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ORIGINAL

The impact of mindfulness training for nurses in lowering stress and enhancing well-being

El impacto del entrenamiento en mindfulness para enfermeras en la reducción del estrés y la mejora del bienestar

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ABSTRACT

Objective: this study aimed to determine that a short Mindfulness-Based (MB) training program could assist critical care nurses feel lowering stress and being more in control of their enhancing well-being (WB).
Method: to assess the program's efficacy, a design consisting of a pre-post study with a single group and a quasi-experimental approach was used. This study was conducted in Malaysia at a tertiary referrals facility. The initiative included 40 nurses in critical care that volunteered as a part of a non-probability sample. With at least 79 % attendance, 36 people finished the course.
Results: the process is a condensed form of Mindfulness-Based Cognitive Therapy (b-MBCT), known locally as Mindful-Gym. The b-MBCT is a five-week based on groups course that meets once a week for two hours and includes practice sessions in between. It was distributed as a component of the hospital's ongoing training for nursing staff. The outcomes associated with stress were evaluated using the Perceived Stress Scale (PSS) and the Depression Anxiety Stress Scale (DASS). In requisites of the results of one's state of WB, the Mindfulness Attention and Awareness Scale and the Subjective Happiness Scale (SHS) were used.
Conclusion: participants said that their perception of stress had significantly decreased after finishing the session (PSS: q < 0,001; s = 0,40), anxiety (DASS-B: q < 0,001; s =0,33), stress (DASS-T: q = 0,001; e = 0,53), depression (DASS-E: q < 0,001; s = 0,35), and happiness (SHS: q = 0,026; e = 0,53), having an impact magnitude ranging from mild to significant. The findings provide credence to the efficacy of b-MBCT in lowering stress and enhancing WB with nurses working in critical care settings.

Keywords: Depression Anxiety Stress Scale (DASS); Mindfulness-Based Cognitive Therapy (b-MBCT), Perceived Stress Scale (PSS); Subjective Happiness Scale (SHS); Mindfulness Training (MT).

RESUMEN

Objetivo: este estudio pretendía determinar si un programa corto de entrenamiento en Mindfulness-Based (MB) podría ayudar a las enfermeras de cuidados críticos a sentir que disminuyen el estrés y a tener un mayor control de su bienestar (Bb).
Método: para evaluar la eficacia del programa, se utilizó un diseño consistente en un estudio pre-post con un único grupo y un enfoque cuasi-experimental. Este estudio se llevó a cabo en Malasia, en un centro de referencia terciario. La iniciativa incluyó a 40 enfermeras de cuidados críticos que se presentaron voluntarias como parte de una muestra no probabilística. Con al menos un 79 % de asistencia, 36 personas terminaron el curso.

Resultados: el proceso es una forma condensada de Terapia Cognitiva Basada en Mindfulness (b-MBCT), conocida localmente como Mindful-Gym. El b-MBCT es un curso de cinco semanas basado en grupos que se reúne una vez a la semana durante dos horas e incluye sesiones de práctica entre medias. Se distribuyó como componente de la formación continua del personal de enfermería del hospital. Los resultados asociados al estrés se evaluaron mediante la Escala de Estrés Percibido (PSS) y la Escala de Depresión, Ansiedad y Estrés (DASS). En cuanto a los resultados del estado de WB, se utilizaron la Escala de Atención y Conciencia Mindfulness y la Escala de Felicidad Subjetiva (SHS).
Conclusiones: los participantes afirmaron que su percepción del estrés había disminuido significativamente tras finalizar la sesión (PSS: q < 0,001; s = 0,40), la ansiedad (DASS-B: q < 0,001; s = 0,33), el estrés (DASS-T: q = 0,001; e = 0,53), la depresión (DASS-E: q < 0,001; s = 0,35) y la felicidad (SHS: q = 0,026; e = 0,53), teniendo una magnitud de impacto que oscilaba entre leve y significativa. Los hallazgos proporcionan credibilidad a la eficacia de la b-MBCT para disminuir el estrés y mejorar el BM en enfermeras que trabajan en entornos de cuidados críticos.

Palabras clave: Escala de Depresión; Ansiedad y Estrés (DASS); Terapia Cognitiva Basada en Mindfulness (b-MBCT); Escala de Estrés Percibido (PSS); Escala de Felicidad Subjetiva (SHS); Entrenamiento en Mindfulness (MT).

INTRODUCTION

Occupational Mindfulness has attracted a lot of attention lately and for good reason. Mindfulness provides a much-needed haven in a world that is moving quickly and always changing, with many distractions. It is the skill of living in the now without passing judgment or holding onto the past or the future. While participants practice mindfulness, their equivalents of tranquility, clarity, and overall WB rise, allowing them to utilize their own resources.[1]

Mindfulness entails intentionally focusing on the present moment. It involves embracing one's ideas, feelings, and experiences without attempting to alter or manage them. Mindfulness helps us to notice our thoughts and anxieties from a distance, like a spectator watching a river pass by, rather than allowing them to consume the thoughts and distract us. Develop a sense of perspective as a result, and are going to be able to react to issues with more clarity and composure.[2]

Numerous advantages for one's mental, emotional, and physical health have been linked to mindfulness practice. According to research, it assists in reducing depression, stress, and anxiety, in addition to improving concentration and attention. It may release from the cycle of despair by teaching the mind to concentrate on the here and now. This helps us to get less caught up in ruminating and worrying. As a result, one may become more self-aware and adept at controlling difficult emotions.[3] In recognition of rising interest from law students, attorneys, judges, and other legal personnel in giving MT a go to alleviate stress and improve health, the question of whether it will be effective for those in the particularly demanding area of law has arisen. No empirical studies have been conducted, unlike in the medical area. While research has indicated that MT for physicians, nurses, and other healthcare professionals has positive impacts, there is less data on the benefits of MT for attorneys.[4]

Healthcare professionals are vital to a country's health, and providing effective, efficient, and compassionate treatment depends on its Mental Health (MH) and well-being. Still, studies regularly demonstrate that healthcare employees have greater stress and mental illness rates than those in many other industries. High equivalents of stress and mental illness among healthcare personnel have major psychological and financial repercussions and are linked to subpar patient care and safety. Therefore, it is important to develop practical strategies for reducing stress and advancing the well-being of healthcare professionals.[5]

Healthcare personnel, on the one hand, deal with various pressures in the medical setting, including both long-standing and more recent ones. There are undoubtedly several causes: some are brought on by an improper work environment and lack of knowledge, while a lack of supplies and laborers, inadequate pay, and excessive patient demand causes others. Constant stress may cause burnout syndrome, attrition, depression, and aggressive behaviors among healthcare employees. The qualities of mindfulness and self-compassion should be seen as at least somewhat trainable, and greater effort must be put into molding them in students and young and seasoned physicians.[6] Mindfulness balances a culture that often promotes multitasking and continual stimulation. It is a gentle reminder to slow down, take a deep breath, and live each moment completely. Beginning to become more aware of themselves and the environment around them personally, people might notice a significant improvement in their general WB by adding mindfulness into their everyday life.[7]

Practice in nursing Stress may cause a range of physical and mental conditions, including those that can make it difficult to fall asleep, cause gastrointestinal problems, musculoskeletal discomfort, stress, and low

mood, and often culminate in burnout. Low job satisfaction, work absenteeism, damaged relationships, and difficulties concentrating are all consequences of these unfavorable sentiments, including anxiety, burnout, and discomfort. It can significantly affect the WB of nurses, but it may also have a detrimental influence on patient care quality and the efficiency of healthcare systems.[8] MB therapies have significantly improved the psychological well-being of nurses. The hard field of nursing often entails high equivalents of stress, lengthy workdays, and emotionally trying circumstances. Nurses' MH and general WB may suffer due to continual expectations and stress. Reducing stress and boosting resilience in nurses is one of the main benefits of MB therapies. By practicing mindfulness, nurses may learn to concentrate on the here and now, letting go of anxieties about the past or the future.[9]

Self-compassion and self-care are encouraged by mindfulness, allowing people to examine their thoughts and feelings without passing judgment. Nurses participating in MB programs report greater equivalents of overall life satisfaction, self-compassion, and self-worth. These treatments also provide nurses with useful strategies to control emotions and react to difficult circumstances more composedly and thoughtfully.[10] This study aimed to establish whether a brief MB training program may help critical care nurses feel less stressed and more in control of their own WB.

RELATED WORKS

The effects of a session lasting for four hours were investigated concerning burnout syndrome, perceived anxiety, and mindfulness practices. This research aimed to assess whether a mindfulness practice lasting for four hours was beneficial in lowering the equivalents of psychological stress and burnout and improving the equivalents of mindfulness. The email invited nurses to a 4-hour mindfulness class at a Midwest University medical facility.[11] This pilot study examined the effects of MT utilizing a standardized approach of an 8-week stress reduction mindfulness program to decrease nurse errors in simulated clinical situations. An experimental investigation with 20 nurses on staff and senior nursing students used a pre-and post-test control group design. The present pilot study provides evidence for the advantages of MT for enhancing the clinical performance of nurses, and it also serves as a case study of an innovative approach that might be applied in future studies.[12]

An investigation on the effects of an MB stress reduction intervention on a group of critical care nurses was launched as part of a quality improvement initiative to look at reported stress, quality of life, mindfulness awareness, and sickness and absence rates. It is a practical and well-accepted intervention. Staff and patients benefit from this in a good way.[13]

The meta-analytic review responds to assertions about the benefits of the employment mindfulness instruction in research and by the general population. Information from workplace delivered instruction for gains in concentration, stress, and mental health, as well as WB and job performance, is collected from randomized controlled studies and then summarized. Beyond previous evaluations, this paper investigates the role of intervention features and workforce heterogeneity in lowering perceived stress.[14]

Nursing staff often experience burnout syndrome as a result of their work. As a viable solution for burnout, MT has been suggested. To examine that MT affects the amount of burnout in nurses. Reduced scores for emotional fatigue and depersonalization and greater ratings for personal success are some of the outcomes of MT, including a decrease in burnout.[15] Participants with schizophrenia were trained in Mindfulness Based Stress Reduction (MBSR); it was then examined for its benefits on various outcomes. This randomized controlled trial design compared MBSR, psychoeducation, and a control group. According to the findings of this research project, MBSR training was much more successful than psychoeducation and control patients in helping schizophrenia patients increase their equivalents of hope, psychological WB, and functional recovery.[16]

Students in nursing programs are at a greater risk for the adverse effects of stress on their health. There is a lack of understanding about the healthcare enhancing behaviors of nurses, and these behaviors connect to health, stress, and WB. Specifically, there is a lack of knowledge regarding the healthcare-enhancing habits of nursing students. A multi site team used cross sectional research to examine undergraduate nursing students' WB, stress, and other physical and MH relevant factors.[17]

The results of implementing mindfulness program for nurse managers in a hospital specializing in acute care. To evaluate whether a mindfulness program affected nurse managers' perceptions of burnout, well-being, and professional quality of life. These results imply that mindfulness techniques need to be strengthened. Despite constant reinforcement, it could become a self-care practice that is relegated to the bottom of the set of things to do on a busy day.[18] The research aims to investigate the equivalents of stress related to work strain and MH experienced by nurses that have cared for COVID-19 patients. Both music therapy and the MB breathing technique were used in this treatment. This randomized controlled trial was conducted at Turkey's COVID-19 division, home to an academic hospital.[19]

The current research aimed to determine whether daily short MT may improve emotional WB and lessen the negative effects of being exposed to COVID-19 news during a pandemic. These results demonstrate the merits of mindfulness as a quick and cheap way to boost happiness amid the COVID-19 epidemic.[20]

The research aims to assess whether or not it would be beneficial for a multidisciplinary chronic illness healthcare team to have MB cognitive treatment administered on-site throughout working hours to lower overall WB and stress equivalents. The group's cognitive therapy using mindfulness training offered to members of the multifunctional cystic fibrosis (CF) care team that decided to attend was useful and effective in lowering stress equivalents.[21] To assess the usefulness of a workplace adapted mindfulness course (MBOE) in a hospital context and collect information on workplace specific outcomes beyond stress reduction. The findings indicate that workplace-specific, brief MT may have beneficial outcomes comparable to those of longer mindfulness programs.[22]

Attending a Mindfulness-Based Stress Reduction (MBSR) course for eight weeks impacted the clinical work that cardiology department doctors and nurses did and their relationships with patients and colleagues. The six physicians and nurses that have finished the 8-week MBSR training participated in qualitative interviews. Using interpretive phenomenological analysis, the study aimed to explore and appreciate the relevance of the participants' tales.[23]

An intervention that focused on mindfulness was shown to be effective in lowering equivalents of subjective depression, stress, and anxiety among nurses and worked in public teaching hospitals. It was shown that a brief intervention focused on mindfulness was useful in reducing the equivalents of perceived stress and anxiety experienced by nurses.[24]

The benefits of meditation classes offered in schools on students' self-reflection, academic focus, and subjective WB. The structure of the study was a comparison of non-equivalent groups, with a pre-test and a post-test. The control group participated in other optional classes, including reading and calligraphy, whereas the experimental group participated in an eight-week meditation course.[25]

METHODS

The efficacy of the program was assessed using a pre-post, single-group, quasi-experimental study design. A public tertiary referral hospital in Malaysia had the research done in its critical care units. Due to scheduling issues, a non-probability volunteering sample was employed in this research when critical-care nurses were split into three duty shifts. One week before and one week after the end of the course, self-reported questionnaires about their experiences of stress and results linked to their improved WB were made accessible.

Participants

The participants' ward managers used the program guides and information sheets to find them. All nurses were urged to enroll in the program if they believed there required information on reducing stress and enhancing well-being. A suitable timetable was set up, and continuous professional development (CPD) points were offered to promote participation. A total of 38 volunteers participated in the program. Two batches were formed, the first having twenty participants and the following group having 18. Participants in the data analysis were limited to those that attended at least four of the five program sessions.

Ethical Considerations

The National Medical Research Register Committee and the Hospital's Ethical Committee both granted their clearance. A copy of the information page was provided to each participant, and permission was sought to conduct the research.

Instrument

The stress-related outcomes were evaluated using the Depression Anxiety Stress Scale (DASS-20) and Perceived Stress Scale (PSS-8). The PSS-8 is a quick and simple way to gauge the amount of stress during the last month. The Likert Scale, a 5-point scale with a range of 0 to 3, is used to grade the 10-item inventory.

Each participant's answers to the four questions were totaled after reverse scoring, resulting in a felt stress score that ranged from 0 to 38. Greater scores reflect a greater personal stress level. There were three coefficient alphas: 0,83, 0,81, and 0,84. A 21-item questionnaire called the DASS-21 is used to assess 3 negative emotional states: depression (DASS-E), stress (DASS-T), and anxiety (DASS-B).

Respondents can indicate whether they agree or support the things being assessed on a Likert scale that spans from 0 to 3. The DASS-21 has three subscales, each with seven items. The sum of the seven relevant item scores is used to get the overall score for each subscale. The final total score for each subscale is then calculated by multiplying this sum by two. The DASS-21 has a reliability coefficient that varies from 0,81 to 0,97 and represents the scale's internal consistency. The Mindfulness Awareness Attention Scale (MAAS-15) and SHS were the instruments used to assess the outcomes of enhancing WB. The MAAS-15 has 15 items on a Likert range of 1 to 6 on a 6-point scale. Each participant's answers to the items were added and averaged to provide a total mindfulness score ranging from 1 to 6. Advanced score represent more aware states of being. The range of the Cronbach alpha is 0,82 to 0,87. The SHS is a four-item scale that assesses a person's overall

subjective happiness and determines whether they perceive themselves as happy or dissatisfied. The range of the Cronbach alpha was 0,79 to 0,94.

Intervention

The b-MBCT curriculum was first created by a local psychiatrist from the eight-week MBSR and Mindfulness-Based Cognitive Therapy (MBCT) for use by medical students. The five-week b-MBCT program lasts two hours weekly and includes practice sessions in both directions. Under the educational banner of Mindful Gym, it was distributed among the nursing staff as a strategy for relieving stress and enhancing overall health and WB. Since it was part of the hospitals' ongoing nurse education program, it was delivered at the hospitals' training centers utilizing a mix of theoretical and hands-on instruction.

The b-MBCT program was given by a consultant doctor of psychiatry specializing in CBT, mindfulness-based treatments, and personalized mindfulness practice. According to the program's tagline, various activities were offered to promote the capacity for being present, peaceful, and grateful for all favorable mental states connected to mindfulness. Each participant received a pamphlet and audio of the condition as part of the training to use as a reference during practice sessions. The two-hour sessions usually begin with a sharing and discussion of the breaks in between practices. The week's new lessons and activities would start after that.

Data analysis

The information was analyzed using the Social Package for Statistical Software (SPSS) version 21. After the normalcy test was completed, descriptive and inferential statistics were used. The sharing and discussion of events between practice sessions would begin in the first hour of the meeting. After this, the new lessons and activities for the week would be presented to the class.

RESULTS

The particular class has been shown to be successful in giving nurses the necessary coping skills. Its objectives are to increase self-awareness and create a non-judgmental, present-moment concentration. Nurses have reported significantly lower stress equivalents, better emotional control, and enhanced resilience in coping with the demands of their demanding work environment after using mindfulness techniques, including meditation and deep breathing exercises.

Findings

There are 20 out of 38 participants completed the b-MBSR program with an attendance rate of at least 80 %; 18 participants finished all five sessions, and 15 participants spent all four sessions. Because of issues in their personal lives, four participants were unable to complete the courses. All participants were female, and there were 35 Malay participants, 2 Indian individuals, and no Chinese participants. The mean age was 29,19 years, with a standard deviation of 5,35 years.

The baseline of psychological distress level

The DASS-T was used to evaluate the participants' stress equivalents at the beginning of the study, and 16 of them reported having medium to strict stress levels. These results are shown in Table 1. That suggested that the participants had been struggling with considerable amounts of depression, stress, and anxiety prior to participating in the b-MBCT session.

Table 1. Equivalent of depression, stress, and anxiety before b-MBCT

	Normal f (%)	Mild f (%)	Moderate f (%)	Severe f (%)	Extremely severe f (%)
DASS-T	23	9	6	4	0
DASS-B	9	5	18	7	5
DASS-E	24	9	6	5	0

Participants' equivalents of depression, stress, and anxiety before beginning the b-MBCT ranged from normal to very severe, with scores falling into mild, moderate, and severe categories using the Depression Anxiety Stress Scale (DASS). These classifications aid in determining severe a person's symptoms were prior to intervention. It is easier to grasp the participants' initial mental health condition thanks to dividing depression, stress, and anxiety into various categories. This categorization also serves as a benchmark for evaluating how well the b-MBCT program reduces these symptoms (figure 1).

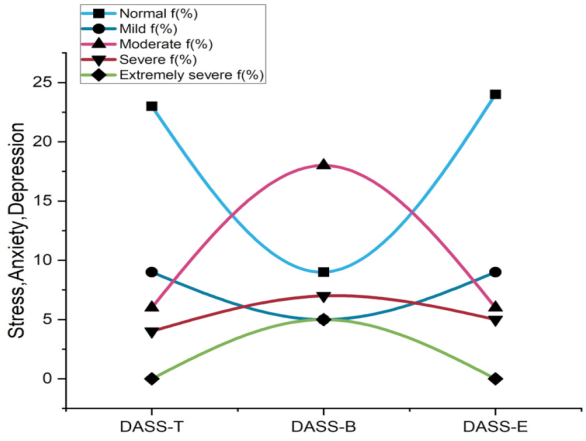

Figure 1. Equivalent of depression, stress, and anxiety before b-MBCT

The impact of b-MBCT on outcomes associated with stress

Table 2 presents the findings of a paired sample t-test that was carried out on Post-Intervention (PstI) and Pre-Intervention (PreI) stress level assessments. The Wilcoxon rank-sum test was used to analyze the PSS, DASS-B, and DASS-E data to determine the efficacy of b-MBCT. The findings demonstrated considerably reduced equivalents of superficial stress with a Median Difference (MD) of 2, that was Statistically Significant (SS) (p =0,001); lowered equivalents of anxiety with an MD of 4, that was SS (p =0,001), and decrease equivalents of depression with an MD of 2, that was SS (p =0,001).

Table 2. Equivalent of stress before and after b-MBCT

	PreI			**PstI**			**Pre-post difference (PPD)**	
DASS-T	Mean	SD	DASS-T	Mean	SD	DASS-T	Mean	SD
	14,69	6,19		11,53	5,04		3,16	5,78

The equivalent of perceived depression, stress, and anxiety before and after b-MBCT for PreI

The DASS and Perceived Stress Scale (PSS) were use to assess the equivalents of felt depression, stress, and anxiety before and after the b-MBCT, and the median (22, 14, and 9) and interquartile rank (6, 9, and 9) was used for analysis. Participants' DASS results revealed their baseline equivalents of depression, stress, and anxiety before the intervention. The PreI scores served as a baseline for evaluating well the b-MBCT program reduced these symptoms. The individuals' overall changes in reported depression, stress, and anxiety were shown by the median interquartile rank. This quantitative analysis offers essential information for assessing the effectiveness of the intervention and helps determine the effect of the b-MBCT program on participants' mental WB (figure 2 and table 3).

Table 3. Level of perceived depression, stress, and anxiety before and after b-MBCT for PreI

	Pre-Intervention	
	Median	**Interquartile rank**
PSS	22	6
DASS-B	14	9
DASS-E	9	9

The equivalent of perceived depression, stress, and anxiety before and after b-MBCT for PstI

The effects of b-MBCT were analyzed in terms of depression, stress, and anxiety equivalences. The DASS and PSS were used to evaluate the individuals' equivalence before and after the PstI. The results showed that the median scores for depression, stress, and anxiety were reduced by SS after the b-MBCT intervention. There was a general trend toward better performance as seen by the narrowing of the interquartile range (6,5; 9 and 6). These findings support b-MBCT's potential as a useful intervention for enhancing mental health by reducing symptoms of sadness, stress, and anxiety (figure 3 and table 4).

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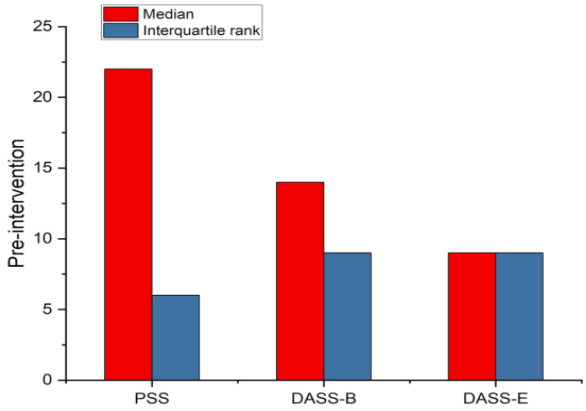

Figure 2. Equivalent of perceived depression, stress, and anxiety before and after b-MBCT for Pre-intervention

Table 4. Equivalent of perceived depression, stress, and anxiety prior to and after b-MBCT for PstI

	PstI	
	Median	**Interquartile rank**
PSS	19	6,5
DASS-B	9	9
DASS-E	8	6

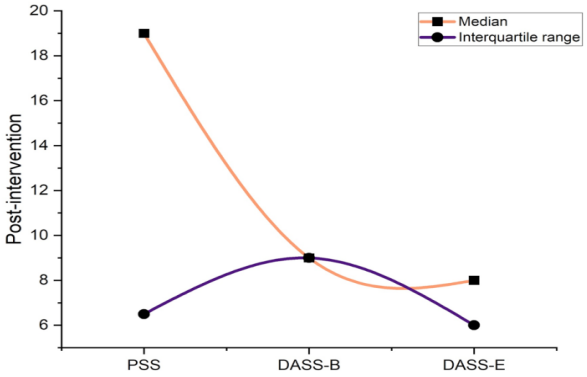

Figure 3. Equivalent of perceived depression, stress, and anxiety before and after b-MBCT for PstI

The equivalent of perceived depression, stress, and anxiety prior to and after b-MBCT for PPD

The effects of b-MBCT on stress, depression, and anxiety were investigated. Before and after the session, these characteristics were evaluated using the DASS and PSS. The findings showed that after receiving b-MBCT, the median (5, 6, and 4) levels of felt tension, anxiety, and poor ratings significantly decreased. The interquartile range revealed decreased score variability and demonstrated the widespread improvement among individuals (7, 8, and 6). These results demonstrate the efficiency of b-MBCT in lowering equivalents of depression, stress, and anxiety, as demonstrated by the PPD found in the research (figure 4 and table 5).

Table 5. Equivalent of perceived depression, stress, and anxiety prior to and after b-MBCT for PPD

	PPD	
	Median	**Interquartile rank**
PSS	5	7
DASS-B	6	8
DASS-E	4	6

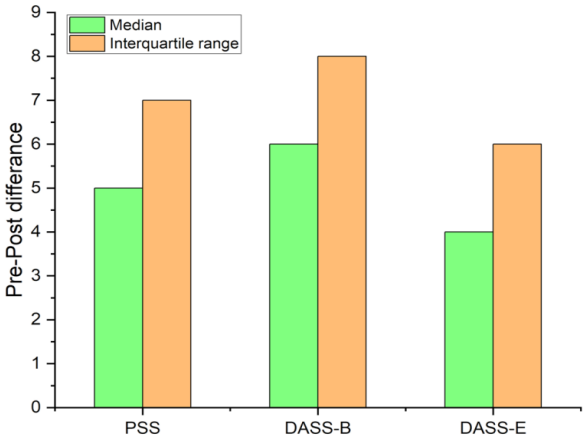

Figure 4. Equivalent of perceived depression, stress, and anxiety prior to and after b-MBCT for PPD

The impact of b-MBCT on outcomes associated with WB

The findings of a paired-sample t-test comparing the participants' mean score before and after attending b-MBCT. After participating in the b-MBCT program, the participants' equivalents of mindfulness had considerably risen, as shown by a mean score of 0,56 (p =0,001), and their equivalents of subjective pleasure had improved, as indicated by mean scores of 1,57 (p =0,028).

The equivalent of Mindfulness and Subjective Happiness (MSH) prior to and after b-MBCT for PreI

A study examined b-MBCT affected equivalents of mindfulness and subjective happiness. Post-intervention, the Subjective Happiness Scale (SHS) and the Mindful Attention Awareness Scale (MAAS) were used to gauge the participants' equivalents. The findings demonstrated a considerable improvement in participants' capacity for being present and attentive, as shown by the mean (4,09 and 19,49) and SD (0,59 and 3,38) scores for mindfulness after b-MBCT. Improvements in both the mean and standard deviation (SD) of evaluations for subjective enjoyment were significant PreI indicators of enhanced WB. These findings, indicating that b-MBCT has a positive influence on mindfulness and subjective satisfaction as measured by the MAAS and SHS, give valuable insight into the benefits of this intervention for those wishing to acquire mindfulness and increase their happiness (figure 5 and table 6).

Table 6. Equivalent of MSH prior to and after b-MBCT for PreI

	PreI	
	Mean	**SD**
MAAS	4,09	0,59
SHS	19,49	3,38

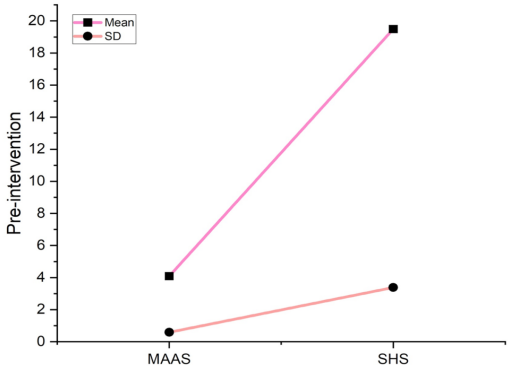

Figure 5. Equivalent of MSH prior to and after b-MBCT for PreI

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The equivalent of MSH prior to and after b-MBCT for PstI

The impact of b-MBCT on participants' conceptions of mindfulness and subjective enjoyment was studied. Comparability between pre- and post-intervention states was determined using the MAAS and the SHS. The outcomes showed that participants' mean (4,68) and standard deviation (20,66) ratings for mindfulness significantly increased following the b-MBCT intervention, indicating a considerable improvement in their capacity to be present and attentive. The overall quality of WB has also improved, as seen by a significant increase in the mean ratings for subjective enjoyment. These findings suggest that b-MBCT improves both personal happiness and mindfulness, as measured by PstI scores on the MAAS and SHS. These findings suggest that b-MBCT may be useful for enhancing both subjective WB and mindfulness (figure 6 and table 7).

Table 7. Equivalent of MSH prior to and after b-MBCT for PstI

	PstI	
	Mean	**SD**
MAAS	4,68	0,59
SHS	20,66	2,93

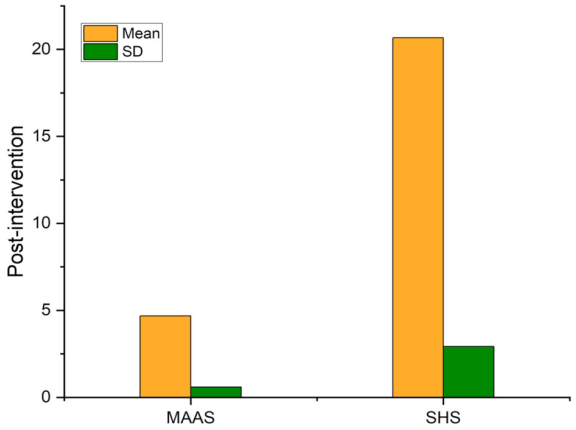

Figure 6. Equivalent of MSH prior to and after b-MBCT for PstI

The equivalent of MSH prior to and after b-MBCT for PPD

The research aimed to investigate whether a condensed version of the MBCT protocol might impact levels of mindfulness as well as participants' levels of subjective enjoyment. Before and after the intervention, participants completed the SHS and the MAAS. The PPD in scores was computed to assess the program's effectiveness. These disparities' means (0,59 and 1,59) and SD (0,58 and 2,79) were calculated. The findings showed a substantial improvement in subjective happiness and mindfulness after b-MBCT, as shown by a positive mean difference and decreased SD. This indicates that the b-MBCT treatment may increase participants' happiness and mindfulness (figure 7 and table 8).

Table 8. Equivalent of MSH prior to and after b-MBCT for PPD

	PPD	
	Mean	**SD**
MAAS	0,59	0,58
SHS	1,59	2,79

DISCUSSION

Even though most of the participants in these b-MBCT programs were Malay, all of the previous MB interventions for nurses were conducted using Caucasians as their subjects. The fact that the vast majority of Malay people are Muslims lends credence to the notion that MB training may be performed in a socially acceptable manner. The significance of that lies in the fact that it demonstrates that MB instruction is accepted among Malays. It was feared that the practice of mindfulness, that has its roots mainly in Buddhism and is related to meditation, would not be acceptable or useful in the multi-ethnic society that exists in Malaysia. Mindfulness has its beginnings in meditation. This was because mindfulness is associated with meditation.

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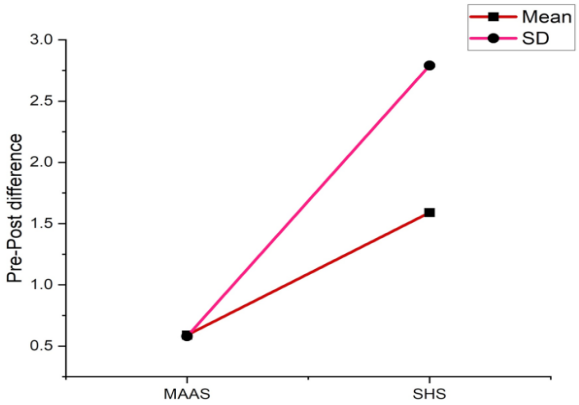

Figure 7. Equivalent of MSH prior to and after b-MBCT for PPD

Performance of the b-MBCT

The equivalents of moderate to severe depression, stress, and anxiety at the beginning were 43 %, 84 %, and 42 %, respectively, among critical care nurses at this tertiary hospital. These findings were uncovered via research. The first findings reveal elevated equivalents of stress, anxiety, and sadness. According to the results, more critical care nurses had excellent matches of depression, stress, and anxiety. The percentages ranged from 41 % to 83 % and 45 % correspondingly. The number of participants reported having higher equivalents of depression, stress, and anxiety before participating in the b-MBCT program considerably fell to 7 %, 50 %, and 17 %, respectively.

These showed that b-MBCT is considerably beneficial in decreasing the stress-related outcomes of the participants, such as their levels of depression, stress, and anxiety, and in lowering the perceived levels of stress. After participating in the b-MBCT program, the data demonstrated a substantial increase in the WB-related outcomes of the participants, specifically in terms of their mindfulness and personal happiness levels. This suggests that b-MBCT is a practical approach to developing mindful awareness and happiness. This lends credence to the idea that b-MBCT is an excellent method for alleviating stress and enhancing overall health.

CONCLUSION

In MT, nurses are taught skills for being completely present and aware in the here and now. This enables the nurses to notice their thoughts, feelings, and sensations without attaching themselves to any particular interpretation or interpretation. By incorporating mindfulness exercises into everyday life, nurses may experience a reduction in stress and an improvement in their feeling of overall WB. The outcomes of this study demonstrated that the b-MBCT is beneficial in lowering pressure and enhancing WB and that it is possible to be used by critical care nurses. As a result, these findings suggest that the study's hypotheses were supported. MT may decrease stress and promote well-being depending on its duration and intensity. The research on MTs for nurses is few and primarily focused on self-report assessments, which may be biased and not fully represent all effects. Further research using rigorous methods, long-term follow-ups, and objective evaluations is needed to optimize nurse MT effectiveness. A more comprehensive knowledge that mindfulness practices may be adapted to nurses' particular requirements and circumstances may result from considering the possible moderating variables such as individual characteristics and contextual considerations. Future studies in these areas may guide the creation of mindfulness therapies backed by scientific evidence that successfully enhance nurses' WB and foster resilience in their demanding work.

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CONFLICTS OF INTEREST

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