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The Role of Mindfulness in Addressing Burnout among Healthcare Professionals: A Systematic Review

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ABSTRACT

Those employed in the field of health are a profession that interacts directly with patients on a regular basis and therefore are exposed to significant stressors. The considerable number of responsibilities, the high complexity of the work, and the demands placed upon health workers make the health worker profession susceptible to stress and burnout. The objective of this study is to ascertain the impact of mindfulness-based interventions on mitigating burnout among healthcare professionals at Hospital "X" in Jogjakarta City. This study employs the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) and the Five Facet Mindfulness Questionnaire (FFMQ) as manipulation checks. This study employs an experimental methodology to investigate the impact of the independent variable, mindfulness-based stress reduction (MBSR), on the dependent variable, burnout. The findings indicate that a mindfulness-based intervention, specifically the MBSR method, has a notable effect on reducing burnout among health workers at Hospital "X."

Keywords: *Mindfulness, Burnout, Healthcare Professionals*

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INTRODUCTION

Those employed in the healthcare sector who are responsible for the direct care and treatment of patients, including doctors, nurses, and other medical professionals, are collectively termed "health workers." The nature of their work requires a high level of direct interaction with patients. Given the length of their work shifts, health workers are well-positioned to address patient health concerns. The multiplicity of responsibilities, the intricate nature of the work, and the demands placed upon health workers have rendered the profession vulnerable to stress and burnout (Buckley & Sipe, 2024).

Szymonik & Szopa (2024) post that stress arises when individuals encounter significant demands that exceed their available resources, creating an imbalance or gap. (Szymonik & Szopa, 2024). If this prolonged stress persists, it will result in a burnout condition. Burnout is known to arise as a result of high job stress, time pressure, and high workload, as well as poor organizational support (Ullah et al., 2024). As defined by Ullah et al. (2024), burnout is a state of physical and emotional exhaustion resulting from prolonged exposure to stressors. It is characterized by negative self-concept, lack of concentration, and poor work attitudes.

A significant proportion of health workers, including those in Indonesia, have been found to experience moderate to severe burnout syndrome. This has the potential

to disrupt the quality of life and work productivity of those working in the health sector. Additionally, it was discovered that 41% of health workers, including those in Indonesia, exhibited moderate to severe degrees of emotional exhaustion, 22% demonstrated moderate to severe degrees of empathy loss, and 52% exhibited moderate to severe degrees of lack of confidence.

It is incumbent upon health workers to perform their duties in a professional manner. It is imperative that health workers be able to serve as a source of support and guidance for their patients, demonstrate empathy, maintain focus and attention, and provide a compassionate and reassuring presence. Moreover, health workers must possess the capacity to perform their duties despite the constraints that exist. These high demands render health workers a vulnerable population susceptible to burnout or excessive fatigue, low job satisfaction, and suboptimal health services to patients (Sos & Melton, 2024). Burnout in health workers can result from high workloads, high patient dependence on health workers, a large number of patients, and an inadequate number of health workers (Karamushka et al., 2024).

Ullah et al. (2024) propose a categorization of burnout into three dimensions:

a. Emotional exhaustion is a condition that results from the depletion of emotional reserves in response to excessive workload or job demands.
b. Depersonalization is defined as a psychological state in which an individual experiences a loss of self-reality, leading to a sense of acting as another individual.
c. A reduction in personal accomplishment is associated with a decline in self-competence, motivation, and work productivity. As outlined by Ullah et al. (2024).

A survey conducted by researchers at Hospital "X" in Yogyakarta in 2022 revealed that 38% of health workers exhibited low-level burnout, 30% demonstrated moderate burnout, and 32% displayed high-level burnout. The results obtained based on each dimension are as follows. With regard to emotional exhaustion, 46% of health workers were found to be experiencing low-level burnout, 32% were experiencing moderate burnout, and 22% were experiencing high-level burnout. With regard to the depersonalization aspect, 41% of health workers exhibited low-level burnout, 35% demonstrated moderate burnout, and 24% displayed high-level burnout. In terms of personal accomplishment, the findings indicated that 27% of health workers exhibited low-level burnout, 22% demonstrated moderate burnout, and 51% displayed high-level burnout.

This phenomenon led to the discovery that an excessive workload among health workers results in a sense of overwhelming fatigue, which in turn impairs job performance.

The survey conducted by researchers in 2022 at Hospital "X" in Jogjakarta City corroborates existing theory and previous research indicating that an excessive workload can precipitate burnout in health workers, resulting in diminished job performance.

The research conducted by Persia & Carroll (2024) indicates that mindfulness-based stress reduction (MBSR) and psychological capital (PsyCap) may serve as effective interventions for mitigating burnout. (Persia & Carroll, 2024). Subsequently, research conducted by Soso & Melton (2024) indicated that mindfulness-based interventions can mitigate stress and burnout symptoms, enhance concentration, positive thinking, resilience, and psychological well-being. In addressing the issue of burnout, a number of interventions have been developed with the objective of either

preventing the onset of burnout or reducing its impact. One potential intervention is mindfulness-based stress reduction (MBSR). Mindfulness-based interventions have been demonstrated to be a promising approach for the reduction of burnout (Kao & Diller, 2024).

Mindfulness can be defined as the process of directing one's attention to the present moment with a state of non-judgmental acceptance. This involves intentionally focusing on the present experience without allowing thoughts and emotions to influence one's perception (Kabat-Zinn, 2017). The concept of mindfulness encompasses five distinct aspects, including:

a. The act of observation pertains to the state of the individual, enabling them to attend to and focus on both internal and external experiences.
b. Describing is the capacity to articulate perceived experiences in verbal form.
c. A state of acting with awareness is characterized by individuals who are engaged in or attending to their current activities, demonstrating a high level of focus and consciousness, and being fully present in the moment.
d. The state of nonjudgmental inner experience is characterized by an active acceptance of external stimuli, without the imposition of evaluative judgments or the categorization of thoughts and emotions as inherently positive or negative.
e. The term "nonreactivity to inner experience" denotes an individual's capacity to disengage from thoughts and emotions, allowing them to emerge and dissipate without becoming enmeshed in the vicissitudes of a given situation.

Mindfulness-based interventions place a particular emphasis on mindfulness. This entails attending to each experience that arises in the present moment without attempting to alter the thoughts, bodily sensations, or emotional responses that accompany it. The act of refraining from modifying one's response to an emotional experience has been demonstrated to diminish the tendency to respond in a reactive manner (Landry et al., 2024).

A variety of mindfulness-based interventions have been conducted with the objective of reducing stress. One such intervention is the Prandesya 2021 mindfulness-based stress reduction (MBSR) program. The mindfulness-based stress reduction (MBSR) intervention program comprises an intensive mindfulness intervention comprising four weeks of onsite sessions, each lasting one hour, and one hour of audio-visual media per week. The program employs formal and informal meditation techniques, as well as yoga exercises, with the aim of fostering focus (Kinasih, 2010). There are three principal categories of MBSR techniques, including:

a. The body scan technique is designed to facilitate the re-establishment of contact with the body through a comprehensive, minute-by-minute focus on the body. This involves sequentially directing awareness to each body part.
b. The practice of sitting meditation involves the instruction of participants to assume a relaxed and upright seated position and to direct their full attention to the sensation of breathing.
c. Mindful hatha yoga represents the primary formal meditation technique of yoga stretching. It entails a slow and mindful approach to maintaining focus on the body parts engaged in a specific exercise, while allowing uninvolved muscles to rest and relax.

Meditation facilitates the development of self-awareness. The development of self-awareness facilitates the regulation of attention, enabling individuals to focus on

present internal and external stimuli without the influence of past or future experiences (Kabat-Zinn, 2017).

The findings of previous studies, particularly those employing mindfulness-based interventions (MBSR) with an emphasis on psychoeducation, indicate a reduction in burnout levels. However, the introduction of new interventions has not yet addressed the realm of emotions and behavior, and thus the benefits may not be fully experienced in everyday life. It is therefore necessary to have a longer interval between sessions, with the aim of allowing participants more time to absorb the material and to implement the material provided into their daily lives through the completion of personal assignments. Therefore, this research was undertaken on two distinct groups: the experimental group and the control group. The former was subjected to a more profound intervention, with the objective of exploring the influence of emotional factors in the observed decline in burnout levels. This approach allowed for a more nuanced understanding of the potential impact of the provided interventions, while accounting for any other variables that might have influenced the results (Klatt et al., 2022).

The objective of this study is to ascertain the impact of a mindfulness-based stress reduction (MBSR) intervention on the reduction of burnout among healthcare professionals experiencing burnout at Hospital "X" in Jogjakarta City.

METHOD

This study employs the experimental method. The experimental method is a study that seeks to identify the effect of one variable on another variable under strictly controlled conditions. The data were collected using both quantitative and qualitative methods. For the former, instruments based on the Mind-Based Intervention-Hamilton Self-Compassion Scale (MBI-HSS) and the Five-Facet Mind-Based Model Questionnaire (FFMQ) were employed. The latter comprised in-depth interviews. The objective of experimental research is to investigate cause-and-effect relationships by exposing one or more groups to one or more experimental conditions. This study employs a quasi-experimental research design, wherein two groups, designated as the experimental and control groups, are subjected to distinct interventions. Participants in the experimental group were provided with the aforementioned intervention during the experimental process. In contrast, participants in the control group did not receive any intervention. This study's research design is based on the pretest-posttest control-group design, a method described by Graziano & Raulin (2012).

Table 1. Pretest-Posttest Control Group Design

Group	Pre Test	Intervention	Post Test
Experiment (E)	T_1	X	T_2
Control (C)	T_1	-	T_2

This study employed a non-probability sampling design with a purposive sampling method, as the participants were selected based on specific criteria. The sampling units were selected on the basis of the findings of the preliminary survey and assessment data furnished by the respective unit heads, which were analysed using the burnout questionnaire (MBI-HSS) and the Mindfulness-Based Stress Reduction (MBSR) Questionnaire. The purposeful sampling approach is a technique for determining

research subjects according to specific criteria. In this study, the criteria included ICU/IGD unit, inpatient room, isolation room, and general/pulmonary/HT poly health workers, aged 20-40 years, with 1-10 years of experience at Hospital "X", and experiencing burnout for the past 6 months to 1 year with moderate to high burnout levels. Accordingly, 37 subjects met the aforementioned criteria. The subsequent step was to ascertain the willingness of the 37 subjects to participate in the study once more. A total of 13 individuals indicated that they were not willing to participate in the study for three reasons: being pregnant, being prohibited from doing so by their spouse, and lacking the requisite time and energy to engage with the intervention. A total of twelve (12) individuals indicated their willingness to participate in the study and follow the intervention program, thus forming the experimental group. The study utilized both paired samples and independent samples t-tests as statistical tests, which are designed to assess mean differences between groups with interval/ratio scale data.

RESULT AND DISCUSSION

Prior to undertaking either paired samples or independent samples t-tests, it is essential to ascertain the normality and homogeneity of the data through the utilisation of Statistical Product and Service Solutions (SPSS) 23 (Christensen et al., 2014).

Table 2 displays the results of the paired samples t-test normality test, while Table 3 presents the outcomes of the independent samples t-test normality test for both experimental and control groups with regards to burnout and mindfulness variables.

Table 2. Paired Samples T-Test Normality Test Results

Tests of Normality			
	Shapiro-Wilk		
	Statistic	df	Sig.
Burnout Experiment	.841	12	.215
Burnout Control	.899	12	.152
Mindfulness Experiment	.902	12	.168
Mindfulness Control	.887	12	.107

As evidenced in Table 2, the paired samples t-test for normality reveals that the data for burnout and mindfulness variables are all within the normal range (p> .05). Specifically, the burnout variable for the experimental group is greater than .213, the burnout variable for the control group is greater than .152, the mindfulness variable for the experimental group is greater than .168, and the mindfulness variable for the control group is greater than .107.

Table 3. Independent Samples T-Test Normality Test Results

Tests of Normality			
	Shapiro-Wilk		
	Statistic	df	Sig.
Experiment			
Burnout Pretest	.950	12	.635
Burnout Posttest	.906	12	.189
Control			
Burnout Pretest	.960	12	.778

Burnout Posttest	.966	12	.863
Experiment			
Mindfulness Pretest	.963	12	.826
Mindfulness Posttest	.917	12	.260
Control			
Mindfulness Pretest	.906	12	.191
Mindfulness Posttest	.904	12	.177

As evidenced in Table 3, the results of the normality test of independent samples t-tests for the prates and post-tests in the experimental and control groups demonstrate that all data are within the normal range, with p-values greater than 0.05. The prates burnout variable for the experimental group yielded a p-value of >0.635, while the post-test burnout variable for the experimental group yielded a p-value of >0.189. The prates burnout variable for the control group yielded a p-value of >0.778, and the post-test burnout variable for the control group yielded a p-value of >0.863. The experimental group's mindfulness variable prates exhibited a p-value greater than 0.826, while the experimental group's mindfulness variable post-test demonstrated a p-value greater than 0.260. The control group's mindfulness variable prates displayed a p-value greater than 0.191, and the control group's mindfulness variable post-test exhibited a p-value greater than 0.177.

Furthermore, the homogeneity test of the experimental and control groups for the burnout and mindfulness variables is presented in Table 4. The results of the burnout data variance test for both the experimental and control groups are homogeneous ($p > .05$), indicating that the data are normally distributed and can be analyzed using parametric statistical analysis.

Table 4. Homogeneity Test Results

Test of Homogeneity of Variances				
	Levene Statistic	df1	df2	Sig.
Burnout Experiment	1.718	1	22	.204
Burnout Control	2.882	1	22	.104
Mindfulness Experiment	2.555	1	22	.124
Mindfulness Control	.354	1	22	.558

The results of the data variance test, as presented in Table 4, indicate that there is no statistically significant difference between the experimental and control groups in terms of burnout and mindfulness ($p > .05$). In the experimental group, the burnout variable yielded a p-value greater than 0.204, while in the control group, the p-value was greater than 0.104. In the experimental group, the mindfulness variable yielded a p-value of greater than 0.124, while in the control group, it yielded a p-value of greater than 0.558. The difference test was conducted using the paired samples t-test and the independent samples t-test. The results of the paired samples t-test indicated a reduction in burnout levels among health workers following the MBSR intervention, while a tendency towards increased burnout levels was observed among health workers who had not undergone the MBSR intervention four weeks prior. These findings are presented in Tables 5 and 6.

Table 5. Test Results of Experimental Group and Control Group Paired Samples T-Test Burnout

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Experiment	Burnout_1 – Burnout_2	7.583	8.328	2.404	2.292	12.875	3.154	11	.009
Control	Burnout_1 – Burnout_2	-3.417	14.963	4.320	-12.924	6.091	-.791	11	.446

As evidenced in Table 5, the results of the paired samples t-test indicate a statistically significant reduction in burnout levels among the health workers in the experimental group following the administration of the MBSR intervention, with a p-value of 0.009, which is less than 0.05. In the control group of health workers, the results demonstrated that there was no increase in burnout levels among health workers over a four-week period (pretest and posttest), with a p-value greater than 0.05, specifically 0.44.

Table 6: Results of the Independent Samples T-Test for Burnout Pretest and Posttest

One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference Lower	Upper
Pretest Burnout Experiment	17.977	11	.000	63.500	55.73	71.27
Pretest Burnout Control	23.649	11	.000	63.250	57.36	69.14
Posttest Burnout Experiment	22.672	11	.000	55.917	50.49	61.34
Posttest Burnout Control	14.251	11	.000	66.667	56.37	76.96

As evidenced by the results of the independent samples t-test presented in Table 6, there is a statistically significant difference in burnout levels between the experimental and control groups at both the pre-test ($p < .05$) and post-test ($p < .05$) phases. Moreover, a manipulation check was performed to ascertain whether the observed differences in burnout levels between the experimental and control groups

were due to the provision of mindfulness-based interventions, as detailed in Tables 7 and 8.

Table 7. Test Results of Experimental Group and Control Group Paired Samples T-Test Burnout

Paired Samples Test									
		Paired Differences							
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	Mindfulness_1 - Minfulness_2	-6.917	3.753	1.083	-9.301	-4.532	-6.385	11	.000
Pair 1	Mindfulness_1 - Minfulness_2	1.500	2.780	.802	-.266	3.266	1.869	11	.088

As evidenced by the results of the paired samples t-test presented in Table 7, the experimental group of health workers exhibited a statistically significant increase in mindfulness levels following the administration of the MBSR intervention, with a p-value of less than 0.05, or 0.000. The control group of health workers demonstrated no decline in mindfulness levels over the four-week period (pre-test and post-test), with a p-value exceeding .05, specifically .088.

Table 8. Results of the Independent Samples T-Test for Burnout Pretest and Posttest

One-Sample Test						
	Test Value = 0					
					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Pretest Mindfulness Experiment	30.914	11	.000	48.750	45.28	52.22
Pretest Mindfulness Control	42.417	11	.000	45.167	42.82	47.51
Posttest Mindfulness Experiment	52.810	11	.000	55.667	53.35	57.99
Posttest Mindfulness Control	44.101	11	.000	43.583	41.41	45.76

Based on the results of the independent samples t-test test in table 8, there is a difference in mindfulness levels between the experimental group and the control group at the time of the pre-test p value < .05, namely .000 and at the post-test the p value < .05 which is .000.

The results of statistical testing on the efficacy of the mindfulness-based stress reduction (MBSR) intervention in reducing burnout among health workers at Hospital "X" in Yogyakarta revealed a notable decline in burnout levels and an accompanying increase in mindfulness levels among those who underwent the MBSR intervention over a four-week period. In contrast, the control group, which did not participate in the MBSR mindfulness-based intervention, demonstrated a tendency towards increased burnout levels and a tendency towards decreased mindfulness levels over the past four weeks. The experimental group, which received the MBSR intervention over the past month, exhibited a reduction in burnout levels from moderate-high to low-moderate. Furthermore, there was an increase in mindfulness level from low-moderate to moderate-high. The control group, which did not receive the MBSR intervention for the past month, exhibited an increase in burnout level and a decrease in mindfulness level. These findings indicate that MBSR can effectively reduce burnout and enhance mindfulness in health workers.

This finding aligns with the research of Setyawati and Ratnasari (2021), which indicates that mindfulness-based stress reduction (MBSR) is an effective intervention for reducing burnout. The results of this study demonstrate that the provision of MBSR interventions is associated with a reduction in burnout tendencies among health workers.

In general, health workers report a shift towards a more positive outlook, greater self-awareness, and a deeper understanding of their physical and emotional responses to stress. They also gain insight into the sources of stress and learn effective coping strategies. These findings align with the research of Prandesya (2020), which suggests that mindfulness can effectively reduce stress and burnout symptoms, enhance concentration, positive thinking, resilience, and overall psychological well-being.

The subjects of this study were selected from health workers at "X" Hospital in Yogyakarta. The inclusion criteria were that the health workers must have been employed in one of the following units: the ICU/IGD Unit, Inpatient Room, Isolation Room, or General/Pulmonary/HT Poly. The data obtained from the experimental and control groups are presented in Table 1. The results of the tests indicate that the subjects in the experimental and control groups exhibited moderate-to-high levels of burnout. This finding aligns with the observation made by the head of the unit at the hospital, who noted that the health workers in the unit demonstrated a high level of burnout.

Subsequently, to substantiate the discrepancy between the experimental and control groups resulting from the implementation of MBSR mindfulness-based interventions, a manipulation check was conducted, as illustrated in Table 7 for the experimental group. The findings indicate that there were notable alterations in mindfulness levels following the intervention, with an observable enhancement in mindfulness among health workers. The control group demonstrated no discernible change in mindfulness levels between the pretest and posttest, exhibiting a slight decline in mindfulness among health workers.

Furthermore, a manipulation check was conducted by comparing the pre-test scores of the experimental and control groups, as illustrated in Table 8. The results indicated no significant difference between the two groups, suggesting that they exhibited similar levels of mindfulness. Therefore, following the administration of the mindfulness intervention, the level in the experimental group was observed to have increased, indicating that the provision of a mindfulness intervention can effectively enhance mindfulness levels. This finding also suggests that the reduction in burnout

observed after the administration of a mindfulness intervention may contribute to an increase in mindfulness levels.

Moreover, health workers indicated that the implementation of mindfulness interventions is straightforward and can be performed independently in daily life. Health workers who underwent MBSR intervention reported numerous positive effects in integrating mindfulness practices into their daily lives. This demonstrates the feasibility of incorporating the tasks in MBSR intervention into the daily routines of health workers, including activities such as opening meditation, eating meditation, loving kindness and self-compassion, mindful listening and speaking, and walking practice.

To gain further insight into the impact of MBSR intervention on burnout levels among health workers, a depth interview was conducted with 12 participants from the experimental group, and a brief interview was conducted with 12 participants from the control group.

The results of the depth interviews with health workers in the experimental group indicated that the primary factors contributing to their experience of moderate-to-high burnout were work shift schedules that were characterized by uncertainty and sudden changes, extended work shifts exceeding the standard duration, and limited rest periods. The aforementioned factors, which include inadequate rest time between shifts, an imbalance between the number of patients and the number of health workers, the diverse characteristics of patients, the presence of patients' families who are demanding and difficult to work with, and patient complaints, as well as the characteristics of doctors and the rules of work that are demanding and pressuring, demonstrate that these elements are perceived as significant sources of stress for health workers.

Moreover, the 12 health workers who participated in the MBSR intervention reported positive effects following the provision of the intervention over the past month. These effects were observed in both the provision of interventions through audio-visual media and on-site. As a result of the intervention, health workers reported feeling more relaxed in their bodies, experiencing a sense of alleviation from all forms of workload, and developing a greater sense of self-compassion and emotional awareness. They also reported an increase in their capacity for openness and a reduction in the tendency to suppress themselves.

A brief interview with the control group health workers revealed that they tend to experience an increase in burnout levels and a decrease in mindfulness levels. During the previous month, one health worker was undergoing a competency test, while the other health workers did not receive any intervention. Additionally, the health workers experienced a relatively demanding work environment, which led to feelings of exhaustion and limited opportunities for rest. Consequently, the health workers also exhibited an increase in burnout levels.

In regard to the efficacy of the intervention, it is postulated that the degree of acceptance exhibited by the health workers towards undergoing the intervention is a determining factor in the extent to which they perceive positive influences during and following the intervention, thereby influencing the observed increase in mindfulness levels.

A limitation of this study is that the control and experimental groups were not randomly or evenly matched, but rather divided based on the willingness of the participants. Furthermore, to assess the efficacy of the MBSR intervention, follow-up assessments should be conducted on a regular basis.

CONCLUSION

The findings of this research indicate that mindfulness-based stress reduction (MBSR) It has been demonstrated to have an effect on reducing burnout. The findings indicated a notable shift in burnout levels, with a significant reduction from moderate-high to low-moderate observed in the experimental group of health workers who underwent MBSR intervention. In contrast, the control group of health workers who did not undergo MBSR intervention exhibited a tendency towards an increase in burnout level. These findings indicate that the MBSR intervention has a significant impact on reducing burnout in health workers at Hospital "X" in Yogyakarta City. The results of the depth interviews with health workers in the experimental group who received MBSR intervention indicated that a significant number of positive influences were perceived by health workers following their participation in the MBSR intervention. These influences were associated with an increased level of mindfulness among the health workers. In contrast, the results of a brief interview with the control group health workers who did not receive MBSR intervention indicated that the preceding month had been a period of considerable work-related activity, which had resulted in feelings of exhaustion and a lack of opportunity for rest. Consequently, the control group health workers exhibited an increase in burnout levels. The primary factors contributing to moderate-to-high burnout among health workers are situational, encompassing job, occupational, and organizational characteristics. Individual factors, particularly demographic characteristics, represent an additional, though not exclusive, factor in the experience of moderate-to-high burnout among health workers. The provision of the MBSR intervention resulted in a reduction in burnout levels to low-moderate and an increase in mindfulness levels to moderate-high. This indicates an enhancement in the individual factor, specifically personality characteristics. The results of the manipulation check indicated that the provision of the MBSR intervention led to an increase in mindfulness among health workers. Specifically, the health workers demonstrated enhanced abilities to observe and describe their experiences, which enabled them to accept and face pressure in a more composed manner and to express their feelings and experiences in a more nuanced and authentic way. With regard to the capacity for conscious action, health workers are better able to maintain focus and attention to the task at hand. With respect to the ability to refrain from judging inner experience and to remain nonreactive to it, health workers are more successful in avoiding judgment or interpretation of thoughts and emotions. Health workers are better able to disengage from thoughts and emotions and to avoid becoming unduly involved or swept up in a situation.

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AUTHOR CONTRIBUTIONS STATEMENT

Indah was the researcher who led the observation process and interviewed the respondents to obtain the results of the research conducted. The authors had a role in writing the research as well as the documentation and observation process.

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