Mental Health and Lifestyle Journal

Year 2024
Volume 2
Issue 2

Perceptions of Motherhood Among Female Nurses During the COVID-19 Pandemic

Tahereh Kaviyani[1], Khadijeh Barzegar[2*], Hamed Mohammadi[2]

1 PhD Student in Women's Rights in Islam, University of Religions and Sects, Faculty of Women and Family, Qom, Iran
2 Assistant Professor, Department of Women and Family, University of Religions and Sects, Faculty of Women and Family, Qom, Iran
*Correspondence: kh.barzegar@urd.ac.ir

Article type:
Original Research

Article history:
Received 17 March 2024
Revised 14 May 2024
Accepted 27 May 2024
Published online 01 June 2024

ABSTRACT

The COVID-19 pandemic is one of the types of epidemics whose scope and rapid transmission rate, along with a considerable mortality rate, posed costly challenges for the fields of medical science and technology. Healthcare personnel were at the forefront and most direct position in confronting and managing this disease. Among them, nurse mothers played a primary and vital role in both patient care and supporting their families. The present study aims to investigate how nurse mothers perceived their maternal role during the COVID-19 pandemic. This qualitative study was conducted using purposive sampling with the participation of 15 nurse mothers who had children of compulsory education age (7 to 15 years old) in the city of Amol. Semi-structured interviews were used as the data collection tool. Upon reaching theoretical saturation, directed content analysis was employed for data analysis. Out of a total of 240 secondary codes, 17 basic themes, 6 organizing themes, and 3 overarching categories were identified and classified. The organizing themes included: "Crisis management and response," "Occupational challenges and professional development," "Emotional–psychological transformations," "Communication patterns and enhancing interaction," "Changes in maternal responsibilities and communication patterns," and "Children's education and psychological security." These organizing themes were grouped into three main categories: "Coping with the situation and interpreting threats," "Motherhood amidst emotional–psychological transformations, communication patterns, and strengthened interaction with the child," and "Motherhood at the intersection of changing responsibilities/communication patterns and the child's psychological security." The findings of the study indicate that, in response to the conditions imposed by the COVID-19 pandemic, nurse mothers shifted their perception of "ideal motherhood" to "good-enough motherhood." Attending to children's emotions, emotional needs, and psychological safety became the primary concern for mothers. This shift consequently led to changes in maternal behavioral and educational patterns.

Keywords: Nurse mothers, motherhood, pandemics, COVID-19, ideal motherhood, good-enough motherhood

How to cite this article:
Kaviyani, T., Barzegar, K., & Mohammadi, H. (2024). Perceptions of Motherhood Among Female Nurses During the COVID-19 Pandemic. *Mental Health and Lifestyle Journal, 2*(2), 36-47. https://doi.org/10.61838/mhfmj.2.2.5

Introduction

The COVID-19 pandemic, as a global health crisis, has had significant effects on healthcare and social systems. Among the affected groups, nurses—particularly nurse mothers—faced unique challenges due to

their dual professional and familial responsibilities (1). The coronavirus pandemic exerted immense pressure on nurses on the frontlines of the healthcare response, and this pressure was particularly intensified for nurse mothers who had to manage heavy professional workloads while simultaneously attending to family obligations (2, 3). Research has shown that health crises such as COVID-19 lead to increased stress, anxiety, and psychological strain among nurses (4-7). These effects have been especially complex for specific subgroups of nurses, such as mothers. Nurse mothers faced multiple challenges including increased workload, health concerns for themselves and their families, and the inability to balance work and life responsibilities (8). These pressures may result in both psychological and physical health issues that require special attention and thorough examination (9).

Stress and coping theories, such as the model proposed by Lazarus and Folkman (1984), have examined how individuals confront and manage stress and can provide valuable insights into the experiences of nurse mothers during crises (10). The work-life balance theory has also addressed the challenges that arise from integrating occupational and familial responsibilities and is particularly relevant in analyzing the unique struggles faced by nurse mothers in this context (11, 12). Another applicable theoretical framework is resilience theory, which investigates individuals' capacity to cope with adversity and crises, and it can help identify more effective coping strategies for nurse mothers during public health emergencies (13, 14). Resilience is increasingly regarded as a key factor in managing stress and navigating crises and can guide the development of effective support strategies.

The concept of *ideal motherhood* is a culturally and historically constructed norm rooted in gendered expectations, particularly prominent since the Victorian era. During this period, the home was framed as a feminine space, and the moral criteria of being a "good mother" were largely attributed to white, middle-class women (15). Despite cultural variations, ideal motherhood globally tends to share several key traits: prioritizing children's needs, spending time with them, protecting them from harm, providing for the family, assuming responsibility for their education and success, sacrificing personal desires, and maintaining a strong moral obligation to ensure children's welfare (15-31). For working mothers, employment complicates adherence to ideal motherhood standards, intensifying feelings of guilt and emotional burden as they try to balance societal expectations with career demands (18, 23, 25, 29, 32). Nelson (2021) argues that the ideal mother myth helps sustain gendered and intersectional power structures, marginalizing working-class and racialized mothers who cannot conform to dominant ideals (28). Women who embody this ideal are socially praised, while those who deviate often face criticism and resistance (28).

In contrast, the framework of *good-enough motherhood*, introduced by British psychoanalyst Donald Winnicott in 1953, offers a more realistic and inclusive perspective. This concept describes mothers who are not perfect but sufficiently attuned to their children's needs to provide consistent, reliable care (33, 34). Good-enough motherhood challenges the biologically deterministic view by separating the act of "mothering" from the legal and biological role of being a mother. It allows for various maternal forms (e.g., adoptive, biological), emphasizing caregiving rather than identity. Budruska (2000) describes motherhood as a transformative point in a woman's cognitive and relational life. LaPierre's research demonstrates that women are often judged not by their maternal feelings, but by external indicators such as domestic cleanliness, which are unfairly used as proxies for maternal quality (31). Good-enough motherhood, however, values the process of failing and recovering from failure as an essential developmental pathway for children

(35). It begins with high responsiveness to the child's needs but gradually allows space for the child to encounter and cope with frustration independently, fostering resilience (33). This theoretical framework offers a more flexible, humane, and psychologically grounded alternative to the rigid and idealized expectations of maternal perfection.

Taken together, the literature suggests that nurse mothers may have had a distinct experience compared to other female nurses during pandemics. Studies have also shown elevated anxiety levels among nurse mothers during the COVID-19 pandemic (16). This is particularly significant because these individuals not only fulfill demanding professional duties but also hold the critical role of motherhood at home, which comes with its own set of responsibilities, role expectations, and obligations. Given that becoming a parent is a significant emotional and life-altering event both personally and socially (Kerr et al., 2021), a review of recent social history suggests that, in past decades, family life was centered around the unpaid caregiving and service work of women. Emerging socio-cultural transformations, along with rapid economic changes and the commodification of services, have increasingly encouraged mothers to participate in the workforce and gain access to economic resources. However, these developments have also blurred the social roles of motherhood and fatherhood (36, 37) and contributed to the persistence of gendered divisions of labor. Despite societal encouragement for mothers to engage in the labor market, prevailing social perceptions still classify a woman as a "good mother" only if she dedicates sufficient time and energy to the care of her children (24).

This study was conducted in Amol during the year 2023–2024, approximately one year after the official end of the COVID-19 pandemic, with the aim of examining nurse mothers' perceptions of their motherhood during the pandemic.

Methods and Materials

To address the research problem, a qualitative method was employed, using qualitative content analysis techniques and individual interviews as the data collection tool. Content analysis includes three types: conventional, directed, and summative. Given the extensive body of research on crises and socio-cultural and even health-related challenges during the COVID-19 era, it appeared that a focused exploration of nurse mothers' perceptions of their motherhood—shaped by the pandemic—required closer examination. Therefore, this study utilized *directed content analysis*.

The participant population for this study consisted of nurse mothers with children in the age range of compulsory education (7 to 15 years) residing in Amol. The rationale for selecting mothers with children aged 7 to 15 was that children in this developmental stage, despite their increasing social engagement at school, still require greater educational and caregiving support. Considering the COVID-19 pandemic, public and educational participation was restricted on one hand, while on the other, healthcare personnel had to be more actively involved in the prevention, control, and treatment processes. As such, this period represented a critical and impactful stage for nurse mothers.

The participant population included nurse mothers working in hospitals and treatment centers for COVID-19 patients. To access nurses with these characteristics, initial contact was made with the head nurse of the COVID-19 special care units. Interviews were first conducted with two nurses referred by the head nurse, and then using the snowball sampling method, additional participants were recruited.

The average interview duration was 50 minutes. Prior to each interview, the research objective was explained to the participant, followed by scheduling the interview. The interviews were semi-structured, beginning with general questions related to the research topic, and further questions and elaborations were discussed throughout the session. With the participants' informed consent and confidentiality preserved, the interviews were audio-recorded. Within a minimum of two days following each interview, the audio recordings were transcribed in full detail without any content intervention, and the data were coded. In two cases, follow-up interviews were conducted to clarify or complete certain discussions. The following table presents the demographic characteristics of the participants.

Table 1. Demographic Characteristics of the Study Sample

Demographic Variables	Frequency	Percentage
Age		
Under 35 years	5	17%
35–45 years	5	42%
Over 45 years	5	42%
Education		
Bachelor's degree	6	50%
Master's degree	9	50%
Work Experience		
5 to 15 years	8	42%
Over 15 years	7	58%
Total	15	100%

Findings and Results

The findings of the study indicate that there are three overarching themes regarding the realization of motherhood among nurse mothers in the city of Amol during the COVID-19 pandemic: (1) Managing the situation and interpreting threats; (2) Motherhood amidst emotional support and family interaction; and (3) Motherhood at the intersection of changing parenting patterns and children's psychological security. The interaction among these three themes appears to shape nurse mothers' perceptions of motherhood. Each of the three themes includes two major dimensions and a series of initial categories.

The table below presents the selective codes, axial codes, and subcategories that reflect how nurse mothers in Amol perceived motherhood. In the open coding stage, 240 open codes were extracted from the 15 interviews. In the secondary coding stage, and based on the research literature, a total of 84 secondary codes, 17 basic themes, 6 organizing themes (main categories), and 3 overarching thematic categories were identified and extracted, as summarized in the following table.

Table 2. Secondary Codes, Basic Themes, Organizing Themes, and Overarching Categories

Secondary Codes	Basic Themes (Conceptual Codes)	Organizing Theme (Categories)	Overarching Categories
Initial detection of COVID-19 at Amol hospital and initial reactions	Initial recognition and response to crisis	Crisis Management and Response	Coping with the Situation and Interpreting Threats
Control of conditions and hospital equipment and resources			
Progress of the disease and diagnostic challenges			
Initial challenges in the COVID-19 crisis			
Personal experiences in confronting the crisis			

Coping strategies for managing stress from dual work-family responsibilities	Crisis management strategies and techniques		
Use of stress management and calming techniques			
Strategies for managing child behavior and resolving problems			
Strategies for balancing work and family life			
Personal experiences and lessons learned	Lessons and learning from the crisis		
Change in outlook and approach to challenges			
Learning new skills for crisis management			
Analytical skills in problem-solving			
Emergency and disorganized hospital conditions	Occupational challenges during crisis	Job Challenges and Professional Development	
Resource and equipment shortages			
Increase in patient numbers			
Job stress and long shifts			
Health concerns for self and others at work			
Problems caused by sudden changes in schedules	Emerging issues and new challenges		
Care challenges and extended shifts			
Psychological and emotional stress from professional and family pressures			
Increased difficulty balancing work and family responsibilities			
Emphasis on the need for better rights and welfare of nurses and healthcare staff	Workplace improvement and development		
Requests to improve welfare and benefits for healthcare staff			
Increased workload and new challenges in hospitals			
Development of supportive services and facilities for nurses			
Shortage of equipment and medical supplies, especially protective gear			
Healthcare services and financial/welfare assistance			
Efforts to reduce stress and create a positive environment for children despite challenges	Emotional and psychological support	Emotional–Psychological Transformations	Motherhood Amid Emotional–Psychological Changes, Communication Patterns, and Enhanced Interaction with the Child
Attention to children's mental health and emotional needs			
Creating a safe space for emotional expression and reducing anxiety			
Prioritization of emotional and psychological support in crisis conditions			
Encouraging independence and self-sufficiency in children		Emotional and Affective Needs	
Encouraging children to express feelings and discuss concerns			
Providing a safe haven and emotional security			

Emotional issues due to work-related stress	Psychological Issues and Stress		
Lack of time and energy to address children's educational and emotional needs			
Increased anxiety and fear: facing an unknown disease and growing worries			
Mental exhaustion and problems due to long shifts			
Managing anxiety and stress for self and children			
Patience in responding to child behavior			
Nurses' concerns as parents: children's health, education, and family stress	Nurses' Family Concerns	Communication Patterns and Strengthened Interaction with the Child	
Nurses' concerns as spouses and the effects of disease peaks			
Separation from family and related health/safety concerns			
Emotional burden of caring for children and meeting their needs			
Primary concern for children's health and preventing virus transmission			
Added emotional burden on nurses with children compared to others			
Conversations and counseling with children about feelings and worries	Communication Patterns with the Child		
Increased interaction and quality time with the child			
Maintaining emotional connection with children via video calls and messages		Maintaining and Enhancing Interaction with the Child	
Strengthening intimacy through shared activities and effective communication			
Maintaining effective contact and supporting children in various ways			
Creating a joyful atmosphere and reducing stress at home			
Engaging in shared family activities to strengthen relationships			
Creating joyful moments and being attentive to family time			
Changes in caregiving patterns due to stress and fatigue	Time Management and Family Planning	Changes in Maternal Responsibilities and Parenting Patterns	Motherhood at the Intersection of Changing Responsibilities / Parenting Patterns and Children's Psychological Security
Reduced strictness and increased affection and attention to children			
Improved home and family interaction management under special conditions			
Limited free time and rest for nurses with children			
Planning to coordinate work and family responsibilities			
Daily planning and activity organization			
Time management and scheduling			

Behavioral and responsibility changes due to job stress	Changes in Maternal Roles and Responsibilities	
Shifts in caregiving and child-rearing methods		
New roles added to the mothering identity		
New challenges mothers faced during the COVID-19 period		
Crisis management and shifts in maternal responsibilities		
Changes in communication and closeness with children due to special and stressful conditions	Changes in Family and Parenting Interactions	
Adjustment of family rules to reduce children's stress		
Use of affectionate messages and attention to emotional and educational needs		
Changes in management and parenting approaches		
Teaching independence and self-sufficiency to children		
Shifts in parenting attitudes and rules due to emotional pressure and crisis conditions		
Teaching independence and self-sufficiency to children in the mother's absence	Education and Management of Children's Schooling	Children's Education and Psychological Security
Mother's role in managing online education and academic planning		
Use of creative methods for education and entertainment		
Reducing academic strictness and changing parenting approach		
Teaching hygiene and healthcare practices to children		
Creating a safe space for emotional expression and anxiety reduction	Ensuring and Maintaining Children's Psychological Security	
Maintaining contact with children via video calls and messages		
Creating and maintaining a regular schedule for the child		
Emphasis on physical and psychological health during the crisis		

The findings extracted from Table 2 reveal three overarching categories that structure the understanding of motherhood among nurse mothers during the COVID-19 pandemic: (1) Coping with the Situation and Interpreting Threats, (2) Motherhood Amid Emotional–Psychological Changes, Communication Patterns, and Enhanced Interaction with the Child, and (3) Motherhood at the Intersection of Changing Responsibilities / Parenting Patterns and Children's Psychological Security. Within the first category, participants described their initial reactions to the crisis, strategies for managing stress, and the professional challenges they encountered during the early stages of the pandemic. Themes such as crisis recognition, adaptation to hospital chaos, shortages of resources, and efforts to achieve work-life balance were dominant. Additionally, the nurses reported learning new crisis management skills and applying personal experiences to improve coping mechanisms.

The second category centers on the psychological and emotional transformations that occurred in the mothers' relationships with their children. Nurse mothers emphasized the importance of emotional support, creating a psychologically secure environment, and prioritizing communication. This included encouraging children's emotional expression, maintaining emotional closeness through digital means, and participating in joint activities to reduce anxiety and preserve intimacy. The emotional strain was particularly evident in the accounts of nurses who described overwhelming fatigue and heightened anxiety, which affected their ability to respond patiently and effectively to their children's needs. Nevertheless, most participants actively sought to reduce their children's stress and promote resilience by maintaining quality time and open emotional dialogues.

In the third category, participants reflected on how the pandemic altered their parenting responsibilities and educational strategies. Many reported shifting from strict parenting to a more compassionate, flexible approach, adjusting family rules, and emphasizing emotional needs over academic performance. Time management and the reorganization of household routines were crucial for managing both professional and maternal duties. Mothers took on new roles in their children's education, particularly in managing online learning and teaching health-related practices. They emphasized the importance of fostering independence in their children, especially during their physical absence due to hospital duties. Ultimately, these experiences redefined their maternal identity, moving from a perception of "ideal motherhood" toward a more adaptive and resilient "good-enough motherhood."

Discussion and Conclusion

The findings of this study illuminate the multifaceted challenges that nurse mothers faced during the COVID-19 pandemic—challenges that spanned professional, personal, emotional, and familial domains. Nurse mothers were uniquely situated at the intersection of two crises: one occurring within hospital walls and the other unfolding in their homes. While they were actively engaged in frontline care and the management of patients, they simultaneously experienced overwhelming anxiety about transmitting the virus to their children and other family members. This dual pressure significantly altered their experience of motherhood and led to an evolution in their maternal identity and role. The evidence from this study supports the claim that nurses in health crises require tailored psychological and social support structures. This is consistent (2, 8) who highlighted the heightened emotional burden faced by healthcare workers and emphasized the need for effective stress management strategies. In our study, participants recounted early experiences of fear and inexperience, and emphasized how these moments catalyzed the development of new crisis-management and emotional regulation skills. These experiences did not only reflect individual adaptation but also collectively shaped a redefinition of maternal priorities.

Occupational challenges further compounded the pressures faced by nurse mothers. The participants consistently referenced issues such as extended work shifts, shortage of medical resources, lack of rest, and the necessity of rapidly updating their professional skills to meet the demands of an evolving healthcare crisis. These factors inhibited opportunities for professional growth and created an atmosphere of burnout and fatigue. According to (16), healthcare crises severely constrain professional development opportunities for nurses due to the urgency and unpredictability of their duties. The qualitative accounts from this study—ranging from severe exhaustion due to heavy protective gear to the emotional toll of prolonged separation

from children—clearly demonstrate how these limitations disrupted not only their career progression but also their psychosocial wellbeing. Nurse mothers found themselves sacrificing both professional advancement and personal balance in order to fulfill an overwhelming dual obligation.

Another critical domain uncovered in this study involves emotional and psychological transformations that deeply influenced maternal behaviors. Participants emphasized creating safe spaces for their children to express emotions, encouraging dialogue around fears, and fostering self-reliance. These actions were not only protective strategies but also constituted a reconstructed maternal identity centered around emotional resilience and adaptability. The development of new communication strategies—including video calls, emotionally supportive messaging, and quality time at home—enabled them to maintain relational continuity with their children despite physical distance. These findings align with the research of Hahn et al. (2020), which underscores the critical role of family communication in preserving relational integrity during health crises. For nurse mothers, reinforcing emotional bonds and minimizing psychological distress in children became a form of caregiving that superseded traditional disciplinary or academic expectations.

The pandemic also restructured maternal responsibilities and parenting patterns. Nurse mothers reported profound shifts in how they approached parenting, including reduced strictness, increased emotional availability, and redefined educational priorities. The logistical constraints of long shifts and the psychological burden of hospital work meant that traditional expectations—especially academic monitoring—were deprioritized in favor of preserving children's mental well-being. These findings resonate with those of Lee et al. (2021), who documented how working mothers in healthcare during the pandemic faced exceptional challenges in balancing career and domestic life, often resulting in changed parenting strategies. Participants in this study discussed revising household rules, placing greater emphasis on emotional security, and teaching children practical skills like hygiene and independence. The notion of maternal success evolved from achieving educational outcomes to nurturing resilience, adaptability, and psychological safety in their children. In essence, the pandemic environment necessitated a transition from "ideal motherhood," characterized by perfection and self-sacrifice, to "good-enough motherhood," characterized by adequacy, emotional presence, and adaptability.

Ultimately, the pandemic redefined motherhood for nurse mothers—not merely at an individual or family level but within a broader cultural and structural framework. Prior to COVID-19, many of the participants conformed to the dominant social narrative of "ideal motherhood," which prioritized children's academic and material needs, often at the expense of the mothers' own. With the outbreak of the pandemic, these priorities were replaced by a more flexible and emotionally grounded maternal approach. The internalization of this new model did not arise from personal failure but from a collective recognition that perfection was untenable under crisis conditions. Thus, a shift toward "good-enough motherhood" emerged as a resilient, pragmatic, and emotionally intelligent response to the extraordinary pressures of the pandemic. This aligns with the theoretical assertions of Winnicott (1953), who conceptualized "good-enough motherhood" as a relational model where mothers provide just enough support to help children develop autonomy, emotional regulation, and resilience (33).

The pandemic context also challenged the cultural dominance of idealized motherhood and brought to light the cultural scripts that dictate maternal worth. As noted by (28), societal expectations of motherhood are often gendered and class-bound, and crises like COVID-19 expose the unsustainability of these ideals for

working mothers, especially those on the frontlines of care. The participants' reflections in this study provide clear evidence that their understanding of motherhood evolved not in isolation but through engagement with a shifting socio-cultural reality. Emotional support, psychological resilience, and adaptability became the new benchmarks for maternal success. In this sense, the COVID-19 pandemic served as a cultural and emotional crucible, forging new maternal identities that were less about idealization and more about sufficiency and humanity.

This study, while offering valuable insights into the lived experiences of nurse mothers during the COVID-19 pandemic, has several limitations. First, the sample was geographically limited to the city of Amol, which may not fully represent the diversity of experiences across different regions, hospital settings, or cultural contexts. Second, the reliance on self-reported data through semi-structured interviews introduces the possibility of recall bias or social desirability bias. Participants may have underreported negative experiences or overemphasized resilience due to perceived expectations. Additionally, the study focused solely on nurse mothers with school-aged children, potentially excluding the experiences of those with younger or older dependents whose caregiving needs differ significantly.

Future studies could adopt a comparative approach, examining the experiences of nurse mothers across different regions or healthcare systems to explore how local policies, institutional support, or cultural norms mediate maternal identity in times of crisis. Longitudinal research would also be valuable in tracking the lasting impacts of pandemic-era transformations in motherhood on both maternal well-being and child development. Expanding the participant pool to include fathers, single-parent households, or parents in non-healthcare professions could also provide a more holistic understanding of how pandemic-induced stressors shape family dynamics. Finally, integrating quantitative assessments of psychological distress or parenting satisfaction could complement qualitative insights and enhance the robustness of the findings.

Healthcare institutions should prioritize the mental health and emotional support of nurse mothers through structured interventions, such as counseling services, peer support groups, and flexible scheduling. Recognizing the dual burden of professional caregiving and motherhood, workplace policies should be redesigned to provide adequate rest, access to childcare support, and training in crisis management and emotional regulation. Additionally, public health messaging and societal narratives should move away from rigid ideals of motherhood and instead validate diverse maternal experiences, especially in times of crisis. These changes will not only benefit nurse mothers but also foster healthier family systems and more resilient caregiving environments.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

References

1. Leocadio MC, McEnroe-Petitte DM. The impact of COVID-19 on nurses' mental health: A review. Journal of Nursing Scholarship. 2021;53(4):378-86. doi: 10.1111/jon.12898.
2. Pappa S, Ntella V, Giannakas T. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. Brain, Behavior, and Immunity. 2020;88:901-7. doi: 10.1016/j.bbi.2020.05.026.
3. Siddique H, Maweni RM, Lupi M, Woods S, Shirazi S, Foley RW, et al. Resilience and Burnout of Healthcare Workers During the Early COVID-19 Pandemic. British Journal of Nursing. 2024;33(3):144-50. doi: 10.12968/bjon.2024.33.3.144.
4. Joneghani RBN, Joneghani RBN, Dustmohammadloo H, Bouzari P, Ebrahimi P, Fekete-Farkas M. Self-Compassion, Work Engagement and Job Performance Among Intensive Care Nurses During COVID-19 Pandemic: The Mediation Role of Mental Health and the Moderating Role of Gender. Healthcare. 2023;11(13):1884. doi: 10.3390/healthcare11131884.
5. Ko H, Kim S, Kim E-J. Nursing Students' Experiences of Gratitude Journaling During the COVID-19 Pandemic. Healthcare. 2021;9(11):1473. doi: 10.3390/healthcare9111473.
6. Labrague LJ. Psychological Resilience, Coping Behaviours, and Social Support Among Healthcare Workers During the COVID-19 Pandemic: A Systematic Review of Quantitative Studies. Journal of Nursing Management. 2021(29):1893–905. doi: 10.1111/jonm.13336.
7. Savitsky B, Radomislensky I, Hendel T. Nurses' occupational satisfaction during Covid-19 pandemic. Applied Nursing Research. 2021;59:151416. doi: 10.1016/j.apnr.2021.151416.
8. Jin Y, Yang H, Ji H. Work-life balance and its impact on the wellbeing of healthcare workers during the COVID-19 pandemic. Journal of Occupational Health Psychology. 2021;26(2):176-84. doi: 10.1037/ocp0000237.
9. Duan L, Zhu G, Wang H. Psychological stress of medical staff in a psychiatric hospital during the COVID-19 outbreak. Psychiatry Research. 2020;288:112936. doi: 10.1016/j.psychres.2020.112936.
10. Lazarus RS, Folkman S. Stress, appraisal, and coping: Springer Publishing Company; 1984.
11. Alzadjali B, Ahmad SZ. The Impacts of a High Commitment Work System on Well-Being: The Mediating Role of Organization Support and Employee Work-Life Balance. Industrial and Commercial Training. 2024;56(1):53-77. doi: 10.1108/ict-11-2022-0084.
12. Bakar AYA. The Application of 'Work-Life Balance' in Relation With Employees' Well-Being: An Exploratory Study. Journal of Law and Sustainable Development. 2024;12(2):e3243. doi: 10.55908/sdgs.v12i2.3243.
13. Boring AL. The Dynamics of Remote Work: Productivity and Work-Life Balance Before, During, and After COVID-19. Hypothesis. 2024;1:34.
14. Bulut S, Bulut S, Bukhori B, Seyed Alitabar SH, Tariq Z, Zadhasn Z. Work-Life Integration in Women's Lives: A Qualitative Study. Psychology of Woman Journal. 2024;5(1):36-42. doi: 10.61838/.
15. DeSouza R. Who is a 'good' mother?: Moving beyond individual mothering to examine how mothers are produced historically and socially. Australian Journal of Child and Family Health Nursing. 2013;10(2):15-8.

16. Abdi Hajikola R, Yahyazadeh Jelodar S, Najafipour SA, editors. The relationship between social responsibility and the corona anxiety of nurse mothers at Razi Hospital, Qaemshahr. Proceedings of the 6th National Conference on Social Sciences, Psychology, and Educational Sciences; 2022 2022; Jiroft.
17. Budds K, Hogg MK, Banister EN, Dixon M. Parenting agendas: An empirical study of intensive mothering and infant cognitive development. The Sociological Review. 2017;65(2):336-52. doi: 10.1177/0038026116672812.
18. Christopher K. Extensive mothering: Employed mothers' constructions of the good mother. Gender & Society. 2012;26(1):73. doi: 10.1177/0891243211427700.
19. Clark E, Dumas A. Children's active outdoor play: "Good" mothering and the organization of children's free time. Sociology of Health & Illness. 2020;42(6):1229-42. doi: 10.1111/1467-9566.13107.
20. Collins PH. Shifting the center: Race, class, and feminist theorizing about motherhood. In: Glenn EN, Chang G, Routledge LRF, editors. Mothering: Ideology, experience, and agency1994. p. 45-66.
21. Constantinou G, Varela S, Buckby B. Reviewing the experiences of maternal guilt - the "motherhood myth" influence. Health Care for Women International. 2021;42(4-6):852-76. doi: 10.1080/07399332.2020.1835917.
22. Diabaté S, Beringer S. Simply the best!? The impact of cultural factors on "intensive mothering" among mothers of toddlers in Germany. Journal of Family Research. 2018;30(3):293-315. doi: 10.3224/zff.v30i3.04.
23. Dow DM. Integrated motherhood: Beyond hegemonic ideologies of motherhood. Journal of Marriage and Family. 2016;78(1):180-96. doi: 10.1111/jomf.12264.
24. Ennis LR. Intensive Mothering: The Cultural Contradictions of Modern Motherhood: Demeter Press; 2014.
25. Forbes LK, Donovan C, Lamar MR. Differences in intensive parenting attitudes and gender norms among U.S. mothers. The Family Journal. 2020;28(1):63-71. doi: 10.1177/1066480719893964.
26. Hays S. The cultural contradictions of motherhood: Yale University Press; 1996.
27. Lapierre S. Striving to be 'good' mothers: Abused women's experiences of mothering. Child Abuse Review. 2010;19(5):342-57. doi: 10.1002/car.1113.
28. Nelson KA. Mother needs a bigger "helper": A critique of "wine mom" discourse as conformity to hegemonic intensive motherhood. Sociology Compass. 2021;15(4):1-10. doi: 10.1111/soc4.12868.
29. Sutherland JA. Mothering, guilt and shame. Sociology Compass. 2010;4(5):310-21. doi: 10.1111/j.1751-9020.2010.00283.x.
30. Williams K, Donaghue N, Kurz T. "Giving guilt the flick"? An investigation of mothers' talk about guilt in relation to infant feeding. Psychology of Women Quarterly. 2013;37(1):97-112. doi: 10.1177/0361684312463000.
31. Zufferey C, Buchanan F. Intersections of Mothering; Feminist Accounts: Routledge, London; 2020.
32. Guendouzi J. "The guilt thing": Balancing domestic and professional roles. Journal of Marriage and Family. 2006;68(4):901-9. doi: 10.1111/j.1741-3737.2006.00303.x.
33. Winnicott D. Transitional objects and transitional phenomena. International Journal of Psychoanalysis. 1953;34:89-97.
34. Winnicott DW. The theory of the parent-infant relationship: Hogarth & the Institute of Psychoanalysis, 1965; republished Karnac, 1990; 1960. 37-55 p.
35. Reeves C. Can the state ever be a "good enough parent". In: Reeves C, editor. Broken bonds: Contemporary reflections on the antisocial tendency: Karnac Books; 2012. p. 37-59.
36. Sullivan O. The gender division of housework and child care. In: Schneider N, Kreyenfeld M, editors. Research handbook on the sociology of the family: Edward Elgar Publishing; 2021. p. 342-54.
37. Bianchi SM, Milkie MA. Work and family research in the first decade of the 21st century. Journal of Marriage and Family. 2010;72(3):705-25. doi: 10.1111/j.1741-3737.2010.00726.x.