from workplace incivility.

These trends are particularly important because nursing professionals continue to encounter occupational conditions that may challenge their psychological well-being. A systematic review by Vera et al. (2026) identified workload, overtime, rotating schedules, job stress, workplace violence, and work in high-intensity clinical settings as factors associated with poorer professional quality of life among nurses. Likewise, Wang et al. (2026) reported a high prevalence of compassion fatigue among geriatric nurses, with work-related and psychological factors contributing to vulnerability. Such findings raise an important question: beyond managing external demands, what internal psychological capacities may enable nurses to regulate themselves while maintaining a compassionate orientation toward themselves?

Self-compassion may be especially relevant to this inquiry. Evidence suggests that stronger psychosocial resources, including self-compassion and mindfulness, are associated with more favorable professional quality-of-life outcomes among nurses (Vera et al., 2026). Kalav et al. (2026) likewise found that higher self-compassion was associated with lower caregiving burden among caregivers of adults with cancer. In another healthcare context, Ucak Turer et al. (2026) observed improvements in self-compassion, mindfulness, burnout, and anxiety following a mindfulness-based compassion intervention among dentists. These findings indicate the potential value of self-compassion within demanding caring environments, but they do not establish whether self-control predicts self-compassion among nurses.

Accordingly, the present study aims to determine whether self-control predicts self-compassion among operating room (OR) nurses. It seeks to contribute to nursing research by examining two psychological constructs that have largely been discussed in relation to other outcomes rather than directly in relation to one another. By focusing specifically on OR nurses, the study may provide evidence relevant to understanding psychological resources within a specialized nursing environment and may offer a basis for future staff-support and well-being initiatives.

The inquiry is grounded in the researcher's professional experience as a nurse in a public hospital in Mindoro. From this position within nursing practice, the researcher is interested not merely in how nurses perform their assigned responsibilities, but in the psychological resources that may accompany their capacity to manage themselves while continuing to extend understanding and compassion inward. This concern becomes particularly meaningful when viewed alongside evidence that nurses' well-being is shaped by an interaction of occupational pressures and individual psychosocial resources (Vera et al., 2026).

Self-control appears to have meaningful implications for functioning under demanding conditions. Among emergency nurses, Safavi et al. (2025) demonstrated significant associations between personality dimensions and self-control. Ahmed et al. (2026) further showed that supervisor incivility could deplete nurses' state self-control resources, whereas higher trait self-control buffered this process and reduced coworker-directed incivility. Beyond practicing nurses, Yan et al. (2026) found that self-control mediated associations involving mindfulness exercise and quality of life among nursing students. Collectively, these findings portray self-control as a potentially important regulatory resource in nursing-related populations.

At the same time, evidence points toward the importance of compassion-related psychological resources. Vera et al. (2026) associated self-compassion, mindfulness, resilience, psychological flexibility, and social support with more favorable professional quality of life among nurses. Barbakh et al. (2026) also found that greater mindful self-care among nurses was associated with better self-rated health. However, the provided literature does not directly explain whether nurses who demonstrate greater self-control also demonstrate greater self-compassion, nor does it establish this relationship specifically among OR nurses.

This unresolved relationship provides the central rationale for the present investigation. Rather than assuming that self-control necessarily produces self-compassion, the researcher seeks to examine empirically whether self-control has predictive value for self-compassion among OR nurses. In doing so, the study intends to contribute context-specific evidence that may deepen understanding of nurses' internal

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
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psychological resources and inform future approaches to supporting nurses working in demanding clinical environments.

Theoretical Framework

The present study is anchored on the theoretical proposition that *self-control may predict self-compassion among operating room (OR) nurses because the capacity to regulate internal responses may influence how nurses process demanding experiences, relate to themselves during difficulty, and sustain compassionate functioning within interpersonal nursing practice.* This proposition does not presume that self-control and self-compassion are interchangeable psychological capacities. Rather, it considers self-control as a regulatory resource that may help nurses manage impulses, emotions, and responses, while self-compassion represents a manner of relating to oneself with understanding and mindful awareness during challenging experiences. The proposed relationship is examined through the complementary perspectives of *Peplau's Interpersonal Relations Theory, Bandura's Social Cognitive Theory, and Ego-Depletion Theory*.

Peplau's Interpersonal Relations Theory

Peplau's Interpersonal Relations Theory provides the principal nursing perspective for the study. The theory places the therapeutic interpersonal process at the center of nursing and consequently draws attention to the nurse as an active psychological participant in care. From the researcher's perspective, this raises an important consideration for OR nursing: the nurse who enters a professional interaction does not leave personal emotions, internal reactions, or psychological vulnerabilities outside the operating room. How these internal experiences are managed may therefore have implications for how the nurse functions within relationships with patients and members of the surgical team.

Within this study, Peplau's perspective provides a basis for considering self-control as an intrapersonal capacity that precedes or accompanies effective interpersonal functioning. Evidence from nursing settings suggests that self-control has consequences for nurses' interpersonal behavior. Ahmed et al. (2026) found that supervisor incivility depleted nurses' state self-control resources and that such depletion contributed to coworker-directed incivility. Importantly, higher trait self-control buffered this process. Safavi et al. (2025) similarly demonstrated significant relationships between personality characteristics and self-control among emergency nurses. These observations invite inquiry into whether the regulatory capacity nurses exercise in professional relationships may also extend inward—that is, toward a more measured, understanding, and compassionate relationship with the self.

Peplau's theory therefore contributes the *nursing and interpersonal dimension* of the framework. It allows the present investigation to view self-compassion not as an isolated personal attribute but as a potentially meaningful internal resource for a nurse whose professional role is fundamentally relational.

Bandura's Social Cognitive Theory

Bandura's Social Cognitive Theory provides the *self-regulatory dimension* of the framework. Its relevance to the present inquiry lies in the understanding that human functioning involves cognitive and behavioral self-regulatory processes rather than passive responses to environmental circumstances. This perspective is particularly useful in examining self-control because OR nurses continually encounter circumstances requiring behavioral restraint, cognitive monitoring, emotional regulation, and deliberate responses.

The supplied literature provides empirical support for viewing self-control through this regulatory lens. Tunçel and Yalçın (2026), drawing on Social Cognitive Theory, examined cognitive and behavioral self-regulation mechanisms and demonstrated the importance of cognitive control of emotions in

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 11 (November 2026)

psychological outcomes. Yan et al. (2026) likewise found that mindfulness exercise was positively associated with self-control and that self-control significantly mediated its relationship with quality of life among nursing students. Self-control therefore appears to function not merely as resistance to impulses but as part of a broader process through which individuals regulate their responses and psychological functioning.

Applied to the present study, this theoretical position prompts the researcher to ask whether OR nurses who possess stronger self-regulatory capacities may also be better positioned to respond to their own difficulties without becoming overwhelmed by immediate negative reactions. Such a proposition is especially relevant because self-compassion contains a mindful orientation toward personal difficulty. Kalav et al. (2026) found that greater self-compassion was associated with lower caregiving burden and identified mindfulness as a significant component associated with burden. Thus, Social Cognitive Theory provides a plausible theoretical bridge through which self-control may be investigated as a predictor of self-compassion without assuming causality before empirical testing.

Ego-Depletion Theory

Ego-Depletion Theory provides the framework's *resource-based perspective on self-control*. It is particularly relevant because it directs attention to what may occur when sustained occupational demands place pressure on an individual's regulatory capacity. For OR nurses, this perspective encourages examination of self-control not simply as a desirable personal characteristic but as a psychological resource operating within demanding clinical circumstances.

Ahmed et al. (2026) applied ego-depletion theory directly within nursing and found that supervisor incivility depleted nurses' state self-control resources, which subsequently contributed to incivility toward coworkers. Higher trait self-control, however, weakened this indirect relationship. This finding becomes particularly meaningful when considered alongside evidence that nursing work exposes professionals to substantial occupational and emotional demands. Vera et al. (2026) identified workload, overtime, rotating schedules, job stress, workplace violence, and employment in high-intensity clinical areas as factors associated with burnout and secondary traumatic stress. Wang et al. (2026) similarly documented substantial compassion fatigue among geriatric nurses.

The researcher therefore considers whether differences in self-control may help explain differences in how nurses psychologically respond to themselves under demanding circumstances. If regulatory resources influence responses toward others, as Ahmed et al. (2026) demonstrated, it becomes theoretically reasonable—but still empirically unresolved—to investigate whether self-control also predicts the capacity for compassionate self-responding.

Theoretical Triangulation

Taken together, the three theories illuminate different but complementary aspects of the proposed relationship. *Peplau's Interpersonal Relations Theory* situates the nurse as a psychological and relational participant whose internal processes matter to nursing practice. *Bandura's Social Cognitive Theory* explains self-control through cognitive and behavioral self-regulation and provides a basis for examining how regulatory capacities may relate to psychological outcomes. *Ego-Depletion Theory* adds the resource perspective by explaining why self-control may become particularly consequential when nurses encounter sustained interpersonal and occupational demands.

Their convergence establishes the theoretical logic of the study: OR nurses function within demanding interpersonal environments (Peplau); functioning within these environments requires continuing self-regulation (Bandura); and such regulatory resources may be challenged or depleted by occupational demands (Ego-Depletion Theory). Within this intersection, self-compassion becomes an important outcome to investigate because it concerns how the nurse responds inwardly when encountering difficulty**.** Existing evidence identifies self-control as relevant to nursing behavior and well-being (Safavi

ISSN: 3116-3475
International Journal
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Volume 2 Issue 11 (November 2026)

et al., 2025; Yan et al., 2026; Ahmed et al., 2026), while self-compassion and related psychosocial resources have been associated with more favorable well-being outcomes (Kalav et al., 2026; Vera et al., 2026). What remains insufficiently answered by the provided literature is whether self-control itself predicts self-compassion among OR nurses.

Thus, the triangulated framework does not assert the relationship as already established. Instead, it provides the theoretical basis for testing it. From the researcher's perspective, this distinction is essential: the study seeks to determine empirically whether the capacity of OR nurses to regulate themselves meaningfully contributes to their capacity to respond to themselves with compassion.

Conceptual Framework

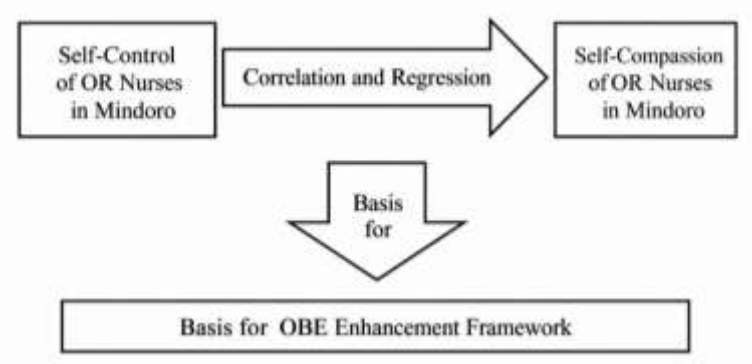


Figure 1. *Proposed Regression Model*

Figure 1. presents the proposed regression model of the study, Self-Control as a Predictor of Self-Compassion among OR Nurses. The framework reflects the researcher's central inquiry into whether variations in self-control among operating room (OR) nurses are associated with, and can statistically predict, variations in their self-compassion. Rather than presuming that nurses with greater self-control necessarily possess greater self-compassion, the model treats this relationship as an empirical question requiring examination through correlation and regression analysis. This distinction is important because the literature provided establishes the relevance of self-control and self-compassion to psychological functioning, but does not directly establish the predictive relationship between these two constructs specifically among OR nurses.

As illustrated on the left side of the model, self-control among OR nurses in Mindoro constitutes the predictor or independent variable. Within the context of the present inquiry, self-control represents the nurse's capacity for regulating behavioral, emotional, and cognitive responses when confronted with competing impulses or demanding circumstances. Its placement as the predictor is supported by emerging evidence that self-control operates as a meaningful regulatory resource within nursing and other healthcare-related populations. Safavi et al. (2025), for example, reported significant associations between personality characteristics and self-control among emergency nurses, indicating that self-control is embedded within the psychological characteristics relevant to nurses' professional functioning. Similarly, Yan et al. (2026) found that self-control had a significant mediating role in the relationship between mindfulness exercise and quality of life among nursing students. These findings suggest that self-control deserves examination not only as an individual characteristic but also as a variable that may account for differences in psychological outcomes.

The relevance of self-control becomes more pronounced when considered within demanding healthcare environments. Nurses do not exercise regulation in psychologically neutral circumstances. They may be required to manage emotional reactions while simultaneously maintaining attention, professional

conduct, and responsiveness to others. Ahmed et al. (2026) demonstrated this regulatory challenge by finding that supervisor incivility depleted nurses' state self-control resources, which subsequently contributed to coworker-directed incivility. More importantly, higher trait self-control attenuated this process, suggesting that individual differences in self-control may serve a protective function under adverse interpersonal circumstances. This evidence provides an important conceptual basis for positioning self-control as the predictor in the present model. It raises the question of whether the regulatory capacity that appears relevant to nurses' outward responses may also have implications for how nurses respond inwardly to their own difficulties.

On the right side of the framework, self-compassion among OR nurses in Mindoro represents the criterion or dependent variable. In this study, the interest in self-compassion arises from the broader concern that healthcare professionals must negotiate the psychological consequences of caring while maintaining their own well-being. The provided literature suggests that compassion-related and mindful psychological resources are relevant within demanding caregiving contexts. Kalav et al. (2026) found that higher self-compassion was associated with lower caregiving burden among caregivers of adults with cancer, with mindfulness emerging as a particularly significant component. Similarly, Vera et al. (2026), in a systematic review of nurses' professional quality of life, identified self-compassion, mindfulness, resilience, psychological flexibility, and social support among the psychosocial resources associated with greater compassion satisfaction.

The placement of self-compassion as the outcome therefore reflects a deliberate question within the model: to what extent might OR nurses' capacity to regulate themselves explain differences in their capacity to respond compassionately toward themselves? This question is especially pertinent because occupational pressures can place substantial demands on healthcare workers' psychological resources. Vera et al. (2026) found that workload, overtime, rotating schedules, job stress, workplace violence, and employment in high-intensity clinical settings were associated with burnout and secondary traumatic stress among nurses. Wang et al. (2026) likewise reported a 92.8% prevalence of compassion fatigue among the geriatric nurses examined in their multicenter study. Although these findings cannot automatically be generalized to OR nurses in Mindoro, they demonstrate why examining psychological resources within nursing populations warrants empirical attention.

The central arrow labeled "Correlation and Regression" represents the principal analytical relationship proposed by the study. Correlation will permit the researcher to determine whether self-control and self-compassion vary together and to establish the direction and magnitude of their statistical relationship. Regression analysis extends this inquiry by determining whether self-control significantly predicts self-compassion and the extent to which variation in self-compassion may be statistically explained by self-control. The distinction is essential. A significant correlation would indicate an association between the constructs, whereas regression would address the study's more specific predictive proposition. Neither analysis, however, should be interpreted as establishing causality. This caution is consistent with Yan et al. (2026), who emphasized that relationships identified through cross-sectional data should be interpreted as associative rather than causal.

The proposed pathway is also conceptually strengthened by evidence connecting regulation with adaptive psychological functioning. Yan et al. (2026) found that greater mindfulness exercise was associated with higher self-control and that self-control was implicated in pathways toward better quality of life. Tunç and Soner (2026) similarly situated self-control and self-management within cognitive-emotional regulatory processes and psychological flexibility. From another perspective, Urtubia-Herrera et al. (2026) identified emotional intelligence as a predictor of self-care agency among healthcare professionals and emphasized the importance of personal and interpersonal psychosocial resources. Taken collectively, these findings do not prove that self-control predicts self-compassion; rather, they provide sufficient conceptual grounds to ask whether one form of self-regulatory capacity may meaningfully account for variation in a self-directed compassionate orientation.

ISSN: 3116-3475
International Journal
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The downward arrow labeled “Basis for” represents the translation of empirical findings into a potential practical contribution. The results of the correlation and regression analyses are intended to provide an evidence base for the proposed OBE Enhancement Framework shown at the bottom of Figure 1. In this sense, the enhancement framework should not precede the evidence. Its specific content should emerge from the actual patterns identified among OR nurses. If self-control significantly predicts self-compassion, the findings may provide a basis for considering self-regulatory competencies alongside compassionate self-responding in professional development initiatives. If no significant predictive relationship is found, that result would remain theoretically and practically informative because it would suggest that self-compassion may need to be understood through factors beyond self-control.

The proposed practical direction is consistent with evidence suggesting that psychological capacities can be responsive to structured support. Okafor (2026) observed significant improvements in burnout dimensions following a mindfulness-based stress reduction initiative among nurses, although the small number of completers warrants cautious interpretation. Ucak Turer et al. (2026) likewise reported increased self-compassion and mindfulness alongside reductions in burnout and anxiety following a mindfulness-based compassion intervention among dentists. Barbakh et al. (2026) further found that mindful self-care significantly predicted better self-rated health among nurses and emphasized organizational efforts to strengthen areas of self-care. These findings support the broader premise that evidence concerning psychological resources can inform workplace-oriented initiatives, although the specific enhancement framework for OR nurses must remain grounded in the findings of the present study.

Overall, Figure .1 organizes the investigation into a coherent empirical sequence: self-control serves as the predictor, self-compassion serves as the criterion, correlation establishes their association, and regression determines the predictive contribution of self-control to self-compassion. The findings then provide the evidentiary basis for developing an OBE Enhancement Framework responsive to the identified needs of OR nurses in Mindoro. The conceptual framework therefore does more than depict two variables connected by an arrow. It expresses the researcher’s central inquiry: whether the ability of OR nurses to exercise regulation over the self is meaningfully related to how compassionately they are able to encounter that same self amid the psychological demands of professional nursing practice.

Temporal Sequence

Temporal sequence requires that the presumed predictor logically precedes the outcome being examined. In the present study, self-control is conceptually positioned as the predictor variable, while self-compassion is positioned as the criterion variable among operating room (OR) nurses. This ordering is based on the proposition that self-control represents a regulatory capacity through which nurses manage impulses, emotions, thoughts, and behavioral responses, whereas self-compassion reflects how individuals relate to themselves when confronted with difficulty, inadequacy, stress, or personal challenges.

The conceptual positioning of self-control as an antecedent psychological resource is supported by evidence demonstrating its regulatory relevance in nursing populations. Safavi et al. (2025) found significant associations between personality traits and self-control among emergency nurses, suggesting that self-control is meaningfully embedded in nurses' psychological and professional functioning. Similarly, Yan et al. (2026) demonstrated that self-control played a significant mediating role in relationships involving mindfulness exercise, internet addiction, and quality of life among nursing students. In practicing nurses, Ahmed et al. (2026) further found that trait self-control buffered the effects of self-control resource depletion arising from supervisor incivility. These findings provide a reasonable empirical basis for investigating self-control as a psychological predictor rather than merely as an accompanying characteristic.

Self-compassion is consequently positioned as the criterion variable whose variation may potentially be explained by self-control. This ordering remains an empirical proposition rather than an assumed causal relationship. Self-compassion and related psychosocial resources have been associated with favorable well-being outcomes in caregiving and nursing contexts. Kalav et al. (2026), for instance,

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reported that greater self-compassion was associated with lower caregiving burden, while Vera et al. (2026) identified self-compassion and mindfulness among the psychosocial resources associated with nurses' professional quality of life.

To strengthen the logical ordering of the constructs, the study's inclusion criteria should ensure that respondents are currently practicing OR nurses in the selected public hospital setting in Mindoro and have completed the minimum period of OR nursing experience specified by the researcher. Such a criterion would help ensure that participants have sufficient exposure to the demands of operating room practice to provide informed assessments of their self-regulatory and self-compassionate tendencies.

Nevertheless, because the proposed study employs a cross-sectional predictive design, temporal sequence remains theoretical rather than directly demonstrated through repeated observations over time. Consequently, evidence that self-control significantly predicts self-compassion should be interpreted as statistical prediction and not proof that self-control causes self-compassion.

Concomitant Variation

Concomitant variation concerns whether self-control and self-compassion among OR nurses vary together in a statistically meaningful manner. Establishing such variation is central to the proposed regression model because prediction requires evidence that differences in the predictor correspond systematically with differences in the criterion variable.

The Pearson correlation coefficient (r) may first be used to determine the strength and direction of the relationship between self-control and self-compassion. A positive and statistically significant coefficient would indicate that higher levels of self-control tend to occur alongside higher levels of self-compassion among the participating OR nurses. Conversely, a nonsignificant relationship would suggest insufficient evidence that the two constructs vary together within the study sample. The importance of empirically testing rather than presuming such relationships is demonstrated in existing research, where self-control has shown meaningful associations with psychological and behavioral outcomes across nursing-related populations (Safavi et al., 2025; Yan et al., 2026; Ahmed et al., 2026).

The coefficient of determination (R^2) will indicate the proportion of variance in self-compassion statistically explained by self-control. For example, a larger R^2 would indicate that self-control accounts for a greater proportion of observed differences in self-compassion among OR nurses. The Adjusted R^2 may additionally be reported, particularly if dimensions or subscales of self-control are entered simultaneously into an expanded regression model. Importantly, unexplained variance should not be regarded simply as statistical error because self-compassion may reasonably be associated with other psychological, occupational, and social resources. Vera et al. (2026), for example, identified resilience, psychological flexibility, mindfulness, self-compassion, social support, workload conditions, and supportive work environments as relevant to nurses' professional quality of life.

The F-test or regression ANOVA will determine whether the regression model as a whole significantly predicts self-compassion. A statistically significant F-statistic at the predetermined alpha level, conventionally $p < .05$, would indicate that the model containing self-control explains significantly more variation in self-compassion than would be expected under the null model.

The *regression coefficient (β)* and its corresponding *p-value* will provide the principal statistical evidence addressing the study title. The coefficient will indicate the direction and magnitude of the predictive contribution of self-control. A statistically significant positive coefficient would support the proposition that higher self-control is associated with higher predicted self-compassion among OR nurses. A nonsignificant coefficient, however, would indicate insufficient statistical evidence to conclude that self-control predicts self-compassion within the population represented by the sample. In either case, the coefficient should be interpreted as predictive rather than causal.

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Non-Spurious Association

A non-spurious association requires reasonable assurance that an observed relationship between *self-control and self-compassion* is not primarily the consequence of statistical artifacts, influential cases, measurement problems, or serious violations of regression assumptions. This consideration is particularly important because OR nurses function within complex professional environments in which psychological well-being may coexist with multiple personal and occupational influences. Nursing literature indicates that workload, overtime, rotating schedules, job stress, workplace violence, supportive environments, and psychosocial resources are associated with nurses' professional well-being (Vera et al., 2026). Ahmed et al. (2026) likewise demonstrated that interpersonal workplace conditions can affect nurses' self-control resources. Thus, any predictive relationship identified in the present study should be interpreted within this broader psychological and occupational context.

Regression diagnostic procedures will therefore be conducted to evaluate the adequacy of the proposed model. If multiple dimensions of self-control are entered simultaneously, the *Variance Inflation Factor (VIF)* may be examined to determine whether multicollinearity exists among the predictors. Acceptable VIF values would indicate that the dimensions do not demonstrate excessive statistical redundancy. For a simple regression using only an overall self-control score as one predictor, however, multicollinearity is not an applicable concern because only one predictor is entered into the model.

Cook's Distance may be examined to identify observations that exert disproportionate influence on the estimated regression relationship. Potentially influential observations should be investigated rather than automatically removed, with any exclusion requiring methodological justification.

The *Durbin-Watson statistic* may be used to assess the independence of regression residuals. A value reasonably close to 2.0 would provide evidence that substantial residual autocorrelation is unlikely. The *Shapiro-Wilk test and Q-Q plot* may further assist in evaluating the normality of regression residuals. Emphasis should be placed on residual distributions rather than simply requiring the raw self-control and self-compassion scores themselves to be normally distributed. Examination of residual plots should likewise assist in evaluating linearity and homoscedasticity.

Where alternative regression models are legitimately constructed—for example, comparing an overall self-control predictor with theoretically justified dimensional models—the *Akaike Information Criterion (AIC)* may be used as a supplementary indicator of relative model quality. Lower AIC values would indicate a preferable balance between model fit and complexity among models estimated from the same dataset. AIC, however, should not be interpreted as proof that an observed relationship is non-spurious.

Finally, the relevant *degrees of freedom (df)*, confidence intervals, regression coefficients, significance levels, and model-fit statistics will be reported to permit transparent evaluation of the predictive model. These procedures collectively provide the statistical basis for determining whether *self-control significantly predicts self-compassion among OR nurses in the selected public hospital setting in Mindoro*.

Taken together, the three conditions provide a disciplined interpretation of the proposed regression model. *Temporal sequence* conceptually positions self-control before self-compassion; *concomitant variation* determines whether the two constructs vary together and whether self-control statistically predicts self-compassion; and *non-spurious association* evaluates whether that predictive relationship remains statistically credible after relevant assumptions and diagnostic conditions are examined. The resulting evidence may subsequently provide a basis for developing the proposed *OBE Enhancement Framework* reflected in the study's conceptual framework. Importantly, because the study is cross-sectional, any significant result will support a *predictive association rather than a causal conclusion*, preserving an interpretation consistent with the design and scope of the investigation.

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Statement of the Problem

This study aims to determine Self-Control as a Predictor of Self Compassion among OR Nurses. basis for a proposed Hospital Learning Capability Framework. In Mindoro and serve as basis for enhancement framework development. Specifically, it seeks to answer the following questions:

1. What is the Self Control among OR nurses in Mindoro?
2. What is the level of Self Compassion among OR Nurses in Mindoro?
3. Is there a significant relationship between Self-Control to Self-Compassion among OR Nurses in Mindoro?
4. Is there a significant predictive effect for Self-Control to Self-Compassion among OR Nurses in Mindoro?
5. What enhancement framework supportive of Self-Control and Self Compassion among OR Nurses

Literature Review

Salient Points on Self-Control of Nurses

Self-control emerges from the literature as a consequential psychological resource in nursing, particularly because nursing practice requires the continuous regulation of behavior, emotion, attention, and interpersonal responses. For the researcher, the significance of self-control extends beyond the conventional idea of simply resisting temptation. In a professional context, it invites a more substantive inquiry: how does a nurse maintain deliberate and appropriate responses when personal impulses, emotional pressures, workplace demands, and professional expectations occur simultaneously? The available evidence suggests that self-control is associated with individual characteristics, adaptive self-management, emotional processes, and nurses' responses to challenging interpersonal experiences. Yet, the literature also indicates that self-control should not be regarded as an unlimited or isolated personal capacity. Rather, it appears to operate within a broader psychological and organizational context in which individual dispositions and environmental demands may either strengthen or strain regulatory functioning (Safavi et al., 2025; Ahmed et al., 2026).

One salient point concerns the relationship between self-control and individual psychological characteristics among nurses. Safavi et al. (2025) examined 154 emergency nurses and reported significant relationships between personality traits and self-control. Their findings suggest that nurses do not necessarily possess the same capacity for restraint and regulation simply because they perform comparable professional roles. Instead, differences in personality appear to correspond with differences in self-control. This observation is particularly meaningful when considering specialized nursing settings. Nurses may work under similar clinical protocols and institutional expectations, yet their responses to demanding circumstances can differ because regulatory capacities are partly situated within individual psychological characteristics. Thus, self-control warrants investigation as a distinct psychological variable rather than being assumed to arise automatically from professional education, experience, or clinical competence.

A second salient point is that self-control appears to function as an active self-regulatory mechanism rather than a passive personality characteristic. Evidence among nursing students provides insight into this function. Yan et al. (2026) found that mindfulness exercise was positively associated with self-control ($\beta = 0.435$, $p < .001$), while self-control was negatively associated with internet addiction ($\beta = -0.304$, $p < .001$). More notably, self-control significantly mediated the association between mindfulness exercise and quality of life. Although nursing students differ from practicing nurses, these findings are instructive because they position self-control within a process of behavioral and psychological regulation. The capacity for control appears capable of occupying an intermediate role through which another psychological resource is associated with subsequent behavioral and well-being outcomes.

This regulatory interpretation becomes particularly important when self-control is considered alongside self-management. Wang et al. (2025), although studying stroke survivors rather than nurses, identified distinct profiles combining impulse tendencies and control and found that participants characterized by low impulse and high control demonstrated significantly higher self-management scores than other groups. The relevance of this evidence to nursing should be interpreted cautiously because the population differs from the present study. Nevertheless, it raises an important conceptual consideration: self-control may be better understood as involving patterns of impulse management and deliberate regulation that have implications for how individuals manage themselves. For nurses, whose work regularly demands sustained attention and appropriate responses, this understanding makes self-control an especially relevant construct for further investigation.

Perhaps the most directly pertinent evidence for practicing nurses concerns self-control under adverse interpersonal conditions. Ahmed et al. (2026) examined the trickle-down effects of supervisor incivility among nursing staff across seven public and private hospitals. Their findings revealed that supervisor incivility depleted nurses' state self-control resources, which subsequently increased coworker-directed incivility. At the same time, higher trait self-control weakened this indirect effect. This finding complicates any simplistic understanding of self-control as merely a matter of personal discipline. It suggests instead that self-control may operate simultaneously as a personal resource and as a capacity susceptible to workplace conditions.

Such evidence raises a particularly important question from the researcher's perspective. If a nurse ordinarily demonstrates substantial self-control, to what extent can repeated interpersonal or occupational demands place pressure on that capacity? Ahmed et al. (2026) indicate that regulatory resources can be depleted by negative workplace experiences. Accordingly, an apparent difficulty in self-control should not automatically be interpreted as a personal deficiency without considering the conditions under which regulation is being exercised. This perspective is relevant to nursing because nurses function within organizational hierarchies and interpersonal teams rather than in isolation. The capacity to regulate behavior may consequently reflect an interaction between enduring individual differences and immediate environmental pressures.

Another salient consideration concerns self-control as a possible protective psychological resource. In the study of Ahmed et al. (2026), nurses with greater trait self-control were less susceptible to the pathway through which supervisor incivility translated into coworker-directed incivility. Similarly, Yang et al. (2026), although investigating university students rather than nurses, found that self-control moderated the association between perceived involution and anxiety, such that higher self-control attenuated the positive relationship between competitive pressure and anxiety. The convergence of these findings across different populations suggests that self-control may be particularly meaningful when individuals encounter stressful or adverse conditions. However, it would be premature to conclude that high self-control universally protects nurses from occupational stress. Rather, the evidence supports examining the circumstances under which self-control may function as a regulatory buffer.

The literature also places self-control within the wider domain of cognitive and emotional regulation. Tunç and Soner (2026) discussed self-control alongside psychological flexibility and self-management, emphasizing cognitive-emotional regulatory processes. Tunçel and Yalçın (2026) likewise found that cognitive control of emotions played an important role in relationships involving uncertainty and future anxiety. Although the latter study involved university students, it reinforces the broader proposition that adaptive psychological functioning cannot be separated entirely from the ability to regulate emotional responses. For nursing research, this distinction matters because self-control should not be reduced to behavioral inhibition alone. Its relevance may extend to how nurses deliberately manage reactions when emotions compete with professional demands.

ISSN: 3116-3475
International Journal
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This issue assumes further importance when the occupational realities of nursing are considered. Vera et al. (2026), in a systematic review involving 35 studies and 8,580 nursing staff, found that nurses' professional quality of life was associated with workload, overtime, rotating schedules, job stress, workplace violence, high-intensity clinical work, and adverse psychological states. Stronger psychosocial resources, including resilience, psychological flexibility, mindfulness, self-compassion, and social support, were associated with more favorable professional quality-of-life outcomes. Although this review did not establish self-control as the principal explanatory variable, it demonstrates that nurses exercise their psychological capacities within demanding work environments. Therefore, studying self-control without acknowledging occupational context would provide an incomplete account of its significance.

The literature further suggests that regulatory resources may be modifiable rather than entirely fixed. Yan et al. (2026) found a positive association between mindfulness exercise and self-control among nursing students. Ghelbash et al. (2026), although examining patients with substance use disorder rather than nurses, found that a cognitive emotion-regulation training program significantly improved emotional adaptation. These findings do not establish that a particular intervention will necessarily improve nurses' self-control. They do, however, support continued inquiry into whether regulatory capacities can be strengthened through appropriately designed developmental approaches. This possibility is especially relevant when considering future nursing interventions, because an empirical understanding of self-control could eventually inform support strategies rather than merely classify nurses according to high or low scores.

Importantly, the available literature also cautions against treating self-control as sufficient by itself. Nurses' psychological functioning appears to involve multiple interacting resources. Vera et al. (2026) identified resilience, psychological flexibility, self-compassion, mindfulness, social support, and supportive workplace conditions as relevant psychosocial factors. Barbakh et al. (2026) found that mindful self-care among nurses was positively associated with better self-rated health, while supportive relationships and mindful awareness were among the most frequently practiced self-care domains. These findings suggest that self-control may constitute one component of a broader psychological ecology rather than an independent solution to occupational strain. This distinction is especially pertinent to the present study because it prevents the researcher from assuming that nurses who demonstrate lower self-control simply need greater discipline.

The evidence ultimately exposes an important research gap. Existing studies have established that self-control is associated with personality characteristics among emergency nurses (Safavi et al., 2025), functions within behavioral and quality-of-life pathways among nursing students (Yan et al., 2026), and may buffer the interpersonal consequences of workplace incivility among practicing nurses (Ahmed et al., 2026). At the same time, evidence demonstrates the relevance of self-compassion and other psychosocial resources to caregiving burden and nurses' professional well-being (Kalav et al., 2026; Vera et al., 2026). What remains unanswered in the sources provided is whether self-control significantly predicts self-compassion among operating room nurses.

This gap is consequential because self-control and self-compassion may represent distinct yet potentially related ways in which nurses respond to internal and external demands. Self-control concerns the regulation of responses, whereas self-compassion concerns how individuals relate to themselves during difficulty. The researcher therefore does not assume that a highly self-controlled nurse will necessarily be highly self-compassionate. Such an assumption requires empirical examination. Indeed, the possibility that nurses may exercise substantial discipline toward professional responsibilities while differing considerably in how kindly and nonjudgmentally they respond to themselves makes the relationship worthy of investigation.

Taken together, the salient literature portrays self-control among nurses as an individual yet context-sensitive regulatory resource associated with personality, behavioral regulation, interpersonal functioning, and adaptive responses to demanding circumstances. Its significance lies not simply in restraining undesirable behavior but in the broader capacity to regulate the self while navigating complex psychological

ISSN: 3116-3475
International Journal
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and professional demands. For the present study, this body of evidence provides a reasoned basis for positioning self-control as the predictor variable. More importantly, it leads to the central inquiry rather than predetermining its answer: whether differences in self-control among OR nurses meaningfully predict differences in their self-compassion. Examining this relationship may clarify an aspect of nurses' psychological functioning that remains insufficiently addressed in the literature provided and may offer an empirical basis for subsequent efforts to support OR nurses within their professional environment.

Salient Points on Self-Compassion of Nurses

Self-compassion has become increasingly relevant to nursing inquiry because the profession requires sustained engagement with the suffering, vulnerability, and needs of others while nurses themselves remain exposed to emotional, psychological, and occupational demands. From the researcher's perspective, this creates an important tension: nurses are professionally expected to demonstrate compassion toward patients, yet considerably less attention may be directed toward how they respond to their own distress, limitations, mistakes, or difficult experiences. The literature provided suggests that self-compassion is associated with caregiving burden, professional quality of life, burnout-related outcomes, mindfulness, and broader psychosocial well-being. At the same time, the evidence cautions against treating self-compassion as a universal remedy for occupational difficulty. Instead, it appears to constitute one psychological resource situated within a larger network of individual and organizational influences on healthcare professionals' well-being (Kalav et al., 2026; Vera et al., 2026; Ucak Turer et al., 2026).

One salient point concerns self-compassion as a way of responding to personal difficulty rather than simply extending compassion toward others. This distinction is particularly relevant in nursing. Nurses may be highly capable of recognizing and responding to patients' needs while simultaneously experiencing difficulty extending similar understanding toward themselves. In the study by Kalav et al. (2026), self-compassion was examined through dimensions that included self-kindness, self-judgment, common humanity, isolation, excessive identification, and mindfulness. These dimensions suggest that self-compassion involves more than a generalized positive attitude toward oneself. Rather, it concerns how individuals interpret and manage difficult internal experiences, including whether they respond with understanding, perceive difficulty as part of a shared human experience, and maintain balanced awareness rather than becoming excessively absorbed in distress.

The distinction is meaningful for nursing because professional practice inevitably includes situations that may challenge a nurse's internal responses. The available evidence demonstrates that nursing work involves substantial cognitive and emotional demands. Vera et al. (2026), in a systematic review encompassing 35 studies and 8,580 nursing staff, reported that professional quality of life among nurses was shaped by demographic, occupational, and psychosocial factors. High workload, overtime, rotating schedules, job stress, workplace violence, work in high-intensity clinical settings, and adverse psychological states were associated with greater burnout and secondary traumatic stress. In contrast, stronger psychosocial resources—including self-compassion, mindfulness, resilience, psychological flexibility, and social support—were associated with greater compassion satisfaction. Such evidence situates self-compassion within the broader psychological resources that may accompany more favorable professional experiences among nurses.

A second salient point is therefore the apparent relationship between self-compassion and professional well-being. Vera et al. (2026) identified self-compassion as one of several psychosocial resources associated with more favorable professional quality-of-life outcomes. This finding is particularly important because it moves the discussion beyond self-compassion as a purely personal or private characteristic. For nurses, psychological functioning occurs within professional environments where caring responsibilities, workload, organizational conditions, and interpersonal demands converge. Self-compassion may therefore be relevant not because it removes these demands, but because it concerns how individuals relate to themselves while experiencing them.

ISSN: 3116-3475
International Journal
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This distinction deserves careful consideration. It would be inappropriate to suggest that nurses experiencing burnout, stress, or professional difficulty merely lack sufficient self-compassion. The evidence provided does not support such an interpretation. Rather, Vera et al. (2026) demonstrated that professional quality of life is associated with a combination of individual and organizational factors. Supportive work environments, better perceived control over workload, education and training, work engagement, and psychosocial resources were associated with more favorable outcomes, while occupational stressors were associated with poorer outcomes. Thus, self-compassion should be considered alongside—not in place of—organizational responsibility for creating conditions supportive of nurses' well-being.

The relevance of self-compassion is further illuminated through its association with caregiving burden. Kalav et al. (2026), in a cross-sectional study involving 312 caregivers of adults with cancer, found a moderate negative relationship between caregiving burden and total self-compassion ($r = -0.505$, $p < .01$). Higher burden scores tended to occur alongside lower self-compassion scores. The regression model involving self-compassion dimensions was also statistically significant and accounted for approximately 26.6% of the variance in caregiving burden. Among the examined dimensions, mindfulness demonstrated a significant association with burden, with higher mindfulness linked to lower caregiving burden.

Although these participants were caregivers rather than professional OR nurses, the findings raise a useful question for nursing research. Individuals who continually participate in caring relationships may differ in how they psychologically respond to their own difficult experiences. The evidence does not establish that increasing self-compassion necessarily reduces occupational burden among OR nurses, nor does it establish causality because the study was cross-sectional (Kalav et al., 2026). Nevertheless, the observed relationship strengthens the rationale for examining self-compassion within populations whose roles involve sustained responsibility for others.

Another salient feature of self-compassion is its connection with mindful awareness. Kalav et al. (2026) identified mindfulness as the self-compassion dimension significantly associated with caregiving burden in their regression analysis. This is noteworthy because mindfulness reflects the capacity to encounter difficult experiences with balanced awareness rather than becoming excessively identified with them. Within the broader literature supplied for the study, mindful psychological processes repeatedly appear in connection with adaptive functioning. Barbakh et al. (2026), for example, found moderate levels of mindful self-care among nurses and reported that higher mindful self-care was associated with better self-rated health ($r = 0.32$, $p < .001$). Supportive relationships and mindful awareness were also the most frequently practiced self-care domains among the participating nurses.

Self-compassion may consequently warrant consideration not merely in terms of being "kind to oneself," but as a more nuanced psychological orientation involving how difficult experiences are cognitively and emotionally processed. This perspective is particularly useful to the present investigation because it avoids reducing self-compassion to sentimentality. In demanding professional settings, the capacity to acknowledge distress without excessive self-judgment or over-identification may represent a meaningful psychological characteristic worthy of empirical study.

A further salient point is that self-compassion may be responsive to structured psychological intervention. Ucak Turer et al. (2026) examined an eight-week mindfulness-based compassion intervention among dentists, another healthcare profession characterized by substantial occupational demands. Following the intervention, participants in the intervention group demonstrated increased self-compassion and mindfulness awareness, together with reductions in burnout and anxiety. Changes were also observed in stress-related biochemical indicators. These results suggest that self-compassion may not necessarily represent a fixed characteristic that remains unchanged throughout professional life.

However, the findings require appropriate restraint in interpretation. Ucak Turer et al. (2026) employed a controlled but non-randomized design with a relatively small sample. The authors therefore regarded the findings as preliminary rather than definitive causal evidence. This methodological caution is

relevant to the present study. It suggests that while self-compassion may be amenable to development, conclusions about interventions for OR nurses should emerge only after their psychological characteristics and relationships among variables have been empirically established.

Self-compassion also becomes particularly pertinent when considered against evidence concerning compassion fatigue in nursing. Wang et al. (2026) reported a 92.8% prevalence of compassion fatigue among geriatric nurses in a multicenter investigation across 90 hospitals, with most cases occurring at moderate to severe levels. Work shifts, daily working hours, income satisfaction, personality characteristics, and support utilization were among the relevant factors identified. This finding does not mean that low self-compassion caused compassion fatigue, as the study did not establish such a relationship. Nevertheless, the high prevalence demonstrates the psychological demands that may accompany sustained caring work and reinforces the importance of investigating internal resources potentially relevant to nurses' functioning.

Related evidence concerning burnout further situates self-compassion within an occupationally meaningful context. Vera et al. (2026) found that burnout and secondary traumatic stress among nurses were consistently related to demanding workplace circumstances and adverse psychological states. In another healthcare profession, Ucak Turer et al. (2026) observed simultaneous increases in self-compassion and decreases in burnout and anxiety following mindfulness-based compassion training. These converging observations do not demonstrate that self-compassion alone prevents burnout. Instead, they invite a more careful inquiry into whether self-compassion forms part of the psychological resources through which healthcare professionals navigate occupational difficulty.

Another important consideration is that self-compassion should be understood alongside self-care rather than equated with it. Barbakh et al. (2026) found that nurses reported moderate mindful self-care, with physical care and mindful relaxation among the least frequently practiced areas. Higher self-care significantly predicted better self-rated health. These findings concern mindful self-care rather than self-compassion specifically, and the constructs should therefore not be treated as synonymous. Nonetheless, their proximity within the literature is instructive. Both direct attention toward the nurse as a recipient, rather than solely a provider, of care. This orientation challenges an exclusively outward understanding of nursing compassion and invites consideration of nurses' relationship with their own psychological needs.

For the present research, perhaps the most significant issue is the unresolved relationship between self-compassion and self-control. The provided literature establishes the relevance of self-compassion to caregiving burden and professional quality of life (Kalav et al., 2026; Vera et al., 2026), while separate evidence identifies self-control as relevant to nurses' personality characteristics, behavioral regulation, and responses to workplace incivility (Safavi et al., 2025; Ahmed et al., 2026). Yan et al. (2026) further found that self-control mediated associations involving mindfulness exercise and quality of life among nursing students. Yet these bodies of evidence remain largely parallel. The provided studies do not directly determine whether greater self-control corresponds with greater self-compassion among practicing OR nurses.

This gap is theoretically intriguing because the two constructs concern different aspects of the nurse's relationship with the self. Self-control concerns regulation—how individuals manage impulses and responses—whereas self-compassion concerns orientation toward the self—how individuals respond to themselves when experiencing difficulty. A nurse could conceivably demonstrate considerable professional discipline while remaining highly self-critical. Conversely, responding compassionately toward oneself does not necessarily establish strong behavioral self-regulation. The researcher therefore has reason to question whether these capacities systematically converge among OR nurses rather than assuming that one naturally accompanies the other.

This question becomes especially meaningful in the operating room context. While the sources provided do not specifically investigate OR nurses, evidence concerning high-intensity nursing environments, occupational demands, compassion fatigue, and regulatory resources establishes a defensible rationale for investigating psychological functioning within specialized nursing practice (Ahmed et al.,

ISSN: 3116-3475
International Journal
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2026; Vera et al., 2026; Wang et al., 2026). The absence of direct evidence concerning OR nurses should itself be acknowledged as part of the research gap rather than filled through unsupported assumptions.

Taken together, the salient literature portrays self-compassion as a multidimensional psychological resource associated with how individuals respond to personal difficulty and with broader patterns of caregiving burden and professional well-being. Evidence suggests that self-compassion and related mindful resources may be relevant in demanding caring environments and may be responsive to structured support, although causal conclusions remain limited (Kalav et al., 2026; Vera et al., 2026; Ucak Turer et al., 2026). For the present investigation, however, the central issue remains unanswered: does self-control significantly predict self-compassion among OR nurses? Addressing this question allows the researcher to move beyond treating self-compassion as merely desirable and instead examine empirically whether differences in nurses' regulatory capacity help explain differences in how compassionately they respond to themselves. Such inquiry provides the conceptual bridge between the existing literature and the predictive focus of the present study.

Research Gaps

Despite increasing scholarly attention to self-control, self-regulation, self-compassion, and psychological well-being in healthcare populations, several gaps remain evident in the literature provided. These gaps establish the rationale for the present study, Self-Control as a Predictor of Self-Compassion among OR Nurses. In particular, the existing evidence demonstrates the importance of self-control and self-compassion independently, yet their direct predictive relationship remains insufficiently examined, especially among nurses working in the operating room.

First, there is a relational gap concerning self-control and self-compassion. Existing studies have examined self-control in relation to personality characteristics, behavioral outcomes, quality of life, internet or social media use, and workplace incivility. Among emergency nurses, Safavi et al. (2025) found significant relationships between personality traits and self-control. Among nursing students, Yan et al. (2026) demonstrated that self-control mediated associations involving mindfulness exercise, internet addiction, and quality of life. Ahmed Samier et al. (2026) similarly examined self-control in relation to problematic social media use and personality traits among nursing students. Among practicing nurses, Ahmed et al. (2026) demonstrated that trait self-control buffered the effects of depleted state self-control resources in the transmission of supervisor incivility to coworker-directed incivility. Collectively, these studies establish self-control as a relevant psychological resource, but none of the provided studies directly examined whether self-control predicts self-compassion among nurses.

A corresponding gap appears in the self-compassion literature. Self-compassion has primarily been investigated in relation to caregiving burden, burnout, mindfulness, and professional quality of life. Kalav et al. (2026) found that greater self-compassion was associated with lower caregiving burden among caregivers of adults with cancer. Vera et al. (2026) identified self-compassion among the psychosocial resources associated with more favorable professional quality of life among nurses. Ucak Turer et al. (2026) further observed improvements in self-compassion, mindfulness, burnout, and anxiety following a mindfulness-based compassion intervention among dentists. Although these findings establish the relevance of self-compassion in caring and healthcare contexts, the provided evidence does not identify self-control as a predictor of self-compassion. The present study therefore addresses an intersection between two bodies of literature that have largely developed separately.

Second, a population gap is evident. Much of the available evidence on self-control within nursing has focused on emergency nurses or nursing students. Safavi et al. (2025) investigated emergency nurses, while Yan et al. (2026) and Ahmed Samier et al. (2026) studied nursing students. Ahmed et al. (2026) broadened the population by examining nursing staff across several hospitals, but their primary concern was workplace incivility rather than self-compassion. Similarly, research involving self-compassion has included caregivers, dentists, and broader nursing populations rather than OR nurses specifically (Kalav et

al., 2026; Vera et al., 2026; Ucak Turer et al., 2026). Thus, OR nurses remain insufficiently represented in the literature provided.

This population gap is important because findings from nursing students, caregivers, emergency nurses, or other healthcare professionals cannot automatically be assumed to characterize OR nurses. Vera et al. (2026) demonstrated that nurses' professional quality of life varies according to occupational and psychosocial factors and identified employment in high-intensity clinical areas among conditions associated with burnout and secondary traumatic stress. Such evidence strengthens the rationale for examining psychological resources within specific nursing contexts rather than treating nurses as a psychologically homogeneous professional group.

Third, there is a contextual and geographical gap. The studies provided were conducted across settings such as Iran, China, Spain, Egypt, and other international healthcare environments. For example, Safavi et al. (2025) examined emergency nurses in Western Iran, Yan et al. (2026) studied nursing students, and Vera et al. (2026) synthesized evidence concerning European nursing staff. The supplied literature, however, provides no direct empirical investigation of self-control as a predictor of self-compassion among OR nurses in a public hospital in Mindoro. Consequently, the applicability of findings generated in different cultural, educational, occupational, and healthcare systems to nurses practicing within the local setting remains uncertain.

The present study responds to this contextual gap by generating evidence from OR nurses within Mindoro. This local focus is not intended to suggest that the psychological processes observed internationally are irrelevant. Rather, it recognizes that the strength and pattern of relationships between psychological constructs should be empirically examined within the population to which conclusions will ultimately be applied.

Fourth, a predictive gap remains in the existing literature. Available studies establish numerous correlations and indirect relationships involving self-control. Yan et al. (2026), for instance, demonstrated significant mediation pathways involving self-control, while Ahmed et al. (2026) examined self-control as both a depleted state resource and a trait-level boundary condition. These studies demonstrate that self-control can occupy an explanatory position within more complex psychological models. However, the literature provided does not answer the more focused question of whether variations in self-control statistically explain variations in self-compassion among OR nurses.

The present investigation addresses this gap through correlation and regression analysis. Correlation will determine whether self-control and self-compassion vary together, whereas regression will examine whether self-control significantly predicts self-compassion. This predictive focus distinguishes the study from research that merely describes either construct independently. At the same time, because the proposed study is cross-sectional, any significant predictive relationship will remain statistical rather than causal.

Fifth, a conceptual gap emerges from the different ways in which regulation and compassionate self-responding have been approached. The literature portrays self-control as relevant to restraint, behavioral regulation, self-management, and responses to interpersonal adversity (Safavi et al., 2025; Ahmed et al., 2026). Self-compassion, in contrast, is associated with dimensions involving self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification and has been investigated in relation to caregiving burden and professional well-being (Kalav et al., 2026; Vera et al., 2026). What remains unclear is whether the capacity to regulate the self-corresponds meaningfully with the capacity to respond compassionately to the self.

This distinction is central to the research problem. A nurse may demonstrate considerable restraint, discipline, and behavioral regulation while simultaneously responding to personal difficulty with criticism or excessive judgment. Conversely, compassionate self-responding does not necessarily establish strong impulse control or behavioral discipline. The provided literature does not clarify whether these two

psychological capacities converge among OR nurses. The study therefore seeks to test rather than assume their relationship.

Finally, there is a practice-oriented gap concerning how evidence on these psychological resources may inform context-specific professional development. Existing research suggests that psychological resources can have practical relevance. Mindfulness-based stress reduction was associated with improvements in burnout outcomes among nurses in a skilled nursing facility, although the very small completion sample requires considerable caution (Okafor, 2026). Ucak Turer et al. (2026) likewise reported improvements in self-compassion and mindfulness and reductions in burnout and anxiety following a mindfulness-based compassion intervention among dentists. Barbakh et al. (2026) found that greater mindful self-care predicted better self-rated health among nurses and emphasized organizational support for nurses' self-care.

Nevertheless, these findings do not provide a specific framework grounded in the relationship between self-control and self-compassion among OR nurses in Mindoro. The present study seeks to contribute to this practical gap by using its empirical findings as a basis for the proposed OBE Enhancement Framework. Importantly, the framework will be derived from the results rather than from a prior assumption that self-control necessarily improves self-compassion.

Taken together, the literature reveals relational, population, contextual, predictive, conceptual, and practice-oriented gaps. Existing research demonstrates that self-control is relevant to nurses' regulatory and interpersonal functioning and that self-compassion is associated with psychosocial well-being in nursing and caregiving contexts (Safavi et al., 2025; Ahmed et al., 2026; Kalav et al., 2026; Vera et al., 2026). What remains insufficiently established is whether self-control significantly predicts self-compassion specifically among OR nurses. By examining this relationship within a public hospital in Mindoro, the present study does not merely replicate existing inquiries in another setting; rather, it connects two psychological constructs that the provided literature has largely investigated independently and applies that inquiry to an understudied specialized nursing population. This gap constitutes the principal empirical justification for the study and provides the basis for determining whether self-control offers meaningful explanatory value for understanding self-compassion among OR nurses.

Synthesis

The literature reviewed collectively positions self-control and self-compassion as distinct but potentially complementary psychological resources relevant to the functioning and well-being of nurses. Although the two constructs have generally been investigated along separate lines of inquiry, their respective associations with self-regulation, emotional functioning, occupational experiences, and well-being provide a meaningful foundation for examining whether self-control predicts self-compassion among operating room (OR) nurses. The synthesis of the available evidence therefore points not to an already established relationship between the variables, but to a theoretically plausible and empirically unresolved connection that warrants investigation.

Across the reviewed studies, self-control consistently emerges as a regulatory resource associated with how individuals manage internal impulses and respond to external demands. Among emergency nurses, Safavi et al. (2025) found significant relationships between personality traits and self-control, indicating that nurses differ in regulatory capacity and that these differences are associated with individual psychological characteristics. This finding challenges any assumption that professional training or clinical experience alone produces comparable levels of self-control among nurses. Rather, self-control appears to represent an individual resource that may vary considerably even among professionals working under similar clinical expectations.

Other evidence extends the relevance of self-control beyond individual disposition toward behavioral and psychological functioning. Among nursing students, Yan et al. (2026) found that mindfulness exercise was positively associated with self-control, while self-control was negatively

ISSN: 3116-3475
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associated with internet addiction and significantly mediated pathways involving quality of life. Similarly, Ahmed Samier et al. (2026) reported that self-control was related to problematic social media use and personality characteristics among nursing students. Although these studies involved students rather than practicing OR nurses, their findings converge around an important proposition: self-control appears to participate in broader processes through which individuals regulate behavior and negotiate potentially maladaptive tendencies.

More directly relevant to practicing nurses, Ahmed et al. (2026) demonstrated that self-control operates within the interpersonal realities of healthcare work. Supervisor incivility was found to deplete nurses' state self-control resources, which subsequently contributed to coworker-directed incivility. At the same time, higher trait self-control attenuated this process. This finding is particularly instructive because it portrays self-control neither as an entirely fixed characteristic nor as a resource operating independently of the work environment. Instead, nurses' regulatory capacities appear to interact with the interpersonal conditions surrounding their practice. From the perspective of the present researcher, this raises an important question concerning whether the capacity that helps nurses regulate outward responses under demanding circumstances may also be associated with how they respond inwardly to themselves.

The literature on self-compassion introduces this inward dimension of psychological functioning. Kalav et al. (2026) found that higher self-compassion was associated with lower caregiving burden among caregivers of adults with cancer. Their findings further identified mindfulness as the self-compassion dimension significantly associated with caregiving burden in the regression model. This suggests that self-compassion involves more than simply maintaining positive feelings about oneself; it encompasses a balanced and less judgmental manner of encountering personal difficulty. Although caregivers of adults with cancer differ from OR nurses, the findings are relevant because they locate self-compassion within the psychological experience of sustained caregiving.

Evidence among nurses further reinforces the relevance of such psychosocial resources. In their systematic review, Vera et al. (2026) found that professional quality of life among nurses was associated with both occupational conditions and personal psychosocial resources. Self-compassion, mindfulness, resilience, psychological flexibility, and social support were associated with greater compassion satisfaction, whereas workload, overtime, rotating schedules, job stress, workplace violence, high-intensity clinical environments, and adverse psychological states were associated with burnout and secondary traumatic stress. The synthesis of these findings suggests that nurses' psychological functioning cannot be understood solely through either personal characteristics or workplace conditions. Instead, professional well-being appears to emerge within the interaction between the resources nurses possess and the environments in which those resources must be exercised.

This interpretation is further supported by evidence concerning compassion fatigue and self-care. Wang et al. (2026) reported a high prevalence of compassion fatigue among geriatric nurses and identified work-related, personality, and support-related factors as important contributors. Barbakh et al. (2026), meanwhile, found moderate levels of mindful self-care among nurses and demonstrated that greater self-care was associated with better self-rated health. Together with Vera et al. (2026), these findings underscore a recurring pattern in the literature: nurses' capacity to sustain themselves psychologically is associated with both individual resources and the circumstances of their work. Self-compassion may therefore be particularly worthy of investigation in specialized nursing environments where nurses must continually balance responsibility for others with the regulation of their own internal experiences.

The reviewed evidence also suggests that psychological resources may possess developmental potential. Ucak Turer et al. (2026) observed increased self-compassion and mindfulness alongside reductions in burnout and anxiety following a mindfulness-based compassion intervention among dentists. Okafor (2026) similarly reported reductions in dimensions of burnout following a mindfulness-based stress reduction initiative among nurses, although the very small completion sample requires cautious interpretation. These findings do not demonstrate that self-control can directly produce self-compassion,

nor do they justify assuming that the same interventions would generate equivalent outcomes among OR nurses. They do, however, suggest that regulatory and compassion-related psychological capacities merit attention as potentially responsive aspects of professional well-being rather than merely fixed individual characteristics.

When the two bodies of literature are considered together, a particularly important conceptual distinction becomes apparent. Self-control concerns the regulation of the self, whereas self-compassion concerns the manner of relating to the self during difficulty. The literature on self-control emphasizes restraint, regulation, management of behavior, and adaptive responses to demanding conditions (Safavi et al., 2025; Yan et al., 2026; Ahmed et al., 2026). The literature concerning self-compassion, in contrast, emphasizes self-kindness, mindfulness, common humanity, reduced self-judgment, and the management of difficult personal experiences (Kalav et al., 2026; Vera et al., 2026). These constructs therefore appear conceptually distinguishable while sharing an underlying concern with how individuals manage their internal experiences.

It is precisely at this intersection that the reviewed literature becomes most relevant to the present investigation. The evidence permits the researcher to ask whether a nurse who is more capable of regulating impulses, maintaining discipline, and controlling responses may also demonstrate a greater capacity to respond to personal difficulty with compassion. Yet the literature does not permit the researcher to assume that this is necessarily the case. A nurse may conceivably demonstrate strong behavioral self-control while remaining highly self-critical, just as an individual may demonstrate compassionate self-understanding without necessarily possessing equally strong behavioral restraint. The direct relationship between these capacities remains empirically uncertain in the sources reviewed.

A further pattern concerns the populations and settings represented in existing research. Self-control has been investigated among emergency nurses, nursing students, broader nursing staff, university students, and clinical populations, while self-compassion has been examined among caregivers, nurses, dentists, and other healthcare-related groups (Safavi et al., 2025; Yan et al., 2026; Ahmed et al., 2026; Kalav et al., 2026; Ucak Turer et al., 2026). However, the reviewed literature provides no direct investigation of self-control as a predictor of self-compassion among OR nurses, particularly within a public hospital setting in Mindoro. The absence of this population is consequential because findings obtained from students, caregivers, emergency nurses, or healthcare professionals in other settings cannot simply be transferred to OR nurses without empirical examination.

The methodological literature also calls for restraint in interpreting the anticipated relationship. Several of the reviewed studies employed cross-sectional and correlational designs (Safavi et al., 2025; Yan et al., 2026; Kalav et al., 2026; Barbakh et al., 2026). Accordingly, associations among psychological variables should not automatically be interpreted as causal relationships. This consideration informs the present study's predictive approach. If self-control significantly predicts self-compassion, the finding would indicate that variation in self-control statistically contributes to explaining variation in self-compassion among the participating OR nurses. It would not establish that self-control causes the development of self-compassion.

Overall, the reviewed literature converges on the importance of psychological self-regulation and compassionate self-responding within demanding healthcare and caregiving environments, while simultaneously revealing that their direct relationship remains insufficiently understood. Self-control appears relevant to personality, behavioral regulation, self-management, and responses to workplace adversity, whereas self-compassion is associated with caregiving burden, professional quality of life, mindfulness, and well-being (Safavi et al., 2025; Ahmed et al., 2026; Kalav et al., 2026; Vera et al., 2026). Rather than treating these findings as evidence that self-control necessarily leads to self-compassion, the researcher identifies their convergence as the basis for an empirical question.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
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Thus, the synthesis leads directly to the central proposition of the present study: self-control may possess predictive value for self-compassion among OR nurses, but the magnitude, direction, and statistical significance of this relationship remain to be established. By examining this proposition among OR nurses in a public hospital in Mindoro, the study connects two related yet previously separate strands of psychological inquiry, addresses an understudied specialized nursing population, and provides context-specific evidence from which the proposed OBE Enhancement Framework may subsequently be developed. In this manner, the present investigation is positioned not as a repetition of existing research, but as an inquiry into an unresolved relationship at the intersection of self-regulation, compassionate self-responding, and contemporary nursing practice.

METHODS

Research Design

This study will employ a quantitative multi-method research design to examine self-control as a predictor of self-compassion among operating room (OR) nurses in a public hospital in Mindoro. The quantitative approach is appropriate because it allows the systematic measurement and statistical analysis of the study variables. Specifically, the study will describe the levels of self-control and self-compassion, determine their relationship, and establish whether self-control significantly predicts self-compassion. The findings will subsequently provide an empirical basis for the proposed OBE Enhancement Framework.

Survey Method

The survey method will be used to collect data from qualified OR nurses in the selected public hospital in Mindoro. Standardized questionnaires will measure the respondents' self-control and self-compassion. Self-control will be assessed using the Brief Self-Control Scale (BSCS), while self-compassion will be measured using the Self-Compassion Scale–Short Form (SCS-SF). The resulting numerical data will provide a systematic description of the two constructs and serve as the basis for subsequent statistical analyses.

Correlational Analysis

Correlational analysis will determine the strength and direction of the relationship between self-control and self-compassion. Subject to the satisfaction of relevant statistical assumptions, the Pearson product-moment correlation coefficient (r) will be employed. A significant positive correlation would indicate that higher self-control tends to correspond with higher self-compassion. Existing evidence demonstrates the relevance of self-control to regulatory functioning among nursing populations (Safavi et al., 2025; Ahmed et al., 2026), while self-compassion has been associated with psychosocial and caregiving outcomes (Kalav et al., 2026; Vera et al., 2026).

Regression Analysis

Regression analysis will determine whether self-control significantly predicts self-compassion. Self-control will serve as the predictor variable, while self-compassion will constitute the criterion variable. The analysis will consider the regression coefficient, R^2, Adjusted R^2, F-statistic, and corresponding p-values. Appropriate regression diagnostics will also be examined. Since the study is cross-sectional, significant prediction will be interpreted as a statistical predictive association rather than evidence of causation.

Development of the OBE Enhancement Framework

Finally, the empirical findings will provide the basis for developing the proposed OBE Enhancement Framework. Its components will be derived from the actual levels, relationships, and

ISSN: 3116-3475
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predictive results identified in the study rather than from predetermined assumptions. Thus, the design progresses logically from measurement and description to correlation, prediction, and framework development, providing a systematic approach to understanding whether self-control has meaningful predictive value for self-compassion among OR nurses.

Description of the Respondents

The study will be conducted among operating room (OR) nurses in a selected public hospital in Mindoro. The respondents will consist of qualified registered nurses who are currently assigned to or regularly performing nursing responsibilities within the operating room and who satisfy the inclusion criteria established for the study.

The exact name of the hospital will be disclosed in the research ethics application and institutional permission documents. It will not appear in the public title, questionnaire, proposal manuscript, or final research report unless written authorization for institutional identification is granted by the concerned hospital.

The selected setting is appropriate because it provides a public hospital environment in which OR nurses perform specialized clinical responsibilities requiring sustained professional and self-regulatory functioning. More importantly, it provides the specific population necessary to examine the study variables of self-control and self-compassion. The respondents' data will enable the researcher to determine their levels of self-control and self-compassion, establish the relationship between these variables, and examine whether self-control significantly predicts self-compassion among OR nurses. The findings will subsequently provide an empirical basis for the proposed OBE Enhancement Framework.

Research Population

The study population will consist of operating room (OR) nurses currently assigned to or regularly performing nursing responsibilities in the selected public hospital in Mindoro. The final number of eligible OR nurses will be determined and verified using the hospital's official staffing records before the selection and recruitment of respondents.

Only registered nurses who have rendered at least six months of service in the operating room will be included in the eligible population. Nurses who do not meet the required length of OR service, are assigned exclusively to other clinical units, or are on extended leave during the data-collection period will not be included.

The six-month OR experience requirement is intended to ensure that respondents have sufficient exposure to the responsibilities, routines, interpersonal interactions, and demands associated with operating room nursing practice. This period provides a reasonable basis for examining their self-control and self-compassion within the context of their actual OR experience.

The verified population will subsequently serve as the basis for determining the appropriate sample size and respondent-selection procedure.

Sample Size

Participants must meet all of the following criteria:

1. They are registered nurses currently employed by the selected public hospital in Mindoro.
2. They are currently assigned to or regularly performing nursing responsibilities in the operating room (OR).
3. They have rendered at least six months of service in the operating room before the conduct of the study.
4. They voluntarily agree to participate in the study.
5. They provide written or electronic informed consent before completing the research instruments.

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The six-month OR experience requirement will help ensure that respondents have sufficient exposure to the responsibilities, routines, interpersonal interactions, and professional demands associated with operating room nursing practice.

Exclusion Criteria

The following individuals will be excluded from the study:

1. OR nurses who have rendered less than six months of service in the operating room.
2. Nurses who are employed by the hospital but are not currently assigned to or regularly performing nursing responsibilities in the OR.
3. Individuals who are not included in the hospital's official or authorized nursing personnel list at the time of respondent verification.
4. OR nurses who are on extended leave or otherwise unavailable during the data-collection period.
5. Individuals who do not provide informed consent.
6. Participants who voluntarily withdraw from the study at any point before their data are included in the final analysis.

The completeness rule for accomplished questionnaires and the handling of incomplete responses will be specified in the approved research protocol before data collection and statistical analysis to ensure that eligibility and data-handling decisions are applied consistently to all respondents.

Sampling Technique and Sample Size

The study will employ purposive sampling to select respondents who possess the specific characteristics required by the investigation. This technique is appropriate because the study focuses specifically on registered nurses currently assigned to or regularly performing nursing responsibilities in the operating room (OR) of the selected public hospital in Mindoro. Only OR nurses who satisfy the established inclusion criteria, particularly the minimum requirement of six months of OR experience and voluntary informed consent, will be considered eligible for participation.

A target sample of 100 OR nurses will be used for the study. The adequacy of this sample size will be guided by a Monte Carlo simulation approach, particularly in relation to the study's correlational and regression analyses. The simulation-based approach will provide a statistical basis for determining whether the proposed sample is sufficient to detect the anticipated relationship and predictive effect between the principal variables under specified assumptions.

In the analysis, self-control will serve as the predictor variable, while self-compassion will serve as the criterion variable. The target of 100 respondents will therefore be evaluated in relation to the statistical requirements of the proposed predictive model rather than selected solely through a general rule of thumb.

Purposive sampling will continue until the required 100 qualified and consenting OR nurses have been obtained, subject to the number of eligible nurses available in the study setting. The final sampling procedure, eligibility verification, and Monte Carlo assumptions used to justify the target sample will be documented in the approved research protocol to ensure methodological transparency and consistency.

Research Instrument

The study will use a structured online questionnaire administered through Google Forms as the primary research instrument. The online format will facilitate the systematic collection of responses from qualified operating room (OR) nurses while allowing respondents to complete the questionnaire electronically. The instrument will consist of three parts, arranged according to respondent eligibility and the principal variables of the study.

Part I – Pre-Survey Qualifier. The first part will contain screening questions based on the established inclusion criteria. Respondents will be asked to confirm that they are registered nurses currently employed by the selected public hospital in Mindoro, are assigned to or regularly perform nursing

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responsibilities in the OR, have at least six months of OR service, and voluntarily consent to participate. Only respondents who satisfy the eligibility requirements and provide informed consent will proceed to the succeeding sections. No unnecessary personally identifying information will be collected.

Part II – Brief Self-Control Scale (BSCS). Self-control, the predictor variable, will be measured using the 13-item Brief Self-Control Scale developed by Tangney et al. (2004). Responses are rated on a 5-point scale ranging from 1 (Not at all) to 5 (Very much). The instrument assesses tendencies related to resisting temptation, self-discipline, habit regulation, concentration, goal-directed behavior, and impulsive action. Items 2, 3, 4, 5, 7, 9, 10, 12, and 13 will be reverse-scored. After appropriate reverse scoring, higher overall scores will represent greater self-control.

Part III – Self-Compassion Scale–Short Form (SCS-SF). Self-compassion, the criterion variable, will be measured using the 12-item Self-Compassion Scale–Short Form developed by Raes et al. (2011). Respondents will indicate how often they behave in the manner described using a 5-point response scale ranging from Almost Never to Almost Always. The instrument represents self-compassion through aspects of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Consistent with the scoring presented in the instrument, negatively worded items 1, 4, 8, 9, 11, and 12 will be reverse-scored so that higher overall scores indicate greater self-compassion.

The Google Forms version will preserve the original wording, response options, item sequence, and scoring direction of the standardized instruments. The researcher will verify the electronic questionnaire before distribution to ensure accurate encoding and scoring of all items. Data obtained from Parts II and III will subsequently be used for the descriptive, correlational, and regression analyses required to determine whether self-control significantly predicts self-compassion among OR nurses.

Data Gathering Procedures

The data gathering procedures will be conducted systematically to ensure that the rights of the respondents are protected and that the information collected is consistent with the objectives of the study. Data collection will be undertaken through Google Forms, using an online questionnaire composed of the pre-survey qualifier, the Brief Self-Control Scale (BSCS), and the Self-Compassion Scale–Short Form (SCS-SF). The following procedures will be observed:

1. Ethical and institutional approval. Prior to data collection, the researcher will secure approval from the appropriate research ethics review committee and obtain written permission from the administration of the selected public hospital in Mindoro. Data gathering will commence only after the necessary ethical clearance and institutional authorization have been obtained.
2. Identification of eligible respondents. In coordination with the authorized hospital office or nursing administration, the researcher will determine the population of OR nurses who may qualify for participation. The researcher will employ purposive sampling, targeting 100 qualified OR nurses, subject to the availability of eligible participants. Eligibility will be based on the predetermined inclusion and exclusion criteria.
3. Preparation of the online questionnaire. The research instrument will be encoded in Google Forms. Part I will contain the informed-consent information and pre-survey qualification questions. Parts II and III will contain the 13-item BSCS and 12-item SCS-SF, respectively. Before distribution, the researcher will verify the accuracy of the item wording, response options, sequencing, and electronic configuration against the original instruments.
4. Recruitment and informed consent. Eligible OR nurses will receive an invitation containing relevant information about the study, including its purpose, procedures, voluntary nature, expected participation requirements, confidentiality measures, and the right to decline or withdraw without penalty. Respondents who voluntarily provide informed consent and satisfy the pre-survey eligibility questions will be allowed to proceed to the research questionnaires.

5. Online administration and data collection. Qualified respondents will complete Parts II and III through Google Forms. They will answer the BSCS using its 5-point response scale and the SCS-SF using its corresponding 5-point frequency scale. Respondents will be encouraged to answer independently and according to their actual experiences and tendencies. Participation will remain voluntary throughout the process, and no unnecessary personally identifying information will be requested.
6. Monitoring and closure of data collection. The researcher will monitor the number of eligible and completed responses without altering or influencing participants' answers. Data collection will continue until the target sample of 100 eligible respondents is obtained or until the approved data-collection period ends. Responses from individuals who fail to satisfy the eligibility requirements will not be included in the analytical dataset.
7. Data screening, coding, and storage. After data collection, responses will be exported from Google Forms and screened according to the completeness rule established in the approved research protocol. For the BSCS, Items 2, 3, 4, 5, 7, 9, 10, 12, and 13 will be reverse-scored. For the SCS-SF, negatively worded Items 1, 4, 8, 9, 11, and 12 will be reverse-scored according to the prescribed scoring procedure. Data will then be coded and prepared for statistical analysis. Electronic records will be stored in a password-protected location accessible only to the researcher and other authorized research personnel, consistent with the approved ethics protocol.

Following data preparation, the researcher will conduct the appropriate descriptive, correlational, and regression analyses. The results will determine the levels of self-control and self-compassion, establish whether the variables are significantly related, and examine whether self-control significantly predicts self-compassion among OR nurses. The resulting empirical evidence will subsequently serve as the basis for developing the proposed OBE Enhancement Framework.

Data Processing and Statistical Treatment

The data gathering procedure for the study "Self-Control as a Predictor of Self-Compassion among OR Nurses" will be conducted systematically and in accordance with institutional and ethical research requirements. Data will be collected online through Google Forms from qualified operating room (OR) nurses in the selected public hospital in Mindoro. The following procedures will be observed.

First Step: Ethical Clearance and Institutional Approval. Prior to data collection, the researcher will secure ethical clearance from the appropriate research ethics committee and written authorization from the selected hospital. The request will specify the study objectives, target respondents, procedures, confidentiality measures, and voluntary nature of participation. Data collection will begin only after the required approvals have been obtained.

Second Step: Preparation of the Research Instrument. The Google Forms questionnaire will consist of three parts. Part I will contain the informed consent and pre-survey qualifier based on the inclusion criteria. Part II will contain the 13-item Brief Self-Control Scale (BSCS) developed by Tangney et al. (2004), while Part III will contain the 12-item Self-Compassion Scale–Short Form (SCS-SF) developed by Raes et al. (2011). The electronic form will be carefully reviewed to ensure that the original item wording, response options, sequence, and scoring procedures are accurately encoded.

Third Step: Selection and Recruitment of Respondents. The study will employ purposive sampling, targeting 100 OR nurses, with sample adequacy guided by the Monte Carlo method. Eligible respondents must be registered nurses currently assigned to or regularly performing OR responsibilities, have at least six months of OR experience, and voluntarily consent to participate.

Fourth Step: Online Data Collection. Qualified respondents will receive the Google Forms link through an institutionally approved communication channel. The informed-consent information will appear before the questionnaire. Only respondents who satisfy the pre-survey eligibility requirements and provide

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consent will proceed to Parts II and III. Participation will be voluntary, and unnecessary personal identifiers will not be collected.

Fifth Step: Data Screening and Management. After reaching the target sample or the approved collection period, responses will be exported and screened according to the predetermined completeness criteria. Reverse-scored items in the BSCS and SCS-SF will be recoded according to their prescribed scoring procedures. The dataset will be securely stored in password-protected files accessible only to authorized research personnel.

Sixth Step: Statistical Analysis. Descriptive statistics will determine the respondents' levels of self-control and self-compassion. Pearson's *r* will examine their relationship, while regression analysis will determine whether self-control significantly predicts self-compassion. Regression coefficients, R^2, Adjusted R^2, F-statistic, and *p*-values will be examined. The findings will be interpreted as statistical prediction rather than causation and will provide the empirical basis for the proposed OBE Enhancement Framework.

Ethical Considerations

The study will be conducted only after securing approval from the appropriate research ethics reviewing body and institutional authorities of the selected public hospital in Mindoro. Participation will be entirely voluntary, and informed consent will be obtained electronically from every respondent before proceeding with the Google Forms questionnaire.

The respondents will be informed of the study's purpose, procedures, potential risks and benefits, confidentiality safeguards, and their rights as research participants. They will be clearly advised that participation or nonparticipation will not affect their employment status, performance evaluation, work assignment, training opportunities, compensation, promotion, or professional relationship with the hospital. Respondents may decline to answer any question or withdraw from the study without penalty.

Because the researcher is also a nurse within the hospital setting, appropriate safeguards will be implemented to minimize actual or perceived coercion. The researcher's professional role will be disclosed to the thesis adviser, research ethics committee, and hospital administration. The researcher will not use professional authority to influence participation, monitor individual responses, or use research information for employment-related purposes. Where necessary, an authorized neutral focal person may assist in distributing the Google Forms invitation to eligible OR nurses.

Privacy and confidentiality will be strictly maintained. The questionnaire will not unnecessarily request names, employee numbers, signatures, or other direct personal identifiers. Responses will be assigned appropriate codes for data processing, and findings will be presented only in aggregate form. No individual OR nurse will be identifiable in the presentation, interpretation, or publication of the study results.

Electronic data obtained through Google Forms will be transferred to password-protected files and stored securely. Access will be restricted to the researcher and other research personnel specifically authorized under the approved protocol. Data retention and eventual destruction will follow the requirements established by the research ethics committee and concerned institution.

The specific name of the hospital will likewise remain confidential in the public manuscript unless written authorization for disclosure is obtained. Throughout the investigation of self-control as a predictor of self-compassion among OR nurses, the researcher will uphold the ethical principles of voluntary participation, informed consent, privacy, confidentiality, fairness, and protection from coercion or professional disadvantage.

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RESULTS AND DISCUSSION

What is the Self Control among OR nurses in Mindoro?

Table 1. *Level of Self-Control Among OR Nurses in Mindoro*

Indicators	Mean	SD	Interpretation
I am good at resisting temptation.	3.82	0.386	High
I have a hard time breaking bad habits.*	3.32	0.530	Moderate
I am lazy.*	3.67	0.473	High
I say inappropriate things.*	3.51	0.522	High
I do certain things that are bad for me, if they are fun.*	3.76	0.452	High
I refuse things that are bad for me.	3.36	0.523	Moderate
I wish I had more self-discipline.*	3.60	0.492	High
People would say that I have iron self-discipline.	3.30	0.541	Moderate
Pleasure and fun sometimes keep me from getting work done.*	3.69	0.486	High
I have trouble concentrating.*	3.14	0.779	Moderate
I am able to work effectively toward long-term goals.	3.67	0.473	High
Sometimes I can't stop myself from doing something, even if I know it is wrong.*	3.73	0.468	High
I often act without thinking through all the alternatives.*	3.44	0.538	High
Overall Self-Control	**3.54**	**0.293**	**High**

The findings indicate that OR nurses in Mindoro have an overall high level of self-control (M = 3.54, SD = 0.293). The relatively small standard deviation suggests that responses were fairly consistent across the group. This finding indicates that the respondents generally demonstrate the capacity to regulate impulses, exercise behavioral restraint, and maintain goal-directed behavior. Such a result is meaningful because self-control in nursing extends beyond resisting temptation and involves the regulation of behavior, attention, emotions, and interpersonal responses within professional practice (Safavi et al., 2025; Ahmed et al., 2026).

Among the indicators, resisting temptation obtained the highest mean (M = 3.82, SD = 0.386), suggesting a particular strength in regulating immediate impulses. High ratings were also observed in the reverse-scored indicators concerning engagement in harmful but pleasurable activities (M = 3.76) and difficulty stopping oneself from knowingly doing something wrong (M = 3.73). These results suggest that the respondents generally possess behavioral restraint. This finding is consistent with Safavi et al. (2025), who identified self-control as a meaningful psychological characteristic among emergency nurses, although differences in self-control were associated with individual personality characteristics.

Despite the high overall level, several indicators reveal areas requiring attention. Difficulty concentrating obtained the lowest mean (M = 3.14, SD = 0.779), followed by perceived iron self-discipline (M = 3.30) and difficulty breaking bad habits (M = 3.32). The comparatively large variability in concentration also suggests that attentional regulation differs more substantially among respondents. This is important because self-control operates as an active regulatory capacity rather than merely a fixed personal characteristic. Yan et al. (2026) found that self-control was positively associated with mindfulness exercise and functioned within behavioral and well-being pathways. Moreover, workplace conditions may challenge regulatory resources; Ahmed et al. (2026) demonstrated that supervisor incivility depleted nurses' state self-control, while greater trait self-control buffered subsequent negative interpersonal responses.

The findings therefore imply that the high overall self-control of OR nurses should be regarded as an existing psychological strength rather than evidence that further support is unnecessary. Self-control operates within broader occupational and psychosocial conditions, and nursing environments may place continuing demands on regulatory capacities (Vera et al., 2026). Consequently, an enhancement framework may appropriately preserve existing strengths while prioritizing concentration, sustained self-discipline,

ISSN: 3116-3475
International Journal
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habit regulation, and deliberate behavioral responses. Such an approach recognizes self-control as a potentially supportive but context-sensitive psychological resource rather than treating regulatory difficulties as personal deficiencies.

What is the level of Self Compassion among OR Nurses in Mindoro?

Table 2. *Level of Self-Compassion Among OR Nurses in Mindoro*

Indicators	Mean	SD	Interpretation
When I fail at something important to me, I become consumed by feelings of inadequacy.*	3.40	0.512	Moderate
I try to be understanding and patient towards those aspects of my personality I don't like.	3.23	0.489	Moderate
When something painful happens, I try to take a balanced view of the situation.	3.39	0.490	Moderate
When I'm feeling down, I tend to feel like most other people are probably happier than I am.*	3.09	0.637	Moderate
I try to see my failings as part of the human condition.	3.49	0.502	High
When I'm going through a very hard time, I give myself the caring and tenderness I need.	3.09	0.698	Moderate
When something upsets me, I try to keep my emotions in balance.	3.16	0.526	Moderate
When I fail at something that's important to me, I tend to feel alone in my failure.*	3.24	0.605	Moderate
When I'm feeling down, I tend to obsess and fixate on everything that's wrong.*	3.43	0.498	High
When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	3.44	0.499	High
I'm disapproving and judgmental about my own flaws and inadequacies.*	3.46	0.501	High
I'm intolerant and impatient towards those aspects of my personality I don't like.*	3.30	0.522	Moderate
Overall Self-Compassion	**3.31**	**0.356**	**Moderate**

The findings reveal that OR nurses in Mindoro demonstrated an overall moderate level of self-compassion (M = 3.31, SD = 0.356). The relatively small standard deviation indicates that respondents' scores were generally concentrated around the group mean. This suggests that while the nurses demonstrate some capacity to respond to personal difficulties with understanding, balanced awareness, and recognition of shared human experiences, these qualities are not consistently manifested at a high level. Self-compassion is particularly relevant in nursing because it concerns how individuals respond to their own difficulties rather than solely how compassion is extended toward patients (Kalav et al., 2026).

Among the indicators, seeing personal failings as part of the human condition obtained a high rating (M = 3.49, SD = 0.502), suggesting a relative strength in recognizing that personal difficulties are part of shared human experience. The reverse-scored item concerning being judgmental about personal flaws also obtained a high mean (M = 3.46, SD = 0.501), indicating comparatively lower self-judgment. Similarly, recognizing that feelings of inadequacy are shared by others was rated high (M = 3.44, SD = 0.499). These findings are consistent with the multidimensional understanding of self-compassion involving self-kindness, common humanity, mindfulness, and reduced self-judgment and isolation (Kalav et al., 2026).

However, the lowest mean was recorded for giving oneself caring and tenderness during difficult times (M = 3.09, SD = 0.698). The same mean was observed for the reverse-scored tendency to perceive others as happier when feeling down (M = 3.09, SD = 0.637). Emotional balance when upset was likewise moderate (M = 3.16, SD = 0.526). These findings indicate comparatively weaker areas involving active self-kindness, reduced feelings of isolation, and balanced emotional responding. Such areas deserve attention because self-compassion and related psychosocial resources have been associated with more

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favorable professional quality-of-life outcomes among nurses (Vera et al., 2026). Mindful self-care has similarly been associated with better self-rated health among nurses (Barbakh et al., 2026).

The moderate overall result therefore implies that self-compassion represents an important area for supportive development among OR nurses in Mindoro. This should not be interpreted as a personal deficiency, since nurses' psychological functioning occurs within broader occupational and organizational conditions (Vera et al., 2026). An enhancement framework may consequently emphasize self-kindness during difficult experiences, emotional balance, common humanity, reduced isolation, and nonjudgmental self-awareness, while reinforcing the strengths already demonstrated by the respondents.

Is there a significant relationship between Self-Control to Self-Compassion among OR Nurses in Mindoro?

Table 3. *Correlation Between Self-Control and Self-Compassion Among OR Nurses in Mindoro*

Variables	Pearson's *r*	df	*p*-value	Interpretation
Self-Control and Self-Compassion	**0.608**	98	< **.001**	Significant positive relationship

The findings reveal a *statistically significant positive relationship between self-control and self-compassion among OR nurses in Mindoro*, $r(98) = .608$, $p < .001$. The coefficient indicates a moderately strong positive association, suggesting that OR nurses who reported higher levels of self-control also tended to report higher levels of self-compassion. Since the probability value is below the .05 level of significance, the null hypothesis of no significant relationship between the two variables is rejected.

This finding provides empirical support for considering self-control and self-compassion as related, although conceptually distinct, psychological resources among OR nurses. Self-control concerns the regulation of impulses, behaviors, attention, and responses, whereas self-compassion concerns how individuals relate to themselves when experiencing difficulties, inadequacies, or distress. The observed positive relationship suggests that greater capacity for self-regulation may coexist with a more compassionate orientation toward oneself. This finding extends previous nursing evidence showing that self-control is associated with regulatory and adaptive functioning. Ahmed et al. (2026), for example, found that higher trait self-control buffered nurses against the process through which supervisor incivility contributed to coworker-directed incivility. Similarly, Yan et al. (2026) identified self-control as an important regulatory mechanism associated with mindfulness exercise and quality of life.

The relationship is also meaningful when considered alongside literature on self-compassion. Vera et al. (2026) identified self-compassion, mindfulness, resilience, psychological flexibility, and social support among the psychosocial resources associated with more favorable professional quality of life among nurses. Kalav et al. (2026) likewise found that greater self-compassion was associated with lower caregiving burden, although their participants were caregivers rather than nurses. Together, these findings support the relevance of both regulatory and compassionate psychological resources in demanding caring contexts.

The result has important implications for the present study. Rather than addressing self-control and self-compassion as separate concerns, supportive initiatives for OR nurses may consider how self-regulation, emotional balance, mindful awareness, and compassionate responses toward oneself can be developed together. This provides empirical justification for integrating both constructs into the proposed enhancement framework.

Nevertheless, the correlation should not be interpreted causally. Although higher self-control is associated with higher self-compassion, Pearson's correlation alone does not demonstrate that self-control produces changes in self-compassion. The subsequent regression analysis is therefore important for determining whether self-control statistically predicts self-compassion, while still recognizing the cross-sectional limitations of the study.

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Is there a significant predictive effect for Self-Control to Self-Compassion among OR Nurses in Mindoro?

Table 4. *Linear Regression Analysis of Self-Control as a Predictor of Self-Compassion Among OR Nurses in Mindoro*

Predictor	B	SE	*T*	*p*	Interpretation
Self-Control	**0.739**	**0.0975**	**7.58**	**< .001**	**Significant positive predictor**

The regression analysis indicates that self-control is a statistically significant positive predictor of self-compassion among OR nurses in Mindoro, $B = 0.739$, $SE = 0.0975$, $t = 7.58$, $p < .001$. The positive unstandardized regression coefficient indicates that for every one-unit increase in self-control, the predicted self-compassion score increases by 0.739 units, on average. Since the *p*-value is below the .05 level of significance, the null hypothesis stating that self-control has no significant predictive effect on self-compassion is rejected.

The finding suggests that self-regulatory capacity has meaningful predictive relevance to how OR nurses respond to themselves during difficult or emotionally demanding experiences. Nurses who demonstrate stronger regulation of impulses, attention, and behavior tend to report higher predicted levels of self-compassion. This interpretation is consistent with Ahmed et al. (2026), who found that self-control functions as an important regulatory resource among nurses, with higher trait self-control buffering the negative behavioral consequences associated with workplace incivility. Yan et al. (2026) similarly demonstrated that self-control operates as a meaningful psychological mechanism within relationships involving mindfulness-related behavior and quality of life.

The predictive finding becomes particularly relevant when considered alongside evidence concerning self-compassion in healthcare contexts. Vera et al. (2026) identified self-compassion, mindfulness, resilience, psychological flexibility, and social support among factors associated with more favorable professional quality of life among nurses. Moreover, Barbakh et al. (2026) found that mindful self-care was independently associated with better self-rated health among nurses. These findings suggest that psychological resources involving both self-regulation and constructive self-directed responses have relevance to nurses' professional well-being.

For OR nurses in Mindoro, the significant coefficient ($B = 0.739$, $p < .001$) provides an empirical basis for incorporating self-control into the proposed enhancement framework supportive of self-compassion. Programs may therefore integrate attention regulation, deliberate responding, self-discipline, emotional balance, mindfulness, and compassionate self-reflection, rather than addressing these capacities separately.

Nevertheless, the predictive coefficient must be interpreted cautiously. Statistical prediction does not establish causation, particularly because the study employs a cross-sectional design. The result demonstrates that self-control significantly predicts variation in self-compassion within the fitted regression model, but it does not establish that increasing self-control will necessarily cause an increase in self-compassion. Thus, the framework should be regarded as an evidence-informed supportive intervention, with its effectiveness requiring subsequent evaluation.

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What enhancement framework supportive of Self-Control and Self Compassion among OR Nurses in Mindoro can be recommended?

Proposed Title

SELF-COMPASS OR: An Enhancement Framework Supportive of Self-Control and Self-Compassion among OR Nurses in Mindoro

Objective

The framework aims to support and strengthen self-control and self-compassion among OR nurses in Mindoro through structured learning and reflective activities focused on self-regulation, concentration, self-discipline, balanced emotional responses, and compassionate self-care. Its development is supported by the significant positive predictive coefficient of self-control on self-compassion *(B = 0.739, p < .001)*.

Rationale

The findings demonstrate that OR nurses obtained an overall *self-control mean of 3.54 (SD = 0.293)* and an overall *self-compassion mean of 3.31 (SD = 0.356)*. More importantly, self-control was significantly and positively related to self-compassion *(r = .608, p < .001)*. Regression analysis further showed that self-control significantly predicted self-compassion *(B = 0.739, SE = 0.0975, t = 7.58, p < .001)*, with the model explaining *36.9% of the variance in self-compassion (R^2 = .369; adjusted R^2 = .363)*. Thus, higher self-control scores were statistically associated with higher predicted self-compassion scores.

The framework consequently gives particular attention to areas with comparatively lower item means, including *trouble concentrating (M = 3.14) and iron self-discipline (M = 3.30)* for self-control, together with *self-care and tenderness during difficult times (M = 3.09)*, feelings of comparison/isolation *(M = 3.09)*, and emotional balance *(M = 3.16)* for self-compassion. The framework does not assume that improving self-control will necessarily cause improvement in self-compassion; rather, it uses the observed significant predictive association to identify appropriate areas for supportive professional development.

Target Participants

The primary participants will be *OR nurses in Mindoro*, particularly nurses meeting the eligibility criteria established in the study. Nursing supervisors and designated facilitators may participate in selected activities to support implementation and sustainability.

SELF-COMPASS OR Enhancement Framework

Intended Learning Outcomes	Content	Learning Strategy	Time	Person Assigned	Learning Assessment and Evaluation
1. Strengthen awareness of self-control and its relationship with self-compassion. Anchored on overall self-control **M = 3.54** and significant predictor **B = 0.739, p < .001**.	Self-control and self-compassion; study findings; implications of **r = .608** and **R^2 = .369**; distinction between prediction and causation	Interactive orientation; presentation of study findings; guided reflection	1.5 hours	Researcher; Nurse Educator/Training Officer	Pre-/post-session knowledge assessment; reflection sheet; ≥80% expected knowledge achievement
2. Enhance concentration and deliberate responding, addressing the	Attention regulation; distraction recognition; deliberate pause; task prioritization;	Brief mindfulness exercise; attention-control activities; OR-based scenarios; reflection	2 hours	Nurse Educator; Qualified Wellness/Mental Health Facilitator	Scenario-based assessment; self-monitoring checklist; participant feedback

ISSN: 3116-3475
International Journal
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lowest self-control item on trouble concentrating (**M = 3.14**).	maintaining focus during demanding situations				
3. Reinforce self-discipline and goal-directed self-regulation, informed by iron self-discipline (**M = 3.30**) and refusal of harmful choices (**M = 3.36**).	Self-discipline; impulse regulation; personal triggers; goal setting; implementation intentions	Goal-setting workshop; case scenarios; individual self-regulation plan	2 hours	Researcher; Nurse Educator	Individual action plan using measurable goals; facilitator rubric; follow-up self-assessment
4. Develop compassionate responses during personal difficulty, addressing caring and tenderness during hard times (**M = 3.09**).	Self-kindness; constructive internal dialogue; responding to perceived inadequacy; compassionate self-care	Guided self-compassion exercises; reflective journaling; case-based discussion	2 hours	Qualified Mental Health/Wellness Facilitator	Reflective exercise; post-session self-assessment; satisfaction evaluation
5. Strengthen balanced emotional responding, addressing emotional balance (**M = 3.16**) while building on the significant self-control coefficient (**B = 0.739**).	Emotional awareness; balanced perspective; pause–reflect–respond approach; management of difficult emotions	Simulation; guided breathing/mindfulness; reflective debriefing	2 hours	Nurse Educator; Wellness Facilitator	Simulation rubric; reflective evaluation; confidence rating before and after session
6. Promote common humanity and reduce unhelpful self-comparison, considering the comparatively low item mean of **3.09**.	Common humanity; normalization of professional difficulties; constructive peer support; recognizing shared experiences without breaching confidentiality	Facilitated peer discussion; anonymous scenario sharing; structured reflection	1.5 hours	Nurse Supervisor; Wellness Facilitator	Participation/reflection checklist; anonymous session evaluation
7. Integrate self-control and self-compassion into an individualized OR nurse well-being plan.	Personal strengths; areas for improvement; self-regulation strategies; self-compassion practices; sustainable professional well-being behaviors	Personal development planning; commitment-to-practice activity; peer support	1.5 hours	Researcher; Nurse Educator	Individual enhancement plan; post-program evaluation; follow-up BSCS and SCS-SF subject to ethics/administrative approval

***Total instructional time: 12.5 hours*.** This may be delivered in short sessions rather than requiring OR nurses to leave clinical duties for an entire day.

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Proposed Budget

Budget Item	Purpose	Estimated Cost (PHP)
Training and learning materials	Handouts, worksheets, reflection and action-plan materials	₱5,000
Facilitator/resource-person support	Sessions requiring appropriate training/wellness expertise	₱12,000
Venue and training equipment	Venue/equipment support when hospital facilities are unavailable	₱5,000
Meals and refreshments	Participant support during scheduled sessions	₱15,000
Digital and communication expenses	Online materials, forms, communication, certificates	₱3,000
Assessment and evaluation materials	Pre-/post-assessments and program evaluation	₱3,000
Follow-up and monitoring	Follow-up materials and program monitoring	₱3,000
Contingency	Unanticipated approved implementation expenses	₱4,000
Total Proposed Budget		**₱50,000**

Framework Evaluation

The framework may be evaluated at the reaction, learning, and short-term application levels. Immediate evaluation will determine participants' satisfaction, knowledge acquisition, and completion of individual enhancement plans. Where ethically and administratively approved, follow-up assessment may use the same validated measures to examine changes in self-control and self-compassion after implementation. Any observed pre-post improvement should not automatically be attributed to the framework unless an appropriate evaluation design permits such an inference.

Most importantly, the framework is directly responsive to the study findings: *self-control was a significant positive predictor of self-compassion ($B = 0.739$, $p < .001$)*. Thus, the framework prioritizes self-regulatory capacities while simultaneously addressing the comparatively weaker self-compassion areas identified among OR nurses, rather than treating self-control and self-compassion as unrelated professional well-being concerns.

Summary of Findings

The study examined self-control as a predictor of self-compassion among OR nurses in Mindoro and used the findings as the basis for developing an enhancement framework. The findings were organized according to the five Statements of the Problem.

First, OR nurses in Mindoro demonstrated a high level of self-control, with an overall mean of 3.54 (SD = 0.293). The highest-rated indicator was the ability to resist temptation (M = 3.82), suggesting that the respondents generally possess behavioral restraint and impulse regulation. However, comparatively lower scores were observed in concentration (M = 3.14), iron self-discipline (M = 3.30), breaking bad habits (M = 3.32), and refusing harmful choices (M = 3.36). These findings indicate that self-control is an existing strength among the respondents, although particular aspects of self-regulation remain areas for development.

Second, the respondents demonstrated a moderate level of self-compassion, with an overall mean of 3.31 (SD = 0.356). Relative strengths were observed in recognizing personal failings as part of the human condition (M = 3.49) and reduced self-judgment (M = 3.46). In contrast, lower ratings were evident in providing oneself with caring and tenderness during difficult experiences (M = 3.09), reduced comparison or isolation (M = 3.09), and maintaining emotional balance (M = 3.16). Thus, self-compassion represents an important area for supportive development.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
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Third, a significant positive relationship was established between self-control and self-compassion, $r(98) = .608$, $p < .001$. This indicates that respondents with higher self-control tended to demonstrate higher self-compassion. Accordingly, the null hypothesis of no significant relationship was rejected.

Fourth, regression analysis showed that self-control was a significant positive predictor of self-compassion, $B = 0.739$, $SE = 0.0975$, $t = 7.58$, $p < .001$. The regression model explained 36.9% of the variance in self-compassion ($R^2 = .369$). Thus, the corresponding null hypothesis was rejected. However, the finding represents statistical prediction and does not establish causation.

Finally, the findings provided the empirical basis for the proposed SELF-COMPASS OR Enhancement Framework. The framework emphasizes concentration, self-discipline, deliberate responding, emotional balance, self-kindness, common humanity, and compassionate self-reflection. It is intended to reinforce existing self-control strengths while addressing comparatively weaker areas of self-compassion among OR nurses in Mindoro.

CONCLUSIONS

Based on the findings, the study concludes that self-control is an important psychological resource associated with self-compassion among OR nurses in Mindoro. The respondents demonstrated a high level of self-control, indicating generally strong capacities for behavioral regulation, impulse restraint, and goal-directed functioning. Nevertheless, concentration, sustained self-discipline, habit regulation, and resistance to harmful choices emerged as areas that may still benefit from further development.

In contrast, the respondents demonstrated only a moderate level of self-compassion. Although strengths were observed in recognizing personal difficulties as part of the shared human experience and demonstrating relatively lower self-judgment, the findings revealed opportunities to strengthen self-kindness, emotional balance, patience toward personal limitations, and the ability to provide oneself with care and understanding during difficult experiences. This suggests that the capacity to regulate oneself effectively does not necessarily correspond to an equally high capacity to respond compassionately toward oneself.

The significant positive relationship between self-control and self-compassion further establishes that the two psychological constructs are meaningfully connected. OR nurses with higher levels of self-control tended to demonstrate higher levels of self-compassion. Moreover, self-control emerged as a significant positive predictor of self-compassion and accounted for 36.9% of its variance. Thus, self-control has meaningful predictive relevance to self-compassion among the respondents, although a substantial proportion of self-compassion remains attributable to factors beyond the variable examined in the study.

Accordingly, the study concludes that strengthening psychological resources among OR nurses should not focus exclusively on behavioral discipline or emotional endurance. Supportive initiatives should consider both self-regulatory capacities and compassionate self-directed responses. The proposed SELF-COMPASS OR Enhancement Framework therefore provides a research-based approach for reinforcing existing strengths while addressing identified developmental areas in concentration, self-discipline, emotional balance, self-kindness, and compassionate self-reflection. However, given the cross-sectional design, the findings establish statistical association and prediction rather than causation. The framework should consequently be regarded as an evidence-informed supportive strategy whose effectiveness may be evaluated through subsequent implementation and research.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are proposed:

1. OR nurses in Mindoro may be encouraged to maintain their existing high level of self-control while strengthening specific areas that obtained comparatively lower scores. Activities that promote concentration, sustained self-discipline, habit regulation, and deliberate decision-making may be incorporated into professional development and workplace wellness initiatives.

2. Greater attention may be directed toward strengthening self-compassion, considering that the respondents demonstrated only a moderate overall level. Programs may emphasize self-kindness during difficult situations, emotional balance, acceptance of personal limitations, reduction of unfavorable self-comparison, and compassionate self-reflection.
3. Nursing administrators and OR supervisors may consider implementing the proposed SELF-COMPASS OR Enhancement Framework as a supportive professional development initiative. Its activities may be integrated into staff development, wellness programs, or continuing education without interfering with essential clinical responsibilities.
4. Since self-control demonstrated a significant positive relationship with self-compassion and significantly predicted self-compassion, supportive programs may address these constructs in an integrated manner. However, administrators should avoid assuming that strengthening self-control will automatically improve self-compassion, as the findings demonstrate statistical prediction rather than causation.
5. Hospital and nursing management may provide an environment that supports nurses' psychological well-being through opportunities for reflection, peer support, manageable participation in wellness activities, and access to appropriate psychosocial resources. Psychological development should be approached as a shared organizational concern rather than solely an individual responsibility.
6. The proposed enhancement framework may undergo pilot implementation and systematic evaluation to determine its feasibility, acceptability, and potential usefulness among OR nurses. Pre- and post-implementation assessments may be considered to determine whether meaningful changes occur following participation.
7. Future researchers may replicate the study among OR nurses from other hospitals, provinces, or healthcare settings and employ larger or more diverse samples to strengthen the generalizability of findings. Other variables that may explain the remaining variance in self-compassion may also be investigated.
8. Future studies may employ longitudinal, experimental, or quasi-experimental designs to examine changes over time and determine whether interventions targeting self-control and related psychological capacities contribute to subsequent changes in self-compassion. Such designs would provide stronger evidence regarding temporal and potentially causal relationships than the cross-sectional design used in the present study.

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