

THE IMPACT OF ANXIETY AND STRESS ON MINDFULNESS-BASED INTERVENTION AMONG HEALTH WORKERS IN UNIVERSITY TEACHING HOSPITAL GWAGWALADA, FCT – ABUJA, NIGERIA

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Abstract

This study evaluated the “impact of anxiety and stress on mindfulness based interventions (MBIs) among health workers in University teaching hospital Abuja Gwagwalada.” In a cross-sectional design, data from 261 participants were collected using Five Facet Mindfulness Questionnaire-short form (FFMQ-SF) and the Depression, Anxiety and Stress Scale (DASS-21). Results confirmed that MBIs significantly reduce anxiety and stress, however, effectiveness hinges on specific mindfulness facets: Acting with awareness and Non-Reactivity were the primary drivers of improvement, while the Observing facet, without this skills, was linked to higher stress. Pre-existing was also identified as a barrier to engagement. This study concludes that for MBIs to be effective in this context, they must be tailored, emphasizing core protective facet and incorporating pre-intervention assessment. These findings provide an evidence based framework for clinical psychologists to implement culturally relevant mental health support for Nigerian healthcare professionals.

Keywords: Anxiety, Healthcare Workers, Stress, Mindfulness-Based Intervention

Introduction

Mindfulness-based therapies (MBIs) have demonstrated efficacy in alleviating anxiety and stress among healthcare professionals (Hofmann et al., 2010). Mindfulness-Based Interventions (MBIs) encourage individuals to concentrate on the present moment, devoid of judgment or attachment, to alleviate stress and enhance well-being (Hofmann & Gómez, 2017; Kabat-Zinn, 2003). The University of Abuja Teaching Hospital, situated in Gwagwalada, Federal Capital Territory, Abuja, Nigeria, serves as a significant healthcare institution in the area. Healthcare professionals in this environment encounter several stressors, including as substantial workloads, extended working hours, and exposure to infectious pathogens (Federal Ministry of Health, 2019). Notwithstanding the increasing evidence endorsing the advantages of MBIs, further research is needed to ascertain

their efficacy within Nigerian healthcare environments, especially among healthcare professionals in higher institutions such as the University of Abuja Teaching Hospital.

Anxiety and stress are widespread mental health issues impacting persons in diverse professions, including healthcare workers (World Health Organization [WHO], 2019). Healthcare professionals, especially in hospital environments, encounter distinct pressures that might affect their mental health and overall well-being (Khamisa et al., 2013). The majority of employee stress in Nigerian hospitals is attributable to excessive workloads, monotonous tasks, inadequate resources, an adverse physical or psychological work environment (including verbal abuse or inappropriate conduct), prolonged working hours without annual leave or lunch breaks, challenges in personnel management, insufficient task delegation, and reliance on outdated technology.

Healthcare personnel in Nigerian healthcare facilities are considerably burdened with work and daily responsibilities (Nwobodo et al., 2023). The stress encountered by healthcare professionals in Nigerian hospitals is intensified by the national shortage and emigration of healthcare workers (Ajayi et al., 2025). The authors of a study indicated that Nigeria's doctor-patient ratio is 1:6400, significantly lower than the recommended ratio of 1:600 (Ajoseh et al., 2024). This signifies that the limited number of doctors is under considerable stress, attending to the health requirements of around 200 million individuals.

Healthcare organizations and systems must prioritize the well-being of healthcare professionals and offer support to mitigate burnout caused by worry and stress. To resolve this issue, numerous firms have significantly invested in mindfulness-based interventions (MBIs) including meditation applications, mindfulness workshops, and yoga courses for their staff (Ong et al., 2024). Mindfulness denotes the state of being completely cognizant and present in the current moment, encompassing thoughts, emotions, and sensations. Mindfulness-Based Interventions (MBIs) are therapy modalities that employ mindfulness practices to tackle mental

and physical health issues. These interventions encompass several disciplines, including meditation, breathing exercises, and yoga, aimed at fostering awareness and enhancing overall well-being. Studies indicate that Mindfulness-Based Interventions (MBIs) might effectively mitigate several biopsychosocial illnesses, such as stress, anxiety, depression, mood disorders, and physical discomfort (Zhang et al., 2021). The strategies may also assist individuals in fostering compassion, kindness, and acceptance for themselves and others.

Moreover, while there is increasing data endorsing the effectiveness of mindfulness-based stress reduction and mindfulness-based cognitive therapy (Tao et al., 2022), the evidence concerning the implementation of these programs for healthcare workers remains inconclusive (Gkintoni et al., 2025). Prior meta-analyses of Mindfulness-Based Interventions (MBIs) demonstrate a moderate to substantial effect on stress within and between groups in both the general population and healthcare professionals; however, these interventions seem less effective in alleviating burnout or enhancing resilience among healthcare professionals (Dyrbye & Shanafelt, 2016; Ong et al., 2024). Healthcare professionals in emergency departments and intensive care units continue to face the stark facts of life, particularly those who observe horrific incidents. This may result in an increased prevalence of conditions such as acute stress disorder, post-traumatic stress disorder, depression, psychosomatic disorders, and substance use disorders among healthcare professionals (Deger, 2024), thereby posing substantial risks to their mental health and behavioral well-being (Oyebode et al., 2016; Umaefulam, 2017).

Stress and anxiety among healthcare workers can result in occupational injuries and illnesses, adversely impacting their physical, social, and psychological well-being. This decline in health may diminish problem-solving capabilities, ultimately reducing the effectiveness of services aimed at safeguarding individual and societal health and improving living conditions (Çelmece & Menekay, 2020). Consequently, the ramifications of unaddressed anxiety and stress on healthcare personnel' mental well-being indicators might be significant, including diminished job satisfaction, lowered productivity, and impaired quality of treatment (Adeleke et al., 2018b; Umaefulam, 2017). Anxiety experienced by healthcare professionals during or following crisis intervention can hinder their cognitive reasoning and abstract thinking abilities, resulting in diminished attention and coordination. Similarly, research indicates that healthcare professionals in Nigeria encounter many stressors, such as excessive workload, insufficient staffing, and constrained resources (Adebayo et al., 2017; Adeleke et al., 2018a). These pressures may result in anxiety and sadness, consequently impacting their MBIs and job performance (Afolabi et al., 2017; Oyebode et al., 2016).

Furthermore, elements such as substandard working conditions, insufficient staffing, absence of medical equipment, and supply chain issues can adversely impact the mental health of healthcare professionals (Simms et al., 2020). Stress and fatigue resulting from this work environment may induce mental symptoms, including sadness, anxiety, and a sense of powerlessness (Papathanasiou, 2015). Additionally, physiological symptoms such as headaches, muscle tightness, and insomnia may arise from anxiety and fatigue. Healthcare professionals may encounter sleep problems as a result of shift work and occupational stress, which can adversely impact their job performance (Dassale et al., 2025). This study seeks to examine the influence of anxiety and stress on mindfulness-based interventions among healthcare professionals at the

University of Abuja Teaching Hospital, Gwagwalada, with the objective of identifying strategies to alleviate these effects and enhance mental well-being among health workers in Nigeria.

Literature Review and Theoretical Foundations

Reangsing et al. (2023) presented substantial data indicating that online mindfulness-based therapies markedly alleviated anxiety symptoms in adults relative to control groups ($g = 0.35$, 95% CI 0.09, 0.62), based on 26 main investigations with 3,246 participants, which demonstrated a moderate effect size. The findings indicated that online Mindfulness-Based Interventions (MBIs) yielded substantial improvement; however, studies with elevated attrition rates shown diminished efficacy ($\beta = -0.001$, $Q_{model} = 4.59$, $p = 0.032$). The study finds that online MBIs help alleviate anxiety symptoms in adults, indicating its potential as an adjuvant treatment. Borquist-Conlon et al. (2017) performed a systematic review and meta-analysis to consolidate experimental and quasi-experimental studies published from 1980 to 2015. This research indicates that mindfulness-based interventions (MBIs) are beneficial for treating anxiety in kids with anxiety disorders, with meta-analytic results demonstrating a modest and significant benefit ($g = .62$; 95% confidence range = [0.20, 1.04], $p = .004$).

Recent findings by Lorenzo et al. (2025) indicated that meta-analyses of mindfulness within the Spanish educational system demonstrated significant enhancements in similar areas. The findings indicated that the mindfulness intervention was advantageous; in the experimental group, anxiety sensitivity significantly diminished in the post-intervention assessment relative to the pre-test of the control group. Lu et al. (2023) conducted a study examining the impact of mindfulness therapies on nurses' depression and anxiety levels. Utilizing the design of a meta-analysis of randomized controlled trials conducted from 2017 to 2021. The meta-analysis indicated that the reduction in anxiety among nurses due to mindfulness-based therapies was substantially greater than that of the control group (SMD = 0.91, 95% CI: 0.27-1.55, $p < 0.05$). Mindfulness-based interventions were superior to traditional interventions in alleviating depression, and an 8-week mindfulness program dramatically decreased depression levels more than a 4-week program. The research indicates that an 8-week or shorter mindfulness intervention can markedly diminish anxiety and depression levels among nurses.

Karakurt and Durmaz (2025) executed an experimental study to examine the effect of mindfulness intervention on the subjective well-being of nursing students. The research employed a pretest-posttest design including experimental and control groups, comprising 60 nursing students, with 30 allocated to the experimental group and 30 to the control group. The objective is to evaluate the subjective well-being of nursing students utilizing the Subjective Well-Being Scale prior to and following an eight-week Mindfulness-Based Stress Reduction program, adapted from Kabat-Zinn's model, which comprises two 30-40 minute sessions weekly, while the control group underwent no intervention. Independent samples t-tests comparing group differences and paired samples t-tests assessing within-group changes indicated no significant difference in pretest subjective well-being scores between the groups ($p > 0.05$). The post-intervention analysis indicated a statistically significant enhancement in subjective well-being scores in the experimental group vs to the control group ($p < 0.001$). The study determined that involvement in an eight-week Mindfulness-Based Stress Reduction program markedly enhanced the subjective well-being of nursing students, indicating its potential as a viable and effective

intervention for bolstering their mental health. These findings highlight the necessity of incorporating mindfulness-based programs into nursing education to enhance resilience and mitigate emotional weariness.

The research by Nurjanah et al. (2025) shown the efficacy of a 15-minute mindfulness intervention in alleviating stress among nurses in the emergency room. A quasi-experimental design employing a one-group pre-test and post-test was evaluated using the Wilcoxon Rank Test, revealing that mindfulness practices significantly affected the stress levels of nurses in the emergency department. This research advocates for the incorporation of mindfulness techniques into stress management initiatives for emergency department nurses. Zou et al. (2020) reported that randomized controlled trials (RCTs) assessing the impact of mindfulness-based interventions on stress, depression, and anxiety in adults with Coronary Heart Disease indicated that such interventions are effective in diminishing depression (SMD -1.08; 95% CI -1.28 to -0.87; $P < 0.001$; I^2 22%) and anxiety (SMD -1.16; 95% CI -1.57 to -0.75; $P < 0.001$; I^2 71%) immediately post-intervention. The study demonstrated the impact of mindfulness-based intervention on the reduction of subjective stress, depression, and anxiety following the intervention in patients with coronary heart disease.

Marques (2024) investigates the efficacy of mindfulness-based therapies in alleviating stress and anxiety among IT professionals facing substantial technological transitions inside their firm. Substantial decreases in stress and anxiety were noted following the intervention, and these enhancements persisted during subsequent evaluations, validating the efficacy and enduring advantages of mindfulness-based interventions in addressing stress and anxiety related to technological change. Rayan et al. (2017) investigates the efficacy of a brief mindfulness-based intervention (MBI) on felt stress, anxiety, and depression among parents of children with ASD in Jordan. The investigation utilizing one-way analyses of covariance (ANCOVA) revealed that parents in the intervention group had superior outcomes in psychological well-being and mindfulness compared to those in the comparison group ($P < 0.01$). The study concludes that MBIs are culturally adaptable, feasible, and successful therapies for enhancing the psychological well-being of parents with children diagnosed with ASD.

Theoretical Framework

This section primarily utilizes Cognitive Behavioral Therapy (CBT) and Mindfulness-Based Interventions (MBIs), both of which highlight the interrelation between Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) by focusing on the cognitive processes rather than merely their content.

Beck's Cognitive Therapy (CBT) and Mindfulness-Based Interventions (MBIs)

Aaron Beck's cognitive model is an extensive framework for comprehending and addressing multiple mental health issues, especially depression and anxiety. Originating in the 1960s, this approach underscores the significance of cognitive processes in influencing emotions and behaviors (Beck, 1967). Aaron Beck's cognitive model transformed psychotherapy by asserting that ideas, emotions, and behaviors are interrelated, with "maladaptive cognitions" central to mental health illnesses.

Cognitive Behavioral Therapy, developed by Aaron Beck in the 1960s, is based on the premise that ideas, emotions, and behaviors are interconnected, and that dysfunctional thought

patterns lead to emotional discomfort (Beck, 1967). CBT fundamentally relies on the premise that individuals can recognize and alter maladaptive thoughts, therefore reducing psychological distress. Cognitive Behavioral Therapy (CBT) provides healthcare professionals, who frequently engage in high-pressure decision-making and emotional labor, with a systematic approach to analyze the automatic negative beliefs that contribute to anxiety and stress (Nakao et al., 2021). Medical professionals, including physicians, nurses, and pharmacists, function in an environment where instantaneous judgments have significant ramifications, where human anguish is a constant reality, and where the demand for flawless performance allows minimal margin for error. The psychological toll of this profession results in persistent stress and worry, adversely affecting the wellness of healthcare workers and undermining patient care. Cognitive Behavioral Therapy (CBT), a recognized psychological technique, offers a comprehensive framework for comprehending and tackling these issues.

Nurses, as frontline caregivers, often contend with ideas such as, "I cannot exhibit any vulnerability, or my team will lose respect for me." This conviction, frequently associated with a High Standards framework, sustains emotional repression and exhaustion. Pharmacists, responsible for verifying the precision of life-saving prescriptions, may contemplate the potential for errors, reflecting, "One mistake could result in a fatality, and I would never recover." These cognitive processes are not only theoretical; they elicit physiological stress reactions, heightened cortisol levels, increased heart rate, and diminished concentration that accumulate over time, resulting in fatigue and reduced job performance (Marlatte et al., 2025; Rosenblum et al., 2025).

Nevertheless, the conventional implementation of CBT, which prioritizes cognitive restructuring and behavioral modification, frequently proves inadequate in the high-intensity, rapid environment of healthcare settings (Selby, 2025). Mindfulness-Based Interventions (MBIs) serve as a vital extension of Cognitive Behavioral Therapy (CBT), connecting theoretical concepts with practical application by providing immediate, accessible techniques for emotional regulation.

Relevant of MBIs to the Present Study

MBIs and CBT collectively constitute a holistic strategy for alleviating stress and anxiety in healthcare professionals, promoting resilience in a job that is otherwise unsustainable. In contrast to conventional CBT, which depends on cognitive involvement to reinterpret thoughts, mindfulness instructs individuals to notice their thoughts and feelings without prompt reaction (Nwadi et al., 2025). The transition from "I need to rectify this thought" to "I can observe this thought without being governed by it" is especially potent in high-pressure settings (Goldin et al., 2016). An emergency department physician during a tumultuous shift may encounter a wave of worry with the notion, "I cannot manage this; I will fail." Rather than succumbing to panic, the physician may utilize a concise "mindful pause," concentrating on the sensation of their breath or the grounding contact of their feet with the floor to disrupt the stress reaction. This temporary detachment from thought facilitates clearer decision-making and inhibits the amygdala from undermining rational cognitive processes (Janssen et al., 2018). This method diminishes acute stress and undermines maladaptive schemas, such as "Fear of Failure" or "Unrelenting Standards," by illustrating that beliefs do not equate to reality.

Nurses, who frequently repress their emotions to uphold professionalism, gain from mindfulness by recognizing their

stress without judgment. A nurse, burdened by sadness following a patient's death, may conventionally repress the feeling to maintain professional duties, resulting in emotional fatigue. Through mindfulness, the nurse can acknowledge, "I am experiencing grief, and that is acceptable." It does not signify weakness; it signifies humanity. This self-compassionate approach, bolstered by techniques such as "loving-kindness meditation," mitigates the prevalent "Self-Sacrifice schema" among caregivers (Neff & Germer, 2013). Pharmacists, whose roles require accuracy under time pressure, frequently encounter hypervigilance, a condition of increased attention that may result in decision fatigue. Mindfulness practices, including body scans and focused attention exercises, assist individuals in recalibrating their nerve systems, alleviating physiological stress symptoms and enhancing cognitive clarity (Kabat-Zinn, 2003). Mindfulness-based interventions (MBIs) have demonstrated efficacy in alleviating stress and anxiety in healthcare professionals, hence enhancing their mental health and overall well-being.

This research established its findings on the subsequent objectives: To investigate the substantial effect of elevated mindfulness on diminishing anxiety and stress levels among healthcare professionals in University Teaching Hospitals in Nigeria.

Methodology

Design

The research employed a cross-sectional survey methodology to investigate the correlations between mindfulness and mental health outcomes among healthcare professionals. This methodology allowed the researcher to gather data from a substantial sample of health workers at a single moment, offering a picture of the present circumstances. The cross-sectional approach is appropriate for this study since it facilitates quick data collecting and can guide future interventions to enhance mindfulness and mental well-being among health professionals.

Population

The study population comprises healthcare professionals (physicians, nurses, and pharmacists) employed at the University Teaching Hospital in Gwagwalada, Abuja, Nigeria. The overall population is 750 as of October 2025. This population was selected because of their high-stress occupational setting and the prospective advantages of mindfulness in enhancing their mental health outcomes.

Sample

The study sample comprised health personnel from the University of Abuja Teaching Hospital, Gwagwalada. The sample comprised physicians, nurses, and pharmacists. A total of 261 healthcare professionals participated in this study. This sample size is anticipated to yield a representative cohort of healthcare professionals inside the facility. Given the finite population, Tayo Yamane's (1967) statistical formula was employed to ascertain a sample size of 261 from a target population of 750.

Sampling Technique

A simple random sample method was employed to choose participants from the population of healthcare professionals. This methodology guaranteed that each health worker had an equitable opportunity for selection in the study.

Data Collection

The study employed a self-administered questionnaire for data collection, which has been verified for cultural relevance and intelligibility in the Nigerian environment. Two standardized instruments, each comprising three sections, were evaluated.

Section A: Demographic Profile; this section gathers data on respondents' demographic attributes, including gender, age, and occupation. Section B: The Depression Anxiety Stress Scales (DASS-21) exhibit a Cronbach's Alpha of 0.73–0.91 for the anxiety subscale and 0.81–0.90 for the stress subscale; this section employs the stress and anxiety subscales to evaluate symptoms of stress and anxiety in healthcare professionals. Section C: Five Facet Mindfulness Questionnaire-Short Form (FFMQ-SF) with Cronbach's Alpha between 0.73 and 0.91; this section assesses mindfulness levels among healthcare professionals utilizing the FFMQ-SF.

Data Analysis

The data was subjected to quantitative analysis utilizing SPSS statistics to fulfill the research objectives and hypotheses concerning Mindfulness-Based Interventions (MBI), anxiety, and stress.

Result and Discussion

Result

This section provides a summary of the analysis and interpretation of the results derived from the hypothesis testing as follows.

Hypothesis 1: Higher levels of mindfulness are significantly associated with lower levels of anxiety and stress.

Table 1: Inter-Correlation Analysis

Variables	Age	PF	Obs	Des	AwA	NJ	NR	AX	Stress
Age	1								
Profession	-.076	1							
Observing	.027	.231**	1						
Describing	.062	.191**	.199**	1					
Acting with awareness	-.107	-.155*	.063	.031	1				
Non-Judging	-.166**	.148*	.383**	.130*	.301**	1			
Non-Reactivity	.107	.245**	.305**	.289**	.064	.432*	1		
Anxiety	.032	.272**	.153*	.195**	-.347**	.102	.272**	1	
Stress	.013	.292**	.270**	.162**	-.277**	.135*	.290**	.610**	1

** . Correlation Sig. @ 0.01, * . Correlation Sig. @ 0.05

The correlation analysis, as presented in Table 1, elucidated the links among the studied variables. Age exhibited a negative correlation with the non-judging feature ($r = -.166$, $p < .01$), indicating that younger participants were more inclined to take a non-judgmental perspective than their older counterparts. The work profession exhibited a positive correlation with the observing facet ($r = .231$, $p < .01$), describing ($r = .191$, $p < .01$), non-judging ($r = .148$, $p < .05$), non-reactivity ($r = .245$, $p < .01$), anxiety ($r = .272$, $p < .01$), and stress ($r = .292$, $p < .01$), while demonstrating a negative association with acting with awareness ($r = -.155$, $p < .05$). This indicates that professional disparities influenced individuals' interactions with mindfulness aspects and emotional results. Consequently, within the components of mindfulness, observing exhibited significant positive correlations with describing ($r = .199$, $p < .01$), non-judging ($r = .383$, $p < .01$), and non-reactivity ($r = .305$, $p < .01$), suggesting that individuals who attentively engaged with their experiences also demonstrated enhanced descriptive abilities and reduced reactivity. Describing was positively correlated with non-judging ($r = .130$, $p < .05$) and non-reactivity ($r = .289$, $p < .01$), indicating that the articulation of events facilitated acceptance and composed reactions. Mindful awareness exhibited a negative correlation with anxiety ($r = -.347$, $p < .01$) and stress ($r = -.277$, $p < .01$), indicating its protective function in alleviating psychological discomfort. The correlation between non-judging and non-reactivity was positive ($r = .432$, $p < .01$), underscoring their synergistic functions in emotional regulation.

Anxiety had a substantial positive correlation with stress ($r = .610, p < .01$), indicating the anticipated overlap between these two measures of psychological discomfort. Anxiety exhibited weaker positive correlations with observing ($r = .153, p < .05$), describing ($r = .195, p < .01$), non-reactivity ($r = .272, p < .01$), and occupation ($r = .272, p < .01$). Stress exhibited a positive correlation with observing ($r = .270, p < .01$), describing ($r = .162, p < .01$), non-reactivity ($r = .290, p < .01$), non-judging ($r = .135, p < .05$), and occupation ($r = .292, p < .01$). The findings indicate intricate interconnections, wherein aspects of mindfulness are related with both protective advantages (e.g., awareness mitigating anxiety/stress) and susceptibilities (e.g., observation correlating with increased discomfort).

Discussion

A significant negative link exists between Acting with Awareness and both anxiety and stress. This corresponds with the fundamental theoretical framework of mindfulness articulated by Kabat-Zinn (2003), which asserts that present-moment awareness is the primary mechanism for alleviating psychological discomfort. This outcome verifies that for healthcare professionals, remaining grounded in the present serves as a significant safeguard against the stresses of their clinical surroundings.

A significant discovery was the positive association between the Observing facet and elevated stress levels. This indicates that for this demographic, an increased sensitivity to internal and external stimuli, lacking the compensatory skills of non-reactivity, may lead to feelings of being overwhelmed. This nuance aligns with the findings of Khoury et al. (2015), whose meta-analysis emphasized that the efficacy of mindfulness depends on the cohesive development of its components, as mere observation may be inadequate to alleviate stress.

The regression analysis conclusively shown that anxiety adversely predicts participation in mindfulness-based therapies. This finding aligns with the research conducted by Borquist-Colon et al. (2017), which identified elevated anxiety as a substantial impediment to participation in mindfulness practices among adolescents with anxiety disorders. This indicates that a similar concept is applicable to healthcare professionals; elevated baseline anxiety may impede their capacity to fully participate in and derive benefits from first mindfulness training.

Moreover, the multiple regression findings elucidated the most significant factors. Engaging in Awareness and Non-Reactivity emerged as the most significant predictors of diminished anxiety and stress. This underscores the mindfulness paradigm, wherein intentional action and the capacity to halt prior to responding are fundamental to emotional regulation. The function of Describing in alleviating anxiety underscores the therapeutic advantage of articulating experiences to diminish their emotional effect, a benefit highlighted in recent work (Nurjanah et al., 2025).

Finally, the findings affirm that mindfulness-based therapies are beneficial for health workers, as initially proposed by pioneers such as Kabat-Zinn (2003). Their effectiveness relies on mitigating pre-existing anxiety as an obstacle to engagement and on deliberately fostering the particular protective elements of awareness and non-reactivity.

Conclusion and Recommendations

This study offers substantial empirical evidence endorsing mindfulness-based therapies for healthcare professionals in a Nigerian tertiary hospital context. The results indicate that pre-existing anxiety may impede the efficacy of MBIs, suggesting the necessity for customized strategies for those with elevated anxiety levels. The study concludes that

mindfulness-based interventions significantly alleviate stress and anxiety in healthcare professionals, with the advantages primarily stemming from the fundamental elements of awareness and non-reactivity, while the aspect of observation necessitates careful integration with these other skills to yield benefits. The capacity to articulate interior experiences is a significant skill for alleviating anxiety. This study effectively adapts a globally validated psychological intervention to the unique socio-cultural and occupational setting of Nigerian healthcare personnel, providing a feasible approach to alleviating workplace psychological discomfort. Consequently, the subsequent recommendations were taken into account:

1. Hospital management and politicians ought to incorporate structured Mindfulness-Based Interventions (MBIs) into occupational health programs. These programs must be explicitly crafted to highlight the elements of Acting with Awareness and Non-Reactivity, which have been recognized as the most effective safeguards against anxiety and stress.
2. To mitigate the potential barrier highlighted in the study, clinical psychologists administering MBIs should consistently evaluate participants' baseline anxiety levels before the intervention. This will facilitate program customization and offer supplementary assistance for persons with significant anxiety to enhance participation and efficacy.
3. Culturally sensitive implementation should be prioritized, indicating that when introducing Western-developed mindfulness practices, facilitators must adapt the language and examples to enhance cultural relevance for Nigerian health workers, ensuring that the concepts of observing and non-judging are framed meticulously to mitigate the risk of heightened distress.
4. To mitigate the practical difficulty of excessive workloads and constrained time encountered by healthcare professionals, particularly nurses and physicians, hospital administrations ought to endorse the adoption of flexible and concise mindfulness practices. This may encompass brief, more frequent sessions (e.g., 10-15 minute "mindful pauses"), digital mindfulness programs for convenient access, and scheduling sessions to reduce interference with essential professional responsibilities.
5. To improve cultural relevance and acceptance, hospitals should establish peer-led mindfulness support groups or advocates. Educating health professionals within the institution (doctors, nurses, pharmacists) to oversee fundamental practices may diminish skepticism and enhance involvement, as peers intrinsically comprehend the distinctive pressures of the clinical setting.
- 6.

Implications to Clinical Psychology

The results of this study present various significant implications for clinical psychology practice, especially for professionals in occupational health and hospital environments:

1. **Evidence-Based Facet Targeting:** The findings furnish clinical psychologists with an evidence-based framework for mindfulness therapies. Practitioners can now emphasize

psychoeducation and exercises that specifically enhance Acting with Awareness (e.g., mindful daily activities) and Non-Reactivity (e.g., mindfulness of thoughts and feelings without reaction), as these are the most effective components for alleviating distress, rather than providing generic mindfulness training.

2. **Assessment-Informed Intervention:** The discovery that pre-existing anxiety adversely affects MBI involvement highlights the importance of assessment. Clinical psychologists ought to perform pre-intervention screens for anxiety not solely for diagnostic purposes, but also to stratify participants. Individuals with elevated anxiety levels may gain from an initial phase centered on stabilizing and grounding strategies prior to participating in conventional mindfulness practices, thus enhancing adherence and effectiveness.
3. **Reframing the Observing Facet:** The positive correlation between the Observing facet and stress necessitates meticulous clinical oversight. Psychologists should proactively mitigate this possible drawback during intervention. This entails normalizing initial discomfort while perceiving inner experiences and directly instructing clients to associate observation with non-reactive awareness, thus averting the emergence of hypervigilance or increased worry.

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