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PREDICTIVE ROLE OF REFLECTIVE FUNCTIONING IN FEARS OF COMPASSION AMONG PAKISTANI NURSES

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ABSTRACT

The present study aimed to examine the predictive role of reflective functioning in fears of compassion among Pakistani nurses. It was hypothesized that reflective functioning would have a significant negative relationship with fears of compassion and would significantly predict fears of compassion among nurses. A correlational research design was used for the study. Convenience sampling technique was employed to collect data from nurses working in different healthcare settings. The sample consisted of Pakistani nurses (N = 96), including male (n = 38) and female (n = 58) participants. The Reflective Functioning Questionnaire (RFQ; Fonagy et al., 2016) and the Fears of Compassion Scale (FOCS; Gilbert et al., 2011) were used to assess study variables. Data were analyzed using SPSS version 26. Descriptive statistics, Pearson product moment correlation, regression analysis, independent sample t-tests, and one-way ANOVA were conducted to examine the relationships and demographic differences among variables. The findings revealed a significant negative relationship between reflective functioning and fears of compassion. Regression analysis further indicated that reflective functioning significantly predicted fears of compassion among Pakistani nurses. The study has important implications for understanding the psychological factors associated with emotional well-being and compassionate care among nurses. The findings may help mental health professionals and healthcare institutions develop reflective and compassion-focused interventions to improve nurses' emotional resilience and professional functioning.

Keywords: *Reflective functioning, fears of compassion, nurses, compassion, psychological well-being*

INTRODUCTION

Chapter I

One of the most emotionally taxing occupations in the world, nursing requires its practitioners to actively participate in the suffering of others while preserving their own mental health. According to the Pakistan Nursing Council, there are currently 106,473 registered nurses in Pakistan, which is significantly insufficient given the country's population of nearly 241 million people (pmc.ncbi.nlm.nih.gov,2024). Despite this urgent shortage, Pakistani nurses experience severe occupational stress as a result of their demanding workloads, low pay, rigid leadership styles, difficult nurse-patient relationships, low social respect, and frequent criticism from managers and physicians, all of which have a detrimental effect on their mental health.

Fears of compassion in this difficult work environment include the dread of being compassionate toward others, being compassionate toward oneself, and receiving sympathy from others. Reduced reflective functioning may prevent nurses from processing strong emotions, which makes them susceptible to phobias of compassion the unwillingness to give, receive, or extend compassion to oneself in the nursing profession, where providing empathetic care is crucial. This study fills a significant need in the local literature. Developing interventions that

reduce burnout and improve patient care in the Pakistani cultural setting requires an understanding of how a nurse's ability to mentalize affects their resistance to providing or receiving care. Therefore, the present study aims to examine the predictive role of reflective functioning in fears of compassion among Pakistani nurses.

Reflective functioning

According to Fonagy et al. (2018), reflective functioning (RF) is the creative ability of an individual to comprehend and interpret both implicit and explicit behavior in oneself and others as combined with purposeful mental states, such as intentions, feelings, desires, beliefs, objectives, and needs. It was further explained that this ability enables people to profoundly comprehend the intersubjective nature of social relationships and to employ thoughts and ideas to represent, describe, and express their inner lives.

The capacity to mentalize perceive and interpret human behaviour as being driven by underlying mental processes including ideas, feelings, and intentions is a fundamental characteristic of reflective functioning. The understanding that mental states are opaque is a crucial component of this variable; a highly introspective person recognizes that one can only draw educated conclusions rather than actually "know" what another person is thinking.

Additionally, reflective functioning is generally divided into two categories: Confidence regarding mental states A person's level of confidence in their comprehension of their own and other people's inner experiences. Uncertainty about mental states A condition of uncertainty or perplexity concerning the motivations behind actions, which, in its most severe form, might result in a complete absence of insight or "blindness" to emotional cues. Sun et al. (2023) examined how reflective functioning is an essential resilience characteristic for healthcare workers dealing with pandemic-related work stressors in a study spanning 22 hospitals. The researchers investigated the connection between a practitioner's internal awareness and psychological well-being using the Reflective Functioning Questionnaire (RFQ) to gauge certainty and uncertainty regarding mental states. The findings showed that the detrimental impacts of stress were considerably mitigated by higher levels of true reflective functioning, which decreased the dependence on maladaptive emotion regulation techniques as well as the direct impact on depression.

Fears of compassion

Fears of compassion include three different but related domains: fear of compassion for oneself, fear of compassion from others, and fear of compassion for others. Fears of compassion are psychological resistance, avoidance, or apprehension associated with the experience and expression of compassion. These anxieties were first discovered through clinical findings indicating that some people, especially those with high levels of self-criticism, may actively dread self-compassion and receiving compassion (Gilbert et al., 2011).

Anxieties of compassion are a significant psychological barrier that could jeopardize patient care and nurse well-being in Pakistan's overburdened healthcare system. The theoretical basis of these anxieties is largely drawn from attachment literature. Despite the fact that compassion is often considered a professional need, many Pakistani nurses may unintentionally perceive it as a threat. They worry that being kind to others would lead to emotional tiredness, a loss of professional boundaries, or being perceived as "weak" in a high-stress situation.

Reflective capacity and compassion fatigue are significantly inversely correlated among nursing populations, according to recent empirical research. Zhang et al. (2025) discovered that self-reflection was positively connected with compassion satisfaction and negatively correlated with burnout and secondary traumatic stress in a dual-path analysis of clinical nurses in China. This suggests that reflective capacity protects against compassion fatigue. These results are consistent with a multicenter study of Iranian nurses in which reflection scores showed positive and significant correlations with self-efficacy and work engagement, with emergency department nurses

scoring significantly higher than those in other departments (Aghaei et al., 2023).

Recent studies have shed more light on the mediating mechanisms that connect introspective and compassion-related dimensions to psychological consequences. Compassion fatigue was a significant negative predictor of humanistic caring ability in a structural equation model of Chinese nurses. Psychological resilience and moral sensitivity acted as chain mediators between the two variables, indicating that reflective processes may function through resilience pathways to maintain caring capacity (Compassion fatigue, psychological resilience, moral sensitivity, and humanistic caring ability among clinical nurses, 2025).

No study has specifically looked at the predicted link between these two constructs among nursing populations, despite a wealth of research on reflective functioning and fears of compassion individually. Although Zhang et al. (2025) showed that self-reflection protects against compassion fatigue in Chinese nurses, and Kirby et al. (2019) established that fears of compassion are strongly associated with mental health difficulties across clinical and non-clinical samples, the precise pathway connecting reflective functioning to fears of compassion remains theoretically assumed but empirically untested.

In the end, the current status of nursing research in Pakistan poses a crucial paradox: although there is a wealth of information about the frequency of burnout, there is absolutely no investigation into the psychological processes that prevent compassionate recovery. Any attempts at intervention will remain solely symptomatic rather than transformative until the relationship between a nurse's mentalizing capacity and their resistance to compassion is mapped.

Chapter II
Literature Review

Reflective functioning, also known as mentalization, refers to an individual's ability to understand one's own and others' behaviors in terms of underlying mental states such as thoughts, feelings, intentions, and desires.

Peter Fonagy described reflective functioning as an important psychological process that supports emotional regulation, interpersonal understanding, and adaptive coping. In nursing professions, reflective functioning is especially important because nurses constantly deal with emotionally intense situations requiring empathy, communication, and psychological resilience. Recent literature suggests that reflective functioning acts as a protective factor against emotional distress among healthcare professionals. Sun et al. (2023) investigated reflective functioning among healthcare workers during the COVID-19 pandemic and found that higher reflective functioning significantly reduced depression and maladaptive emotion regulation strategies. The study concluded that healthcare workers with better reflective abilities showed greater resilience and psychological adjustment under stressful working conditions.

Similarly, Aghaei et al. (2023) examined reflective capacity among nurses and reported positive relationships between reflective functioning, self-efficacy, and work engagement. Nurses who demonstrated stronger reflective abilities were more psychologically stable and professionally satisfied. The researchers emphasized that reflective capacity enhances emotional awareness and improves coping with occupational stress.

Research also highlights the relationship between reflective functioning and compassion-related outcomes. Zhang et al. (2025) conducted a study among clinical nurses in China and found that self-reflection was positively associated with compassion satisfaction and negatively associated with burnout and secondary traumatic stress. These findings indicate that reflective functioning may help nurses maintain compassionate caregiving while reducing emotional exhaustion.

Paul Gilbert and colleagues conceptualized fears of compassion in three dimensions: fear of compassion for self, fear of compassion from others, and fear of compassion for others. According to Gilbert et al. (2011), some individuals perceive compassion as emotionally threatening due to shame, self-criticism, insecure attachment, or negative interpersonal experiences.

Kirby et al. (2019) conducted a meta-analysis examining fears of compassion and psychological functioning. The findings demonstrated that higher fears of compassion were strongly associated with depression, anxiety, stress, self-criticism, and reduced emotional well-being across both clinical and non-clinical populations. The study further suggested that fears of compassion interfere with healthy emotional regulation and interpersonal functioning. Despite increasing international research on these variables, very limited literature exists in the Pakistani context. Most Pakistani nursing research focuses primarily on burnout, occupational stress, and mental health problems, while psychological mechanisms underlying compassionate caregiving remain insufficiently explored. No identified Pakistani study has specifically examined the predictive role of reflective functioning in fears of compassion among nurses. Therefore, the present study aims to address this significant theoretical and indigenous research gap.

Indigenous Research

Research related to reflective functioning and fears of compassion in Pakistan remains very limited. However, Pakistani literature consistently highlights severe occupational stress, burnout, emotional exhaustion, and psychological distress among nurses due to staff shortages, excessive workload, and lack of institutional support.

A Pakistani healthcare workforce report indicated that Pakistan faces a shortage of nurses relative to population demands, increasing emotional burden on nursing staff. Pakistani nurses frequently encounter stressors including long working hours, low salaries, limited emotional support, and difficult patient interactions. These workplace challenges may negatively influence emotional regulation and compassionate caregiving.

Although indigenous studies directly examining reflective functioning and fears of compassion are scarce, Pakistani mental health research emphasizes the importance of emotional resilience, empathy, and psychological well-being among healthcare professionals. Therefore, the present study addresses an important indigenous gap by investigating how reflective functioning predicts fears of compassion among Pakistani nurses.

Rationale

Nursing is an emotionally demanding profession that requires continuous interaction with suffering, illness, and patient distress. Pakistani nurses often work under stressful conditions including staff shortages, heavy workloads, limited resources, and emotional pressure. These conditions may negatively affect their emotional well-being and caregiving abilities. Compassion is considered an essential component of nursing care; however, some nurses may develop fears of compassion due to emotional exhaustion, self-criticism, or difficulty regulating emotions. Such fears can reduce empathy, increase burnout, and negatively affect patient care quality.

Reflective functioning may help nurses understand and regulate emotions effectively, enabling healthier interpersonal relationships and compassionate caregiving. Therefore, this study is important because it will provide indigenous evidence regarding emotional and psychological processes underlying compassionate nursing care in Pakistan. The findings may contribute to intervention development aimed at improving nurses' psychological well-being, emotional resilience, and compassionate care practices.

Theoretical Framework

The current study is based on Attachment Theory (Bowlby, 1969) and Compassionate Mind Theory (Gilbert, 2009), which explain how reflective functioning can affect fears of compassion.

According to Attachment Theory, an individual's emotional regulation, interpersonal functioning, and sense of security are shaped by his or her early caregiver relationships. Fonagy et al. (2002) expanded on this framework by introducing the concept of reflective functioning (mentalization), which is defined as the ability to understand behavior in terms of underlying mental states like thoughts, feelings, and intentions. Individuals who form secure attachment relationships have higher levels of reflective functioning, which

allows them to effectively regulate their emotions and accurately interpret the behavior of others.

Objectives

The purpose of this study was to look into the predictive role of reflective functioning in fear of compassion among Pakistani nurses.

- To determine the level of reflective functioning among Pakistani nurses.
- To evaluate the level of fear of compassion among Pakistani nurses.
- To investigate the relationship between reflective functioning and fears of compassion.
- To see if reflective functioning significantly predicts fears of compassion.

Hypotheses

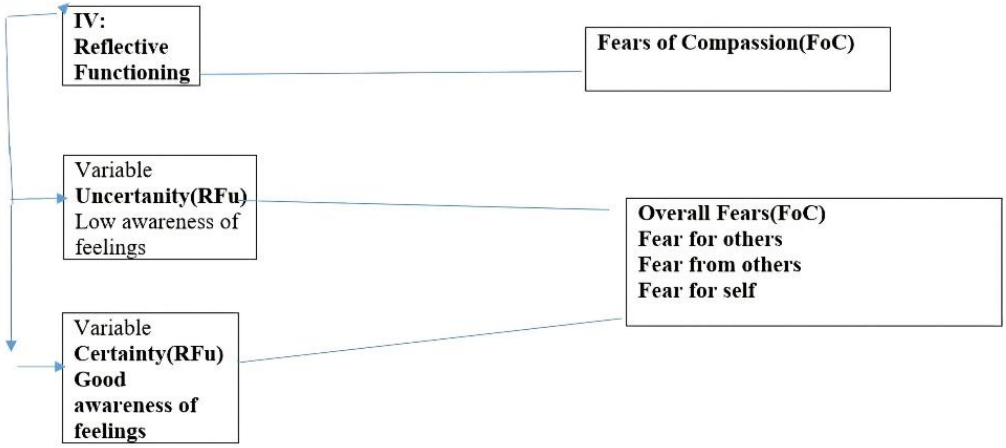
The following hypotheses are developed based on theoretical and empirical literature:

H1 (main hypothesis)

Reflective functioning predicts fears of compassion in Pakistani nurses.

H2 (directional hypothesis)

Fear of compassion will have a negative impact on reflective functioning.



Conceptual Framework

Chapter III
Methodology

Research Design

A quantitative, cross-sectional correlational research design was used in this study. Because the variables being studied reflective functioning and fears of compassion can be measured with standardized psychometric tools, a quantitative approach is deemed appropriate. This enables statistical analysis and objective interpretation of the findings. This method is frequently employed in nursing and psychological research to look at correlations between variables.

Because the study is cross-sectional, participant data was gathered all at once. This design is appropriate for evaluating psychological constructs in professionals in the workforce, especially nurses who work in demanding settings. Additionally, without changing any variables, the correlational design allows the researcher to investigate the strength and direction of the relationship between reflective functioning and fears of compassion.

Research Setting

The study was carried out in public and private hospitals in Pakistan, where nurses are actively involved in patient care. The hospital setting is especially relevant because nursing is emotionally demanding, requiring constant interaction with patients experiencing physical and psychological

distress. As stated in the study background, Pakistani nurses frequently face heavy workloads, limited resources, and significant emotional stress, making this population ideal for studying compassion-related constructs and psychological resilience mechanisms.

Population Sample

The study's target population consists of registered nurses who currently work in Pakistani hospitals. These people are directly involved in caregiving roles, so they are more likely to encounter both reflective processes and compassion-related challenges in their professional responsibilities. A group of approximately 50 to 100 nurses was chosen to participate. This sample size is deemed adequate for correlation and regression analyses, as evidenced by comparable studies in nursing and psychology (Aghaei et al., 2023).

Variables

The study has two primary variables. Reflective functioning is treated as the Independent (predictor) variable, with fears of compassion as the dependent (outcome) variable. Reflective functioning is the ability to understand one's own and others' mental states (Fonagy et al., 2002), whereas fear of compassion is the resistance or discomfort associated with giving, receiving, or experiencing compassion (Gilbert et al., 2011).

Inclusion Criteria

The inclusion criteria specify what characteristics participants must have in order to be eligible for the study. The following criteria was used to select participants for this study;

- Participants must be registered nurses, which means they are formally trained and licensed to provide patient care.
- Participants must be currently employed in hospital settings, including both public and private hospitals, because the study focuses on real-time clinical exposure to emotionally challenging environments.
- Participants should have at least six months of clinical experience. This criterion is used to ensure that individuals receive adequate exposure to patient interaction, workplace stress, and caregiving responsibilities, all of which are necessary for the development and assessment of reflective functioning and fears of compassion.
- Participants need to be willing to participate.

Exclusion Criteria

The exclusion criteria specify the characteristics that preclude individuals from taking part in the study. The following individuals were excluded;

- Nursing students and trainees may lack adequate clinical experience and exposure to real-world nursing challenges. Individuals who are not currently practicing, such as those on extended leave or retired nurses, may not accurately represent current workplace conditions.
- Nurses who work solely in administrative or non-clinical roles do not directly interact with patients and may not face the same emotional demands associated with compassion and reflective functioning.
- Individuals who refuse to provide informed consent or do not fill out the questionnaires completely. The exclusion criteria specify the characteristics that preclude individuals from taking part in the study.

Demographic Information

The demographic information of the participants was collected through the structured questionnaire and including the following variables: Gender, Age, family system, socioeconomic status. This data was gathered to understand the Predictive Role of Reflective Functioning in Fears of Compassion among Pakistani Nurses.

Measures

Reflective Functioning Questionnaire

Fonagy et al. (2016) developed the Reflective Functioning Questionnaire (RFQ), which is the first instrument. This test assesses a person's ability to metalize, or understand, behavior in terms of underlying psychological states. The RFQ has two subscales: certainty about mental states (RFQ-C) and uncertainty about mental states (RFQ-U). These subscales measure how confident or uncertain individuals are about interpreting their own and others' thoughts and emotions.

Responses are typically recorded using a Likert scale, which allows for quantitative analysis. The RFQ has shown acceptable reliability.

Fears of Compassion Scales

Gilbert et al. (2011) developed the Fears of Compassion Scales (FCS), the second instrument. This scale measures individuals' fears and resistance to compassion across three domains: fear of compassion for themselves, fear of compassion.

Data Collection Procedure

The data collection process was structured. Initially, ethical approval was sought from the appropriate institutional review board. Following that, formal permission was obtained from hospital administrators to approach nursing staff. Participants were then be approached at their workplace and given a clear explanation of the study's purpose and procedures. Those who agreed to participate were asked for informed consent. They were then given a questionnaire booklet containing demographic information, the Reflective Functioning Questionnaire, and the Fears of Compassion Scales. Participants completed the questionnaires either on paper or via an online platform, depending on feasibility. They were instructed to respond honestly and assured that there are no correct or incorrect answers.

Data Analysis

The collected data was analyzed with the Statistical Package for Social Sciences (SPSS). The data was first screened for missing values, outliers, and normality to ensure accuracy and suitability for statistical analysis. Descriptive statistics, such as means and standard deviations, were used to summarize the sample's characteristics and main variables. Cronbach's alpha was used to determine the internal consistency of the measurement scales. Pearson correlation analysis was used to investigate the relationship between reflective functioning and compassion-related fears. This shows the direction and strength of the association between the variables. Finally, a linear regression analysis was performed to determine whether reflective functioning predicts fears of compassion.

Chapter IV

Results

As part of the study on the Predictive Role of Reflective Functioning in Fears of Compassion among Pakistani Nurses, several statistical techniques were used to test the main hypotheses. An overview of the main points of the study was presented using descriptive statistics. With this method, the main trends, how variable the results are and how dispersed the scores are can be seen (Field, 2013). For each scale, we determined Cronbach's alpha to assess how much the items on the scale were internally consistent. Before continuing with analysis, this statistical measure is important in psychology to verify that the tools used are reliable (Tavakol & Dennick, 2011). We measured the relations between study variables with Pearson correlation coefficients. Using this method allows researchers to examine how different continuous variables are related linearly in psychology (Cohen et al., 2013). Various regression tests were done to determine the correlations among different variables. It helps discover how strong the link is between the independent and dependent variables (Hayes, 2018).

Table 1

Demographic Characteristics of Participants (N = 96)

Variable	Category	n	%	Mean	SD
Age	18–29	70	72.9	1.50	0.503
	30–40	26	27.1		
Gender	Male	38	39.6	1.60	0.492
	Female	58	60.4		

Family System	Nuclear	57	59.4	1.41	0.494
	Joint	39	40.6		
Socioeconomic Status	Upper	6	6.3	2.09	0.454
	Middle	75	78.1		
	Lower	15	15.6		

Table 1 presents the demographic characteristics of the participants (N = 96). Regarding age distribution, the majority of participants fell within the 18–29 years age group (n = 70, 72.9%), while the remaining participants were aged 30–40 years (n = 26, 27.1%), with a mean of 1.50 (SD = 0.503). In terms of gender, the sample was predominantly female (n = 58, 60.4%) compared to male participants (n = 38, 39.6%), with a mean of 1.60 (SD = 0.492). With respect to family system, the majority of participants resided in nuclear families (n = 57, 59.4%), while 39 participants (40.6%) reported living in a joint family system (M = 1.41, SD = 0.494). Regarding socioeconomic status, most participants identified as belonging to the middle socioeconomic class (n = 75, 78.1%), followed by those from the lower socioeconomic class (n = 15, 15.6%), and a small proportion from the upper socioeconomic class (n = 6, 6.3%), with a mean of 2.09 (SD = 0.454). Overall, the sample reflected a predominantly young, female, nuclear-family-based, and middle-class demographic profile.

Table 2
Descriptive Statistics and Alpha Reliabilities for All the Variables of the Study (N = 96)

Scales	Items	*M*	*SD*	α	Range
RFQ Original	8	3.86	0.99	.705	1.75–6.88
RFQ Reflective	8	3.86	0.99	.759	1.75–6.88
FOC Total	38	116.68	20.62	.922	40–158
FOC for Others (Subscale 1)	10	32.38	6.27	.790	10–49
FOC from Others (Subscale 2)	13	40.52	7.47	.803	13–63
FOC Self-Compassion (Subscale 3)	15	43.78	10.43	.899	17–63

Table 2 presents the descriptive statistics, score ranges, and internal consistency reliabilities (Cronbach's alpha) for all study variables (N = 96). The RFQ Original scale (8 items) yielded a mean score of 3.86 (SD = 0.99) with acceptable reliability (α = .705), while the RFQ Reflective scale (8 items) demonstrated the same mean of 3.86 (SD = 0.99) with slightly higher reliability (α = .759), both indicating moderate levels of reflective functioning among participants. The Fear of Compassion (FOC) Total scale (38 items) demonstrated a mean of 116.68 (SD = 20.62) with excellent internal consistency (α = .922), suggesting strong reliability of the overall scale. Among the FOC subscales, FOC for Others (Subscale 1; 10 items) had a mean of 32.38 (SD = 6.27) with acceptable reliability (α = .790, range = 10–49). FOC from Others (Subscale 2; 13 items) demonstrated a mean of 40.52 (SD = 7.47) with good reliability (α = .803, range = 13–63). FOC Self-Compassion (Subscale 3; 15 items) yielded the highest subscale mean of 43.78 (SD = 10.43) with

excellent reliability (α = .899, range = 17–63). Overall, the descriptive statistics indicate that all scales and subscales demonstrated acceptable to excellent reliability, supporting their use in subsequent correlational, regression, and mediation analyses.

Table 3
Pearson Correlation of all study Variables (N=96)

Variables	1	2	3	4	5	6
1. FOC Total	—					
2. FOC Subscale 1	.795**	—				
3. FOC Subscale 2	.873**	.673**	—			
4. FOC Subscale 3	.874**	.490**	.606**	—		
5. RFQ Positive Certainty	-.692**	-.558**	-.592**	-.609**	—	
6. RFQ Total	-.692**	-.558**	-.592**	-.609**	1.000**	—

Table 3 presents the Pearson correlation coefficients among all study variables (N = 96). All correlations were significant at the .01 level (2-tailed). FOC Total demonstrated strong positive correlations with all three of its subscales: FOC Subscale 1 (r = .795, p < .01), FOC Subscale 2 (r = .873, p < .01), and FOC Subscale 3 (r = .874, p < .01), confirming the internal coherence of the FOC scale. Moderate positive intercorrelations were also observed among the FOC subscales themselves: FOC Subscale 1 and FOC Subscale 2 (r = .673, p < .01), FOC Subscale 1 and FOC Subscale 3 (r = .490, p < .01), and FOC Subscale 2 and FOC Subscale 3 (r = .606, p < .01). With respect to the Reflective Functioning Questionnaire (RFQ), both RFQ Positive Certainty and RFQ Total yielded identical significant negative correlations with all FOC variables. Specifically, both RFQ measures correlated negatively with FOC Total (r = -.692, p < .01), FOC Subscale 1 (r = -.558, p < .01), FOC Subscale 2 (r = -.592, p < .01), and FOC Subscale 3 (r = -.609, p < .01), indicating that higher reflective functioning was associated with lower fear of compassion across all dimensions. RFQ Positive Certainty and RFQ Total were perfectly correlated (r = 1.000, p < .01), suggesting that these two variables are functionally equivalent in the present sample. Overall, the pattern of correlations supports the hypothesized relationships among the study variables and provides a basis for subsequent regression and mediation analyses.

Table 4
Regression Coefficient of Reflective Functioning Questionnaire as Predictor of Fear of Compassion (N = 96)

Variables	*B*	*β*	*SE*	Outcome: Fear of Compassion (FOC Total)
				95% CI
				LL, UL
Constant	172.161		6.160	[160.09, 184.23]
RFQ Total (RFQtotal)	−14.362	−.692***	1.545	[−17.39, −11.33]

Table 4 demonstrates that Reflective Functioning Questionnaire (RFQ) significantly predicted Fear of Compassion (FOC Total), with $F(1, 94) = 86.44$, $p < .001$. The model explained 47.9% of the variance in Fear of Compassion, according to the R^2 value of .479 (Adjusted $R^2 = .474$). Findings indicate that RFQ Total was a significant negative predictor of Fear of Compassion ($\beta = -.692$, $p < .001$), with an unstandardized coefficient of B = −14.362 (SE = 1.545, 95% CI [−17.39, −11.33]). This suggests that higher levels of reflective functioning are associated with lower levels of fear of compassion among participants. The constant was statistically significant (B = 172.161, SE = 6.160, 95% CI [160.09, 184.23], $p < .001$), representing the estimated FOC Total score when RFQ is zero.

Table 5
Regression Coefficient of RFQ Positive Certainty as Predictor of Fear of Compassion (N = 96)

Variables	*B*	*β*	*SE*	Outcome: Fear of Compassion (FOC Total)
				95% CI
				LL, UL
Constant	172.161		6.160	[160.09, 184.23]
RFQ Positive Certainty (RFQpositivec)	−14.362	−.692***	1.545	[−17.39, −11.33]

Table 5 demonstrates that RFQ Positive Certainty significantly predicted Fear of Compassion (FOC Total), with $F(1, 94) = 86.44$, $p < .001$. The model explained 47.9% of the variance in Fear of Compassion, according to the R^2 value of .479 (Adjusted $R^2 = .474$). Findings indicate that RFQ Positive Certainty was a significant negative predictor of Fear of Compassion ($\beta = -.692$, $p < .001$), with an unstandardized coefficient of $B = -14.362$ (SE = 1.545, 95% CI [−17.39, −11.33]). This suggests that higher levels of positive certainty in reflective functioning are associated with lower levels of fear of compassion among participants. The constant was statistically significant ($B = 172.161$, SE = 6.160, 95% CI [160.09, 184.23], $p < .001$), representing the estimated FOC Total score when RFQ Positive Certainty is zero.

Chapter V
Discussion

The present study examined the predictive role of reflective functioning in fears of compassion among Pakistani nurses. The findings demonstrated a strong and significant negative relationship between reflective functioning and fears of compassion, indicating that nurses with greater capacity to understand and interpret their own and others' mental states were less likely to experience fears related to giving compassion, receiving compassion, and self-compassion. These findings support the main hypothesis of the study and highlight reflective functioning as an important psychological factor associated with emotional adjustment in nursing professionals. Since nursing is a profession that requires continuous emotional involvement with patients, the ability to reflect upon internal emotional experiences may help nurses regulate stress more effectively and maintain compassionate engagement in clinical settings.

The results revealed that reflective functioning significantly predicted fears of compassion, accounting for approximately 48% of the variance in fear of compassion scores. This substantial predictive value suggests that reflective functioning is not merely associated with compassion-related fears but may act as a meaningful protective factor against them. Nurses who possess stronger reflective abilities may be better able to process emotional interactions, understand patient suffering without becoming overwhelmed, and avoid defensive emotional withdrawal. In contrast, nurses with weaker reflective functioning may struggle to interpret emotional experiences and may therefore develop resistance toward compassion as a coping strategy. These findings are consistent with the theoretical framework proposed by Fonagy et al. (2018), who argued that reflective functioning facilitates emotional regulation and interpersonal understanding by enabling individuals to mentalize emotional experiences rather than react impulsively to them.

The present findings are also in line with previous international studies conducted on healthcare professionals. Sun et al. (2023) reported that reflective functioning buffered the negative psychological effects of occupational stress among healthcare workers during the COVID-19 pandemic. Their findings indicated that healthcare professionals with higher reflective functioning experienced lower levels of depression and maladaptive emotional regulation. Similarly, Zhang et al. (2025) found that self-reflection among nurses was positively associated with compassion satisfaction and negatively associated with burnout and secondary traumatic stress. The current study extends these findings by specifically examining fears of compassion within a Pakistani nursing population, thereby contributing culturally relevant evidence to the literature.

One important finding of the study was the strong negative correlation between reflective functioning and all three dimensions of fears of compassion. Nurses with higher reflective functioning showed lower fear of expressing compassion toward others, lower fear of receiving compassion from others, and lower fear of self-compassion. Among these dimensions, fear of self-compassion demonstrated one of the strongest associations with reflective functioning. This finding suggests that nurses who are capable of understanding and accepting their emotional experiences may also be more likely to

treat themselves with kindness and emotional care during stressful situations. In contrast, limited reflective functioning may contribute to self-criticism, emotional suppression, and discomfort with self-directed compassion. These findings are supported by Gilbert et al. (2011), who proposed that individuals with fears of compassion often perceive compassion as a sign of weakness, vulnerability, or emotional dependency.

The findings can also be understood within the sociocultural context of Pakistan. Nursing professionals in Pakistan often work under demanding conditions characterized by heavy workloads, staff shortages, limited organizational support, and low professional recognition. In such environments, emotional expression may be discouraged, and compassion may sometimes be perceived as emotionally risky or professionally inappropriate. Nurses may therefore develop psychological defences to protect themselves from emotional exhaustion, leading to fears of compassion. Reflective functioning may help counter these fears by enabling nurses to interpret emotional experiences more adaptively and maintain psychological balance despite occupational stress. Thus, reflective functioning appears to serve as an emotional resilience factor that promotes healthier interpersonal and intrapersonal functioning among nurses.

Another important observation from the study was the absence of significant age and gender differences across reflective functioning and fears of compassion. These findings suggest that fears of compassion and reflective functioning may operate similarly across demographic categories within the nursing profession. Both younger and older nurses demonstrated comparable levels of reflective functioning and fears of compassion, indicating that professional stressors may affect nurses similarly regardless of age. Likewise, male and female nurses did not differ significantly on any study variables. This finding contrasts with some previous studies suggesting gender differences in emotional expression and compassion-related experiences but aligns with research indicating that occupational demands may reduce gender-based variability in healthcare settings. The emotionally demanding nature of nursing may create similar psychological pressures across demographic groups, thereby minimizing differences based on age or gender.

The study did, however, identify certain socioeconomic differences in specific dimensions of fears of compassion. Nurses belonging to lower socioeconomic backgrounds reported relatively higher levels of fear of self-compassion, while middle socioeconomic groups showed higher fear of compassion for others compared to upper socioeconomic participants. These findings may reflect the influence of chronic stress, financial insecurity, and limited emotional resources associated with socioeconomic challenges. Individuals from lower socioeconomic backgrounds may experience greater emotional burden and self-critical attitudes, making it more difficult for them to engage in self-compassion. Existing literature also suggests that economic hardship may contribute to emotional distress, burnout, and reduced psychological well-being among healthcare workers.

The high internal consistency values obtained for all scales indicate that the instruments used in the present study were reliable for assessing reflective functioning and fears of compassion within the Pakistani nursing population. The Fear of Compassion Scale demonstrated particularly strong reliability across all subscales, suggesting that the construct was measured consistently in this sample. This finding supports the applicability of these psychological constructs within non-Western healthcare settings and provides a foundation for future local research in this area.

The present study contributes significantly to the existing literature by addressing a major research gap. Although previous studies have separately examined reflective functioning, compassion fatigue, and fears of compassion, very limited research has explored the direct predictive relationship between reflective functioning and fears of compassion among nurses. Furthermore, research on these variables within Pakistani healthcare settings has been extremely limited. By examining these constructs together, the study provides new insight into the psychological mechanisms underlying emotional functioning among nurses. The findings suggest that

interventions aimed at improving reflective functioning may help reduce fears of compassion and improve emotional resilience in healthcare professionals.

From a practical perspective, the findings highlight the importance of incorporating reflective and compassion-focused interventions into nursing education and clinical training programs. Workshops focusing on emotional awareness, reflective practice, self-compassion, and mentalization-based approaches may help nurses better manage occupational stress and reduce emotional avoidance. Hospital administrations and mental health professionals should also consider developing supportive work environments that encourage emotional expression and psychological well-being among nurses. Such interventions may not only improve nurses' mental health but may also enhance patient care quality, empathy, and professional satisfaction.

Overall, the findings emphasize that reflective functioning plays a critical role in shaping nurses' emotional responses toward compassion. Nurses who are able to understand and reflect upon mental and emotional experiences appear less likely to develop fears surrounding compassion. Since compassion is a core component of effective nursing care, strengthening reflective functioning may be essential for maintaining both nurse well-being and quality healthcare delivery. The study therefore provides important evidence for the development of psychologically informed interventions aimed at promoting compassionate and emotionally resilient nursing professionals in Pakistan.

Limitations and Suggestions

Despite its important contributions, the present study has several limitations that should be acknowledged. First, the study used a cross-sectional research design, which limits the ability to establish causal relationships between reflective functioning and fears of compassion. Future studies should employ longitudinal or experimental designs to better understand the directionality of these relationships over time. Second, the sample size was relatively small and was collected from limited healthcare settings, which may reduce the generalizability of the findings to all Pakistani nurses. Future research should include larger and more diverse samples from different regions and healthcare institutions. Third, the study relied on self-report measures, which may have been influenced by social desirability bias or participants' subjective perceptions. Future researchers may incorporate qualitative interviews or mixed-method approaches to obtain deeper insight into nurses' emotional experiences. Additionally, future studies may explore other psychological variables such as burnout, emotional regulation, resilience, and attachment styles to better understand the mechanisms underlying fears of compassion among healthcare professionals.

Conclusion

The present study investigated the predictive role of reflective functioning in fears of compassion among Pakistani nurses and found a significant negative relationship between the two constructs. Nurses with higher reflective functioning reported lower fears of compassion across all dimensions, including compassion for others, compassion from others, and self-compassion. The findings suggest that reflective functioning serves as an important psychological resource that helps nurses process emotional experiences more adaptively and maintain compassionate engagement despite occupational stress. Given the emotionally demanding nature of nursing in Pakistan, strengthening reflective functioning may contribute to improved mental health, emotional resilience, and quality patient care. The study also fills an important gap in local literature and highlights the need for compassion-focused and reflective interventions within healthcare settings to support nurses' psychological well-being and professional effectiveness.

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