

Mindfulness and self-care in healthcare professionals: A qualitative metasynthesis

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ABSTRACT

Introduction: Numerous quantitative studies confirm the positive effects of mindfulness on healthcare professionals. However, recent qualitative research on their experiences and the relationship between mindfulness and self-care remains scarce. Exploring how professionals describe and perceive mindfulness as enhancing their professional self-care is essential.

Objective: To explore the experiences of healthcare professionals regarding mindfulness practice and self-care, based on existing qualitative evidence.

Materials and methods: A qualitative metasynthesis following PRISMA and ENTREQ guidelines was conducted through a systematic search across five databases, resulting in the inclusion of nine articles.

Results: Three main categories with five subcategories were identified. These address key aspects of mindfulness practice, the new awareness of self-care developed after training, and reflections on the program.

Discussion: Healthcare professionals perceive mindfulness positively, noting its role in stress reduction, overall well-being, improved patient care quality, and fostering self-care.

Implications for practice and recommendations: The findings highlight the importance of understanding the mechanisms through which mindfulness benefits healthcare workers. The study underscores its potential to transform the healthcare sector and emphasizes the need for further research with larger samples.

Statement of relevance to mental health nursing

This qualitative metasynthesis provides an in-depth exploration of healthcare professionals' experiences with mindfulness, emphasizing its impact on self-care and well-being. By synthesizing qualitative findings, this study offers a nuanced understanding of how mindfulness is perceived and integrated into professional practice, particularly in supporting the well-being of health care professionals. Given the emotional demands of mental health care, these insights highlight the importance of incorporating qualitative perspectives to tailor

mindfulness-based interventions effectively. This research underscores the need for further qualitative exploration to enhance the practical application of mindfulness in supporting the well-being of mental health nurses.

Accessible summary

What is known about this topic?

Numerous studies demonstrate the positive effects of mindfulness on healthcare professionals, including reduced anxiety and increased well-

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being. However, recent research delving into practitioners’ subjective experiences is lacking. Understanding how they describe and perceive mindfulness as enhancing their personal and professional self-care is crucial.

Originality

Studies on healthcare professionals’ experiences with practices, treatments, or interventions are scarce. This group often prioritizes others’ care at the expense of their own well-being. However, fostering healthcare professionals’ self-care is critical to maintaining an effective and high-quality healthcare system. Exploring their experiences with mindfulness and self-care provides valuable insights into how mindfulness benefits healthcare workers, especially given the emotional demands of their work.

Significance

This research highlights the relevance of mindfulness as a tool for self-care, stress management, and promoting well-being among healthcare professionals. Incorporating mindfulness practices offers an opportunity to reduce healthcare workers’ vulnerability and foster excellence in patient care (Murphy, 2023).

Introduction

Today, health care workers find themselves in an environment characterized by an overwhelming pace and constant demands, where the simple act of pausing has become a rare and precious occurrence. This landscape becomes even more complex when considering the intricate socio-political and economic realities that surround them, along with the unique challenges posed by the health care professions and their practice. The result is a scenario that tests our adaptability and resilience like never before (Aranda Auserón et al., 2018).

In this context, recognizing the crucial importance of professional self-care is becoming increasingly evident and necessary.

Numerous empirical studies demonstrate that healthcare professionals work in continuous contact with patients, making their practice highly stressful. This situation can lead to vulnerability, causing both emotional and physical exhaustion (Ahmad Bazazan et al., 2019; Ghawadra et al., 2019; Ruiz-Fernández et al., 2020).

These factors - including the overwhelming pace and constant demands of the work environment, the surrounding socio-political and economic complexities, and the continuous exposure to patient suffering - not only have a significant impact on the well-being of healthcare professionals but can also negatively affect the quality of care received by patients (Ghawadra et al., 2019; Pérez-Fuentes et al., 2020).

The World Health Organization (WHO) acknowledges the importance of self-care in its most recent guidelines, stating that “self-care interventions are essential to achieving universal health coverage, promoting health, and serving vulnerable populations” (World Health Organization, 2020).

There is an extensive body of scientific literature on high-impact and recent quantitative research published in the last 5–10 years, which evaluates and provides evidence that mindfulness helps manage the challenges of professional practice. These studies, based on relaxation methodologies and meditation, demonstrate the positive effects of mindfulness training on healthcare professionals. As Xianxin Wu et al. (2021) points out, the same cannot be said regarding the number and recency of qualitative studies that explore professional experiences related to mindfulness training. The experience of “being present”—the core of mindfulness-based interventions—and the awareness of learning to “pause” in order to “realize” the need for self-care require further qualitative research (Pérez-Fuentes et al., 2020). For this reason, it has been found necessary to conduct a metasynthesis in 2021 (Wu et al., 2021), which yielded highly satisfactory yet rather generalist results, highlighting the need for expanded evidence among healthcare professionals in general and, more specifically, the relationship between

mindfulness and self-care (as this has not yet been adequately described). A metasynthesis conducted in 2015 (Morgan et al., 2014) includes studies from over 15 years ago, underscoring the necessity of an updated synthesis with the aforementioned details.

The relationship between self-care and mindfulness is dynamic and complementary within the healthcare professional context. Professional self-care is defined as the set of conscious and deliberate actions that professionals adopt to maintain, improve, and protect their physical, mental, and emotional well-being throughout their working life (Sánchez, 2021; World Health Organization, 2020). Mindfulness, by focusing on full attention and self-compassion, becomes a key tool to facilitate this self-care, promoting emotional self-regulation and the management of stress characteristic of healthcare practice (Gallego-Durán et al., 2018; Hurtado, 2019). Understanding this interaction is essential, as self-care is a fundamental pillar to preserve the physical, emotional, and relational health of healthcare workers, as well as to ensure quality care. An updated qualitative metasynthesis will allow for the integration of available professional experiences and provide a solid foundation for designing intervention programs centered on strengthening self-care through mindfulness (Gallego-Durán et al., 2018; Sánchez, 2021).

Objectives

Primary objective

To explore healthcare professionals’ experiences with mindfulness practice and self-care, based on existing qualitative evidence.

Specific objectives

- To synthesize qualitative evidence on healthcare professionals’ experiences with mindfulness practice and self-care.
- To interpret how mindfulness is perceived in relation to self-care among healthcare professionals.
- To explore the relationship between self-care and mindfulness.

Materials and methods

The experiences of healthcare professionals with mindfulness were analyzed by aggregating, synthesizing, and reinterpreting the published literature through a qualitative metasynthesis.

The study followed the guidelines proposed by Tong et al. (2012) in the ENTREQ statement to enhance the transparency of qualitative research synthesis.

A systematic search adhering to PRISMA and ENTREQ guidelines was conducted across five databases (PubMed, Cochrane, Cinahl, Scopus, and Psycnet) for articles published in the past 10 years. The search was performed during the first quarter of 2024, using the keywords listed in Table 1. Boolean operators facilitated the identification of relevant articles. The only restrictions applied were time (studies published in the 10 years preceding the search) and language (articles published in Spanish, Catalan, or English were included for linguistic convenience).

From this initial search, 2746 published articles were identified.

Table 1
Keywords and categories.

Mindfulness	Healthcare professional	Qualitative methodology
Self-care	Healthcare	Qualitative research
Awareness	Nurse	Qualitative methods
Wellness	Doctor	Mixed methods
Insight	Healthcare professional	Focus group
Emotional well being		Focal group
Cognitive function		Metasynthesis
Engagement		Grounded theory
		Phenomenology

After reviewing duplicates within each database and across the different databases, 2067 articles remained (Table 2).

For the screening of articles and identification of those relevant to the study, assistance was sought from six researchers: the review team comprised four PhDs, two PhD candidates, and one MSc. The articles were divided into three distinct sections, each assigned to a pair of reviewers.

First, a title review was conducted to identify qualitative or mixed-methods articles addressing topics related to mindfulness and self-care among healthcare professionals in OECD countries. If an article was excluded, the reviewers were required to specify the reason: out of scope, exclusively quantitative methods, participants under 18 years old, duplicates, studies conducted outside OECD countries, or studies involving healthcare students. A minimum agreement rate of 90 % was set between members of each reviewer pair. A second review of non-concordant articles was unnecessary as the agreement rate never fell below this threshold.

In this initial phase, 278 articles were included. The primary reason for exclusion was that the articles were out of scope or unrelated to the phenomenon under study (Table 3).

In the second phase, screening was conducted based on the abstracts of the articles, following the same criteria as in the previous phase and maintaining a minimum agreement rate of 90 %.

From this second phase, 113 articles were included. As in the first phase, the primary reason for exclusion was that the articles were out of scope, which was the predominant criterion for non-inclusion (Table 4).

The third screening phase involved a **full-text review** of the articles, following the same criteria as in the previous phase and maintaining a minimum agreement rate of 90 %. In cases where agreement did not meet the minimum threshold, the lead researcher decided on the inclusion or exclusion of non-concordant articles or, if necessary, requested a second review by the reviewer pairs. However, this was never required, as all pairs consistently achieved at least 90 % agreement.

A total of 67 articles were included in this third phase (Table 5).

For the final phase, the lead researcher assessed the quality of the 67 full-text articles using the Spanish-translated version of the Critical Appraisal Skills Programme (CASP) checklist.

As a result of this review, 58 articles were excluded. The main reasons were that most studies did not clearly define their research objectives, did not adhere to qualitative methodology, or did not adequately present their results. In other cases, the sample size was too small, and the CASP score fell below 8, which guided the lead researcher in selecting a total of nine articles for inclusion in the final metasynthesis. To ensure the quality and transparency of the syntheses, we additionally used the ENTREQ framework to guide the appraisal and reporting of the qualitative evidence reviews (Table 6).

Rationale for including qualitative evidence reviews

The decision to include qualitative evidence reviews in this metasynthesis is based on their ability to provide synthesized insights from multiple studies. According to Thomas and Harden (2008), qualitative metasynthesis allows researchers to integrate findings across different

Table 2
Articles found in the different databases included and excluded.

Database	Initial articles	Articles after exclusion of duplicates from each database	Articles after exclusion of duplicates between different databases
PUBMED	2403	1723	1723
COCHRANE	437	427	2150
CINHAL	50	49	2199
SCOPUS	1978	340	2539
Psycnet	334	75	2614
Total	5202	2614	2067

Table 3
Review by titles.

Reviewing couple	Included	Excluded	Reason for exclusion	Total items per couple
1.	50	639	Off topic: 579 No qualitative methodology: 36 No background research: 13 Duplicates: 5 Other: 6	689
2.	109	580	Off topic: 318 No qualitative methodology: 58 No background research: 4 Duplicates: 10 Other: 190	689
3.	119	570	Off topic: 529 No qualitative methodology: 33 No background research: 0 Duplicates: 7 Other: 1	689
Total	278	1789	1789	2067

Table 4
Abstract review.

Reviewing couple	Included	Excluded	Reason for exclusion	Total items per couple
1.	20	30	Off topic: 3 No qualitative methodology: 13 No background research: 0 Duplicates: 0 Other: 14	50
2.	42	67	Off topic: 13 No qualitative methodology: 14 No background research: 1 Duplicates: 0 Other: 39	109
3.	51	68	Off topic: 47 No qualitative methodology: 6 No background research: 2 Duplicates: 0 Other: 13	119
Total	113	165	165	278

contexts, increasing the robustness and credibility of the results.

As qualitative metasynthesis continues to evolve, the integration of qualitative evidence reviews remains a critical methodological strategy for advancing knowledge in healthcare research (Noyes et al., 2019).

Fig. 1 provides a summary of the search process, and the different phases of article review in an information flow diagram, following the recommendations of the PRISMA statement (Moher et al., 2009).

The software Atlas.ti® V. 24 2024 was used to analyze the finalist articles, employing a thematic analysis of the results.

From the nine articles, only the verbatim quotes from participants in each study were extracted, while the assessments made by the authors of the studies were excluded to avoid interpretation bias. The authors' comments were considered only when the quotes were highly nonspecific and required contextualization.

A critical and repeated reading of the data was conducted, and with the assistance of the software, fragments of the quotes that were meaningful and provided insight into the phenomenon under study were

Table 5

Full text review.

Reviewing couple	Included	Excluded	Reason for exclusion	Total items per couple
1.	11	9	Off topic: 1 No qualitative methodology: 3 No background research: 1 Duplicates: 0 Other: 4	20
2.	36	6	Off topic: 1 No qualitative methodology: 2 No background research: 0 Duplicates: 0 Other: 3	42
3.	20	31	Off topic: 14 No qualitative methodology: 13 No background research: 1 Duplicates: 0 Other: 3	51
Total	67	46	46	113

coded.

Using the software, coding and categorization were carried out inductively. To facilitate the process, codes were described as they emerged, enabling better alignment with the corresponding quotes. A total of 54 codes were identified (Graphic 1).

The categorization process involved comparing recurring codes from the study quotes. These codes were classified inductively, resulting in a total of three categories. The first category comprised two subcategories, while the last category included three subcategories, reflecting the breadth of codes repeatedly associated with the same theme.

The metasynthesis was registered on the Open Science Framework (n.d.). OSF platform. <https://osf.io/registries>, a free tool used to share and support research and enable potential collaborations. The registration was completed on June 3, 2024, using the ORCID of the lead researcher.

Qualitative rigor criteria

The team conducting the qualitative metasynthesis ensured the study adhered to rigorous standards by following these key methodological and analytical steps:

- Defining the Research Objective and Question
Formulating a clear and focused research objective and question using the SPIDER framework, ensuring alignment with the study's goals and relevance to the phenomenon of interest.
- Developing a Systematic Search Strategy
A comprehensive search strategy was employed across multiple databases (PubMed, Cochrane, Cinahl, Scopus and Psycnet) using clearly defined inclusion and exclusion criteria. Keywords were carefully constructed with Boolean operators to capture relevant studies. Each step of the search process was documented for transparency. To avoid duplication of qualitative evidence, we ensured that the primary studies included within the qualitative reviews were not overlapping with those selected individually, so that each study contributed unique data to the metasynthesis.
- Selecting Studies with Rigor
A two-stage selection process was implemented: an initial screening of titles and abstracts, followed by a full-text review to ensure alignment with the inclusion criteria. Multiple reviewers were involved, and disagreements were resolved through consensus to minimize bias.

- Appraising Study Quality
The quality of included studies was evaluated using validated tools such as CASP and the ENTREQ framework. This appraisal assessed rigor, credibility, and transferability, ensuring that only methodologically sound studies informed the synthesis.
- Systematic Data Extraction
Key data, including themes, subthemes, and illustrative quotes, were systematically extracted using a structured coding framework. Qualitative analysis software (Atlas ti. V. 24) was utilized to organize and manage the extracted data efficiently.
- Conducting a Rigorous Analysis and Synthesis
An thematic analysis approach was adopted, involving iterative readings, constant comparison, and thematic categorization to develop novel insights. Socio-cultural contexts of the studies were critically considered to ensure depth and contextual relevance.
- Maintaining Reflexivity
Reflexivity was prioritized throughout the study. The research team critically examined their positionality and its potential influence on the interpretation of findings, documenting decisions transparently and justifying analytical choices.
- Validating Findings
Validation strategies included triangulation through collaboration with multiple reviewers and consultations with subject matter experts to ensure robustness and reliability in the synthesized interpretations.
- Reporting with Transparency
The metasynthesis findings were presented in a structured report, including a detailed methodology, synthesized themes, study limitations, and implications. Tables summarizing the characteristics of the included studies are provided for clarity.
- Ensuring Ethical Integrity
The synthesis adhered to ethical standards by respecting and accurately citing original studies. A protocol for the metasynthesis was registered to enhance transparency and accountability.

By rigorously applying these methodological steps, the research team ensured that the metasynthesis was methodologically robust, credible, and capable of providing meaningful contributions to the understanding of the phenomenon under investigation.

Results

As mentioned in the previous section, a total of nine studies were ultimately included in the metasynthesis. Most of these studies were conducted in Canada (Elliott et al., 2024; Hunter, 2016; Wasylikiw et al., 2015; Weisbaum et al., 2023; Wu et al., 2021). However, part of Hunter's (2016) study was carried out in Israel, Japan, the United States, Australia, Ireland, and the United Kingdom. Additionally, Rosen and Penque's (2024) study was conducted in the United States, while the remaining studies were performed in Europe: Orellana-Rios et al. (2017) in Bonn, Germany; Knudsen et al. (2023) in Denmark; and Rinaldi et al. (2019) in Rome, Italy.

All studies primarily aimed to evaluate the effectiveness of mindfulness programs in reducing stress. Notably, three studies (Elliott et al., 2024; Orellana-Rios et al., 2017 and Rosen & Penque, 2024) focused on aspects of self-care and personal well-being among healthcare workers. Wasylikiw et al. (2015) also examined the program's impact on leadership efficacy within a team of medical managers.

Most studies implemented Mindfulness-Based Stress Reduction (MBSR) programs. One study combined Mindfulness-Based Cognitive Therapy (MBCT) with MBSR (Wu et al., 2021), while another utilized a synchronous online mindfulness program called Pause-4-Providers (Elliott et al., 2024). Wasylikiw et al. (2015) employed a dual-modality format, offering an in-person intensive weekend retreat and an online one-day webinar. Two studies applied custom mindfulness programs: the Tong-Leng and Metta program (Orellana-Rios et al., 2017) and the

Table 6
Summary of included studies and CASPe score.

Study	Objective/mindfulness type	Participants/environment	Design	Main results	CASPe item 10 + quality rating
Elliott, M., Khallouf, C., Hirsch, J., de Camps Meschino, D., Zamir, O., & Ravitz, P. (2024). <i>Novel drop-in web-based mindfulness sessions (Pause-4-Providers) to enhance well-being amongst healthcare workers during the COVID-19 Pandemic: a descriptive and qualitative study.</i>	This study aims to evaluate the use, feasibility, satisfaction, and acceptability of a novel online mindfulness program (Pause-4-Providers) designed to improve healthcare workers' well-being during the COVID-19 pandemic.	50 healthcare workers. The majority of participants were women (40/50, 80 %), including physicians (17/50, 34 %), nurses (9/50, 18 %), and other healthcare professionals (24/50, 48 %), mostly from Ontario, Canada.	A qualitative research design was used to explore participants' experiences and opinions regarding the Pause-4-Providers program through telephone interviews and subsequent categorical analysis.	Findings suggest that an online mindfulness program has the potential to support healthcare workers' well-being. However, the small sample size was a limitation.	8: Moderate quality.
Hunter, L. (2016). <i>Making time and space: the impact of mindfulness training on nursing and midwifery practice. A critical interpretative synthesis.</i>	Explores qualitative literature to determine how nurses and midwives perceive mindfulness impacting their practice, particularly in patient interactions.	Most studies were based on an MBRS mindfulness program with some modifications, including yoga exercises and/or walking meditation. Qualitative studies in which most participants were nurses and/or midwives who had attended mindfulness training. Studies were conducted in the U.S. (two studies), the U.S. and Israel (one study), Australia (one study), and Japan (one study).	Qualitative metasynthesis of five qualitative studies.	Participants reported greater control over their thoughts and perceived stress levels. Mindfulness created a sense of calm, providing agency, perspective, and increased attentiveness to patients. More research is needed as qualitative studies on this topic remain limited.	10: High quality.
Wu X, Hayter M, Lee AJ, Zhang Y. (2021). <i>Nurses' experiences of the effects of mindfulness training: A narrative review and qualitative metasynthesis</i>	Explores nurses' experiences regarding the effects of mindfulness training. Most studies implemented MBRS programs, while others used MBCT or mindfulness practices including focused attention exercises and mantras.	Seven studies with a total of 101 participants, mostly nurses (more than 50 %), but also including other healthcare professionals such as physicians, technicians, and midwives from Canada, the UK, Ireland, Australia, and the U.S.	Qualitative metasynthesis. The analysis included four qualitative studies and three mixed-methods studies.	Findings indicate that mindfulness helps reduce stress and has positive effects on both professional and personal aspects of life.	10: High quality.
Orellana-Rios CL, Radbruch L, Kern M, Regel YU, Anton A, Sinclair S, Schmidt S. (2018). <i>Mindfulness and compassion-oriented practices at work reduce distress and enhance self-care of palliative care teams: a mixed-method evaluation of an "on the job" program.</i>	Evaluates the effectiveness of a mindfulness training program for healthcare professionals aimed at reducing stress, fostering resilience, and enhancing motivation for patient care. The group program was based on Metta and Tong-len meditation.	28 out of 33 members (85 %) of an interdisciplinary palliative care team at a religious hospital in Bonn, Germany.	Observational pilot study with a pre-post design using a mixed-methods approach. Qualitative analysis of interviews before and after the intervention, combined with quantitative cortisol measurements pre- and post-intervention.	Significant improvements were observed in two of the three burnout components (emotional exhaustion and personal accomplishment), as well as reductions in anxiety and stress. Enhancements were reported in emotional regulation, joy at work, self-care practices, integration of mindful pauses in daily routines, reduced rumination, stress related to patient care, and improved interpersonal connection skills. Improved communication within the team.	9: Moderate quality.
Randi Karkov Knudsen, Jette Ammentorp, Marie Højris Storkholm, Sine Skovbjerg, Charlotte Gad Tousig y Connie Timmermann. (2023). <i>The influence of mindfulness-based stress reduction on the work life of healthcare professionals – A qualitative study</i>	Explores healthcare professionals' experiences regarding how attending an MBRS course influenced their work life, including relationships with patients and colleagues.	56 healthcare professionals from the cardiology, obstetrics, and gynecology departments of a hospital in Denmark.	Qualitative observational participant study using group and individual interviews followed by thematic analysis.	Positive changes were observed, shifting from neglecting personal needs/self-care to greater self-compassion and compassion toward others. Reduced burnout and a more compassionate work culture. Improved patient care.	10: High quality.
Rinaldi A, Tecchio R, Perugino S, De Luca A. (2019). <i>The educational intervention "Focusing" as a strategy to stress reduction among health care workers: a pilot study in an Italian teaching hospital</i>	Evaluates an educational program based on a mindfulness approach called "Focusing" for stress management among healthcare professionals in a hospital setting.	20 healthcare workers, including 17 nurses and three physicians, from a university hospital in Rome, Italy.	Mixed-methods study: quantitative data obtained through pre- and post-assessment using the Perceived Stress Scale; qualitative data collected through focus group	Significant reduction in perceived stress. Qualitative results indicated improved reactivity to internal experiences and increased awareness of both internal and external experiences.	8: Moderate quality.

(continued on next page)

Table 6 (continued)

Study	Objective/mindfulness type	Participants/environment	Design	Main results	CASPe item 10 + quality rating
Rosen J, Penque S. (2024). <i>How Does Mindfulness Affect Registered Nurses Practicing in Acute Care Settings? A Study of the Lived Experiences of Nurses After Participating in a Mindfulness Program.</i>	Explores the effects of mindfulness education and practice (MBRS) in helping nurses develop self-care skills and apply mindfulness in clinical settings.	Seven nurses from a medium-sized hospital in New York, U. S.	Interviews at the end of the course. Exploratory mixed-methods design including both quantitative (pilot study) and qualitative methods. A four-week mindfulness course was followed by focus groups with the seven participants who completed the program. Open and semi-structured interviews were conducted one week and three months post-intervention, with data analyzed using a constant comparative method and thematic analysis.	Study limitations include a very small sample size. Findings validate the benefits of mindfulness for self-care. Nurses were able to apply mindfulness in various clinical situations, including highly challenging ones. However, the small sample size significantly limits the findings.	10: High quality.
Wasyliw Louise, Holton Judith, Azar Rima, Cook William. (2015). <i>The impact of mindfulness on leadership effectiveness in a health care setting: a pilot study.</i>	Examines the impact of mindfulness awareness practice (MAP) on leadership and stress among mid-level healthcare administrators. The program consisted of two parts: an intensive in-person weekend retreat followed by an online follow-up webinar.	11 female medical managers from a hospital in Canada participated in the mindfulness intervention and survey component of the study. Additionally, 10 healthcare managers from the same hospital participated in the survey component, forming the control group.	Mixed-methods study with a control group: stress and leadership effectiveness were evaluated before and after the intervention (at four and eight weeks). The control group ($n = 10$) also completed the same measures twice. Additionally, informants ($n = 28$) assessed the leadership of participants before and after the intervention, providing quantitative data. Follow-up interviews with eight participants were conducted 12 to 16 weeks post-intervention, yielding qualitative results.	Findings support mindfulness as an effective strategy for enhancing leadership, reducing perceived stress, increasing self-awareness, and creating space for decision-making. Leadership changes were corroborated by others, with increased transparency and empathy observed. Study limitations include the small sample size.	8: Moderate quality.
Weisbaum E, Chadi N, Young LT. (2023). <i>Improving physician wellness through the Applied Mindfulness Program for Medical Personnel: findings from a prospective qualitative study</i>	Explores how physicians experience and engage in a five-week applied mindfulness program and how they perceive its impact on their personal well-being in the context of daily life. The Applied Mindfulness Program for Medical Personnel (AMP-MP) was implemented.	28 physicians from a tertiary care hospital in Toronto, Canada.	Qualitative study using individual interviews post-mindfulness intervention, followed by thematic analysis.	Physicians reported an increased sense of well-being and improved communication with patients and colleagues.	8: Moderate quality.

Focusing program (Rinaldi et al., 2019), both educational programs incorporating mindfulness approaches with meditation and relaxation techniques like yoga or light exercise.

Most studies implemented mindfulness group sessions, most of which comprised a total of eight sessions; in particular, Elliott et al. (2024) conducted only a single online synchronous group session.

Nurses represented over 50 % of participants in all studies except Wasyliw et al. (2015), where medical managers accounted for 100 % of the sample, and Weisbaum et al. (2023), which involved 28 physicians. Physicians were the second-largest group, with a total of 137 participants across all studies. Other healthcare professionals represented 25 % of participants in studies by Elliott et al. (2024), Wu et al. (2021), Orellana-Rios et al. (2017), and Knudsen et al. (2023).

The included studies utilized qualitative methods. Two studies conducted metasyntheses (Hunter, 2016; Wu et al., 2021), while mixed methods were employed in all studies except those by Hunter (2016), Elliott et al. (2024), and Weisbaum et al. (2023). Data collection primarily involved individual and focus group interviews, mostly conducted post-intervention, with some studies including pre-intervention

and follow-up assessments four weeks after program completion.

The quality of the studies, as assessed using the CASP-e scale, was moderate to high. Four studies scored 8: Elliott et al. (2024), Rinaldi et al. (2019), Wasyliw et al. (2015), and Weisbaum et al. (2023). One study scored 9: Orellana-Rios et al. (2017). The remaining four scored 10: Hunter (2016), Wu et al. (2021), Knudsen et al. (2023), and Rosen and Penque (2024).

The reviewed studies demonstrated improvements such as reduced stress levels, greater emotional regulation, and increased sense of well-being, showing that the proposed objectives were met. The findings indicate that mindfulness practice contributes to stress reduction and increased well-being among healthcare professionals. This suggests that mindfulness is an effective tool not only for healthcare professionals' self-care but also for enhancing patient care quality and communication with colleagues. These findings highlight the promising potential of mindfulness in healthcare, benefiting both the individual well-being of professionals and their interactions with patients and colleagues. Nonetheless, further research is needed to generate systemic change supporting the long-term implementation and sustainability of

INFORMATION FLOW CHART FOR THE DIFFERENT PHASES OF SEARCHING AND REVIEW

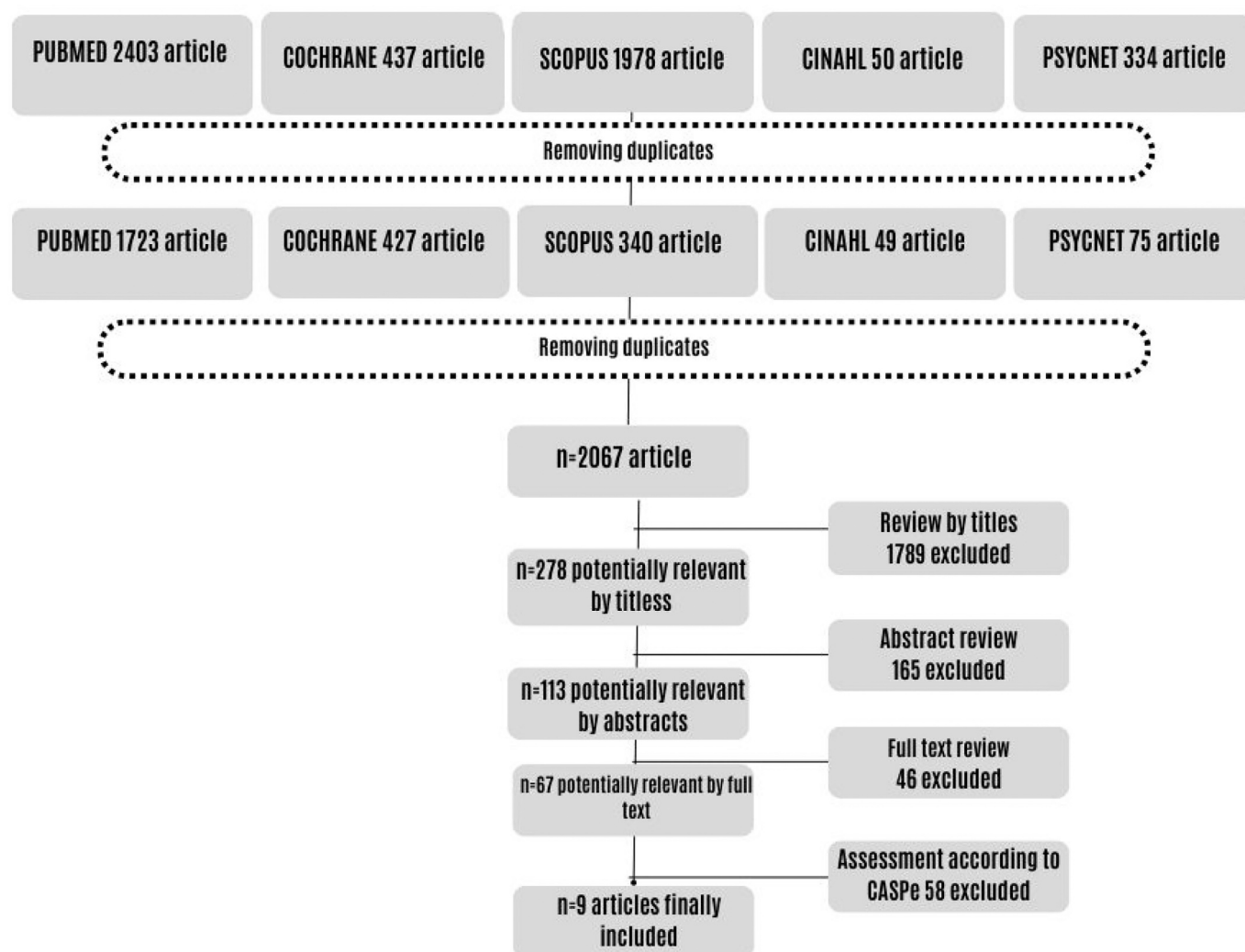


Fig. 1. Information flow diagram across the different phases of the search and review process.

mindfulness and related modalities (Fig. 2, Tables 7 and 8).

Category 1: key aspects of mindfulness practice for healthcare professionals

In this category, a total of 34 recurring codes were identified across multiple quotes from all included articles. These codes addressed the main aspects of mindfulness practice and training, as well as the positive effects resulting from its implementation. Due to the extensive content, this category is divided into two subcategories, which explain the two key and most beneficial aspects of mindfulness practice as reported by study participants.

Subcategory 1.1: behavioral changes – learning to “accept”

Healthcare professionals’ continuous exposure to patients’ suffering exacerbates the stress they already face, often hindering their ability to create a calm space or take breaks. However, mindfulness practice appears to naturally facilitate the creation of this space by fostering behavioral change through acceptance of the present situation and improved tolerance and coping with the current moment.

“My ability to react in a more conscious way has changed. I have a different attitude towards various stressful situations. I now welcome better what comes and I manage to see specific situations from another

point of view, seeing them as normal and acceptable and taken as a positive event that help me to live better and to do things better.”

Rinaldi et al. (2019)

“or simply take a break for a while and then get back to work.”

Wu et al. (2021 from Hunter et al., 2018)

Many healthcare professionals report that, in addition to finding a space and time to pause, mindfulness practice enables them to achieve a sufficient state of calm. This state allows them to better manage their own emotions and, consequently, handle moments of heightened stress and anxiety more effectively.

“calm down, control personal emotion and find way to deal with matters.”

Wu et al. (2021 from the study Hunter et al., 2018)

“...It’s just someone who may be very anxious and doesn’t know how to deal with things in that situation. I think mindfulness helps with that, being able to remember to empathize and that your reactions are sometimes these learned defense mechanisms and that instead of just going through the motion, you pause and remember that, and I think, well, I hope that helps in the long term with stress and exhaustion.”

Weisbaum et al. (2023)

In many instances, the weight of responsibility increases tension and



Graphic 1. Codes and rooting.

stress when managing challenging situations. In this context, the ability to find equanimity, “release the burden,” and accept the situation offers a profoundly valuable sense of freedom and calm.

“I felt less responsible. I could be present with more equanimity. Well it wasn’t like calming down already but I didn’t feel like being called upon to change the situation by any means.”

(Person 25) (Orellana-Rios et al., 2017)

Paradoxically, many healthcare professionals reported that by “releasing the burden” and achieving a greater state of calm, they experienced an increase in their perceived control over the situation. This phenomenon suggests an inverse relationship between the reduction of perceived stress and the enhancement of the sense of mastery over workplace circumstances.

“And the main thing I took with me is how much you need to be able to find calm and how in control you actually are regarding how much you let in i.e., sensory impressions, oh, and the biggest lesson overall is that you actually have some control, you don’t just have to go along with it.”

(Nurse D, I) (Knudsen et al., 2023)

Breathing plays a crucial role in rapidly inducing a state of calm and is one of the foundational exercises in mindfulness practice. Numerous study participants highlighted breathing as an essential tool for achieving this state of tranquility.

“...calming myself down so I don’t panic [...] breathing deeply and slowing my heart rate down to stay calm.”

Rosen and Penque (2024)

“¿I thought, ‘What can I do?’ I had so many things to do... I took a deep breath, focused on ‘everything is going to be okay’... and my breathing. I

actually had to leave the unit so I could focus on my breathing. I came back and felt fine.”

Rosen and Penque (2024)

The fundamental requirement for developing awareness of the need to pause appears to be conscious breathing. This practice is conceived as an exercise in self-recognition of the present moment, functioning as an “assessment” of current bodily sensations, thoughts, and emotions. This process facilitates a pause and provides significant cognitive distance, enabling a shift in the individual’s perspective.

Attention to breathing acts as an anchor to the present, allowing healthcare professionals to momentarily detach from immediate demands and gain a broader, more objective view of the situation. This cognitive and emotional distancing appears to lead to a more effective reevaluation of circumstances and, potentially, to more adaptive responses in the face of stressful situations.

“It made me aware of where I was in the present because I was always worried about tomorrow or thinking about yesterday” another stated: “I’m more aware of myself... instead of everyone else.”

Rosen and Penque (2024)

In addition to these individual behavioral changes, participants emphasized how mindfulness also shaped their interpersonal dynamics. This transition from self-regulation to improved communication highlights how mindfulness influences both personal and relational dimensions of professional practice.

Subcategory 1.2: the value of mindfulness practice in communication with colleagues and others

The implementation of group mindfulness sessions significantly enhanced participants’ communication skills. The exchange of

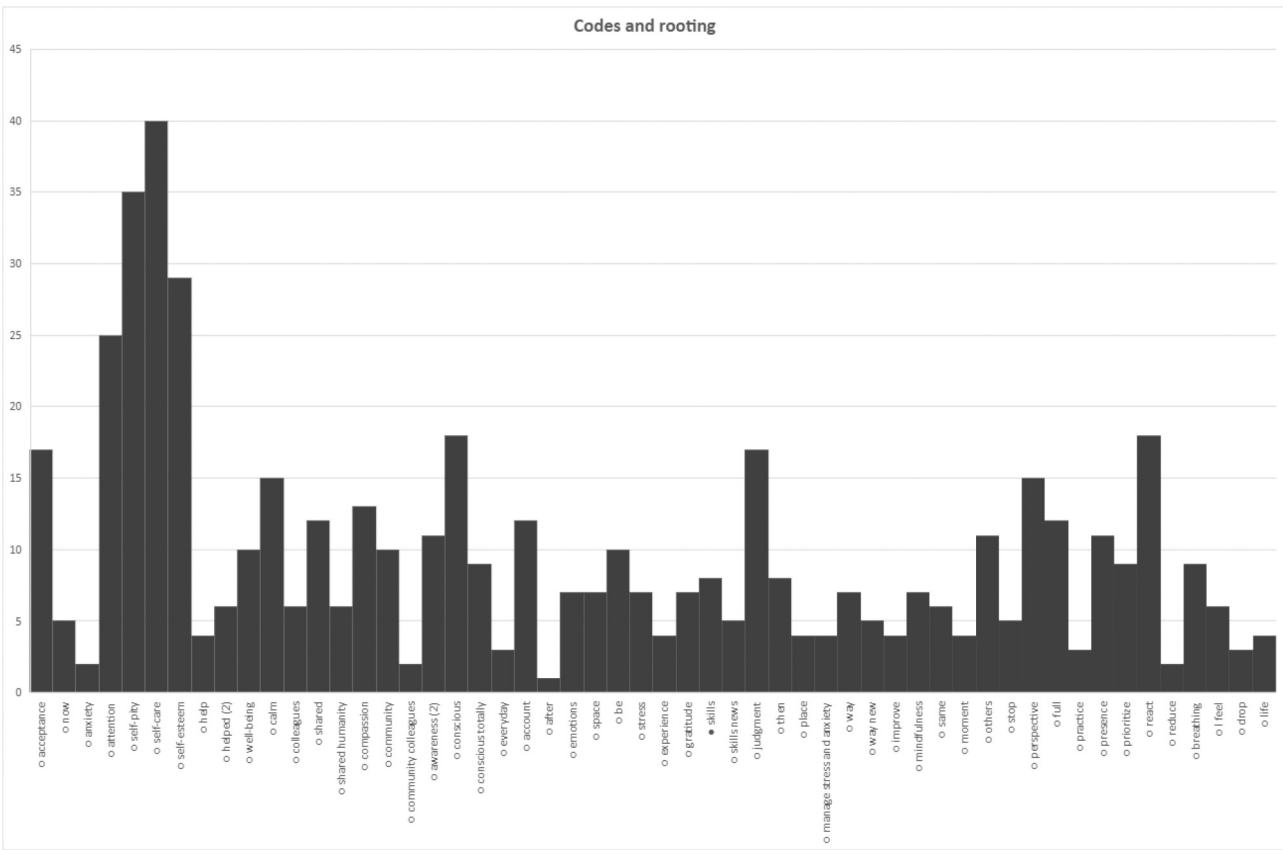


Fig. 2. Concept map categories and subcategories.

Table 7
Categories and subcategories.

Category 1: Key aspects of mindfulness practice for healthcare professionals	Category 2: Recognizing the need for self-care	Category 3: Reflections on the mindfulness training program
Subcategory 1.1: Behavioral changes - Learning to “accept”.		Subcategory 3.1: Training facilitators.
Subcategory 1.2: The value of mindfulness practice in communication with colleagues and others.		Subcategory 3.2: Challenges of the trainings.
		Subcategory 3.3: Looking to the future.

experiences in this group context facilitated not only an increase in self-awareness but also a heightened sense of interpersonal awareness. This phenomenon was reflected in a reduced perception of isolation or differentiation from others, fostering a sense of “shared humanity.”

This collective mindfulness practice environment appears to have catalyzed processes of mutual validation and normalization of experiences, contributing to the creation of a psychologically safe space. In this context, the group dynamic may have acted as a catalyst for enhancing the individual benefits of mindfulness practice by providing a shared frame of reference and implicit social support.

The notion of “shared humanity” emerging from these interactions suggests a potential mechanism by which group mindfulness practice could alleviate feelings of alienation or uniqueness in experiences of stress and professional challenges, thereby promoting greater collective resilience.

“The whole practice was about being kind to yourself and kind to others, even though we may differ in our opinions or viewpoints and so on. [...] And that was really impactful given the sociopolitical state that the world

is in right now, so much division, social injustice and political division. It was really refreshing to talk about community and generosity and focus on that, when we’re bombarded every day with the news and TV about what’s different about us right now.”

#22 (Elliott et al., 2024)

“I didn’t know any of the other people, but you still felt, even if you don’t know them, that they all face similar challenges and probably have similar concerns. It was nice to sit together.”

#01 (Elliott et al., 2024)

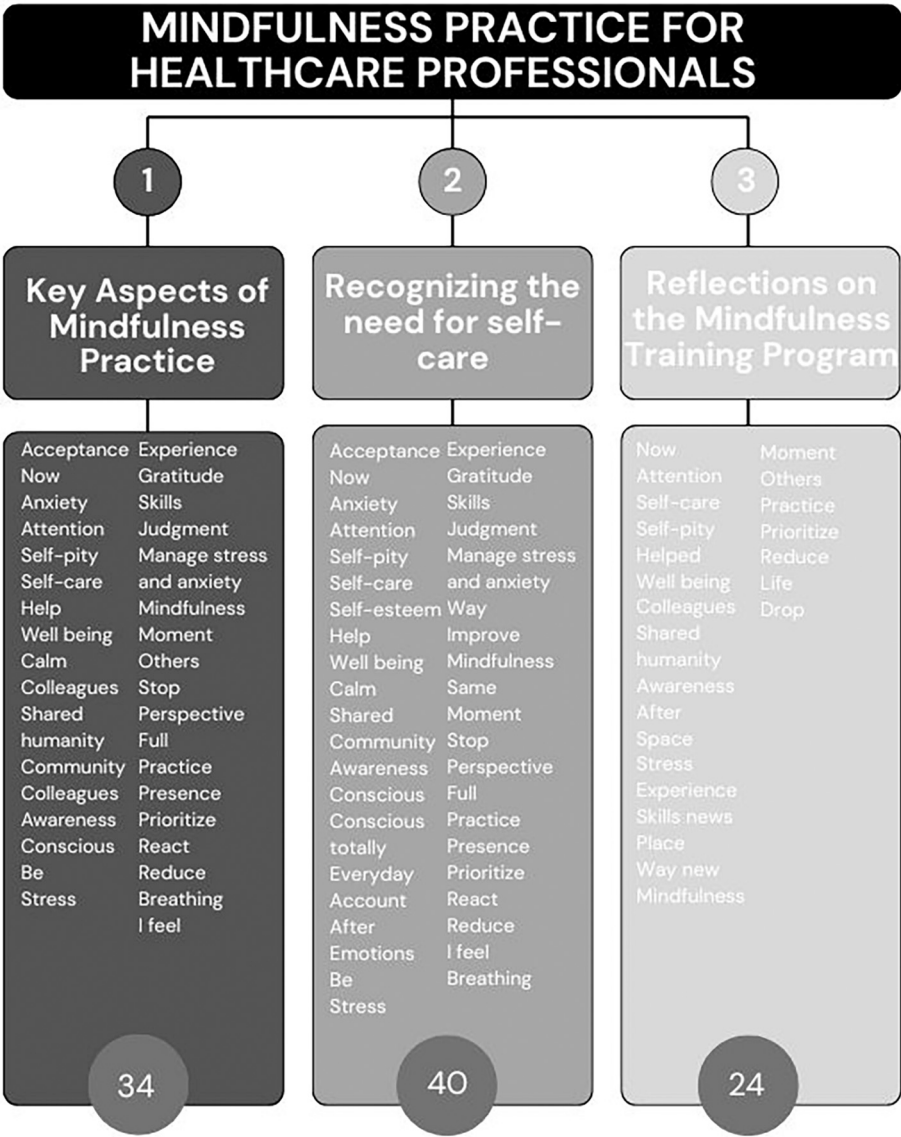
The expansion of interpersonal awareness was not confined exclusively to interactions with colleagues in the group training setting. It extended significantly to participants’ interactions with patients and their families. This phenomenon suggests a generalization of the skills acquired during mindfulness practice to broader contexts within both professional and personal environments.

“I had a patient who called a lot about many small details – about the bed [...] about drinking too strong or not strong enough [...] where I got upset – she upset me so many times [...] and then I thought about what we learned that ok – this is annoyance [...] it’s a feeling – now you just have to let it go and the next night when she called – I didn’t get upset [...] I let it go and she helped me and she helped the patient and we had a very good night, so these are some work situations in which I have been aware of its use (mindfulness).”

Knudsen et al. (2023)

While these findings illustrate the core aspects of mindfulness practice, participants also described how such experiences fostered a deeper recognition of their own needs.

Table 8
Categories and codes.



Category 2: recognizing the need for self-care

In this second category, a total of 40 recurring codes were identified across various quotes from all included articles. This category delves specifically into the theme of self-care, exploring how learning techniques to pause, reconnect with breathing, and develop self-awareness enables individuals to reflect on their own needs and determine what is most appropriate at any given moment.

While related to the previous category, these stands independently due to its distinct focus and depth.

“What I’ve gotten (mindfulness) at work – I’ve gotten a lot better at taking some breaks every now and then – just breathing, not rushing around when you actually have time to stop, [...] walking slowly, taking some deep breaths before you go into a patient’s room, focus on actually being in this room, before you go into the next one [...] because you’ll get to it, so I think (mindfulness) has had a profound effect – it’s given me some peace in my daily life, listening to myself more and I’ve gotten a lot better at that at home too – listening to myself more and making some conscious choices.”

(Nurse T, F) (Knudsen et al., 2023)

“I did some things more consciously, whether it was gardening or playing sports. Just for myself. Suddenly, these things had a different quality for me.”

(Person 01) (Orellana-Rios et al., 2017)

Recognizing one’s own limitations and appreciating the joy in small things, which often go unnoticed in a frenetic and uncontrolled pace of life, allows for a deeper understanding of gratitude in its multiple dimensions. This process leads to meaningful learning about the importance of being kinder to oneself without experiencing feelings of guilt. Furthermore, it promotes the recognition and appreciation of moments of rest, viewing them as an essential component of self-care.

“...I try to be kinder to myself, so I’ve decided that every time – I’ve experienced how badly I treat myself – every time the word stupid comes up, and that happens very often [...] I really try to counteract that and tell myself to myself not to talk to myself like that...”

Knudsen et al. (2023)

"You can't love others unless you love yourself first. Taking the time to learn more about who you are, as a person, requires slowing down and becoming self-aware."

Rosen and Penque (2024)

In several of the studies, many healthcare professionals acknowledged the importance of prioritizing self-care to maintain optimal well-being and continue delivering high-quality care. Notably, for the first time in many cases, this recognition occurred without the accompanying feeling of "guilt."

"...but I have become much more aware that I also have to take care of myself [...] if you come to work with inner calm then you perform better, so I think the idea that you have to help yourself before you can help others, this (mindfulness) is proof of that [...] because even when you are not very busy, you give a lot of yourself [...] you are constantly in contact with other people [...] and I think it is easier if you feel good about yourself."

Knudsen et al. (2023)

Overall, all participants agreed that mindfulness practices helped them slow down, prioritize themselves, and "establish what is important." These practices contributed to improving self-care in time management, as well as in their relationships with patients and their families.

"I recognized this as a quality in itself, becoming aware of the fact that I need time and space to get in touch with myself and if I don't find the time to make a brief conscious stop or conscious walk from time to time, then the chances of establishing a good connection with patients is low... And it is not even necessary that much. Obviously, short periods of time are enough."

(Person 21) (Orellana-Rios et al., 2017)

One of the most revealing aspects was the recognition that each individual has the capacity to influence their own reality and decide the direction to take. This involves accepting circumstances as they are while simultaneously adopting an active role if change is desired. This understanding highlights the importance of personal empowerment and individual agency in managing life situations.

"It really cemented that these decisions are mine alone and no one else can do that, and that's been the most eye-opening thing: that the hamster wheel is something you choose and if it doesn't fit then I have to change it. [...] the most important lesson for me is to make some decisions and choices to change the things that are not working; That's something I've struggled with for almost two years."

(Midwife G, I) (Knudsen et al., 2023)

Category 3: reflections on the mindfulness training program

Beyond recognizing the need for self-care, participants reflected on the contextual factors that shaped their engagement with mindfulness programs. These reflections shed light on the facilitators and barriers encountered during training, as well as the challenges of sustaining mindfulness practices over time.

This third and final category, comprising 24 codes and divided into three main themes, addresses the factors that facilitated the mindfulness training and intervention, the challenges encountered during and after practice, and a section dedicated to the potential obstacles in implementing mindfulness training in various work environments. This focus aims to ensure the long-term sustainability of its benefits and expand its reach to those who have yet to experience its effects.

Subcategory 3.1: training facilitators

The group-based nature of the training in all studies contributed to most participants feeling more comfortable and secure.

"Participating in a shared activity with other healthcare workers reduced feelings of isolation and loneliness, with gratitude for recognizing healthcare workers as those who needed help combating the excessive stress of the pandemic."

Elliott et al. (2024)

Other aspects, such as the online format, the absence of pre-scheduled appointments, the short duration of sessions, and the option for some interventions to be conducted anonymously, appeared to facilitate the practice and implementation of mindfulness.

"It's convenient because it's online, you don't have to go anywhere, you can zoom. It's hard to go somewhere real, but it's good to be with people. You feel like you're with them, even if you don't see them, so for me, the virtual format was perfect."

#35 (Elliott et al., 2024)

"I think the anonymity aspect is really important so that everyone can feel safe accessing support and not having to reveal their identity for fear of being judged by their co-workers."

#76 (Elliott et al., 2024)

Although several aspects of the training facilitated participation and practice, not all experiences were uniformly positive. Alongside these facilitators, participants also identified challenges that complicated their ability to fully integrate mindfulness into their routines.

Subcategory 3.2: challenges of the training

While certain aspects of mindfulness practice mentioned earlier were considered enjoyable and facilitative for some individuals, others perceived them as obstacles that heightened their sense of vulnerability.

"...You can't open your soul to your colleagues and then be professional for an hour...."

Wu et al. (2021)

"Any expression of emotionality is seen as a weakness. We don't display vulnerability. It's not encouraged, not only with our patients, my goodness. We don't even do it in the department. It's seen as a negative..."

(study by Nissim et al., 2019 in Wu et al., 2021)

"...difficulty finding a quiet, private space at home, internet connection problems, and being seen by others in a susceptible state...."

Elliott et al. (2024)

Another difficulty highlighted in several studies is the challenge of applying mindfulness practices in daily life or the workplace outside the training sessions, particularly after the program has ended and some time has passed.

"The biggest challenge has always been finding time to practice longer each day, where all I do is practice mindfulness. I work a long day, I have children at home, the nature of our life is that we have important commitments, and I drive 1 hour and 15 minutes each day to work."

(Participant 7) (Wasylikiw et al., 2015)

"As for meditation time, I don't practice it regularly because I actually dedicate time to everything else and I should dedicate that time to myself, which I haven't done. So, I do it when I have time. But I guess it's like an exercise program. You feel good when you do it and then you fall into some bad habits and must do it again."

(Participant 4) (Wasylikiw et al., 2015)

Subcategory 3.3: challenges – looking to the future

The identified challenges naturally led participants to consider how mindfulness programs could be sustained in the future. Their reflections underscore the importance of organizational commitment and cultural change in ensuring long-term impact.

A common observation was that when workplace organizations offered such training, it facilitated and motivated participation.

Participants expressed gratitude and a sense of being cared for by their organization.

As a future challenge, they emphasized the importance of sustaining these initiatives consistently to foster a culture of mindfulness within the organization. This approach would allow all employees, including those who have yet to experience its benefits, to participate and gain from it. Additionally, for successful implementation across all teams, it is crucial to cultivate a shared understanding of mindfulness.

"[...] it's all the awareness and mindfulness that is missing in our culture. I had never been exposed to anything like this before all the educational sessions I attended."

(Participant 8) (Wasyliw et al., 2015)

"I think it's great that they're doing the study and having it in the workplace is fantastic. Whether or not employers supported all of this is a different story, in terms of each person, department and director and all that [...] and understanding what that is. That's definitely a problem."

(Participant 1) (Wasyliw et al., 2015)

Discussion

This metasynthesis provides valuable insights into understanding and supporting healthcare professionals by identifying and explaining, from their subjective experiences, how mindfulness practices serve as an effective tool to improve their occupational and personal well-being, with positive effects on self-care. This metasynthesis achieved its primary objective of exploring healthcare professionals' experiences with mindfulness and self-care. The three specific aims were also addressed: synthesizing current qualitative evidence, interpreting how mindfulness was perceived, and examining the relationship between mindfulness and self-care.

These practices contributed to participants experiencing moments of joy and emotional relief, particularly when engaging in self-care activities during the workday. Rather than indicating a broad or sustained increase in joy at work, participants described these instances as meaningful yet situational, helping them feel more grounded and emotionally supported in their professional environment.

These results are particularly relevant given the high levels of stress inherent in healthcare settings. The ability of mindfulness to mitigate these negative effects suggests it could be a valuable tool for preventing burnout and enhancing job satisfaction among healthcare professionals.

Dorothea Elizabeth Orem (1914–2007), in his Self-Care Deficit Theory model (Hartweg, 1991), explains that the helping relationship established by healthcare professionals with individuals and their environment can lead to health problems originating from their own practice (Vega & González, 2007). This makes healthcare workers highly vulnerable to physical and mental illnesses (Confederación Salud Mental España, 2021), highlighting the critical importance of self-care. Hartweg (1991) recognized that self-care is not innate, but a learned behavior developed over time. This study demonstrates how mindfulness practices teach and promote behavioral change based on accepting the present moment, improving tolerance and coping with difficult situations. Mindfulness practices emerge as an effective strategy to create the necessary pauses and calm spaces. Many healthcare professionals report that finding time to pause allows them to achieve a state of calm, enabling better emotional management—an essential skill for handling high-stress and anxiety-provoking situations (Gracia Gozalo et al., 2019). Conscious breathing appears to be fundamental in rapidly inducing this state, serving as a central exercise in mindfulness practice.

The study conducted by Elliott et al. (2024) provides significant evidence of the benefits of focusing on the present during challenging situations, such as the COVID-19 pandemic. This approach allows individuals to disconnect from the "autopilot" often triggered by daily routines, promoting a mindful focus on the present moment. This practice has been shown to have a considerable positive impact on

managing stress and anxiety, especially in contexts of significant change and uncertainty.

Health care workers face frequent disruptions during their daily practices such as shifting priorities, administrative burdens, and role switching—which exacerbate stress and emotional fatigue; mindfulness interventions have been shown to buffer these effects by reducing perceived stress and improving psychological well-being (Strauss et al., 2021).

Another significant finding of this metasynthesis is the positive impact of mindfulness on healthcare professionals' self-care and compassion. In this study, the term *compassion* refers specifically to *self-compassion*, understood as an attitude of kindness and acceptance toward oneself. This conceptualization aligns with the Knudsen quote presented in the Results section and connects with the theme of communication through the notion of common humanity. By cultivating self-compassion, participants reported being able to approach their own experiences with greater understanding and care, which in turn influenced how they related to others in their professional context.

Focusing on self-care is critical, as healthcare professionals often prioritize patients' needs over their own, leading to exhaustion. Mindfulness practice fosters a healthier balance between caring for others and caring for oneself.

Barker and Barker's (2002) Tidal Model suggests that there are limits to what we can know and invites nurses to abandon the pursuit of certainty, embracing instead the reality of uncertainty. This aligns paradoxically with mindfulness practices, as explained by study participants: by "releasing the burden" and achieving a state of calm, healthcare professionals experienced increased perceived control over situations. This suggests an inverse relationship between stress reduction and a heightened sense of mastery in the workplace. Focusing on self-care emphasizes the importance of conscious practices that facilitate introspection and self-assessment, promoting more effective personal well-being management. The ability to identify and respond to individual needs enhances resilience and overall well-being, particularly in emotionally demanding contexts. Recognizing limitations and appreciating small joys fosters gratitude, highlighting the importance of rest as an essential element of self-care. Mindfulness practices encourage slowing down and prioritizing self-care, improving time management and relationships with patients. This personal empowerment underscores the importance of individual agency in managing life situations.

The study by Orellana-Rios et al. (2017) is particularly relevant in the context of palliative care, where professionals care for individuals in the final stages of life. Participants in the study reported and evidenced the positive effects that mindfulness practice provided in this particularly challenging setting. These findings highlight the potential of mindfulness as a tool to improve both the quality of patient care and the well-being of healthcare professionals in palliative care settings.

A particularly noteworthy aspect of the studies is how mindfulness practice was perceived by clinicians to influence the quality of patient care. Participants consistently reported being more present with patients, showing greater compassion, and improving their communication and relational skills. It is important to note that these quality indicators reflect clinicians' perceptions rather than patient-reported measures.

Group mindfulness sessions have demonstrated significant improvements in participants' communication skills. Sharing experiences in a group context not only enhances self-awareness but also fosters interpersonal awareness, reducing feelings of isolation and promoting a sense of "shared humanity." Group mindfulness practice appears to mitigate feelings of alienation, promoting greater collective resilience. The transfer of this enhanced interpersonal awareness to professional-patient and professional-family relationships could have substantial implications for healthcare quality. This finding indicates potential improvements in clinical empathy and healthcare professionals' ability to establish deeper, more meaningful connections with those they serve.

Additionally, this “spillover” effect of interpersonal awareness into various spheres of interaction suggests that the benefits of mindfulness practice may have a broader and longer-lasting impact than initially anticipated, though this aspect warrants further investigation to fully understand the underlying mechanisms and long-term implications for clinical practice and interpersonal relationships in healthcare.

The study by Wasyliuk et al. (2015) provided interesting evidence on the impact of mindfulness on leadership effectiveness in healthcare. Although this was the only study that specifically focused on this aspect, the results suggest that mindfulness could be valuable for improving leadership skills in the healthcare sector.

Limitations

This metasynthesis has some limitations that should be acknowledged. First, most of the included studies were conducted in Western countries, which may limit the transferability of the findings to other cultural contexts. Mindfulness practices and perceptions of self-care are influenced by cultural norms, values, and healthcare systems. Second, the included studies were primarily cross-sectional or short-term evaluations, leaving uncertainty about the sustainability of mindfulness-related self-care benefits over time. Finally, the studies varied in terms of design, sample characteristics, and intervention delivery, which may have introduced heterogeneity and limited the comparability of findings. Despite these limitations, the consistency of themes across diverse contexts strengthens the credibility of the results.

Future research directions

Future research should build on these findings in several ways. Longitudinal studies are needed to determine whether the benefits of mindfulness on self-care are sustained over time and how they evolve throughout healthcare professionals' careers. Cross-cultural studies could provide valuable insights into how sociocultural values and healthcare systems shape both the practice of mindfulness and the meaning attributed to self-care. Research could also explore organizational and systemic barriers that may hinder the integration of mindfulness programs in clinical practice. Finally, given the increasing reliance on technology, the evaluation of digital and blended mindfulness interventions represents a promising area to expand accessibility and scalability of self-care strategies among healthcare workers.

Conclusions

This metasynthesis highlights the importance of mindfulness as an effective tool to reduce stress and improve the well-being of healthcare professionals, while promoting self-care and compassion. Through the practice of mindfulness, a balance between personal and professional care is achieved, contributing to the prevention of burnout syndrome and improving the quality of patient care. In addition, group practice of mindfulness fosters empathy and interpersonal connection, benefiting both professionals and patients in emotionally demanding environments.

Studies reveal that participation in mindfulness programs facilitated by healthcare organizations has been valued and supported the integration of these practices into daily work. This suggests that institutional commitment is crucial for the long-term sustainability of mindfulness initiatives, with benefits that extend beyond individuals to improving organizational culture.

The evidence presented in this metasynthesis suggests that mindfulness has the potential to positively transform the professional and personal experiences of healthcare workers. It would therefore be appropriate to adopt evidence-based programs, specifically adapted to the healthcare context, and delivered by specialized teams in each healthcare units. These programs should include regular practice sessions and promote the application of mindfulness techniques in daily

clinical practice.

The implementation of these programs as a mandatory part of the continuing training of healthcare personnel could create a culture of health within the institution, strengthening interprofessional relationships and improving internal communication, aligning with the objectives of self-care and prevention of occupational risks.

In conclusion, incorporating mindfulness programs into the training and professional development of healthcare personnel represents a promising strategy to enhance both the well-being of professionals and the quality of care. These programs should be widely available and embedded within workplace culture, with appropriate referral procedures and safety nets to ensure psychological safety. Such integration could contribute to a more holistic and supportive health culture within healthcare organizations, benefiting both staff and patients.

CRediT authorship contribution statement

Sonia Ortiz-Moreno: Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **David Giménez-Díez:** Writing – original draft, Validation, Supervision, Software, Methodology, Investigation, Formal analysis, Conceptualization. **Antonio Pastor-Méndez:** Writing – review & editing, Methodology, Formal analysis, Data curation. **Purificación Escobar-García:** Software, Project administration, Formal analysis, Conceptualization. **Rebeca Gómez-Ibáñez:** Writing – review & editing, Supervision, Software, Formal analysis, Data curation, Conceptualization. **Mariela Patricia Aguayo-González:** Writing – review & editing. **Rubén Maldonado-Alia:** Formal analysis, Data curation, Conceptualization. **Carolina Watson-Badia:** Writing – review & editing, Validation, Supervision, Software, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

Authors have no conflict of interest to declare.

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