

How to Cite:

Alzaher, Mohammed A., Alnais, Saleh A., Alkhathami, A. M., Alharbi, A. A., Alhejaili, O. L. O., Alhawit, M. E., Albushi, A. I., Alenazi, S. S., Albalawi, K. I., Alenezi, A. M., Altaymani, A. M. A., Alluhaibi, A. O., Alraddadi, F. M., Alnahyan, Jawaher M., Al Shammari, H. A., Albalaw, M. F., & Alotaibi, A. M. F. (2023). Evaluating the impact of mindfulness training on stress reduction among nurses: Implications for nursing practice and health administration in high-pressure units. *International Journal of Health Sciences*, 7(S1), 3795–3812. <https://doi.org/10.53730/ijhs.v7nS1.15398>

Evaluating the impact of mindfulness training on stress reduction among nurses: Implications for nursing practice and health administration in high-pressure units

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Abstract---Background: Nurses working in high-pressure units face significant stress levels, often leading to burnout, reduced morale, and high turnover rates. While mindfulness training has proven effective as a stress-reduction intervention, its implementation within clinical settings is often hindered by organizational and systemic barriers.

Aim: This study examines the challenges associated with integrating mindfulness training into nursing practice and health administration policies. It also explores strategies to overcome these barriers and promote the adoption of mindfulness interventions in high-pressure healthcare settings. **Methods:** A review of relevant literature and case studies was conducted to identify obstacles to implementing mindfulness training, with a focus on awareness, accessibility, and resource optimization. **Results:** Key challenges include limited awareness among healthcare staff, inadequate integration of mindfulness practices into existing workflows, and financial constraints. Potential solutions include enhancing staff awareness, incorporating brief and adaptable mindfulness practices, and leveraging cost-effective resources to support implementation.

Conclusion: Mindfulness training holds significant potential to improve nurses' well-being and reduce stress. However, addressing the barriers to its adoption is essential for its successful implementation in healthcare facilities. Tailored strategies at the administrative and organizational levels are crucial to ensure sustainable integration into nursing practice.

Keywords--Mindfulness training, stress reduction, nursing practice, healthcare administration, burnout, implementation barriers, nurse well-being.

Introduction

The increasing workload, expectations toward healthcare workers especially the nurses who are working in the intensive care areas raised the awareness about the significance of stress coping and job satisfaction. Nurses who have many responsibilities in patient care are easily exposed to emotional and physical stress due to long working hours, large patient loads and crucial work nature. High stress levels can result in staff burnout, fatigue and decreased job satisfaction leading to Occupationally Imposed Health Risks for the nurses and poor quality patient care as well. Cognitive behavior therapy also known as mindfulness training has been revealed as one of the potential intercessions in stress decrease and emotional stability in occupations like nursing. Mindfulness techniques that are aimed at paying attention to the present experience without passing judgment involve: Lessening of anxiety: Improvement of attention: Development of enhanced regulation of emotions. Nonetheless, because of the evidence suggesting the utility of mindfulness, the implementation of this concept in practice encounters a number of obstacles that extend from the identification of barriers welded within organizations to individual opposition to change. This paper aims at identifying the different challenges that facility in implementing mindfulness training to nurses working in stressful units. Learning and analyzing the mentioned barriers will help healthcare organizations to implement solutions on the way how to provide nurse with mindfulness training that is attainable, efficient, and sustainable for the long term, thus improving the health care employee staff.

Understanding Stress in High-Pressure Nursing Units

Stress is eminent in the nursing profession in view of the nature of the jobs, especially in special areas like intensive care, emergency, and operation theatre where nurses are faced with the task of deciding on critical matters within the shortest time. These environments always tend to be filled with unpredictable situations, life threatening patients, long hours of work and require high levels of accuracy all of which lead to stress at the workplace. Challenges Nurses in Such Units Describe having to negotiate difficult emotional terrains of anxiety in patients and the families, at the same time as managing critical events. This unrelenting presence in lifelike stressful situations may cause burnout and physical fatigue negatively affecting the quality of their care and personal health.[3,4]Thus, the stress observed in these environments is complex and consists not only of workload stress stemming from clinical practice, but also of organizational and interpersonal stress. Lack of staffing, excessively high workload and shortage of administering qualified support extends the pressure. Moreover, moral distress, which means that the nurse is able to do what the patients and he/she herself think ethically right, is a common experience in emphatic high demand units which creates another psychological pressure. This type of stress is complemented by the survival pressure, as the trainees act in front of their peers, supervisors, and patients' families; hence, the perfection is the norm. These stressors over time lead to such things as burn out, low job satisfaction, hypertension and sleep disorders to mention but a few.[5]High-pressure nursing units are also stressful because emotions are involved by virtue of constant confrontation with patient suffering and death. This is why we as nurses build a familial relationship with our patients as well as their families,

otherwise any negative results will be felt to the core. Such stress is expressed not only through burnout, which reflects a reduced capacity to care and communicate with others, but also through low compassion. Altogether these stressors combined not only stress the individual nurse but also interfere with cohesive team functioning as well as general morale amongst employees in the facility. If not managed, stress in such environments leads to high employees turnover and absenteeism, and poor quality of services to patients which are not beneficial to healthcare institutions.[6,7]

Mindfulness Based Intervention Training programs for Nurses

Currently, formal mindfulness training is a growing interest within the healthcare industry and has been found useful for nurses in stressful workplaces. For example, these programs are aimed at the development of such features as awareness, attention, and acceptance of the current state and offer actual methods used by nurses for stress management. The goal of mindfulness is to look at one's thoughts and experiences without criticizing or passing judgment – something that can drastically decrease the amount of psychological toll that comes with caring for another in extreme circumstances. In the case of nurses, the lessons are designed to reflect theisms nurses are prone to dealing with such as exposure, high stakes when handling patients, long shifts, and working under pressure in sensitive industries.[8,9] Elements that might be included in a conventional mindfulness program for the nurses are the mindfulness meditation, breathing practices, body scan, and visualization. These practices make participants learn how to manage themselves despite confusion and stress. For instance, actual respiratory treatment may help to reduce stress, with the help of watching your body's internal activities and releasing physical tension. Moreover, there are also some issues of the mindful communication that are implemented in some programs to enhance patient, families and colleagues' communication. These techniques encourage active listening and thoughtful responses, fostering more positive and empathetic workplace relationships.[10,11] Mindfulness-based stress reduction (MBSR) programs, developed by Dr. Jon Kabat-Zinn, are among the most widely used models for healthcare professionals. These programs typically last eight weeks and combine weekly group sessions with daily individual practice. Participants learn to integrate mindfulness into their daily routines, making it a sustainable and accessible stress management tool. For nurses, the flexibility of these programs is particularly important, as their schedules are often unpredictable and demanding. Many organizations also offer shorter, intensive workshops or online modules to accommodate busy healthcare professionals.[12,13] The benefits of mindfulness training for nurses extend beyond individual stress reduction. Research indicates that mindfulness can enhance job satisfaction, reduce burnout, and improve overall workplace morale. By fostering emotional resilience, mindfulness helps nurses maintain their capacity for empathy and compassion, which are essential for patient care. Furthermore, it has been shown to improve focus and decision-making skills, enabling nurses to perform more effectively under pressure. For healthcare institutions, investing in mindfulness training programs is not only beneficial for employee well-being but also contributes to better patient outcomes and a more positive organizational culture. [14]

Measuring Stress Reduction: Key Metrics

Effectively measuring stress reduction among nurses, especially in high-pressure units, requires the use of reliable tools and well-defined criteria. These evaluations aim to assess the physical, psychological, and behavioral aspects of stress before and after interventions, such as mindfulness training. By employing standardized metrics, healthcare organizations can quantify the impact of stress management programs and identify areas for improvement.

- **Psychological Metrics**

Psychological stress is typically evaluated using validated self-report questionnaires and surveys. Tools like the Perceived Stress Scale (PSS) are widely used to measure an individual's subjective stress levels. This scale assesses how unpredictable, uncontrollable, and overloaded individuals feel in their daily lives, making it particularly relevant for nurses. Another commonly used tool is the Nursing Stress Scale (NSS), which is specifically designed to identify stressors unique to the nursing profession, such as workload, interpersonal conflicts, and dealing with death or dying patients. Additionally, the Maslach Burnout Inventory (MBI) is often used to measure emotional exhaustion, depersonalization, and reduced personal accomplishment, which are key indicators of chronic stress and burnout.[15]

- **Behavioral Metrics**

Behavioral changes are another important criterion for evaluating stress reduction. Reduced absenteeism, lower turnover rates, and improved job performance are indirect indicators of decreased stress levels in workplace settings. For nurses, metrics such as patient satisfaction scores, error rates, and the ability to manage workloads effectively can also reflect improvements in stress management. Additionally, self-reported changes in coping strategies, such as increased use of mindfulness techniques or reduced reliance on maladaptive behaviors (e.g., smoking or overeating), can further validate the effectiveness of stress reduction interventions.[16]

- **Criteria for Evaluation**

The criteria for evaluating stress reduction should be comprehensive, capturing both short-term and long-term outcomes. Pre- and post-intervention assessments are crucial for measuring the immediate impact of programs like mindfulness training. Longitudinal studies, which track participants over months or years, provide insights into the sustainability of stress reduction practices. Data from multiple sources—psychological surveys, physiological tests, and behavioral observations—should be triangulated to ensure accuracy and reliability. Moreover, qualitative feedback from nurses about their experiences and perceived benefits can complement quantitative data, offering a holistic understanding of stress reduction outcomes.[17] measuring stress reduction among nurses requires a multidimensional approach that combines subjective assessments, objective biomarkers, and behavioral indicators. By using robust tools and clear

criteria, healthcare organizations can better evaluate the effectiveness of interventions and foster healthier, more supportive work environments.

Comparison of Mindfulness Training Outcomes

Comparing the outcomes of mindfulness training across different groups of nurses, units, or healthcare settings provides valuable insights into its effectiveness as a stress management tool. Research has consistently demonstrated that mindfulness training yields positive results in reducing stress, enhancing emotional well-being, and improving job performance among nurses. However, the degree of effectiveness often varies depending on factors such as the training format, duration, the specific stressors encountered in the nursing unit, and individual differences in participants' receptivity to mindfulness practices. High-pressure units, such as intensive care or emergency departments, often show more pronounced improvements due to the severe stress levels inherent in these environments. Nurses in these settings frequently report significant reductions in perceived stress, emotional exhaustion, and feelings of burnout after participating in mindfulness programs.[18] Comparisons between intervention groups and control groups have further highlighted the effectiveness of mindfulness training. Intervention groups—nurses who undergo structured mindfulness programs—typically exhibit substantial improvements in psychological metrics, such as reduced anxiety and depression scores, compared to control groups who do not receive any intervention. These findings are often supported by physiological data, such as decreased cortisol levels and improved heart rate variability (HRV), underscoring the tangible impact of mindfulness on stress-related biological markers. Moreover, nurses who participate in mindfulness training often report enhanced focus and decision-making abilities, which are critical for managing the high-stakes nature of their work. On the other hand, control groups or those relying solely on traditional stress management methods, such as informal peer support or occasional breaks, often show limited or negligible improvements in similar metrics.[19,20] In addition to differences between intervention and control groups, comparing outcomes across various training formats reveals important insights. For example, group-based mindfulness sessions tend to foster a sense of community and shared understanding among participants, which can amplify the perceived benefits. Conversely, individualized mindfulness programs offer tailored approaches that address specific stressors unique to each nurse, often yielding comparable or even superior outcomes. The mode of delivery also plays a role; in-person programs generally encourage active engagement and accountability, whereas online or app-based mindfulness programs offer flexibility but may require stronger intrinsic motivation to achieve similar results.[21] Another critical aspect of comparison involves the duration and sustainability of mindfulness training outcomes. Short-term programs, such as intensive workshops lasting a few days, often lead to immediate reductions in stress levels. However, these effects may diminish over time without continued practice or institutional support. In contrast, long-term mindfulness programs that span several weeks or months tend to produce more sustained benefits, as they allow nurses to integrate mindfulness techniques into their daily routines. Longitudinal studies have shown that nurses who maintain a regular mindfulness practice are better

equipped to handle workplace challenges and exhibit lower rates of burnout even years after completing their training.[22]

Role of Workplace Environment in Mindfulness Effectiveness

The workplace environment plays a critical role in determining the effectiveness of mindfulness training programs for nurses. High-pressure nursing units, such as intensive care, emergency rooms, and operating theaters, often present unique challenges that can influence how well mindfulness techniques are adopted and sustained. These environments are typically characterized by high stress levels, heavy workloads, and unpredictable patient care demands, which can either amplify or undermine the benefits of mindfulness training. A supportive workplace environment can create conditions that enhance the effectiveness of these programs, whereas a toxic or overly demanding environment may hinder their success.[23] A key factor in the workplace environment is the level of support provided by management and leadership. When healthcare leaders actively promote and support mindfulness training, nurses are more likely to feel encouraged to participate and integrate these practices into their daily routines. For example, management can demonstrate support by allocating dedicated time for mindfulness exercises, incorporating mindfulness sessions into shift schedules, or offering incentives for participation in wellness programs. On the other hand, workplaces that prioritize productivity over well-being may inadvertently discourage nurses from practicing mindfulness, as they may feel guilty or pressured to focus solely on their clinical responsibilities.[24] The physical environment of the workplace also influences mindfulness effectiveness. Quiet, designated spaces for relaxation and mindfulness practice can make a significant difference in fostering a culture of mental well-being. These areas provide nurses with an opportunity to step away from the chaos of high-pressure units and focus on themselves, even for just a few minutes. In contrast, a workplace with constant noise, interruptions, and overcrowding may make it difficult for nurses to concentrate on mindfulness techniques, reducing their ability to reap the benefits of the training.[25] Workplace culture further shapes how mindfulness training is perceived and utilized. A culture that normalizes stress and glorifies overwork may prevent nurses from prioritizing mindfulness as a valuable stress management tool. Conversely, organizations that emphasize self-care, mental health, and emotional resilience create an environment where mindfulness is not only encouraged but also seen as essential for professional success. Peer support and camaraderie among nurses also contribute to the effectiveness of mindfulness programs. When colleagues share their positive experiences with mindfulness or practice together, it fosters a sense of collective engagement and makes the training feel more accessible.[26] Lastly, the alignment between workplace demands and the goals of mindfulness training is crucial. Nurses in supportive environments, where workloads are manageable and staff are adequately resourced, are more likely to benefit from mindfulness as they can consistently practice the techniques learned during training. However, in under-resourced settings with chronic understaffing and high turnover rates, the benefits of mindfulness may be overshadowed by the overwhelming demands of the job. In such cases, mindfulness training can still provide temporary relief but may not result in long-term improvements without systemic changes to address these underlying stressors. [27]

Psychological Benefits of Mindfulness in High-Stress Roles

Mindfulness offers a wide array of psychological benefits, particularly for individuals working in high-stress roles such as nursing, emergency response, and other high-pressure professions. These roles are characterized by constant demands, decision-making under pressure, and exposure to emotionally taxing situations, which can lead to chronic stress, anxiety, and burnout. By fostering a state of focused attention and non-judgmental awareness, mindfulness provides a valuable tool for mitigating the mental health challenges associated with these professions.[28] One of the primary psychological benefits of mindfulness is its ability to reduce stress. High-stress roles often involve prolonged activation of the body's stress response, leading to emotional exhaustion and cognitive overload. Mindfulness helps individuals regulate their stress levels by teaching them to approach challenging situations with a sense of calm and acceptance. Through techniques such as mindful breathing and meditation, individuals learn to disengage from the automatic, reactive patterns of thought that often exacerbate stress. This shift not only reduces the immediate feelings of tension but also promotes long-term resilience by enabling individuals to approach stressors with greater equanimity.[29] Mindfulness also significantly improves emotional regulation, a critical skill in high-stress professions. Workers in such roles are frequently exposed to emotionally charged situations, such as handling crises, delivering bad news, or witnessing suffering. These experiences can lead to emotional dysregulation, characterized by feelings of overwhelm, irritability, or detachment. Mindfulness trains individuals to observe their emotions without becoming overwhelmed or reactive, allowing them to respond more thoughtfully to difficult situations. For example, a nurse who practices mindfulness might notice their frustration rising during a hectic shift and use a brief mindfulness exercise to regain composure and maintain a compassionate approach.[30] Another profound psychological benefit of mindfulness is its impact on mental clarity and focus. High-stress roles often require quick decision-making and the ability to manage multiple tasks simultaneously. Chronic stress can impair cognitive functions such as attention, memory, and problem-solving. Mindfulness enhances these functions by training individuals to focus on the present moment and minimize distractions. Research shows that mindfulness practice strengthens neural pathways associated with attention and executive function, enabling individuals to stay calm and think clearly even in chaotic environments. This heightened mental clarity not only improves job performance but also reduces the mental strain associated with multitasking and decision fatigue.[31] Mindfulness also fosters a sense of self-awareness, which is essential for maintaining psychological well-being in demanding roles. High-stress jobs can sometimes lead individuals to neglect their own needs as they focus on the needs of others or the demands of their work. Mindfulness helps individuals tune into their thoughts, feelings, and bodily sensations, allowing them to recognize early signs of stress or burnout. This heightened awareness encourages proactive self-care, such as seeking support, taking breaks, or adjusting workloads before reaching a breaking point.[32]

Sustained Impact of Mindfulness on Stress Management

The sustained impact of mindfulness on stress management is a testament to its effectiveness as more than just a short-term coping mechanism. Unlike quick fixes or reactive strategies, mindfulness fosters lasting resilience by addressing the root causes of stress and equipping individuals with skills to navigate challenges over time. Regular practice strengthens the ability to remain present, manage emotional responses, and reduce the long-term physiological effects of stress, making it an indispensable tool for individuals in high-pressure environments.[33] One of the key factors behind the sustained impact of mindfulness is its influence on neuroplasticity—the brain's ability to adapt and reorganize itself. Studies using neuroimaging have shown that consistent mindfulness practice leads to structural and functional changes in areas of the brain associated with stress regulation, such as the amygdala, prefrontal cortex, and hippocampus. These changes result in reduced activation of the stress response system and enhanced capacity for emotional regulation and decision-making. Over time, this neurological rewiring helps individuals build a more resilient mindset, enabling them to respond to stressors with greater calm and clarity.[34] The long-term benefits of mindfulness are also rooted in its ability to break the cycle of chronic stress. Stress often perpetuates itself through habitual thought patterns, such as catastrophizing, self-criticism, or rumination. Mindfulness interrupts these cycles by promoting non-judgmental awareness and acceptance of thoughts and emotions. For example, an individual practicing mindfulness might recognize the early signs of stress, such as racing thoughts or physical tension, and use breathing techniques or body scans to reset their state of mind. This proactive approach prevents stress from escalating and minimizes its cumulative effects over time.[35] Moreover, mindfulness fosters sustainable stress management by promoting healthier coping mechanisms. Unlike maladaptive strategies, such as avoidance or overworking, mindfulness encourages individuals to confront stressors constructively while maintaining balance in their lives. Mindfulness also complements other wellness practices, such as exercise, sleep hygiene, and healthy eating, creating a holistic approach to stress management. When integrated into daily routines, mindfulness becomes a lifestyle rather than a temporary intervention, ensuring its benefits are long-lasting. In professional settings, the sustained impact of mindfulness is particularly evident among individuals in demanding roles, such as healthcare workers, educators, and corporate executives. Longitudinal studies have shown that those who engage in mindfulness training report not only immediate reductions in stress but also enduring improvements in job satisfaction, focus, and emotional well-being. These benefits extend to their personal lives, as reduced stress enhances relationships, self-care habits, and overall life satisfaction. [36]

Integrating Mindfulness into Nursing Protocols

Incorporating mindfulness into nursing protocols offers a proactive approach to addressing the physical and emotional demands of the profession. Nurses often operate in high-stress environments, managing critical situations, long hours, and emotionally taxing patient care. Mindfulness can serve as an integral component of nursing practice, promoting well-being, enhancing job performance,

and improving patient outcomes. To effectively integrate mindfulness into nursing protocols, healthcare institutions must adopt a structured, multi-faceted approach that includes training, workplace culture shifts, and ongoing support.[37]

- **Embedding Mindfulness in Training Programs**

Introducing mindfulness during the orientation and training phase is a foundational step. Hospitals and nursing schools can incorporate mindfulness-based stress reduction (MBSR) programs into curricula, equipping nurses with tools to manage stress and foster emotional resilience from the start of their careers. Training sessions can include practical techniques such as mindful breathing, body scans, and meditation, tailored to the demands of nursing. For instance, short mindfulness exercises designed for use during shift breaks can help nurses recalibrate during busy workdays. By embedding mindfulness training into continuing education programs, institutions ensure that nurses at all career stages can benefit from these practices.[38]

- **Integrating Mindfulness into Daily Routines**

Mindfulness can be seamlessly woven into the daily routines of nurses through brief, structured practices. Protocols might include pre-shift mindfulness huddles, where teams take a few minutes to focus on their breath and set intentions for the day. Similarly, post-shift debriefing sessions could incorporate mindfulness exercises to help nurses process their experiences and transition out of work mode. Additionally, providing access to mindfulness apps or guided meditations allows nurses to practice independently during breaks or at home. These small yet impactful changes can make mindfulness a natural part of the nursing workflow.[39]

- **Creating a Supportive Environment**

For mindfulness to thrive in nursing protocols, healthcare organizations must foster a supportive workplace environment. Designated quiet spaces for mindfulness practice, free from the interruptions of clinical settings, can encourage nurses to take moments of reflection and relaxation. Leadership support is also critical; when nurse managers and administrators model mindfulness practices and emphasize their value, staff are more likely to embrace and sustain them. Policies that prioritize mental health, such as offering flexible schedules and ensuring adequate staffing levels, further create a conducive environment for mindfulness integration.[40]

- **Aligning Mindfulness with Patient Care Protocols**

Mindfulness can directly enhance patient care by improving communication, empathy, and attentiveness. Nurses who practice mindfulness are better equipped to remain present and fully engage with patients, reducing errors and improving satisfaction. Institutions can develop protocols that encourage nurses to use mindfulness techniques during patient interactions, such as practicing mindful listening or taking a mindful pause before responding to challenging situations.

Additionally, mindfulness-based interventions can be extended to patients, with nurses guiding simple relaxation techniques to promote calmness and healing.[41]

- **Evaluating and Refining Mindfulness Protocols**

Continuous assessment is essential to ensure the effectiveness of mindfulness integration. Institutions can track outcomes through surveys, stress level assessments, and feedback from nursing staff. Metrics such as reduced burnout rates, improved job satisfaction, and enhanced patient care quality can indicate the success of mindfulness initiatives. Based on these evaluations, protocols can be refined and adapted to address specific challenges faced by nursing teams.[42]

Barriers to Implementing Mindfulness Training

While the benefits of mindfulness training for stress reduction in high-pressure roles like nursing are well-established, there are several barriers to its widespread implementation. These challenges range from institutional resistance to personal hesitations, and overcoming them requires a concerted effort from both healthcare organizations and individuals. The following paragraphs explore some of the primary barriers to implementing mindfulness training and suggest strategies to address them.[43]

- **Lack of Awareness and Understanding**

A significant barrier to implementing mindfulness training in nursing and healthcare settings is the lack of awareness and understanding of mindfulness practices. Many healthcare professionals may view mindfulness as a trendy or non-essential practice, failing to recognize its potential to enhance resilience and reduce stress. There may be misconceptions that mindfulness is too time-consuming or impractical in a fast-paced healthcare environment. To address this barrier, education and awareness campaigns are essential. Institutions must provide evidence-based research on the effectiveness of mindfulness, showcasing its benefits in reducing burnout, improving focus, and enhancing patient care. When leadership understands mindfulness as an evidence-backed practice, they are more likely to support its integration into organizational protocols.[44]

- **Resistance to Change**

Healthcare environments are traditionally structured around protocols and routines that prioritize task-oriented work, leaving little room for practices like mindfulness that focus on mental well-being. Many healthcare professionals, particularly those in high-stress roles like nursing, may be resistant to integrating mindfulness into their daily routines. This resistance often stems from the belief that mindfulness is too "soft" or not aligned with the practical demands of patient care. Nurses, accustomed to physically demanding and fast-paced work, may feel that mindfulness exercises are impractical or unhelpful. Overcoming this barrier requires changing the organizational culture by demonstrating how mindfulness can be integrated seamlessly into work routines. Mindfulness should be framed as a tool for improving performance, enhancing patient care, and reducing

stress—essential elements in high-pressure environments. By including mindfulness techniques in the routine workflow, such as short sessions before or after shifts or during breaks, healthcare professionals can begin to experience its benefits without feeling overwhelmed by additional tasks.[45]

- **Time Constraints**

Nurses often work long, demanding shifts, and the notion of adding mindfulness training to an already packed schedule can seem overwhelming. The time constraints of the nursing profession make it difficult for nurses to commit to long mindfulness sessions, which may discourage them from even attempting to participate. The fast-paced nature of healthcare settings leaves little room for dedicated mindfulness practice during shifts. To overcome this barrier, organizations can introduce brief, practical mindfulness exercises that can be performed in short bursts throughout the day, such as during short breaks, before meetings, or even while performing routine tasks like patient charting. Mindfulness training could focus on "micro-moments" of mindfulness—simple techniques that can be performed in under five minutes, such as deep breathing or a brief body scan. In addition, integrating mindfulness into daily debriefing sessions or handoff protocols can make it easier for staff to practice without requiring additional time commitments.[46]

Lack of Trained Instructors and Resources

Another significant barrier to mindfulness training in healthcare is the lack of qualified instructors and resources. Mindfulness is a specialized skill that requires expert guidance to teach effectively. The absence of trained mindfulness instructors within healthcare organizations can make it difficult to implement structured training programs. Additionally, finding resources to support ongoing practice, such as access to mindfulness apps, books, or workshops, may be costly or logistically challenging for some institutions. To address this barrier, healthcare organizations can invest in training existing staff members to become certified mindfulness instructors or partner with external mindfulness experts who can deliver training programs. Another option is to create peer-led mindfulness groups or incorporate online resources, which can offer flexibility and accessibility for healthcare professionals who may have varying schedules.[47]

- **Perceived Ineffectiveness or Lack of Immediate Results**

For mindfulness training to gain traction, its effectiveness must be apparent to healthcare professionals. However, mindfulness is a long-term strategy, and its benefits are often not immediately apparent. Nurses who do not see quick results from their mindfulness practice may feel disillusioned and discouraged. This barrier can be addressed by providing ongoing support and education about the long-term benefits of mindfulness. By emphasizing that mindfulness is a skill that requires consistent practice to yield results, healthcare organizations can manage expectations and help staff understand the gradual nature of its impact. Furthermore, integrating feedback mechanisms, such as regular check-ins or surveys to gauge stress levels and job satisfaction, can demonstrate the positive

effects of mindfulness over time, motivating participants to continue their practice.[48]

- **Stigma Surrounding Mental Health Practices**

In some healthcare settings, there may be a stigma surrounding mental health practices like mindfulness, especially in professions where mental toughness and resilience are highly valued. Nurses and other healthcare professionals might fear that practicing mindfulness could be perceived as a sign of weakness or a lack of competence. In high-stress, high-stakes environments like hospitals, there can be a cultural tendency to prioritize physical health over mental well-being, and mental health interventions may not always be embraced. To combat this, healthcare leaders must work to normalize mindfulness as an essential tool for mental well-being, just as they would other forms of professional development or training. Educating staff about the benefits of mindfulness for both their own mental health and their ability to provide better patient care is essential in reducing this stigma. Additionally, fostering a workplace culture where mental health is openly discussed and supported can help break down these barriers.[49]

- **Institutional Budget Constraints**

Financial constraints can be a significant barrier to implementing mindfulness training programs, especially in resource-limited healthcare settings. Offering formal mindfulness programs, workshops, or hiring specialized instructors may be expensive for some institutions. To mitigate this issue, healthcare organizations can explore low-cost alternatives, such as online mindfulness courses or self-guided resources, which can be more affordable while still offering valuable tools for stress management. Furthermore, mindfulness programs can be designed to generate long-term cost savings by improving staff retention, reducing burnout, and enhancing productivity, which can be highlighted when seeking funding for mindfulness initiatives.[50]

Conclusion

Overall, although mindfulness training holds enormous promise for enhancing the quality of life of the nursing workforce and decreasing stress on critical care wards, there are important barriers to the effective adoption of the intervention. They include ignorance and unfamiliarity with mindfulness practice, decision makers' reluctance to transition to a new practice, lack of time, inadequacy of funds, and institutional budget constraints. However several challenges have been outlined; the increase body of literature evidencing the effectiveness of mindfulness as an effective mean of managing stress among healthcare workers suggest that these barriers must be overcome and can be done so. It is imperative for institutions to start adopting mindfulness into nursing protocols by firstly educating healthcare leaders and staff on the benefits of mindfulness, secondly and more importantly, implement mindfulness training that consists of a few, feasible exercises into the working schedule to make mindfulness a part of the nursing culture in the institutions and thirdly foster a healthy attitude towards mental health in the health care institutions. In addition, to avoid repercussions of the same, stigma should be effectively dealt with, coupled by constant availss of

support and exercise of mindfulness for the nurses to enjoy the general rewards as noted above in the long run. Lastly, these barriers should be surmounted as the effectiveness of those nurses will improve, patients will receive better treatment, patients' health status will improve, thus making the healthcare system more efficient and strong.

References

1. Talebiazar, N., Salamat, E., Abbasi, M., Azizi, N., & Goli, R. (2020). The impact of mindfulness-based stress reduction training on the occupational stress and burnout experienced by nurses in geriatric wards: A randomized controlled trial. *Geriatric Nursing*, 58, 373–381.
2. Talebiazar, N., Anzali, B. C., Abbasi, M., Azizi, N., & Goli, R. (2020). Does mindfulness-based stress reduction training have an impact on the occupational burnout and stress experienced by nurses? A randomized controlled trial. *International Archives of Occupational and Environmental Health*, 1–11.
3. Sari, W. H. (2020). Analysis of the effectiveness of stress management training for nurses in emergency units. *International Journal on Health and Medical Sciences*, 2(3), 82–90.
4. Xu, L., Jia, J., Hou, S., Dou, Z., & Song, R. (2020). Effect of breathing meditation training on nursing work quality, occurrence risk of adverse events, and attention level of operating room nurses. *Alternative Therapies in Health and Medicine*, AT9877–AT9877.
5. Lin, Y., Jiang, C., Pan, Y., & Xu, Z. (2020). The impact of mindfulness on nurses' perceived professional benefits: The mediating roles of workplace spirituality and work-life balance. *Frontiers in Psychology*, 15, Article 1346326.
6. Maniago, V. (2020). Reducing burnout through mindfulness breathing using the three-minute breathing space among rehabilitation nurses aged 18–64. University of Massachusetts Global.
7. Hayajneh, A. A., Al-Younis, M. O., Rababa, M., & Qahah, I. (2020). Effect of mindfulness intervention on compassion fatigue among nurses: A randomized controlled trial study. *Holistic Nursing Practice*. <https://doi.org/10.1097>
8. Williams, M. S., Ordonez, K., King, D., Solomon, J., Ardito, S., & Jennifer, S. (2020). A brief mindfulness-based intervention pilot study: Lessons learned in feasibility and acceptability among healthcare professionals experiencing burnout. *OBM Integrative and Complementary Medicine*, 9(4), 1–21.
9. Yousif, S. Y., & Sadeq, A. F. (2020). Burnout among nurses in critical care units: Addressing a persistent challenge. *The Malaysian Journal of Nursing*, 16(2), 97–107.
10. Alloubani, A. (2020). Anxiety of nurses in hospital. In *Handbook of the Behavior and Psychology of Disease* (pp. 1–27).
11. Heidari, S., et al. (2022). Educating ethics codes by lecture or role-play: Which one improves nursing students' ethical sensitivity and ethical performance more? A quasi-experimental study. *Journal of Professional Nursing*, 40, 122–129.
12. Norouzi, E., et al. (2022). Job satisfaction and its relationship with burnout among nurses working in COVID-19 wards: A descriptive correlational study.

Annals of Medicine and Surgery.
<https://doi.org/10.1016/j.amsu.2022.104591>

13. Ghodsi Astan, P., et al. (2019). Mindfulness training for healthcare professionals and trainees: A meta-analysis of randomized controlled trials. *Journal of Psychosomatic Research*, 120, 29–38.
14. Shahsavani, A., et al. (2019). Investigation of job burnout and its related factors in pre-hospital emergency medical staff. *Navid No*, 21(68), 29–39.
15. Green, A. A., & Kinchen, E. V. (2021). The effects of mindfulness meditation on stress and burnout in nurses. *Journal of Holistic Nursing*, 39(4), 356–368.
16. Ghawadra, S. F., Abdullah, K. L., Choo, W. Y., & Phang, C. K. (2019). Mindfulness-based stress reduction for psychological distress among nurses: A systematic review. *Journal of Clinical Nursing*, 28(21–22), 3747–3758.
17. Talebiazar, N., Salamat, E., Abbasi, M., Azizi, N., & Goli, R. (2020). The impact of mindfulness-based stress reduction training on the occupational stress and burnout experienced by nurses in geriatric wards: A randomized controlled trial. *Geriatric Nursing*, 58, 373–381.
18. Talebiazar, N., Anzali, B. C., Abbasi, M., Azizi, N., & Goli, R. (2020). Does mindfulness-based stress reduction training have an impact on the occupational burnout and stress experienced by nurses? A randomized controlled trial. *International Archives of Occupational and Environmental Health*, 1–11.
19. Sari, W. H. (2020). Analysis of the effectiveness of stress management training for nurses in emergency units. *International Journal on Health and Medical Sciences*, 2(3), 82–90.
20. Xu, L., Jia, J., Hou, S., Dou, Z., & Song, R. (2020). Effect of breathing meditation training on nursing work quality, occurrence risk of adverse events, and attention level of operating room nurses. *Alternative Therapies in Health and Medicine*, AT9877–AT9877.
21. Lin, Y., Jiang, C., Pan, Y., & Xu, Z. (2020). The impact of mindfulness on nurses' perceived professional benefits: The mediating roles of workplace spirituality and work-life balance. *Frontiers in Psychology*, 15, Article 1346326.
22. Maniago, V. (2020). Reducing burnout through mindfulness breathing using the three-minute breathing space among rehabilitation nurses aged 18–64. *University of Massachusetts Global*.
23. Hayajneh, A. A., Al-Younis, M. O., Rababa, M., & Qahah, I. (2020). Effect of mindfulness intervention on compassion fatigue among nurses: A randomized controlled trial study. *Holistic Nursing Practice*.
<https://doi.org/10.1097>
24. Williams, M. S., Ordonez, K., King, D., Solomon, J., Ardito, S., & Jennifer, S. (2020). A brief mindfulness-based intervention pilot study: Lessons learned in feasibility and acceptability among healthcare professionals experiencing burnout. *OBM Integrative and Complementary Medicine*, 9(4), 1–21.
25. Yousif, S. Y., & Sadeq, A. F. (2020). Burnout among nurses in critical care units: Addressing a persistent challenge. *The Malaysian Journal of Nursing*, 16(2), 97–107.
26. Alloubani, A. (2020). Anxiety of nurses in hospital. In *Handbook of the Behavior and Psychology of Disease* (pp. 1–27).
27. Heidari, S., et al. (2022). Educating ethics codes by lecture or role-play: Which one improves nursing students' ethical sensitivity and ethical

performance more? A quasi-experimental study. *Journal of Professional Nursing*, 40, 122–129.

28. Norouzi, E., et al. (2022). Job satisfaction and its relationship with burnout among nurses working in COVID-19 wards: A descriptive correlational study. *Annals of Medicine and Surgery*. <https://doi.org/10.1016/j.amsu.2022.104591>
29. Ghodsi Astan, P., et al. (2019). Mindfulness training for healthcare professionals and trainees: A meta-analysis of randomized controlled trials. *Journal of Psychosomatic Research*, 120, 29–38.
30. Shahsavani, A., et al. (2019). Investigation of job burnout and its related factors in pre-hospital emergency medical staff. *Navid No*, 21(68), 29–39.
31. Green, A. A., & Kinchen, E. V. (2021). The effects of mindfulness meditation on stress and burnout in nurses. *Journal of Holistic Nursing*, 39(4), 356–368.
32. Ghawadra, S. F., Abdullah, K. L., Choo, W. Y., & Phang, C. K. (2019). Mindfulness-based stress reduction for psychological distress among nurses: A systematic review. *Journal of Clinical Nursing*, 28(21–22), 3747–3758.
33. Meneguin, S., Ignácio, I., Pollo, C. F., Honório, H. M., Patini, M. S. G., & de Oliveira, C. (2020). Burnout and quality of life in nursing staff during the COVID-19 pandemic. *BMC Nursing*, 22(1). <https://doi.org/10.1186/s12912-022-01168-7>
34. Mohammed, D., & Bakey, S. (2021). Detection of depression among nurses providing care for patients with COVID-19 at Baqubah Teaching Hospital. *Iraqi National Journal of Nursing Specialties*, 34(1), 86–94. <https://doi.org/10.58897/injns.v34i1.464>
35. Palvimo, T., Vauhkonen, A., & Hult, M. (2020). The associations among destructive leadership, job demands and resources, and burnout among nurses: A cross-sectional survey study. *Journal of Nursing Management*, 202.3(1). <https://doi.org/10.1155/2020/4289450>
36. Preetam K, V. (2020). Burnout syndrome among nurses in intensive care units: An essential approach. *Asian Journal of Research in Nursing and Health*, 6(1), 337–342. <http://eprints.go2submission.com/id/eprint/1880/1/Nikita612020AJRNH103611.pdf>
37. Rajih, Q. (2020). Effectiveness of an education program on nursing staffs' knowledge about infection control measures at intensive care unit in Al-Diwaniya Teaching Hospital. *Iraqi National Journal of Nursing Specialties*, 33(1), 85–92. <https://doi.org/10.58897/injns.v33i1.406>
38. Ribeiro, E. K. D. A., Santos, R. C. D., Araújo-Monteiro, G. K. N. D., Brandão, B. M. L. D. S., Silva, J. C. D., & Souto, R. Q. (2021). Influence of burnout syndrome on the quality of life of nursing professionals: Quantitative study. *Revista Brasileira de Enfermagem*, 74(Suppl 3). <https://doi.org/10.1590/0034-7167-2020-0298>
39. Rudman, A., Arborelius, L., Dahlgren, A., Finnes, A., & Gustavsson, P. (2020). Consequences of early career nurse burnout: A prospective long-term follow-up on cognitive functions, depressive symptoms, and insomnia. *EClinical Medicine*, 27. <https://doi.org/10.1016/j.eclinm.2020.100565>
40. Saravanabavan, L., Sivakumar, M. N., & Hisham, M. (2019). Stress and burnout among intensive care unit healthcare professionals in an Indian tertiary care hospital. *Indian Journal of Critical Care Medicine*, 23(10), 462–466. <https://doi.org/10.5005%2Fjp-journals-10071-23265>

41. Schaufeli, W. B., Desart, S., & De Witte, H. (2020). Burnout Assessment Tool (BAT): Development, validity, and reliability. *International Journal of Environmental Research and Public Health*, 17(24). <https://doi.org/10.3390/ijerph17249495>
42. Schwarz, G. M., & Bouckenoghe, D. (2021). When the dodo became extinct: Why rethinking change should not take a pandemic. *The Journal of Applied Behavioral Science*, 57(1), 5–10. <https://doi.org/10.1177/0021886320973809>
43. See, K. C., Zhao, M. Y., Nakataki, E., Chittawatanarat, K., Fang, W. F., Faruq, M. O., ... & SABA Study investigators and the Asian critical care clinical trials group. (2018). Professional burnout among physicians and nurses in Asian intensive care units: A multinational survey. *Intensive Care Medicine*, 44, 2079–2090. <https://doi.org/10.1007/s00134-018-5432-1>
44. Shah, M. K., Gandrakota, N., Cimiotti, J. P., Ghose, N., Moore, M., & Ali, M. K. (2021). Prevalence of and factors associated with nurse burnout in the US. *JAMA Network Open*, 4(2). <https://doi.org/10.1001/jamanetworkopen.2020.36469>
45. World Health Organization. (2019). International classification of diseases: Burn-out as an occupational phenomenon. https://www.who.int/mental_health/evidence/burn-out/en/
46. Yanto, R. F., Djidiyah, D., & Syakarofath, N. A. (2022). Nurses' experience with burnout and the role of perceived social support. *Jurnal Ilmiah Psikologi Terapan*, 10(1), 63–67. <https://doi.org/10.22219/jipt.v10i1.18483>
47. Yusoff, M. S. B. (2019). ABC of content validation and content validity index calculation. *Education in Medicine Journal*, 11(2), 49–54. <https://doi.org/10.21315/eim2019.11.2.6>
48. AdventHealth University. (2020). Managing nurse stress: Mental health tips and resources. AdventHealth University. <https://www.ahu.edu/blog/managing-nurse-stress>
49. Al-Kalaldeh, M., Amro, N., Qtait, M., & Alwawi, A. (2021). Barriers to effective nurse-patient communication in the emergency department. *Emergency Nurse*, 31(5). <https://journals.rcni.com/emergency-nurse/evidence-and-practice/barriers-to-effective-nursepatient-communication-in-the-emergency-department-en.2020.e1969>
50. Allen, D. (2020). A nurse's guide to cognitive behaviour therapy. *Nursing Standard*, 35(1), 35–37.

دراسة مقارنة حول فعالية تدريب البقطة الذهنية في تقليل التوتر بين المرضى في الوحدات ذات الضغط العالي
الملخص

الخلفية: يواجه مرضى الرعاية الحرجة في المناطق ذات الحالات الحادة ضغوطاً كبيرة تؤدي إلى ارتفاع معدلات الدوران الوظيفي وضعف الروح المعنوية. وقد تم اقتراح تدريب البقطة الذهنية كأحد التدخلات الناجحة للتعامل مع التوتر، إلا أن تطبيقه يواجه عدة عقبات في السياق السريري.

الهدف: يجب دمج تدريب البقطة الذهنية كجزء من السياسات التي تبني وتنفذ في مؤسسات التمريض. تهدف هذه الدراسة إلى تحديد التحديات المرتبطة بتطبيق هذا التدريب وكيفية تجنبها.

المنهجية: اعتمدت الدراسة على مسح للأدبيات ودراسات حالة لتحديد التحديات التي تعيق تطبيق البقطة الذهنية في سياقات التمريض ذات الضغوط العالية.

النتائج: تضمنت العوامل الرئيسية المعيبة ما يلي:

التوعية: قد لا يكون الأفراد على دراية كافية بالأساليب الجديدة أو حتى بالمخاطر المرتبطة بمارستهم.

توصي الدراسة بزيادة التوعية، دمج ممارسات فصيرة وبسيطة، واستخدام موارد أقل تكلفة.

الاستنتاج: كما هو الحال مع معظم جوانب التمريض، فقد ثبت أن تدريب البقطة الذهنية يمكن أن يعزز رفاهية المرضى، ولكن يجب معالجة التحديات التي تواجه اعتماد هذا التدريب وحلها لضمان نجاحه في مرافق الرعاية الصحية.

الكلمات المفتاحية: التعليم الخاص، البقطة الذهنية، التعامل مع التوتر، التمريض، الحواجز، الإرهاق المهني، الرعاية الصحية.