Tehran University of Medical Sciences

Nursing Practice Today

2026; Volume 13, No 3, pp. 304-315

Original Article

Intensive care units nurses' perceptions of family quality time: A qualitative study

Nasra Muslem Juma Al Maamari

School of Nursing, College of Health Sciences, University of Nizwa, Oman

ARTICLE INFO

Received 14 December 2025
Accepted 27 April 2026

Available online at:
http://npt.tums.ac.ir

Keywords:
critical care nursing;
intensive care nursing;
family relations;
social support;
occupational stress

Corresponding Author:
Nasra Muslem Juma Al Maamari, School of Nursing, College of Health Sciences, University of Nizwa, Oman.
E-mail: nasra.almaamari@unizwa.edu.om

DOI: 10.18502/npt.v13i3.22131

ABSTRACT

Background & Aim: Long working hours and job demands in intensive care units can compromise family quality time for nurses, leading to burnout, higher turnover, and safety risks. Conversely, nurses who maintain meaningful family time are more likely to achieve work-life balance and job satisfaction, which enhances the quality of patient care. This study aimed to describe the meaning of family quality time for ICU nurses, identify how ICU work influences this time, and explore its impact on the care they provide. This is an important issue in the nursing field.

Methods & Materials: An interpretive description methodology was used. Using purposive sampling, 10 intensive care unit nurses from regional hospitals participated in semi-structured Zoom® interviews. Data were analyzed using thematic analysis, and strategies to support rigor included memorizing notes, an audit trail, and end-of-interview debriefing.

Results: Four themes emerged from the data of this study: Family Quality-Time: The Essential Anchor for Emotional Well-Being, Support, and Connection; Work-Related Stress: The Destructive Twister Compromising Family Time; Inadequate Family Time: The Repercussions of Exhaustion, Fatigue, and Sleep Deprivation; and The Transformative Power of Family Time on Nurses' Performance.

Conclusion: The study underscores the significance of family quality time for intensive care nurses, emphasizing its impact on their well-being and job performance. Its findings can aid nursing educators and practitioners in recognizing the necessity of fostering family connections.

Introduction

Employees who enjoy quality time with their families are more likely to live a healthy and fulfilling life while enhancing job satisfaction (1). Regarding the nursing profession, Kowitlawkul et al. (2) highlighted the significance of maintaining a balance between nurses' professional responsibilities and personal lives for the sake of their well-being. Nurses are likely to deliver quality care if they are satisfied with their jobs and family commitments. This may, ultimately, lead to both nurses' and patients' satisfaction. In contrast, prolonged duty hours and the hectic nature of work can negatively affect intensive care nurses' family quality time, satisfaction, and quality of care (3).

Therefore, healthcare organizations should consider nurses' satisfaction in their jobs (4) and enhance their family quality time (3).

Family quality time is spending undisturbed time with family, giving them full attention, and enjoying every single moment in the true sense of the word, without worrying about work or other responsibilities (5). There has been frequent use of the phrase "family time" in the literature, describing the concept of quality time, which has primarily been used to describe the relationship between family members, their interactions, and the dynamics of the family environment (5,6). Enjoying time off allows employees to come back to work feeling refreshed and more productive (7). Enjoying quality time ultimately leads to greater job satisfaction and improved performance (8).

Some might consider any time spent at home with their families as family quality time. In contrast, family time filled with

Please cite this article as: Al Maamari N.M.J. Intensive care units nurses' perceptions of family quality time: A qualitative study. Nursing Practice Today. 2026; 13(3): 304-315.

stress and occupied by thoughts of work and obligations is not meaningful since the family loses enjoyment through this interruption (7). Hence, family quality time cannot be defined as spending more time at home without experiencing its true meaning. Therefore, some organizations use flexible working hours to maintain workers and organizational resilience, enabling employees to spend quality time with their families and potentially increasing employees' satisfaction and performance at work (8).

Work-life balance refers to striking a balance between the demands of living situations and the tasks of the workplace. Besides looking after patients, nurses in all roles should strive for their health and well-being through balance and avoid taking any unnecessary risks to health or safety in both their personal and professional activities. According to the American Nurses Association (ANA), nurses have a wide range of responsibilities, including providing comprehensive patient care and conducting research to promote the health and safety of patients and society (9). Achieving a good work-life balance is crucial for managing job responsibilities and personal life effectively (10). Given the exploratory nature of the topic and the need to capture nurses' descriptions and interpretations, a qualitative approach was appropriate. Therefore, this study used interpretive description to explore: How do Omani ICU nurses understand and experience family quality time, and how do they perceive its influence on the delivery of nursing care?

This study aims to explore how Omani intensive care nurses understand and experience family quality time, examine its meaning, and how nurses perceive the influence of family quality time on the delivery of nursing care.

Methods

Design

This research used the interpretive description methodology, as Thorne (11) outlined, to investigate the perceptions of intensive care nurses about family quality time. The researcher used purposive sampling to obtain participants and conducted the study using semi-structured individual interviews via Zoom®. Data were collected from November 1st, 2024, to December 30th, 2024.

Setting and Sample

Participants from nine regional hospitals were interviewed individually via Zoom® in a location of their choice. The inclusion criteria were Omani registered nurses who worked for the Ministry of Health, worked full-time as direct care providers in the intensive care unit at Omani regional hospitals for two years or more within the last three years, agreed to be interviewed in English, and were willing to be interviewed with the camera on with Zoom® and be recorded. Recruitment occurred by disseminating a study flyer (with a QR code) through an informal national WhatsApp® group of critical care nurses after obtaining permission from the group administrator. Interested nurses scanned the QR code to complete a Qualtrics eligibility screening survey; eligible individuals were directed to an electronic consent form and then a demographic survey. Then, the participants who consented were directed to complete a demographic data survey and asked to provide their contact information (email or telephone number) to schedule a Zoom meeting. This process ended with 10 participants, as shown in Table 1.

Data collection

The researcher started with a welcome and reviewed the research to ensure that the participants understood the topic. Participants were assured that the interview was not an exam, encouraging them to feel relaxed. During the interview, there was a face-to-face conversation via Zoom®, and, at the same time, the researcher observed the participant's verbal and nonverbal communication and interaction and maintained notes and memos.

Table 1. Participants' demographic data (N = 10)

Demographic data	*n*	%
Age		
Not reported	5	50.0
25- 30	3	30.0
31- 35	2	20.0
Gender		
Male	1	10.0
Female	9	90.0
Qualification		
Associate degree (Diploma in Nursing)	3	30.0
Post-basic diploma	5	50.0
Bachelor's degree	2	20.0
Years of experience in nursing		
2- 5	5	50.0
6- 9	2	20.0
10- 13	2	20.0
14- 17	1	10.0

The researcher engaged in a preliminary review of relevant literature to contextualize the research problem and inform the development of the interview guide, while maintaining an open and inductive perspective consistent with interpretive description methodology. Subsequently, a pilot Zoom® interview was conducted with two intensive care nurses to assess the guide's usefulness. Accordingly, changes were made in the interview and probing questions prior to the start of this research study.

The interview guide included open-ended questions focused on nurses' experiences, descriptions, and perceptions, such as: "As an ICU nurse, what does family quality time mean to you?" "How does working in ICU influence your family quality-time?" and "How does your family quality-time influence the quality of your performance at work, particularly patient care?" The semi-structured format allowed probing prompts (e.g., "Tell me more" and "Can you share any of your experience?") to elicit depth and clarify meanings.

Additionally, the researcher listened to the majority of the time, giving the participants additional time to speak. Probing questions were used to enhance the participants' focus on the study's aim. Probing questions in the interview helped the researcher gather data related to the research questions and encouraged the participants to stay on track. The interviews took 31 to 47 minutes (M = 39.5).

The Zoom® interviews were audio- and video-recorded, and each participant was coded and given a different name to ensure confidentiality. Before concluding the interview, participants were asked if they had any further information to share. After the interview, the researcher summarized the key points discussed with each participant to enhance credibility. In the end, the researcher reminded the participants about the study's email and phone number to give them an additional opportunity to address questions and concerns regarding the study or the interview. Finally, the researcher signed and sent a copy of the signed informed consent document to the participants for their records.

Data analysis

Zoom® interviews were transcribed using Zoom® transcript functionality and were checked against the recordings for accuracy. The researcher conducted thematic analysis through an iterative process: (1) reading and re-reading transcripts to become immersed in the data; (2) identifying meaning units relevant to the research questions; (3) creating initial codes for meaning units; (4) grouping similar codes into categories; and (5) developing and refining themes and subthemes that represented patterned meanings across participants.

An audit trail was maintained to document analytic decisions. For example, a participant statement describing family time as "crucial" and "valuable" was treated as a meaning unit, coded (e.g., "essential/valuable time"), and contributed to a broader thematic interpretation emphasizing family quality time as an anchor for emotional well-being, support, and connection.

Enhancement of credibility

Credibility was supported using Thorne's (11) criteria, including epistemological integrity, representative credibility, analytic logic, and interpretive authority. Specifically, the researcher used iterative engagement with the transcripts, maintained memos and field notes during interviews, and preserved an audit trail documenting decisions from meaning units to codes and themes. At the end of each interview, the researcher summarized key points with participants at the end of the interview to confirm understanding and enhance credibility.

Ethical and institutional approvals

The study was conducted after obtaining Institutional Review Board (IRB) approval from Widener University (12) and the Ministry of Health (MoH) Research and Ethics Committee in Oman (13), which is accountable for the approval of studies conducted in hospitals under the MoH.

Results

The researcher organized the data collected from the participants' perspectives into four main themes and subthemes.

Family quality-time: The Essential Anchor for Emotional Well-Being, Support, and Connection. The second theme is *Work-Related Stress: The Destructive Twister Compromising Family Time*. The third theme is *Inadequate Family Time: The Repercussions of Exhaustion, Fatigue, and Sleep Deprivation*. The fourth theme is *The Transformative Power of Family Time on Nurses' Performance* (Table 2).

Table 2. Themes and subthemes

Themes	Subthemes
Family quality time: The Essential Anchor for Emotional Well-Being, Support, and Connection	• The power of Connecting through Family Time • Gaining Emotional Support and Stress Relief through Family
Work-related stress: The destructive twister compromising family time	
Inadequate family time: The repercussions of exhaustion, fatigue, and sleep Deprivation	
The transformative power of family time on nurses' performance	• Boosting professional performance through meaningful Family Time • Strained nursing care: The hidden cost of inadequate Family Time for Nurses

1. Family quality time: The essential anchor for emotional well-being, support, and connection

This theme emphasized the anchor of family connections and interactions for well-being and nurses' resilience. Anchors are essential to secure vessels in place, preventing them from drifting away in the current. Like anchors, quality time with family provided safety and stability to the participants. The participants expressed their views that good time spent with family is not merely recreational time; rather, it is a crucial element for enhancing mental and emotional well-being in individuals. The discussions centered on the importance of family time as a vital component in nurturing connections, promoting emotional well-being, and alleviating stress among participants, particularly nurses working in high-stress environments such as ICUs.

Participants expressed that meaningful family interactions were essential for personal fulfillment and emotional stability. Two subthemes supported this theme: *The Power*

of Connection through Family Time and Gaining Emotional Support and Stress Relief through Family.

1.1. The power of connection through family time

The participants expressed their interpretations of family time, emphasizing that quality interactions with family strengthen bonds, enhance emotional health, and create memorable experiences. They acknowledged that these family interactions form a foundation of love, support, and resilience that helps them sail through life's challenges, ultimately leading to a valuable life for everyone.

All participants emphasized the importance of spending time and connecting with family, as they shared that this time was essential for nurturing relationships and strengthening family bonds. For instance, Moza described family time as "very crucial, and it is valuable time to be with your family." Moreover, Turki defined family time as the time given to the family in order to fulfill the role of a member within the family dynamic. He stated, "It is a time we must provide for the family to be a member of such a family." Another participant, Samirah, labeled family time as similar to "oxygen," perceiving that family connection and interaction are not only important but very essential for one's well-being; Samirah stated, "My family time is like my oxygen of life. I cannot live without my family. It is one of the basic things in life. I cannot be separated from my family."

1.2. Gaining emotional support and stress relief through family

Participants highlighted the importance of family quality time through communication and understanding to relieve stress and provide emotional comfort. Spending quality time with family and being involved in open communication helped them feel understood by family members. For example, Moza underscored the prominence of family time in relieving stress, stating that being with her family, especially with siblings, helped her clear her mind and think positively:

> …being with the family… relieves your stress. Emotionally will be supported…I have very nice support from my sisters, my brothers…so when I go back to work, all my stress will be gone.

On the other hand, Fatma stressed that connecting and having good communication with family might reduce feelings of isolation. She said: "…to share ideas with each other… to express your feelings, as you will feel more comfortable, more relaxed; also, you will be closer to them." Further, Sarah, another participant, shared her perspective on how spending time with family was essential to show her presence in the family; "Sitting with your kids, listening to them when they are hungry or angry, and building good communication so the kids will notice your presence."

Furthermore, Maya expressed that being with a loving family provided excellent strength for an individual to be inspired to achieve more, stating, "Family gatherings are very important for you to sit with the family for your emotional support… it is power for me…they will be with you, they will encourage you for your work, for your other activities." The statements shared by most participants highlighted the importance of family time in fostering family bonds and how essential family connection was for enhancing nurses' mental and spiritual well-being. Respondent Yarah emphasized that the valuable time spent with family contributed significantly to overall health and well-being. "Family members are the number one enhancement and encouragement resource for me, enhancing my spiritual, physical, and psychological health. It gives me the strength to stand in my improvement."

2. Work-related stress: The destructive twister compromising family time

This theme highlighted the stressful whirlwind nature of ICU work and schedules for ICU nurses, leading to feelings of guilt and frustration, which could destroy their ability to spend quality time with loved ones.

Additionally, the theme emphasized the connection between the psychological well-being of these nurses and their family relationships, emphasizing how the stresses of their profession negatively impacted both their personal lives and family dynamics.

All participants highlighted that the influences of the profession, such as demanding work schedules and the nature of work, often led to feelings of guilt and frustration, making it difficult to spend enough time with loved ones. Moreover, the participants noted the strong connection between the psychological health of ICU nurses and their influence on family relationships. The participants uncovered how the challenges faced in high-stress environments could influence not only individual lives but also family dynamics. For example, participant Fatma asserted, "If something happens in my duty, one patient expired or in some cases, like bedsore, burn, critical case, all will affect me, I will come home, I'm thinking about those things, I need some time to forget those things." Adding to that, Fatma expressed her feelings of burnout, fatigue, and struggle to get enough time with her family due to the work conditions, which led her to have a sense of being detached from loved ones, stating:

Continuous duty, family quality time is not enough because we go to duty, then come thinking about the work, I mean, I don't get time to even sit with my son, to go outside for enjoying, I feel the time is missed and going fast, even to enjoy life.

From the same perspective, Maya, a former ICU nurse, shared her experiences working there. She described being challenged to maintain family time, which caused her to feel isolated and regretful, as she missed family gatherings and important moments due to work commitments:

I was not attending all activities with my family because of my duty; it was stressful for me, so when I came home, it was difficult to manage my time with them, as I had to arrange my duty. I have to search for anybody to change the duty…, even if you were planning something, it would change at any time ….. Feeling bad like you are opposite, you want to be with them, and you do not want to miss those moments with them.

In addition, participant Yara shared the same perspectives as well. She described how a stressful situation at the workplace impacted her interactions with her family:

… I took that situation in my head, and I took it home; three days later, I was not able to accept the reality. I did not get nice communication with my family members. At that time, we were in a family celebration, but they did not enjoy it well because they were thinking of me. I destroyed the enjoyment. Unfortunately, yeah.

Participant Huda opened up and expressed how she was striving to manage her work-related stress and difficulty focusing on family life due to overwhelming thoughts and pressures from work:

…I feel more stressed and anxious; I cannot concentrate with the family; I sometimes cannot feel happy because of my work; I am thinking about the work and the stressful situations, so I cannot feel comfortable when sitting with the family.

On the other hand, participant Nazira expressed her thoughts on how high stress at work affected her communication with her family, which consequently influenced the family dynamics as she stated, "If my emotions are affected, my communication will be affected….If I am stressed, my communication with my children will be affected, as I am converting my stress onto them, and I will reach a point of burnout." She continued and revealed that this anger caused her to feel guilt and burnout:

Sometimes, really, I am feeling bad, I am feeling frustrated. And then, like, sometimes, um, I will reach a point where I cannot continue in this situation, cannot continue in ICU, I want to come out. I cannot do anything to stay longer because now I have 15 years in ICU, not one year or two years. So, 15 years from my life in the ICU. It is too difficult to work in critical areas….My family members' emotions also sometimes feel like stress from my work.

Participant Samira also voiced her frustration over meeting work obligations and leaving her family time during mourning, which was an important time when her family was in critical need of her, stating, "… I was feeling like I'm leaving my family and I'm going to work and neglecting my family support… And instead of supporting my family, I'm going to the hospital."

3. Inadequate family time: The repercussions of exhaustion, fatigue, and sleep deprivation

This theme sheds light on the challenges nurses faced in the ICU and how they impacted their family time. Participants expressed feelings of frustration, fatigue, and emotional exhaustion due to irregular work hours and the demanding nature of the workplace. These factors hindered the nurses' ability to engage with their families, leading to feelings of guilt and stress about neglecting family support during special family times. The theme highlights the detrimental effects of work-related stress on personal well-being, relationships, and overall family time.

Participants noted that irregular work hours, especially night shifts, lead to fatigue and exhaustion. These challenges impact nurses' moods and energy levels, making engaging with family and participating in activities harder to achieve. Long working hours and disrupted sleep left nurses drained, diminishing their quality of life. Most of the participants faced ongoing sleep deprivation after duty hours, primarily due to family caregiving responsibilities, creating a cycle of sacrificing sleep for family care.

Moza articulated her thoughts about experiencing sleep deprivation after returning home from work, as she had to prioritize caring for her family, ensuring that the family's needs were met before she relaxed. "I am not sleeping well because I have to spend more time with them (family)…. It is really like, instead of coming from duty at 7:30 am and sleeping directly, sometimes I sleep at 9 or 10 o'clock." Moza proceeded with her comments and shared her strains of getting enough rest and participating in family life activities due to fatigue and disturbances in her sleep patterns related to work schedules:

In between will do nights and then do mornings, so you cannot get enough time to sleep. They (the family members) will tell you to sit with them, and at the same time, you want to sleep; they want you to be engaged in their activities, but you are tired. You cannot do many activities with them. You will be looking at them, but in your mind, you are sleepy.

On the other hand, participants Samira and Nazira highlighted how professional commitments and the demanding nature of the workplace posed challenges that negatively affected their time with their families. For instance, Samira stated:

ICU is taking extra time from my family life. For example, if I am working in the morning, suppose my duty finishes at 2 pm, sometimes we become so busy, and I will reach home around three or four o'clock… because really sometimes we cannot neglect our work and go to the family.

Yara highlighted another source of frustration for nurses that impacted their family time due to work conditions. She shared her perspective, highlighting that the work schedules disrupted both personal and family life. She emphasized the challenges of maintaining family relationships and the impact on one's well-being, leading to feelings of exhaustion and social isolation:

It is a closed area full of stress, physically and psychologically…my challenge was social management…I was not able to sit with them (family members). Because of the schedules,… lots of family work will be pending and postponed … So, this will take from our health, … will exhaust us, exhaust our minds as well, … there is no time for family… I want to sleep, but my family members, for example, have a gathering, so I will not be able to attend, or I will go and sleep over there.

4. The transformative power of family time on nurses' performance

This theme highlighted the influence of family time on nurses' performance in their

professional roles. It emphasized how joyous family time through interactions provided emotional support and recharged nurses, which enhanced their job satisfaction, communication, and overall effectiveness in patient care. Conversely, the data also captured how family burdens and a lack of family time could lead to stress and distract nurses from their work, negatively affecting their performance. Ultimately, this theme emphasizes the importance of nurturing family connections to foster better outcomes for both nurses and their patients.

Participants' statements revealed that recognizing the importance of family support motivated nurses to nurture these connections, ensuring success at home and in healthcare. Ultimately, strong family bonds contributed to brighter days and better outcomes for nurses and their patients. Two subthemes were identified from the main theme: *Boosting Professional Performance through Meaningful Family Time* and *Strained Nursing Care: The Hidden Cost of Inadequate Family Time for Nurses.*

4.1. Boosting professional performance through meaningful family time

All participants indicated that meaningful family interactions could enhance nurses' psychological well-being and productivity at work. They emphasized that family time positively affected their performance, patient care, and workplace interactions. These connections improved communication, boosted job satisfaction, and contributed to overall workplace success. Family time was essential for nurses to remain mentally present and minimize distractions.

The participants expressed that spending quality time with family positively impacted work performance and overall job satisfaction. They highlighted that spending adequate time with loved ones could reduce stress and enhance analytical thinking, using time wisely, ultimately leading to better outcomes in their professional duties. For example, Nazira shared her opinion, stating, "If I spend more time with my family, I feel relaxed, not stressed; this will help me in my duty, in critical thinking, so all my strengths, my inner energy, the patient will get it."

The participants also addressed how having a fulfilling and joyful family time positively impacted work performance. Participants emphasized that when they feel happy and satisfied at home, it enhances their work quality and interactions with patients and colleagues, leading to better teamwork and overall job satisfaction:

… When I am coming home happy, this happiness will be expressed in work, the way I work with the patient, the way I sit with my colleague, and the teamwork will be at the highest level… My performance will be high quality, … I will feel happy, and I will be satisfied with what I am doing for the patient (Sarah).

Moreover, according to the participants, spending effective time with family was important to recharge and enhance overall well-being, allowing individuals to be more effective and focused on their professional roles, especially in high-stress environments such as healthcare. Yara emphasized:

Proper family quality time will give me an enhancement and encouragement to continue my pathway in dealing with patients…. The family quality time is recharging our souls and our minds; it's refreshing our physical health. It will give us the energy to come the next day and to be productive members in the unit…I will give effective care if I'm internally free. My care will be effective. My mind will be focused when I go to the ICU. So, I will not be distributed here and there.

4.2. Strained nursing care: The hidden cost of inadequate family time for nurses

All participants discussed the adverse effects of insufficient family time and interaction, such as stress, workplace behavior, communication issues, and personal distractions, which negatively impacted work performance. Turki, for example, expressed shared perspectives and highlighted that insufficient family time may lead to a lack of

mental engagement at work, stating, "If you don't have the time to sit with your family, you will not do your work properly… You are physically there but mentally not there." Besides not being attentive at the workplace, many of the participants added that spending unsatisfactory family time influenced their communication and behavior during work, as they demonstrated a loss of self-control. For example, Fatme expressed that the disrupted family time reflected on her behavior and attitudes at the workplace, saying "… I will not provide excellent care to the patient, affecting my communication with them (colleagues and patients), become lazy to do the work, all the time texting my family."

Furthermore, Zeena expressed the same point of view as other participants:

If I don't give my family enough time, I will blame myself. This will make me unhappy and uncomfortable with my career. So, I will shout at work as I cannot control the stress, it will reflect on how you carry on your performance and on how you deal with the patients; it will affect the team, the people like attenders.

Nazira also highlighted how the lack of family time enjoyment at home could cause fatigue and diminish the quality of care at work. She highlighted that feelings of anger and sadness could further affect focus and attitudes toward colleagues and patients, hindering their ability to meet work obligations, stating, "I may sometimes have burnout, shouting, I cannot give care, or cannot concentrate more and provide quality care to my patients."

Discussion

The findings of this study indicated that family quality time acts as an essential anchor for emotional well-being, support, and resilience among Omani ICU nurses. While the term "family time" frequently appears in psychological and sociological literature to describe family relationships and interactions (6,5), limited attention has been given to its deeper meaning as a protective factor for individuals working in high-stress professions. In the present study, participants described family quality time not merely as time spent together, but as meaningful, attentive, and emotionally engaged interactions that strengthened relational bonds and promoted psychological stability. This interpretation aligns with philosophical perspectives such as Stoicism, which emphasize presence, mindfulness, and authentic human connection as foundations of a meaningful life (14). Similarly, contemporary literature suggests that quality time extends beyond physical proximity and instead reflects the depth of engagement and shared experiences that foster emotional bonding (7,15).

Within the Omani cultural context, where family cohesion, collective identity, and interdependence are highly valued, these findings carry particular significance. Omani society traditionally emphasizes strong familial ties, regular gatherings, and mutual emotional and practical support among family members. For ICU nurses in this context, family quality time appears not only as a personal preference but as a culturally embedded expectation and source of identity reinforcement. Thus, when participants described family time as essential for emotional balance and resilience, their perceptions were likely shaped by both professional stressors and sociocultural norms that prioritize family unity. Highlighting this cultural dimension strengthens the distinctiveness of this study, as the meaning and impact of family quality time may manifest differently in societies with more individualistic orientations.

Participants further emphasized that meaningful family interactions provided emotional support and stress relief, enabling them to navigate the psychological burdens of ICU work. They described family presence as a safe space for communication, comfort, and emotional recovery. These findings are consistent with the literature indicating that perceived family support enhances mental well-being, promotes resilience, and contributes to emotional stability (16,7,17). When individuals perceive guidance, open communication, and emotional transparency within the family, they experience greater happiness and psychological balance. In the

demanding ICU environment, where exposure to suffering and death is frequent (18,19,20,21), such emotional grounding becomes particularly critical. In this study, nurses described family quality time as a restorative force that allowed them to decompress, regain perspective, and sustain their professional functioning.

However, the findings also illuminate how work-related stress disrupts this protective dynamic. Participants described ICU responsibilities, night shifts, heavy workloads, and exposure to critically ill patients as factors that compromised their ability to engage meaningfully with their families. These stressors often resulted in emotional exhaustion, frustration, and conflict between professional and familial roles. Such experiences are consistent with research demonstrating that overwhelming work demands contribute to emotional exhaustion and anxiety, which may subsequently impair family functioning (22). Within the Omani context, where family presence and participation in social life are culturally significant, the inability to attend gatherings or fulfill familial obligations may generate heightened feelings of guilt and self-blame. Thus, work–family conflict may carry intensified emotional consequences in this setting.

The theme of inadequate family time further revealed the repercussions of fatigue, exhaustion, and sleep deprivation. Participants described persistent tiredness following long or irregular shifts, which limited their capacity to interact with family members upon returning home. Feelings of isolation, guilt, and regret for missing important family events were frequently reported. These findings align with Abdulaziz et al. (23), who identified challenges in balancing professional and personal roles, as well as Griffin's (24) discussion of how hectic lifestyles contribute to fatigue and stress. Sleep deprivation emerged as a particularly critical factor. Participants described sacrificing rest to fulfill caregiving responsibilities at home, creating a cycle of chronic exhaustion. Research indicates that insufficient sleep negatively affects cognitive functioning, attention, emotional regulation, and overall job performance (25). In high-acuity environments such as ICUs, impaired cognitive functioning may directly influence patient safety and care quality. Therefore, the interplay between work stress, sleep deprivation, and diminished family quality time extends beyond personal well-being and into professional performance outcomes.

Importantly, the findings also illustrated the transformative power of family quality time on nurses' professional performance. Participants described how meaningful family engagement enhanced relaxation, confidence, communication skills, and motivation at work. Positive family interactions appeared to replenish emotional energy, improve mood, and strengthen commitment to patient care. These findings correspond with evidence suggesting that promoting nurse well-being enhances job satisfaction, productivity, morale, and workplace relationships (25,10). Similarly, Yaqoob et al. (22) demonstrated that strong familial support functions as a source of inspiration during professional challenges. In the present study, participants articulated that emotional grounding within the family translated into attentiveness, compassion, and collaborative effectiveness in the ICU.

Conversely, insufficient family time or unresolved family stress was perceived to negatively affect professional functioning. Participants reported that stress originating from home or feelings of neglecting family responsibilities impaired concentration, communication, and emotional regulation at work. These findings are consistent with Namdari et al. (28), who found that family-related stressors reduced nurses' mental capacity and quality of care delivery. Participants described experiences of guilt, self-blame, and emotional strain, which interfered with focus and professional relationships. In a collectivist cultural context such as Oman, where family harmony and responsibility are central values, the psychological burden associated with perceived family neglect may be particularly

profound, further influencing workplace performance.

Overall, this study highlighted family quality time as both a protective and transformative factor for Omani ICU nurses. It operates as a source of emotional resilience, stress recovery, and professional enhancement, while its disruption contributes to fatigue, conflict, and reduced work effectiveness. By situating these findings within the cultural framework of Oman, this research underscores how sociocultural values intersect with occupational stressors to shape nurses' lived experiences. The integration of cultural context not only strengthens the rationale of the study but also emphasizes its distinct contribution to the literature on work-family dynamics and nursing performance in non-Western settings.

Nga et al. demonstrated that family support and resilience serve as significant predictors of happiness among nursing students, whereas Yang et al. emphasized the importance of maintaining work-life balance, emotional stability, and quality of life among nursing professionals. These findings further substantiate the present study and highlight the necessity of supportive personal and professional environments for sustaining well-being.

Limitations

The researcher encountered challenges in recruiting participants, notably due to participants' lack of interest in taking part in the study. Furthermore, a few individuals expressed discomfort with conducting the interview via Zoom and were hesitant to communicate in English. Additionally, the participant demographics predominantly consisted of female nurses, with the presence of only one male nurse, which may affect the diversity of perspectives derived from the interviews.

Conclusion

In conclusion, this study elucidates the critical association between sleep quality, familial engagement, and nurses' job performance, particularly within stressful environments such as ICUs. Family quality time with family members is an essential component that enhances nurses' well-being and job performance, providing necessary emotional support and mechanisms for stress relief. In contrast, insufficient family quality time can exacerbate stress levels and distract attention, negatively influencing nurses' focus and communication abilities. Prioritizing and fostering family quality time is imperative for improving nurses' performance and patient outcomes. By addressing these factors, healthcare institutions can cultivate a supportive work environment that values both the personal and professional well-being of their staff, thus ensuring excellence in nursing care and a healthy workforce.

References

1. Al-Alawi AI, Al-Saffar E, Alomohammedsaleh Z, Alotaibi H, Al-Alawi EI. A study of the effects of work-family conflict, family-work conflict, and work-life balance on Saudi female teachers' performance in the public education sector, with job satisfaction as a moderator. Journal of International Women's Studies. 2021 Jan 1;22(1):486.
2. Mohammadi M, Peyrovi H, Mahmoodi M. The relationship between professional quality of life and caring ability in critical care nurses. Dimensions of Critical Care Nursing. 2017 Sep 1;36(5):273-7. doi:10.1097/DCC.0000000000000263
3. Kowitlawkul Y, Yap SF, Makabe S, Chan S, Takagai J, Tam WW, Nurumal MS. Investigating nurses' quality of life and work-life balance statuses in Singapore. International nursing review. 2019 Mar;66(1):61-9. doi:10.1111/inr.12457
4. Reichelt L. What, why, and how of quality family time [Internet]. Champion Your Parenting; 2021 [cited 2026 Jun 9]. Available from: https://www.championyourparenting.com/what-why-and-how-of-quality-family-time/
5. Kutrovátz K, Geszler N. Quality time as focused time? The role of focused parental time on the well-being of adolescents. Journal of Family Issues. 2023 Nov;44(11):2936-60. doi:10.1177/0192513X221113857
6. Griffin T. 5 ways to spend quality time with yourself [Internet]. Thrive Global; 2021 [cited 2026 Jun 9]. Available from: https://community.thriveglobal.com/5-ways-to-spend-quality-time-with-yourself/

7. Van Fleet DD. Quality Time: Productivity Through Time Management. IAP; 2020 Oct 1. https://doi.org/10.1108/978-1-64802-243-2
8. American Nurses Association. Code of ethics for nurses with interpretive statements. Nursesbooks. org; 2001.
9. Rony MK, Numan SM, Alamgir HM. The association between work-life imbalance, employees' unhappiness, work's impact on family, and family impacts on work among nurses: A Cross-sectional Study. Informatics in Medicine Unlocked. 2023 Jan 1;38:101226. doi:10.1016/j.imu.2023.101226.
10. Hsin A, Felfe C. When does time matter? Maternal employment, children's time with parents, and child development. Demography. 2014 Oct 1;51(5):1867-94. doi:10.1007/s13524-014-0334-5
11. Shieh PCC. How do you spend "quality time" with yourself? [Internet]. Stance Coaching; 2020 [cited 2026 Jun 9]. Available from: https://stancecoaching.com/blog/2019/5/28/how-do-you-spend-quality-time-with-yourself
12. Elshaer NS, Moustafa MS, Aiad MW, Ramadan MI. Job stress and burnout syndrome among critical care healthcare workers. Alexandria Journal of Medicine. 2018 Oct 23;54(3):273-7. doi:10.1016/j.ajme.2017.06.004.
13. Andal EM. Pilot study quantifying Filipino nurses' perception of stress. California Journal of Health Promotion. 2006 Dec 1;4(4). 2006;4(4):88-95. doi:10.32398/cjhp.v4i4.1990
14. Babapour AR, Gahassab-Mozaffari N, Fathnezhad-Kazemi A. Nurses' job stress and its impact on quality of life and caring behaviors: A cross-sectional study. BMC Nursing. 2022 Mar 31;21(1):75. doi:10.1186/s12912-022-00852-y
15. Chatzigianni D, Tsounis A, Markopoulos N, Sarafis P. Occupational stress experienced by nurses working in a Greek Regional Hospital: A cross-sectional study. Iranian Journal of Nursing and Midwifery Research. 2018 Nov 1;23(6):450-7. doi:10.4103/ijnmr.ijnmr_120_17
16. Chen J, Li J, Cao B, Wang F, Luo L, Xu J. Mediating effects of self-efficacy, coping, burnout, and social support between job stress and mental health among young Chinese nurses. Journal of Advanced Nursing. 2020 Jan;76(1):163-73. doi:10.1111/jan.14208
17. Mousavinia SM, Naami A, Arshadi N, Beshlideh K. The role of employees' well-being in reducing the effects of work-family conflict on family satisfaction, parenting quality, and couple relationship quality in nurses. Iran Journal of Nursing. 2020 Jun;33(124):41-57.
18. University of Wyoming. Family quality time [Internet]. Laramie (WY): University of Wyoming; [cited 2026 Jun 9]. Available from: https://www.uwyo.edu/wind/_files/docs/f2f/f2f%20family%20quality%20time%2010-13.pdf
19. Namdari S, Nasiri A, Nakhaee S, Taheri F. Exploring the effects of nurses' family-work conflict on patient care quality: A qualitative study. Modern Care Journal. 2018. doi:10.5812/modernc.86130
20. Rajuskar C, Badarke V. Influence of sleep deprivation on cognitive performance. International Journal for Multidisciplinary Research. 2024;6(1):1-6. https://doi.org/10.36948/ijfmr.2024.v06i01.13443
21. Thorne S. Interpretive description. 2nd ed. New York (NY): Routledge, 2016. https://doi.org/10.4324/9781315545196
22. Yaqoob S, Ishaq MI, Mushtaq M, Raza A. Family or otherwise: Exploring the impact of family motivation on job outcomes in a collectivistic society. Frontiers in Psychology. 2023 Mar 2;14:889913. doi:10.3389/fpsyg.2023.889913
23. Abdulaziz A, Bashir M, Alfalih AA. The impact of work-life balance and work overload on teachers' organizational commitment: do Job Engagement and Perceived Organizational support matter? Education and Information Technologies. 2022 Aug;27(7):9641-63. https://doi.org/10.1007/s10639-022-11013-8
24. Yang HM, Park BJ, Jang YE, Park SJ. Types of perception of work-life balance among MZ generation nurses: A Q methodology approach. Nursing Practice Today. 2025;12(1):98-113. https://doi.org/10.18502/npt.v12i1.17529
25. Nga NN, Mai DT, Thuy PT, Linh TT. Impact of resilience, social support, and perceived health status on happiness among nursing students: A cross-sectional study. Nursing Practice Today. 2025 Apr 23;12(3):295-303. https://doi.org/10.18502/npt.v12i3.18978