

# Effect of Roy's Adaptation Theory-Based Mindfulness Therapy on Work Stress: A Quasy-Experimental Study

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## Abstract

**Background:** Work-related stress among inpatient nurses represents a significant occupational health concern that adversely affects psychological well-being, job performance, and quality of patient care. Despite increasing evidence supporting mindfulness-based interventions, their integration within a nursing theoretical framework remains limited. This study aimed to examine the effect of mindfulness therapy grounded in the Roy Adaptation Model on work-related stress among inpatient nurses in a private hospital in Semarang, Indonesia

**Methods:** A quasi-experimental two-group pretest–posttest design was employed. Sixty nurses were recruited using purposive sampling and assigned to an intervention group (n = 30) and a control group (n = 30).

**Result:** Work-related stress was measured using the Job Stress Scale, which demonstrated excellent internal consistency (Cronbach's  $\alpha = 0.965$ ). Higher scores indicated lower levels of stress. The intervention group received mindfulness therapy three times per week for two weeks. The mean stress score in the intervention group increased significantly from  $51.87 \pm 2.97$  at baseline to  $78.87 \pm 2.98$  after the intervention ( $p < 0.001$ ), indicating a substantial reduction in stress levels, with a very large effect size (Cohen's  $d = 28.51$ ). No significant change was observed in the control group ( $p = 0.161$ ).

**Conclusion:** These findings indicate that mindfulness therapy based on the Roy Adaptation Model effectively enhances adaptive coping mechanisms and significantly reduces work-related stress among inpatient nurses.

## Keywords:

Mindfulness, Roy Adaptation-Theory, Stress, Nurses

## BACKGROUND

Work-related stress among nurses has become a critical global issue with serious implications for individual well-being, organizational performance, and patient safety (1). Nurses are the largest group of healthcare professionals and are continuously exposed to complex clinical demands, emotional labor, time pressure, and a high degree of responsibility for patient outcomes. These stressors are particularly pronounced among nurses working in inpatient wards, where workload intensity, shift rotations, staffing shortages, and frequent exposure to patient suffering and death are part of daily practice (2) When work-related stress is not effectively managed, it may lead to burnout, decreased job satisfaction, reduced quality of nursing care, and an increased risk of medical errors, ultimately compromising patient safety and organizational effectiveness (3)

The World Health Organization has identified occupational stress as a major public health concern and emphasized the importance of promoting mental health in the workplace, especially in healthcare settings (World Health Organization In nursing, prolonged exposure to stress has been associated with adverse psychological outcomes such as anxiety, depression, emotional exhaustion, and diminished professional engagement (4). Furthermore, chronic stress may impair nurses' cognitive functioning, decision-making abilities, and interpersonal relationships, thereby affecting teamwork and the nurse–patient relationship (5). These conditions underscore the urgent need for effective, evidence-based interventions to support nurses in managing work-related stress and maintaining adaptive functioning.

Various stress management strategies have been introduced in nursing practice, ranging from organizational-level interventions, such as improving staffing and work environments, to individual-level approaches focusing on coping skills and emotional regulation (6,7). Among individual-level interventions, mindfulness has received increasing attention for its effectiveness in reducing psychological stress and enhancing well-being across diverse populations, including healthcare professionals. Mindfulness is commonly defined as a state of conscious awareness that involves intentionally and nonjudgmentally paying attention to the present moment (8,9). Through mindfulness practice, individuals learn to observe thoughts, emotions, and bodily sensations without automatic reactions, fostering emotional balance and adaptive coping (10).

A growing body of empirical evidence supports the effectiveness of mindfulness-based interventions in reducing stress, anxiety, and burnout among nurses. Systematic reviews and meta-analyses have demonstrated that mindfulness-based stress reduction and related programs significantly improve psychological well-being and stress outcomes in both clinical and non-clinical populations (11,12). In nursing contexts, mindfulness interventions have been shown to reduce perceived stress and burnout and to enhance emotional regulation, resilience, and job satisfaction (13). Neurobiological studies further suggest that regular mindfulness practice is associated with changes in brain regions involved in attention, emotion regulation, and the stress response, providing a physiological basis for its therapeutic effects (15).

Despite the growing evidence supporting mindfulness, its integration into nursing practice often lacks a clear theoretical foundation grounded in nursing science. Nursing, as a discipline, emphasizes holistic care and the use of theoretical frameworks to guide practice, research, and education. Without a strong theoretical basis, interventions risk being viewed merely as complementary or psychological techniques rather than integral components of professional nursing care. Therefore, the application of mindfulness in nursing requires alignment with established nursing theories to enhance conceptual clarity, professional relevance, and practice sustainability (8).

One nursing theory that offers a comprehensive framework for understanding stress and coping is Callista Roy's Adaptation Theory. Roy conceptualizes individuals as adaptive systems that continuously interact with a changing environment and respond to internal and external stimuli with

either adaptive or ineffective responses (16). According to this theory, adaptation occurs through two major coping mechanisms: the regulator subsystem, which involves automatic physiological responses, and the *cognator* subsystem, which encompasses cognitive and emotional processes, including perception, learning, judgment, and emotion. The outcomes of these coping processes are manifested across four adaptive modes: physiological-physical, self-concept, role function, and interdependence.

Within the context of nursing work stress, environmental stimuli such as workload, shift work, interpersonal conflicts, and emotional demands may challenge nurses' adaptive capacity. When coping mechanisms are insufficient, nurses may demonstrate maladaptive responses, including heightened stress, emotional exhaustion, and decreased professional functioning. Conversely, interventions that strengthen regulator and *cognator* processes can enhance adaptive responses and promote psychological well-being. From this perspective, mindfulness therapy can be conceptualized as an adaptive stimulus that supports nurses' coping mechanisms and facilitates adaptive responses to work-related stress (17).

Mindfulness practices, such as breathing awareness and nonjudgmental observation of thoughts and emotions, directly influence the regulator subsystem by promoting physiological relaxation and reducing autonomic arousal. Simultaneously, mindfulness enhances the *cognator* subsystem by improving emotional awareness, cognitive appraisal, and self-regulation. These processes align closely with Roy's conceptualization of adaptive coping and provide a strong theoretical rationale for integrating mindfulness into nursing care as a theory-based intervention rather than a purely psychological technique (16,18).

Although previous studies have examined the effectiveness of mindfulness in reducing stress among nurses, research explicitly integrating mindfulness interventions with Roy's Adaptation Theory remains limited, particularly in inpatient settings. Most existing studies focus on the effectiveness of outcomes without adequately explaining how mindfulness facilitates adaptive processes from a nursing theoretical perspective. This gap limits the development of theoretically grounded nursing interventions and hinders the advancement of nursing knowledge in stress management.

Therefore, this study analyzes the effect of mindfulness therapy, grounded in Callista Roy's Adaptation Theory, on work-related stress among inpatient nurses. By integrating mindfulness into a nursing theoretical framework, this study seeks to provide a holistic, conceptually grounded understanding of how mindfulness enhances nurses' adaptive capacity in responding to workplace stressors. The findings are expected to contribute to the development of evidence-based, theory-driven nursing interventions that support nurses' mental health, improve quality of care, and strengthen professional nursing practice in inpatient settings.

## **METHODS**

### ***Study Design and Setting***

This study employed a quasi-experimental two-group pretest–posttest design. The research was conducted in the inpatient wards of a private hospital in Semarang, Indonesia.

### ***Population and Sampling***

A total sampling technique was used. All inpatient nurses who met the inclusion criteria during the study period were invited to participate. A total of 60 nurses consented and were included in the study. Participants were allocated to the intervention and control groups based on shift scheduling to minimize intergroup contamination. Nurses assigned to a specific shift were grouped together, resulting in 30 nurses in the intervention group and 30 nurses in the control group. Because allocation was based on shifts rather than individual randomization, the study design was considered quasi-experimental. Inclusion and exclusion criteria: Registered nurses, Minimum of six months of clinical experience,

Willingness to participate and provide written informed consent, Exclusion criteria included: Nurses currently undergoing psychological or psychiatric treatment, Nurses on leave during the intervention period, Incomplete participation in intervention sessions.

***Instrument***

Job-related stress was measured using a modified version of the Job Stress Scale (JSS) developed by Shukla and Srivastava (2016). The instrument consists of 30 items rated on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). A higher total score indicates lower levels of perceived job-related stress. The original JSS consisted of 25 items assessing dimensions of occupational stress. In this study, five additional items were developed based on Swanson's Theory of Caring to reflect dimensions of caring-related stress relevant to nursing practice. The modified instrument was reviewed for content validity by nursing experts prior to data collection. Possible total scores ranged from 30 to 120. The instrument demonstrated excellent internal consistency in this study, with a Cronbach's alpha of 0.965, indicating high reliability.

***Protocol Intervention***

The intervention group received mindfulness therapy based on the Roy Adaptation Model. The program was delivered three times a week for two consecutive weeks, with each session lasting approximately 30 minutes. Each session consisted of: Brief education on stress and adjustment (5 minutes), Guided breathing awareness exercise (10 minutes), Body scan and emotional awareness exercise (10 minutes), Group reflection and discussion (5 minutes). The intervention was facilitated by a nursing faculty member with formal certification in mindfulness training. The facilitator had previous experience conducting structured mindfulness sessions in academic and clinical settings. Attendance was recorded during each session to monitor participant compliance. All participants in the intervention group completed the full program. The control group did not receive any structured intervention during the study period and continued with their regular clinical duties.

***Ethical approval***

For this study was obtained from the Karya Husada Semarang Research Ethics Committee (Approval Number: 0375/KEP/UNKAHA/LPPM/X/2025). This study was deemed ethically sound prior to data collection. After the research permit was issued, data collection was conducted in accordance with institutional regulations. All participants provided written informed consent prior to participation. Confidentiality, anonymity, and the right to withdraw from the study at any time without consequence were guaranteed throughout the research process.

**RESULT AND DISCUSSION**

***Demographic Characteristics***

**Table 1.** Demographic Characteristics (n =60)

Variable	n	%
Age Category		
Young Adult (Dewasa Muda)	29	48.3
Adult (Dewasa)	31	51.7
Education Level		
Diploma (D3)	25	41.7
Professional Nurse (Ners)	35	58.3
Years of Work Experience		
≤ 2 years	15	25.0
> 2 years	45	75.0
Total	60	100

**Table 2.** Work Stress Scores Before and After Intervention at Primaya Hospital Semarang in 2025

Group	Measurement	Mean	SD	Mean Difference	T	P-Value	Cohen's d
Intervention (n=30)	Pre-test	51.87	2.97				
	Post-test	78.87	2.98	27.00	-156.18	<0.001	28.51
Control (n=30)	Pre-test	51.97	3.06				
	Post-test	52.10	3.11	0.13	-1.44	0.161	0.15

**Table 3.** Post-Test Comparison Between Groups at Primaya Hospital Semarang in 2025

Variable	Intervention (n=30) Mean ± SD	Control (n=30) Mean ± SD	Mean Difference	t (df=58)	p-value	Cohen's d
Post-test stress score	78.87 ± 2.98	52.10 ± 3.11	26.77	-34.03	<0.001	8,78

Note: T-Test;PP<0,001

Most respondents were categorized as adults (51.7%). The majority had a professional nursing degree (58.3%) and had more than two years of work experience (75.0%). The mean stress score in the intervention group increased from  $51.87 \pm 2.97$  at baseline to  $78.87 \pm 2.98$  after the intervention, reflecting a mean difference of 27.00 points. This change was statistically significant ( $t(29) = -156.18$ ,  $p < 0.001$ ) with an extremely large effect size (Cohen's  $d = 28.51$ ). In contrast, the control group showed no significant change in stress scores ( $51.97 \pm 3.06$  vs.  $52.10 \pm 3.11$ ;  $t(29) = -1.44$ ,  $p = 0.161$ , Cohen's  $d = 0.15$ ). An independent-samples t-test revealed a significant difference in post-test stress scores between the intervention and control groups ( $t(58) = -34.03$ ,  $p < 0.001$ ), indicating a substantial intervention effect.

## DISCUSSION

The findings of this study demonstrate that mindfulness therapy grounded in Callista Roy's Adaptation Theory significantly reduces work-related stress among inpatient nurses. This result reinforces prior evidence that mindfulness-based interventions are effective strategies for managing occupational stress among healthcare professionals, particularly nurses who face high emotional and workload demands (11). The integration of mindfulness within a nursing theoretical framework provides a more comprehensive explanation of how such interventions facilitate adaptive responses to stress in professional nursing practice (19).

From the perspective of Roy's Adaptation Theory, nurses are adaptive systems that continuously interact with internal and external environmental stimuli. In the inpatient setting, stressors such as workload intensity, shift work, emotional labor, and interpersonal demands function as focal and contextual stimuli that challenge nurses' adaptive capacity. When these stimuli exceed coping resources, maladaptive responses may occur, including increased work stress, emotional exhaustion, and reduced work performance (16,20). The significant stress reduction observed in the intervention group indicates that mindfulness therapy served as an effective adaptive stimulus, enhancing nurses' coping mechanisms.

Mindfulness therapy primarily influences the regulator and *cognator* subsystems described in Roy's model. The regulatory subsystem comprises automatic physiological processes, including heart rate, respiration, and neuroendocrine responses to stress. Mindfulness practices, particularly breathing awareness and body awareness, promote physiological relaxation and reduce sympathetic nervous system activation. This aligns with neurobiological evidence demonstrating that mindfulness practice can modulate stress-related physiological responses and promote autonomic balance (12,15). Improved

physiological regulation contributes to adaptive responses within the physiological mode, reflected in reduced physical tension, fatigue, and somatic stress symptoms among nurses.

The *cognator* subsystem encompasses cognitive and emotional processes, including perception, judgment, learning, and emotional regulation. Mindfulness enhances nurses' ability to observe thoughts and emotions without judgment, reducing rumination and emotional reactivity (21). This improved cognitive appraisal allows nurses to reinterpret work-related stressors more adaptively, consistent with Lazarus and Folkman's stress and coping theory, which emphasizes the role of cognitive appraisal in stress responses (22). Enhanced *cognator* functioning supports adaptive responses within the self-concept mode by fostering emotional stability, self-acceptance, and psychological resilience.

Furthermore, the adaptive effects of mindfulness therapy extend beyond individual psychological outcomes to encompass role functioning and modes of interdependence (9). In the role-function mode, reduced stress enables nurses to perform their professional roles more effectively, maintain focus, and demonstrate greater engagement in patient care. Previous studies have shown that lower stress levels are associated with improved job satisfaction and professional performance among nurses (4,23). In the interdependence mode, mindfulness promotes greater awareness and empathy in interpersonal interactions, thereby enhancing communication and collaboration with colleagues and patients, and contributing to a more supportive work environment (23).

The findings of this study are consistent with prior research demonstrating the effectiveness of mindfulness-based interventions in reducing stress and burnout among nurses (14) reported significant reductions in stress and burnout following a mindfulness-based coping program, while Yılmaz and Okanlı (2018) found that mindfulness education improved stress management among healthcare workers. However, unlike many previous studies, this research explicitly integrates mindfulness therapy with Roy's Adaptation Theory, offering a theoretical explanation of the adaptive processes underlying stress reduction. This theoretical integration strengthens the study's contribution to nursing science by positioning mindfulness as a theory-based nursing intervention rather than a purely psychological technique (24).

The absence of significant changes in the control group further supports the effectiveness of the mindfulness intervention. Without targeted adaptive stimuli, nurses in the control group continued to rely on existing coping mechanisms, which may have been insufficient to counteract ongoing workplace stressors (25). This finding highlights the importance of structured, theory-driven interventions to enhance adaptive capacity and manage occupational stress in nursing practice.

Despite its strengths, this study has several limitations. The quasi-experimental design and relatively short intervention period may limit the generalizability of the findings (12). Additionally, stress levels were measured using self-report instruments, which may be subject to response bias. Future research should employ randomized controlled trials, longer follow-up periods, and additional outcome measures, such as burnout, job satisfaction, and quality-of-care indicators (26). Further exploration of mindfulness interventions grounded in other nursing theories may also enrich the theoretical development of stress management strategies in nursing (27)

Overall, the discussion highlights that mindfulness therapy grounded in Callista Roy's Adaptation Theory effectively enhances nurses' adaptive responses to work-related stress. By strengthening both physiological and cognitive-emotional coping mechanisms, mindfulness supports holistic adaptation across multiple dimensions of nursing practice. These findings underscore the importance of integrating nursing theory into intervention development to promote mental health, professional functioning, and quality of care among inpatient nurses.

## CONCLUSION

Mindfulness therapy based on Callista Roy's Adaptation Theory has a significant effect on reducing work-related stress among inpatient nurses. This intervention can be considered an effective, holistic nursing management strategy to promote nurses' mental health and adaptive functioning.

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## AUTHOR'S CONTRIBUTION STATEMENT

The author was responsible for the conceptualization, study design, data collection, data analysis, interpretation of results, and manuscript preparation. The author reviewed and approved the final version of the manuscript. MR J: conceptualization, Draf, Review &Editing. MR B: conceptualization, Methods, Review. MRS I: Supervision. MR J: Formal Analysis, Original Draft, Review. MR B, MRS I: Validationi, Review.

## CONFLICT OF INTEREST

The authors declare no conflict of interest

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