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Testing the Correlation Model of Psychological Well-Being, Self-Compassion, and Mindfulness in Married Nurses with the Mediating Role of Alexithymia

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A B S T R A C T

Throughout married life, various factors affect communication, mental health, and quality of life. Understanding these factors is foundational to strengthening family life. This study aimed to test the correlation model of psychological well-being, self-compassion, and mindfulness in married nurses with the mediating role of alexithymia. The present research employed a descriptive-correlational method. The statistical population included all married nurses in Ilam County during the first half of 2023. The sample comprised 240 nurses selected through convenience sampling. Data collection tools included a demographic questionnaire, the Psychological Well-Being Scale, the Self-Compassion Scale, the Freiburg Mindfulness Inventory, and the Toronto Alexithymia Scale. Data analysis was performed using Amos software version 24. Structural equation modeling (SEM) was applied to evaluate the proposed model, and the bootstrapping method was used to test indirect relationships. The findings revealed that self-compassion and mindfulness could enhance psychological well-being in nurses by reducing alexithymia. It is recommended that the Ministry of Health and Medical Education organizes effective and constructive workshops and seminars focusing on realistic expectations in marital relationships, perceptions and motivations, mindful approaches, and strategies to enhance self-compassion to improve the psychological well-being of nurses.

Keywords: *Mindfulness, self-compassion, sexual intimacy, psychological well-being, alexithymia.*

1. Introduction

Nursing is one of the professions with a high level of stress. The level of tension in the nursing profession is greater than in other medical professions. The National Institute for Occupational Safety and Health in the United States has identified nursing as one of the top 40 professions with high stress-related illnesses and considers nursing to be at the top of the list of stressful healthcare occupations (Ta'an et al., 2024). Therefore, the importance of psychological well-being in nurses and its impact on their emotional, social, physical, and cognitive health is well established (Azizi, 2024; Rahgoi, 2024).

Psychological well-being is one of the constructs studied in positive psychology, recognized as a key component of general health, and has garnered significant attention from researchers over the past two decades (Van Cappellen et al., 2016). Individuals with high psychological well-being typically evaluate life events positively, experience more positive emotions such as happiness and optimism (Heintzelman & Diener, 2019), and report higher intimacy in their relationships (Chan et al., 2015).

Mindfulness is defined as a state of heightened attention and awareness of what is happening in the present moment (Kabat-Zinn, 2003). Mindful individuals are more capable of recognizing, managing, and solving everyday problems, which likely contributes to their enhanced well-being and intimacy in relationships. Mindfulness involves paying attention in a specific, purposeful way in the present moment and without judgment. Mindfulness emphasizes the continuous process of attention rather than the content being attended to. Kabat-Zinn (2003) refined his conceptualization of mindfulness to illustrate how individuals can care for their health through the mindfulness process (Kabat-Zinn, 2003). Mindful individuals generally enjoy better mental health and psychological well-being (Azarbu & Sajjadi, 2017; Walsh et al., 2009). Additionally, mindfulness helps individuals reduce stress and negative thoughts, enabling them to feel calm during various activities (including sexual activities) and derive greater satisfaction and pleasure (Hallis-Walker & Colosimo, 2011).

One of the variables associated with and influencing sexual intimacy and psychological well-being in couples is self-compassion (Gilbert, 2009; Gilbert et al., 2014). Self-compassion is defined as being sensitive to one's own and others' pain and suffering, coupled with a deep commitment to alleviating this pain and suffering (Neff & Beretvas, 2012). Research indicates that in recent years, self-compassion has emerged as a beneficial construct for reducing psychological issues and enhancing individuals' psychological well-being (Beaumont & Hollins-Martin, 2015). Self-compassion involves recognizing and accepting one's suffering, refraining from avoiding it, and fostering motivation to reduce and heal it with kindness and compassion. This practice promotes self-care, non-judgmental attitudes toward one's shortcomings and failures, and the acceptance that personal experiences are part of the shared human experience (Asselmann et al., 2024; Naeimi Tajdar et al., 2024; Parker, 2024). Studies have shown that individuals who exhibit self-compassion are described by their spouses as having greater emotional connection and receptivity. These individuals also exercise significant control over their physical and verbal behaviors in relationships (Neff & Beretvas, 2012; Neff, 2003). This trait helps them experience greater satisfaction, enjoyment, and intimacy in various aspects of marital life, including sexual intimacy (Jacobsone et al., 2018). Existing research in this domain underscores the significant role of self-compassion in enhancing intimacy, improving relationships, and fostering psychological well-being. Among the various factors associated with self-kindness and the motivation to practice compassion, mindfulness is considered particularly important (Walsh et al., 2009). Consequently, mindfulness has attracted the attention of psychologists in recent years.

Furthermore, based on a review of theoretical and empirical literature, it seems that alexithymia, as an emotional phenomenon, is among the constructs that can mediate the relationship between factors influencing intimacy (Taylor & Bagby, 2004). Alexithymia, resulting from the automatic suppression of emotional information and feelings, can serve as a cognitive-emotional disturbance that mediates the impact of factors influencing sexual intimacy (Bermond et al., 2010). Alexithymia is associated with maladaptive coping strategies in emotion regulation, leading to difficulties in communication and emotional exchanges in interpersonal relationships and dissatisfaction with life (Dubey et al., 2010). Related studies have shown that alexithymia can predict interpersonal problems and mental health issues (Ziadni et al., 2021), with marital challenges being among these issues (Humpherz et al., 2009).

Finally, given that nursing is a dynamic profession with continuously evolving practices and plays a central role in providing healthcare worldwide, the psychological well-being and healthy familial environments of nurses are crucial for public health and enhancing their professional

KMAN-CPN KMAN-Counseling & Psychology Nexus
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performance (Moor, 2011). Employing efficient human resources is a priority for all organizations. Among healthcare staff, nurses represent the largest professional group, playing a significant role in maintaining and improving the healthcare system in society (Ryff & Singer, 2004). Although previous studies have examined the relationships between individual variables influencing psychological well-being in diverse populations, no comprehensive research has specifically explored the interplay of self-compassion, mindfulness, and psychological well-being in nurses, considering the mediating role of alexithymia. Hence, the present study aims to test the correlation model of psychological well-being, self-compassion, and mindfulness in married nurses with the mediating role of alexithymia.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a descriptive-correlational design. The statistical population included all married nurses in Ilam County during the first half of 2023. The sample size was determined based on the number of direct paths (4 paths), exogenous variables (3 variables), covariances (3 covariances), and error variances (2 errors), resulting in 12 parameters. Following the recommendation of 20 participants per parameter, a total of 240 participants were included, indicating sufficient sample size for model testing.

The inclusion criteria were as follows: age range of 22 to 45 years, at least a bachelor's degree, voluntary participation in the study, and having been married for at least one year. Nurses meeting the inclusion criteria were enrolled in the study after receiving information about the study's objectives, procedures, and confidentiality and providing informed consent.

2.2. Measures

2.2.1. Psychological Well-Being

The Psychological Well-Being Scale (short form) was developed by Ryff and Keyes in 1995 (Ryff & Keyes, 1995). This scale consists of 18 items rated on a 7-point Likert scale, ranging from "strongly disagree" (1) to "strongly agree" (7). The total score ranges from 18 to 126, with higher scores indicating greater psychological well-being. Ryff and Keyes (1995) assessed the reliability of this scale using Cronbach's alpha, reporting values between .40 and .52 for the total scale and its subscales. To evaluate validity, they calculated the correlations between the subscales and the total score, which ranged from .54 to .88, indicating significant relationships (Ryff & Keyes, 1995). Similarly, Esmaili (2016) conducted a study on nurses in Mahshahr, finding relatively satisfactory validity, with all correlation coefficients between the subscales being significant at $p < .01$. Esmaili also reported a Cronbach's alpha reliability of .78 for the total scale, indicating good reliability (Esmaili, 2016). Joushanlou et al. (2007) evaluated the scale's reliability among students, reporting a Cronbach's alpha of .80, confirming the scale's high reliability. Overall, these findings suggest that the scale has acceptable validity and reliability in both domestic and international contexts (Joshanlou et al., 2007).

2.2.2. Self-Compassion

The Self-Compassion Scale was developed by Neff in 2003 (Neff, 2003). It comprises 26 items and six components: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The scale uses a 5-point Likert scale ranging from "almost never" (1) to "almost always" (5), with total scores ranging from 26 to 130. Neff (2003) evaluated the scale's convergent validity, discriminant validity, internal consistency, and test-retest reliability, all of which were deemed satisfactory. In a study with 391 students, the scale demonstrated high reliability and validity, with a Cronbach's alpha of .92 for the total scale. Convergent validity was assessed using Rosenberg's Self-Esteem Scale, yielding a correlation of .59 (Neff, 2003). Momeni et al. (2014) used factor analysis to examine the scale's validity, extracting three factors that accounted for approximately 47% of the total variance in exploratory factor analysis. Confirmatory factor analysis supported these factors ($p < .05$). Cronbach's alpha for internal consistency was reported as .70 (Momeni et al., 2014).

2.2.3. Mindfulness

The Freiburg Mindfulness Inventory (FMI) was developed by Walach et al. in 2006 to assess mindfulness in clinical and non-clinical populations (Walach et al., 2006). The scale consists of 14 items rated on a 4-point Likert scale ("rarely" = 1 to "always" = 4). Scores range from 14 to 56, with higher scores indicating greater mindfulness. Walach et al. (2006) confirmed the content validity of this scale through expert opinions and calculated test-retest reliability with a two-week interval, reporting a Pearson correlation

coefficient of .86 for the total scale and .88 and .91 for the presence and acceptance subscales, respectively (Walach et al., 2006). Ghasemi-Jobneh et al. (2015) translated the short form of the FMI into Persian and evaluated its validity and reliability. Concurrent validity was assessed using self-control and emotion regulation scales, yielding correlations of r = .69 and r = .68, respectively, at p < .01 (Ghasemi Jobneh et al., 2015). Amini et al. (2017) reported a split-half reliability of .81 and a Cronbach's alpha of .77 (Amini et al., 2017).

2.2.4. Alexithymia

The 20-item Toronto Alexithymia Scale was developed by Bagby et al. in 1994. It includes three subscales: difficulty identifying feelings (7 items), difficulty describing feelings (5 items), and externally oriented thinking (8 items). Responses are rated on a 5-point Likert scale from "strongly disagree" (1) to "strongly agree" (5). The total score ranges from 20 to 100. Bagby et al. (1994) reported good construct validity through correlations between the subscale scores and the total score. Test-retest reliability over six months was satisfactory, with a Pearson correlation coefficient of .75 (Bagby et al., 1994). Besharat (2010) reported a Cronbach's alpha of .85 for the total scale and .82, .75, and .72 for the subscales, respectively (Besharat, 2010). Shahgholiyan et al. (2007) reported alpha coefficients of .74, .75, and .77 for difficulty describing feelings, difficulty identifying feelings, and externally oriented thinking, respectively (Shahgholiyan et al., 2007).

2.3. Data analysis

In this study, qualitative content validity was assessed by consulting five faculty members from Islamic Azad University, Rudehen Branch, who reviewed and refined the instruments, which were then finalized for use. Cronbach's alpha was used to determine reliability, yielding .81 for the Psychological Well-Being Scale, .73 for the Self-Compassion Scale, and .74 for the FMI. The TAS-20 demonstrated a Cronbach's alpha of .80.

Descriptive statistics (mean, standard deviation, minimum, and maximum scores) were used for preliminary data analysis. Structural equation modeling (SEM) was employed to evaluate the proposed model, and path analysis was used to assess indirect relationships among variables. Data were analyzed using SPSS version 24 and AMOS version 24.

3. Findings and Results

A total of 159 participants took part in the study, of which 66.25% were female, and 33.75% were male. Additionally, 82.08% (197 individuals) held a bachelor's degree, while 17.92% (43 individuals) had a master's degree or higher. The mean age of female participants was 28.6 years, and the mean age of male participants was 33.7 years.

Table 1 presents the descriptive statistics of the study variables and Pearson correlation coefficients among them.

Table 1

Descriptive Statistics of Study Variables

Variables	Mean	SD
Psychological Well-Being	59.37	13.95
Self-Compassion	71.57	24.11
Mindfulness	18.98	7.10
Alexithymia	58.17	18.74

As shown in Table 1, the means and standard deviations for the entire sample (240 participants) for psychological well-being, self-compassion, mindfulness, and alexithymia were 59.37 (SD = 13.95), 71.57 (SD = 24.11), 18.98 (SD = 7.10), and 58.17 (SD = 18.74), respectively.

Structural equation modeling (SEM) was used to test the proposed model. The proposed model includes four variables: three predictor variables (self-compassion and mindfulness) and one mediating variable (alexithymia). Model fit was assessed using a combination of fit indices to determine the adequacy of the proposed model. Fit indices, including the chi-square (χ^2), goodness-of-fit index (GFI), adjusted goodness-of-fit index (AGFI), normalized fit index (NFI), comparative fit index (CFI), incremental fit index (IFI), and Tucker-Lewis index (TLI), as well as the root mean square error of approximation (RMSEA), were used. For χ^2, values closer to zero indicate better fit, and significant χ^2 indicates a meaningful difference between the assumed and observed covariances. Because χ^2 is influenced by sample size, researchers often use the relative chi-square

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(χ^2/df), with values near 2 or less considered good fit criteria. RMSEA values of ≤ .08 are acceptable, with values ≤ .05 considered excellent.

Table 2

Fit Indices of the Proposed Model

Fit Indices	χ^2	df	χ^2/df	GFI	AGFI	NFI	CFI	IFI	TLI	RMSEA
Proposed Model	5.747	3	1.916	0.991	0.953	0.958	0.978	0.980	0.928	0.062

As shown in Table 2, all fit indices (e.g., χ^2/df = 1.92, GFI = .99, AGFI = .95, NFI = .96, CFI = .98, IFI = .98, TLI = .93, and RMSEA = .06) indicate a good fit of the proposed model with the data.

Table 3

Path Coefficients for Direct Effects in the Proposed Model

Paths	Standardized Estimate	Unstandardized Estimate	SE	CR	p
Self-Compassion → Alexithymia	-0.228	-0.177	0.048	-3.666	.001
Mindfulness → Alexithymia	-0.195	-0.514	0.164	-3.130	.002
Alexithymia → Psychological Well-Being	-0.357	-0.266	0.045	-5.910	.001

As shown in Table 3, all direct paths in the proposed model are statistically significant.

Table 4

Bootstrapping Results for Mediated Paths

Mediated Paths	Estimate	SE	Lower Bound	Upper Bound	p
Self-Compassion → Alexithymia → Psychological Well-Being	0.0643	0.0187	0.0333	0.1059	.001
Mindfulness → Alexithymia → Psychological Well-Being	0.1997	0.0636	0.0884	0.3432	.001

As shown in Table 4, the 95% confidence intervals do not include zero, indicating that the indirect relationships among variables are significant. These results confirm that the effects of self-compassion and mindfulness on psychological well-being are mediated by alexithymia.

4. Discussion and Conclusion

The present study aimed to test the correlation model of psychological well-being, self-compassion, and mindfulness in married nurses with the mediating role of alexithymia. The results indicated that self-compassion and mindfulness can increase psychological well-being in nurses by reducing alexithymia. In other words, alexithymia acts as a mediating variable between the predictor variables (self-compassion and mindfulness) and the criterion variable (psychological well-being).

Based on the findings, alexithymia has a significant negative effect on the psychological well-being of married nurses (β = -0.36, p < .01). This finding aligns with the results of prior studies (Karukivi, 2011; Saf-ara & Salam-abadi, 2021; Soleimani et al., 2022; Ziadni et al., 2021). Psychological well-being is defined as a positive engagement with life's challenges and striving to fulfill one's potential, characterized by positive self-regard, constructive interactions with others, hope, and purpose in life {Ryff, 2004 #99454}. It encompasses self-acceptance (positive self-perception), positive relations with others (warm and empathetic relationships), autonomy (independence and resistance to social pressures), purpose in life (meaning and direction), personal growth (continuous development), and environmental mastery (the ability to manage one's surroundings).

The negative impact of alexithymia on psychological well-being can be attributed to the inability to distinguish emotions from bodily sensations associated with emotional arousal, limited imagination, and a concrete, externally oriented cognitive style. These deficiencies can hinder

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successful adaptation to life's challenges, reduce resilience, and lead to deteriorated relationships, all of which are symptoms of lower psychological well-being. Swart et al. (2009) demonstrated that individuals with alexithymia struggle with emotional self-regulation, leading to difficulties in processing emotional information, autonomy, and managing their environment, resulting in interpersonal problems that lower their psychological health and well-being. Alexithymia is also linked to ineffective emotion regulation strategies, which impair communication and emotional exchanges in relationships, leading to dissatisfaction and reduced psychological well-being (Swart et al., 2009).

The findings of this study also revealed a significant negative effect of self-compassion on alexithymia in married nurses ($\beta = -0.23$, $p < .01$). This aligns with the research (Gilbert, 2009; Gilbert et al., 2014; Mohammadian Yokhabeh et al., 2019; Saf-ara & Salam-abadi, 2021; Zakari et al., 2018). Individuals with alexithymia often have difficulty identifying and verbally describing their emotional states, lack emotional awareness, and struggle with processing and regulating emotions. Self-compassion, as an emotion-focused coping strategy, involves a conscious awareness of one's emotions, acceptance of positive and negative emotional experiences, and a commitment to adopting effective strategies for emotional self-regulation. Neff and Beretvas (2012) suggest that self-compassionate individuals are perceived as emotionally connected and accepting by their partners, displaying better control over their verbal and physical behaviors in relationships (Neff & Beretvas, 2012). Self-compassion consists of three core components: mindfulness and acceptance of personal suffering, kindness toward oneself instead of self-criticism, and recognizing shared humanity rather than feeling isolated. Research indicates that self-compassion reduces symptoms of psychological disorders such as anxiety and depression while enhancing emotional resilience and regulation.

Self-compassion not only protects individuals from negative psychological states but also promotes positive emotional states, contributing to autonomy, competence, and meaningful connections. It satisfies basic psychological needs and encourages a balanced awareness of painful experiences, preventing them from becoming overwhelming. This results in improved emotional processing and a reduced likelihood of emotional disturbances (Neff, 2003). Additionally, self-compassion activates the soothing system, reducing fear and withdrawal, and fostering psychological health and well-being.

Mindfulness also showed a significant negative effect on alexithymia in married nurses ($\beta = -0.19$, $p < .01$). This finding is consistent with prior research (Ghasemi Jobneh et al., 2015; Gilbert, 2009; Gilbert et al., 2014; Ricardo et al., 2015). Mindfulness, as a state of heightened awareness of the present moment, helps individuals focus on the "now" rather than ruminating on past negative experiences or worrying about future uncertainties. This focus reduces negative emotional states and promotes better emotional and cognitive functioning.

Mindfulness has been shown to enhance the capacity for accurate emotional identification and regulation, enabling better interpersonal communication and emotional exchanges. Bagby and Taylor (1994) suggest that mindfulness fosters a deeper connection with others, greater self-compassion, and a more positive outlook on emotional shortcomings and failures (Bagby et al., 1994). Mindful individuals gain greater control over their thoughts and emotions, preventing the emergence of alexithymic symptoms such as emotional dysregulation and expression difficulties.

The study findings indicate that self-compassion indirectly influences psychological well-being through alexithymia. Self-compassion helps individuals process and regulate emotions, promoting resilience and reducing emotional suppression and distress. This, in turn, enhances psychological well-being by fostering positive emotional states, meaningful experiences, and satisfaction with life.

Furthermore, mindfulness indirectly impacts psychological well-being through its effect on alexithymia. By reducing alexithymic symptoms, mindful individuals improve their ability to identify and separate emotional states, achieve better emotional regulation, and enhance social and emotional resilience. This results in reduced psychological symptoms such as anxiety and depression and increased overall well-being.

The study concludes that self-compassion and mindfulness can enhance psychological well-being in nurses by reducing alexithymia. It is recommended that the Ministry of Health and Medical Education organize workshops and seminars focusing on realistic expectations in marital relationships, mindfulness practices, and self-compassion strategies to improve the psychological well-being of nurses.

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Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. The protocol for this study was approved by the Research Council of Islamic Azad University, Rudehen Branch, under the research code 113348100648260415014162606169.

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