THE EFFECT OF *MINDFULNESS* INTERVENTION ON *BURNOUT* IN NURSES

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ABSTRACT
Background: Burnout among nurses is a major issue caused by high workloads, emotional demands, and limited hospital resources, including at Bhakti Rahayu Tabanan Hospital. Burnout is characterized by emotional exhaustion, depersonalization, and decreased personal accomplishment, affecting the quality of nursing care. Previous studies have shown that mindfulness interventions can reduce stress and burnout in healthcare workers by helping individuals recognize and accept present experiences without judgment.
Purpose: This study aimed to analyze the effect of mindfulness interventions on nurse burnout levels at Bhakti Rahayu Tabanan Hospital.
Methods: This study used a quasi-experimental design with intervention and control groups. Burnout levels were measured using the Maslach Burnout Inventory before and after the intervention. The mindfulness program was conducted for four weeks through structured sessions focusing on breathing awareness, bodily sensations, emotional acceptance, and independent practice at home.
Results: Mann-Whitney test results showed significant differences between intervention and control groups in emotional exhaustion (p=0.011), depersonalization (p=0.005), and decreased achievement (p=0.018). Wilcoxon test results also showed significant changes before and after intervention in emotional exhaustion (p=0.000), depersonalization (p=0.044), and self-achievement (p=0.005), indicating that mindfulness interventions reduced nurse burnout.
Conclusion: Mindfulness interventions effectively reduced burnout levels, improved emotional regulation, increased self-awareness, and enhanced nurses' sense of accomplishment in the workplace. These findings suggest that mindfulness can become a strategy for hospitals to support nurses' mental health, strengthen coping abilities, maintain patient care quality, and create healthier work environments. Regular mindfulness practice may also improve performance and well-being among nurses.

Keywords: Burnout; Mindfulness; Nurses.

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BACKGROUND

A hospital is a type of healthcare facility that provides healthcare services. Nurses carry out responsibilities related to the survival of their patients. Furthermore, they must also maintain their emotional well-being. This can lead to stress and increase the risk of *burnout* . (Marpaung, 2021)

Research conducted by (Sultana et al., 2020), *burnout* is a major problem for healthcare workers, because nurses frequently interact with patients, so nurses are at greater risk of infection and face greater physical and mental burdens (Guixia, L., & Hui, 2020).

A study conducted by a research team from the Master of Occupational Medicine Study Program, Faculty of Medicine, University of Indonesia (MKK FKUI) found that as many as 83% of healthcare workers in Indonesia have experienced moderate to severe *burnout* , which has the potential to psychologically disrupt their quality of life and work productivity in healthcare. (FKUI Public Relations, 2020) . A study conducted by (Wood *et al* ., 2023) found that nurse *burnout* can lead to poor service delivery. There is a correlation between *burnout* and the quality of care provided to patients (Smythe *et al* ., 2020).

The causes of burnout can be classified into personal and/or environmental factors (Yeter DEMİR, 2010) . In addition to these factors, there are several other factors that cause *burnout,* namely marital status, length of employment, social support, family structure, responsibility, clarity of emotional stability, and exhaustion (Nursalam, 2016) . According to Maslach, *burnout* is characterized by three dimensions, namely emotional exhaustion, depersonalization, and decreased self-efficacy.

A nurse needs proper self-management to deal with the emotions caused by *burnout* . Nurses need to practice meditation to improve moral, emotional, and interpersonal processes, thereby restoring empathy when caring for patients. One form of meditation that nurses can practice is *mindfulness* . *Mindfulness* is a form of self-regulation strategy that involves focusing attention and responding to thoughts, sensations, and emotions with an attitude of acceptance, non-judgment, and awareness of current situations and events. (Azzam *et al* ., 2023) .

One systematic review of ICU nurses concluded that *mindfulness interventions* , including meditation exercises, breathing techniques, and cognitive relaxation, can reduce *burnout* when implemented in a structured manner over several weeks. Similar results were found in healthcare workers across various settings, where 6–8 weeks of *mindfulness programs correlated with significant reductions in stress, anxiety, and burnout* . Despite growing evidence of effectiveness, specific data on the implementation of *mindfulness interventions*

among nurses in private hospitals in Indonesia, particularly at Bhakti Rahayu Hospital in Tabanan, remains limited.

Bhakti Rahayu Hospital, Tabanan, as a referral healthcare facility in the Tabanan region, requires nurses to provide prompt and high-quality services, potentially increasing work pressure. This situation, if not balanced with adequate stress management strategies, can increase the risk of *burnout* , which ultimately affects the quality of care and nurses' work comfort. Given the scientific evidence that mindfulness programs can be a relatively simple, inexpensive form of psychological intervention that can be integrated into human resource development programs, research is important to examine the extent to which mindfulness interventions affect nurse *burnout levels* at Bhakti Rahayu Hospital, Tabanan.

OBJECTIVE

This study aims to analyzing the effect of providing *mindfulness interventions on burnout* levels in nurses

METHODS

Research design

This study used a *quasi-experimental design with an intervention group and a control group, with pre -test–posttest* -measurements *with control group* . The intervention group received a structured *mindfulness program, while the control group received routine services without mindfulness* intervention during the study period.

Location and Time of Research

This research was conducted at Bhakti Rahayu Tabanan Hospital. The research implementation time is planned for March-April 2026, including the preparation, data collection, analysis, and report preparation stages.

Population

The population in this study was all inpatient nurses working at Bhakti Rahayu Tabanan Hospital.

Sample

Samples will be taken using *non- -probability techniques. (consecutive sampling)* with inclusion criteria: implementing nurses who have worked for at least six months, are willing to follow the entire series of interventions, and are not currently undergoing another intensive

psychotherapy program. Exclusion criteria: nurses on maternity leave, and nurses who are carrying out study assignments. Based on the inclusion and exclusion criteria determined by the researcher, the sample size in this study was 26 respondents (2 people in the isolation room, 8 people in the rose room, 8 people in the jasmine room, 4 people in the PICU and lotus rooms, and 4 people in the ICU room) which were divided into 13 respondents in the treatment group and 13 respondents in the control group.

RESULTS

Table 1. Mann-Whitney test

Post test KE

Ranks

	Group	N	Mean Rank	Sum of Ranks
Post_Emotional Exhaustion	Intervention	13	9.69	126.00
	Control	13	17.31	225.00
	Total	26		

Test Statistics [a]

	Post_Emotional Exhaustion
Mann-Whitney University	35,000
Wilcoxon W	126,000
Z	-2,542
Asymp. Sig. (2-tailed)	.011
Exact Sig. [2*(1-tailed Sig.)]	.010 [b]

a. Grouping Variable: Group

b. Not corrected for ties.

- **Mann-Whitney Objective: To compare total burnout scores (EE, DP, PA) between the intervention and control groups AFTER treatment (post-test).**

Interpretation: From the results of the Mann-Whitney test conducted on the results of the post-test on emotional exhaustion between the control and intervention groups, a significance value of 0.011 < 0.05 was obtained, which means that **there is a significant difference between the intervention group and the control group.**

Post Test DP

Ranks

	Group	N	Mean Rank	Sum of Ranks
Post_Depersonalization	Intervention	13	9.27	120.50
	Control	13	17.73	230.50
	Total	26		

Test Statistics [a]

	Post_Depersonalization
Mann-Whitney University	29,500
Wilcoxon W	120,500
Z	-2,830
Asymp. Sig. (2-tailed)	.005
Exact Sig. [2*(1-tailed Sig.)]	.003 [b]

a. Grouping Variable: Group

b. Not corrected for ties.

Interpretation: From the results of the Mann-Whitney test conducted on the results of the Depersonalization post-test between the control and intervention groups, a significance value of 0.005 < 0.05 was obtained, which means that **there is a significant difference between the intervention group and the control group.**

Post-test PP

Ranks

	Group	N	Mean Rank	Sum of Ranks
Post_Self Achievement	Intervention	13	17.04	221.50
	Control	13	9.96	129.50
	Total	26		

Test Statistics [a]

	Post_Self Achievement

Mann-Whitney University	**38,500**
Wilcoxon W	**129,500**
Z	**-2,375**
Asymp. Sig. (2-tailed)	**.018**
Exact Sig. [2*(1-tailed Sig.)]	**.016 [b]**

a. Grouping Variable: Group

b. Not corrected for ties.

Interpretation: From the results of the Mann-Whitney test conducted on the results of the post-test for the decline in achievement between the control and intervention groups, a significance value of 0.018 < 0.05 was obtained, which means that **there is a significant difference between the intervention and control groups** .

Table 2.Wilcoxon Test

Pre-Post KE

Ranks

		N	Mean Rank	Sum of Ranks
Post_Emotional Exhaustion - Pre_Emotional Exhaustion	**Negative Ranks**	**20 [a]**	**15.68**	**313.50**
	Positive Ranks	**6 [b]**	**6.25**	**37.50**
	Ties	**0 [c]**		
	Total	**26**		

a. Post_Emotional Exhaustion < Pre_Emotional Exhaustion

b. Post_Emotional Exhaustion > Pre_Emotional Exhaustion

c. Post_Emotional Exhaustion = Pre_Emotional Exhaustion

Test Statistics [a]

	Post_Emotional Exhaustion - Pre_Emotional Exhaustion
Z	**-3.507 [b]**
Asymp. Sig. (2-tailed)	**.000**

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

Wilcoxon Objective: To compare *burnout scores* before and after intervention in the intervention group (pre vs post).

Interpretation: From the results of the Wilcoxon test conducted on the comparison of the results of the Pre vs Post test of the emotional exhaustion sample, a significance value of 0.000 < 0.05 was obtained, which means that **there was a significant change between the intervention group and the control group,** which means that the mindfulness intervention for nurses had an impact on reducing the emotional exhaustion of nurses

Pre-Post DP

Ranks

		N	Mean Rank	Sum of Ranks
Post_Depersonalization - Pre_Depersonalization	Negative Ranks	16 [a]	15.91	254.50
	Positive Ranks	10 [b]	9.65	96.50
	Ties	0 [c]		
	Total	26		

a. Post_Depersonalization < Pre_Depersonalization

b. Post_Depersonalization > Pre_Depersonalization

c. Post_Depersonalization = Pre_Depersonalization

Test Statistics [a]

	Post_Depersonalization - Pre_Depersonalization
Z	-2.016 [b]
Asymp. Sig. (2-tailed)	.044

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

Interpretation: From the results of the Wilcoxon test conducted on the comparison of the results of the Pre vs Post test of the Depersonalization sample, a significance value of 0.044 < 0.05 was obtained, which means that **there was a significant change between the**

intervention group and the control group, which means that the mindfulness intervention for nurses had an impact on reducing the attitude of depersonalization in nurses.

Pre-Post PP

Ranks

		N	Mean Rank	Sum of Ranks
Post_Self_Achievement - Pre_Self_Achievement	Negative Ranks	9 [a]	7.28	65.50
	Positive Ranks	17 [b]	16.79	285.50
	Ties	0 [c]		
	Total	26		

a. Post_Self-Achievement < Pre_Self-Achievement

b. Post_Self_Achievement > Pre_Self_Achievement

c. Post_Self_Achievement = Pre_Self_Achievement

Test Statistics [a]

	Post_Self_Achievement - Pre_Self_Achievement
Z	-2.802 [b]
Asymp. Sig. (2-tailed)	.005

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

Interpretation: From the results of the Wilcoxon test conducted on the comparison of the results of the Pre vs Post test of the Self-Achievement sample, a significance value of 0.005 < 0.05 was obtained, which means that **there was a significant change between the intervention group and the control group,** which means that the mindfulness intervention for nurses had an impact on increasing the self-achievement of each nurse.

DISCUSSION

The results showed a significant effect of mindfulness intervention on the three dimensions of burnout in nurses at Bhakti Rahayu Tabanan Hospital, with a Wilcoxon

significance value of <0.05 in the pretest-posttest of the intervention group and a Mann-Whitney significance value of <0.05 between the intervention and control groups. The 4-week mindfulness intervention (60 minutes/session, including body scan, meditation, and yoga) reduced emotional exhaustion (p=0.000), depersonalization (p=0.044), and increased personal accomplishment (p=0.005). These findings align with recent studies that confirm *mindfulness* as an effective strategy for managing *burnout* in healthcare workers.

The effect of mindfulness *on the dimension* of emotional exhaustion

The mindfulness intervention significantly reduced emotional exhaustion scores in the intervention group (Wilcoxon p=0.000; Mann-Whitney posttest p=0.011), from moderate/low to low. This is because mindfulness increases self-awareness and emotional regulation, enabling nurses to recognize and reduce emotional exhaustion due to high workloads at Bhakti Rahayu Hospital, Tabanan.

These findings are supported by a 2026 review that concluded mindfulness programs (such as MBSR) were effective in reducing *emotional exhaustion* in healthcare students and service workers, through reduced stress reactivity. A 2025 study of nurses also showed a decrease in *emotional exhaustion scores* after a *mindfulness intervention* , similar to the results in this report (Lutfiana Putri Febriyanti, Prita Adisty Handayani, Siti Juwariyah, 2025).

The effect of mindfulness on the depersonalization *dimension*

Mindfulness significantly reduced depersonalization (Wilcoxon p=0.044; Mann-Whitney posttest p=0.005), shifting cynical attitudes and emotional distance toward greater empathy toward patients. This mechanism occurs because mindful practices (body scans and breath meditation) break the cycle of negative rumination, allowing nurses to maintain interpersonal connections amidst the demands of the hospital.

A 2024 study of service workers found that job mindfulness reduced depersonalization through the mediation of psychological distress, consistent with the intervention's effects in this study. A 2025 review confirmed mindfulness as an emotion regulation strategy that suppresses coldness and cynicism in high-stress populations. (Periana et al., 2025)

The influence of mindfulness *on the* dimished dimension of personal accomplishment

The intervention resulted in an increase in personal accomplishment (Wilcoxon p=0.005; Mann-Whitney posttest p=0.018), from low/moderate to high, increasing nurses' self-

confidence and sense of accomplishment. Mindfulness yoga and daily self-practice strengthened self-efficacy, offsetting feelings of helplessness resulting from chronic emotional burden.

A 2026 study reported that mindfulness improved self-accomplishment in a group at risk for burnout through increased self-compassion. A 2024 study also demonstrated an indirect effect of mindfulness on accomplishment through reduced workplace bullying, relevant to the context of a private hospital. (Setiawan et al., 2026)

The effect of mindfulness *on* burnout *in nurses*

The phenomenon of *burnout* among nurses is a condition in which a person experiences physical, mental, and emotional symptoms caused by persistently high levels of stress (Febriyanti et al., 2025) . Theoretically, *burnout* is understood as a psychological syndrome consisting of three main dimensions: emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment (Sulistianingsih et al., 2025) . This condition often occurs because nurses must always provide comprehensive services to patients and their families in a complex work environment (Sukmayanti, 2023) .

As a countermeasure, research evidence shows that *mindfulness interventions* are very effective in reducing *burnout levels.* (Uminah et al., 2025) . *Mindfulness* itself is a form of self-regulation strategy that involves focusing attention and responding to emotions with an attitude of acceptance without judgment (Sukmayanti et al., 2024) . Based on empirical data at PMC Hospital, the application of *mindfulness* meditation techniques was able to reduce the rate of emotional exhaustion from 70% to 0% and depersonalization from 40% to 0% in nurses who were given treatment (Ezdha et al., 2024) .

The most common and proven effective method is *Mindfulness-Based Stress Reduction* (MBSR), which works by increasing an individual's full awareness of the current situation (Rizkana, 2023) . In addition to reducing negative aspects such as stress, this intervention also significantly improves *self-compassion* and workplace *well-being scores* for nurses (Othman et al., 2023) . This is important because individuals with good emotional intelligence tend to be better able to manage anxiety and avoid the risk of severe *burnout* (Sukmayanti, 2023) .

Based on these findings, researchers strongly believe that nurses need proper self-management to cope with emotions caused by heavy workloads (Sukmayanti et al., 2024) . Given its effectiveness, it is highly recommended for healthcare institutions to implement

mindfulness interventions as part of staff development programs to maintain service quality and the mental well-being of healthcare workers (Uminah et al., 2025)

CONCLUSION

Based on research results, mindfulness interventions have been shown to significantly reduce burnout levels in nurses. The application of mindfulness helps nurses increase self-awareness, manage work stress, and improve emotional regulation, thereby reducing emotional exhaustion, depersonalization, and increasing a sense of accomplishment. Therefore, mindfulness can be used as an effective intervention strategy to maintain mental health and improve nurse performance in the workplace.

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CONFLICTS OF INTEREST

There’s no problem with the research

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