

# Investigation of CFT compassion therapy on quality of life, work and psychological empowerment of employees of Borujerd textile factories

Hadi Khanizadeh<sup>1</sup>, Ehsan Makari Manshad<sup>1\*</sup>, Shabnam Bahrami<sup>2</sup>

<sup>1</sup> Department of Psychology, Dezful Azad University, Dezful, Iran.

<sup>2</sup> Cell and Molecular Department, Bushehr Azad University, Bushehr, Iran.

\*Corresponding Author: Ehsan Makari Manshad, Department of Psychology, Dezful Azad University, Dezful, Iran.  
Email: az.ravanshenasi@yahoo.com, Phone: +989129438678

Received 2024-09-11; Accepted 2024-10-04; Online Published 2025-06-01

## Abstract

The present study was conducted with the aim of investigating Compassion-Focused Therapy (CFT) compassion therapy on the quality of life, work and psychological empowerment of employees of textile factories in Borujerd. The research method was semi-experimental with a pre-test design with a control group. The statistical population included all the textile workers of Borujerd city in 1402, who were included in the study through the available sampling method, 30 people were included in the study and they were randomly divided into two groups of 15 people, the test and the control. The measurement tools in this research were World Health Organization's quality of life questionnaire (1998) and Spritzer's psychological empowerment (1995). The experimental group received ten, 75-minute sessions of compassion therapy, and the control group did not receive any intervention. Statistical data analysis was done using univariate covariance analysis and SPSS software. The significance level of the tests was  $P < 0.05$ . The results of data analysis showed that after the intervention, the effect of compassion therapy on quality of life and psychological empowerment was significant ( $P < 0.01$ ). Based on the results of the research, it can be said that compassion therapy is a suitable intervention method for increasing the quality of life and psychological empowerment of textile factory employees. Therefore, using this treatment method alone or in combination with other intervention programs can increase the quality of life and Psychological empowerment of textile workers.

**Keywords:** Compassion therapy, Quality of life, Psychological empowerment.

**Citation:** Khanizadeh H, Makari Manshad E, Bahrami Sh. Investigation of CFT compassion therapy on quality of life, work and psychological empowerment of employees of Borujerd textile factories. Int J Travel Med Glob Health, 2025;13(2):89-94. doi: 10.30491/ijtmgh.2024.477969.1429

## Introduction

Nowadays, paying attention to the morale of employees, their motivations, needs and desires has shown its importance and the human factor has been identified as the main focus among other sources. Hence, providing suitable grounds for creating a favorable working spirit.<sup>1</sup> In order to motivate and encourage them to work and be more active, and to increase the productivity of transforming individual activities into collective ones through the formation of coordinated and empathetic groups, helping and cooperating to achieve common goals and also creating a favorable working environment, it can boost morale. It has increased the number of employees,

which will increase the efficiency of the employees and achieve the desired goals of the textile complex, and on the other hand, the existence of a high morale can provide the mental health of the employees, which will have an effect on the growth of excellence and progress of the society.<sup>2</sup> In addition to being valuable in itself, the quality of work life also affects other organizational variables.<sup>3</sup> People's quality of life is one of the necessary and positive steps in dealing with different situations in life, such as challenges and numerous problems, and can prevent their aggravation.<sup>4</sup> Family, physical and social health is the life expectancy and mental health of people suffering from a

disorder or disease. Quality of life is used to measure the needs of the society, measure the social effectiveness of the affected, identify vulnerable and high-risk people, and implement optimal health policies in accordance with this. Issues and allocation of resources are used in the health sector.<sup>5</sup> Quality of life is actually a multifaceted definition that examines and evaluates the condition of people in terms of physical, emotional, psychological and social health. One of the variables related to the quality of life is psychological empowerment. Psychological empowerment refers to a set of experienced cognitions that are associated with a sense of meaning, competence, influence and autonomy, and in fact, it is a kind of raising internal job motivation. Empowerment through autonomy and increasing employee participation leads to improving the group's performance. Empowerment is basically related to trust, motivation, decision-making and breaking boundaries between management and employees, and productivity, more production, job satisfaction and reducing turnover. and the transfer of employees in this production complex. In general, the feeling of empowerment has a significant impact on the performance of this factory. As people feel empowered, many organizational and individual benefits such as creativity, flexibility, problem solving, job performance with Good quality will include job satisfaction, health and mental health. The relationship between the stress of the service period of the employees and their personal and family life causes problems to spread to the family and social environment of these people and will lead to a decrease in their quality of life. In a research, Rezaei *et al.* investigated the quality of life of textile workers, and the results show that the quality of life of these people is much weaker in the mental dimension than the physical dimension, and in general, textile factory workers experience a low quality of life.<sup>6</sup> Also, Ardianti *et al.*, 2020 have also shown that training and intervention programs can increase the psychological empowerment of employees.<sup>7</sup> Accordingly, one of the trainings that can affect the empowerment of employees and the quality of life is compassion therapy, which has received less attention from researchers and psychologists. Many studies of compassion therapy in and It has been conducted overseas, but no program has been implemented on staff. Crego *et al.*, 2022, in a study titled "Compassion-Focused Treatment for Body Weight Shame: A Mixed Trial," concluded that CFT had a positive effect.<sup>8</sup> It has the effect of reducing body weight shame, increasing compassion and improving health behaviors. Stroud and Griffiths in a research entitled "Evaluation of compassion-focused therapy in adult inpatient settings" found that in general, significant improvements were achieved in all areas, especially

mental health.<sup>9</sup> It was also observed that the content of the compassion therapy session for the sessions Breathing and based on mindfulness and those who use visualization techniques are more effective. Aghaei, Khanjani Vashki and Pasha in a study titled "Effectiveness of compassion-based training in reducing emotional disturbance of women who have experienced marital infidelity" They showed that compassion-based education has a significant effect on reducing emotional turmoil.<sup>10</sup> Therefore, compassion-based education can lead to a reduction in emotional turmoil. Aboutalebi *et al.*, 2022 in a research titled "The effectiveness of compassion therapy on the ability to tolerate ambiguity and death anxiety of the elderly" found that there was a significant difference between the experimental and control groups in terms of the ability to tolerate ambiguity and death anxiety.<sup>11</sup> Other compassion therapy increased the ability to tolerate ambiguity and reduced death anxiety in the elderly. Tarkhan (1400) in a study titled "Effectiveness of Compassion-Based Intervention (CFT) on Academic Resilience and Hope of Procrastinating Male Students of Second Secondary School" showed that according to the pre-test scores, the test based on academic compassion It showed a significant difference in both groups.<sup>12</sup> Niasti, Qorban Shiroudi, Khaltabar and Tiz Dast (1400) in a study titled "Effectiveness of an educational package based on three treatment methods focused on compassion, excitement and commitment on acceptance and commitment on the level of distress tolerance of adolescents with aggressive behaviors; A pilot study found that a training package based on CFT, Emotion-Based Therapy (EFT) and Acceptance and Commitment Therapy (ACT) was effective in increasing the distress tolerance of adolescents with aggressive behaviors.<sup>13</sup> Stephen, Fox, Ketani, Alderg, Austin, Burlingham (2021) in a study titled "Effects of a Compassion-Focused Compassion Therapy Intervention; found that increased self-compassion increased heart rate variability (HRV) reactivity and potentially enhanced the ability to engage with difficult emotions in psychotherapy.<sup>14</sup> Considering the basic role of the employees of the textile complex as one of the important links of production in the country, the low quality of life and lack of psychological ability can bring many problems both for themselves and for the complex. Hence, conducting the research. It seems necessary to evaluate the effectiveness of programs and treatments as a group. So far, no study in the country has investigated the effectiveness of compassion therapy on the quality of life, work, and psychological empowerment of textile workers. Therefore, this research can be carried out. It has important implications for NAA. In the end, the purpose of the present research was to investigate the effectiveness of compassion therapy on the quality of life,

work and psychological empowerment of textile workers, according to the information presented above.

### Research method

The current research was a semi-experimental type with a pre-test-post-test design with a control group. The statistical group included all the textile workers of Borujerd city in 1402, and 30 people were included in the study through the available sampling method from among the qualified volunteers. and were replaced randomly in two groups of 25 people, test and control. The test group underwent 10 sessions of 75 minutes of compassion therapy and the control group did not receive any intervention. and has a medical record of a volunteer to participate in the research, as well as being literate in reading and writing, not suffering from chronic physical diseases, not participating in other counseling and treatment groups at the same time, and exit criteria including absence of more than two sessions in the treatment protocol and willing Not being able to continue cooperation in training sessions. In the end, people were assured that all information is confidential and will be used for research purposes; In order to respect privacy, the names and surnames of the participants were not recorded. In this research, the quality of life questionnaire of the World Health Organization (1998) and Spritzer's psychological empowerment (1995) were used to collect data. World Health Organization Quality of Life Questionnaire (1998). The short-form scale of quality of life (WHOQOL) was compiled in 1998. This questionnaire has 26 questions that measure the four areas of physical health, mental health, social relations, and environmental health. be In the end, the total score of this questionnaire is considered as 0 to 100, and according to the points obtained, their quality of life is placed in one of three groups: unfavorable, average, and favorable (13). In Iran, Nejat *et al.* (2006) have standardized this scale. The alpha coefficient of the questionnaire for the healthy population in the area of physical health is 0.70, mental health is 0.73, social relations is 0.55, and environmental relations is 0.84. have reported the reliability coefficient of the retest method after two weeks as 0.70 (14). In the present study, the reliability of the questionnaire was obtained as 0.77 through Cronbach's alpha method. Spritzer Psychological Empowerment Questionnaire (1995): This questionnaire was developed and designed by Spritzer (1995) in order to evaluate the level of psychological empowerment of employees. It contains 15 questions and its scoring is based on a 5-point scale. Likert scale (from 1 to 5) is measured. Scores range from 15 to 75. People who get high scores have higher psychological empowerment. 3 questions related to the influence component with items (7, 8, 9) 3 questions related to the meaningful component or items (12, 11, 10)

and 3 questions related to the trust component with items (15, 14, 13). Timourinejad *et al.* (1389) in a study obtained the reliability coefficient of the test using Cronbach's alpha method of 0.95. In the present study, the reliability of the questionnaire was obtained through Cronbach's alpha method of 0.83. The experimental group received therapeutic interventions related to compassion therapy during 5 weeks in the form of two 75-minute sessions per week. The intervention program in the present study was derived from the compassion-based program (Gilbert, 2009) which was from Oraki and Bitaba's research. (2017) has been adapted. The main points and content of each session were presented by the therapist, and then the people of the experimental group actively entered into the discussion. The process of each session includes reviewing the previous topics, direct teaching in the form of lectures, group discussion, brainstorming, the summary of the content of the compassion-based training sessions and the activities performed in the experimental group is presented in [table 1](#).

**Table 1.** Summary of therapy protocol sessions of compassion-based education.

|                        |  |
|------------------------|--|
| <b>First session</b>   | Introducing research sample people to each other, expressing the necessity of getting to know each other and using compassion in the life of employees   |
| <b>Second session</b>  | Defining compassion, recognizing and explaining the process of compassion and the impact of compassion on daily work, homework and writing compassion experienced by group members until the next meeting.         |
| <b>Third session</b>   | Teaching ways to increase positive experiences, teaching awareness of positive experiences, creating positive experiences through mental visualization of happy scenes and neglecting worries.                     |
| <b>Fourth session</b>  | Teaching the ways of compassion, teaching awareness of negative experiences. Training to try to take control of life, adequate nutrition and exercise, self-care with timely doctor referrals and not using drugs. |
| <b>Fifth session</b>   | Training in order to identify wrong evaluations and their effects on compassion, strategic training and changing the behavioral and physiological consequences of emotion.   |
| <b>Sixth session</b>   | Training to identify the amount and how to use compassion, training to express compassion, correct behavior through environmental reinforcements, training, relaxation and reverse action.                         |
| <b>Seventh session</b> | Consciously paying attention to your compassion, paying full attention to your positive and negative behavior and accepting it without judgment and correctly expressing your emotions.                            |
| <b>Eighth session</b>  | Teaching re-evaluation and expressing compassion, teaching negative self-evaluation and attention, and acceptance for appropriate and inappropriate expressions of compassion.                                     |
| <b>Ninth session</b>   | Teaching to change negative compassion by acting against experienced compassion.   |
| <b>Tenth session</b>   | Summarizing the educational materials of the past sessions and performing the post-exam.   |

**Statistical analysis**

Statistical data analysis was done using univariate covariance analysis and SPSS software. The significance level of the tests was  $P < 0.05$ .

**Result**

Descriptive findings showed that the mean and standard deviation of age for the employees of the collection were 24.15 and 4.37, respectively. The results of the independent t-test also showed that there was no significant difference in age between the two experimental and control groups ( $p = 0.069$ ). Before analyzing the data, the presumption of normality was checked based on the Shapiro-Wilk test, and the presumption of normality was checked. The data was valid. The results of the Shapiro-Wilk test are presented in [table 2](#).

**Table 2.** Results of the Shapiro-Wilk test to check the normality of the data.

| Variable                  |          | Statistics | significance |
|---------------------------|----------|------------|--------------|
| Quality of life           | pre-test | 0/977      | 0/338        |
|                           | pre-test | 0/970      | 0/156        |
| Psychological empowerment | pre-test | 0/990      | 0/445        |
|                           | pre-test | 0/963      | 0/095        |

According to the results of [table 2](#), in the variables of quality of life and psychological empowerment, the obtained z value is not significant ( $p > 0.05$ ), so the assumption of normality of data distribution is respected.

**Table 3.** Descriptive findings related to the research variables in the two experimental and control groups.

| Variable                  | Group   | pre-test |       |       | After the test |       |
|---------------------------|---------|----------|-------|-------|----------------|-------|
|                           |         | Number   | Mean  | SD    | Mean           | SD    |
| Quality of life           | Witness | 15       | 40.93 | 12.08 | 40.10          | 11.81 |
|                           | Test    | 15       | 40.29 | 11.57 | 51.72          | 13.41 |
| Psychological empowerment | Witness | 15       | 0.42  | 9.86  | 29.50          | 9.22  |
|                           | Test    | 15       | 40.28 | 11.60 | 43.90          | 12.14 |

As the results of [table 3](#) show, the mean and standard deviation of the experimental and control groups are presented separately in the pre-test and post-test stages.

According to the results of the table, the average quality of life in the experimental group has increased from (40.27) in the pre-test stage to (51.73) in the post-test stage to (43.92) in the post-test stage after the compassion therapy intervention.

**Table 4.** Levine's test for homogeneity of variance of research variables.

| Variable                  | F    | First degree of freedom | Second degree of freedom | significance |
|---------------------------|------|-------------------------|--------------------------|--------------|
| Quality of life           | 1.77 | 1                       | 28                       | 0.170        |
| Psychological empowerment | 1.38 | 1                       | 28                       | 0.247        |

Also, the results obtained in [table 4](#) show that considering that the significance level is more than 0.05, it can be concluded that the homogeneity of the variances of the variables of quality of life and psychological empowerment is established. Levine's test has confirmed the homogeneity of pre-test and post-test variances.

**Table 5.** Presumption of homogeneity of regression slope for research variables.

| Variable                  | DF | mean square | F    | significance |
|---------------------------|----|-------------|------|--------------|
| Quality of life           | 1  | 810.249     | 3.21 | 0.099        |
| Psychological empowerment | 1  | 650.434     | 2.89 | 0.099        |

[Table 5](#) shows the assumption of homogeneity of the regression slope for the variables of quality of life and psychological empowerment with a significance level greater than 0.05. The assumption of homogeneity of the regression slope, that the group-pretest interaction is not significant, is confirmed, and therefore, after the assumptions were fulfilled, univariate analysis of covariance was used.

**Table 6.** The results of univariate analysis of covariance related to research variables.

| Variable                  | sum of squares | DF | Mean square | F     | significance | Effect size |
|---------------------------|----------------|----|-------------|-------|--------------|-------------|
| Quality of life           | 15420.40       | 1  | 15420.40    | 35.51 | 0.001        | 0.547       |
| Psychological empowerment | 19602.17       | 1  | 19602.17    | 40.29 | 0.001        | 0.672       |

Based on the results of [table 6](#), the intervention of the program based on compassion has had a positive and meaningful effect on the quality of life and psychological empowerment of textile workers, and also according to the calculated effect size and its significance, it can be said that 54% of the variance Quality of life as well as 67% of the variance of psychological empowerment is explained by the intervention of the compassion-based program.

### Discussion and conclusion

The current research was conducted with the aim of the effectiveness of compassion therapy on the quality of life, work and psychological empowerment of Borujerd textile workers. The findings of the research showed that compassion therapy is effective on the quality of life and psychological empowerment of textile workers. In other words, the treatment of Matani on compassion had the ability to increase the mean of the dependent variable, which is the quality of life and psychological empowerment. In the explanation of the first finding about the effect of therapeutic compassion on quality Life can be said that compassion therapy was founded on two main processes. The first process refers to all experiential processes that include increasing compassion and kindness to oneself and others. Also, the behavioral processes of this model include deconditioning, managing to strengthen one's freedom, and supportive relationships. The experimental processes of this model are related to the emotion management structure. This decisional balance refers to the fact that a person lightens and weighs the positive and negative aspects of his own behavior, and in fact, this balance has a special effect on positive psychological factors during compassion therapy training.<sup>15</sup> In fact, the employees in the treatment protocol sessions through teaching the ways of compassion, teaching awareness of negative experiences, teaching to try to take control of life, adequate nutrition and exercise, self-care with timely doctor referrals and lack of the use of drugs can improve the level of quality of life. In the explanation of the second finding regarding the effect of compassion therapy on psychological empowerment, it can be stated that employees who have high psychological empowerment have more self-esteem and can overcome their feelings of helplessness and powerlessness in the workplace. These people have high internal motivation and do more activity and participation in the organization than other people. As people feel empowered, there are many organizational and individual benefits such as creativity, flexibility, problem solving, good quality job performance, satisfaction. It will include career, health and mental health.<sup>16</sup> Compassion therapy can be felt by

teaching to identify the extent and manner of using compassion, teaching to express compassion, correcting behavior through environmental reinforcements, calming and reverse action, teaching to evaluate and pay attention to the consequences, and trying to express compassion appropriately and inappropriately. create empowerment in textile workers. Finally, the use of compassion therapy as an efficient and effective intervention approach can be effective in increasing the quality of life and psychological empowerment of textile workers. In general, the research results showed that there is a relationship between quality of life and empowerment There was a significant psychological difference in the experimental and control groups. Therefore, the application of compassion-based treatment program alone or in combination with other intervention programs can increase the quality of life and psychological empowerment of textile workers. The limitations of the present study were: focusing on the textile workers of Borujerd city, which limits the generalization of the findings to the rest of the geographical regions. With regard to the fact that the present research was conducted on the textile workers of Borujerd city and it only examined the relationship of some variables in the effectiveness of compassion therapy; As a result, the results of this finding cannot be generalized to other people. Also, the low sample size and the use of the available sampling method were the main limitations of the research, which are suggested to be solved in the next studies. Thanks, are hereby given to all the participants in this research (textile workers) and to all those who sincerely helped us in conducting this research. have cooperated and read and approved it, and the absence of conflict of interest of the authors is mentioned.

### Highlights

#### What Is Already Known?

**Importance of Employee Morale:** Highlighted the necessity of addressing employee motivations and creating a supportive work environment to enhance productivity and mental health.

**Quality of Life:** Defined as a multifaceted measure encompassing physical, emotional, psychological, and social health.

#### What Does This Study Add?

**Psychological Empowerment:** Linked to motivation, decision-making, and overall job satisfaction, impacting organizational performance.

**Previous Research:** Cited studies indicating the effectiveness of CFT in various contexts, including mental health improvements and emotional disturbance reduction.

**Authors' Contributions**

All authors contributed equally.

**Acknowledgements**

not applicable

**Conflicts of Interest Disclosures**

not applicable

**Consent For Publication**

not applicable

**Ethics approval**

not applicable

**Funding/Support**

None

**The extent of AI use**

Artificial intelligence was not used.

**References**

1. Steers, R. M., Mowday, R. T., & Shapiro, D. L. (2004). The future of work motivation theory. *Academy of Management review*, 29(3), 379-387.
2. Jahani, Amir Masoud (2019). Investigating the working morale of Lorestan police force soldiers and the factors influencing its changes. *Scientific Quarterly of Military Service Studies*, 3(2), 31-50.
3. Qashqaizadeh, Nasraleh. (2019). Designing and compiling a model for improving the quality of working life of academic staff members. *Iranian Work Health Journal*, 17(1) 196-207.
4. Connell, J., Brazier, J., O'Cathain, A., Lloyd-Jones, M., & Paisley, S. (2012). Quality of life of people with mental health problems: a synthesis of qualitative research. *Health and quality of life outcomes*, 10, 1-16. [Doi:10.1186/1477-7525-10-138](https://doi.org/10.1186/1477-7525-10-138)
5. Megari, K. (2013). Quality of life in chronic disease patients. *Health psychology research*, 1(3).
6. Shahvardi, Abbas; Saedi, Sara and Razani, Mohsen. (2019). The effectiveness of life skills training on psychological empowerment, anxiety sensitivity and anger of soldiers, *Social Health Journal*, 7(2), 156-165.
7. Ardianti D, Dewi FI, Suyasa PT. The role of transformational leadership and psychological empowerment on work engagement. In *The IRES-785th International Conference 2020* (pp. 17-21).
8. Crego, A., Yela, J. R., Riesco-Matías, P., Gómez-Martínez, M. Á., & Vicente-Arruebarrena, A. (2022). The benefits of self-compassion in mental health professionals: A systematic review of empirical research. *Psychology research and behavior management*, 2599-2620.. [Doi: 10.2147/PRBM.S359382](https://doi.org/10.2147/PRBM.S359382).
9. Stroud, J., & Griffiths, C. (2021). An evaluation of compassion-focused therapy within adult mental health inpatient settings. *Psychology and Psychotherapy: Theory, Research and Practice*, 94(3), 587-602.
10. Aghaie, A., Khanjani Veshki, S., & Pasha, S. (2021). The effectiveness of compassion-based education on reducing emotional turbulence in women experiencing marital infidelity. *Journal of applied psychological research*, 12(1), 299-313.. [Doi:10.22059/japr.2021.303377.643528](https://doi.org/10.22059/japr.2021.303377.643528).
11. TARKHAN, M. (2021). The Effectiveness of Compassion Focused Therapy (CFT) on Academic Resili-ency and Hopefulness in the Academic Procrastination of Male Students of the Second Degree of High School. *Research in School and Virtual Learning*, 8(4), 9-18. [Doi:10.30473/etl.2021.57643.3435](https://doi.org/10.30473/etl.2021.57643.3435).
12. TARKHAN, M. (2021). The Effectiveness of Compassion Focused Therapy (CFT) on Academic Resili-ency and Hopefulness in the Academic Procrastination of Male Students of the Second Degree of High School. *Research in School and Virtual Learning*, 8(4), 9-18. [Doi:10.30473/etl.2021.57643.3435](https://doi.org/10.30473/etl.2021.57643.3435).
13. Niyasti, N., Ghorban-Shiroudi, S., Khalatbari, J., & Tizdast, T. (2021). Determining the Effectiveness of Compassion-focused Treatment Package, Emotion-focused Therapy and Acceptance and Commitment Therapy on Distress Tolerance among Adolescents with Aggressive Behaviors: A Pilot Study.
14. Steffen, P. R., Foxx, J., Cattani, K., Alldredge, C., Austin, T., & Burlingame, G. M. (2021). Impact of a 12-week group-based compassion focused therapy intervention on heart rate variability. *Applied Psychophysiology and Biofeedback*, 46, 61-68. [Doi:10.1007/s10484-020-09487-8](https://doi.org/10.1007/s10484-020-09487-8)
15. Ahoei, K., Faramarzi, M., & Hassanzadeh, R. (2017). The relationship between spiritual intelligence and psychological well-being in women with breast cancer. *Shiraz E-Medical Journal*, 18(10). [Doi:10.5812/semj.15103](https://doi.org/10.5812/semj.15103)
16. Nejat, Sahrnaz; Montazeri, Ali; Kazem, Mohammad; Halakoui, Korosh and Majdzadeh, Seyed Reza. (1384). The quality of life of the people of Tehran based on the WHOQOL-BREF questionnaire, *Hakim Quarterly*, 10 (3), 1-8.