

Predictive Roles of Personality Traits and Self-Compassion in Promoting Psychological Well-Being Among Medical Students: Implications for Mental Health Prevention

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Abstract- Medical students face multiple academic and clinical stressors that can compromise their psychological well-being. Identifying protective psychological factors is crucial for developing effective mental health promotion and prevention strategies in university settings. This study examined the relationships between personality traits, self-compassion, and psychological well-being among medical students, focusing on their potential preventive roles. A cross-sectional correlational study was conducted with 162 medical students. Participants completed the NEO Five-Factor Inventory (NEO-FFI), the Self-Compassion Scale (SCS), and the Psychological Well-Being Scale (PWB). Data were analyzed using descriptive statistics, Pearson's correlations, and multiple regression analyses ($\alpha < 0.05$). Mean scores were Neuroticism 22.96 ± 4.87 , Extraversion 26.15 ± 5.02 , Openness 27.78 ± 4.65 , Agreeableness 29.89 ± 5.41 , Conscientiousness 30.23 ± 5.12 , Self-Compassion 41.13 ± 5.94 , and Psychological Well-Being 67.52 ± 8.91 . Psychological well-being correlated positively with Openness to Experience ($r = 0.21$, $P = 0.02$) and Conscientiousness ($r = 0.25$, $P = 0.01$). Gender differences were significant for Extraversion, Openness, and the "Common Humanity" dimension of self-compassion ($P < 0.05$). Regression analysis indicated that personality traits significantly predicted psychological well-being ($\beta = 0.19$, $P = 0.04$), whereas self-compassion was not a direct predictor ($\beta = 0.03$, $P = 0.93$). Conscientiousness and Openness to Experience play pivotal roles in medical students' psychological well-being. Notably, this study found no direct predictive relationship between self-compassion and well-being. Rather than a lack of relevance, this finding suggests that in the rigorous context of medical education, self-compassion may function through indirect mechanisms or act as a moderating factor. These findings underscore the importance of interventions that enhance adaptive personality traits, while highlighting the need for a more nuanced understanding of how self-compassion contributes to resilience and sustainable mental health in high-pressure academic settings.

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Introduction

Medical students, as the future workforce of the healthcare system, encounter numerous challenges during their education, including heavy academic workload, long hours of training and clinical duties, frequent exposure to illness and patient death, and conflicts between personal and professional roles. Such conditions may place them at risk for academic burnout, anxiety, depression, and reduced quality of life, issues that not only affect their academic performance but also have long-term implications for the quality of healthcare delivery (1,2). Therefore, particular attention to the psychological well-being of this group is of great importance.

Psychological well-being goes beyond the mere absence of mental disorders and encompasses positive dimensions such as personal growth, purpose in life, positive relationships with others, and self-acceptance (3). Research has shown that higher levels of psychological well-being are associated with greater academic success, lower vulnerability to stress, and improved overall health (4).

Among the most influential factors on well-being are personality traits. The Five-Factor Model of personality, which includes neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness, provides a robust framework for explaining individual differences in perception and responses to stressful situations (5). Studies indicate that higher levels of neuroticism are linked to greater vulnerability to anxiety and depression, whereas conscientiousness and extraversion are associated with more adaptive coping strategies and higher levels of well-being (6,7).

In addition to personality traits, the concept of self-compassion has recently gained attention as an important psychological resource. Self-compassion involves treating oneself with kindness and non-judgment during times of failure, recognizing shared human experiences, and maintaining balanced awareness of emotions (8). Empirical evidence suggests that self-compassion is associated with reduced self-criticism, greater resilience, and improved mental health (9). A recent meta-analysis further demonstrated a significant positive relationship between self-compassion and indicators of psychological well-being (10).

Moreover, self-compassion may serve a protective role in academic contexts. Students with higher levels of self-compassion are less likely to experience academic burnout and tend to engage more positively with the learning process (11). These findings suggest that self-compassion may act as a buffer against the stressors of educational environments.

Despite the global evidence on the importance of personality traits and self-compassion, limited research has been conducted within the cultural context of Iran, particularly among medical students. This research gap highlights the need to examine these two factors simultaneously in predicting psychological well-being in this population.

Accordingly, the present study was designed to investigate the relationship between personality traits and self-compassion with psychological well-being among medical students. It is expected that the findings will help identify protective and risk factors, thereby informing the development of educational and supportive interventions aimed at promoting students' mental health.

Materials and Methods

Study design

This applied research utilized a cross-sectional correlational design. The primary objective was to examine the relationship between personality traits, self-compassion, and psychological well-being among undergraduate medical students. The study was conducted at Ilam University of Medical Sciences, Ilam, Iran, during the 2025 academic year.

Population and participants

The target population comprised all undergraduate medical students enrolled at Ilam University of Medical Sciences during the 2025 academic year. Based on university records, the estimated total number of students in this cohort was approximately 1,000 individuals.

Sample size and sampling method

The required sample size was determined using a formula for estimating the mean in a finite population. With a significance level of 0.05 (Type I error), a statistical power of 80%, and standard deviation values

derived from previous relevant studies, a sample size of 162 participants was calculated. Sampling was performed using a stratified random sampling method. Initially, quotas were allocated for each academic stage (basic sciences, physiopathology, clerkship, and internship) to ensure representation across all levels of study. Subsequently, participants were randomly selected within each stratum to achieve the final sample.

Inclusion and exclusion criteria

Inclusion criteria: undergraduate medical students aged 18-40 years, completion of at least one academic semester, willingness to participate in the study, and no psychiatric disorders in the past six months.

Exclusion criteria: transfer or guest students, postgraduate medical students, a history of severe psychiatric disorders or use of psychotropic medications during the past three months, and incomplete questionnaires with more than 20% missing data.

Data collection instruments

Data was collected using standardized questionnaires:

NEO five-factor inventory (NEO-FFI)

This 60-item questionnaire was developed by Costa and McCrae (12) based on factor analysis of scores obtained in 1986. It measures neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness, with each factor represented by 12 items selected for their high factor loadings. Responses are rated on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree.” The reliability of this instrument, assessed by test–retest among 208 American students over a three-month interval, ranged between 0.75 and 0.83 (13). Long-term stability was also supported by six-year longitudinal study reporting reliability coefficients from 0.68 to 0.83. The psychometric properties of the NEO-FFI have been validated in multiple studies both in Iran and internationally (14). In the present study, Cronbach’s alpha was 0.89.

Self-compassion scale (SCS)

Developed by Raes *et al.*, (15), this 26-item scale measures six dimensions: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. Items are rated on a 5-point Likert scale from 1 (“almost never”) to 5 (“almost always”), with higher scores indicating greater self-compassion. Reverse scoring applies to items in the

subscales of self-judgment, isolation, and over-identification. The scale demonstrated strong reliability with a Cronbach’s alpha of 0.86 (15). The Persian version has also been validated, with a Cronbach’s alpha of 0.68 (16). In this study, Cronbach’s alpha was 0.86.

Psychological well-being scale (PWB)

Developed by Ryff (17), this 18-item questionnaire assesses six dimensions of well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Items are scored on a 6-point Likert scale ranging from 1 (“strongly disagree”) to 6 (“strongly agree”), yielding a total score ranging from 18 to 108. Confirmatory factor analysis in an Iranian study supported the six-factor structure across genders. Internal consistency, assessed using Cronbach’s alpha, ranged from 0.51 to 0.76 for subscales and was 0.71 for the total scale (18). In the present study, Cronbach’s alpha was 0.78.

Procedure

The study was conducted after obtaining the necessary approvals from the university. Data were collected using standardized questionnaires, and participants completed the instruments individually. The average time to complete the questionnaires was approximately 30 minutes. This procedure ensured systematic collection of demographic and psychological information.

Data analysis

Descriptive statistics (mean, standard deviation, frequency, and percentage) were calculated. Pearson’s correlation coefficient and multiple regression analysis were applied to test the hypotheses. All analyses were conducted using SPSS version 26.

Ethical considerations

This study adhered to the ethical principles of the Declaration of Helsinki and research ethics standards. The study protocol was approved by the Biomedical Research Ethics Committee (Ethics code: IR.MEDILAM.REC.1404.061). Prior to participation, the study’s aims and procedures were fully explained, and verbally informed consent was obtained from all participants. Confidentiality of all collected data was assured, and data was used solely for research purposes. In addition, the overall study findings were shared with participants after the completion of the research.

Results

Demographics

In this study, the response rate to the data collection

instrument was 100%, with a total of 162 undergraduate medical students participating.

Table 1. Demographic characteristics of participants (N=162)

Variable	Groups	Frequency (n)	Percentage (%)
Age	19-24 years	91	56.17
	>24 years	71	43.83
Gender	Female	83	51.23
	Male	79	48.77
Academic level	Basic sciences	28	17.28
	Physiopathology	27	16.67
	Clinical clerkship	52	32.10
	Internship	55	33.95
Marital status	Single	141	87.04
	Married	21	12.96

Table 1 presents the distribution of demographic characteristics of the participants. As shown, most of the samples were aged 19-24 years (56.17%), while 43.83% were above 24 years. Gender distribution was nearly balanced, with 51.23% female and 48.77% male students. Regarding academic level, the largest proportion were interns (33.95%), followed by clinical clerks (32.10%), basic sciences (17.28%), and physiopathology students (16.67%). In terms of marital status, the vast majority were single (87.04%), with only 12.96% being married. This distribution indicates that the sample largely consisted of young, single students in the advanced stages of medical training, which is important to consider when interpreting the generalizability of the findings and the psychological or

behavioral variables assessed.

Descriptive statistics

As shown in Table 2, among personality traits, the highest mean was observed for conscientiousness ($M=30.23$, $SD=5.12$) and the lowest for neuroticism ($M=22.96$, $SD=4.87$). In terms of self-compassion, self-kindness had the highest mean ($M=16.22$, $SD=3.25$), while isolation had the lowest ($M=11.27$, $SD=2.84$). Regarding psychological well-being, purpose in life yielded the highest mean ($M=13.32$, $SD=2.14$) and self-acceptance the lowest ($M=9.20$, $SD=1.74$). Overall, this pattern indicates a predominance of positive personality and psychological attributes over more vulnerable dimensions among participants.

Table 2. Descriptive indices of personality traits, self-compassion, and psychological well-being

Variable/Dimension	Mean (M)	Standard deviation (SD)
Neuroticism	22.96	4.87
Extraversion-Introversion	26.15	5.02
Openness to experience	27.78	4.65
Agreeableness	29.89	5.41
Conscientiousness	30.23	5.12
Self-kindness	16.22	3.25
Isolation	11.27	2.84
Common humanity	13.64	3.05
Psychological well-being (total)	67.52	8.91
Purpose in life	13.32	2.14
Environmental mastery	12.30	2.08
Personal growth	11.78	1.96
Autonomy	11.20	1.87
Self-acceptance	9.20	1.74
Positive relations with others	9.72	1.69

As presented in Table 3, the mean score of extraversion was significantly higher among female students (27.2 ± 5.1) compared to males (25.1 ± 4.8 ; $P=0.001$). Similarly, openness to experience was higher in females (28.5 ± 4.6) than males (26.9 ± 4.7 ; $P=0.03$). Regarding the self-compassion dimension of common

humanity, females (14.3 ± 3.1) scored significantly higher than males (12.9 ± 2.8 ; $P=0.04$). No significant gender differences were found for other personality traits, self-compassion dimensions, or psychological well-being ($P>0.05$).

Table 3. Comparison of variables by gender

Variable/Dimension	Male (M $\pm$ SD)	Female (M $\pm$ SD)	P
Extraversion-Introversion	25.1 $\pm$ 4.8	27.2 $\pm$ 5.1	0.001**
Openness to experience	26.9 $\pm$ 4.7	28.5 $\pm$ 4.6	0.03*
Other personality traits	—	—	>0.05
Self-compassion-Common humanity	12.9 $\pm$ 2.8	14.3 $\pm$ 3.1	0.04*
Other self-compassion dimensions	—	—	>0.05
Psychological well-being (total)	67.1 $\pm$ 9.0	67.9 $\pm$ 8.8	>0.05

* $P<0.05$; significant at the 0.05 level

** $P<0.01$; significant at the 0.01 level

Correlation analysis

As shown in Table 4, among the personality traits, only openness to experience ($r=0.21$, $P=0.02$) and conscientiousness ($r=0.25$, $P=0.01$) had significant positive correlations with psychological well-being.

Neuroticism ($r=-0.12$, $P=0.18$), extraversion ($r=0.09$, $P=0.27$), and agreeableness ($r=0.11$, $P=0.22$) were not significantly correlated. These findings suggest that conscientiousness and openness to experience may serve as important predictors of psychological well-being.

Table 4. Correlations between personality traits and psychological well-being

Personality trait	Correlation coefficient (r)	P
Neuroticism	-0.12	0.18
Extraversion	0.09	0.27
Openness to experience	0.21	0.02*
Agreeableness	0.11	0.22
Conscientiousness	0.25	0.01*

* $P<0.05$; significant at the 0.05 level

Multiple regression analysis

Table 5 illustrates the multiple regression analysis results, where self-compassion and personality traits (represented as a composite score of the dimensions) were entered as predictors of psychological well-being. The regression model was statistically significant, $F(2,159)=4.12$, $P=0.018$ ($F(2,159)=4.12$, $P=0.018$), explaining approximately 9.6% of the variance in

psychological well-being ($R^2=0.096$, Adjusted $R^2=0.088$, $R^2=0.096$, Adjusted $R^2=0.088$). As shown in the table, self-compassion did not significantly predict well-being ($\beta=0.03$, $P=0.93$) ($\beta=0.03$, $P=0.93$). However, personality traits emerged as a significant predictor ($\beta=0.19$, $P=0.04$) ($\beta=0.19$, $P=0.04$). These results indicate that the model's predictive power is primarily driven by personality traits rather than self-compassion.

Table 5. Multiple regression: Role of self-compassion in predicting psychological well-being

Predictor variable	B	β	t	P
(Constant)	-	-	-	< 0.001
Self-compassion	0.016	0.03	0.080	0.930
Personality traits (Composite score)	0.240	0.19	1.820	0.040*
Model summary	R=0.31	R ² =0.096	F=4.12	P=0.018

* $P<0.05$; significant at the 0.05 level

Discussion

The aim of this study was to examine the relationship between personality traits, self-compassion, and psychological well-being among students. The participants' personality profiles revealed high levels of agreeableness and conscientiousness, along with low neuroticism, which is highly consistent with previous research on medical student populations (19-21). Agreeableness emerged as the most dominant trait, a profile known to foster a stronger sense of academic belongingness (20). Conscientiousness was the second most dominant trait, aligning with broader educational findings (22), while low neuroticism remained a stable characteristic regardless of performance levels (21). Regarding gender differences, male students scored higher in extraversion, while female students scored higher in openness. Other traits showed no significant gender differences, indicating overall demographic homogeneity in most personality characteristics.

Regarding self-compassion, students demonstrated high levels of self-kindness and low levels of isolation. No significant gender differences were found in overall self-compassion, aligning with Leonhardt *et al.*, (23), despite prior literature noting gender-specific variations in subscales (24). Psychological well-being (PWB) was generally favorable, driven primarily by high scores in "purpose in life" and "environmental mastery," with no significant gender differences.

In bivariate analyses, openness to experience and conscientiousness showed significant positive associations with psychological well-being, whereas neuroticism displayed a non-significant weak negative correlation, and agreeableness and extraversion showed no linear associations. These patterns support the notion that intellectual curiosity and personal discipline enhance well-being (22,25).

Interestingly, while correlation analysis showed a general positive trend consistent with previous findings (26), the multiple regression model revealed that self-compassion was not a significant direct predictor of psychological well-being in this cohort. This unexpected result suggests that in the rigorous environment of medical education, the influence of self-compassion may be more complex than a simple direct relationship, potentially acting through indirect mechanisms rather than direct influence (27). It is possible that for medical students, self-compassion functions as a protective buffer or a moderating factor for academic stress, rather than a primary driver of well-being on its own (28).

Furthermore, the strong predictive power of stable personality traits observed in this study might overshadow the direct effect of self-compassion within this specific professional training context.

Consequently, rather than acting as an independent predictor, self-compassion may interact with and reinforce core personality traits to protect students against psychological distress. These findings underscore the importance of designing targeted university mental health interventions that prioritize personality-based coping strategies while integrating self-compassion as a supportive, supplementary skill to enhance resilience among vulnerable students.

Limitations

The limitations of this study include its cross-sectional design, which restricts the ability to examine changes in personality traits and self-compassion over time, and the fact that the sample was drawn from a single university, which limits the generalizability of the findings.

This study highlights that while core personality traits, particularly conscientiousness, are robust predictors of psychological well-being among medical students, self-compassion did not emerge as a significant direct predictor. This suggests that in the demanding environment of medical training, the impact of self-compassion may be secondary to stable personality traits or operate through more complex, indirect pathways. Rather than a primary driver, self-compassion might function as a supplementary resource or a moderating factor. Therefore, university mental health programs should prioritize strengthening positive personality traits while integrating self-compassion as a supportive skill to enhance resilience. Future research should focus on longitudinal designs to explore potential mediating mechanisms that clarify how self-compassion interacts with personality and academic stress to influence long-term well-being.

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki, and its protocol was approved by the Research Ethics Committee in Biomedical Research (Ethics Code: IR.MEDILAM.REC.1404.061). Prior to participation, the objectives and procedures of the study were fully explained to the participants, and their informed consent was obtained verbally. Participants were assured that their participation was entirely voluntary and that they could withdraw from the study at any time without any

negative consequences. All data were collected and stored confidentially.

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