Effect of A Mindfulness-Based Psychoeducational Program on Psychological Flexibility And Perceived Stress among Psychiatric Patients

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Received: 14/05/2025

Revised:18/06/2025

Accepted:28/06/2025

ABSTRACT

Background: Psychiatric patients frequently experience elevated perceived stress and diminished psychological flexibility, contributing to impaired mental health and daily functioning. Mindfulness-based psychoeducational interventions have demonstrated efficacy in enhancing psychological flexibility and reducing stress by promoting present-moment awareness and adaptive coping strategies. **Aim:** This study intended to assess the effect of a mindfulness-based psychoeducational program on psychological flexibility and perceived stress among psychiatric patients. **Subjects and Method:** A one-group quasi-experimental pretest-posttest design was employed, involving a purposive sample of 50 psychiatric inpatients from Minia Hospital for Mental Health and Addiction Treatment. Participants completed three standardized instruments Personal and Clinical Data Questionnaire, the Mindful Attention Awareness Scale, the Perceived Stress Scale, and the Acceptance and Action Questionnaire before and immediately following the psychoeducational intervention**. Results:** The mindfulness-based intervention significantly increased participants' mindfulness scores (pre vs. post) and reduced moderate-to-high perceived stress prevalence (pre vs. post). Psychological flexibility improved modestly, with inflexible classifications decreasing from 74% to 68%. Strong negative correlations emerged between mindfulness and perceived stress, and positive correlations between mindfulness and psychological flexibility, supporting the program's therapeutic mechanisms. **Conclusion:** The mindfulness-based intervention effectively enhanced mindfulness, reduced perceived stress, and improved psychological flexibility among psychiatric patients. These findings underscore the importance of incorporating mindfulness practices in interventions to promote psychological well-being and stress management. **Recommendations:** Psychiatric nurses should undergo specialized training in mindfulness-based interventions (MBIs), integrating formal and informal mindfulness techniques into routine care, while identifying and addressing barriers to patient engagement to enhance effectiveness.

***Keywords*:** Mindfulness, psychological flexibility, stress, psychiatric patients.

INTRODUCTION

Psychiatric disorders are also known as mental disorders and referred to as mental health problems, such as psychosocial disabilities, mental disorders, and other mental problems, encompassing significant disruptions and impairments in vital areas of functioning like thought processes, regulation of emotion, or behavior (WHO, 2022). Patients with psychiatric disorders often experience disabling symptoms, deterioration of social abilities, challenges in performing everyday tasks, and defective communication skills. These symptoms can negatively impact the patient's performance in educational, working, family, and social life (Liu et al., 2024& Shoib, . et al., 2021).

Mindfulness is considered a way to experience everyday life and is usually defined as "the awareness that emerges by way of paying attention on purpose in the present moment and nonjudgmentally to the unfolding of experience moment by moment" (Colgan et al., 2019, Kabat-Zinn, 2002). It helps individuals to gain awareness and insight about their current experiences, such as their thoughts, emotions, consciousness, bodily states, and environments, while encouraging an attitude of openness and acceptance. In addition to reducing negative thoughts about the past and future, mindfulness is also believed to decrease stress and increase psychological flexibility and resilience (Liu et al., 2024; Kabat-Zinn, 2003).

The application of mindfulness-based interventions (MBIs) in the field of mental health care has increased as a psychological and social approach to alleviating perceived stress, anxiety, depression, insomnia, addiction, and physical discomfort. MBIs have also been shown to effectively enhance psychological flexibility and emotional regulation (Zhang et al., 2021). Besides, incorporating MBIs with psychoeducation has been found to yield even more desirable and better clinical results for individuals with mental health conditions (Lam et al., 2020).

Psychoeducation equips patients with the information, skills, resources, and techniques needed to manage illness and its associated challenges. On the other side, mindfulness helps and facilitates the development of a mental orientation toward

everyday experiences, fostering greater psychological flexibility and awareness. This, in turn, improves the individual's ability to enjoy life and increases their abilities to handle life difficulties and stressors (Lam et al., 2020).

Mindfulness-Based Stress Reduction (MBSR), previously called "the Stress Reduction and Relaxation Program," is a well-known mindfulness-based intervention (MBI) created by Jon Kabat-Zinn in 1979. MBSR can be modified to be suitable for different age groups, including children and adults (Kaplan & Gençarslan, 2024; Kabat-Zinn, 1990). The main and basic component of MBSR is mindfulness meditation, which focuses on training individuals on self-regulating attention, thereby reducing their reactivity to sources of stress (Kaplan& Gençarslan, 2024).

Additionally, the MBSR program encourages individuals to focus attention on everyday activities, such as teeth brushing or mindful walking, and to use bodily sensations to remain present and aware in all moments. It also encourages individuals to mindfully "breathe with" any experience that arises in order to foster mindfulness throughout daily life (Kaplan & Gençarslan, 2024). MBSR consists of body scans, breathing meditation, and walking meditation, which help improve concentration and increase physical relaxation. One of its key advantages is that these activities do not require specific times or places to practice in addition to the ability to easily integrate into daily routines (Kim, 2021).

The concept of psychological flexibility gained more attention in recent decades, and according to a meta-analysis, psychological inflexibility is moderately to highly correlated with different psychopathological symptoms such as stress, pain, anxiety, depression, and a lower quality of life (Rutschmann et al., 2024; Hayes et al., 2006). Psychological flexibility (PF) is defined as "the ability to contact the present moment more fully as a conscious human being and to change or persist in behavior when doing so serves valued ends" (Hayes et al., 2006). In other words, it involves continuing to act in accordance with one's values without avoidance, even when experiencing difficult thoughts, emotions, or physical sensations (Hayes et al., 2019; Stotts et al., 2019).

Moreover, psychological flexibility is described as an essential set of processes that help people manage stressors and engage in adaptive behaviors that promote values-driven action (Alan et al., 2020). It helps individuals face their current situations and conditions, providing the opportunity to evaluate circumstances and accordingly modify or maintain their behavior, ensuring effective action in those situations (Abbasi et al., 2023; Alan et al., 2020). Psychological flexibility can act as a protective agent when experiencing negative feelings and also enhance positive mental health (Richard& Ahmed, 2021).

Psychiatric patients who have less psychological flexibility are more likely to experience thoughts as distressing events that they must escape from, experience worse social functioning, and have more severe symptoms (González-Menéndez et al., 2021). Furthermore, it is theorized that a variety of mental disorders stem from a lack of psychological flexibility. (Hernández-López et al., 2021). The degree of perceived stress is strongly correlated with psychological flexibility and it has been demonstrated that higher psychological flexibility is associated with both reduced perceived stress and improved psychological health (Cyniak-Cieciura, 2021).

Stress is a common phenomenon in today's life, and perceived stress is defined as “the feelings or thoughts that an individual has about the amount of stress he or she is exposed to in a period of time” (Huh et al., 2021; Cohen, Kamarck, and Mermelstein, 1983). It has been reported that the link between stressful life events and psychiatric disorders is stronger than the association with physical or medical illnesses. Individuals with mental health conditions often encounter unique challenges, such as not recognizing their symptoms as part of their illness, experiencing stigma, frequent relapses, repeated hospitalizations, and difficulties adapting socially. As a result, they are more likely to view their illness and condition circumstances as sources of significant stress (Ibrahim et al., 2023). The level of perceived stress has a strong negative effect on psychiatric disorders and is associated with poor health (Thoma et al., 2021).

Research by Wersebe et al. (2018) demonstrated that increases in psychological flexibility during psychological intervention were significantly

associated with reductions in stress and improvements in well-being. Additionally, Gloster et al. (2017) found that psychological flexibility acts as a moderator in the relationship between daily stresses and mental health, indicating that individuals with higher psychological flexibility experience less stress (Wersebe et al., 2018).

Also, a study conducted by Ko & Kim (2023) showed that the application of an MBSR program could help to decrease perceived stress and improve psychological well-being among psychiatric inpatients. Similarly, the study of Kim, Jang& Sun (2021) demonstrated that the MBSR program is an effective intervention provided by nursing staff for reducing stress in schizophrenic patients.

Significance of the study

970 million people worldwide, or one in eight individuals, suffered from a mental illness in 2019 (WHO, 2022). Perceived stress is at the forefront in mental disorders, and the effective interventions to improve psychological flexibility and reduce perceived stress are necessary for recovery-centered nursing interventions for the community return of hospitalized people with mental illness**.**

A study conducted in Egypt by Atia & Sallam (2020) revealed that the application of MBI with patients who are depressed results in a positive effect in decreasing stress levels. Goldberg et al. (2018) conducted a systematic review and meta-analysis examining MBIs for a variety of psychiatric and medical diseases. Their findings indicate that MBIs have a moderate effect on improving various psychological and emotional problems, including psychological flexibility. Additionally, the meta-analysis conducted by Spijkerman, Pots, and Bohlmeijer (2016) suggests that mindfulness-based interventions (MBIs) can play a beneficial role in enhancing mental health outcomes, with particularly notable effects in reducing stress.

There are different studies performed in Egypt to measure the effect of MBI on perceived stress and psychological flexibility for a range of conditions among different categories of people, including students, nurses, and other community

categories. However, there are limited previous studies in Egypt that evaluate the effect of mindfulness-based psychoeducational programs on perceived stress and psychological flexibility for psychiatric patients in psychiatric hospitals. Based on the lack of studies, the current study was performed to assess the effect of a mindfulness-based psychoeducational program on psychological flexibility and perceived stress among psychiatric patients.

AIM OF THE STUDY

This study aimed to assess the effect of a mindfulness-based psychoeducational program on psychological flexibility and perceived stress among psychiatric patients

Research Hypotheses

H1: There will be a significant improvement in psychological flexibility and mindfulness among psychiatric patients after the application of a mindfulness-based psychoeducational program.

H2: The application of a mindfulness-based psychoeducational program will reduce the level of perceived stress among psychiatric patients.

SUBJECTS AND METHODS

A quasi-experimental research design with a pre- and post-test approach was employed to accomplish the aim of the study.

Setting

The study took place at the inpatient units of Minia Hospital for Mental Health and Addiction Treatment, which operates under the Ministry of Health's "General Secretariat for Mental Health and Addiction Treatment" and is situated in New Minia City. The hospital has a capacity of 53 beds, serving both male and female patients across all nine districts of the Minia Governorate.

Subjects

A non-probability purposive sample of 50 psychiatric patients with established diagnoses, who were hospitalized in the inpatient unit, participated in the study. The sample size was estimated by detecting a similar effect size as reported in Ko & Kim's (2023) study with 95% power, a 95% confidence level, and accounting for a potential dropout rate of 15%. A sample size of 50 participants was detected for a pre-and-post quasi-experimental design.

Inclusion Criteria

- Have adequate communication both verbally and non-verbally to understand and complete the study tools
- No participation in a similar program within the past six months

Exclusion Criteria

Have a diagnosis of organic brain diseases, personality disorders, or addiction and substance-related problems.

In this study, four tools were used to gather data:

Tool (I): Personal and Clinical Data Questionnaire

A structured questionnaire was utilized to collect data about participants' demographic traits (e.g., gender, age, education, marital status, occupation, monthly family income, place of residence, and living situation) as well as relevant clinical data (e.g., diagnosis, onset of disease in years, and number of hospital admissions).

Tool (II): The Mindful Attention Awareness Scale (MAAS)

The MAAS is a one-dimensional measure used to assess mindfulness (Brown& Ryan, 2003). It enables people to demonstrate their degree of awareness and attention to what is happening in the present. The MAAS consists of 15 items that are rated on a Likert-type scale from 1 (almost always) to 6 (almost never), with a

maximum score of 90 points. Higher mindfulness levels are indicated by higher MAAS scores (Brown & Ryan, 2003 & Carlson & Brown, 2005).

Tool (III): The Perceived Stress Scale (PSS- 10).

The PSS-10 is a well-known tool used to measure psychological stress and was originally developed by Cohen et al. (1983) to evaluate the degree to which personnel perceive situations in their life as stressful. Respondents are asked how often they felt a certain way on a five-point scale from 'never = 0' to 'very often = 4.' Responses to the four favorably expressed items (items 4, 5, 7, and 8) must first be inverted (i.e., 0 => 4; 1 => 3; 2 => 2; 3 => 1; 4 => 0) in order to determine the overall PSS score. The PSS can range from 0 to 40, with higher scores indicating higher perceived stress (Cohen & Janicki-Deverts. 2012). Scores ranging from 0-13 would be considered low stress. Scores ranging from 14-26 would be considered moderate stress. Scores ranging from 27-40 would be considered high perceived stress (Cohen & Janicki-Deverts. 2012).

Tool (IV): The Acceptance and Action Questionnaire (AAQ-II)

The Acceptance and Action Questionnaire II (AAQ-II) is most commonly used to assess psychological inflexibility. The original AAQ was developed by Hayes et al., 2004, as well as the updated version (Bond et al., 2011). The scale contains 7 items that are assessed on a seven-point Likert scale, with 1 denoting "never true" and 7 denoting "always true." Score the scale by summing the seven items in which the higher scores equal greater levels of psychological inflexibility. while lower total scores mean more flexibility. (Bond et al., 2011).

Validity and reliability of tools

The original tools were translated to Arabic and then back into English before verifying their validity. The content validity of the study tools was revised by a five-member panel of psychiatric and mental health nursing experts to evaluate the tools' clearness, feasibility, and applicability. The reliability of the tools was evaluated through an Alpha Cronbach test, and they were found to be reliable, with a score of

0.85 for the mindful attention awareness scale, 0.91 for the perceived stress scale, and 0.89 for the acceptance and action questionnaire II.

Ethical consideration

The Research Ethics Committee of the Faculty of Nursing at Minia University, Egypt, granted formal approval to perform the study (Approval No.: REC2024125). Each participant received a comprehensive explanation of the study's significance and objectives. After that, oral and written informed consent was acquired and participants were given the assurance that their involvement in the study is entirely voluntary and that they might leave at any time. All information was suitably coded to guarantee anonymity and confidentiality.

Pilot Study

A pilot study was conducted with 10% of the total sample (five patients) to assess the clarity and applicability of the study instruments and based on the feedback and findings from the pilot study, necessary adjustments were made. Importantly, participants involved in the pilot study were excluded from the main study sample to prevent data duplication and to maintain the integrity and validity of the research results.

Data collection procedure

Following the selection and translation of the measuring tools, the patients' consent, was obtained through a direct, in-person interview with them after explanation of the study purpose. Data was gathered both prior to and immediately after the intervention. Five groups of ten patients each were formed from the included participants. The four tools in understandable Arabic words were administered via interviews before the intervention. Six sessions made up the program, which ran from the middle of December 2024 until the end of April 2025. The data was collected by the researcher twice a week between 10 a.m. and 12 p.m.

Program implementation

The planning (preparation) includes a review of the current and previous studies to have a comprehensive overview of all aspects of the research issue. This stage helped to guide, develop, and plan the program of the study. Additionally, the Mental Health and Addiction Treatment Hospital was visited to organize logistical arrangements and obtain the official permissions from the official authority after clearly explaining the nature and purpose of the research.

The study's implementation was divided into three phases: assessment, implementation, and evaluation.

I. The assessment (Measure 1) and data collection phase: This phase aimed to assess levels of perceived stress, mindfulness, and psychological flexibility among the studied sample before implementation of the program. During data collection, the participants were asked face-to-face by the researchers, and the researcher also clarified the meaning of the questions to the patients, which helped in understanding the meaning of the statements.

II. Implementation of the Mindfulness-Based Psychoeducational Program:

The MBPP in this study was based on the mindfulness-based stress reduction (MBSR) program developed by Jon Kabat-Zinn (1990) and applied in a previous study conducted by Ko & Kim (2023) on patients with mental illness. The intervention with a three-week duration was purposefully chosen in light of previous research findings that showed notable psychological benefits within this timeframe (Shapiro et al., 1998).

The content of the program is presented in the following table

Session	Theme	Objectives	Activities
1	First Encounter	1. Establish orientation and understanding the program's objectives and procedure	· Introduction to the program, introducing oneself,
			· Guiding with the meditation manual
		2. Establishing rapport between researcher and participants	Asking participants to introduce themselves, . Watch the video on mindfulness
		3. Understanding the meaning of mindfulness	· Introduction to mindfulness meditation, Sharing one's meditation experiences
			· Practice paying attention and being present
			· How to write a daily meditation diary
2	Relax	1. Experiencing a state of body relaxation	· Sharing of one's meditation practice over the past week
		2. Understanding the meaning of awareness	· Feedback on the daily meditation diary
		3. Recognizing the feeling and sensation (sound, breath, body movement)	· Mindfulness-based Yoga
			· Talking about one's stress and how it affects the body
		4. Letting go of stressing the body and mind	· Body scan meditation
3	Focus on my mind	1. Focusing only on oneself	· Sharing of one's meditation practice over the past week
		2. Be aware of my own stress reactions	· Feedback on the daily meditation diary
		3. Eliminate all distractions while balancing mind and body	· Mindfulness-based Yoga
			· Breathing meditation with guided meditation
			· Sharing the experience of focusing on my mind
4	Acceptance of the present	1. Focus on the present and emotions	· Sharing of one's meditation practice over the past week
		2. Be aware of negative thoughts and feeling	· Feedback on the daily meditation diary
		3. Accepting my illness and my life without judgement	· Mindfulness-based Yoga, Sitting meditation
			· Talking about thoughts and feelings about one's illness
5	Mindfulness in daily life	1. Learning the easiest way of practicing meditation in daily life	· Sharing of one's meditation practice over the past week
			· Feedback on the daily meditation diary
		2. Awareness of the sensation of my walk	· Mindfulness-based Yoga
		3. Practicing to focus on the present moment	· Walking meditation
			· Practicing a sense of awareness in daily activities
6	Mindfulness, my new choice	1. Review of the entire course and closing	· Practicing a sense of awareness in daily activities
		2. Planning my own version of meditation to use in life	· Sharing of one's meditation practice over the past week
			· Feedback on the daily meditation diary
			· Mindfulness-based Yoga, planning my version of meditation, Sharing the experience of the program

III. Evaluation phase (Measure 2)

Evaluation was done posttest using the Mindful Attention Awareness Scale, the Perceived Stress Scale, and the Acceptance and Action Questionnaire II.

Statistical analysis of the data

The statistical analysis of the data was performed using IBM SPSS software version 20.0 (Armonk, NY: IBM Corp., released 2011). Categorical data were summarized as numbers and percentages. For continuous data, normality was assessed using the Shapiro-Wilk test. Quantitative data were described using range (minimum and maximum), mean, and standard deviation. The used tests were Chi-square test, Monte Carlo correction, McNemar and Marginal Homogeneity Test, Paired t-test, and F-test (ANOVA): Used to compare between more than two groups for quantitative variables that are normally distributed.

RESULTS

Table 1: reveals that the majority of studied patients are males, also 46.0% of them their age 30-50 years old with mean age 36.52 ± 9.71years, moreover 38.0% of them have secondary education, As for marital status, equal percentages (48.0%) of the participants are single or married. Concerning employment, more than half of the patients are working. In addition, 50.0% of them reported having sufficient monthly family income. The table also reveals that the majority (70.0%) reside in rural areas, and all participants (100.0%) live with a family member.

Table 2: represents that, more than half of the studied patients have schizophrenia, and 52.0% of them had the disease for less than five years. Concerning hospital admissions, the majority (64.0%) have been admitted less than five times, with a mean of 2.96 ± 3.02.

Figure 1: demonstrates an improvement in the total score of mindfulness following the intervention. The total score increased from 52.62 before the

intervention to 58.9 afterward, indicating an enhancement in participants' level of mindfulness post-intervention.

Figure 2: illustrates changes in the perceived stress levels pre-, post the intervention. Prior to the intervention, 38.0% of patients exhibited moderate stress levels, which decreased to 30.0% post-intervention. Additionally, the percentage of patients with high stress decreased from 48.0% to 40.0%. These findings indicate a noticeable reduction in stress levels post-intervention.

Figure 3: shows changes in the psychological flexibility levels pre , post the intervention. Prior to the intervention, 74.0% of participants were classified as psychologically inflexible, while 26.0% were considered flexible. Post-intervention, the proportion of flexible participants slightly increased to 32.0%, and the percentage of inflexible participants decreased to 68.0%.

Table 3: clarifies that there were highly statistically significant negative correlations between mindfulness and perceived stress both before ($r = -0.451$, $p = 0.001$) and after ($r = -0.624$, $p < 0.001$) the intervention. Additionally, mindfulness shows a statistically significant positive correlation with psychological flexibility pre-intervention ($r = 0.311$, $p = 0.028$) and post-intervention ($r = 0.385$, $p = 0.006$). Furthermore, there were statistically significant negative correlations between perceived stress and psychological flexibility both before ($r = -0.326$, $p = 0.021$) and after ($r = -0.337$, $p = 0.017$).

Table 1: Frequency and percentage distribution of the studied patients regarding to their socio-demographic data (No. = 50)

Socio-demographic data	No.	%
Gender		
Male	31	62.0
Female	19	38.0
Age		
<30	21	42.0
30 – 50	23	46.0
>50	6	12.0
Mean ± SD.	36.52 ± 9.71	
Educational Level		
Illiterate	8	16.0
Basic Education	11	22.0
Secondary Education	19	38.0
University Education	12	24.0
Marital Status		
Single	24	48.0
Married	24	48.0
Divorced	2	4.0
Widowed	0	0.0
Employment		
Working	28	56.0
Not working	18	36.0
Retired	2	4.0
Student	2	4.0
Monthly Family Income		
Sufficient	25	50.0
Insufficient	25	50.0
Place of Residence		
Rural	35	70.0
Urban	15	30.0
Living Situation		
With a family member	50	100.0
Alone	0	0.0

SD: Standard deviation

Table 2: Frequency and percentage distribution of the studied patients according to their clinical characteristics (No. = 50)

Clinical Characteristics	No.	%
Diagnosis		
Schizophrenia	33	66.0
Bipolar	11	22.0
Depression	6	12.0
Onset of disease in years		
<5 years	26	52.0
From 5 to 10 years	7	14.0
More than 10 years	17	34.0
Number of Hospital Admissions		
<5	128	64.0
≥5	72	36.0
Min – Max.	1.0 – 20.0	
Mean ± SD.	2.96 ± 3.02	

SD: Standard deviation

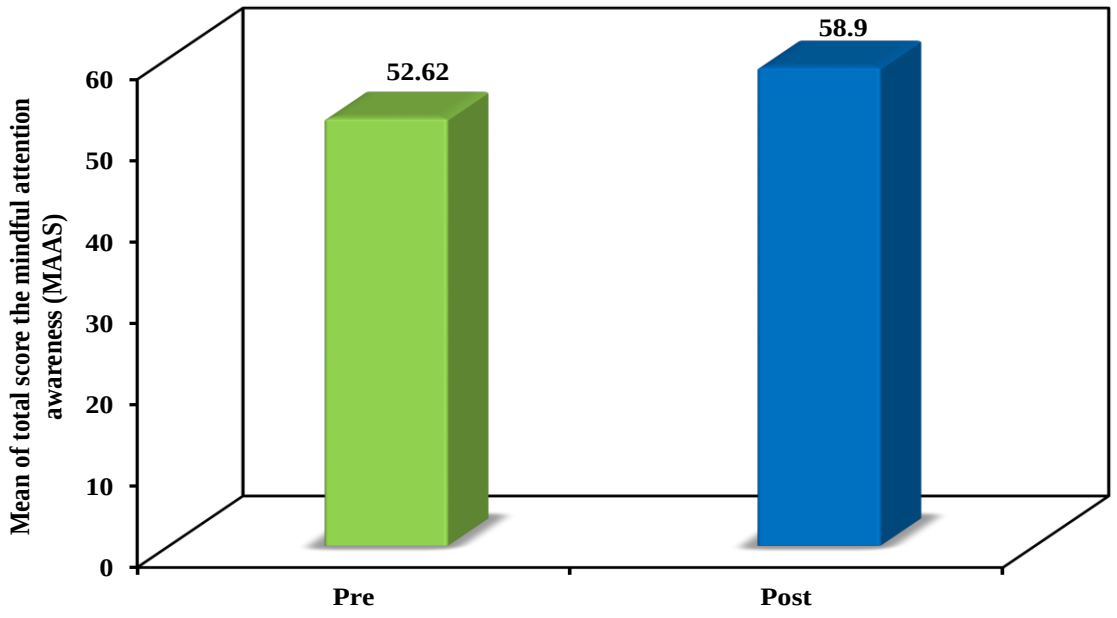

Figure 1: Comparison between the studied psychiatric patients at pre, post intervention according to their Mindfulness (n = 50).

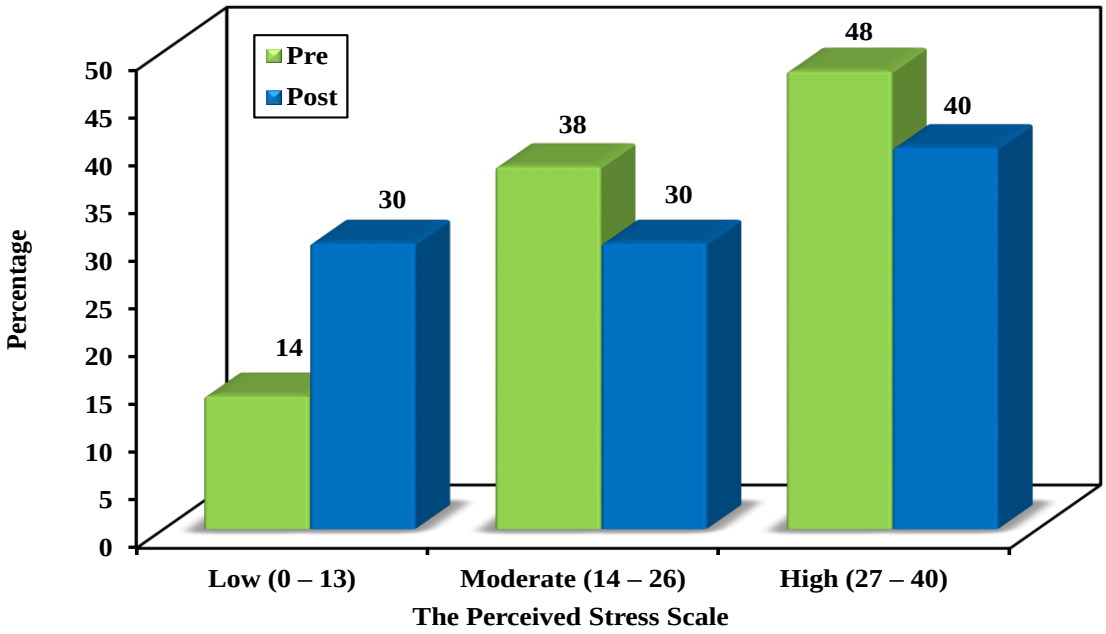

Figure (2): Comparison between the studied psychiatric patients at pre, post intervention according to their perceived stress level (n = 50).

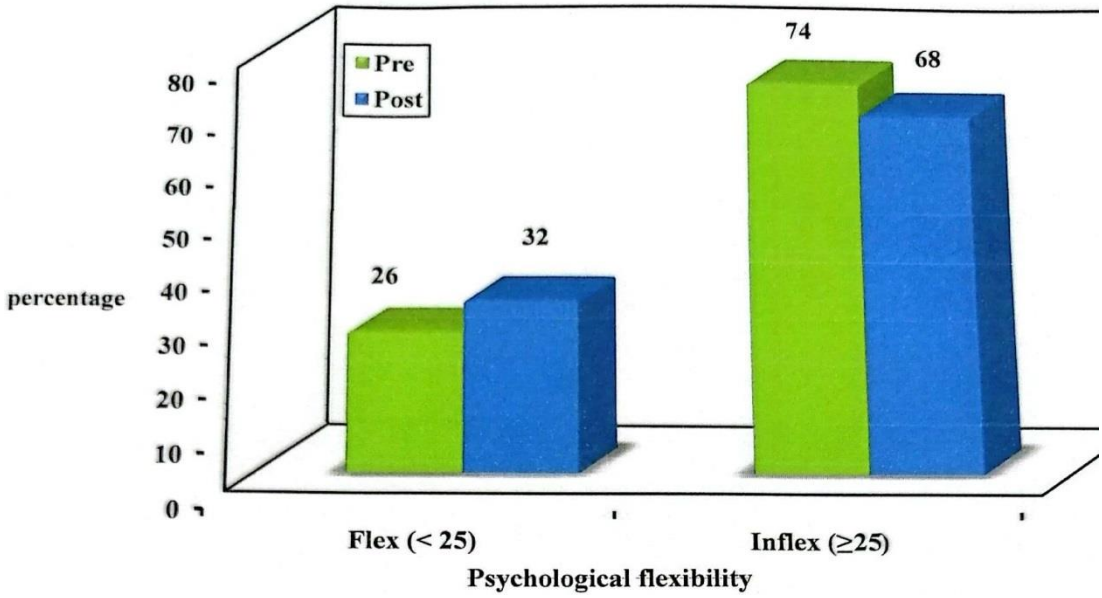

Figure (3): Comparison between the studied psychiatric patients at pre, post intervention according to their psychological flexibility (n = 50).

Table (3): Correlation between total scores of mindfulness, perceived stress, and psychological flexibility among the studied psychiatric patients (n = 50).

Total scores of	Pre		Post	
	r	p	r	P
Mindfulness vs. Perceived stress	-0.451*	0.001*	-0.624*	<0.001*
Mindfulness vs. Psychological flexibility	0.311*	0.028*	0.385*	0.006*
Perceived stress vs. Psychological flexibility	-0.326*	0.021*	-0.337*	0.017*

r: Pearson coefficient *: Statistically significant at $p \leq 0.05$

DISCUSSION

Psychiatric patients frequently struggle to manage emotional distress, cognitive rigidity, and elevated perceived stress, all of which can negatively affect their quality of life and treatment results. Because of its focus on psychological resilience, nonjudgmental acceptance, and present-moment awareness, mindfulness-based interventions have drawn more attention recently as promising therapeutic techniques in mental health care. The ability of a person to adjust to shifting situational demands and accept interior sensations without avoiding them is known as psychological flexibility. Research indicates that mindfulness exercises can improve this adaptability and reduce stress-related symptoms in a variety of mental disorders (Andorfer et al., 2023). Therefore, including mindfulness in psychoeducational programs could provide a methodical and efficient way to help psychiatric patients deal with their psychological challenges. This study aims to examine the effect of a mindfulness-based psychoeducational program on psychological flexibility and perceived stress among psychiatric patients.

Importantly, findings from the current study demonstrated a positive impact of the mindfulness-based intervention. There was a noticeable increase in the total mindfulness score post-intervention. The positive outcomes observed in the current study, notably the significant increase in mindfulness scores following the

intervention, can be attributed to several interconnected psychological and neurobiological mechanisms activated by mindfulness practices. Mindfulness-based interventions systematically train individuals to maintain present-moment attention with a non-judgmental and accepting attitude toward their inner experiences. This training enables psychiatric patients, who often suffer from emotional dysregulation, rumination, and attentional biases, to disengage from maladaptive cognitive patterns, highlighting mindfulness's role in improving emotional resilience and cognitive flexibility (Ebeid, Nosier, & Berma, 2022). Neurobiological studies further suggest that mindfulness practice enhances interoceptive awareness and alters brain networks implicated in emotional processing and self-regulation. For instance, Kang, Sponheim, & Lim (2020) found that mindfulness training for PTSD patients was associated with improved interoceptive brain responses, which mediated the reduction of emotional distress. Taken together, these findings suggest that the post-intervention increase in mindfulness scores observed in the current study likely reflects improved self-awareness, attentional control, and emotional adaptability, all of which are critical for symptom management and psychological well-being in psychiatric populations.

This result is in agreement with Chien, et al.(2020) who studied the role of five facets of mindfulness in a mindfulness-based psychoeducation intervention for people with recent-onset psychosis on mental and psychosocial health outcomes and found that all five facets of mindfulness showed significant increased over time. However, this result was inconsistent with research conducted by, MacDougall, et al. (2024), who studied effectiveness of a mindfulness-based intervention for persons with early psychosis and did not find significant improvements in mindfulness skills at either the three-month or six-month assessments.

Regarding perceived stress, the study revealed a reduction in the number of participants experiencing high and moderate stress following the intervention. This suggests that mindfulness practices helped patients better manage daily stressors and their internal experiences. It aligns with the theoretical understanding that mindfulness techniques encourage individuals to focus their attention on the present

moment, fostering a sense of awareness without attachment or judgment. By practicing mindfulness, individuals develop the ability to observe their thoughts and emotions without being overwhelmed by them, leading to better emotional balance and a more adaptive stress response. This enhanced awareness allows individuals to experience stressors in a more detached, non-reactive manner, promoting healthier coping mechanisms. By anchoring attention in the present, mindfulness can disrupt the cycle of stress and anxiety, creating space for more intentional and mindful responses to daily challenges (Cho, 2024).

(2023) who studied the effects of mindfulness-based stress reduction program on perceived stress, internalized stigma, and psychological well-being in psychiatric inpatients and reported that there was a statistically significant reduction in perceived stress and a significant improvement in psychological well-being in the experimental group. In addition, Kim, Jang & Sun (2021) studied effects of mindfulness-based stress reduction on stress, heart rate variability, affect, and wellbeing among people with schizophrenia and found that mindfulness-based stress reduction program significantly decreased perceived stress among people with schizophrenia.

Furthermore, psychological flexibility also showed improvement post-intervention, as the proportion of participants classified as psychologically flexible increased. This change, although modest, is relevant because psychological flexibility is central to how individuals adapt to internal and external demands. Improvements in flexibility reflect the participants' enhanced ability to remain open to experiences and stay engaged in meaningful activities even in the presence of psychological distress by promoting acceptance and awareness of emotions, allowing individuals to navigate distressing situations with greater ease, which is a core outcome targeted by mindfulness interventions. This outcome was consistent with research by Marais, Lantheaume, Fiault, & Shankland (2020) who studied mindfulness-based programs improve psychological flexibility, mental health, well-being and time management and reported that psychological flexibility, mental health, and well-being significantly increased in the intervention group compared to the control group. Furthermore,

according to Hahne et al., (2024), mindfulness is positively related to psychological flexibility in individuals with schizophrenia spectrum disorders, suggesting that mindfulness-based interventions may enhance psychological flexibility.

The intercorrelation analysis revealed significant associations between the three core constructs: mindfulness, perceived stress, and psychological flexibility. The negative correlation between mindfulness and perceived stress suggests that higher mindfulness levels enable individuals to better manage stress, likely due to enhanced emotional regulation and a more adaptive response to distressing situations. There were agreements between the present findings with Atakoğlu & Kendirkıran (2024), noting that there was a statistically significant negative relationship between mindfulness levels and perceived stress among caregivers of people with schizophrenia. This indicates that higher mindfulness is associated with lower levels of perceived stress, suggesting that enhancing mindfulness could be beneficial in reducing stress perception. Besides, results of Mugrabi, Rozner, Peles & Peles (2020) added that there was an inverse correlation between mindfulness and perceived stress.

Regarding the positive relationship between mindfulness and psychological flexibility. It may be related to that mindfulness can help individuals develop the capacity to adapt to emotional experiences and maintain engagement in meaningful activities, even in the face of psychological difficulties. By fostering an open, non-judgmental stance towards difficult emotions, mindfulness cultivates psychological flexibility, allowing individuals to navigate challenges without being overwhelmed by their emotional responses. This aligns with the findings of Böge, Hallford & Pillny (2023), who indicated that there was a positive relationship between mindfulness and psychological flexibility. Concerning the negative correlation between perceived stress and psychological flexibility. It might be explained by that individuals who are psychologically flexible are better equipped to cope with stress, potentially reducing the perception of stress. This dynamic reflects a protective cycle, where increased psychological flexibility buffers individuals from stress, as noted in studies by Wang et al. (2023), who demonstrated that greater psychological flexibility leads to reduced stress and better emotional regulation. Collectively, these findings support the idea

that mindfulness, by enhancing psychological flexibility, helps individuals manage stress more effectively and improves overall emotional well-being.

CONCLUSION

In conclusion, the study demonstrated that the mindfulness-based intervention was effective in enhancing participants' mindfulness levels, reducing perceived stress, and improving psychological flexibility. Notably, there was a marked increase in mindfulness scores and a reduction in both moderate and high stress levels post-intervention, alongside a rise in the proportion of psychologically flexible individuals. The results also revealed significant negative correlations between mindfulness and perceived stress, as well as between perceived stress and psychological flexibility, and a positive correlation between mindfulness and psychological flexibility before and after the intervention. These findings highlight the value of integrating mindfulness practices into interventions aimed at promoting psychological well-being and stress reduction.

RECOMMENDATIONS

Based on the results of the present study, the following recommendations were suggested:

- Provide specialized training for psychiatric nurses in mindfulness-based interventions (MBIs), including Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), to ensure effective delivery of these therapies to psychiatric patients.
- Encourage nurses to incorporate both structured mindfulness practices (e.g., breathing exercises, meditation, body scans) and informal mindfulness activities into daily patient care to reduce stress symptoms and enhance psychological flexibility.
- Additional studies are warranted to assess the efficacy, accessibility, and adherence of online and app-based mindfulness interventions, especially given the growing prevalence of telehealth modalities in psychiatric care.

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تأثير برنامج تعليمي نفسي قائم على اليقظة الذهنية على المرونة النفسية والضغوط المُدرَكه لدى المرضى النفسيين

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الملخـــص

يعاني المرضى النفسيين غالبًا من ارتفاع مستويات الضغوط المُدرَكة وانخفاض المرونة النفسية، مما يسهم في تدهور الصحة النفسية وضعف الأداء الوظيفي اليومي. وقد أظهرت التدخلات التثقيفية النفسية المعتمدة على اليقظة الذهنية فعاليتها في تعزيز المرونة النفسية وتقليل مستويات الضغط من خلال تنمية الوعي باللحظة الراهنة وتعزيز استراتيجيات المواجهة التكيفية.**الهدف :** هدفت هذه الدراسة إلى تقييم تأثير برنامج تثقيفي نفسي قائم على اليقظة الذهنية على المرونة النفسية والضغط المُدرَك لدى المرضى النفسيين. **العينه وطرق البحث :**قد استخدمت هذه الدراسه المنهج شبه التجريبي للبحث (الاختبار القبلي والبعدي)، وشملت العينة ٥٠ مريضًا نفسيًا من المقيمين في مستشفى المنيا للصحة النفسية وعلاج الإدمان. قام المشاركون باستكمال ثلاث أدوات معيارية: استبيان البيانات الشخصية والسريرية، مقياس الوعي والانتباه الذهني ,مقياس الضغط المُدرَك ، واستبيان القبول والعمل, وذلك قبل وبعد تنفيذ البرنامج التثقيفي النفسي مباشرة. **النتائج :** أدى التدخل القائم على اليقظة الذهنية إلى زيادة ملحوظة في درجات اليقظة الذهنية لدى المشاركين (قبل وبعد)، مع انخفاض ملحوظ في انتشار مستويات الضغط المُدرَك المتوسطة إلى العالية. كما تحسّنت المرونة النفسية بشكل معتدل، حيث انخفضت نسبة التصنيفات غير المرنة من ٧٤٪ إلى ٦٨٪. وظهرت ارتباطات سلبية قوية بين اليقظة الذهنية والضغط المُدرَك، وارتباطات إيجابية بين اليقظة الذهنية والمرونة النفسية، مما يدعم الآليات العلاجية للبرنامج .**الاستنتاج :**أثبت التدخل القائم على اليقظة الذهنية فعاليته في تعزيز اليقظة الذهنية، تقليل الضغط المُدرَك، وتحسين المرونة النفسية لدى المرضى النفسيين. وتبرز هذه النتائج أهمية دمج ممارسات اليقظة الذهنية في التدخلات العلاجية لدعم الصحة النفسية وإدارة الضغط.**التوصيات :** ينبغي تدريب الممرضين النفسيين تدريبًا متخصصًا على تطبيق التدخلات المعتمدة على اليقظة الذهنية مع دمج تقنيات اليقظة الذهنية الرسمية وغير الرسمية في الرعاية الروتينية، مع تحديد ومعالجة العوائق التي قد تؤثر على مشاركة المرضى لتعزيز فعالية البرامج.

***الكلمات المرشدة* :**اليقظة الذهنية، المرونة النفسية، الضغط النفسي، المرضى النفسيين.