

Exploring the Impact of Mindfulness on Nurses' Job Performance

Stoufis Nikolaos¹, Mantzanas Michael², Chairi Dimitra³, Giakoumaki Eirini⁴, Evaggelidou Eftychia⁵

1. RN, MSc, Nursing Directorate, Konstantopouleio General Hospital of Nea Ionia

2. RN, PhD, Director of Nursing Service, Konstantopouleio General Hospital of Nea Ionia

3. RN, Konstantopouleio General Hospital of Nea Ionia

4. Member of the Special Teaching Staff (ETEP), Department of Physical Education and Sport Science, National and Kapodistrian University of Athens, Postdoctoral Researcher.

5. RN, PhD, Postdoctoral Researcher, Deputy Director of Nursing Service, Konstantopouleio General Hospital of Nea Ionia

ABSTRACT

Introduction: Mindfulness is a state of conscious attention to the present moment. In essence, it is the intentional awareness and consciousness of each present moment.

Aim: The aim of this study was to explore the impact of mindfulness on nurses' job performance, focusing on the dimensions of daily performance, adaptability, and counterproductive behavior.

Methodology: This was a descriptive correlational study. Participants were nurses with at least six months of clinical experience. The Mindful Attention and Awareness Scale was used to assess the level of mindfulness, while the Individual Work Performance Questionnaire was selected to assess job performance. Data was collected through electronic questionnaires distributed via an online platform, ensuring anonymity and confidentiality. The study also assessed the relationship of mindfulness with nurses' age, professional experience, and position of responsibility.

Results: The sample included 320 nurses from 19 hospitals in Athens and 11 hospitals in the rest of Greece. A total of 26.56% held a position of responsibility. The mean age was 47.66 ± 8.82 years old and the mean professional experience was 22.04 ± 9.85 years. Mindfulness was positively correlated with daily performance ($p < 0.01$) and negatively correlated with counterproductive behavior ($p < 0.01$). Nurses holding a position of responsibility had higher scores in mindfulness and daily performance, and lower levels of counterproductive behavior, than those without such a position.

Conclusions: The findings highlight the value of mindfulness as a tool for assessing and improving nurses' job performance, psychological resilience, and emotional well-being. At the same time, its integration into educational programs is recommended to strengthen the professional skills and job satisfaction of nursing staff.

Keywords: Mindfulness, Job Performance, Adaptability, Counterproductive Behavior.

Corresponding Author:

Nikolaos Stoufis

e-mail: nickst71@gmail.com

Submitted date: 17/03/2025

Accepted date: 02/10/2025

INTRODUCTION

Mindfulness refers to an individual's ability to maintain attention in the present moment without judgment and without being distracted by thoughts about the past or worries about the future. This practice has roots in Buddhist and meditation traditions, but in recent decades it has been widely adopted in psychology and the health sciences (Dakwar E., Levin F., 2009). According to Jon Kabat-Zinn, a pioneer in the Western application of mindfulness, it is 'the awareness that arises from paying attention, on purpose, in the present moment, and non-judgmentally' (Jon Kabat-Zinn JK, 2003).

Mindfulness is particularly important in health care, where health professionals work under high pressure and are called upon to make critical decisions that affect patients' well-being. Numerous studies show that the practice of mindful awareness can reduce stress, increase emotional resilience, and improve concentration and decision-making. It can also help reduce occupational burnout, which is particularly common in health care, through practices such as breathing-focused attention and meditation (Shapiro, S. L., Astin, J. A. et al., 2005).

Another important area is the quality of care provided. Health professionals who practice techniques that enhance mental presence demonstrate greater empathy, better communication with patients, and better responsiveness to patients' needs, thereby strengthening the therapeutic relationship and overall patient satisfaction. Studies have shown that mindfulness reduces cognitive overload and helps health professionals process information more effectively. Through the practice of careful, impartial observation of the present moment, nurses can gain greater awareness of the data in clinical situations and avoid impulsive or automatic reactions that may lead to adverse events (Smith S., 2014).

Clinical decision-making is one of the most demanding skills for nurses, as it directly affects quality of care and patient safety. Nurses are required every day to respond to complex and stressful situations, making decisions that involve crisis management, continuous adaptation to constantly changing conditions, and the need for effective communication with the wider medical team.

Research shows that mindfulness reduces cognitive overload and enhances clarity of thought in critical moments. A nurse's ability to remain present and focused on the current situation, while avoiding impulsive or mechanical reactions, can contribute to rational data analysis and evidence-based decision-making. At the same time, cultivating self-awareness helps manage stress, which often negatively affects decision-making. Under pressure, a frequent condition in hospital settings, stress can increase the risk of errors. Nurses who practice mindfulness are better able to remain calm and address

situations with objectivity and confidence (Wang F., Liu C., 2023).

Exploring the relationship between mindfulness, job performance, and clinical decision-making may lead to the development of targeted interventions that strengthen nurses' psychological resilience and professional effectiveness. This research is expected to contribute substantially to understanding how mindfulness can be used as a tool for improving quality of care and work experience in the health sector.

AIM

This study aimed to contribute to understanding the role of mindfulness in improving quality of care and work experience in the health sector. Its main objectives are:

- To explore mindfulness as a tool for promoting psychological well-being, with emphasis on reducing anxiety and increasing attention and concentration.
- To enhance job satisfaction and improve the resilience of nursing staff in response to the daily challenges of the profession.
- To evaluate the integration of mindfulness education programs as an innovative intervention strategy in health care, with the aim of protecting professionals' mental health and improving the quality of services provided.

Research Questions:

- Is there a correlation between mindfulness and nurses' job performance?
- To what extent does mindfulness affect job performance and clinical decision-making?
- To what extent are factors such as age, years of service, and position of responsibility related both to the level of mindfulness and to nurses' job performance?

METHODOLOGY

Study Design

This was a descriptive correlational study designed to analyze the relationship between mindfulness and the dimensions of job performance among nursing staff.

The research protocol included the use of two validated questionnaires: the Mindful Attention Awareness Scale (MAAS) for measuring mindfulness and the Individual Work Performance Questionnaire (IW PQ) for assessing job performance. Data were collected through an online platform (Google Forms), ensuring anonymity and voluntary participation.

The MAAS assesses mindfulness, that is, an individual's ability to be present and focused in the moment. The Greek translation of the MAAS instrument was used based on the study by Mantzios et al. (2013), which established the psychometric validity and reliability of the instrument in the Greek language. The translation was carried out with scientific accuracy, and written permission was obtained

from the authors for its use in the present study (Mantzios M. et al., 2013). It is a widely used tool for measuring mindfulness, assessing an individual's degree of attention and awareness in the present moment. The questionnaire includes statements that examine the individual's ability to remain consciously focused on everyday experiences without automatic reactions or judgmental thinking.

The MAAS (Mindful Attention Awareness Scale) is a Likert scale ranging from 1 to 6 to assess participants' mindfulness, with the purpose of measuring their ability to remain present and focused on their current activities. Participants are asked to rate the extent to which they agree with each statement, such as 'I am preoccupied with thoughts about the future or the past.' A score of 1 means 'almost always', whereas a score of 6 represents 'almost never'. The MAAS score is calculated by adding the scores for all items and then calculating the mean, which provides a general indication of the individual's level of mindfulness. A high mean score indicates high mindfulness, whereas a low mean score suggests difficulty with concentration and present-moment awareness (Mantzios M. et al., 2013).

The Individual Work Performance Questionnaire (IWPQ) is an instrument used to assess employees' job performance in various professional settings, including health care and nursing. The IWPQ enables the assessment of three key dimensions of job performance, which are critical for ensuring quality of care and the functioning of hospital units. These dimensions are (Galanis P., Katsiroumpa A. et al., 2024):

Daily Performance

This refers to the employee's ability to perform duties effectively and efficiently.

Adaptability This also includes employees' ability to be effective in different environments and to manage different schedules and working conditions without negatively affecting the quality of their work.

Counterproductive Behavior

This measures the frequency with which employees display negative or counterproductive behaviors, such as carelessness, errors, or reduced commitment to their professional duties.

Each dimension includes a series of questions in which participants rate the frequency of the specific behaviors on a Likert scale from 1 to 5, where 1 represents 'never' and 5 represents 'very often'. In the present study, the Greek translation of the questionnaire produced in the recent study by Galanis et al. (2024) was used; that study established the validity and reliability of the instrument in the Greek professional setting. In this case as well, use of the questionnaire was ensured through written permission from the authors (Galanis P., Katsiroumpa A. et al., 2024).

Study Sample

Population and Inclusion Criteria

The target population included active nurses working in public and private health-care organizations in Greece. Inclusion criteria were: (a) active professional employment in a hospital, clinic, or health center; (b) at least six months of professional experience; and (c) sufficient knowledge of Greek to understand the questionnaires. Individuals in administrative positions without direct clinical responsibility, as well as those on sick leave during the data collection period, were excluded.

Sample Size and Composition

A total of 320 nurses from various hospitals, clinics, and health centers participated in the study, mainly in Athens but also in regional areas, ensuring a substantial degree of diversity in terms of experience, age, and positions of responsibility. The majority of participants worked in nursing units in Athens (86.25%), while 13.75% worked in regional areas. Women accounted for 69.38% of the sample, and the mean age was 47.66 years. A total of 26.56% reported holding a position of responsibility, while the mean length of service was 22.04 years (Table 1).

Data Collection

Data was collected exclusively through an online questionnaire (Google Forms) between 1 January and 28 February 2025. The questionnaire was distributed via email, professional networks, and social media to achieve a higher response rate. Participants completed the questionnaires anonymously, ensuring the accuracy and sincerity of their responses. Google Forms enabled the automated recording of responses, the possibility of processing the data in statistical analysis software, and the protection of personal data, as no names or other personally identifiable information were requested.

Ethical and Deontological Issues

Electronic data collection through Google Forms enabled the rapid and secure storage of information in spreadsheets ready for statistical processing (descriptive and inferential analysis). Participation was voluntary, anonymous, and accompanied by the option to withdraw at any time. Participants were fully informed about the study's purpose and procedures, and all rules for ensuring anonymity and confidentiality were followed in accordance with the General Data Protection Regulation (GDPR).

Statistical Analysis

The study applied a strictly defined methodological approach to analyze the relationship between mindfulness and job performance among nurses. The statistical processing included the following stages: A descriptive analysis of the demographic and work-related

characteristics of the sample was performed.

This included:

Means and standard deviations for the questionnaire variables.

Frequency distributions for categorical variables such as sex, years of experience, work sector, and geographical distribution (Athens or regional areas).

Initially, the normality of the data was tested. The Shapiro-Wilk test was used to determine whether the data followed a normal distribution. Because some variables did not meet normality criteria, non-parametric methods, such as Spearman's correlation, were applied for correlations.

Correlations and group differences: Correlations (e.g., age with MAAS, age with IWPQ) and differences between groups (e.g., Athens vs. regional areas; position of responsibility vs. no position of responsibility) were examined with respect to the MAAS and IWPQ dimensions. Kruskal-Wallis or Mann-Whitney U tests were used depending on the comparison.

The SPSS V20 for Windows statistical package was used for statistical processing.

RESULTS

The internal consistency of the two questionnaires was assessed using Cronbach's Alpha reliability coefficient.

For the Mindful Attention and Awareness Scale (MAAS), Cronbach's Alpha was 0.731, indicating moderate but acceptable reliability. For the Individual Work Performance Questionnaire (IWPQ), Cronbach's Alpha was 0.821, corresponding to high reliability.

According to the literature, Cronbach's Alpha values above 0.7 are considered acceptable, whereas values above 0.8 reflect high reliability. Therefore, the IWPQ demonstrates high internal consistency, while the MAAS is at a marginally acceptable level of reliability.

The level of mindfulness was first estimated using the MAAS index. The sample mean was 4.55, with a standard deviation (SD) of 0.76, indicating relatively low dispersion of values around the mean. The minimum recorded value was 2.33, while the maximum value was 5.75, reflecting the range of participants' responses. In addition, the interquartile range (IQR) was calculated at 1.07, indicating that the data were concentrated around the mean and that no extreme deviations were observed (Table 2).

Table 1. Demographic Characteristics

Category	Value (%)	Mean (Standard Deviation)
Total Number of Participants	320.0	
Mean Age (years)		47.66 (8.82)
Mean Professional Experience (years)	-	22.04 (9.85)
Athens	276 (86.25%)	
Regional areas (%)	44.0 (13.75%)	
Without Position of Responsibility (%)	234 (73.17%)	
With Position of Responsibility (%)	85 (26.56%)	

Table 2. Overall Assessment of Mindfulness Level (MAAS Score)

Statistical Index	Mean	Standard Deviation (SD)	Minimum Value (Min)	Maximum Value (Max)	Interquartile Range (IQR)
Mindful Attention Awareness Scale (MAAS) Score	4.55	0.76	2.33	5.75	1.07

Participants in the study demonstrated moderate to high mindfulness, suggesting that nurses generally feel able to maintain attention to their activities and to remain present in their professional responsibilities.

The relationship between mindfulness (Mindful Attention Awareness Scale - MAAS) and demographic and professional factors among the nurses in the study was then examined (Table 3).

Table 3. Correlation of Mindfulness (MAAS Score) with Age, Position of Responsibility, and Place of Work

Variable		Mean Rank	p value
Position of Responsibility	YES	185	<0.01
	NO	146.2	
Place of Work	ATHENS	163.5	<0.05
	URBAN AREAS	149.9	
Age	Spearman correlation		p > 0.05

Table 4. Assessment of the Three Dimensions of Job Performance (IWPQ)

	Mean	Standard Deviation
1. Daily Performance		
1. I plan what I will do at work so that I can complete it on time	4.412	0.905
2. I plan my actions in the best possible way	4.319	0.852
3. I keep in mind the goals I need to achieve	4.328	0.857
4. I can distinguish important from less important tasks	4.412	0.923
5. I complete my tasks using the least possible time and effort	3.669	1.061
2. Adaptability		
1. I seek to take on additional responsibilities beyond those assigned to me	3.388	1.164
2. I start new projects after completing previous ones	3.878	0.989
3. I take on interesting tasks when they are available	3.638	1.086
4. I try to keep my knowledge up to date	3.922	0.997
5. I seek to continuously improve my skills and abilities	4.231	0.938
6. I find creative solutions to new problems that arise	4.016	0.942
7. I seek new challenges in my professional field	3.559	1.078
3. Counterproductive Behavior		
1. I actively participate in professional meetings	3.747	1.095
2. I complain about unimportant issues in the workplace	2.128	1.085
3. I tend to exaggerate problems that arise	1.894	1.021
4. I focus on the negative aspects of work rather than the positive ones	2.319	1.136
5. I discuss the negative aspects of the professional environment with my colleagues	3.309	1.115
6. I mention negative aspects of work when speaking with people outside my professional circle	2.819	1.239

1. Correlation between MAAS and Position of Responsibility

Nurses holding a position of responsibility had a significantly higher mean rank (185.6) compared with those who did not hold such a position (146.2), with $p < 0.01$.

This suggests that nurses in administrative or leadership roles demonstrate higher levels of mindfulness, which may be related to increased demands for self-regulation, concentration, and decision-making.

2. Correlation between MAAS and Geographical Work Location

Nurses working in Athens had a higher mean rank (163.5) than those working in regional areas (140.9), with $p < 0.05$, indicating a statistically significant difference. This difference may be attributable to different work rhythms, education, or the availability of mindfulness training programs in large urban centers.

3. Correlation between Age and MAAS

Spearman's analysis showed no statistically significant correlation ($\rho = 0.05$, $p > 0.05$) between age and MAAS score. This means that nurses' age does not appear to significantly affect their mindfulness, suggesting that the ability to pay attention and maintain awareness does not depend directly on age-related experience, but possibly on other factors such as education or working conditions.

Assessment of the Three Dimensions of Job Performance

Table 4 presents the results of the analysis of nurses' job performance as assessed by the Individual Work Performance Questionnaire (IWPQ). Specifically, it presents both the overall values and the means and standard deviations for each individual item composing the three main dimensions of job performance.

Daily performance was the dimension with the highest mean score ($M = 4.09$). This result indicates that nurses have a positive perception of their ability to perform

their daily duties effectively. In addition, the high score reflects time management and organizational abilities and may contribute to reducing work-related stress and strengthening professional well-being.

Adaptability had a slightly lower mean score ($M = 3.87$) compared with daily performance, indicating some difficulties in adapting to new working conditions. Limited adaptability may be attributed to gaps in training programs or to the need to strengthen skills related to flexibility and coping with unpredictable situations. Counterproductive behavior had the lowest mean score ($M = 2.70$), indicating that nurses rarely display behaviors that negatively affect the workplace. The low values for counterproductive behavior in the study results reflect a positive work climate and a high level of professionalism among participants.

Levels of Mindfulness and Their Correlation with Job Performance

The analysis results show that mindfulness is significantly related to the three dimensions of nurses' job performance (Table 4). Specifically, a positive correlation was observed with daily performance ($r = 0.44$, $p < 0.01$), indicating that higher levels of mindfulness are associated with greater effectiveness in performing everyday professional duties.

In addition, mindfulness showed a negative correlation with counterproductive behavior ($r = -0.34$, $p < 0.01$), suggesting that nurses with higher levels of awareness and self-regulation tend to exhibit fewer dysfunctional or disruptive behaviors in the workplace. Finally, the correlation with adaptability was moderate ($r = 0.34$, $p < 0.05$), suggesting that mindfulness may contribute to improving the ability to adapt to new or demanding working conditions, although this relationship is not as strong as with the other two dimensions.

These findings strengthen the theoretical basis supporting the role of mindfulness in improving professional performance and preventing dysfunctional behaviors in health-care settings.

Table 5. Correlation of Mindfulness with Job Performance

Dimension	Correlation (r)	Statistical Significance (p)
MAAS and Job Performance	0.44	$p < 0.01$
MAAS and Adaptability	0.34	$p < 0.05$
MAAS and Counterproductive Behavior	-0.34	$p < 0.01$

Table 6. Correlation of Age with Job Performance

Dimension	Correlation (r)	Statistical Significance (p)
Age and Job Performance	0.20	$p < 0.05$
Age and Adaptability	0.06	$p > 0.05$
Age and Counterproductive Behavior	-0.30	$p < 0.05$

Table 7. Correlation of Position of Responsibility with Job Performance

Dimension	Position of Responsibility: Yes	Position of Responsibility: No	p value
MAAS Score	4.72	4.38	$p < 0.05$
Job Performance	4.25	4.05	$p < 0.05$
Adaptability	3.95	3.79	$p < 0.05$
Counterproductive Behavior	2.50	2.85	$p < 0.05$

Relationship between Age and Job Performance

Age appeared to influence certain dimensions of job performance. Specifically, a positive correlation with daily performance was observed ($r = 0.20$, $p < 0.05$), suggesting that older nurses have developed abilities that allow them to perform their duties with greater effectiveness. By contrast, age did not appear to be related to adaptability ($r = 0.06$, $p > 0.05$), indicating that the ability to adapt to changing working conditions does not necessarily depend on age.

In addition, a negative correlation was recorded between age and counterproductive behavior ($r = -0.30$, $p < 0.05$), which may reflect greater professional maturity and experience among older nurses (Table 5).

Position of Responsibility and Job Performance

Nurses holding a position of responsibility showed higher levels of mindfulness ($M = 4.72$ vs. 4.38 , $p < 0.05$), daily performance ($M = 4.25$ vs. 4.05 , $p < 0.05$), and adaptability ($M = 3.95$ vs. 3.79 , $p < 0.05$). At the same time, they showed lower levels of counterproductive behavior ($M = 2.50$ vs. 2.85 , $p < 0.05$). Table 6 presents the results of the correlation between job performance and the presence or absence of a position of responsibility.

DISCUSSION

The present study highlighted the significant relationship between mindfulness and job performance among nurses, using the Mindful Attention Awareness Scale (MAAS) to assess mindfulness and the Individual Work Performance Questionnaire (IWPQ) to measure performance in the dimensions of daily work, adaptability, and counterproductive behavior. The findings underline the positive role of present-moment awareness in improving effectiveness and preventing dysfunctional behaviors.

The positive correlation between this skill and daily performance ($r = 0.44$, $p < 0.01$) confirms theoretical approaches that emphasize its contribution to improving concentration, self-regulation, and decision-making (Dane E., Brummel B., 2014; Huelshager U. R., 2013). In nursing, where professionals manage complex clinical situations, the ability to focus on the present moment contributes to better decision-making, reduced anxiety, and fewer errors (Lomas T., Medinas J. et al., 2018).

Research has shown that the development of this ability increases empathy and emotional resilience, facilitating interactions with patients and colleagues (Shapiro, S. L., Astin, J. A. et al., 2005). Similarly, the negative correlation

with counterproductive behavior ($r = -0.34$, $p < 0.01$) confirms the hypothesis that mindful awareness reduces the manifestation of dysfunctional behaviors, such as carelessness, negligence, or tension in the workplace (Glomb T., Duffy M. et al., 2011). In addition, it may reduce levels of occupational burnout, which is a major issue in nursing, by improving the ability to manage stress (Reb J., Sim S. et al., 2015).

Further studies show that mindfulness training programs reduce occupational exhaustion and increase job satisfaction, contributing to the prevention of professional withdrawal (Kersemaekers W., Ruprecht S. et al., 2018).

However, the moderate correlation with adaptability ($r = 0.34$, $p < 0.05$) shows that, although mindfulness strengthens resilience under demanding conditions, adaptation to change requires additional strategies, such as continuing education and guidance from senior professionals (Malinowski P., Lim H., 2015). Nurses' capacity for adaptation may also depend on organizational culture, work autonomy, and opportunities for skill development (Coo C., Salanova M., 2018). The study showed that nurses holding positions of responsibility had higher levels of self-awareness, a finding that confirms studies on the increased capacity for concentration and emotional self-regulation among workplace leaders (Boyatzis R., McKee A. et al., 2013).

Mindfulness at all levels of management can serve as a tool for strengthening the decision-making process, reducing the risk of abrupt reactions under pressure. Employees in positions of responsibility, because of increased demands, appear to maintain higher levels of self-awareness, which helps them manage stress and emotional challenges (Good D., Lyddy C. et al., 2016).

Geographical work also affects the level of this ability, as nurses in Athens had higher scores than those in regional areas ($p < 0.05$). Greater access to educational programs and support mechanisms in urban centers probably contributes to this difference (Shapiro S., Astin J. et al., 2006).

It is noteworthy that nurses had high scores in work planning and in the ability to distinguish important from less important tasks, a finding consistent with previous research highlighting the importance of experience, particularly in critical care departments. These skills appear to be strengthened among leaders or more experienced nurses, who receive intensive training in emergency management (International Council of Nurses, 2021).

The absence of a significant relationship between age and adaptability suggests that the ability to accept and adapt to change depends more on individual attitudes, organizational culture, and continuing education than on age. Employees' flexibility and adaptability are closely linked to opportunities for further training and to their willingness to adopt new technologies and procedures (International Council of Nurses, 2016).

In contrast, the positive relationship between age and daily performance and the negative relationship between age and counterproductive behaviors indicate that clinical and professional experience may strengthen the quality of work and emotional stability.

Based on the above, the present study supports the view that the ability to concentrate and manage thoughts is related to fewer errors and the maintenance of a positive work climate, while also providing evidence that relevant educational interventions can benefit nurses regardless of age or position. In addition, it highlights the need for targeted training for younger nurses, who may face increased challenges at the beginning of their careers. Creating an appropriate work environment that encourages innovation, feedback, and team-based problem solving can contribute to the development of these skills.

The study results reinforce the need to integrate educational programs of this kind into nursing education, as they can improve the quality of health services provided by reducing errors and strengthening health professionals' emotional resilience (Panagiotopoulou, K., & Koukia, E., 2012).

The integration of mindfulness programs into nursing institutions represents an innovative approach to improving the mental health and job performance of health professionals. According to the study by Kersemaekers W., Ruprecht S. et al., implementation of these programs has already shown positive results by strengthening emotional resilience, reducing anxiety, and improving employees' overall quality of life (Kersemaekers W., Ruprecht S. et al., 2018).

Study limitations

The main limitations of the study include:

- Self-reported questionnaires: The research was based on self-reported questionnaires, which may affect the reliability of responses because of social desirability bias.
- Possible underestimation or overestimation of responses: Some participants may have underestimated negative behaviors or states of reduced mindfulness, while others may have exaggerated positive aspects, presenting a more ideal professional image.
- Need for a larger and more representative sample: The sample limitations highlight the need for future studies with larger and more heterogeneous

populations.

CONCLUSIONS

Nurses' professional performance is a critical factor in the quality of health care provided, while cognitive and emotional skills are central regulators of effectiveness in the workplace. Concentration, self-regulation, and adaptability form a system of dynamic interactions in which individual performance is directly linked to the work environment, organizational structures, and educational opportunities.

The constant change in the demands of the nursing profession, combined with the increased cognitive and emotional demands of the role, makes it necessary to develop strategies that support the maintenance of attention and self-awareness. The contemporary workplace requires the ability to adapt to constantly changing conditions, while also demanding high levels of alertness and cognitive control to avoid errors and optimize performance.

Self-regulation and cognitive flexibility play a central role in managing work-related stress, making critical decisions, and maintaining a positive work climate. Promoting a culture of continuous learning, providing educational opportunities, and ensuring organizational support are key pillars for strengthening these skills, contributing to the reduction of counterproductive behaviors and the empowerment of professional resilience. Management of job performance cannot be limited to isolated interventions; it requires a holistic approach that integrates both individual and organizational factors.

Leadership skills, emotional intelligence, and the ability to concentrate create a framework within which nurses can respond effectively to the demands of their role, while investment in continuing education is a strategic tool for the sustainability of professional development.

The theoretical interpretation of the findings highlights the need to develop targeted programs to strengthen cognitive and emotional skills, enabling nurses to respond effectively to the challenges of the modern health-care environment. The implementation of such interventions contributes not only to the individual development of professionals, but also to the overall improvement of the quality of health services.

In conclusion, the present study lays the foundation for further research that could examine in greater depth the causal relationships between concentration and the different dimensions of professional behavior.

Future studies may investigate the effectiveness of various educational interventions and their long-term impact on occupational well-being and quality of care. The development of evidence-based intervention strategies is expected to play a decisive role in improving nurses' professional resilience and ensuring high-quality health services.

REFERENCES

- Dakwar E., Levin F. (2009). The Emerging Role of Meditation in Addressing Psychiatric Illness, with a Focus on Substance Use Disorders. *Harv Rev Psychiatry*. 2009;17(4):254-267.
- Jon Kabat-Zinn JK. (2003). Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.
- Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulness-Based Stress Reduction for Health Care Professionals: Results From a Randomized Trial. *International Journal of Stress Management*, 12(2), 164-176.
- Smith S. (2014). Mindfulness-Based Stress Reduction: An Intervention to Enhance the Effectiveness of Nurses' Coping With Work-Related Stress. *International Journal of Nursing Knowledge*. 25(2):119-130.
- Wang F., Liu C. (2023). Effects of mindfulness-based interventions on stress and burnout in nurses: a systematic review and meta-analysis. *Front Psychiatry*. 2023 Aug 3;14:1218340.
- Mantzios M., Wilson C., Giannou K. (2013). Psychometric Properties of the Greek Versions of the Self-Compassion and Mindful Attention and Awareness Scales. *Mindfulness* 6(1). Available at <https://www.researchgate.net/publication/257795426>. Accessed January 2025.
- Galanis P., Katsiroumpa A., et al. (2024). Individual Work Performance Questionnaire. Translation and Validation in Greek. *International Journal of Caring Science* (2024), 17(3):1291-1297. Available at https://www.researchgate.net/publication/381001885_Individual_Work_Performance_Questionnaire_Translation_and_validation_in_Greek. Accessed January 2025.
- Dane E., Brummel B. (2014). Examining Workplace Mindfulness and Its Relations to Job Performance and Turnover Intentions. American Psychological Association. Available at <https://psycnet.apa.org/record/2013-45267-005>. Accessed February 2025.
- Huelshager U. R., Alberts H., et al. (2013). Benefits of mindfulness at work: the role of mindfulness in emotion regulation, emotional exhaustion, and job satisfaction. *J Appl Psychol*. 2013 Mar;98(2):310-25. Available at <https://pubmed.ncbi.nlm.nih.gov/23276118/>. Accessed February 2025.
- Lomas T., Medinas J. et al. (2018). A systematic review of the impact of mindfulness on the well-being of healthcare professionals. *J Clin Psychol*. 2018 Mar;74(3):319-355.
- Glomb T., Duffy M., et al. (2011). Mindfulness at Work. Available at https://www.researchgate.net/publication/306395800_Mindfulness_at_Work. Accessed February 2025.
- Reb J., Sim S. et al. (2015). Leading with mindfulness: Exploring the relation of mindfulness with leadership behaviors, styles, and development. In *Mindfulness in Organizations* (pp. 256-284). Available at https://www.researchgate.net/publication/290458550_Leading_with_mindfulness_Exploring_the_relation_of_mindfulness_with_leadership_behaviors_styles_and_development. Accessed February 2025.
- Kersemakers W., Ruprecht S., et al. (2018). A Workplace Mindfulness Intervention May Be Associated With Improved Psychological Well-Being and Productivity: A Preliminary Field Study in a Company Setting. *Front Psychol*. 2018 Feb 28;9:195.
- Malinowski P., Lim H. (2015). Mindfulness at Work: Positive Affect, Hope, and Optimism Mediate the Relationship Between Dispositional Mindfulness, Work Engagement, and Well-Being. *Mindfulness*, 6, 1250-1262.
- Coo C., Salanova M. (2018). Mindfulness Can Make You Happy-and-Productive: A Mindfulness Controlled Trial and Its Effects on Happiness, Work Engagement and Performance. *Journal of Happiness Studies*, 19(3):1-21.
- Boyatzis R., McKee A., et al. (2013). Primal Leadership: Realizing the Power of Emotional Intelligence. Available at https://www.researchgate.net/publication/230854764_Primal_Leadership_Realizing_the_Power_of_Emotional_Intelligence. Accessed February 2025.
- Good D., Lyddy C., et al. (2016). Contemplating Mindfulness at Work: An Integrative Review. *Journal of Management*, 42(1).
- Lin Y., Pan Y., et al. (2024). The impact of mindfulness on nurses' perceived professional benefits: the mediating roles of workplace spirituality and work-life balance. *Front Psychol*. 2024 Feb 27;15.
- International Council of Nurses (2021). A Voice to Lead: A Vision for Future Healthcare. Available at <https://www.icn.ch/resources/publications-and-reports/nurses-voice-lead-vision-future-healthcare>. Accessed February 2025.
- International Council of Nurses (2016). Nurses: A Force for Change. Improving Health Systems' Resilience. The ICN Biennial Report 2016-17.
- Panagiotopoulou, K., & Koukia, E. (2012). Continuing professional education and the motivational orientation of nurses. *Nosileftiki*, 51(4), 385-394.
- Kersemakers W., Ruprecht S., et al. (2018). A Workplace Mindfulness Intervention May Be Associated With Improved Psychological Well-Being and Productivity: A Preliminary Field Study in a Company Setting. *Front Psychol*. 2018 Feb 28;9:195.