

Assessment of Mindfulness among Head Nurses, and its Effect on Staff Nurses' Emotional Regulation and Quality of Work Life

Ebtsam Ahmed Mohamed¹, Safaa Mohammed Zaki² & Fatma Nagy Kotb³

¹Lecturer of Nursing Administration, Faculty of Nursing, Minia University, Egypt

²Assistant professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Minia University, Egypt

³Assistant professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Minia University, Egypt

Abstract

Background: Mindfulness as being aware of present experience with acceptance. Emotion regulation as the process by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions. Also quality of nursing work life is the degree to which nurses are satisfied with their personal needs; while achieving their organizational goals, which in turn, leads to an increase the productivity. **The aim of the study:** Was to assess mindfulness among head nurses, and its effect on staff nurses' emotional regulation and quality of work life. **Subject and method:** A study design: a descriptive correlation design was used. **Setting:** The study was conducted at Health Insurance Hospital, Minia, Egypt. **Subjects:** The present study includes all head nurses (n= 26) and all staff nurses (n= 222) who is working at the previous Hospital. **Tools of data collection:** 1st Personal data sheet, 2nd Five Facet Mindfulness Questionnaire, 3rd Emotion Regulation Questionnaire, and 4th Quality of Nursing Work Life Survey. **Results:** Revealed that half of the head nurses rated low regarding total mindfulness, less than half of staff nurses rated moderate regarding total emotional regulation. Nearly to half of staff nurses rated low regarding the total quality of work life. Also, there is a positive correlation between mindfulness and emotional regulation, and mindfulness with quality of work life. **Conclusion:** The present study concluded that mindfulness among head nurses affect positively staff nurses' emotional regulation and quality of work life. **Recommendations:** Develop and deliver a training course to enhance the mindfulness of nurses who in turn have a positive impact on emotional regulation and work life quality.

Keywords: *Mindfulness, Head Nurses, Staff Nurses, Emotional Regulation & Quality of Work Life*

Introduction

Mindfulness has become very common. The exposure to the positive effects of attention has increased in both scientific studies and daily media. Claims on the efficiency of attention to well-being, concentration and success are carelessly raised in the business world. Businesses have also given more attention to their employees in recent years. In the academic world, research has increased on attention generally and the effect of attention on organizations. Consequently, it is important for managers and their organizational staff to remain critical and develop a nuanced approach to productivity and focus (Decuyper et al, 2020).

While mindfulness tends to be beneficial for managers and employees, we strive to provide a clear picture of current research in leadership knowledge and to encourage future research, theories and practical workplace applications. (Decuyper et al, 2020). The degree to which people become conscious of their working atmosphere is attention to the workplace. While awareness is 'a sensitive attention to and awareness of current events and experiences' (Good, 2015).

Mindfulness can be represented by three elements. In other words, a conscientious person needs not to

ruminate or think of the past; they actually are 'being' here and now. First, focus can be defined as a 'consciousness focused on today.' Secondly, both internal and external stimuli need to be taken into account. Beyond concentrating on stimuli, this means paying attention freely and acceptably (Hyland et al, 2015). In addition, Rooney (2012) added that, attention is described as an open knowledge and awareness of the experience in the moment; it can be enhanced by training and training inherent in each individual.

Mindfulness has a number of market and workplace benefits. In general, such mechanisms focus are structured to influence employee productivity and well-being. These include responding flexibility, decreased ruminations, empathy, rules and better self-determination and better working memory, better affective forecasting, and better dedication to work and pleasure. Attention is associated with a positive effect on physical well-being, mental health and well-being (reduced pain, increased treatment times, immune function) (reduced stress, social anxiety disorder, depression, and improved mood, quality of work-life). Thus, mindful workers display imagination, ingenuity and self-awareness (Hyland et al., 2015).

Mindfulness can then be related to the absolute emotional regulation (ER). The ability to maintain objectivity and manipulate automatic receptive patterns is greatly impacted by control of emotions (Guendelman et al,2017).

The nursing profession is difficult, whereas the infants are compensated for their efforts in their nursing work in many circumstances. The infants deal with different emotions on the job daily and with their care activities can make considerable emotional efforts. They can communicate emotions and their public image is empathetic, alert, caring and vigilant, and it also governs their negative emotions such as anger, sadness, sorrow and frustration (Gonnelli et al., 2016). We should believe that nurses can be exhausted emotionally as they perform their nursing tasks. It is necessary to consider nursing emotions, as they affect not only the health of nurses (e.g., emotional exhaustion, job satisfaction, mental health), but also their understanding of other emotions). This inevitably plays a major role in providing patients with the best care; therefore, empirical evidence of nursing emotions is quite justified (Frenzel, 2014).

In this respect, ER is an essential developmental task connected to a wide range of important biological, psychological and social functions. Its significance is widely demonstrated in clinical work and study, but it is a relatively new topic in psychopathology (Sheppes et al, 2015).

ER is defined as the mechanism by which you influence what feelings you have when you have and how you feel and express them. ER is a self-regulatory mechanism that typically supports the creation of interior experience in the external environment (cognition, emotion, evaluation, capacity for action, physiology, autonomy etc.). Early life starts producing emotional regulatory processes, which are the basis of adaptive functions such as copying (Chowdhury, 2018).

Quality of working life (QWL) is a vital function for employees of an organization. It is difficult for workers to continue working in stressful environments and for longer periods, often leading to a lack of motivation and commitment. (Mxenge et al, 2014). QWL is defined as a departmental framework designed to enhance care satisfaction and nursing well-being as well as to improve the results of patients and health care workers (Sirin & Sokmen, 2015). Quality of nursing work life (QNWL) "is the degree through which registered careers with their working experience can meet significant personal needs while achieving their objectives" (Kaddourah et al. 2018).

QNWL is focused on offering caregivers the opportunity to make a significant contribution to their organization. QNWL, a multidimensional term, explains the relationship between the nurses' working and home lives and the nature and context of the nurses' activities. It also helps companies understand how satisfaction and responsibilities affect workplace problems (Kaddourah et al. 2018).

In particular, improving QWL is an inclusive move to enhance the living conditions of workers on site and is needed in every company to recruit and retain their personnel. The need for trained, committed, and motivated employees in health facilities requires high standards of working life (QWL). The provision of health care services depends on the ability and capacity of their workforce. Health care providers have an important role to play, amongst others, and quality of work in healthcare facilities has become a major problem. (Kelbiso, 2017)

QWL comprises workplace equipment, conditions of employment, fair and reasonable pay, opportunities for advancement, discretion, commitment to decision-making and occupational health and safety. It is important to improve the quality of the work of caregivers in order to ensure good nursing performance and good patient care. Patients with high working standards are highly satisfied and their company is more inspired by employment (Hassan et al., 2014).

Finally, mindfulness can improve emotion control by raising awareness (Hill & Updegraff, 2012). It can be an easy and cost effective way of minimizing nursing stress and burnout, improving quality of life, increasing compassion and working and individual satisfaction, and improving life satisfaction and service for patients (Duarte et al., 2016).

The significance of the study

Head nurses play an important role in the workplace. Moreover, supervision means that head nurses use the power to direct his staff nurses or employees. The head nurses must build trust and sympathy to inspire others and honesty in their team. In the workplace, attention is important because it can improve engagement and emotional control, the morals of workers and operating performance as well as the QWL in healthcare environments can be strengthened.

A research study carried out by Myers (2012) explored the link between attentiveness, religious coping strategies and emotional regulation, and study findings found that a positive connection between collaborative religious coping and emotional regulation is positive – reassessment and focus. Another research conducted by Morsy & Sabra

(2015) investigated the association between the quality of work and job satisfaction in University hospitals in Assiut. The findings showed a strongly positive association of the statistical significance between work quality and job performance.

No previous studies have linked these three interconnected variables. The researchers presenting this study to assess mindfulness among head nurses and its effect on staff nurses' emotional regulation and quality of work life, as they are critical for nursing practice.

Aim of the study

This study aimed to assess mindfulness among head nurses, and its effect on staff nurses' emotional regulation and quality of work life

Research question

Is there a relationship between head nurses' mindfulness, staff nurses' emotional regulation, and quality of work life?

Subjects and Method

Research Design:

A descriptive correlation design was done to fulfill the aim of this study

Setting

The current study was conducted at Health Insurance Hospital, Minia. Egypt

Subjects

The subjects of the current study included all head nurses (n= 26) and all staff nurses (n= 222) who are working at Health Insurance Hospital during the period of data collection.

Data Collection Tools:

To collect data, four tools have been used:

Tool (1): Personal data tool (sheet)

This tool was developed by the researchers. It was used to collect data about the personal data characteristics of the study participants. It included items related to gender, department, age, and years of experience.

Tool (2); Five Facet Mindfulness Questionnaire (FFMQ)

The FFMQ was developed by **Baer, et al (2006)**. To measure the participant's mindful awareness. It consisted of 39 items with 5 points Likert scale ranging from 1=Never or very rarely true, 2= Rarely true, 3= Sometimes true, 4= Often true, and 5=Very often or always true for positive statement; the score will be reversed in the negative statements. The negative statements are 3,5,8,10,12,13,14,16, 17,18,22,23,25,28,30,34,35,38, and 39. It is divided into 5 dimensions as follows: observe (8 items), describe (8 items), act with awareness (8 items), non-judging (8 items), and non-reactive (7 items).

The scoring system was ranged from [39 to195], which categorized as following:

- Low from 39 to 90.
- Moderate from 91 to 143.
- High from 144 to 195. The higher score the greater tendency toward mindfulness.

Tool (3): Emotion Regulation Questionnaire (ERQ)

The ERQ was developed by **Gross, & John (2003)** is designed to assess individual differences or to measure two sub-factors of emotion regulation. It consisted of 10 items with 5 points Likert scale ranging from 1=Strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, and 5= Strongly agree. It is divided into 2 dimensions as follows: reappraisal items (1, 3, 5, 7, 8, and 10) and suppression items: (2, 4, 6, and 9).

The scoring system was ranged from (10 to 50), which categorized as following:

- Low from 10 to 23.
- Moderate from 24 to 37.
- High from 38 to 50. The higher score indicated higher emotion regulation.

Tool (4): Quality of Nursing Work Life (QNWL)

The QNWL was developed by **Brooks** in the USA in (2001) to determine nurses' work-life quality. The scale consists of 42 items with 5 points Likert scale ranging from 1=Strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, and 5= Strongly agree. It is divided into 4 dimensions as follows: home life /work life (7items), work design (10 items), work context (20 items), and work world (5 items). The scoring system was ranged from (42 to 210), which categorized as following:

- Low from 42 to 98.
- Moderate from 99 to 155.
- High from 156 to 210. The higher score indicated better work life quality.

The validity of the study tools:

The content validity of the current study tools was established by a panel of five experts in the field of Nursing Administration, and Psychiatric Nursing from the Faculty of Nursing, Minia University. Each expert panel was asked to assess the tools for their content, wording, length, coverage clarity, format, and overall appearance. No modification was done from the Jury panel.

Reliability of the study tools:

Using Cronbach's Alpha Coefficient for the analysis instruments, the reliability test was calculated. To test the internal accuracy of the study scales, Cronbach's Alpha Coefficient was used. The reliability values for the Five Facet Mindfulness Questionnaire (FFMQ) was 0.92, the Emotion Regulation Questionnaire

(ERQ) was 0.83 and the Quality of Nursing Work Life Survey (QNWL) was 0.85

Pilot study:

The pilot study was carried out on (10%) of the participants (3 head nurses and 22 staff nurses) from health insurance hospital to ensure the clarity and applicability of the items of the tools, and to determine the time required to complete the tools. The results showed that the time spent in filling the tools was ranged between 20-30 min. Based on the pilot study analysis, no modifications were done to the tools. So, the number of pilot studies was included in the total number of the study sample.

Procedure:

- Tools were translated into Arabic, and aback translation was done for more verification of the translation of the tools.
- Official permission was obtained from the director of the Health Insurance Hospital after explaining the nature of the work.
- The researchers explained the aim, nature, and significance of the study for every participant to get better cooperation during the implementation of the research.
- Oral consent was obtained from each participant in the study after explaining the purpose of the study.
- During data collection, the researchers handled the questionnaire sheets individually to the

participant (head nurses and staff nurses) then explained the questionnaire sheets to them asking for their participation.

- The researchers waited until the participants completed the sheets.
- Data were collected for nearly two months from the beginning of November to the end of December 2020.

Ethical Considerations:

After explaining the purpose of the work, official approval was received from the faculty's ethical committee. The head nurses and staff nurses participating in the study were told a verbal explanation of the intent and goal of the study and they were permitted to reject, cancel or participate and were assured that their information and data would be confidential, used and used for study purposes only.

Statistical analysis of data

Computer program me, Social Studies Statistical Package (SPSS), version 21, was used for data entry and statistical analysis. Relevant descriptive statistics have been used for quantitative variables such as frequencies and for qualitative variables, means and norms. In order to estimate the close connection between the variables, the correlation coefficient (r) test was used. Statistical significance at p -value <0.05 was taken into account for all tests.

Results

Table (1): Distribution of personal characteristics according to their studied participants

Head nurses			Staff nurses		
Characteristics	(N=26)	%		(N=222)	%
Age					
20-30 year	18	69.2	20-30yrs	153	68.9
31-40 year	8	30.8	31-40yrs	45	20.3
<40 year	0	0	<40yrs	24	10.8
Mean \pmSD	30.6\pm3.78		Mean \pmSD	28.9\pm7.13	
Gender					
Male	0	0	Male	51	23
Female	26	100	Female	171	77
Years of experience					
1-10 year	21	80.8	1-10yrs	155	69.8
11-20 year	5	19.2	11-20yrs	40	18
<21 year	0	0	<21yrs	27	12.2
Department					
Critical	9	34.6	Critical	93	41.9
General	17	65.4	General	129	58.1

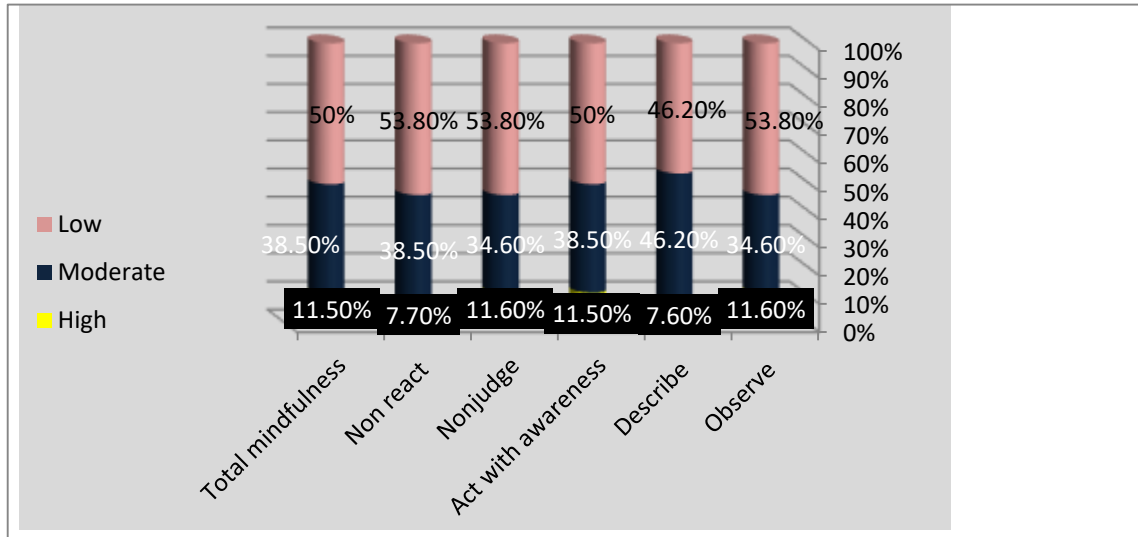


Figure (1): Percentage distribution of head nurses about mindfulness and its dimensions (N=26)

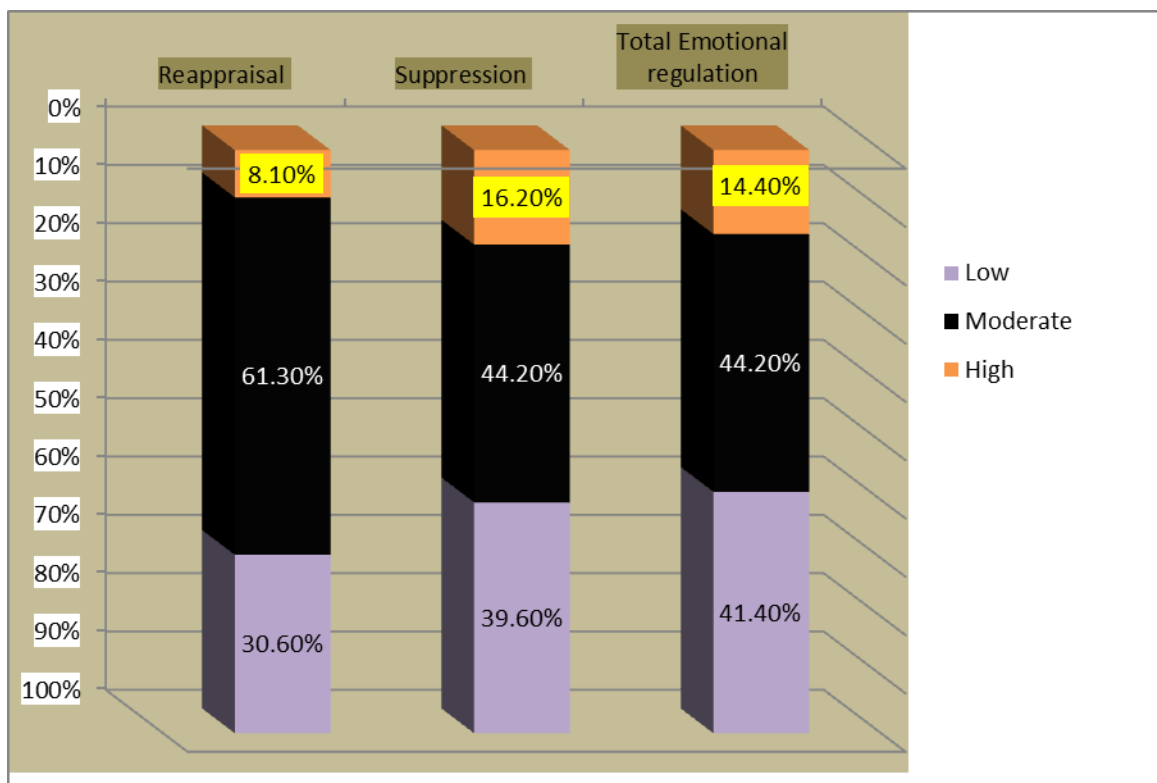


Figure (2): Distribution of staff nurses regarding emotional regulation and its dimensions (N=222)

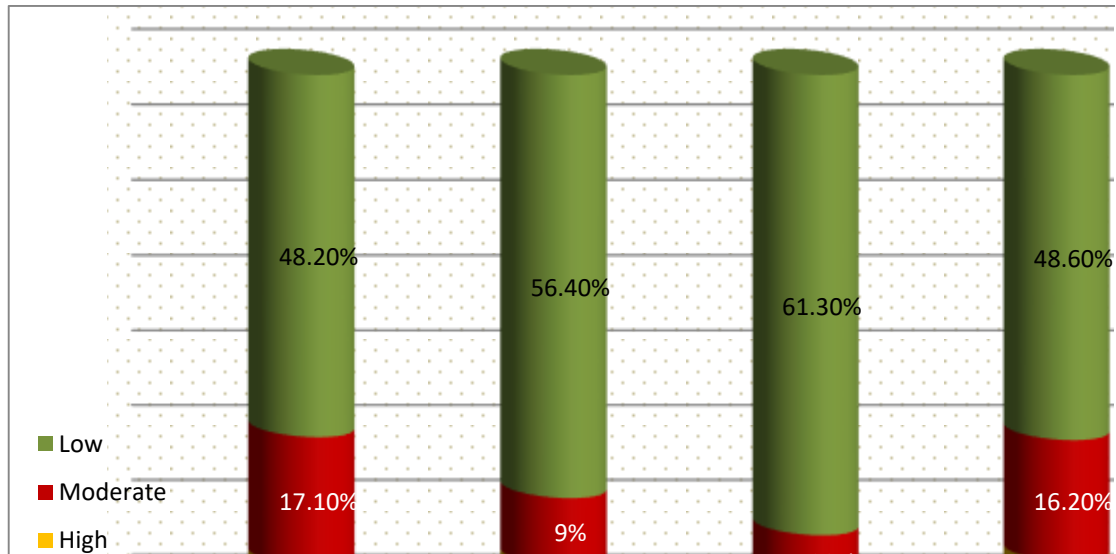


Figure (3): Distributions of dimensions of quality of work life as reported by studied participants (N=222)

Table (2): Mean score comparison among head nurses mindfulness, staff nurses emotional regulation, and quality of work-life as regards to departments

Variables	Head nurses mindfulness (N=26)			T-test	P-value
	Low N (%)	Moderate N (%)	High N (%)		
Critical department	3 (33.3)	3 (33.3)	3 (33.3)	2.27	.032*
Mean \pm SD= 138.4 \pm 45.3					
General department	10 (58.8)	7 (41.2)	0		
Mean \pm SD= 107.2 \pm 25.3					
Variable	Staff nurses emotional regulation (N=222)			T-test	P-value
	Low N (%)	Moderate N (%)	High N (%)		
Critical department	13 (14)	48 (51.6)	32 (34.4)	8.55	.000**
Mean \pm SD= 31.9 \pm 10.7					
General department	85 (65.9)	44 (34.1)	0		
Mean \pm SD= 21.8 \pm 6.72					
Variable	Staff nurse quality of work-life (N=222)			T-test	P-value
	Low N (%)	Moderate N (%)	High N (%)		
Critical department	16 (17.2)	1 (1.1)	76 (81.7)	14.2	.000**
Mean \pm SD= 164.3 \pm 55.4					
General department	91 (70.5)	37 (28.7)	1 (0.8)		
Mean \pm SD= 90.1 \pm 17.8					

Table (3): The relation between mindfulness and personal data among head nurses (n=26)

Personal data	Mindfulness		
	Mean+ SD	T-test	P-value
Age			
20-30 year	126.3+38.2	1.84	.077
31-40 year	99.4+22.6		NS
Department	Mean+ SD	T-test	P-value
Critical	138.4+45.3	2.27	.032*
General	107.2+25.3		
Years of experience	Mean+ SD	T-test	P-value
1-10 year	120.8+37.8	.812	.425
11-20 year	106.2+27.2		NS

* $p \leq 0.05$ (significant) T-test: P-value based on independent sample T-test, F-test P-Value based on compares mean. NS= No Significant difference * statistically significant difference

Table (4): Mean score of emotional regulation and quality of work life regarding personal data of staff nurses (n=222)

Personal data	Emotional regulation			Quality of work-life		
	Mean+ SD	F-test	P-value	Mean+ SD	F-test	P-value
Age						
20-30 year	25.2+10.3	2.40	.092 NS	115.7+51.1	2.63	.074 NS
31-40 year	27.1+7.86			133.6+53.6		
≤41 year	29.6+11.9			132.4+60.1		
Gender	Mean+ SD	T-test	P-value	Mean+ SD	T-test	P-value
Female	25.78+8.96	.246	.806 NS	133.2+56.8	1.86	.064 NS
Male	26.17+10.2			117.5+51.4		
Department	Mean+ SD	T-test	P-value	Mean+ SD	T-test	P-value
Critical	31.9+10.7	8.55	.000**	164.3+55.5	14.2	.000**
General	21.8+6.72			90.1+17.8		
Years of experience	Mean+ SD	F-test	P-value	Mean+ SD	F-test	P-value
1-10 year	25.8+9.91	1.93	.147 NS	121.8+53.5	.973	.380 NS
11-20 year	24.8+8.07			112.4+46.4		
<21 year	29.4+11.9			130.5+58.8		

* $p \leq 0.05$ (significant) T-test: P-value based on independent sample T-test, F-test P-Value based on compares mean. NS= No Significant difference * statistically significant difference

Table (5) Correlation among head nurses mindfulness and emotional regulation and quality of work-life among staff nurses

Variable		Mindfulness	Emotional regulation	Quality of work-life
Mindfulness	R	1	.663**	.485*
	P		.000	.012
Emotional regulation	R	.663**	1	.449*
	P	.000		.021
Quality of work-life	R	.485*	.449*	1
	P	.012	.021	

Table (1): Shows that (69.2%) of head nurses are in age group less than 30 years with a mean of 30.6 ± 3.78 ; the whole of them (100%) are females; the majority of them (80.8%) have years of experiences ranged between 1-10 years and (65.4%) work in the general areas. **As regards**, staff nurses, (68.9%) of staff nurses are in age group ranged between 20-30 years with a mean of 28.9 ± 7.13 ; the majority of them (77%) are females; above two-third percent (69.8%) have years of experiences ranged

between 1-10 years and more than half (58.1%) of the sample work in the general areas.

Figure (1): Illustrates, that half of the head nurses rated low regarding total mindfulness (50%) and its dimensions as following "observe (53.80%), no judge (53.80%), non-react (53.80%), act with awareness (50%) and describe (46.20%)" respectively. Also, the same table illustrates that the head nurses rated high regarding total mindfulness (11.50%) and its dimensions as following "observe (11.60%), no judge

(11.60%), act with awareness (11.50%), non-react (7.70%), and describe (7.60%) respectively

Figure (2): Reveals that (44.20%) of staff nurses rated moderate regarding total emotional regulation and its dimensions as follows "reappraisal (61.30%), suppression (44.20%)" respectively.

Figure (3): Shows that (48.20%) of staff nurses were rated low regarding the total quality of work-life and its dimensions as following work context (61.30%), work world (56.40%), work-life (54.50%), and work design (48.60%) respectively.

Table (2): Reveals that regards to head nurse's mindfulness there is a statistically significant difference between the critical department with "Mean score = 138.4 ± 45.3 " and general department with "Mean score = 107.2 ± 25.3 ", "p = 0.032*". While, the emotional regulation, there is a highly statistically significant difference between the critical department with "Mean score = 31.9 ± 10.7 " and the general department with "Mean score = 21.8 ± 6.72 " "p value = 0.000**".

Besides, the same table denotes that, regards the quality of work-life there is a highly statistically significant difference between the critical department with "Mean score = 164.3 ± 55.4 " and general department with "Mean score = 90.1 ± 17.8 " concerning the quality of work life with "p value = 0.000**".

Table (3): Shows that statistically significant difference among mindfulness and personal data of the department (P=0.032*), which indicates that the highest mean was to the critical department with "Mean \pm SD = (138.4 ± 45.3). Besides, the same table denotes that, there is no statistically significant differences in the other personal data.

Table (4): Reveals that, there is a statistically significant difference among emotional regulation and quality work-life and department (P=0.000**), which indicate that the highest mean was to the critical department with (31.9 ± 10.7 & 164.3 ± 55.5). Also, the table denotes that, there is no statistically significant differences in the other personal data.

Table (5): Denotes that, there is a positive correlation between mindfulness and emotional regulation "R = 0.663*, P = 0.000*" and mindfulness with quality of work-life "R = 0.485*, P = 0.012". Moreover, the same table showed that there is a positive correlation between emotional regulation and quality of work-life "R = 0.449*, P = 0.021".

Discussion

The present study shows that more than half of head nurses are in age group less than 30 years, all of them are females; the majority of them have years of experiences ranged between 1-10 years and nearly

sixty percent work in the general areas. As regards staff nurses, more than half of staff nurses are in age group ranged between 20-30 years; the majority of them are females; above two-third percent have years of experiences ranged between 1-10 years; and more than half of the sample work in the general areas. In contrast, the participants were all female nurses between 22 and 58 years of age, according to Mikyoung (2019). All nurses between the ages of 22 years and 58 years, identified by Mikyoung (2019). Among the 168 nurses who completed the survey were 62 nurses (36.9%) from medical wards and 106 (63.1%) from surgery stations in three general hospitals. All of them worked full time in three shifts. The average nursing experience of these people was 6.48 years (SD = 6.25), with a duration of 1 to 37 years.

In the present study results. It was found that half the sample of head nurses was rated low regarding total mindfulness because nursing is one of the most stressful professions, Work stress (i.e., a type of emotional stress), coping strategies, and self-efficacy are significantly correlated with nursing staff's level of well-being. Stress can impact psychological well-being and harm clinical performance. In this regard, Chana et al, (2015) have found that, healthcare providers are among the most stressful workers with fifty percent of emotional exhaustion and a low level of understanding among health care providers, with a high work stress, social lack, a high position concentration and less years of care.

In the same line Van Camp & Chappy (2017), mentioned that, the total number of nurses separated from their first nursing job in the first year of their career is 35% to 60%. Reduced well-being and emotional compliance are often associated with the health workers' effort to give up their jobs and a reduced contribution to organizations.

A survey has been released by Andrea et al, (2009) showing that less than half of nurses are vigilant. Care must be taken and managers will be given a promising chance to alleviate stress. When managers work in complex settings, they can concentrate on understanding circumstances themselves to help reduce conflicts from past and future events. With regard to supervisors, attention was given to help people control their emotions. This adds up to a current team member partnership and reduces the manager's ability to reject a hasty view based on an ancient heuristic approach.

In contrast with the study results, McConville et al, (2017) reported that, the decrease in tension, anxiety and depression as well as adaptability strategies, the perception of stress and the ability to simplify and

create situations were associated with the increased understanding of the situation.

Roche et al. (2014) also states that, people who are more knowledgeable of demanding jobs can be more immune to work quickly in extremely complicated and potentially stressful situations. They can work more quickly. It is not surprising that concentrating activities will help quality stress recovery.

The present study found that the high percentage of staff nurses were rated moderate regarding emotional regulation and its dimensions. This could be interpreted as work pressure and the nature of hospital stressors affecting their emotional health. In this regard, it is crucial for caregivers (**Pisaniello et al. 2012**) to discern the effect of the issue and how a professional face is needed; that emotional self-advocation is necessary and that self-centeredness is essential for emotionally managed patients and staff.

As **Bahn & Weatherill (2013)**, participants found clinical experience much more challenging when unresolved interpersonal problems were near. The regulation and emotional protection of these interactions was especially evident and emotions disrupted the practice of certain people at the outset.

In the same context, **Koinis et al. (2015)** claim that, most nurses are categorized as having low levels of emotional regulation because it inevitably emphasizes the frequency of near-personal interactions and quick decision-making, which can have serious consequences. Lower employment satisfaction, lower working and teamwork expectations, lack of commitment, decreased treatment, absenteeism, an appreciation for leaving the profession and increased errors are all reduced health and northern problems (**Chana et al., 2015 & Hall et al. 2016**).

Indeed, **Castella et al. (2013)** in her study of the hospital environment between the nurses employed in different units, expressed emotional standards and influenced individual perceptions of impacts on control and performance of well-being, namely job satisfaction and burnout. In addition, almost half of the study works in a hospital with impaired emotional control. This could be interpreted to predestinate people's subconscious attitudes to an emotional control technique with important implications for psychological wellbeing, such as a connection with decreased emotion and happiness in life, assuming one cannot learn to manage emotions and emotions cannot be altered. emotions are not influenced by these issues.

The current study results also showed that, the majority of staff nurses were rated low regarding the total quality of work-life. This could be contributed to the low level of mindfulness and inability to

practice emotional regulation can affect negatively the quality of work, the finding is inconsistent with **Reb et al. (2012)** who demonstrated that, knowledge about work in the workplace is positive. Recent research has associated the experience of leaders with the results of followers. In comparison, **Almalki et al. (2012)** found that, more than half of the nurses were well trained caregivers. The same applies to a study carried out in Saudi Arabia in which most respondents were dissatisfied about their working lives because of many factors, such as inadequate salaries and poor health care, lack of respect for top management healthcare providers, Egypt has received just 34.7% of its nurse's high quality nursing jobs for a wide variety of reasons: heavy workload, inadequacy in service and ongoing training, low inferiors' pay, insufficient input and other colleagues. The same author said that, QWL ranges from low to moderate levels among nurses in various countries. The QWL as interpreted by the nurses was moderate in Bangladesh, stated by **Akter et al. (2018)**. Research in Saudi Arabia shows that 52.4% of nurses, particularly primary health nurses, are unhappy with their QWL. Recent studies in Iran have shown that 70.8% to 81.2% of nursing staff record low QWL.

Mosadeghrad, (2013), stated that insufficient and unequal payments, the lack of organizational resolution of staff concerns and the lack of management assistance, instability in the workplace, high employment tension, unfair promotion policies and the lack of involvement in decisions are the major reasons behind low QWL. Healthcare staff are often faced with stress because their job is very much expected, not enough time or social support at work that contributes to burnout and stress, according to **Ruotsalainen et al. (2015)**. This can lead to ineffective health care workers providing quality care, growing ill-time, and leaving the business.

The current study also showed that there is a positive correlation between mindfulness and emotional regulation. As practicing mindfulness help persons to control their emotions and improve their psychological health. Mindfulness has been described as "attending to relevant aspects of experience in a nonjudgmental manner" and differs from conventional emotional regulation strategies, such as cognitive reappraisal, which relies on memory and evaluation to reinterpret negative experiences. While both reappraisal and mindful emotion regulation likely share common features of attention, we argue that a model of mindful emotion regulation requires 2 processes that are distinct from reappraisal: attention to present-moment sensation, as distinct from delving into memory or cognitive

elaboration, and equanimity, the suspension of judging experience to be intrinsically good or bad (Ludwig & Kabat-Zinn 2008).

In this respect Romppanen & Haggman-Laitila's (2016) found a positive connection between mindfulness and emotional regulation. Launching a programme to strengthen the care of nurses has helped to encourage the well-being of nurses with a positive impact on their jobs, their emotions and the standard of teamwork and cooperation. The improved health care benefits from attitude strategies can also be transferred to all health professionals performing more effectively and generating better patient results for patients and families.

The present study results also reveal a positive correlation between mindfulness and quality of work life. This may help to draw attention to an employee who can isolate himself from work activities and work ideas that he can use at work or during his hours of work. If an employee is completely absorbed in the present moment, he/she will reassess a potentially stressful situation by separating traditional stimulation response ties which can positively affect quality of work life.

On the same context, Ludwig & Kabat-Zinn (2008) reported that the goal of mindfulness is to maintain an individual consciousness moment after moment and distract oneself from a deep commitment to thinking, feeling and beliefs so that the psychological balance can be better interpreted and quality of work will improve. Indeed, Ruotsalainen et al. (2015) indicated that, health workers also face stress because of high expectations, poor time or social support for their careers, which lead to stress and burnout. Health employees can either not provide treatment, take on a longer disease period or leave the organization.

Reb et al, (2015) added that, sensitivity to various job outcomes can benefit. This includes stress recovery, resilience, well-being, quality of work and jobs outcomes. As they often face difficult situations, this good result can help a manager efficiently lead a team. Therefore, consciousness can be an acceptable resourcing for manager.

Good et al, (2015) found a positive correlation between mindfulness and quality of work life, when a worker satisfies a job request, a primary stress evaluation is carried out to decide whether a demand represents a danger or a hazard. Carefulness allows a coherent thinking so that the employee can understand a colleague's constructive criticism rather than as a possibility. Flexible understanding of the requirement can help an employee reassess the situation and recognize the demands as obstacles after the present situation is not classified as a judicial one. The decoupling from the related

physiological effects (i.e. job stress) of the work requirements (i.e. positive feedback) is proposed to facilitate quality recovery, since the employee faces lower risks.

Guillaumie et al, (2016) found that, mindfulness appeared to enhance the mental health, well-being and efficiency of nurses. Furthermore, Bazarko et al, (2013) said that, the participants display a better health summary, less depression and a decline in burnout symptoms following the eight-week course on attention stress reduction. The findings of this analysis could also be sustained for more than 4 months. 1250 nurses were surveyed in Australia to study emotional pressures, work management, memory, autonomy and psychological stress by Grover et al, (2017). Their findings show that mindfulness has resulted in stress reduction using different ways to minimize the perception and effect of work requirements. They added that nurses can enhance stress management through the teaching of conscientiousness-based knowledge and skills, especially emotions and work-related stress.

The current study showed that emotional regulation has a positive connection to work quality. There is no question that addressing different emotions is extremely important for health-related workers. Emotions are important elements that affect the performance of individuals in their lives and professions. In this respect Hall et al, (2016) carried out a systematic analysis consisting of comprehensive research on the well-being, protection and burnout of medical workers. They found that poor welfare; medium to high levels of emotional fatigue were linked with poor patient safety, including medical errors, based on a study of 46 studies.

In particular, Gonnelli et al; (2016) noted the, importance of developing efficient strategies for emotional regulation for themselves and their working patients for nursing staff. One of the criteria in practice for nurses could be an appropriate way of coping with multiple feelings. Taking into account the emotional control dilemma of infants first makes infants aware of their own feelings and can then solve them in various care conditions more effectively. This contributes to developing effective relationships among health care providers and patients or colleagues to improve the quality of the care given.

Conclusion

The findings of present study concluded that mindfulness among head nurses affect positively staff nurses' emotional regulation and quality of work life. Also, there is a positive correlation between mindfulness and emotional regulation, and mindfulness with quality of work life.

Recommendation:

It was proposed that, considering the results of this study.

Develop and deliver a training course to enhance the mindfulness of nurses who in turn have a positive impact on emotional regulation and work life quality.

References:

- **Akter N, Akkadechanunt T, Chontawan, R & Klunklin A, (2018):** Factors predicting quality of work life among nurses in tertiary-level hospitals, Bangladesh. *International Nursing Review* 65(1) DOI: [10.1111/inr.12401](https://doi.org/10.1111/inr.12401)
- **Almalki MJ, FitzGerald G, & Clark M (2012):** Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study. *Hum Resource Health.*;10:30.
- **Andrea, H., Bultmann, U., van Amelsvoort, L. G., & Kant, Y. (2009):** The incidence of anxiety and depression among employees – The role of psychosocial work characteristics. *Depression and Anxiety*, 26, 1040-1048.
- **Baer, R., Smith, G., Hopkins, J., Krietemeyer, J., & Toney, L. (2006):** Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13, (1) 27-45. Used with permission.
- **Bahn, S., & Weatherill, P. (2013):** Qualitative social research: A risky business when it comes to collecting ‘sensitive’ data. *Qualitative Research*, 13(1), 19–35.
- **Bazarko, D., Cate, R., Azocar, F., & Kreitzer, M. (2013):** The impact of an innovative mindfulness-based stress reduction program on the health and well of nurses employed in a corporate setting. *Journal of Workplace Behavioral Health*, 28, 107-133.
- **Brooks B, (2001):** Development of an instrument to measure quality of nurses’ work life. Graduate College of the University of Illinois at Chicago.
- **Castella, P. Goldin, H. Jazaieri, M. Ziv, C., & Gross D (2013):** Beliefs about emotion: links to emotion regulation, well-being, and psychological distress, *Basic Appl. Soc. Psychol.* 35 497–505.
- **Chana, N., Kennedy, P., & Chessell, Z. (2015):** Nursing staffs’ emotional well-being and caring. *Journal of Clinical Nursing*, 24, 2835-2848.
- **Chowdhury M (2018):** What is Emotion Regulation? + 6 Emotional Skills and Strategies. Retrieved from <https://positivepsychology.com/emotion-regulation/>
- **Decuyper A., Audenaert M., & Decramer A. (2020):** Leader Mindfulness: Well-Being Throughout the Organization. Department Marketing, Innovation and Organization, Ghent University, Ghent, Belgium e-mail: Anouk.Decuyper@UGent.be
- **Duarte, J., 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. <http://dx.doi.org/10.1016/j.ijnurstu.2016.02.015>
- **Frenzel, A. (2014):** Teacher emotions. In E. A. Linnenbrink-Garcia & R. Pekrun (Eds.), *International Handbook of Emotions in Education* (pp. 494-519). New York: Routledge.
- **Gonnelli, C., Raffagnino, R. & Puddu, L. (2016):** “The emotional regulation in nursing work: an integrative literature review and some proposals for its implementation in educational programs”, *Nursing and Health Sciences*, Vol. 5 No. 6, pp. 43-49.
- **Good, D., Lyddy, C., Glomb, T., Bono, J., Brown, K., Duffy, M., Baer, R., Brewer, J., & Lazar, S. (2015):** Contemplating Mindfulness at Work An Integrative Review. *Journal of Management*, 45, 1-29.
- **Gross, J., & John, O. (2003):** Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85, (2) 348-362. Used with permission.
- **Grover, S., Teo, S., Pick, D., & Roche, M. (2017):** Mindfulness as a personal resource to reduce work stress in the job demands-resources model. *Stress and Health*, 33, 426-436.
- **Guendelman S, Medeiros S, & Rampes H. (2017):** Mindfulness and Emotion Regulation: Insights from Neurobiological, Psychological, and Clinical Studies. 6;8:220. doi: [10.3389/fpsyg.2017.00220](https://pubmed.ncbi.nlm.nih.gov/28321194/). Retrieved from <https://pubmed.ncbi.nlm.nih.gov/28321194/>
- **Guillaumie, L., Boiral, O., & Champagne, J. (2016):** A mixed-methods systematic review of the effects of mindfulness on nurses. *Journal of Advanced Nursing*, 73(5), 1017-1034.
- **Hall, L., Johnson, J., Watt, I., Tsipa, A., & O’Connor, D. (2016):** Healthcare staff wellbeing, burnout, and patient safety: A systematic review. *PLOS ONE*, 11(7), 1-12. doi: [10.1371/journal.pone.0159015](https://doi.org/10.1371/journal.pone.0159015).
- **Hassan, N., Maamor, H., Razak, A., & Lapok, F. (2014):** The effect of quality of work

- life (QWL) programs on quality of life (QOL) among employees at multinational companies in Malaysia. *Procedia-Social and Behavioral Sciences*, 112, 24-34.
- **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
 - **Hyland, P., Lee, R., & Mills, M. (2015):** Mindfulness at work: A new approach to improving individual and organizational performance. *Industrial and Organizational Psychology*, 8, 576 – 602. doi: 10.1017/iop.2015.41
 - **Kaddourah, B., Shaheen, A., & AlTannir, M (2018):** Quality of nursing work life and turnover intention among nurses of tertiary care hospitals in Riyadh: a cross-sectional survey. *BMC Nursing*, <https://doi.org/10.1186/s12912-018-0312-0>
 - **Kelbiso, L., Belay. A., & Woldie M (2017):** Determinants of Quality of Work Life among Nurses Working in Hawassa Town Public Health Facilities, South Ethiopia: A Cross-Sectional Study *Hindawi Nursing Research and Practice*, Volume 2017, Article ID 5181676, 11 pages.1155/2017/5181h <https://doi.org/10.76>
 - **Koinis, A., Giannou, V., Drantaki, V., Angelaina, S., Stratou, E., & Saridi, M. (2015):** The impact of healthcare workers job environment on their mental-emotional health, coping strategies: The case of a local general hospital. *Health Psychology Research*, 3(1984), 12-17
 - **Ludwig D., Kabat-Zinn J (2008):** Mindfulness in medicine. *JAMA*; 300(11):1350–1352.
 - **McConville J., McAleer R., & Hahne A. (2017):** Mindfulness Training for Health Profession Students-The Effect of Mindfulness Training on Psychological Well-Being, Learning and Clinical Performance of Health Professional Students: A Systematic Review of Randomized and Non-randomized Controlled Trials. *EXPLORE The Journal of Science and Healing* 13(1) DOI: [10.1016/j.explore.2016.10.002](https://doi.org/10.1016/j.explore.2016.10.002)
 - **Mikyong L. (2019):** Nurses' emotions, emotion regulation and emotional exhaustion Article in *International Journal of Organizational Analysis* · doi: 10.1108/IJOA-06-2018-1452
 - **Morsy S., & Sabra H. (2015):** Relation between quality of work life and nurses job satisfaction at Assiut university hospitals .*Al-zhar Assiut Medical journal* .VOL 13, NO 1.
 - **Mosadeghrad A, (2013):** Quality of working life: an antecedent to employee turnover intention. *Int J Health Policy Manag.* 1:43.
 - **Mxenge, S., Dywili, M., & Bazana, S. (2014):** Organizational stress and employees' intention to quit amongst administrative personnel at the University of Fort Hare, Eastern Cape, South Africa. *International Journal of Research in Social Sciences*, 4(5), 13-29.
 - **Myers M. (2012):** Examining the relationship between mindfulness, religious coping strategies, and emotion regulation. Liberty University. Lynchburg, Virginia. Doctor of philosophy in counseling.
 - **Pisaniello, S., Winefield, H., & Delfabbro, P. (2012):** The influence of emotional labour and emotional work on the occupational health and wellbeing of South Australian hospital nurses. *Journal of Vocational Behavior*, 80(3), 579—591.
 - **Reb J., Narayanan J., & Chaturvedi S (2012):** leading mindfully: Two studies on the influence of supervisor trait mindfulness on employee well-being and performance. *Mindfulness*. Available at: http://ink.library.smu.edu.sg/lkcsb_research/3320
 - **Reb, J., Narayanan, J., & Ho, Z. (2015):** Mindfulness at work: Antecedents and consequences of employee awareness and absent-mindedness. *Mindfulness*, 6, 111-122.
 - **Roche, M., Haar, J., & Luthans, F. (2014):** The Role of Mindfulness and Psychological Capital on the Well-Being of Leaders. *Journal of Occupational Health Psychology*, 19, (4), 476-489.
 - **Romppanen, J., & Haggman-Laitila, A. (2016):** Interventions for nurses' well-being at work: A quantitative systematic review. *Journal of Advanced Nursing*, 73(7), 1555-1569.
 - **Rooney, L. (2012):** Examination of Individual, Formal Meditation Practice Among Participants of A Mindfulness-Based Intervention. (Doctoral dissertation). Retrieved from <https://scholarcommons.sc.edu/etd/1375>
 - **Ruotsalainen, J., Verbeek, J., Marine, A., & Serra, C. (2015):** Preventing occupational stress in healthcare workers. *Cochrane Database of Systematic Reviews*, 4.
 - **Sheppes G., Suri G., & Gross J (2015):** Emotion Regulation and Psychopathology The Annual Review of Clinical Psychology is online at [clinpsy. www.annualreviews.org](http://clinpsy.annualreviews.org). Retrieved from https://www.researchgate.net/publication/270910422_Emotion_Regulation_and_Psychopathology

- **Sirin, M., & Sokmen, S. (2015):** Quality of nursing work life scale: the psychometric evaluation of the Turkish version. *International Journal of Caring Sciences*, 8(3), 543.
- **Van Camp, J., & Chappy, S. (2017):** The effects of nurse residency programs on retention: A systematic review. *Association of Perioperative Registered Nurses*, 106, 128-144. doi: 10.1016/j.aorn.2017.06.003