

STUDY PROTOCOL AND QUESTIONNAIRE FOR

**Evaluation of Burnout Syndrome Among Healthcare Professionals in
Intensive Care Units Within the EPIC (Enhancing Palliative Care in ICU)
Research**

**EVAGGELISMOS HOSPITAL SCIENTIFIC AND ETHICS COMMITTEE IRB
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Title: Evaluation of Burnout Syndrome Among Healthcare Professionals in Intensive Care Units within the EPIC (Enhancing Palliative Care in ICU) Research”

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Introduction:

Burnout syndrome represents a major problem in the health sector, dramatically affecting the well-being of health professionals and the quality of care provided to patients (Maslach & Leiter, 2016; O'Connor, Neff, & Pitman, 2018).

This research focuses on the Intensive Care Unit (ICU), an environment where challenges and demands are particularly high (Schoenherr et al., 2022). In a setting such as the ICU, where pressure and emotional load are heightened, the impact of burnout on healthcare professionals becomes extremely critical (O'Connor, Neff & Pitman, 2018).

In this context, this thesis seeks to examine the role of the innovative initiative "Enhancing Palliative Care" (EPIC) in the treatment of burnout in the ICU environment. It is important to highlight the novelty of the EPIC project and the need to study it, as it has not been extensively explored in the literature. The EPIC project provides an innovative approach to addressing burnout in the intensive care unit (ICU) environment. By enhancing palliative care through interactive technologies and telemedicine, it proposes a new way to improve the well-being of health professionals and patient care. EPIC (Enhancing Palliative Care in ICU) represents an evolution in the delivery of palliative care in ICUs, focusing on the use of telemedicine and technology to connect physicians with specialist palliative care professionals (Song et al., 2022).

The main objectives of EPIC include alleviating the burnout symptoms of health professionals through enhancing palliative care, supporting the families of patients in the ICU, as well as enhancing cooperation between health professionals. Through remote counselling and support, EPIC seeks to integrate palliative care into the daily practice of ICUs, improving the experience of patients and their families (Mentzelopoulos et al., 2022).

In conclusion, this research focuses on the analysis of the interactions between EPIC interactive sessions and burnout levels, paving the way for a new direction in the treatment of burnout in the ICU sector. Based on the hypothesis that empowerment through telemedicine intervention can have a positive impact on work experience, it is

proposed to highlight the revolutionary impact of EPIC in promoting the mental well-being of health professionals working in the ICU context, as well as in improving the care provided to ICU patients. Beyond this, this research is expected to be a pillar for future interventions, promoting innovation in the field of health psychology and patient care in ICUs.

Research objectives:

The aims of the study focus on exploring the impact of the project "Enhancing Palliative Care" (EPIC) on health professionals working in the Intensive Care Unit (ICU), with a focus on combating burnout. More specifically, the objectives include:

1. Assessment of Burnout Level:

- Determination of the initial level of burnout among health professionals in the ICU before the implementation of the study.

2. Application of the EPIC Study:

- Implementation of the EPIC study in collaboration with professionals specialised in palliative care.

3. Evaluation of Results After the study:

- Analysis of the reduction in burnout levels after completion of the study.

4. Understanding the Impact on Professional Experience:

- Assessing how the study affects health professionals' professional experience and sense of well-being.

In doing so, this research seeks to provide specific information on how the EPIC study can contribute to the treatment and reduction of burnout in healthcare professionals in the ICU setting.

In summary, this study aims to provide valuable suggestions for the management of burnout syndrome among health professionals in the ICU. The assessment of burnout levels, implementation of the EPIC study and post-study analysis of the results are expected to shed light on the ways in which enhancing palliative care can help reduce burnout and promote well-being among health professionals. From the success of this research, strategies are expected to emerge that will improve both the work experience of healthcare professionals and the care provided to patients through the adoption of the EPIC study findings in similar medical settings.

Methodology:

MATERIAL

Administration of Psychometric Tools:

For the purpose of the study, the methodology involves the use of a psychometric tool through the completion of a questionnaire before and after the implementation of the "EPIC" study protocol. This questionnaire covers important parameters such as burnout, job satisfaction, and perception of self-care (Demerouti et al., 2003; Maslach & Jackson, 1981; Mantzios, Wilson & Giannou, 2015). Participants will be divided into two groups, a control group and a study group. Part A and B of the questionnaire will be distributed and completed by the participants via email after a telephone consultation and before an online meeting, while part C and D will be completed during the online meeting. This differentiation takes into account the specificities of each phase of the survey and allows for efficient data collection. In particular, sending parts A and B by email before the online meeting allows participants to spend enough time to complete the questionnaire, while completing parts C and D of the questionnaire during the online meeting allows for an immediate exchange of information. It is estimated that the total time to complete the questionnaire is around 40 minutes.

In particular, the questionnaire to be distributed consists of 5 groups of questions.

The first group includes questions concerning personal, professional and demographic information of the participants (15 questions).

The second group consists of innovative questions whose answers will give the profile of working conditions and the impact of the ethical dilemmas prevailing in the ICU (22 questions).

The third group of questions is a part of Maslach's questionnaire (19 questions). This group of questions is composed of three subgroups of questions expressing emotional exhaustion, personal achievements and depersonalisation of employees. The internal consistency Cronbach's alpha reliability was found to be satisfactory for the MBI questionnaire factors, with $\alpha=0.90$.

The fourth group of questions constitutes a part of the Olbi questionnaire (16 questions). Specifically, the Oldenburg Burnout Inventory (OLBI) questionnaire is an extensive tool used to assess burnout syndrome in health professionals. It was developed by Demerouti, Bakker, Nachreiner, and Schaufeli (2001) and offers a comprehensive assessment of burnout, focusing on task perception. The OLBI includes two basic scales. The first, Disengagement scale, measures the dimension of health professionals' disengagement from work. The second, Exhaustion scale, focuses on the level of fatigue and exhaustion experienced by health professionals. The OLBI-16 provides good reliability on the overall scale (Cronbach's $\alpha > 0.80$) and its subscales, Exhaustion (Cronbach's $\alpha = 0.87$) and Disengagement (Cronbach's $\alpha = 0.81$).

Finally, **the fifth group of** questions is part of the Neff questionnaire (16 questions). This scale of self-consciousness was constructed by Kristian Neff in 2003 and is a psychometric tool that measures self-consciousness. Specifically, this scale assesses self-compassion through three related positive aspects: self-kindness, acceptance of human nature and mindfulness, and through three negative aspects: harsh criticism of the self, isolation and emotional overconfidence. Through these questions it is assessed how participants perceive actions towards themselves in difficult times. High levels of self-compassion are associated with mental wellbeing and it would be useful in this particular case study to determine whether low levels of self-compassion in health professionals are associated with a high risk of burnout and whether the EPIC study itself may enhance levels of self-compassion in health professionals by reducing the risk of burnout. The Self-Complacency Scale has been weighted in the Greek population by Mantzios, Wilson & Giannou in 2014 and has been shown to be a satisfactory, valid and reliable tool that measures self-complacency. Moreover, the scale was also translated and weighted in the Greek population by Karakasidou, Pezirkianidis, Galanakis & Stalikas in 2017. Internal consistency is good for both positive items ($\alpha=0.86$) and negative items ($\alpha=0.86$).

In conclusion, it should be noted that the majority of the questions in the questionnaire are in a stereotyped form as given in the literature. Therefore, there is no need to define

the content as well as the type of questions. Consequently, there are no questions about the reliability and validity of the questions since these questionnaires have been evaluated in international research. Finally, a qualitative assessment will be conducted towards the participants using questions in order to further examine depersonalization, which is one of the main symptoms of burnout. This assessment will focus on how participants perceive other people in their environment, with the aim of understanding their level of disengagement and intra-emotional involvement.

Burnout Assessment Criteria: the assessment of burnout syndrome will be based on the MBI triads (Emotional Exhaustion, Depersonalization, Personal Accomplishment) and the OLBI dimensions (Disengagement, Exhaustion). The choice of these criteria is based on their relevance to the research topic and their recognition by the scientific community.

EPIC study protocol: will include interactive sessions with health professionals as well as the use of telemedicine. The inclusion of this pioneering study is based on the gap in the literature, as its impact in the area of burnout in the ICU has not been explored. The study will be implemented during daily activities in the ICU. It is therefore a pioneering intervention study.

Data management: data will be collected and stored securely in electronic format. Data will be stored and stored in electronic form and will be secured and stored securely.

Participant consent: participants will be asked to give their consent before participating in the research. Consent will include full information about the purposes of the study, the use of the data, the possibility of withdrawal at any time without penalty, and a commitment to complete the questionnaire both before and after the EPIC study.

PARTICIPANTS

The participants of our research will be health professionals working in the Intensive Care Unit (ICU), i.e. doctors, nurses and clinical psychologists. When selecting health

professionals, factors such as the diversity of their roles and their experience in ICU will be taken into account in order to obtain representation of all different aspects of working in the ICU context. Their participation will be entirely voluntary, and written consent will be obtained prior to participation in the study. To ensure their anonymity, codes will be used instead of names in the data collection process. The total number of participants is estimated at 250.

Criteria for the inclusion of participants in the study

1. **Professional Activity:** Participants who are professionally employed in the ICU such as doctors, nurses and clinical psychologists.
2. **Experience Level:** Healthcare professionals with specific experience working in the critical care field.
3. **Specific training:** possibly if their training or specialisation is related to the field of palliative care.
4. **Interest in the EPIC study:** participants who express interest and consent to participate in both the first and second part of the EPIC study.

Exclusion criteria

1. **History of mental disorders:** Subjects with a history of serious mental disorders or illnesses that could adversely affect their participation in the study are excluded. For example, but not limited to, participation of persons with severe psychosomatic disorders or other significant mental illnesses would be a reason for exclusion. This criterion is established in order to ensure the accuracy and reliability of the results, as well as the effectiveness of the findings of the study under consideration.
2. **Deficiency of Greek Language Understanding:** Individuals who do not understand the Greek language adequately and therefore cannot actively participate in the research project.
3. **Absence of consent:** people who are unwilling or unable to give written consent to participate in the research.

Possible confounding factors

1. **External Interventions:** An additional confounding factor that should be taken into account is the coexistence of other external interventions or factors that may affect the proper functioning of the ICU. This may include factors such as changes in the management structure, previous efforts to improve the working environment or other interventions that may interfere with the results of the EPIC study. Analysis of these factors can ensure interpretation of the results and avoid misrepresentation of the data.
2. **Different Communities of Health Professionals:** If the ICU works with different communities of health professionals, such as doctors, nurses and therapists, differences in the characteristics of these groups may affect the results.
3. **Existing Hardware Evolution:** If ICU is undergoing simultaneous changes or developments in technology and practices, it may be difficult to isolate the impact of the EPIC study.
4. **Participant heterogeneity:** If survey participants are heterogeneous in terms of their characteristics, such as age, education level, and work experience, this may affect the results.

Data analysis

Absolute and relative frequencies, 95% confidence intervals and frequency plots will be used to describe the qualitative variables of the study. Mean values, standard deviations, median values, interquartile ranges (25° -75° percentile points), and maximum and minimum values will be used to describe the quantitative variables of the study. Further description of the quantitative measurements will be done with histograms and boxplots. The Kolmogorov - Smirnov test will be used to check the normality of the distributions.

To compare proportions, Pearson's chi-square and Fisher's exact test will be used. To compare quantitative variables between two or more groups, the parametric ANOVA test or the non-parametric Kruskal-Wallis criterion will be used, depending on whether the data approximately follow the normal distribution. To control for type I error due to multiple comparisons, the Bonferroni correction will be used, whereby the significance

level is $0,05/k$ (k = number of comparisons). Pearson or Spearman correlation coefficients will be used to test the correlation between the study questionnaires.

To weight the burnout questionnaire, a pilot study and test retest will be conducted on 20 people. Also, Cronbach's reliability index α will be calculated. intraclass correlation coefficients (ICCs) will be used to investigate the agreement of responses from the test retest.

An exploratory factor analysis will be conducted to investigate the structure of the burnout questionnaire that needs weighting. To further test the validity of the structure of the questionnaire, Pearson/Spearman correlation coefficients between the factors will be calculated. In addition, confirmatory factor analysis (1) with a maximum likelihood procedure will be used to estimate the model as derived from the exploratory factor analysis. Several approaches will be used to estimate the fit of the confirmatory factor analysis models, including CFI (comparative fit index), GFI (goodness of fit index), chi-square goodness of fit test and RMSEA (root mean square error of approximation).

Multiple linear regression analysis will be used to investigate which factors are associated with burnout. The linear models will take into account demographic and occupational factors that are likely to be correlated with the burnout dimensions.

Finally, multivariate analysis is expected to be used. This method of analysis allows to consider simultaneously many factors that may influence the results, such as the different protocol aspects of the EPIC study, the effects of time and other factors that may influence burnout. In this way, it is possible to understand which factors are important and how they interact with each other in order to draw conclusions about the effectiveness of the EPIC study protocol in combating burnout.

The significance levels will be two-sided and the statistical significance will be set at 0.05. The analysis will be performed with the statistical program SPSS 29.0.

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Power Analysis

Apriori power analysis using a one-group, two-measurement repeated-measures ANOVA (within-subjects) indicated that, to detect a medium effect size ($f = 0.25$) on the primary outcome (within-subject) change in composite burnout score) with $\alpha = 0.01$, 95% power, a correlation of 0.5 between pre# and during#intervention scores, and perfect sphericity ($\epsilon = 1$), 75 clinicians are required (denominator $df = 74$, $\lambda = 18.75$, critical $F = 6.99$). To allow for up to 25% attrition and support subgroup and moderator analyses, the target enrollment is set at 100 ICU clinicians.

Multivariable mixed-effects logistic regression will test the odds of a clinically meaningful burnout change—defined by 95% minimal detectable change thresholds (≥ 7 -point reduction on the Maslach Burnout Inventory or ≥ 8 -point reduction on the Oldenburg Burnout Inventory). The binary responder outcome (achieved vs. not achieved) will include a random intercept for ICU site to account for clustering.

Fixed-effect predictors (up to 10) will include:

- Age (years)
- Gender
- Profession (nurse, physician, other)
- Years of ICU experience
- Unit type (medical, surgical, mixed)
- Shift pattern (day, night, mixed)
- Baseline burnout score
- Baseline self-compassion score
- Prior palliative-care training (yes/no)
- EPIC trial phase (intervention vs. control)

Expected results from the proposed research protocol:

1. Reduction of Burnout Levels:

- It is expected not only a general reduction in burnout levels after the EPIC study, but also the identification of the specific factors associated with burnout. This approach will allow the individualisation of care and the adoption of effective strategies to address the phenomenon.

2. Improving Professional Experience:

- Not only a general improvement in professional experience is expected after the EPIC study, but also a more detailed understanding of the factors associated with the well-being of health professionals. This will provide multidimensional insights into how the study can positively impact their daily experience.

3. Positive Impact on Quality of Care:

- A significant improvement in the quality of care provided to patients in the ICU is expected to be observed after the EPIC study. Healthcare professionals will treat their patients with even greater sensitivity and emotional connection, positively impacting on patients' recovery and well-being.

4. Cooperation and Strengthening Team Spirit:

- It is expected to see a strengthening of cooperation between health professionals, as well as an increased awareness of the importance of teamwork in the ICU.

5. Recommendations for future applications of the EPIC study protocol:

- Specific recommendations on how the study can be adapted to other medical settings are expected to be presented. This will help to ensure that the findings of the study are optimally utilised in different healthcare settings.

These should provide a full picture of the impact of the EPIC study in the ICU and guide future interventions to improve the wellbeing of health professionals and patient care.

Feasibility of the study - Timetable

In order to recruit the proposed number of participants, the study is planned to be communicated to various Intensive Care Units (ICUs) of university hospitals in Athens and the province that express interest in participating in the study. The recruitment process is expected to start at the beginning of the second semester of the first year of the thesis and to be completed before the end of the second year.

Rough Timeline of Dissertation Sections:

1. Preparation (First Year):

- Literature Review

2. Planning and Launch (Year One):

- Preparation of a Research Protocol

3. Implementation (Second Year):

- Participant recruitment
- Conducting a Research Intervention

4. Data Collection (Second and Third Year):

- Data collection

5. Analysis and Drafting (Third Year):

- Data analysis
- Statistical processing
- Thesis Compilation and Presentation of Results

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THE STUDY QUESTIONNAIRE

Burnout assessment questionnaire for health professionals in intensive care units

Taking into account your own experience, please circle the option that represents you under each sentence.

Section A: Personal Information

1.	Gender:	
		• Male • Woman
2.	Age:	
3.	Family Status:	
		• Unmarried • Symbiosis • Married • Divorced • Widower/s
4.	Number of Children:	
		• 0 • 1 • 2 • 3 • >3
5.	Education:	
		• High School • General High School • IEK • TEI • AEI
6.	Postgraduate Studies:	
		• No • Postgraduate • PhD

Section B: Professional Data

7.	Workplace:	
		• Doctor • Nurse • Clinical Psychologist • Paramedical Staff
8.	Years of Previous Service:	
		• 0-10 • 10-20 • 20-30 • >30
9.	Chaplains:	
		• Yes • No
10.	Evening Hours Per Month:	
		• <3 • 3-5 • >5
11.	Hours of Night Sleep per day:	
		• <5 • 5-7 • >7
12.	Leave days in the last year:	
		• <15 • 15-30 • >30
13.	Are you trained in palliative care?	
		• Yes • No
14.	Have you received training on managing ethical issues?	
		• Yes • No
15.	What type of ICU do you work in?	
		• Multi-purpose, Mixed ICU • Surgical ICU • Cardiology ICU • Other..... (please specify)

PART A. Given the interpretation of the numbers, please circle the option that represents you under each question.

1] Do you feel exhausted as a healthcare professional at the end of a working day in the ICU?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

2] How do you react to stressful situations in the ICU?

- 1 (Not effective at all)
- 2 (A little effective)
- 3 (Moderately effective)
- 4 (Effective)
- 5 (Very effective)

3] How much does your inability to manage stress in the ICU environment affect you?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

4] Do you feel that you are emotionally distanced from your colleagues in the ICU?

- 1 (Never)
- 2 (Rarely)

3 (Sometimes)

4 (Often)

5 (Always)

5]How much does the inability to help or solve the problems of demanding patients in the ICU affect you?

1 (Never)

2 (Rarely)

3 (Sometimes)

4 (Often)

5 (Always)

6]Do you consider that you are achieving your professional goals in the field of intensive care unit?

1 (Never)

2 (Rarely)

3 (Sometimes)

4 (Often)

5 (Always)

7]Do you feel that your professional performance in the ICU does not reflect your skills and abilities?

1 (Never)

2 (Rarely)

3 (Sometimes)

4 (Often)

5 (Always)

8]Do you feel that you do not have the required control in decision making for patients as a healthcare professional in the ICU?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

9]Do you experience a feeling of deadlock or stagnation as a healthcare professional in the ICU?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

10]To what extent do you agree that there are opportunities for professional development in your current workplace in the ICU?

- 1 (Strongly disagree)
- 2 (Disagree)
- 3 (Neither agree or disagree)
- 4 (Agree)
- 5 (Strongly agree)

11]Do you feel that your work in the ICU has a negative impact on your personal life?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)

5 (Always)

12]Do you manage the work-life balance in the ICU?

1 (Never)

2 (Rarely)

3 (Sometimes)

4 (Often)

5 (Always)

13]Do you face dilemmas as a healthcare professional between life support and quality of life in critically ill patients?

1 (Never)

2 (Rarely)

3 (Sometimes)

4 (Often)

5 (Always)

14]How much concern or doubt do you have about ethical issues regarding decisions about the treatment of patients in the ICU?

1 (Never)

2 (Rarely)

3 (Sometimes)

4 (Often)

5 (Always)

15]How much concern or doubt do you have about decisions between life support and respect for the patient's wishes?

1 (Never)

2 (Rarely)

3 (Sometimes)

4 (Often)

5 (Always)

16]How much does dealing with ethical issues in intensive care affect your psychological well-being?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

17]How often do you feel that you have to adjust or limit the treatment of patients due to limited resources in the ICU?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

18]How often do you face pressure from patients' families about the outcome of treatment?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

19]Does pressure from patients' families affect your ability to make decisions about their treatment?

- 1 (Never)

- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

20]How often do you encounter contradictions between the demands of families and scientific guidelines?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

21]Do you face difficulties in communicating unfavourable (prognostic) information about the patient to families?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

22]How much stress does the pressure from patients' families cause in your workplace?

- 1 (Never)
- 2 (Rarely)
- 3 (Sometimes)
- 4 (Often)
- 5 (Always)

PART B. The following questions explore your feelings and attitudes towards your work. At the end of each sentence, based on the scale below, indicate how often you feel what each sentence expresses.

**1(Never) 2(A few times a year) 3(Once a month) 4(A few times a month)
5(Once a week) 6(A few times a week) 7(Every day)**

Question	Scoring (1-7)
I feel mentally exhausted from my work in the Intensive Care Unit	
I feel exhausted in the morning when I wake up and have to face another day of work	
It's very tiring to work with patients all day	
I feel exhausted from my work	
I feel frustrated with my work	
I feel like I work very hard in the ICU environment	
I find it very stressful to work closely with patients	
I feel like I'm at the limits of my endurance	
I feel "empty" at the end of a day in the Intensive Care Unit	
I can easily understand how patients feel	
I deal with my patients' difficulties very effectively	
I feel that my work has a positive impact on the lives of others	
I feel full of energy	
I have achieved many remarkable things in this job	
I deal calmly with the difficulties that arise in my work	

I feel refreshed when I work with my patients	
I feel like I treat some patients so impersonally as if they're objects	
I have become tougher with people since I started working in the Intensive Care Unit	
Actually, I don't care what happens to some of my patients	

*PART C. The following questions assess stress and burnout syndrome in the workplace. Please match each statement with the corresponding number and complete the scale from 1 to 4, where **1** corresponds to "**Strongly agree**", where **2** corresponds to "**Probably agree**", where **3** corresponds to "**Probably disagree**" and where **4** corresponds to "**Strongly disagree**".*

Number	Statement
	In my work in the Intensive Care Unit I am constantly discovering new and interesting aspects.
	There are days when I feel tired before I even come to work.
	It is happening to me more and more to express myself in a derogatory way about my job duties.
	After work I often need more hours of rest than before to get fit.
	The pressure from my job is quite bearable.
	Lately I tend to think less about my work and do it almost mechanically.
	In my work I face many challenges.
	I have an increasingly strong feeling that my work is emotionally draining.
	Over time I feel that I am losing my initial interest in my work.
	After work I generally feel like doing my other activities.
	Sometimes I feel an absolute disgust for my work duties.
	After work I generally feel exhausted and drained.
	My work fulfils my professional expectations.
	I can usually manage my workload.

Number	Statement
	Over time I feel more and more engaged with my work.
	When I work I usually feel full of energy.

PART D. The following questions assess the way you treat yourself and the frequency with which you adopt certain attitudes or behaviours in difficult times. Please read each sentence carefully before answering. Put a number from 1 to 5 for each sentence to determine how often you behave in this way towards yourself.

ALMOST NEVER(1) RARELY(2) SOMETIMES(3) OFTEN(4) ALMOST ALWAYS(5)

Suggestion	ALMOST NEVER(1)	RARELY(2)	(3)SOMETIMES	OFTEN(4)	ALMOST ALWAYS(5)
I criticise and criticise my faults and my disadvantages					
When I feel sad, I tend to focus too much attention on everything that is going wrong					
When things go wrong, I see my difficulties as a part of life that everyone goes through					
When I feel depressed and frustrated, I tend to remind myself that there are other people who feel like me					
I try to give love to myself when I am in emotional pain					
When I'm having a hard time, I get hard on myself					
I do not tolerate, nor have patience with aspects of my personality that I do not like					

I am good to myself when I am going through trials					
I am tolerant of my faults and shortcomings					
When something upsets me, I get carried away by my emotions					
When I fail at something personally important, I am overwhelmed with feelings of inadequacy					
I can be a little cold with myself when I feel I am being tested					
When I feel sad, I try to approach my feelings with curiosity and honesty					
When something painful happens, I magnify the event by exaggerating it					
When I fail at something important to me, I feel alone in my failure					
I try to be patient and understanding of the aspects of my personality that I don't like					

Thank you very much for your participation!

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