The Relationship between Mindfulness, Emotion Regulation and Mental Well-being among Academic Staff Educators at the Faculty of Nursing

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ABSTRACT

Mindfulness is necessary for educators to become aware of and regulate their thoughts, emotions and behaviors so as to more effectively manage stress and enhance psychological well-being. Bringing awareness to emotional experiences in a way that is compassionate and nonjudgmental, may facilitate a healthy involvement with emotions. **Aim**: To identify the relationship between mindfulness, emotional regulation and mental wellbeing among nursing educators at Faculty of nursing. **Setting**; The study was conducted at the faculty of nursing at Alexandria university. Subjects: The study **subjects** comprised 82 nursing educators who respond to a questionnaire from total population 148 staff member educators. **Tools**: Four tools were used for data collection, Five Facet Mindfulness Questionnaire, (FFMQ), Emotion Regulation Questionnaire (ERQ), The Difficulties in Emotion Regulation Scale (DERS), and Warwick-Edinburgh Mental Well-being Scale(WEMWBS). **Results**: a positive and significant correlation between mindfulness, emotional regulation, and mental well-being among the studied nursing educators were found. **Conclusion**: The present study replicates and extends previous research showing that mindfulness was significantly and positively correlated with higher levels of cognitive appraisal of emotional regulation and greater well-being among nursing educators. **Recommendations**: the present research suggests that acquiring the skills of learning and practicing mindfulness techniques is potentially useful for academic staff mental well-being state, focusing on all facets of mindfulness specially technique of being non judgmental

Keywords:

Introduction

Nursing educators are distinct from other types of educators because what is being imparted has implications for quality of patient care. They need to possess several types of explicit knowledge of nursing science; of how to listen and care for patients; of the context in which they practice and teach nursing students; and of principles of teaching. [1,2] Creating a caring learning environment and providing diverse support networks increases self-esteem, promotes success and satisfaction, and increases the number of professional nurses available to deliver high-quality health care for global populations**.** [2]

Learning to balance the emotional demands of nursing education with other professional and personal pressures is vital to professional longevity.[3] Mindfulness is necessary for educators to become aware of and regulate their thoughts, emotions and behaviors so as to more effectively manage stress and enhance psychological well-being. Bringing awareness of emotional experiences in a way that is compassionate and nonjudgmental, may facilitate a healthy involvement with emotions. [4]

Mindful teacher is aware of the self, the other, and the context. This awareness is used

to respond rather than react to a situation and to guide the learner with a student-centered orientation.[4] However, research into mindfulness, emotional regulation and mental well-being is somewhat new and addressed independently on nursing students, none has directly proposed a conceptual integration between them among nursing educators. [5]

Concept of mindfulness:

Mindfulness is a term initially emerged from ancient Asian spiritual traditions, mainly Buddhism, as an effort to seek liberation from human suffering. In their view, human distress is unavoidably based on the human desire for things to be different than they are, creating an internal conflict between the present state and an ideal state. This conflict is constructed and maintained by the human non accepting and judgmental mind, separating phenomena in "good", which should be strived for and "bad", which should be avoided and fought against. [6- 8]

Mindfulness has been described as "the awareness that emerges through paying attention on purpose, in the present moment, and non judgmentally to the unfolding of experience moment by moment". It is a fundamental component of human consciousness and a mental capacity that can be strengthened through a variety of training methods. [2] More recently, Bishop and colleagues (2004) conceptualized mindfulness as a process begins by bringing awareness to current experience—observing and attending to the changing field of thoughts, feelings, and sensations from moment to moment—by regulating the focus of attention. This leads to a feeling of being very alert to what is occurring in the here-and-now [9]

Mindfulness and psychological well being

There are increasingly compelling data that, in adults, Having mindfulness improves health and well-being by reducing stress, anxiety, and depression; enhancing neuroendocrine and immune system function; improving compliance to medical treatments; diminishing need for medication. In addition, being mindful can alter perception of pain; increasing motivation to make lifestyle changes; and promoting social link and enriched interpersonal relations (**Ludwig and Kabat-Zinn 2008; Ruff and Mackenzie 2009)**. [10, 11] Researches on the relation between mindfulness and psychological well-being may be divided into correlational studies and intervention studies. In several correlational studies, self-reported mindfulness, as measured by questionnaires, has been found to correlate positively with various measures of psychological well-being, and negatively with the psychological symptoms of distress, including negative correlations with symptoms of general distress, anxiety, and depression. [12, 13]

According to **Shapiro et al. (2006),** there are numerous mechanisms by which mindfulness may be helpful for one's well-being. A fundamental mechanism in their thinking is labeled reperceiving. Reperceiving is conceptualized as a shift in perspective in which one is "able to disidentify from/with the contents of consciousness" (i.e. one's thoughts) and view his or her moment-by-moment experience with greater clarity and objectivity". [14] Subsequently, this view is supported by testing their model which - revealed that reperceiving variable was combined with the mindfulness variable. [15] Thus, reperceiving and mindfulness are nearly alike concepts, implying the process of misidentification or cognitive diffusion. Although this process is not intentionally aimed at regulating emotions, it does by the very process of seeing thoughts and emotions as just internal phenomena that can be observed, and not identified with. Therefore, mindfulness in Acceptance and Commitment Therapy, can lead to an increase in positive affect, because negative affect is exacerbated by cognitive

fusion of the self with one's thoughts (**Blackledge & Hayes, 2001; Hayes et al., 2006).** [16, 17]

Another mechanism is subordinate or behavioral freedom mechanisms. Which means that an individual will therefore most likely choose behaviors that are congruent with well-being of the human being instead of behave according to the automatic, often maladaptive patterns. Another mechanism is values clarification which involves reconsidering the values that we have identified with and that have motivated our behavior in the past. As values have been automatically formed through the influence of one's family, environment, and culture, misidentification are helping to reconsider them, resulting again in greater degrees of freedom, this time regarding one's personal values. Those values that are in concordance with the being one may start to be lived according to. [8]

The last mechanism is exposure. It reflects a willingness to attend to all phenomena relating to the present moment, live it internally and externally. When one exposes himself to these phenomena, acknowledging them just as they manifest themselves, without defense in this fashion, one learns that even strong emotions are not really as threatening as they seem to be, that they are only transitory phenomena in the mind and that one can bear them well. So, exposure is a well-known technique used especially in phobic anxiety patients, in whom symptoms diminish largely as a direct consequence of exposure. Exposure directly leads to the decrease of negative emotions, especially anxiety-related. [15] A study conducted by **Alberts et.al (2013)** proposed that mindfulness reduces emotional exhaustion and improves job satisfaction. The authors further suggest that these associations are mediated by the emotion regulation strategy of surface acting. [18]

In essence, evidence-based research is indicating that mindfulness training fosters enhanced resilience and more optimal brain function in adults like. [19] Self determination theory, postulate three basic human psychological needs that are necessary for good mental health, these needs being competence, autonomy, and relatedness and consequently to the concept of mindfulness(**Ryan & Deci, 2000**).[20]

Concept of Emotion regulation:

Emotion regulation (ER) refers to the processes by which person influence which emotions they have, when they have them, and how they experience and express them.[21-23] ER also involves changes in how response components are interrelated as the emotion unfolds, such as when increases in physiological responding occur in the absence of overt behavior. Three aspects of this conception of emotion regulation deserve comment. First, although individuals often try to decrease the negative emotion, there is more to emotion regulation than this. Individuals increase, maintain, and decrease negative and positive emotions, such as deciding to change an upsetting topic, or biting one's lip when angry. However, emotion regulation may also occur without conscious awareness, such as when one exaggerates one's joy upon receiving an unattractive present or when one quickly shifts attention away from something upsetting. Third, emotion regulation is neither inherently good nor bad. The same strategies that permit medical professionals to operate successfully. [22]

Emotion regulation has been inconsistently defined in the literature. Some researchers have conceptualized emotion regulation as controlling emotional experience. [24] Others consider emotions as potentially serving a valuable function, and therefore conceptualize emotion regulation more broadly. Such a definition of emotion regulation may include the ability to act in

accordance with the values while experiencing negative **emotion (Gratz & Roemer, 2004).** [6]

Emotion regulation and well-being

Emotional regulation is viewed as a key to human psychological well-being in different kind of psychopathology, a deficit in ER has been identified. [30] Furthermore, emotional regulation tainting used in many kinds of psychological interventions, as tools to enhance emotion regulation and have shown to be effective in reducing psychological symptoms of various disorders .[25]

Yet, experimental research regarding adaptive and maladaptive forms of ER has not revealed equivocal findings. Relatively, the effects of ER are viewed as a compound process, heavily depending on the context in which ER takes place. Nevertheless, for some forms of ER that have been extensively investigated, research findings indicating that some ER strategies are likely to promote or decrease psychological well-being across situations. For example, Suppression as ER strategy which belongs to the group of response-focused ER strategies and involves the deliberate inhibition of emotional expression in the case one is emotionally aroused. Clearly, this strategy is very useful in all human societies in many circumstances in order not to disrupt social interactions. However, research has shown that this strategy is associated with decreased positive emotions, and well-being, and increased rumination regarding negative mood .[8] Moreover, evidence is also available for an association of emotion suppression with enhanced sympathetic nervous system reactivity to laboratory stressors, which under some conditions might lead to cardiovascular disease (**Butler et al., 2003; Mauss & Gross, 2004).** [26, 27]

Cognitive reappraisal is one more frequently examined ER strategy and its is named antecedent-focused strategy, which reflects the deliberate reinterpretation of emotive stimuli in order to modify the emotional impact In compare to emotional suppression, cognitive reappraisal has been found to be commonly related to positive effects on psychological well-being, such as increased interpersonal functioning and positive mood and decreased negative affect, without any associated sympathetic nervous system arousal. [26] Physiologically, cognitive reappraisal has been associated with lower blood pressure levels .[28] In sum, although empirical research into this topic is still developing, findings suggest a link between several forms of ER and psychological and physical well-being. If both mindfulness and ER have shown to be beneficial for psychological well-being and even therapies exists combining both , one may wonder what the nature is of the relationship between the two and how they interrelate in their association with well-being. [7]

Relationship between mindfulness skills and emotion regulation

Previously, emotions have been viewed as either basic inborn instinct, or lead to predictable patterns of physiological activity in the brain and periphery when triggered by external events, or as direct products of people's appraisals of external events in relation to needs, goals, or concerns. [29] In this view, there is relatively little input for factors such as mindfulness in shaping emotional experience. In comparing, **Barrett (2009)** postulated that emotions are a range of variable mental events, composed of basic psychological ingredients (including biological factors, and meaning making from both external, and internal sensory or affective state). Accordingly, any experience is composed of external events, internal sensations, and prior experiences that interact to form our mental states. Different weighing of each basic element composing experience can help explain the variability observed in mental events such as perceptions,

cognitions, and emotions (**Barrett, 2009**). [30] Most theories of mindfulness do not explicitly discuss emotion regulation strategies as mechanisms by which mindfulness exerts its putatively beneficial effects (**Bishop et al., 2004; Brown & Ryan, 2003)**.([9, 5]

Mindfulness & Education

Mindfulness is being practiced in colleges and universities to help teachers, and students. Mindfulness helps students and teachers to improve their concentration, attention, conflict resolution, and empathy [31s] By practicing mindfulness through meditation, focusing, journaling and using other contemplative practices, person becomes more aware of himself, others and the surroundings in his personal life and his professional life as an educator. It was suggested that not only can this kind of awareness be cultivated personally, but teachers can guide students to engage in these practices. When teachers and students are able to slow down and become aware of each moment more clear , improvements in academic achievement and social emotional skills may result (**Hart, 2001**). [32]

It was hypothesized that if teachers had the deliberate intention to increase their awareness of themselves and their students, mindfulness might then be used to assist teachers to make the moment by moment decisions required in the classroom. Consequently, this awareness can build their own self efficacy and confidence in their teaching in order to support students' development of self confidence. [32] A study conducted by **Bernay (2012)** proposed that mindfulness affected the professional lives of academic teachers. It has an effect on their professional development in planning, teaching, and assessment practices and thereby assist them in coping with all the stress and demands of the teaching process. [33]

Aim of the Study:

The aim of the study was to identify the relationship between mindfulness, emotional regulation and mental wellbeing among nursing educators at the Faculty of nursing .

Research Question :

What is the relationship between mindfulness, emotional regulation and mental wellbeing among nursing educators at Faculty of nursing ?

Materials and Method:

Materials:

Research design: a descriptive correlational design was used in this study.

Setting:

The study was conducted in all nursing departments at the faculty of Nursing in Alexandria University

Subjects:

The study subjects included all convenient nursing educators who respond to the questionnaire, their number was 82 nursing educators from total population 148 staff member educators.

Tools of the study

4 tools were used for this study namely;

1- Five Facet Mindfulness Questionnaire (FFMQ):

It was developed by **Baer et.al. (2006)**.[34] The Five Facet Mindfulness Questionnaire is a 39-item self report measure. The five facets include observing (noticing internal and external experiences

such as thoughts/ emotions /sensations/ perceptions), describe (labeling experiences with words), acting with awareness (attending to and being aware of one's activities of the present moment), non-judging (taking a non-evaluative approach towards thoughts and feelings), and non-reactivity (allowing thoughts and feelings to come and go, without getting caught in or carried away by them) . FFMQ is a 5-point Likert scale ranging from 1 ‘never or very rarely true’ to 5 ‘very often or always true’. A high scale score reflect greater mindfulness . It was translated into Arabic language, validated by five experts in the field of psychiatric nursing and tested for its reliability with Cronbach's Alpha 0.0.80 . In addition, the five facets show adequate internal consistency that ranged between 0.75 and 0.83.

2- Emotion Regulation Questionnaire (ERQ)

It was developed by **Gross & John (2003)**. ERQ is designed to assess individual differences in the habitual use of two emotion regulation strategies: cognitive reappraisal and expressive suppression. It consists of 10 items, It includes 4 reversed items. The scale is 7 point Likert scale, a higher score represents a higher level of emotional regulation.[35] It was translated and was tested for validity and reliability , it indicated that the questionnaire has a reliability of 0.78.

3- The Difficulties in Emotion Regulation Scale (DERS)

DERS was developed to assess emotion dysregulation more comprehensively than existing measures. The DERS items were chosen to reflect difficulties within the following dimensions of emotion regulation: (a) awareness and understanding of emotions; (b) acceptance of emotions; (c) the ability to engage in goal-directed behavior, and refrain from impulsive behavior, when experiencing negative emotions; and (d) access to emotion regulation strategies perceived as effective. The DERS is a brief; 36-item self-report questionnaire that classified into 6 subscales that designed to assess multiple aspects of emotional dysregulation. Reverse-scored items are numbered 1, 2, 6, 7, 8, 10, 17, 20, 22, 24 and 34. Higher scores suggest greater problems with emotion regulation. The measure yields a total score (SUM) as well as scores on six sub-scales. [7,8] It was translated and validated and tested for its reliability with Cronbach's Alpha 0.0.84 . In addition, the DERS subscales show adequate internal consistency that ranged between 0.71 and 0.86.

4- Warwick-Edinburgh Mental Well-being Scale(WEMWBS)

The WEMWBS was created by mental wellbeing experts, and is often used by scientists and psychologists. The WEMWBS questionnaire for measuring mental wellbeing was developed by researchers at Warwick and Edinburgh Universities. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a validated measure of mental wellbeing. It is self-completed to record ‘statements about thoughts and feelings over the past two weeks’. It consists of 14 Item scores that are summed to produce a total score ranging from a minimum of 14 to a maximum of 70, with higher scores representing higher levels of mental well-being. [36,37] This scale translated into Arabic language and validated and tested for its reliability(Cronbach's Alpha = 0.0.90)

Method:

- Written approval was obtained from the Ethical Committee at Faculty of Nursing, Alexandria University to conduct the research study.

- Written approval was obtained from Faculty of nursing and from an

administrative authority in its all nursing departments to collect the study data.

- Tools was translated into Arabic and tested for content validity by 5 experts in the field of psychiatric nursing .

- Tools were tested for reliability using the Cronbach's alpha coefficient to measure the internal consistency of items compromising each tool.

- A pilot study for the questionnaires was conducted on 10 staff faculty in order to; check and ensure clarity and applicability of the tools; identify obstacles and problems that may be encountered during data collection and estimate the time needed to fill the questionnaires.

- Data was collected from faculty staff members after obtaining their acceptance using the questionnaires starting from the middle of July till the end of August 2014.

Ethical consideration:

- Informed consent was obtained from the subjects after explanation of the study purpose. Anonymity and privacy of the study subjects was assured and confidentiality of the collected data was maintained.

Statistical analysis:

- Data and Statistical analysis: Data was coded by the researchers and statistically analyzed using SPSS (Statistical Package for the Social Science). Pearson correlation was used, the threshold of significance is fixed at 5% level . The P value equal to or less than 0.05.

Results

Table (1): Distribution of the studied academic nursing educators, according to their socio-demographic characteristics

	No. (n = 82)	%
Age (years)		
< 30	43	52.4
30 – 40	30	36.6
41 – 50	6	7.3
> 50	3	3.7
Mean ± SD	30.74 ± 7.30	
Gender		
Male	10	12.2
Female	72	87.8
Area of specialty		
Medical surgical	17	20.7
Administration	2	2.43
Education	8	9.8
Emergency and critical care	12	14.63
Obstetric	7	8.53
Community	7	8.53
Geriatric	14	17.1
Pediatric	5	6.1
Psychiatry and mental health	10	12.19
Academic position		
Professor	4	4.9
Assistant Professor	5	6.1
Lecturer	19	23.2
Assistant Lecturer	17	20.7
Demonstrator	37	45.1
Education		
BC	33	40.2
Master	22	26.8
PhD	18	22.0
Post PhD	9	11.0
Duration of Academic experience (years)		
< 5	31	37.8
5 –	24	29.3
>10	27	32.9
Min. – Max.	1month – 40.0 year	
Mean ±SD.	8.68 ± 7.92	

Table 1 shows the distribution of the studied academic nursing educators ,according to their socio-demographic characteristics, it was found that 52.4% of nursing educators were less than 30 years old, 36.6 %

aged 30 to less than 40 years old. The majority of the educators (87.8) were female, 45.1% were demonstrators while 23.2% and 20.7 were lecturers and assistant lecturers respectively. Concerning the duration of their academic experiences, 37.8% of the studied subjects had less than 5 years of experience, while 32.9% had from 5 to less than 10 years of experience with a mean duration of 8.68+7.92. Regarding the area of nursing specialty, it was found that 20.7 % of the subjects working in medical –surgical nursing department, followed by 17.1% working in the geriatric nursing department, while 14.6% and 12.2 % was working in emergency care and psychiatric nursing departments respectively.

Table (2): Distribution of the studied nursing educators, according to the total mindfulness and mindfulness facets mean scores

Mindfulness facets	Total Score	% Score
Observing	25.88 ± 5.85	55.87 ± 18.27
Describing	26.66 ± 5.75	58.31 ± 17.96
Acting with Awareness	27.22 ± 6.35	60.06 ± 19.83
Non-judging of inner experience	23.59 ± 6.02	48.70 ± 18.81
Non- reactivity to inner experience	21.22 ± 5.37	50.78 ± 19.16
Total Mindfulness	**124.6 ± 13.78**	**54.85 ± 8.84**

Table (2) illustrates the distribution of the studied nursing educators, according to their mindfulness mean score percent. It can be noticed that the total mindfulness means score percent as a whole was 54.85 ± 8.84. It was observed that the acting with awareness facet of mindfulness obtained the highest mean score percent among the studied educators (60.06 ± 19.83) , followed by the describing and observing facets that were 58.31 ± 17.96 and 55.87 ± 18.27 respectively. While non-judging of the inner experience facet obtained the lowest mean score that was 48.70 ± 18.81.

Table (3): Distribution of the studied nursing educators ,according to the total mean scores of emotional regulation, emotional regulation difficulties and mental well being

Items	Total Score	% Score
Total Emotion Regulation	**46.90 ± 11.17**	**61.50 ± 18.62**
Cognitive Reappraisal	29.95 ± 7.51	66.53 ± 20.86
Emotional suppression	16.95 ± 5.13	53.96 ± 21.36
The Difficulties in Emotion Regulation Scale (DERS)	**98.41 ± 19.39**	**43.34 ± 13.47**
Non-acceptance of emotional responses (Nonaccept)	17.32 ± 5.42	47.15 ± 22.60
Difficulties engaging in goal directed behavior (Goals)	15.73 ± 3.25	53.66 ± 16.24
Impulse control difficulties (IMPULSE)	17.78 ± 5.20	49.09 ± 21.65
Lack of emotional awareness (AWARE)	13.73 ± 3.93	32.22 ± 16.36
Limited access to emotion regulation strategies (STRATEGIES)	22.13 ± 6.63	44.17 ± 20.73
Lack of emotional clarity (CLARITY)	11.72 ± 3.26	33.60 ± 16.28
Warwick-Edinburgh Mental Well-being Scale(WEMWBS)	**50.83 ± 9.98**	**65.77 ± 17.82**

Table (3) represents the distribution of the studied nursing educators ,according to the total mean scores of emotional regulation scale, difficulties in emotional regulation scale and mental wellbeing scale, it can be noticed that the total mean score of the emotional regulation among the studied educators was 61.50 ± 18.62 with the mean score for cognitive reappraisal facet than the emotional suppression facet among the studied educators (66.53 ± 20.86, 53.96 ± 21.36 respectively). Concerning emotional regulation difficulties among the studied educators, it can be observed that the total mean score percent of the emotional regulation difficulties among them was 43.34 ± 13.47, and the highest mean score percent was related to difficulty of engaging in goal directed behavior (53.66 ± 16.24), followed by impulse control difficulties and non-acceptance of emotional responses that obtained mean score percents 49.09 ± 21.65 and 47.15 ± 22.60 respectively. Whereas, the lack of emotional awareness and emotional clarity obtained the lowest mean score percent that were 32.22 ± 16.36 and 33.60 ± 16.28 respectively. Regarding the experiencing of mental wellbeing among the studied educators, it was noticed that total mean score percent was 65.77 ± 17.82.

Table (4): Intercorrelations between the mindfulness facets among the studied nursing educators

		Observing	Describing	Acting Awareness	No judging	No reactivity	Mindfulness
Observing	**r**						
	p						
Describing	**r**	0.216					
	p	0.051					
Acting Awareness	**r**	-0.191	0.497*				
	p	0.086	<0.001				
No judging	**r**	-0.712*	-0.210	0.282*			
	p	<0.001	0.059	0.010			
No reactivity	**r**	0.475*	0.471*	-0.017	-0.522*		
	p	<0.001	<0.001	0.882	<0.001		
Mindfulness	**r**	0.300*	0.829*	0.703*	-0.026	0.552*	
	p	0.006	<0.001	<0.001	0.813	<0.001	

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table 4 analyses the relations between the mindfulness facets among the studied educators, revealed that observing facet was negatively correlated with non-judging facet, but positively correlated with non-reactivity facet with significance (r =-0.712* and r = 0.475* respectively). Also, it is observed that describing facet was significantly correlated with both acting with awareness and non reactivity facets (r = 0.497* and r = 0.471* respectively). Non-judging was positively correlated with acting with awareness (r = 0.282*) and negatively correlated with non-reactivity (r =-0.522*)

Table (5) Intercorrelations between the difficulties in emotion regulation among the studied nursing educators.

		Non accept	Goals	Impulse	Aware	Strategies	Clarity	**Total DERS**
Non accept	**R**							
	P							
Goals	**R**	0.580*						
	P	<0.001						
Impulse	**R**	0.617*	0.666*					
	P	<0.001	<0.001					
Aware	**R**	-0.383*	-0.299*	-0.215				
	P	<0.001	0.006	0.052				
Strategies	**R**	0.767*	0.599*	0.772*	-0.153			
	P	<0.001	<0.001	<0.001	0.170			
Clarity	**R**	0.438*	0.150	0.545*	0.273*	0.552*		
	P	<0.001	0.177	<0.001	0.013	<0.001		
Total DERS	**R**	0.800*	0.678*	0.864*	-0.019	0.926*	0.706*	
	P	<0.001	<0.001	<0.001	0.865	<0.001	<0.001	

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table 5 portrays the relations between the difficulties of emotional regulation among the studied nursing educators, it is noticed that non acceptance was significantly correlated with all difficulties of emotional regulation positively except with lack of awareness its negatively correlated (r = 0.580* for lack of goal , r = 0.617* for poor impulse control , r = 0.767* for lack of strategies , r = 0.438* for lack of emotional clarity and r = -0.383* for lack of awareness)

Table (6): Correlations between mindfulness, emotional regulation and mental wellbeing among the studied nursing educators

		Observing	Describing	Acting Awareness	No judging	No reactivity	Mindfulness
Reappraisal	**r**	0.367*	0.497*	0.025	-0.341*	0.515*	0.426*
	p	0.001*	<0.001*	0.825	0.002*	<0.001*	<0.001*
Suppression	**r**	0.397*	0.309*	-0.110	-0.506*	0.482*	0.213
	p	<0.001*	0.005*	0.325	<0.001*	<0.001*	0.055
Total Emotion Regulation	**r**	0.429*	0.476*	-0.034	-0.461*	0.567*	0.384*
	p	<0.001*	<0.001*	0.763	<0.001*	<0.001*	<0.001*
Nonaccept	**r**	0.337*	-0.029	-0.286*	-0.495*	0.152	-0.157
	p	0.002*	0.799	0.009*	<0.001*	0.173	0.158
Goals	**r**	0.117	-0.297*	-0.289*	-0.246*	-0.256*	-0.414*
	p	0.297	0.007*	0.008*	0.026*	0.020*	<0.001*
Impulse	**r**	0.115	-0.272*	-0.263*	-0.248*	-0.089	-0.329*
	p	0.302	0.014*	0.017*	0.025*	0.424	0.003*
Aware	**r**	-0.331*	-0.253*	0.105	0.389*	-0.366*	-0.170
	p	0.002*	0.022*	0.346	<0.001*	0.001*	0.127
Strategies	**r**	0.148	-0.259*	-0.380*	-0.269*	-0.002	-0.338*
	p	0.183	0.019*	<0.001*	0.015*	0.984	0.002*
Clarity	**r**	-0.014	-0.133	-0.053	-0.141	-0.069	-0.174
	p	0.900	0.235	0.635	0.205	0.537	0.117
Total DERS	**r**	0.126	-0.293*	-0.316*	-0.283*	-0.111	-0.381*
	p	0.259	0.008*	0.004*	0.010*	0.321	<0.001*
WEMWBS	**r**	0.240*	0.388*	0.244*	-0.090	0.333*	0.466*
	p	0.030*	<0.001*	0.027*	0.423	0.002*	<0.001*

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table (6): Shows the correlations between mindfulness, emotional regulation, difficulties of emotional regulation and mental wellbeing among the studied nursing educators. It was noticed that total mindfulness was significantly correlated to higher levels of both total emotional regulation (r= 0.384) and cognitive appraisal facet of emotional regulation (r =0.426), and was not significantly correlated to emotional suppression (r = 0.213). Concerning the relation between mindfulness and difficulties of emotional regulation, It was observed that total mindfulness was negatively correlated to the total emotional regulation difficulties (r = -0.381) , difficulties of engaging in goal directed behavior (r =-0.414) impulse control difficulties (r = -0.329) and limited access to emotion regulation strategies (r = -0.338). Regarding the relation between

mindfulness and mental well being, it can be noticed that the total mindfulness and all mindfulness facets except non-judging of inner experience were positively correlated to mental wellbeing. Non-judging of inner experience was negatively affected, but insignificantly with mental wellbeing (r = -0.090).

Discussion

In this study, a positive and significant correlation between mindfulness, emotional regulation, and mental well-being among the studied nursing educators was found. This may be related to many reasons; for example, mindfulness helps individuals to become fully engaged in activities, and creates a greater capacity to deal with adverse events, it helps individuals to become less preoccupied about the past or not worried about the future. It can be noticed that observe and non-react facets of mindfulness were most highly correlated and this suggests either that greater skills in observing and non-react lead to greater well- being.

A similar study conducted by **Baer et.al (2008)** to investigate several aspects of the construct validity of the five facet mindfulness questionnaire (FFMQ) in experienced meditators and nonmeditating comparison groups. Consistent with predictions, most mindfulness facets were significantly related to meditation experience and to psychological symptoms and well-being. As expected, relationships between the observing facet and psychological adjustment varied with meditation experience. Regression and mediation analyses showed that several of the facets contributed independently to the prediction of well-being and significantly mediated the relationship between meditation experience and well-being. [38]

Furthermore, **Grégoire et.al (2015)** conduct a pretest-posttest switching-replication design to assess changes in mindfulness, mental health (psychological well-being, psychological distress, stress and burnout) and emotion regulation (emotional awareness and impulse control) among forty-one (N = 41) employees working in a call center. Data was collected using self-report questionnaires at baseline, week 6, week 11 and week 25 in order to have a follow-up measure. Both the analysis of variance and the prediction analysis showed that the intervention helped increased mindfulness and psychological well-being, but also reduced psychological distress, stress and burnout among employees. Overall, the intervention helped employees refrain from impulsive or reactive behavior when experiencing negative emotions but had no significant effect on their emotional awareness. Finally, there was a trend toward emotion regulation mediating the effects of the intervention on psychological distress. [39]

In the present study, a positive and significant correlation between cognitive re-appraisal and observing, describing, non reactivity facets of mindfulness was found; however, it has no significant relation to acting with awareness facet. Moreover, mindfulness has a negative and significant relation with non- judging facet. No correlation between mindfulness and acting with awareness may caused by the effect of using re-appraisal process which involves changing ideas in order to reduce the intensity of feelings state and consequently acting with no awareness.

Negative correlation between cognitive re-appraisal and nonjudgmental facet of mindfulness may be related to that nearly half of percent mean score of the studied subject have difficulty in regulating their emotions in the form of non-acceptance of emotional response. Moreover, people in Egyptian culture may be grown up in non accepting environment where people have learned to criticize each other and criticize themselves or sometimes people make too high expectations on themselves.

In this respect, a study conducted by **Chang (2009)** who examined teacher emotions within the context of teachers' appraisals and the ways they regulate and cope with their emotions. The study was conducted by an on-line survey on 555 novice teachers in Ohio to examine the antecedents of teacher emotions and the coping strategies. General measures were developed to capture a teacher's sense of efficacy, emotion regulation patterns, and teacher burnout. Emotion regulation by suppression was found to be contributing to teacher burnout. Lastly, teacher efficacy and problem-focused coping strategies were found to be effective in decreasing burnout.[40]

The same was emphasized by Gross (2007) he stated that cognitive re- appraisal is a change strategy involving modification and redefinition of thoughts about an emotion-eliciting event or situation, which alters the emotional impact. It is associated with active efforts to repair negative affect, and is generally associated with positive psychological functioning. Expressive suppression is a response-focused strategy, whereby individuals attempt to inhibit external cues of emotional states, though the internal experience of the emotion remains. Suppression is generally associated with less positive affect, and impaired functioning. [41]

Also, **Steinberger et.al. (2011)** examined the relative importance of emotional regulation by assessing the effect of cognitive reappraisal on the magnitude of the trade-off effect, i.e., the disparity in memory between negative objects and their accompanying background is reduced whenever participants are asked to reinterpret a scene so as to alter the intensity of their affective response. Reappraisal at encoding reduced the likelihood that the negative object would be remembered and increased the likelihood that the surrounding background would be remembered.. The results revealed that when participants were asked to view the scenes, without cognitive reappraisal, a robust memory trade-off occurred. But, when participants were asked to either heighten or decrease their emotional reactions via reappraisal, there was a reduction in the magnitude of the trade-off. These results suggest that the cognitive process of reappraising the scenes is sufficient to reduce the trade-off effect, even when such processing leads to an intensified affective response.[42]

Concerning the relation between mindfulness and difficulties of emotional regulation, It was observed that total mindfulness was correlated negatively and significantly with the difficulties of engaging in goal directed behavior, impulse control difficulties and limited access to emotion regulation strategies and with the total emotional dysregulation score. Moreover, total score of difficulty in emotional regulation was found to be correlated significantly and negatively with describing, acting with awareness and non judging emotion facets of mindfulness

This may be due to that difficulty in emotions regulation, increases when a person acting with less mindfulness where by exposure to these dynamic emotions decreases and consequently the ability to recognize and describe them will be affected .Moreover, acting with awareness is a very important element in emotional regulation. **Gratz & Roemer (2004)** indicated that emotional regulation not just the modulation of emotional arousal, but also the emotional awareness and understanding. [7,43]

As was reported, taking a more mindful stance towards one's experiences and emotions may be helpful in enhancing emotion regulation by limiting reactivity, including emotional lability. As such, one characteristic that individuals who endorse mindfulness tendencies may have is less emotional lability. In fact, mindfulness

tendencies or training has recently been associated with less emotional reactivity to external stressors and repetitive thoughts , less return to depressive thinking following sad mood induction (, and brain processing associated with reduced reactivity) . Thus, the higher levels of self-reported mindfulness may be related to lower levels of emotional lability, both for generalized positive and negative emotions, as well as for individual discrete emotions. (44)

Desrosiers et.al (2014) address correlation between different variable by using Mindfulness Questionnaire ,Mood and Anxiety Symptom Questionnaire, Penn State Worry Questionnaire, Ruminative Responses Scale, and Emotion Regulation Questionnaire. Their results showed that non reactivity was significantly moderated the direct effect of observing on symptoms of depression, but not anxiety. (45)

Moreover, a series of hierarchical regressions were conducted in order to determine if mindfulness and self-compassion predicted emotion regulation, beyond variance accounted for by symptoms of depression, anxiety and stress. This preliminary study suggests that both awareness and self-compassion/kindness may facilitate the development of adaptive emotion regulation. This study recommends that further research should employ a broader sample to increase generalizability and also specifically examine the potential moderating effects of sociocultural variables such as gender, race, ethnicity and social class. (46)

Conclusion

The present study replicates and extends previous research showing that mindfulness was significantly and positively correlated with higher levels of cognitive appraisal of emotional regulation and greater well-being. among nursing educators. Non-judging facet of mindfulness was negatively affected, but insignificantly with mental wellbeing Also, mindfulness was negatively correlated to the total emotional regulation difficulties .Hence, the present research suggests acquiring the skills of learning and practicing mindfulness, this techniques is potentially useful for academic staff mental well-being state, focusing on all facets of mindfulness specially technique of being non judgmental

Recommendations:

The following recommendations are suggested :

- Increase staff educators' awareness of mindfulness via conferences, seminars and handout.

-Developing skill –based training mindfulness programs for all nursing educators.

- Including mindfulness as an integral part in psychiatric nursing courses.

- Future researches are needed to address some of the shortcomings of the present study and the relevant literature. First, based on the results of this study along with previous investigations, it is apparent that the larger and more representative sample can be included, also personality factors, differences in the generation and setting that may affect study variables must be considered Secondly, exploration of mindfulness in relation to compassion, empathy, quality of life, coping and impact on clinical practice is mandatory to be investigated.

Limitations of the study:

The sample size is limited and some of the staff educators have' not respond to the questionnaire. .

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Conflicts of Interest Disclosure

All authors participated in all study steps .The authors declare that there is no conflict of interest statement.

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