

Mindfulness and its relation to Work Family Conflict among Staff Nurses

Dr. Heba Nasser Rayan

Lecturer in Nursing Administration, Faculty of Nursing- Ain shams University

Abstract

Background: Mindfulness might help nurses in dealing with conflicts, work and family demands conflict with one another(work-family conflict). **Aim of this study:** assess mindfulness and it's relation to work family conflict among staff nurses **Design**To conduct the study, a descriptive, correlational design was chosen. **Setting:** The study was conducted at Ain Shams University hospital, which is affiliated to Ain Shams university hospitals **Subject:** The subjects of this study involved 184 out of 350 staff nurses. **Data collection tools:** There were two tools were used to gather the data. namely: Five-Facet Mindfulness Questionnaire (FFMQ), and Work-family Conflict Scale (WFCS). **Results:** shows that over than half of staff nurses had a low level of mindfulness regarding observing dimension and more greater than one-third have moderate level regarding non-reactivity dimension. While only 9.3% of them have high levels. Also, shows that more than half of studied nurses had a high-level regarding behavior-based FIW dimension. Also, more than one-third have moderate level regarding behavior-based WIF dimension. Over 50% of the studied staff nurses have a high level of work family conflict. **Conclusion:** there was a highly negative significant correlation between mindfulness and work family conflict within the staff nurses. **Recommendations:** Develop and deliver a training program and workshops to assist nurses in developing a more mindful lifestyle and creating a positive work environment to enhancing in work-life balance will increase one's job satisfaction and decrease one's intention to quit.

Keywords: Mindfulness, Staff nurses, Work-family Conflict.

Introduction

Mindfulness is "awareness that results from intentionally and nonjudgmentally focusing attention in the present moment" Being mindful allows to be aware of how experiences are changing in the present.(opinions and feelings) without getting involved in spontaneous responses or constructive or bad decisions. It highlights embracing reality as it is in the current moment and gathering all skills with transparency, interest, empathy (Kabat-Zinn,2018).

It is vital for healthcare organizations and nurses to comprehend the potential aspects connected with mindfulness. With this knowledge, nurses will be able to provide higher-quality care and achieve better health and work-related outcomes. Suleiman-Martos et al., (2020). Numerous research demonstrate the beneficial effects of mindfulness on life happiness and self-worth Rayan, (2019). In socioemotional circumstances, mindfulness enhances intellectual control, according to brain research on mindfulness-based intervention (MBI). This is especially true for individuals

who have higher possibilities of making a change. Quaglia et al., (2019).

Mindfulness has positive impact on increasing individual accomplishment, nurses' and other healthcare professionals' quality of sleep and relaxation Ceravolo & Raines, (2019).

According to Brass, (2016), mindfulness has been linked to improved patient outcomes, high-quality care, patient satisfaction, and overall well-being. Additionally, it has been linked to a decrease in psychological load, nurses' perceptions of nursing errors, and nurses' weariness Suleiman-Martos et al., (2020). Thus, it appears that mindfulness has an impact on both the structural and individual levels of healthcare organizations Said & Kheng, (2018).

Mindfulness practice enhance nurses to be more completely present with their patients and themselves Bernstein , (2019). Lastly, By raising awareness, mindfulness can help with emotion regulation (Hill & Updegraff, 2012).

It may be a simple and affordable method of lowering tension and exhaustion in nurses, enhancing life satisfaction and patient care, raising compassion and professional and personal fulfillment, and improving quality of life. According to **Duarte and colleagues (2016)**.

Work-family conflict” refers to conflict that results from work-related responsibilities that interfere with family life. It is challenging to fulfill the responsibilities of one position when there is conflict between the job and family domains since one must participate in the other. Given the numerous negative effects of work-family conflict on one's health as well as non-work-related outcomes, finding strategies to lessen it is a crucial objective in both study and practice housework. This can happen in two ways; family can get in the way of work (FIW) and work can get in the way of family (WIF) **Cao et al., (2020)**.

Work-family conflict can arise due to long working hours, less time at home, and rigid work schedules **Darouei et al., (2021)**. In particular, women who want to build a career while taking care of children face conflicts between work and family. The most common problems encountered in the workplace due to work-family inconsistency are job discontent, exhaustion, inferior performance, feeling inadequate at work, and turnover **Obrenovic et al., (2020)**. Conflict between work and family has been connected in studies to a number of negative effects, such as low job satisfaction., disorders, substance abuse, insufficient sleep, insomnia symptoms, and depression. low work productivity, job dissatisfaction, poor psychological health, anxiety disorders, mood disorders **Salvagioni et al., (2017)**.

Mindfulness helps improve consequences on both individually and professionally level **Mesmer-Magnus et al., (2017)**. The ability to equable these two responsibilities (balance between work and family) can be enhanced by trait mindfulness.due to its characteristic of staying mentally focused on activities at work. work without considering anything else. Therefore, Maintaining a healthy work-life balance may improve job satisfaction and reduce one's

intention to quit. Therefore, work-life balance may moderate the trait perceptions' effects on work satisfaction and intention to leave. Additionally, if work and family demands conflict with one another (work-family conflict), mindful nurses can maintain this balance.

Significance of study:

Organizations face the challenge of satisfy and retaining competent staff members in a fast-paced, competitive setting For people, work-life balance is a crucial concern in today's workplace. Work-family conflict is a growing area of interest to researchers, organizations, and clinicians. To date, researchers have primarily studied how work interferes with or conflicts with family. Studies have shown that people who are mindful and less anxious are better able to manage conflict **(Jaiswal et al., 2019)**.

An inability to manage responsibilities at work and at home might lead to work-family conflict. Stressful situations for nurses include role conflict. Health, both physical and emotional, is negatively impacted by the stressor,Many physical and mental health issues have thus been linked to a high degree of work–family conflict. The relationship between work-family conflict and mindfulness has not been well studied to date. Work-family conflict has been linked to increased emotional tiredness and decreased job satisfaction.

The self-training online program created by **Althammer et al.,(2021)** teaches employee how to practice mindfulness. Results included work-life balance happiness and strain-based work-life conflict. The recipients of mindfulness training reported lower levels of increased satisfaction with work-life balance and strain-based work-life conflict when compared to a control group.

There has been little research studies have been explain the relation of Mindfulness and Work-Family Conflict on experiences at the workplace. Therefore, the present study focuses on assess mindfulness and it's relation to work family conflict among staff nurses .

Aim of the study:

The study aimed at assess Mindfulness and it's relation to work family conflict among staff nurses through:

1-Assessing Mindfulness level among staff nurses.

2-Assessing work family conflict level among staff nurses.

3-Finding out the relation between mindfulness and work family conflict among staff nurses.

Research Question

Is there a relation between mindfulness and work family conflict ?

Subjects and Methods

Research design: a descriptive, correlational design was chosen.

Study Setting: This study was carried out at the hospital of Ain Shams University, which is affiliated to Ain Shams university hospitals. It provides medical services and consisted of six floors with 27 units. Which include (cardiac department, cardiac care unit (ICU), Catheterization unit, Pre catheterization care unit, chest care unit, respiratory function unit, gastrointestinal movement unit, ophthalmology ward, ophthalmic operations room and dialysis units, medical departments ,stroke care unit)

Subjects and technique: A simple random sampling technique.

The size of the sample:

The sample was composed of staff nurses employed in the previously mentioned settings at the time of the study, regardless of their years of experience, gender, qualifications, and age. A sample was 184 out of 350 staff nurses calculated by the following equation developed by **Thompson (2012)**.

- Equation:

N is the number of population; d is the rate of errors; z is the average score that corresponds to the significance level; it is 0.95 and equivalent to 1.96; p is the property's availability is 0.50.

$$n = \frac{Np(1-p)}{(N-1)(d^2/z^2) + p(1-p)}$$

Consequently, sample size(n) = 184 .

Data collection tools: There were two tools used to gather data for this study, which are as follows:

Tool I: Five-Facet Mindfulness Questionnaire (FFMQ):

The tool was composed of two parts:

Part1 : Staff nurse's characteristics:

this part was concerned with the studied nurses' demographic information like(nurses' gender, age, educational qualification, years of experience and working hours....etc.).

Part II: This part concerned with assessment of the mindful awareness among staff nurses. The researcher modified it from a version developed by **Baer et al. (2012)**.

It included 15 items divided into 5 dimensions: observing (3 items), describing (3 items), acting with awareness (3 items), non - judging (3 items), and non-reacting (3 items)..

Scoring system:

Staff nurses response checked against a five- point Likert scale. For each item, there are five possible responses: (1) for a positive statement; (5) for very often or always true; (4) for often true; (3) for sometimes true; and (2) for seldom true.; The negative statements will have the score reversed. As a result, the percentage of nurses who practice mindfulness was divided into three categories: "High level" if it was greater than 75%, "Moderate level" if it

was between 60 and 75%, and "Low level" if it was less than 60%. (Abd-Elrhaman et al.,2023).

Tool II: Work family Conflict Scale (WFCS):

This tool was created by (Carlson et al. ,2000) with the intention of determining the work-family conflict level experienced by staff nurses and was adopted from (Alsayed, 2020) . It was measured through two different directions: family interference with work (FIW) and work interfering with family (WIF). The scale has eighteen items total, divided into six subscales (time-based WIF, behavior-based FIW, behavior-based WIF, and strain-based FIW). Three items are included in each subscale to assess the various combinations of direction & nature of work family conflict.

Scoring system

Each item response was measured using Strongly disagree is 1 on a five-point Likert scale, and disagree is 2, Agree is 4, Neutral is 3, and Strongly agree is 5. The levels of WFC and its 6 subscales that are based on the mean scores levels are categorized as low, moderate, and high, respectively, ranging from 1.00–2.33, 2.34–3.66, and 3.67–5.00 (Amer et al.,2023).

II. Operational design:

a- Initial Phase of preparation: The researcher revise recent and historical, national and worldwide literature, as well as knowledge components related to the study problem, utilizing the internet, books, journals, and articles. The study tools for gathering data were developed as a result. the researcher also visits the chosen places during this phase.

Pilot study: The study pilot was done on (19 staff nurse) of the sample of the staff nurse sample representing about 10% of the research sample. The pilot study's objectives are to evaluate the tool's usability and clarity as well as the amount of time required to finish the study tools (25-30 minutes).Necessary modifications was completed in accordance with the pilot study's findings.

Field work: The researcher meet the participants The researcher introduces herself to study subject then explains the aim of the study and asks participation from staff nurses in the research. The staff nurse who agrees to participate the researcher explain to them methods to fill in the study tools. After that, the researcher was distribute the tools to staff nurses on these study days to fill it. Finally, the researcher was revised the sheets to assess its' completeness. Data collections taken two months from April 2024 to June 2024.

III. Administrative Design: The aforementioned setting's directors gave their approval. The director was met with the researcher to go through the rationale behind gathering data.

Tools validity: A panel of five nursing administration experts (two professors from Ain Shams University and one assistant professor from Faculty of Nursing at Cairo University and two assistant professors from the Faculty of Nursing at Banha University) determined the content validity of the tool. The jury group reviewed the content of the tools for their relevancy, thoroughness, comprehensibility, and accuracy.

Reliability: For the analysis tools, a reliability test was computed using the Cronbach's Alpha Coefficient. The internal accuracy of the study scales was assessed using the Cronbach's Alpha Coefficient. The Five Facet Mindfulness Questionnaire (FFMQ) had a reliability score of 0.92. and 0.91forwork family conflict .

Ethical consideration:

An official permission was obtained from faculty of nursing Ain Shams University's Nursing Faculty's Research and Ethical Committee. The researcher met with the staff nurses to get their agreement to participate in the study and to explain its goal. Consent was obtained from staff nurses. They received reassurances on the confidentiality of the data gathered and its exclusive use in scientific research.

IV. Statistical Design: The Excel program and SPSS software version 22 were used to arrange, classify, computerize, tabulate, and analysis of the collected data. The mean and standard deviation were computed for the numerical data. The percentage and number were computed for the qualitative data. For parametric data, Pearson Rank order the correlation between the variables was calculated using the correlation coefficient. For all above-mentioned statistical tests done, $P < 0.01$ indicated statistical significance..

Results:

Table (1) indicates that more than two-thirds (69%) of the study subject are (20-40) years old and more than half (57.6%) are male nurses. While A little over one-third (36.3%) of nurses are graduated from technical institute and bachelor of nursing. As well as more than half (54.9 %) are single and less than half (45%) average of years of marriage are <10 years. In addition, two-fifth (40%) of nurses have two and three children, and less than three quarters (70%) aren't caring for elderly people. As the majority (95%) of nurses haven't children with special needs, and more than half (54.9%) had sufficient monthly income. Regarding extra working more than half (59.2%) of nurses are doing extra work, and less than half (45.7%) are working at morning shift. Also, more than half

(55.4%- 57.1%) of nurses have less than 10 years' experience providing care for one to three patients.

Table (2) shows that over than half (58%) of studied nurses have a low level of mindfulness regarding observing dimension. Also, above one-third (37%) have moderate level regarding non-reactivity dimension.

Figure (1) shows that greater than half (57%) of the studied staff nurses have a low level of mindfulness. Also, more than one third (33.7%) of them have moderate levels. While only (9.3%) of them have high levels.

Table (3) demonstrates that over than half (57%) of staff nurses have a high-level regarding behavior-based FIW dimension. Also, more than one-third (38%) have moderate level regarding behavior-based WIF dimension.

Figure (2) shows that Over half (54.9%) of the studied nurses report having a high degree of work-family conflict. Additionally, almost 30% of them have moderate levels. While only (15%) of them have low levels.

Table (4) illustrates a highly statistically significant negative correlation ($P = < 0.000$) between the overall mindfulness of staff nurses and work-family conflict.

Table (1): personal and Job characteristics of staff nurses (n=184)

| personal characteristics | Staff nurses in studied sample (n=184) | |
|---|--|------|
| | N | % |
| Age (year) | | |
| 20 – 40 | 127 | 69 |
| 40< | 57 | 31 |
| Mean±SD | 39.12±9.53 | |
| Gender | | |
| Male | 106 | 57.6 |
| Female | 78 | 42.4 |
| Educational Qualification | | |
| Nursing Diploma | 50 | 27.2 |
| Technical Institute of nursing | 67 | 36.4 |
| Bachelor of Nursing | 67 | 36.4 |
| Marital Status | | |
| Single | 101 | 54.9 |
| Married | 80 | 43.5 |
| Divorced | 3 | 1.6 |
| Widow | - | - |
| Years of marriage | | |
| <10 | 83 | 45 |
| 11-20 | 64 | 35 |
| >20 | 37 | 20 |
| Number of children | | |
| One child | 36 | 20 |
| Two children | 74 | 40 |
| three children | 74 | 40 |
| Are there any elderly people that you take care of at home? | | |
| Yes | 55 | 30 |
| No | 129 | 70 |
| Are there children with special needs at home | | |
| Yes | 9 | 5 |
| No | 175 | 95 |
| Monthly income | | |
| Sufficient | 101 | 54.9 |
| Insufficient | 83 | 45.1 |
| are you doing extra work? | | |
| Yes | 109 | 59.2 |
| No | 75 | 40.8 |
| years of experience of staff nurses | | |
| <10 | 102 | 55.4 |
| 11-20 | 63 | 34.2 |
| >20 | 19 | 10.3 |
| What shift do you usually work with? | | |
| Morning | 84 | 45.7 |
| Evening | 44 | 23.9 |
| Night | 6 | 3.3 |
| Changing between the three shifts | 50 | 27.2 |
| How many patients are cared for? | | |
| One to three patients | 105 | 57.1 |
| More than three | 79 | 42.9 |

Table (2): Score and percentage distribution of mindfulness dimensions among staff nurses (n=184):

| Mindfulness dimensions | Mindfulness dimensions among staff nurse | | | | | |
|------------------------|--|----|--------------------|----|--------------|----|
| | High ≥75 | | Moderate 60-75% | | Low <60 % | |
| | N | % | N | % | N | % |
| Observing | 20 | 11 | 57 | 31 | 107 | 58 |
| Describing | 22 | 12 | 63 | 34 | 99 | 54 |
| Acting with awareness | 9 | 5 | 66 | 36 | 109 | 59 |
| Non-judging | 24 | 13 | 55 | 30 | 105 | 57 |
| Non-reactivity | 13 | 7 | 68 | 37 | 103 | 56 |

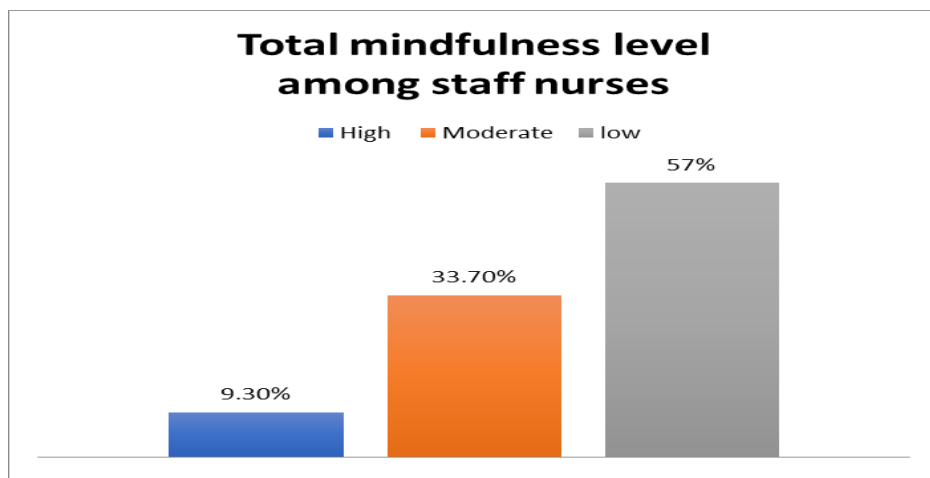


Figure 1: Percentage distribution of Total mindfulness level among staff nurses (n=184)

Table (3): Score and percentage distribution of work family conflict dimensions among staff nurses (n=184)

| Work family conflict dimensions | Work family conflict dimensions among staff nurse | | | | | |
|---------------------------------|---|----|-----------------------|----|---------------|----|
| | High 3.67 - 5 | | Moderate 2.34-3.66 | | Low 1-2.33 | |
| | N | % | N | % | N | % |
| Time-based WIF | 92 | 50 | 55 | 30 | 37 | 20 |
| Time-based FIW | 99 | 54 | 61 | 33 | 24 | 13 |
| Strain-based WIF | 103 | 56 | 57 | 31 | 24 | 13 |
| Strain-based FIW | 101 | 55 | 64 | 35 | 19 | 10 |
| Behavior-based WIF | 98 | 53 | 70 | 38 | 16 | 9 |
| Behavior-based FIW | 105 | 57 | 59 | 32 | 20 | 11 |

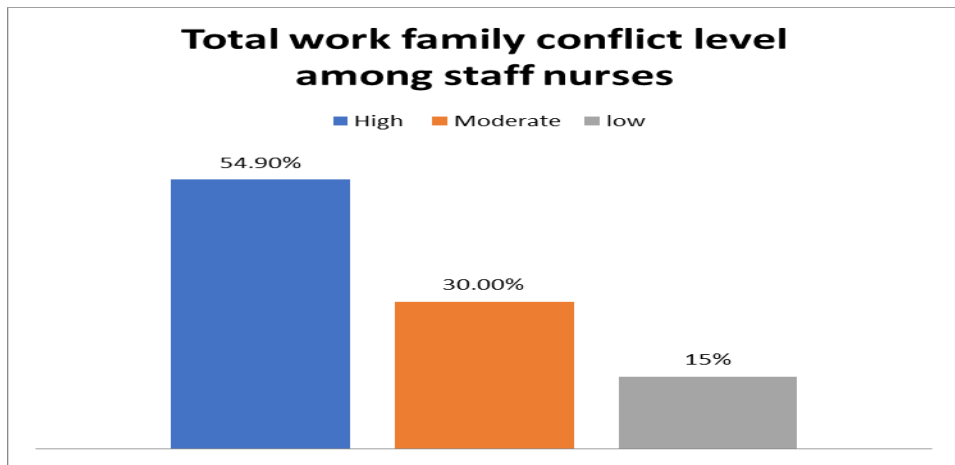


Figure 2: Percentage distribution of total work family conflict level among staff nurses. (n=184)

Table (4): Correlation between total staff nurses' mindfulness, and work family conflict scores.

| Items | work family conflict |
|-------------|----------------------------|
| mindfulness | r = - 0.343 P = 0.000** |

Correlation is significant at the 0.01 level

Discussion

Mindfulness and sense of control have protective effects on the psychological health and promote a balanced or smooth emotional life. Work-family conflict arises for nurses as it does for other professions because of the responsibilities and obligations of family and work. The working environment for nurses presents a number of difficulties that cause conflict between obligations to one's family and one's job (Al-Hammouri et al., 2023). Therefore, the current study aimed to assess mindfulness and its relation to work family conflict among staff nurses.

Regarding mindfulness dimensions, based on the findings of the present study, over half of the staff nurses who were included in the study had low level mindfulness in different dimensions and total mindfulness. This finding might be due to nurses encounter a variety of stresses in their everyday job routine. These stressors can include lengthy work hours, the burden of patients, role conflict, infection exposure, and a lack of power.

The results of this study align with those of Mohamed et al. (2021), who discovered that because nursing is one of the most demanding professions, half of the studied subject had low ratings for overall mindfulness (or example, a form of emotional tension).

Regarding this, Chana et al. (2015) discovered that among the most demanding employees are healthcare providers, who experience fifty percent a lack of comprehension and emotional tiredness, high levels of work-related stress, social deprivation.

Furthermore, Penque, (2019) reported that, Workplace pressures pose a considerable risk to the majority of nurses, potentially impacting their health and well-being. Conversely, Elmawla et al.'s (2020) study findings revealed that a moderate level of mindfulness was demonstrated by the majority of the nurses under study. Wadeaa, 2021 also found that ,over half of the study subject in the study had a moderate level of mindfulness.

According to the current study, over half of the studied nurses had low levels of the non-judging dimension although it was the first ranking of mindfulness dimensions. This finding may be due to increased patients' number and workload implies the nurses' capacity to recognize their circumstances without passing judgment and to accept it.

This result in agreements **Mohammed et al., (2023)** concluded that, , the studied nurse had low level of mindfulness in terms of action awareness and observation. On other hand, the current finding revealed that, Acting with awareness was the mindfulness dimension with the lowest level in the final ranking. This could be because staff nurses are often overworked and exposed to stressful situations at work.

In this regard, **Abd-Elrhman et al., (2023)** asserted that, The "acting with awareness" dimension was associated with the last ranking that had the lowest average score. This result did not align with the findings of **Mohamed et al. (2021)**.who reported that, the lowest dimension was describing. In addition, **Assi et al., (2022)** reported that, the highest sub-dimensions of mindfulness were acting with awareness and describing

Also, describe dimension had low level. This might be due to work stress implies staff The experience nurses have at work makes it difficult for them to find the right words to express their emotions and ideas.

This study findings is congruence with **Al-Hammouri et al., (2023)** who asserted that, This dimension's "describing" ranking e had the highest overall mean score.

Furthermore, The result of the current study indicated that over half of the staff nurses had low level regarding observing dimension. From the research perspective, this result might because of inadequate staff nurses' ability to observe others' and one's own thoughts, feelings, and physical impressions and this is associated with increased negative mood and increased burnout in staff nurses.

Mohamed et al. (2021) reported that over half of the study subject had low levels of observing dimension, which is in line with the study's result. As opposed to the study findings **Chandna et al., (2022)** who concluded that, observing dimension had high mean score.

Regarding work family conflict dimensions, The results of the present study demonstrated that over half of the studied nurses had high significant levels of work-family conflict across all dimensions. These levels may be because high percentage of nurses was married and usually have more household responsibilities; also majority of them had two or three children to care.

Agree with the study finding **Yarifard et al., (2023)** who mentioned that, there was significant work-family conflict in over half of the nurses. Contrary to what the study's findings **Labrague et al., (2021)** showed, staff nurses experienced moderate levels of overall work-family conflict. Variations in working conditions and the research environment that impact socio-cultural traits can influence how frequently these variations occur.

The current findings revealed that, the first ranking of work family conflict dimensions with the highest level was related to behavior-based FIW dimension.

From a research perspective, The finding that just under 50% of the study's staff nurses were female may help to explain this result. It also appears that because of their dual roles as mothers and wives, women had a greater influence on their families than men did, which meant that they spent more time and energy on family activities than on their jobs and other work-related activities.

In agreements with the study result **Yarifard et al., (2023)** discovered that women had a greater impact on their families than did men. As a result, there was greater evidence of the overlap between work and family norms and practices.

Also, This result is in line with research by **Alhani and Mahmoodi-Shan (2018)**, who

demonstrated that family influences include expectations from family members for the nurse and tensions between family and professional responsibilities.

Meanwhile, The time-based WIF dimension was highly correlated with over half of the studied nurses. Although it was the last ranking of work_family conflict dimensions at the lowest possible level.

The high level of time-based work interfering with family could be due to the time spent in work as time occupied by the job causes difficulty in family responsibilities accomplishment, and the Conflict may arise as a result of work-related stress affecting family and home responsibilities.

In the same context **Allen, (2019)** reported that, variables related to employees' work such as hours of work and job stress is strongly predicting work interfering with family. Also, a study in n Jordan by **AlAzzam et al., (2017)** stated that, time-based WIF dimension had high level.

Conversely, a study in Iran by **Dilmaghani et al., (2022)** mentioned that, WFC in terms of time was at a moderate level. The degree of WFC may vary depending on individual traits and working environment.

Finally, The research question was supported by a substantial negative correlation between overall staff nurses' mindfulness and work-family conflict

This result might be the result of one type of inter-role conflict is work-family conflict. that requires staff nurses to balance demands from their families and their jobs. and causes stress and difficulties between two roles.

This result is in the same line with **Al-Hammouri et al., (2023)** observed that lower levels of mindfulness dimensions were correlated with higher levels of work_family conflict. Additionally, **Al-Hammouri et al. (2022)** noted that reduced mindfulness was observed in nurses who had higher levels of stress, depression, or family-work conflict.

Conclusion

Based on the findings of the present study, a negative statistically significant correlation was found between overall mindfulness and work-family conflict of staff nurses.

Recommendation:

It was recommended in light of the study's findings.

Develop and deliver a training program to assist nurses in developing a more mindful lifestyle.

Further researches are suggested as:-

Evaluate the relation between mindfulness and work related stress.

- Work family conflict and it's relation to individual traits and working environment.

-Evaluate the relationship between mindfulness and burnout.

-Evaluate the connection between intention to resign and work-family conflict.

References:

Abd-Elrhaman, E. Hasanin A. and Ismae, Z. (2023). Creative Management and Mindfulness among Head Nurses and its Relation to Nurses' Work Thriving and Professional Nursing Autonomy. Journal of Nursing Science - Benha University ISSN: 2682 – 3934 Vol. (4) No. (1) 2023.

Abd-Elrhaman, E.S.A., Ghoneimy, A,G,H., & Ismael, Z. (2023). Creative Management and Mindfulness among Head Nurses and its Relation to Nurses' Work Thriving and Professional Nursing Autonomy. Journal of Nursing Science Benha University, 4(1), 730-750.

AlAzzam M, AbuAIRub RF, et al. (2017). The relationship between work–family conflict and job satisfaction among hospital nurses.

- In: Nursing forum: 2017. Wiley Online Library; 2017. pp. 278–88.
- Al-Hammouri M. M., Rababah J. A., and Alfurjani A. M. (2022).** Factors influencing mindfulness among Jordanian nurses: A cross-sectional study. *Journal of Nursing Management*, 30(7), 3386–3392.
- Al-Hammouri, M. M. Rababah J. A. and Alfurjani, A. M. (2023).** The Effect of a Mindfulness-Based Intervention on Family-Work and Work-Family Conflicts among Nurses: A Randomized Controlled Trial. *Sage Journal*. December 7, 2023.
- AlhaniF, and Mahmoodi-Shan GR (2018)** Work–family conflict as a stressor in the lifestyle of nurses: a content analysis. *J Nurs Midwifery Sci* 5(3):79–88.
- Allen T. (2019).** The Relationship between Emotional Intelligence, Resilience, and Retention among Baccalaureate Nursing Students. PhD. Dissertation in Nursing. University of Phoenix.
- Alsayed, A.A., (2020):** Work-Family Conflict and Emotional Intelligence in Relation to Job Performance of Staff Nurses at Ismailia General Hospital. unpublished Master thesis, faculty of nursing, suez canal university
- Amer, A. Adam, S. and Abdelrazek, F. (2023).** How work-family conflict and emotional intelligence of staff nurses affect their job performance: A correlational study.
- Amer, A.,A. Mohamed Adam, S., & Abdelrazek, F. (2023).** How work-family conflict and emotional intelligence of staff nurses affect their job performance: A correlational study. *Egyptian Journal of Health Care*, 14(1), 817-832.
- Assi, M. Esha, N. Rayan, A. (2022).** The Relationship between Mindfulness and Conflict Resolution Styles among Nurse Managers: A Cross-Sectional Study. *SAGE Open Nursing* Volume 8: 1–8.
- Baer, R. A., Carmody, J., & Hunsinger, M. (2012).** Weekly change in mindfulness and perceived stress in a mindfulness-based stress reduction program. *Journal of Clinical Psychology*, 68(7), 755-765. doi: 10.1002/jclp.21865
- Bernstein . S (2019)** Being present: Mindfulness and nursing practice *Nursing* 49(6):p 14-17. DOI: 10.1097/01.NURSE.0000558105.96903.af
- Brass, E. (2016).** How mindfulness can benefit nursing practice. *Nursing Times*, 112(18), 21–23. Retrieved from <https://www.nursingtimes.net/roles/mental-health-nurses/how-mindfulness-can-benefitnursing-practice>.
- Cao, J., Liu, C., Wu, G., Zhao, X., & Jiang, Z. (2020):** Work-Family Conflict and Job Outcomes for Construction Professionals: The Mediating Role of Affective Organizational Commitment. *Int J Environ Res Public Health*. 2020; 17(4): 1443. Published 2020 Feb 24. doi:10.3390/ijerph17041443
- Carlson, K. M. Kacmar, and L. J. Williams(2000)** “Construction and initial validation of a multidimensional measure of work-family conflict,” *J. Vocat. Behav.*, vol. 56, no. 2, pp. 249–276, , doi: 10.1006/jvbe.1999.1713.
- CeravoloD.,and Raines D. (2019).** The impact of a mindfulness intervention for nurse managers. *Journal of Holistic Nursing*, 37(1), 47–55. <https://doi.org/10.1177/0898010118781620>
- Chana, N., and Kennedy, P., & Chessell, Z. (2015).** Nursing staffs’ emotional well-being and caring. *Journal of Clinical Nursing*, 24, 2835-2848.
- Chandna, S. and Sharma, P. Moosath, H. (2022).** The Mindful Self: Exploring Mindfulness in Relation with Self-esteem and Self-efficacy in Indian Population. *Psychol Stud* (April–June 2022) 67(2):261–272.

- Darouei, Maral&Pluut, Helen. (2021).** Work from home today for a better tomorrow! How working from home influences work-family conflict and employees' start of the next workday. *Stress and Health*. 10.1002/smi.3053.
- Duarte, J., and Pinto-Gouveia, J. & Cruz, B. (2016):** Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study. *International Journal of Nursing Studies*, 60, 1–11.
- Elmawla, A., Bastawesy, S., Shabaan, F. & Abo Ramdan, A. (2020).** Effect of Educational Program about Authentic Leadership and Mindfulness Factors on Head Nurses Practice Self-Evaluation. *Tanta Scientific Nursing Journal*, 18(1):Pp. 110-133.
- Hill C &Updegraff, J (2012):** Mindfulness and Its Relationship to Emotional Regulation *American Psychological Association* , Vol. 12, No. 1, 81–901528-3542/11/\$12.00 doi: 10.1037/a0026355
<https://doi.org/10.31289/analitika.v10i1.1589>
- Jaiswal S., Tsai S., Juan C., and Muggleton N., Liang W. (2019).** Low delta and high alpha power are associated with better conflict control and working memory in high mindfulness, low anxiety individuals. *Social Cognitive and Affective Neuroscience*, 14(6), 645–655.
<https://doi.org/10.1093/scan/nsz038>.
- Kabat-Zinn, J. (2018).** Meditation is not what you think: Mindfulness and why it is so important. Hachette UK.
- Labrague LJ, Ballad CA, Fronda DC. (2021).** Predictors and outcomes of work–family conflict among nurses. *IntNurs Review*. 2021;68(3):349-357.
- Mesmer-Magnus .J, Manapragada .A, Viswesvaran .C & Allen Josh W(2017)** :Trait mindfulness at work: A meta-analysis of the personal and professional correlates of trait mindfulness , *Human Performance*, Volume 30,Issue 2-3,page 79-98.
- Michel, A., Bosch, C. and Rexroth, M. (2014)** Mindfulness as a cognitive–emotional segmentation strategy: An intervention promoting work–life balance. *J Occup Organ Psychol*, 87: 733-754.
- Mohamed, B. Ghaith, R. and Ahmed, H. (2022).** Relationship between work–family conflict, sleep quality, and depressive symptoms among mental health nurses. *Middle East Current Psychiatry* (2022) 29:19
- Mohamed, E. Zaki, S. &Kotb, F. (2021).** Assessment of Mindfulness among Head Nurses, and its' Effect on Staff Nurses' Emotional Regulation and Quality of Work Life. *AssiutScientific Nursing Journal*. Vol , (9) No, (24), March, 2021, pp (153- 165).
- Mohammed, W. Abdelaalem, M. Atiya, S. Abdelhady, T. (2023).** Effect of Authentic Leadership and Mindfulness Educational program on nursing managers' competencies: A Quasi-experimental Study. <https://doi.org/10.21203/rs.3.rs-3484596/v1>
- Obrenovic, B., Jianguo, D., Khudaykulov, A. & Khan, M.A.S. (2020):** Work-Family Conflict Impact on Psychological Safety and Psychological Well-Being: A Job Performance Model. *Front. Psychol*. 11:475.
- Penque, S. (2019).** Mindfulness to promote nurses' well-being. *Nursing Management*, 50(5), 38–44.
- Quaglia J., Zeidan F., Grossenbacher P., Freeman S., Braun S., Martelli A., Brown K. (2019).** Brief mindfulness training enhances cognitive control in socioemotional contexts: Behavioral and neural evidence. *PloS one*, 14(7), e0219862.
<https://doi.org/10.1371/journal.pone.0219862>
- Rayan A. (2019).** Mindfulness, self-efficacy, and stress among final-year nursing

- students. *Journal of Psychosocial Nursing and Mental Health Services*, 57(4), 49–55. <https://doi.org/10.3928/02793695-20181031-01>
- Said, Z., &Kheng, G. L. (2018).** A review on mindfulness and nursing stress among nurses. *Analitika: Jurnal Magister Psikologi UMA*, 10(1), 31–45.
- Salvagioni, D.A.J., Melanda, F.N., Mesas, A.E., González, A.D., Gabani, F.L., & Andrade, S.M. (2017):** Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS One*. 2017; 12(10): e0185781. Published 2017 Oct 4. doi:10.1371/journal.pone.0185781
- Suleiman-Martos, N., Gomez-Urquiza, J. L., Aguayo-Estremera, R., Cañadas-De La Fuente, G. A., De La Fuente-Solana, E. I., &Albendín-García, L. (2020).** The effect of mindfulness training on burnout syndrome in nursing: A systematic review and meta-analysis. *Journal of Advanced Nursing*, 76(5), 1124–1140. <https://doi.org/10.1111/jan.14318>
- Thompson (2012).** Sampling. 3rd edition. John Wiley & Sons.
- Wadeaa, M. (2021).** Relation between mindfulness and communication skills among psychiatric and mental health nurses, Master Thesis, Faculty of nursing, Benha University.
- Yarifard, K. Abravesh, A. Sokhanvar, M. et al. (2023).** Work family conflict, burnout, and related factors among nurses during the COVID-19 pandemic in the Northwest of Iran. *IOS Press. ISSN 1051-9815. Work* 76 (2023) 47–59.