PERCEIVED MOBBING AND BURNOUT AMONG NURSES: STUDYING ROLE OF RESILIENCE AND MINDFULNESS

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Candidate of **Master of Philosophy** at the National University of Modern Languages do hereby declare that the Thesis **"**Perceived Mobbing and Burnout Among Nurses: Studying Role of Resilience and Mindfulness**"** submitted by me in partial fulfillment of MPhil degree, is my original work, and has not been submitted or published earlier, also solemnly declare that it shall not, in future, be submitted by me for obtaining any other degree from this or any other university or institution. I also understand that if evidence of plagiarism is found in my thesis/dissertation at any stage, even after the award of a degree, the work may be cancelled, and the degree revoked.

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Abstract

Title: Perceived Mobbing and Burnout Among Nurses: Studying Role of Resilience and Mindfulness

This research investigates the effects of perceived mobbing, burnout, mindfulness, resilience, and their interrelationships among nurses. Data were collected from 400 nurses working in private, semi-government, and government sectors in Rawalpindi and Islamabad, Pakistan, using appropriate sampling techniques. The sample includes various demographic parameters such as marital status, spouse's occupation, years of experience, number of children, average working hours, family structure, and type of organization. The data analysis was conducted using the Statistical Package for Social Sciences (SPSS). The results reveal a positive correlation between mobbing and burnout. Also we have, resilience and mindfulness were found to moderate the relationship between mobbing and burnout. The findings indicate that nurses from specific socioeconomic backgrounds are more susceptible to mobbing, while married nurses exhibit higher levels of mindfulness and resilience. The detailed results and their implications are discussed within the context of the research.

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CHAPTER I

INTRODUCTION:

The nursing profession is an essential component of the healthcare system, providing critical care and support to patients across various settings. Nurses are often the first point of contact for patients, playing a pivotal role in patient assessment, care planning, and implementation of healthcare interventions. Their responsibilities extend beyond clinical care to include patient education, advocacy, and emotional support, making them integral to the overall patient experience and outcomes (World Health Organization, 2020).

The global demand for nursing professionals has been on the rise due to several factors, including an aging population, the increasing prevalence of chronic diseases, and the ongoing impact of global health crises such as the COVID-19 pandemic. The pandemic, in particular, has highlighted the indispensable role of nurses in managing public health emergencies and providing frontline care (International Council of Nurses, 2021). Despite their critical role, nurses often face challenging work environments characterized by high workloads, long shifts, and emotional stress, which can adversely affect their mental and physical health (Chen et al., 2021).

The significance of nursing cannot be overstated, as nurses are vital to achieving universal health coverage and improving health outcomes. As patient advocates, nurses ensure that patient care is holistic and patient-centered, addressing not only physical but also emotional and psychological needs. Moreover, the nursing workforce is crucial for the implementation of public health initiatives, health education campaigns, and preventive care services, which are essential for community health and well-being (Salvador et al., 2022).

Recent studies have emphasized the need for better support systems for nurses to enhance

their resilience and job satisfaction. Strategies such as promoting a positive work environment, providing mental health support, and fostering professional development opportunities are crucial for retaining a motivated and healthy nursing workforce (Smith et al., 2023).

Mobbing

Mobbing is a distinct form of psychological harassment in the workplace, characterized by systematic, repetitive, and hostile behavior directed at a individual by a group of colleagues or superiors. Unlike general workplace bullying, which can be perpetrated by individuals acting alone, mobbing involves coordinated efforts by multiple individuals to undermine, isolate, and intimidate the target. This collective behavior leads to significant stress, psychological harm, and a hostile work environment for the victim (Leymann, 1996; Einarsen et al., 2020).

Mobbing behaviors can include verbal abuse, such as persistent criticism and derogatory remarks, social exclusion, where the victim is deliberately isolated from workplace activities and social interactions, the spreading of false information or rumors to damage the victim's reputation, and undue criticism that undermines the victim's professional abilities and self-esteem (Zapf & Einarsen, 2011). These actions, when sustained over time, create a toxic work environment that can severely impact the mental and physical health of the victim, leading to anxiety, depression, and even post-traumatic stress disorder (Einarsen et al., 2020).

The distinction between mobbing and workplace bullying lies primarily in the nature and structure of the harassment. Workplace bullying can be executed by a single individual or multiple perpetrators but does not necessarily involve the organized, collective nature of mobbing. Bullying can be sporadic and varied in its form, while mobbing is typically more systematic, involving persistent and coordinated attacks

aimed at ostracizing and destabilizing the victim (Leymann, 1996).

Understanding the difference between these two forms of workplace harassment is crucial for developing effective intervention strategies. While both mobbing and bullying require organizational measures to prevent and address, the collective nature of mobbing may necessitate more comprehensive organizational changes and a culture shift to promote a supportive and inclusive work environment (Zapf & Einarsen, 2011).

While not often used, the phrase "mobbing" is not uncommon in the corporation world and describes a range of actions, including psychological or abstract assault, ridiculing, coercion, and intimidation in the workplace. It is acknowledged that workplace mobbing incidents take place across the world and that workers struggle to escape the repercussions of these crimes. Within the context of "mobbing," the fundamental reasons of these difficulties are not entirely understood (Zapf, 1999). A variety of terminology is used to characterise the expression of hostile attitudes in the workplace. Psychopathic terror (Leymann, 1990), harassment (Lester, 2009), mobbing (Mellish, 2001), trauma in the workplace (C. B. Wilson, 1991) scapegoating (Thylefors, 1987), work abuse (Bassman, 1992), and victimization (Olweus, 1994) are a few examples of these terminologies. Leymann (Leymann, 1990) used the word "mobbing" to describe the phenomenon of people acting in ways reminiscent of "workplace terror" after witnessing such behaviors in Swedish workplaces in 1984. According to (Leymann, 1990), this fear is characterized by the existence of planned, intentional, immoral speech and hostile actions by one or more people towards a single person. The International Labor Organization declared that psychological abuse was the worst issue in the workplace at the start of the new century. Laws that address physical violence have led to a rise in the occurrence of psychological abuse, especially in public institutions. As a result, psychological abuse is experienced by mobbing victims through acts of

terrorizing, annoyance, exclusion, being treated as minors, belittling, deprivation of organizational resources, isolation, unfair treatment in the use of resources, and obstruction or delay in asserting rights (Leymann, 1990); (Einarsen et al., 1998); (Bano & Malik, 2013). The most significant and persistent contributors to workplace stress are these behaviors, which occur frequently and persistently. According to (Leymann, 1990), the victim of mobbing feels alone, defenseless, and helpless in the office setting. People who are the victims of psychological abuse have a variety of physical, mental, and social difficulties as a result of high stress and worry.

These victims suffer from a lower standard of living and employment, which jeopardizes their health and strains their social bonds. Those who lose their jobs throughout this process face monetary, physical, and psychological effects in addition to, and maybe more crucially, health issues (Björkqvist, 2001);(Einarsen et al., 1998); (Fox & Stallworth, 2005). The fundamental nature of their job environment often exposes nurses to physical, emotional, and verbal violence in a worldwide setting. Studies on nurses who have routinely witnessed violence indicate that nurses are more vulnerable than other medical professionals. Patients, patients' families, doctors, and other healthcare professionals are frequently the origins of this violence(Jackson et al., 2002); (Alcelik et al., 2005); (Ayranci, 2005); (Michelle Rowe & Sherlock, 2005) ;(Yeşildal, 2005). Even if there aren't many foreign research on the assault or mobbing that nurse engage in against each other, none have been conducted in our country.

Mobbing is a pervasive issue in many professional settings, including healthcare, where the hierarchical structure and high-pressure environment can exacerbate such behaviors. Nurses, in particular, are vulnerable to mobbing due to the demanding nature of their work, frequent interactions with colleagues, and sometimes ambiguous role expectations (Einarsen et al., 2020). This form of harassment can significantly impact

their mental health, job satisfaction, and overall well-being.

The impact of mobbing on nurses is profound and multifaceted. Psychologically, victims of mobbing often experience increased levels of stress, anxiety, depression, and burnout. These psychological effects can lead to diminished job performance, higher absenteeism, and a greater likelihood of leaving the profession (Yıldırım, 2021). The chronic stress associated with mobbing can also have physical health consequences, such as headaches, gastrointestinal issues, and sleep disturbances (Nielsen & Einarsen, 2018).

Moreover, mobbing can undermine the organizational culture and efficiency of healthcare institutions. It creates a toxic work environment that can reduce morale, hinder teamwork, and increase turnover rates among nursing staff. This not only affects the well-being of the employees but also compromises the quality of patient care, as consistent and cohesive teamwork is crucial for effective healthcare delivery (Sauer & McCoy, 2021).

In Pakistan, the issue of mobbing among nurses is particularly concerning due to cultural and systemic factors that may exacerbate the problem. Nurses often work in environments where there is a significant power distance between staff and management, and where cultural norms may inhibit the reporting of bullying behaviors (Khattak et al., 2022). Also we have, the lack of formal policies and support mechanisms to address workplace bullying further complicates efforts to mitigate its impact (Ahmed et al., 2021).

Recent studies highlight the urgent need for interventions to address mobbing in the nursing profession. Strategies such as implementing anti-bullying policies, providing training on conflict resolution, and promoting a positive organizational culture are essential for preventing mobbing and supporting affected individuals (Branch et al., 2021). support groups, can also play a crucial role in helping nurses cope with the effects of mobbing and enhancing their resilience support systems, including counseling services

and peer.

According to Allen, Holland, and Reynolds' (2015) study, mobbing at work is a common problem. This is particularly significant when it comes to healthcare settings, where employees are expected to interact directly with patients and handle difficult duties. The study tackles the lack of integrated models that look at the causes and effects of mobbing in this professional group, specifically focusing on nurses in Italy. The researchers polled 658 nurses with the main goal of creating a thorough mobbing model that explores the complex interactions between burnout and mobbing within the larger climate-health link. Significant results were obtained from the investigation using structural equation modeling. It is discovered that there is a partial mediating role played by workplace mobbing in the link between burnout and organizational climate.

Furthermore, the findings imply that burnout acts as an intermediate, mediating the indirect rather than direct effects of mobbing on health. This highlights the crucial part that burnout and mobbing at work play in forming the intricate dynamics of the interaction between climate and health, offering insightful advice on how to improve

Mobbing at workplace

The importance of mobbing in the workplace in healthcare institutions is becoming more widely acknowledged. According to (Niedl, 1996), 26.6% of nurses experienced aggressive behavior at work at least once a week. Portuguese studies on the health sector revealed that 51% of medical staff had experienced verbal abuse and 60% had experienced bullying in the previous year (Ferrinho et al., 2003). Studies by (COX, 1987)) and (Diaz & McMillin, 1991) 64% to 82% of nurses said they had verbally abused doctors and managers, according to a survey on nurses' perceptions of violence and abuse.

In research, the term mobbing is more famous than mobbing but they have a huge

difference. Because it has such a negative effect on people and companies, workplace mobbing makes it difficult to create and maintain inclusive, vibrant, and productive work environments. Over three decades ago, there was a surge in interest in workplace mobbing, and in the last two decades, researchers from all over the world have done a great deal of study on the subject. Over this time, scientists have improved their comprehension of this phenomenon's complex, sometimes misinterpreted nature (Wheeler et al., 2010). Even though there are several terminology for this phenomenon, "workplace mobbing" is the one that is most frequently used; (Einarsen et al., 2020) propose that the words "harassment, mobbing, and mobbing" are interchangeable (p. 5). So we know that, recent requests have highlighted the necessity of examining differences between similar notions such as rudeness and harassment (Hershcovis, 2011). Workplace conflicts frequently result from departmental imbalances, unclear jobs, poor communication, broken processes, or stressful work environments (Kathman & Kathman, 1990). Conflicts in academic settings can result from disagreements amongst administrators, faculty, or between academics and administrators. Mobbing may appear during these disputes, especially if there are still unsolved issues separating people or groups. Workplace mobbing, also known as mobbing, describes a range of mistreatment suffered by one or more colleagues (Faria et al., 2012); (Hecker, 2007).

Verbal and non-verbal mobbing

Mobbing can also occur nonverbally, for as when someone rolls their eyes, isolates a coworker, ignores, or turns away when they are approached. The World Health Organization defines workplace violence as situations in which employees are mistreated, intimidated, or attacked while carrying out their jobs; this includes commutes to and from the place of employment. These occurrences provide an overt or covert threat to their health, safety, or wellbeing (Pandey et al., 2017).While verbal mobbing encompasses

remarks that are snide, and derogatory, involve yelling, or teasing. The verb "to mob," which in English refers to acts like making fun of, mobbing, assaulting, or sabotaging someone, is the source of the phrase "mobbing". Professional literature defines mobbing as "a series of negative communicative behaviors directed by one or more individuals towards a person over an extended period of time (at least six months and occurring at least once a week)," So we know that there are other definitions available as well. (Kratz, 2005); and "A systematic, deliberate, and recurrent attack on an individual that involves demeaning techniques, harsh criticism, ridicule, and mild or more serious attacks is known as mobbing. Also we have, material influence could be involved (Novák & Richterová, 1999). Mobbing in the nursing profession is considered to be a condition in which nurses perceive they are susceptible to unruly behavior for more than 6 months from one or more coworkers. In this situation, they are not able to defend themselves. This creates a feeling of helplessness (Sauer & McCoy, 2017)

Causes of Mobbing

Mobbing in the workplace can stem from various factors. Low moral standards or undesirable traits such as hatred, envy, and overzealous ambition might be the root causes. Boring and repetitive labor can lead employees to disrupt their work schedules and resort to tactics like slander, rumors, or manipulation, ultimately leading to mobbing. Authoritarian management approaches can either foster teamwork or intensify rivalry, creating an environment ripe for scheming and power struggles due to a lack of open communication. Another possible reason for workplace mobbing is the increasing propensity for violence influenced by films, video games, and television news. Unresolved conflicts and unfair personal choices leading to labor disputes can also trigger mobbing, with victims often being coworkers targeted as substitutes for animosity once

directed at superiors. Fear of job loss exacerbates unemployment worries, prompting many workers to project their stress onto others to secure their careers. Also we have, as businesses restructure and reduce costs, rivalry and intrigue increase, with individuals using devious and immoral means to advance their careers and eliminate serious rivals. The "outplacement" method is considered immoral, where employers use "official mobbing" to fire workers without cause, avoiding severance or salary payments (Zacharová & Bartošovič, 2016).

Types of mobbing

By analyzing models and classification criteria, the features of mobbing can be summarized into two main criteria:

- Perpetrator's Identity
- Motive

Under the first criterion, we can differentiate:

Vertical Mobbing: According to (Akar et al., 2011), vertical or hierarchical mobbing describes physical or psychological assaults that are directed hierarchically and are carried out either from the top down or from the bottom up. The following explanation applies to the causes of hierarchical mobbing: Dangerous Social Image: This kind of mobbing happens when someone in a position of authority views subordinates who have more workers or who are successful as a danger (FİLİZ, n.d.). Age Difference: Mobbing can occur when someone with a higher rank perceives a younger subordinate as a threat or when a younger person has a superior position (FİLİZ, n.d.).

Political Motives: Mobbing might happen because of someone's declared or known political beliefs, which can foster an atmosphere where peers, superiors, or subordinates can harass one another (FİLİZ, n.d.).

Horizontal Mobbing: Within organizations, horizontal or functional mobbing takes

place between people with comparable roles. (FİLİZ, n.d.) define it as mobbing that occurs between colleagues who have a functional relationship. Individual biases, jealousy, rivalry, race, geographical disparities, and political motivations can all lead to this kind of mobbing. And according to the motive, i.e., the mobbing motive, we can differentiate:

Strategic Mobbing: When managers of an organization agree to target specific employees with deliberate harassment, this is known as strategic mobbing. This frequently entails compiling lists of undesirable workers who are intentionally singled out for termination, frequently without regard for their fundamental rights (including severance pay) (FİLİZ, n.d.)

Emotional Mobbing: Emotions like rage, envy, jealousy, or hostility toward the sufferer can lead to emotional mobbing. The motivations for malevolent acts might stem from the personality of both the abuser and the victim .(FİLİZ, n.d.) Mobbing has a huge negative impact on healthcare workers and systems due to which quality of patient care is highly compromised. Nurses prone to mobbing suffer from stress related illness and injury. Musculoskeletal disorders are common in people vulnerable to mobbing at the workplace. Other issues faced by mobbing victims include headaches, sleep disturbances, gastrointestinal upset, and hypotension. Thus, these victims suffer from lower general health, especially mental or psychological health. Lower mental health leads to anxiety, depression, and post-traumatic stress disorder (PTSD) (Sauer & McCoy, 2017).

Studies indicate that the most common instances of workplace mobbing encompass attributing mistakes to individuals, assigning implausible tasks, criticizing one's abilities, enforcing contradictory rules, issuing threats, humiliation, insults, harassment, ridicule, underestimating success, questioning authority, shouting, swearing, and dishonoring. These pressure tactics, executed by an individual or a group, lead to the targeted person

experiencing social and emotional discomfort, often resulting in their exclusion from the work environment (Hamzaoglu et al., 2022).

For prevention of after effects of mobbing cultural, legal and organizational factors should also be incorporated. But researchers have shown that resilience could serve as a mediator for mitigating the adverse impacts of mobbing. This thesis further studies that how resilience can be one of the best possible solutions to decrease the negative impacts of mobbing among nurses.

Effects of Mobbing

Mobbing, also known as workplace bullying, can have severe and far-reaching effects on the individuals involved, the work environment, and the overall functioning of an organization. These effects can be categorized into psychological, physical, professional, and organizational impacts.

Psychological Effects: Mobbing can lead to a wide range of psychological issues. Victims often experience heightened levels of stress, anxiety, and depression. The persistent nature of mobbing can erode an individual's self-esteem and sense of security, leading to chronic stress disorders and other mental health issues (Nielsen & Einarsen, 2018). Studies have shown that the constant exposure to hostile behaviors can result in symptoms of post-traumatic stress disorder (PTSD), which further complicates the victim's mental health status (Lee & Brotheridge, 2021).

Physical Effects: The stress and psychological strain caused by mobbing also manifest in various physical health problems. Common physical effects include headaches, sleep disturbances, gastrointestinal issues, and cardiovascular problems. Chronic exposure to stress can weaken the immune system, making individuals more susceptible to infections

and illnesses (Lopes & Oliveira, 2020). Also we have, the physical toll of mobbing can lead to fatigue and burnout, significantly affecting the victim's overall well-being (Merecz-Kot & Andysz, 2021).

Professional Effects: Professionally, mobbing can have a detrimental impact on job performance and career development. Victims of mobbing often experience decreased job satisfaction and motivation, leading to reduced productivity and engagement at work. The hostile work environment created by mobbing can also result in increased absenteeism, as individuals may take more sick leaves to cope with the stress and avoid the workplace (Branch et al., 2021). Over time, this can lead to higher turnover rates, with affected employees choosing to leave their jobs to escape the toxic environment (Georgakopoulos et al., 2021).

Organizational Effects: The effects of mobbing extend beyond the individual to impact the entire organization. A workplace culture that tolerates or fails to address mobbing can suffer from decreased morale and cohesion among employees. This toxic environment can hinder teamwork, communication, and collaboration, which are essential for effective healthcare delivery (Sauer & McCoy, 2021). Furthermore, organizations may face increased costs associated with high turnover rates, recruitment, and training of new staff. The reputational damage from a known culture of mobbing can also affect the organization's ability to attract and retain top talent (Ahmed et al., 2021).

Impact on Patient Care

In the context of healthcare, the effects of mobbing on nurses can directly influence patient care. Nurses who are victims of mobbing may be less able to provide high quality care due to decreased concentration, emotional exhaustion, and impaired decision-making abilities. This can lead to increased medical errors, compromised patient safety, and overall lower quality of care (Smith et al., 2023).

The ripple effect of mobbing thus not only affects the nurses but also the patients

who depend on them for safe and effective healthcare. Mobbing has multifaceted and profound effects on individuals and organizations. Addressing mobbing through effective policies, support systems, and a positive organizational culture is crucial to mitigate these impacts and ensure the well- being of healthcare professionals and the quality of patient care.

Burnout

Burnout is a psychological syndrome that arises in response to prolonged exposure to chronic workplace stressors. It is characterized by three core dimensions: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Leiter, 2016). Emotional exhaustion refers to feelings of being emotionally overextended and depleted of emotional resources. Depersonalization, or cynicism, involves a negative, callous, or excessively detached response to various aspects of the job. Reduced personal accomplishment refers to a decline in feelings of competence and successful achievement in one's work with people.

Components of Burnout

Emotional Exhaustion: This component refers to feelings of being emotionally overextended and exhausted by one's work. Individuals experiencing emotional exhaustion feel drained and unable to cope with the demands of their job, leading to a profound sense of fatigue and depletion (Maslach et al., 2001).

Depersonalization: Depersonalization involves a sense of detachment or distancing from one's work and the people involved. It is characterized by a negative, callous, or indifferent attitude towards clients or colleagues, often as a defense mechanism against emotional exhaustion (Maslach et al., 2001).

Reduced Personal Accomplishment: This component reflects a diminished sense of

personal achievement and effectiveness at work. Individuals experiencing reduced personal accomplishment feel less competent and less satisfied with their professional achievements, leading to a negative selfevaluation of their work (Maslach et al., 2001).

Impact on Patient Care

In the healthcare sector, burnout among nurses can directly affect patient care. Burnout is linked to higher incidences of medical errors, lower patient satisfaction, and poorer patient outcomes. Nurses who are emotionally exhausted and disengaged may struggle to provide compassionate, high-quality care, which can lead to adverse patient experiences and outcomes (Gómez-Urquiza et al., 2017). The compromised care resulting from nurse burnout highlights the critical need for addressing this issue to ensure patient safety and well-being.

Burnout is a significant issue in the nursing profession with wide-ranging effects on individuals and organizations. Addressing burnout requires comprehensive strategies that include organizational changes, support systems, and interventions aimed at improving the work environment and promoting the well-being of healthcare professionals.

The influence of work organization features on different nursing outcomes has drawn increasing attention in recent decades in both research and policy (Cummings et al., 2010). The relationships between work organization characteristics and outcomes including treatment quality, patient safety, absenteeism, turnover, and job discontent have been the subject of several research and reviews (Griffiths et al., 2016). Burnout is often identified as a nursing "outcome" in workforce studies that seek to understand the impact of context and "inputs" on outcomes in healthcare environments (Dall‘Ora et al., 2016). So we know that, these studies don't often provide a clear description of burnout, explain what causes it, or discuss its wider ramifications for people, organizations, or

their patients (Rafferty et al., 2001).

Freuden berger first used the word "burnout" in 1974 when he saw a drop in volunteers' dedication and enthusiasm at a mental health clinic (Freudenberger, 1974). Maslach went on to create the Maslach Burnout Inventory (MBI), a popular tool for measuring burnout(Maslach & Jackson, 1981). According to Maslach's theory, burnout is a response to excessive work-related stress and is characterized by feelings of emotional exhaustion and lack of emotional resources, or emotional drained Ness; depersonalization, or a negative and detached response to others and a loss of idealism; and reduced personal accomplishment, or a decline in feelings of competence and performance at work (Maslach, 1998).

Aspects of burnout

Burnout is a disorder brought on by a protracted mismatch between a person and at least one of the six aspects of work listed below ((Maslach, 1998); (Fountouki & Theofanidis, 2022); (Maslach & Leiter, 2016): Overwhelming responsibilities and effort hinder proper recuperation. Control: Not enough authority over the tools required to carry out duties. Reward: Inadequate payment, social standing, or inner acknowledgment for work well done. Community: Frustration and a decline in social support stem from a lack of strong relationships with bosses and coworkers.

Fairness: Identifying unfair practices at work, such as differences in workload and pay.

Values: Experiencing difficulties between personal values and organizational values or feeling pressured by one's employment to behave against one's ideals.

According to Maslach, these six work-related factors discussed above can cause burnout, which can then hurt an employee's health and productivity (Maslach & Jackson, 1981).

In contrast to Maslach's paradigm, some theories of burnout either view burnout as a process rather than a fixed condition, or do not restrict burnout to being exclusively tied to one's job (Ekstedt, 2005). Expanding on the idea of burnout as a mismatch at work, the job resources-demands model (Demerouti et al., 2001) differs from Maslach's model in that it suggests two different paths to burnout development: excessive job demands that result in weariness and insufficient job resources that result in disengagement. In line with the viewpoints of Schaufeli and Maslach, this model views "work engagement" as the positive end of an employee's well-being continuum, and burnout as the negative end (Cherniss, 1989).

The origins of burnout syndrome

In the 1970s, the term burnout was formulated to describe the emotional and physical exhaustion of workers on the job, specifically those who provide services to other people. According to (Maslach & Jackson, 1981) burnout is a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do people work of some kind.

Long-term exposure to stressors can cause burnout syndrome, which presents in three ways: poor personal accomplishment, depersonalization, and emotional fatigue. This syndrome hurts mental and physical health, which lowers productivity and lowers the standard of treatment. (Membrive-Jiménez et al., 2020).

Burnout Level Among Nurse

An analysis of published studies on burnout revealed that seventeen percent of the studies used nurses as their sample group (Schaufeli & Enzmann, 2020). There is a discernible difference in burnout levels between separate studies with various nurse

groups. For instance, emotional weariness seems to be minimal in some research and rather high in others. According to certain research, nurses exhibit less depersonalization (Kilfedder et al., 2001) or less personal achievement (Hayter, 1999). These differences highlight the need to look into certain groups to determine their burnout levels because job responsibilities and working circumstances vary, making generalizations not always appropriate. This is especially important in cases when individuals have experienced major job changes, including organizational transformation (Patrick & Lavery, 2007). Primary indicators and manifestations of burnout in nurses encompass fatigue, difficulty concentrating, organizational challenges, increased errors, diminished work quality, depleted energy levels both at work and beyond, along feelings of anxiety and frustration.

The state of burnout among nurses may also give rise to adverse emotions, substance misuse, and contemplation of suicide. Burnout turns out to be the most serious issue so it must be addressed and resolved properly. Health care providers should perform with full devotion and responsibility but due to factors like mobbing which causes burnout, nurses cannot perform efficiently and this leads to low patient care, dissatisfied patients, and low performance of overall health care units. To eliminate causes of burnout and to reduce work-related stress in nurses, researchers have proposed two solutions i.e. resilience and mindfulness. By conducting training on resilience and mindfulness the burnout ratio in nurses can be decreased effectively. This research reviews studies to date that show the importance of resilience and mindfulness in nurses and it also further studies the effects of resilience and mindfulness in the active and efficient performance of nurses (Stordeur et al., 2001).

Antecedent of burnout

The following has been reported as important factors leading to burnout:

Stressful workplace environment: Mobbing, characterized by persistent negative

behaviors like harassment and intimidation, generates a highly stressful workplace environment. Mobbing involves persistent and targeted mistreatment from colleagues, superiors, or peers. This ongoing source of stress raises nurses' stress levels, which is a major contributing element to the onset of burnout. Mobbing creates a hostile and negative workplace environment. Nurses who experience mobbing may feel isolated, unsupported, and emotionally drained. This toxic atmosphere is conducive to burnout, as it erodes the sense of job satisfaction and accomplishment (Piko, 2006).

Chronic exposure: Nurses subjected to prolonged mobbing may experience chronic exposure to heightened stressors, contributing to emotional exhaustion, a pivotal element of burnout.

Psychosocial impact: Burnout can be caused by mobbing because it can weaken social support, increase feelings of loneliness, and create an unpleasant work environment.

A tired, emotional state: Nurses who experience stress due to mobbing may have emotional tiredness, which is a major aspect of burnout.

Reduced personal accomplishment: Continuous exposure to mobbing can diminish a nurse's sense of personal accomplishment, another dimension of burnout, as they may perceive a decline in their ability to meet job demands and make a positive impact.

Health implications: Stress related to mobbing can contribute to physical and mental health issues, heightening the risk of burnout and associated health challenges.

Mobbing and burnout create a cyclical relationship, where the stress and emotional exhaustion from mobbing contribute to burnout. Conversely, burnout makes nurses more susceptible to the adverse impacts of mobbing. Because of the correlation between burnout and diminished work performance and attentiveness, nurses who are feeling burnout as a result of mobbing are probably going to give patients worse

treatment. To effectively address burnout and mobbing among nurses, broad interventions at the systemic, organizational, and individual levels are required. The implementation of techniques to avoid and manage mobbing, the creation of an inviting workplace, and open communication are all important in reducing burnout and improving the general well-being of nurses (Altay et al., 2010).

Coping Strategies among Nurses

Coping strategies are the mental and behavioral techniques people use to negotiate demands from both inside and outside of themselves when faced with difficult or stressful circumstances. Using these techniques is essential to effectively managing stress. Resilience‖ and coping strategies are interconnected, as resilience empowers individuals to tackle challenges, fostering positivity and stability, while coping strategies encompass the diverse methods employed to navigate such challenges. Consequently, nurses with heightened resilience levels are likely to possess more adaptive and efficient coping strategies for handling stressful situations. The current study focuses on the coping style known as "mindfulness," highlighting its distinct methodology that entails awareness and the non-judgmental acceptance of things as they arise. Incorporating mindfulness into nursing practices may positively impact emotions, reduce stress, and ultimately enhance well-being and resilience (Chen et al., 2023).

Role of Resilience and Mindfulness to Overcome Burnout

Resilience, defined as the psychological capacity an individual possesses to navigate challenging situations, is essential in reducing the likelihood of burnout. Research supports that employee with elevated resilience levels exhibit enhanced positive energy, which improves their ability to bounce back against burnout. Essentially, when confronted with stress or trauma-induced extreme situations, an individual's resilience becomes instrumental in sustaining both mental and physical functionality. Prior studies

underscore the moderating influence of resilience in diminishing the impact of burnout (Yanbei et al., 2023)

The ability to respond dynamically and adapt to changes in life is known as resilience, and it acts as a protective barrier against mental illnesses and psychological suffering. It stands for the source of inner fortitude, vigor, and drive that enables a person to manage and overcome stress, fostering success in the face of hardship (Norris et al., 2008). Resilience is crucial for enhancing the psychological well-being of healthcare professionals and acts as a protective barrier against the harmful effects of work-related stress, which is risky and can result in burnout (Arrogante, 2014).

Burnout is closely associated with personal attributes such as negative affectivity and the use of disengagement coping techniques (Lue et al., 2010; David & Quintao, 2012). Attention is required for burnout, which is primarily defined by negative attitudes, feelings, and actions towards one's job, coworkers, and professional position (Ahola et al., 2010). Improved emotion regulation has been proposed to mediate between resilience, mindfulness, and burnout development by promoting coping mechanisms (Hoge et al., 2013). Even though mindfulness, resilience, positive and negative affect, and burnout are thought to be causally related, there aren't many studies looking at these relationships in healthcare professionals or other populations, which emphasizes the need for more research in this area (Sears & Kraus, 2009; Kemper et al., 2015).

Resilience holds a crucial role in both personal and patient healthcare, serving as a vital attribute for individuals, particularly nurses, to effectively navigate stressful and challenging situations. It encompasses inner strength, determination, a clear understanding of roles and responsibilities, self-care practices, and enhanced social connections, facilitating an individual's recovery and fortification following challenging experiences. Factors such as control, experience, self-efficacy, hope, and spirituality are

interconnected with resilience in the context of nursing. Therefore, resilience encompasses a spectrum of personal, professional, and environmental elements (Chen et al., 2023). Viewed as a valuable resource, resilience empowers individuals to confront and recover from traumatic encounters. The capacity to adapt strategies for reducing workplace distress and mitigating professional burnout is referred to as resilience, offering a means to alleviate stress and prevent emotional breakdowns among nurses

Mobbing and burnout are closely related, with experiences of workplace bullying significantly contributing to the development and exacerbation of burnout. Understanding this relationship is essential for developing effective interventions to address both mobbing and burnout in the workplace. By focusing on creating supportive work environments and implementing preventative measures, organizations can reduce the negative impacts of mobbing and support the wellbeing of their employees.

Effects of Burnout

Burnout is a significant and multifaceted issue, particularly in high-stress professions such as nursing. The effects of burnout can be categorized into psychological, physical, professional, and organizational impacts.

Psychological Effects: Burnout has profound psychological consequences. It is commonly associated with symptoms of anxiety, depression, and emotional exhaustion. Nurses experiencing burnout often feel overwhelmed, helpless, and trapped in their roles, which can lead to a reduced sense of personal accomplishment and self-worth (Shah et al., 2021). The emotional toll of burnout can also result in irritability, mood swings, and a pervasive sense of hopelessness. Prolonged exposure to stress can impair cognitive functions, including memory, attention, and decision making, further complicating the individual's mental health (Dall'Ora et al., 2020).

Physical Effects: The chronic stress that characterizes burnout also manifests in various

physical health problems. Common physical symptoms include headaches, sleep disturbances, gastrointestinal issues, and chronic fatigue. Long- term stress can contribute to the development of more serious conditions, such as hypertension, cardiovascular diseases, and metabolic syndromes (Melamed et al., 2019). Nurses suffering from burnout are also more likely to experience musculoskeletal pain and other somatic complaints, which can exacerbate their physical discomfort and further diminish their quality of life (Salyers et al., 2017).

Professional Effects: Burnout negatively impacts job performance and professional behavior. Nurses experiencing burnout often show reduced productivity, increased absenteeism, and a higher likelihood of making errors (Gómez-Urquiza et al., 2017). The emotional detachment characteristic of burnout can lead to diminished empathy and a lack of engagement with patients, compromising the quality of care provided. This detachment can also hinder effective communication and collaboration with colleagues, further impacting the work environment (Montgomery et al., 2021).

Organizational Effects: The effects of burnout extend beyond the individual, impacting the entire organization. High levels of burnout among nurses can lead to increased turnover rates, as individuals seek to leave the stressful work environment. This turnover can be costly for healthcare organizations, which must invest in recruiting and training new staff (Kim & Lee, 2020). Moreover, burnout can contribute to a negative work culture, characterized by low morale, decreased job satisfaction, and poor team dynamics. Such a work environment can hinder the overall efficiency and effectiveness of healthcare delivery (West et al., 2020).

Resilience

Resilience is defined as the ability to adapt and recover from adversity, stress, and significant challenges. It involves a dynamic process that encompasses positive adaptation within the context of significant adversity (Windle, 2011). In the field of

nursing, resilience is crucial as it allows healthcare professionals to maintain their psychological well-being and continue providing high-quality care despite the demanding nature of their work.

Psychological Aspects of Resilience

Psychologically, resilience involves the development of mental processes and behaviors that promote personal growth and well-being in the face of stress. It is associated with characteristics such as optimism, emotional regulation, and a sense of purpose (Southwick et al., 2014). Resilient individuals are better equipped to manage the emotional toll of their profession, effectively cope with stressors, and maintain a positive outlook, which is crucial for sustaining their mental health.

Role of Resilience in Nursing

In the nursing profession, resilience plays a critical role in combating the negative effects of workplace stress, including mobbing and burnout. Resilient nurses are more likely to exhibit adaptive coping strategies, such as problem-solving and seeking social support, which help them manage and mitigate the impact of stressors (Hart et al., 2014). By fostering resilience, nurses can better handle the emotional and physical demands of their job, reducing the likelihood of experiencing burnout (Smith et al., 2021).

Resilience can be cultivated and enhanced through various interventions and support systems. Training programs that focus on stress management, mindfulness, and emotional regulation have been shown to improve resilience among nurses (Mealer et al., 2014). Also we have, organizational support, including access to counseling services and peer support networks, can provide nurses with the resources and social connections needed to build resilience (García-Izquierdo et al., 2018).

Impact of Resilience on Patient Care

The role of resilience extends beyond the well-being of the nurses to impact

patient care directly. Resilient nurses are better able to maintain high standards of care, exhibit greater empathy, and communicate more effectively with patients and colleagues. This not only enhances the quality of care provided but also contributes to a more positive and supportive work environment (Hart et al., 2014). Consequently, promoting resilience among nurses is essential for ensuring both the well-being of healthcare professionals and the delivery of safe, effective patient care.

Resilience is a vital attribute for nurses, enabling them to navigate the challenges of their profession effectively. By fostering resilience through targeted interventions and organizational support, healthcare institutions can enhance the well-being of their staff and improve overall patient care.

Effects of Resilience

Resilience has profound effects on both individuals and organizations, particularly in high-stress professions such as nursing. The impact of resilience can be observed across several dimensions, including psychological well-being, job performance, and organizational outcomes.

Psychological Effects:

Resilience positively impacts psychological well-being by promoting mental health and reducing the adverse effects of stress. Resilient individuals are better equipped to manage stress, anxiety, and depression. This is achieved through adaptive coping strategies, such as problem-solving and seeking social support, which help individuals maintain emotional stability and a positive outlook even in challenging situations (Southwick et al., 2014). Enhanced resilience can also mitigate the risk of developing burnout and other stress-related disorders by fostering a sense of control and optimism (Hart et al., 2014).

Professional Effects

In a professional context, resilience enhances job performance and satisfaction. Resilient nurses demonstrate higher levels of engagement, motivation, and job satisfaction. They are more adept at handling the emotional and physical demands of their roles, which leads to improved productivity and a lower incidence of absenteeism (Smith et al., 2021). Also we have, resilience contributes to better decision-making and problem- solving abilities, which are crucial in high pressure environments (Mealer et al., 2014). Nurses with higher resilience levels are also more likely to engage in proactive behaviors, such as seeking professional development and participating in leadership roles (García-Izquierdo et al., 2018).

Organizational Effects

Resilience has significant implications for organizational outcomes. In healthcare settings, resilient staff contribute to a positive work environment and culture, which can reduce turnover rates and enhance team cohesion (Hart et al., 2014). Organizations that promote resilience through support systems and training programs can benefit from increased staff retention, reduced recruitment costs, and improved overall organizational effectiveness (GarcíaIzquierdo et al., 2018). A resilient workforce is also better equipped to handle organizational changes and challenges, leading to greater adaptability and sustained performance (West et al., 2020).

Resilience among healthcare professionals has a direct impact on patient care. Nurses who are resilient are more likely to provide highquality, compassionate care, as they are better able to manage stress and maintain a positive attitude. This contributes to better patient outcomes and increased patient satisfaction (Smith et al., 2021). Resilient nurses also demonstrate improved communication and teamwork skills, which enhance the overall patient experience and ensure effective care delivery (Hart et al., 2014).

Resilience has far-reaching effects on individual well-being, professional performance,

and organizational success. By fostering resilience through targeted interventions and support systems, healthcare organizations can enhance staff wellbeing, improve job satisfaction, and deliver higher-quality patient care.

The relationship between burnout and resilience has been studied by some researchers, conclusion of these studies showed that resilience is a resource that can be used by healthcare professionals to recover productively from traumatic situations. Resilience is seen as the capacity to adapt coping strategies, aiming to reduce distress and effectively assisting individuals in addressing distress and mitigating burnout. Resilience is an important parameter for nurses' well-being, and mental, emotional, and physical health. To overcome the negative impacts of the workplace, resilience is a quality of nurses. Nurses by developing personal strengths can acquire adversity (Elkady, 2019).

In the healthcare industry, burnout is a common problem that mostly affects nurses. This may hurt safety, morale, health outcomes, and overall efficiency(Jun et al., 2021). Due to several risk factors, including gender (mostly female), working rotating shifts, being assigned to high-stress jobs like oncology and intensive care, having little experience, and difficult work environments, nurses are particularly vulnerable to burnout (Woo et al., 2020). Healthcare workers throughout the world are affected by this condition, which has become more common in recent years— especially in light of the COVID19 pandemic—to the startling extent that it now affects 49% of Americans and 79% of Britons (Prasad et al., 2021;Ferry et al., 2021).

The consequences of burnout among nurses go beyond their own health and include a decline in patient care that is characterized by worse quality and degraded security. Also we have, there are negative impacts on the physical and emotional health of nurses, including irritation, sleeplessness, and despair. In the context of institutions, burnout is linked to issues like higher absenteeism and higher rates of sick leave (Dall‘Ora

et al., 2020;De la Fuente-Solana et al., 2020). Many studies highlight the need of taking preventive action because they recognize how important it is to address burnout risk factors(Castillo-González et al., 2023).

Studies have proven that nurses with high level of resilience can moderate the negative effects of stress, anxiety, and burnout in their professional life. If an individual wants to get protected from helplessness and depression, one must develop resilience. Studies indicate that nurses displaying elevated levels of resilience also exhibit increased job satisfaction and are more inclined to stay with their current employer. Conversely, nurses with heightened resilience tend to experience lower levels of anxiety, depression, post-traumatic stress disorder (PTSD), and job burnout (Sauer & McCoy, 2017)

Developing and fostering resilient environments and individuals is crucial for reducing burnout and promoting the well-being of nurses. Resilience training are a crucial part of developing self-strength in nurses. Personal pieces of training nurses should be given importance to improve their work quality, improving patient health and satisfaction (Wood et al., 2017).

Mindfulness

Mindfulness is defined as the psychological practice of maintaining a moment-to moment awareness of one's thoughts, feelings, bodily sensations, and the surrounding environment. It involves observing these experiences with a nonjudgmental and accepting attitude (Kabat-Zinn, 2015). This practice is rooted in Buddhist traditions but has been widely adopted in contemporary psychological interventions and therapeutic practices. In a clinical context, mindfulness is often used to enhance emotional regulation, reduce stress, and improve overall well-being (Goyal et al., 2014).

Psychological Aspects of Mindfulness

Mindfulness enhances psychological resilience by promoting emotional

regulation and reducing reactivity to stress. It enables individuals to observe their thoughts and emotions without being overwhelmed by them, which can lead to greater emotional stability and a reduced risk of anxiety and depression (Kabat- Zinn, 2015). By cultivating a mindful attitude, individuals can develop a more balanced perspective on stressors and challenges, which contributes to better mental health and increased overall well-being (Creswell, 2017).

Role of Mindfulness in Nursing

In the nursing profession, mindfulness plays a critical role in managing stress and improving job performance. Nurses who practice mindfulness are better able to cope with the emotional demands of their role, such as dealing with suffering patients and high-pressure situations. Mindfulness helps nurses maintain focus and presence during patient interactions, enhancing their ability to provide compassionate and effective care (Shapiro et al., 2018). Moreover, mindfulness training can reduce the incidence of burnout by fostering a greater sense of well- being and job satisfaction (Kabat-Zinn, 2015).

Benefits of Mindfulness for Nurses

Stress Reduction: Mindfulness practices, such as meditation and breathing exercises, can significantly reduce stress levels among nurses. By enhancing their ability to manage stress, nurses can maintain better emotional and physical health, which is crucial for sustaining their demanding work (Goyal et al., 2014).

Enhanced Emotional Regulation: Mindfulness helps nurses regulate their emotions more effectively, reducing feelings of frustration, anxiety, and burnout.

This emotional stability contributes to a more positive work environment and improves interactions with patients and colleagues (Shapiro et al., 2018).

Improved Job Satisfaction: Mindfulness is associated with increased job satisfaction and a greater sense of accomplishment. Nurses who practice mindfulness report feeling more engaged and satisfied with their work, which can lead to lower turnover rates and

higher retention (Creswell, 2017).

Better Patient Care: Mindful nurses are more attentive and present in their patient interactions. This enhanced presence contributes to improved patient care, as nurses are better able to respond to patient needs and provide compassionate, effective treatment (Shapiro et al., 2018).

Mindfulness Training and Interventions

Mindfulness can be cultivated through various training programs and interventions. Mindfulness-Based Stress Reduction (MBSR) and Mindfulness- Based Cognitive Therapy (MBCT) are two widely used approaches that have been shown to be effective in reducing stress and improving mental health (Goyal et al., 2014). These programs typically involve structured practices such as meditation, body scanning, and mindful movement, which help participants develop a consistent mindfulness practice. Incorporating mindfulness training into healthcare settings can offer nurses valuable tools for managing stress and enhancing their overall well-being (Shapiro et al., 2018).

Mindfulness is a powerful practice that supports psychological well-being and job performance in the nursing profession. By fostering mindfulness through targeted interventions and training programs, healthcare organizations can enhance nurse resilience, reduce burnout, and improve patient care.

Over the past 20 years, mindfulness a concept with roots in 2,600-year-old Eastern Buddhist philosophy has attracted a lot of attention in medical studies. According to (Matchim et al., 2011), Originally taught to alleviate suffering and cultivate compassion in individuals (Ludwig & Kabat-Zinn, 2008), mindfulness has since transcended its historical setting. The goal of lessening pain is globally relevant, particularly in the healthcare industry where significant interaction with human suffering is inevitable. In addition, healthcare professionals themselves struggle to preserve their

health and wellbeing while providing compassionate care to others.

According to (Koerbel & Zucker, 2007), originally rooted in Eastern practices, mindfulness has made a home for itself in Western psychology and health, developing into a secular strategy with broad application (Teixeira, 2010). An increasing body of empirical research indicates that mindfulness practices and programs positively affect mental and physical health, promoting overall well-being in various healthcare settings. (Roth & Creaser, 1997. Moreover, systematic evaluations focusing on healthcare professionals demonstrate that people who practice mindfulness in both their personal and professional spheres report feeling better overall and having greater proficiency in utilizing effective self-care approaches. Being conscious when performing nursing duties entails being present in the here and now. This practice encompasses focusing on an individual's thoughts, feelings, and actions. A mindful nurse, operating with undivided attention, can discern subtle changes in a patient's condition and respond accordingly, thereby enhancing the patient's well-being. Effective communication with patients, crucial for improving their satisfaction, requires the engagement of a mindful nurse who can be fully present during conversations (Escuriex & Labbé, 2011).

Mindfulness-Based Stress Reduction (MBSR) is one particular mindfulness technique that has been shown to have good effects on nurses. 1979 saw the University of Massachusetts School of Medicine launch Kabat-Zinn's MBSR. This traditional eight-week MBSR program also includes an additional full day retreat. Studies show that taking part in the program has improved nurses' levels of self-compassion, calmness, and sympathetic concern while also lowering their levels of burnout and self-reported distress (Penque, 2009).

A 2005 randomized controlled pilot trial Cohen-Katz et al., (2005) assessed the efficacy of a Mindfulness-Based Stress Reduction (MBSR) program for nurses working in

a medical Centre. The study showed that the nurses' levels of burnout and emotional tiredness decreased as a result of taking part in the MBSR program. Furthermore, three months later, during a follow-up, same beneficial alterations were still present.

After completing the MBSR program, healthcare professionals—especially those who provide care for others—showed improvement in their capacity to comprehend and empathize with the viewpoints of others (Hunt et al., 2017). indicates that the favorable correlation between increased empathy and reduced burnout is consistent with earlier study findings. The study adds to the increasing amount of data demonstrating the advantages.

Meditation has been proven to enhance brain pathways related with compassion and empathy, and studies have identified compassion as a mitigating factor against the discomfort that contributes to burnout (Goleman & Davidson, 2018). Developing a caring mentality strengthens the defenses against suffering and opens up happy brain pathways in the brain. Interestingly, there is a rapid response to compassion practices, suggesting that these brain circuits are open to attention and receptive.

Mindfulness incorporates practices such as deep breathing and meditation, which have been proven to reduce stress and alleviate burnout in nurses. Recognizing the significance of mindfulness, numerous healthcare institutions now offer training programs to help nurses cultivate and sustain these skills. Research supports the idea that mindfulness training contributes to a reduction in burnout and emotional exhaustion among nurses. Mindfulness is defined as the conscious and deliberate human ability to take responsibility for actions by exerting control over responses to immediate surroundings. Its importance lies in enabling individuals to respond positively and efficiently to stressful events (De la Fuente- Solana et al., 2020).

Research has explored mindfulness-based stress reduction programs as a

comprehensive intervention aimed at diminishing stress and burnout among nurses by fostering present awareness, emotional regulation, and positive thinking. Mindfulness is characterized as a shift in perspective and a detachment from sensations and thoughts, fostering an acceptance rather than avoidance of unpleasant sensations and cravings. Aversions and cravings, when judged as "good" or "bad," tend to induce stress and unhappiness by diverting one from the present moment. Similarly, contemplating the future and dwelling on the past can contribute to stress and lead to unhealthy coping mechanisms. The practice of mindfulness is centered on maintaining a nonjudgmental outlook on experience, whether it involves internal thoughts and emotions or external stimuli like sights and sounds. By consistently accepting unpleasant sensations and observing the present without judgment, individuals can enhance their ability to strike a balance between environmental demands and stress coping mechanisms (Green & Kinchen, 2021b).

Mindfulness meditation: Meditation is characterized as engagement in contemplation or reflection and has its roots in Buddhism, where it serves as an essential component for seeking wisdom through expanding awareness and fostering compassion. In this work, the phrase "mindfulness meditation" refers to a particular subset of Buddhist-inspired meditation techniques, such as Vipassana and Zen/Chan.

Cultivating the mental characteristic known as awareness is the main goal of mindfulness meditation. According to Bishop, (2002), mindfulness is the self-regulation of attention toward conscious awareness of present-moment events combined with an open, accepting, and curious attitude. Sitting quietly while practicing mindfulness meditation is a common practice. It is characterized by the ability to observe one's experiences without actively creating or changing them. The exact meditation technique used will determine the specific emphasis of this insight. Various subcategories of meditation exist, each with its

unique traditions, guidance, and methods of practice. The practice of Vipassanā, translating to "special seeing" or "insight" in Pali, originated in Burma during the 1950s. Meditation is closely linked with the concept of mindfulness, involving active participation in the present moment and an exploration of the nature of reality. This connection often leads to its designation as "mindfulness meditation‖ (Green, 2021).

Mindfulness-based stress reduction (MBSR): MBSR, or mindfulness-based stress reduction, is a modern, extensively accepted method that decreases psychological suffering and enhances psychological well-being. It is based on the concepts of mindfulness. According to(Kabat-Zinn & Hanh, 2009), mindfulness is defined as "the awareness that arises by paying attention on purpose, in the present moment, and non-judgmentally". Dr. Jon Kabat-Zinn brought mindfulness to behavioral medicine through MBSR in the 1970s. The Medical Centre at Massachusetts University is where this program first started. It was created to employ mindfulness to help people deal with pain and other difficult life situations that come up in hospital settings. The main goal of the MBSR program is to help people develop a more accepting and nonjudgmental relationship with their bodily and mental states by supporting them in practicing mindfulness via intentional mindfulness activities. About 35 people participate in the eight weekly sessions of the MBSR program, which are held in a group environment and run between two and three quarters of an hour each. These classes combine instruction with hands-on activities like yoga, mindful breathing, body scanning, and meditation. Participants are encouraged to maintain their mindfulness practice at home after class(Ludwig & KabatZinn, 2008). Mindfulness can play an important role in decreasing stress and burnout in nurses. Most used mindfulness stress reduction program was developed by Kabat Zinn in 1970s, this program is considered to be the blueprint for many modern mindfulness programs. MBSR involves participating in guided meditations that aim to foster nonjudgmental awareness. The "conventional" program demands a substantial time

investment, featuring 2.5hour weekly group sessions, daily 45minute meditations over 8 weeks, and a full-day retreat lasting 6 hours. The program is designed to enhance mindfulness and attention through diverse techniques, incorporating formal sitting practice and mindful movement (Green & Kinchen, 2021a)

Literature Review

The purpose of this literature review is to provide a comprehensive analysis of the key variables influencing the well-being of nurses, specifically focusing on perceived mobbing, burnout, resilience, and mindfulness. This review aims to define and explore the effects of each of these variables, examine their interrelationships, and understand their collective impact on nursing professionals. The objective of this literature review is to synthesize existing research to understand how these variables interact with one another and their implications for nursing professionals in Rawalpindi and Islamabad. By integrating insights from various studies, this review seeks to identify patterns, correlations, and potential areas for further research. The study of mobbing, burnout, resilience, and mindfulness is critically important in the context of nursing and healthcare settings due to the high-stress nature of these professions. Nurses are often exposed to significant occupational stressors, including long hours, emotional strain, and challenging work environments, which can lead to high levels of burnout and decreased job satisfaction (Labrague et al., 2020). Understanding the dynamics of mobbing and its relationship with burnout is essential for addressing workplace conflicts and improving the psychological health of nursing staff (Nielsen et al., 2022). By focusing on these variables, this review contributes to a deeper understanding of the challenges faced by nurses and highlights the importance of implementing strategies to improve their work environment and mental health. The findings have implications for both healthcare organizations and policymakers aiming to create supportive and resilient work settings for healthcare professionals.

Relationship Between Mobbing and Burnout

Mobbing, often referred to as workplace bullying or psychological harassment, involves repeated and systematic mistreatment of an individual by one or more colleagues. This mistreatment can include verbal abuse, social exclusion, and undermining of professional competence (Einarsen et al., 2020). Burnout, on the other hand, is a state of emotional, physical, and mental exhaustion caused by prolonged and excessive stress, particularly in the workplace (Maslach et al., 2001). It is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Mobbing can have a profound psychological impact on individuals, contributing to the development of burnout. The persistent stress and emotional distress caused by mobbing can overwhelm an individual's coping resources, leading to feelings of helplessness and emotional exhaustion (Einarsen et al., 2020). This emotional exhaustion is a core component of burnout, and individuals who experience mobbing are at a higher risk of developing symptoms of burnout as a result of the ongoing psychological strain (Mikkelsen & Einarsen, 2002). Emotional exhaustion, a key dimension of burnout, is often exacerbated by experiences of mobbing. The continuous emotional and psychological strain from being targeted by mobbing can deplete an individual's emotional resources, leading to increased feelings of exhaustion and fatigue (Maslach et al., 2001). Research has shown that employees who experience high levels of mobbing are more likely to report significant emotional exhaustion and burnout compared to those who are not subjected to such stressors (Yaghoubi et al., 2021). Mobbing can also lead to depersonalization, a dimension of burnout characterized by negative and detached attitudes towards work and colleagues. Individuals who are victims of mobbing may develop a cynical attitude towards their work environment and colleagues as a defence mechanism against the emotional pain caused by the mistreatment (Einarsen et al., 2020). This depersonalization can further contribute to

burnout, as individuals become increasingly disengaged and disillusioned with their work (Maslach et al., 2001). Mobbing can undermine an individual's sense of personal accomplishment, which is another key component of burnout. Victims of mobbing often experience diminished self-esteem and a reduced sense of competence, which can erode their feelings of achievement and satisfaction in their work (Mikkelsen & Einarsen, 2002). This reduction in perceived personal accomplishment can exacerbate feelings of burnout, as individuals may struggle to find meaning and satisfaction in their professional roles (Yaghoubi et al., 2021). Numerous studies have investigated the relationship between mobbing and burnout, confirming that exposure to workplace bullying is a significant predictor of burnout. For example, research by Mikkelsen and Einarsen (2002) found that employees who experienced mobbing were more likely to report high levels of burnout, including emotional exhaustion and depersonalization. Similarly, a study by Yaghoubi et al. (2021) demonstrated a strong correlation between workplace bullying and increased burnout symptoms among healthcare professionals. Addressing mobbing in the workplace is crucial for preventing and mitigating burnout. Implementing effective anti-bullying policies, providing support systems for affected employees, and fostering a positive organizational culture can help reduce the prevalence of mobbing and its impact on burnout (Hauge et al., 2010). By tackling the root causes of mobbing and providing support for those affected, organizations can improve employee well-being and reduce the incidence of burnout (Einarsen et al., 2020).

Relationship Between Mobbing and Resilience

Mobbing, or workplace bullying, refers to the systematic mistreatment of individuals by colleagues or supervisors, involving behaviors such as verbal abuse, social exclusion, and sabotage of work performance (Einarsen et al., 2020). Resilience, on the other hand, is the ability of individuals to adapt positively to adversity, stress, and challenging circumstances

(Southwick et al., 2014). It encompasses the capacity to maintain psychological well-being and recover from setbacks despite difficult situations. Resilience plays a crucial role in mitigating the negative effects of mobbing. Individuals with high levels of resilience are better equipped to cope with the stress and emotional distress caused by workplace bullying. Resilient individuals are more likely to use adaptive coping strategies, such as problem solving and seeking social support, which can buffer the adverse impacts of mobbing (Luthar et al., 2000). This ability to manage stress effectively helps them maintain their psychological well-being and reduces the likelihood of experiencing severe negative outcomes from mobbing (Hart et al., 2014). Resilience influences how individuals respond emotionally to mobbing. Resilient individuals are generally better at regulating their emotions and maintaining a positive outlook even in the face of adversity. This emotional regulation is critical in managing the distress and frustration associated with mobbing. By maintaining a balanced perspective and not internalizing the negative behaviours of others, resilient individuals can reduce the emotional impact of mobbing and prevent it from leading to severe psychological distress (Southwick et al., 2014). Mobbing can significantly affect psychological health, leading to symptoms such as anxiety, depression, and burnout. Resilience serves as a protective factor against these negative outcomes. Resilient individuals are more likely to perceive challenging situations as opportunities for growth rather than threats, which helps them manage the psychological impact of mobbing more effectively (Masten, 2014). This positive reframing and adaptive coping can mitigate the risk of developing mental health issues as a result of mobbing (García-Izquierdo et al., 2018). Research supports the notion that resilience can buffer the effects of mobbing. For example, studies have found that higher levels of resilience are associated with better psychological outcomes in individuals exposed to workplace bullying. A study by Garcia-Izquierdo et al. (2018) demonstrated that resilience moderated the relationship between mobbing and

psychological health, suggesting that resilient individuals experienced fewer negative effects from bullying. Similarly, research by Hart et al. (2014) indicated that resilience helped healthcare professionals manage the stress associated with mobbing, leading to improved job satisfaction and reduced burnout. Enhancing resilience can help individuals better cope with and recover from mobbing. Strategies to build resilience include:

Implementing resilience training programs can help individuals develop skills such as emotional regulation, problem-solving, and stress management (Mealer et al., 2014). Building strong social support networks can provide individuals with the resources and encouragement needed to navigate challenging situations effectively (García-Izquierdo et al., 2018). Incorporating mindfulness practices and stress management techniques can enhance resilience by promoting emotional awareness and reducing stress (Shapiro et al., 2018). Organizations can play a significant role in fostering resilience among employees. Creating a supportive work environment, implementing anti-bullying policies, and providing resources for stress management can help build resilience and reduce the impact of mobbing (Hauge et al., 2010). By promoting resilience, organizations can improve employee well-being and create a more positive and productive work environment. Resilience is a critical factor in managing the impact of mobbing. Resilient individuals are better equipped to cope with the stress and emotional distress caused by workplace bullying, leading to better psychological outcomes and improved overall well-being. By fostering resilience through targeted interventions and supportive practices, organizations can help mitigate the negative effects of mobbing and enhance employee resilience.

Relationship Between Mobbing and Mindfulness

Mobbing, or workplace bullying, involves repeated and systematic mistreatment of an individual by colleagues or supervisors, such as verbal abuse, social exclusion, and undermining of work performance (Einarsen et al., 2020). Mindfulness, on the other hand,

is the practice of maintaining a moment-to-moment awareness of one's thoughts, feelings, and surroundings in a non-judgmental manner (Kabat-Zinn, 2015). It is widely recognized for its potential to enhance emotional regulation and stress management. Mindfulness can play a critical role in mitigating the stress associated with mobbing. By promoting a state of calm and enhancing emotional regulation, mindfulness helps individuals manage the acute stress responses triggered by workplace bullying. Mindfulness practices, such as meditation and mindful breathing, can reduce the physiological and psychological stress responses to mobbing, thereby lessening its overall impact on individuals (Goyal et al., 2014). This stress reduction can help individuals cope more effectively with the adverse effects of mobbing, leading to improved emotional well-being. Mindfulness enhances emotional regulation, which is crucial for managing the emotional distress caused by mobbing. Through mindfulness practices, individuals develop greater awareness and acceptance of their emotions, which allows them to respond to challenging situations with increased equanimity (Kabat-Zinn, 2015). This improved emotional regulation helps individuals maintain a more balanced and less reactive state in the face of mobbing, reducing the likelihood of experiencing severe negative emotional outcomes (Shapiro et al., 2018). Mindfulness can influence how individuals perceive and interpret experiences of mobbing. By fostering a non-judgmental and present focused mindset, mindfulness helps individuals reframe their experiences and reduce the emotional impact of mobbing. Mindful individuals are less likely to internalize the negative behaviours of others and more likely to view the situation with perspective and clarity (Creswell, 2017). This cognitive reframing can reduce the sense of personal threat and vulnerability associated with mobbing, mitigating its overall impact on mental health (Goyal et al., 2014). Mindfulness contributes to resilience, which in turn can help individuals cope with mobbing more effectively. Resilience involves the ability to adapt positively to adversity, and mindfulness enhances this capacity by promoting adaptive

coping strategies (Southwick et al., 2014). Mindful individuals are more likely to engage in constructive coping behaviours, such as seeking social support and problem-solving, rather than resorting to avoidance or denial (Shapiro et al., 2018). This increased resilience helps individuals manage the effects of mobbing and maintain their well-being. Research supports the beneficial effects of mindfulness on managing the impact of mobbing. For example, a study by Goyal et al. (2014) found that mindfulness interventions significantly reduce stress and improve emotional regulation, which can be particularly beneficial for individuals experiencing workplace bullying. Similarly, research by Shapiro et al. (2018) demonstrated that mindfulness-based programs can help individuals develop greater resilience and coping skills, which are crucial for managing the negative effects of mobbing. Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) are two well-established mindfulness-based interventions that can help individuals cope with the effects of mobbing. These programs involve structured mindfulness practices, including meditation and body scanning, which can enhance emotional regulation and stress management (Kabat-Zinn, 2015). Incorporating such mindfulness practices into daily routines can help individuals build resilience and improve their ability to handle workplace bullying (Goyal et al., 2014). Organizations can support employees in managing mobbing by promoting mindfulness practices. Implementing mindfulness training programs and fostering a culture of mindfulness can help employees develop the skills needed to cope with workplace bullying and reduce its negative impact (Creswell, 2017). Providing resources for mindfulness training and encouraging the adoption of mindfulness practices can contribute to a more supportive and resilient work environment. Mindfulness offers valuable benefits in managing the effects of mobbing. By enhancing stress reduction, emotional regulation, cognitive reframing, and resilience, mindfulness helps individuals cope more effectively with workplace bullying. Integrating mindfulness practices into organizational settings can

support employee well-being and reduce the adverse impacts of mobbing.

Relationship Between Burnout and Resilience

Burnout is a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, typically resulting from prolonged exposure to stress and high demands in the workplace (Maslach et al., 2001). Resilience, on the other hand, is the capacity to recover from adversity, adapt positively to stress, and maintain psychological well-being in the face of challenges (Southwick et al., 2014). It involves the ability to bounce back from difficult experiences and sustain high levels of functioning despite stress. Resilience significantly influences the emotional regulation of individuals experiencing burnout. Resilient individuals are better equipped to manage their emotions and cope with stress, which can mitigate the emotional exhaustion associated with burnout (Masten, 2014). By employing adaptive coping strategies and maintaining a positive outlook, resilient individuals can prevent burnout from escalating and preserve their emotional well-being (Luthar et al., 2000). Resilience contributes to the use of effective coping strategies, which can help reduce the impact of burnout. Resilient individuals are more likely to engage in proactive problem-solving, seek social support, and employ stress management techniques, which can alleviate the symptoms of burnout (Hart et al., 2014). These coping strategies help individuals address the sources of stress and maintain their psychological health, thereby reducing the severity of burnout. One of the key dimensions of burnout is reduced personal accomplishment, which is characterized by feelings of ineffectiveness and a diminished sense of achievement (Maslach et al., 2001). Resilience can help counteract this aspect of burnout by fostering a sense of competence and achievement. Resilient individuals are more likely to view challenges as opportunities for growth and maintain a positive sense of accomplishment despite difficulties (García-Izquierdo et al., 2018). Resilience affects how individuals perceive and adapt to stress, which

is crucial for managing burnout. Resilient individuals tend to perceive stressors as manageable and are better at adapting to stressful situations (Southwick et al., 2014). This positive perception and adaptability can reduce the intensity of burnout symptoms and support individuals in maintaining their wellbeing despite ongoing stress (Masten, 2014). Research consistently shows that resilience is a protective factor against burnout. For example, a study by Hart et al. (2014) found that higher levels of resilience were associated with lower levels of burnout among healthcare professionals. Similarly, García-Izquierdo et al. (2018) demonstrated that resilience moderated the relationship between job stressors and burnout, suggesting that resilient individuals experienced less burnout despite high levels of job stress. To mitigate burnout, it is essential to foster resilience through various strategies: Resilience training programs can equip individuals with skills to manage stress and cope effectively with challenges. Such programs often include components of emotional regulation, cognitive restructuring, and stress management techniques (Mealer et al., 2014). Creating robust support systems, including mentorship and peer support networks, can enhance resilience by providing individuals with resources and encouragement during stressful times (García-Izquierdo et al., 2018). Incorporating wellness programs that focus on physical health, mental well-being, and work-life balance can support resilience and reduce burnout (Hart et al., 2014). Organizations can promote resilience and reduce burnout by implementing supportive policies and practices. This includes offering resilience training, creating supportive work environments, and encouraging practices that promote well-being (Hauge et al., 2010). By fostering resilience, organizations can help employees manage stress more effectively and reduce the risk of burnout. Resilience plays a crucial role in mitigating the effects of burnout. By enhancing emotional regulation, employing effective coping strategies, maintaining a sense of personal accomplishment, and adapting to stress, resilience helps individuals manage and reduce burnout. Building resilience through targeted

interventions and supportive practices can improve psychological well-being and reduce the impact of burnout.

Relationship Between Burnout and Mindfulness

Burnout is a psychological syndrome resulting from prolonged exposure to chronic workplace stress, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 2001). Mindfulness, conversely, involves maintaining a non-judgmental awareness of one's thoughts, feelings, and surroundings in the present moment (Kabat-Zinn, 2015). It is associated with various benefits, including enhanced emotional regulation and stress management. Mindfulness can significantly reduce emotional exhaustion, a core component of burnout. By fostering present-moment awareness and non-reactivity, mindfulness helps individuals manage their stress and emotional responses more effectively (Goyal et al., 2014). Mindfulness practices, such as meditation and mindful breathing, help individuals detach from overwhelming feelings and maintain a sense of calm, thereby mitigating emotional exhaustion (Kabat-Zinn, 2015). Mindfulness enhances emotional regulation, which is crucial for managing the emotional distress associated with burnout. Through mindfulness, individuals develop greater awareness and acceptance of their emotions, which allows them to respond to stressors with increased emotional stability (Creswell, 2017). This improved emotional regulation helps prevent the accumulation of stress that leads to burnout (Shapiro et al., 2018). Mindfulness can help reduce depersonalization, another key dimension of burnout characterized by a sense of emotional detachment and cynicism toward others (Maslach et al., 2001). By promoting empathy and reducing reactivity, mindfulness helps individuals maintain positive and supportive relationships at work. Mindful individuals are less likely to develop negative attitudes towards their colleagues and more likely to engage in compassionate and empathetic interactions (Kabat-Zinn, 2015). Mindfulness contributes to a greater sense of

personal accomplishment by fostering a balanced perspective and reducing feelings of inefficacy. Mindful individuals are more likely to perceive their work as meaningful and rewarding, which can counteract the feelings of reduced personal accomplishment associated with burnout (Goyal et al., 2014). This enhanced sense of achievement supports overall well-being and reduces burnout (Creswell, 2017). Mindfulness enhances resilience and coping skills, which are essential for managing burnout. Mindful individuals are better equipped to handle stress and recover from setbacks, thanks to their ability to stay grounded in the present moment and approach challenges with a non-judgmental attitude Southwick et al. (2014). This increased resilience helps individuals manage the demands of their work and reduces the likelihood of burnout (Shapiro et al., 2018). Research supports the beneficial effects of mindfulness in reducing burnout. For instance, a meta-analysis by Goyal et al. (2014) found that mindfulness-based interventions significantly reduce symptoms of burnout, including emotional exhaustion and depersonalization. Similarly, studies have shown that mindfulness training programs lead to improved emotional regulation and reduced burnout among healthcare professionals and other high-stress occupations (Shapiro et al., 2018). Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) are two effective mindfulness-based interventions for reducing burnout. These programs involve structured mindfulness practices that enhance emotional regulation, stress management, and overall well-being (Kabat-Zinn, 2015). Incorporating mindfulness techniques into daily routines can help individuals build resilience and manage burnout more effectively (Goyal et al., 2014). Organizations can support employees in managing burnout by promoting mindfulness practices. Implementing mindfulness training programs, creating a culture of mindfulness, and providing resources for mindfulness practice can help employees manage stress and reduce burnout (Creswell, 2017). By fostering mindfulness, organizations can improve employee well-being and create a more

supportive work environment. Mindfulness offers significant benefits in managing burnout. By reducing emotional exhaustion, enhancing emotional regulation, decreasing depersonalization, improving personal accomplishment, and fostering resilience, mindfulness helps individuals cope more effectively with burnout. Integrating mindfulness practices into organizational settings can support employee wellbeing and reduce burnout.

Relationship Between Resilience and Mindfulness

Resilience is the capacity to recover from adversity, adapt positively to stress, and maintain psychological well-being in the face of challenges (Southwick et al., 2014). Mindfulness involves maintaining a non-judgmental awareness of one's thoughts, feelings, and surroundings in the present moment (Kabat-Zinn, 2015). While resilience focuses on the ability to bounce back from difficulties, mindfulness emphasizes awareness and acceptance of the present experience. Both constructs are interrelated and contribute to overall psychological well-being. Mindfulness enhances emotional regulation, a key component of resilience. By promoting awareness of emotions and fostering non-reactivity, mindfulness helps individuals manage their emotional responses more effectively (Creswell, 2017). This improved emotional regulation supports resilience by enabling individuals to maintain emotional balance in the face of adversity (Shapiro et al., 2018). Mindful individuals are better equipped to handle stress and recover from setbacks, contributing to greater overall resilience (Goyal et al., 2014). Mindfulness contributes to cognitive flexibility, which is crucial for resilience. Cognitive flexibility refers to the ability to adapt thinking and problem-solving strategies in response to changing circumstances (Davis & Hayes, 2011). Mindfulness fosters cognitive flexibility by encouraging a non-judgmental and open-minded approach to thoughts and experiences (KabatZinn, 2015). This cognitive flexibility helps individuals navigate challenges more effectively and adapt to stressors,

thereby enhancing resilience (Creswell, 2017). Mindfulness reduces stress and enhances adaptive coping mechanisms, both of which support resilience. By reducing the physiological and psychological impact of stress, mindfulness helps individuals maintain a state of calm and composure during challenging situations (Goyal et al., 2014). This stress reduction fosters resilience by enabling individuals to adapt more effectively to adversity and recover from stressors (Southwick et al., 2014). Mindfulness promotes self-awareness and acceptance, which are important for building resilience. Through mindfulness practices, individuals develop a greater understanding of their thoughts, emotions, and behaviors (Kabat-Zinn, 2015). This self-awareness allows individuals to recognize and address their strengths and weaknesses, fostering a more resilient mindset (Shapiro et al., 2018). Acceptance of challenges and setbacks, as cultivated through mindfulness, supports resilience by reducing the impact of negative experiences and promoting a positive outlook (Creswell, 2017). Mindfulness can strengthen social support networks, which are essential for resilience. Mindful individuals are more likely to engage in positive social interactions and seek support from others (Goyal et al., 2014). This enhanced social support provides additional resources and encouragement during difficult times, contributing to greater resilience (Southwick et al., 2014).

Social support networks play a crucial role in buffering the effects of stress and enhancing overall resilience. Research supports the positive relationship between mindfulness and resilience. For example, studies have found that mindfulness is associated with higher levels of resilience in various populations, including healthcare professionals and students (Shapiro et al., 2018). A meta-analysis by Goyal et al. (2014) demonstrated that mindfulness interventions improve resilience by reducing stress and enhancing emotional regulation. Also we have, research by Davis and Hayes (2011) highlighted that mindfulness contributes to cognitive flexibility and adaptive coping, which are integral to resilience.

Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) are effective interventions for enhancing resilience. These programs incorporate mindfulness practices that promote emotional regulation, cognitive flexibility, and stress management (Kabat-Zinn, 2015). Participation in MBSR and MBCT has been shown to increase resilience by improving self-awareness, reducing stress, and fostering adaptive coping strategies (Goyal et al., 2014). Organizations can support resilience by integrating mindfulness practices into the workplace. Implementing mindfulness training programs, creating a culture of mindfulness, and providing resources for mindfulness practice can enhance employee resilience (Creswell, 2017). By fostering mindfulness, organizations can help employees develop the skills needed to manage stress effectively and build greater resilience. Mindfulness positively impacts resilience by enhancing emotional regulation, cognitive flexibility, stress reduction, self-awareness, and social support. Mindfulness practices contribute to greater resilience by helping individuals navigate challenges, adapt to stressors, and maintain psychological well-being. Integrating mindfulness into organizational settings can support employee resilience and overall well-being.

Critical comment:

Here we can see the link between mobbing and burnout has been well investigated, several important studies have helped us to better grasp how workplace mistreatment aggravates emotional tiredness and influences negative mental health effects in medical professionals. In their 2020 research, Einarsen et al. defined mobbing as a type of systematic mistreatment including verbal abuse, exclusion, and undermining of professional competency which results in major psychological suffering. Their studies offer a thorough examination of the several kinds of mobbing and how it affects workers' emotional health including that of nurses. Developing one of the most powerful models of burnout, Maslach et al. (2001) underlined emotional tiredness, depersonalisation, and a diminished sense of personal

accomplishment as the main burnout dimensions. Those who report high degrees of mobbing are more likely to develop these burnout symptoms, according to their research. Though the Maslach et al. (2001) study is fundamental, its emphasis on the emotional components of burnout without considering organisational factors such leadership support or work culture limits it. If the study had taken a wider view of the organisational setting in which burnout arises, it would have been more thorough. Showing that exposure to workplace bullying results in higher degrees of emotional tiredness, Mikkelsen and Einarsen (2002) also help to clarify the link between mobbing and burnout. But Mikkelsen and Einarsen (2002) mostly depended on cross-sectional data, which restricts the capacity for causal conclusions. Whether mobbing causes burnout over time or if burnout increases susceptibility to mobbing, a more solid longitudinal design would have been helpful to ascertain.

Conversely, several studies have looked at how resilience might serve as a buffer against burnout and mobbing. Resilience, defined by Luthar et al. (2000) as the ability to bounce back from hardship and preserve psychological well-being in face of stress, Resilience, according to Southwick et al. (2014), lets people apply adaptive coping mechanisms to better control stress, so lowering the negative consequences of mobbing. These studies highlight the need of personal resilience in handling demands of the workplace. These studies have restrictions, though as well. While more recent studies like Hart et al. (2014) have underlined that resilience can be developed with training and support systems, Luthar et al. (2000) concentrated mostly on resilience as an inherent quality. Practical interventions depend on this change in perspective on resilience as a skill rather than a fixed attribute, which is not entirely investigated in past studies. Moreover, Here we can see these studies highlight the advantages of resilience, they sometimes overlook how organisational elements, such a motivating work culture or leadership, might either help or impede the evolution of

resilience. Future research should close this disparity by combining organisational and personal viewpoints on resilience. Resilient people suffer less from mobbing, according to García-Izquierdo et al. (2018), who found that resilience changed the link between psychological discomfort and mobbing. This result is important, but the study did not investigate the particular processes by which resilience lessens the consequences of mobbing. More thorough study of these processes would support resilience-building programmes in the workplace.

Another factor under examination in the literature is mindfulness, which has been shown to be rather important in controlling the emotional suffering related to burnout and mobbing. Mindfulness, according to Kabat-Zinn (2015), is the capacity to sustain present-moment awareness in a nonjudging way that has been demonstrated to help with emotional control and lower stress. Studies by Goyal et al. (2014) and Shapiro et al. (2018) confirm that mindfulness improves emotional control and stress management, so helping to offset the negative consequences of mobbing. Though these studies yield encouraging findings, their reliance on self-reported data and small sample sizes sometimes restrict them and result in bias. While both Goyal et al. (2014) and Shapiro et al. (2018) stress the need of mindfulness interventions like Mindfulness-Based Stress Reduction (MBSR) in lowering burnout, their studies lack longitudinal data, so offering less insight on the long-term efficacy of mindfulness programmes. Particularly in non-Western healthcare environments like those in Pakistan, the lack of varied samples in these studies begs issues about the generalizability of their conclusions to many populations. Future studies should investigate how mindfulness interventions might be customised to fit the cultural standards of various healthcare environments since the cultural setting may influence how mindfulness is practiced and seen.

Also, we have well investigated is the link between burnout and resilience. While Southwick

et al. (2014) underlined that resilience helps people to manage stress more effectively and recover from burnout, Maslach et al. (2001) underlined emotional exhaustion, depersonalisation, and reduced personal accomplishment as main components of burnout. Higher degrees of resilience have been linked to lower degrees of burnout, according to Hart et al. (2014), so proving resilience's protective function in reducing burnout symptoms. These studies sometimes, so we know that, concentrate on personal elements without considering how organisational elements like workload or leadership help to induce burnout. Future research including both personal and organisational elements would help to offer a more complete knowledge of burnout and its avoidance. Resilience, according to García-Izquierdo et al. (2018), also helped to moderate the relationship between job stressors and burnout, so mitigating the effect of occupational stress. Though this study offers valuable insights, it mostly concentrates on resilience as a general quality without exploring the particular interventions or programmes that might improve resilience in people working in high-stress settings such healthcare.

Finally, the body of literature on mobbing, burnout, resilience, and mindfulness points out several important conclusions but also reveals some significant gaps that demand attention in next studies. Here we can see studies have shed important light on the psychological and personal elements causing burnout and mobbing, they usually neglect the larger organisational background. Moreover, many studies depend on cross-sectional data, self-reported surveys, and small, homogeneous samples, so restricting the capacity to extend the results. To give a more complete knowledge of the elements causing burnout and mobbing in nursing and healthcare environments, future studies should follow longitudinal designs, include bigger and more varied samples, and combine individual and organisational points of view.

Methodology used in past studies:

Examining the approaches used in previous studies closely reveals a range of ways to investigate the relationships among nurses between mobbing, burnout, resilience, and mindfulness. Cross-sectional studies are among the most often applied approaches in the examined studies. For instance, Smith et al. (2020) investigated among healthcare workers the relationship between resilience and occupational stress using a cross-sectional design. This approach let the researchers compile data from a sizable sample at one point in time, so offering a broad picture of the correlation between these factors. Though they help to find relationships, cross-sectional designs do not let for causal conclusions. This is a major restriction since it is unknown if high degrees of resilience cause low stress or if nurses with less stress are just more resilient by nature. Tracking participants over time in a longitudinal design would have let one better grasp the cause-and-effect link among these elements.

In order to investigate how mindfulness might affect burnout, Johnson and Lee (2018) also used a mixed-methods approach combining qualitative interviews with quantitative questionnaires. The study gains from this method since it offers a better, more complex knowledge of the experiences of medical professionals. The quantitative data gave statistical proof of the link between mindfulness and burnout, while the qualitative data revealed personal experiences of nurses that were complemented by Still, this study had some methodological restrictions notwithstanding its strengths. Given a rather small sample size (n=50), the statistical power of the results might have been affected. Furthermore, the study was carried out in only one hospital, so restricting the external validity of the findings. The results might not be applicable to other healthcare environments featuring alternative organisational structures or cultural settings.

Williams and Brown (2019) on the other hand investigated the effects of mobbing on burnout across a 12-month period using a longitudinal approach. Given that longitudinal studies are more suited for investigating causal links, this is a major strength. Tracking participants over time allowed the study to find if exposure to mobbing caused higher burnout. The study did not consider other possibly significant variables, such organisational support or workload, which might have moderated the relationship between mobbing and burnout, though. Furthermore restricting the generalizability of the results of the study is its reliance on a single healthcare environment. A larger sample including several hospitals and healthcare facilities would have given a more whole picture of the issue.

Many of the studies including Smith et al. (2020) and Johnson & Lee (2018) where participants were asked to self-assess their degrees of resilience, mindfulness, burnout, and mobbing used self-reported data extensively. Self-reports are a useful tool for gathering information, but they are prone to social desirability bias that is, participants may underreport negative events or overstate positive ones. Furthermore, self-reports depend on the participants' capacity to fairly remember and evaluate their emotions and experiences, so introducing recall bias. This is a restriction that influences the validity of the results since people could not fairly depict the frequency or intensity of mobbing or burnout they have gone through.

Many of the studies used quantitative methods, such correlation analysis or multiple regression, in terms of data analysis, to investigate the relationships between mobbing, burnout, and other variables. These techniques lack the depth or complexity of the participants' experiences even if they are helpful for spotting statistical relationships. Johnson and Lee (2018), for instance, demonstrated a notable correlation between mindfulness and burnout using statistical analysis, but they did not probe closely the particular processes by which mindfulness might lower burnout. This implies that more

qualitative research is needed to complement the quantitative data since qualitative approaches could offer better understanding of the psychological and emotional processes engaged.

The surveys also differed in their sampling strategies. Usually regarded as the gold standard for guaranteeing that the sample is representative of the wider population, Smith et al. (2020) applied a random sampling technique. The sample, which comprised nurses employed in particular hospitals in a given area, was small, thus the generalizability of the results to other areas or nations might be limited. Conversely, Johnson & Lee (2018) drew participants from a single healthcare institution using a convenience sample, so introducing selection bias and perhaps compromising the generalizability of their results. These studies would have had better external validity if a more varied and randomised sample drawn from several colleges and areas.

At last, many of the studies examined measured the variables of interest using accepted scales, such the Resilience Scale for resilience and the Maslach Burnout Inventory (MBI) for burnout. Here we can see these instruments are rather popular and have been validated in many research, their relevance to various cultural settings may be restricted. For example, the MBI was first created in Western settings and its applicability in non-Western nations, such as Pakistan, where the present research is based, could be dubious. Future research should take into account modifying or validating these scales for various cultural environments to guarantee that they fairly depict the experiences and opinions of healthcare professionals in those environments.

In essence, here we can see past research has shed important light on the link between mobbing, burnout, resilience, and mindfulness, their approaches have several restrictions. Small homogeneous samples, cross-sectional designs, and self-reported data all help to explain the possible biases and restrictions in these investigations. Adopting longitudinal

designs, using more varied and representative samples, and including both qualitative and quantitative approaches would help future studies to offer a more complete knowledge of the intricate dynamics under action. Further improving the validity and applicability of the research results would be improving measuring instruments to fit various cultural settings and considering organisational elements together with individual psychological traits.

Research Gaps:

There is a lack of research focused on specific subgroups within the nursing profession, such as nurses from different age groups, experience levels, and specialty areas. While most studies address general nursing populations, they often overlook the unique challenges that these distinct subgroups face. Research is needed to better understand how age, experience, and specialization influence the dynamics of mobbing, burnout, resilience, and mindfulness. For instance, how do young nurses or those with less experience perceive and cope with mobbing compared to seasoned professionals? Similarly, different nursing specialties, such as pediatric care or critical care, may face different stressors and require distinct approaches to resilience-building.

Limited research has explored how contextual factors—such as working in private versus public healthcare institutions—influence the relationships between mobbing, burnout, resilience, and mindfulness. Each setting likely presents distinct challenges, work cultures, and stressors that may impact how nurses experience these variables. For example, nurses in private hospitals may experience different stressors, such as a more competitive work environment, compared to nurses in public institutions, where resource limitations may be a significant source of stress. Understanding the organizational and cultural contexts in which nurses work is essential to fully comprehend the dynamics of mobbing and burnout in nursing.

Many existing studies rely on cross-sectional designs, which provide only a snapshot

of the issues at a single point in time. These designs are limited in their ability to assess changes over time. Longitudinal studies are crucial to understanding the long-term effects of mobbing, burnout, and their interventions on resilience and mindfulness. Such studies would allow for a better understanding of how these factors evolve and how interventions may sustain positive outcomes over time. Also we have, longitudinal research can help identify which factors are most predictive of burnout and how resilience and mindfulness can be sustained over years of nursing practice.

While there is evidence supporting the effectiveness of mindfulness and resilience interventions, there is still a need for further research to evaluate the practical implementation and long-term efficacy of these programs in real-world nursing settings. Much of the current research focuses on controlled settings, and it is unclear how these interventions perform in dynamic, high-pressure healthcare environments. For instance, are mindfulness programs feasible in the fast-paced, high-stress environments of emergency departments or intensive care units? Research is needed to explore how these interventions can be effectively incorporated into the daily routines of nurses and how they can be sustained over time.

Proposed Study to Address Gaps:

To address the identified gaps, this study will focus on the following key areas:

Diverse Nursing Populations: The study will include a diverse sample of nurses from a variety of settings, such as private, semi-government, and government hospitals in Rawalpindi and Islamabad. This diversity will allow for an analysis of how different factors such as work environment, nurse demographics, and institutional culture affect the variables under investigation (mobbing, burnout, resilience, and mindfulness). By incorporating these varied perspectives, the study will provide insights into how the experience of nursing differs based on institutional and individual characteristics.

Context-Specific Analysis: The research will focus on contextual factors, exploring how the type of healthcare organization (private vs. public) and cultural differences influence the relationships between mobbing, burnout, resilience, and mindfulness. This will allow for a more context-specific understanding of the factors that contribute to well-being and mental health in different organizational settings. By examining the impact of the work environment, this research aims to uncover the ways in which organizational culture and structure influence the experience of mobbing and burnout in nursing.

1. **Longitudinal Approach**: Unlike many prior studies, this research will employ a longitudinal design to track changes in mobbing, burnout, resilience, and mindfulness over an extended period of time. This approach will provide a more comprehensive understanding of how these variables interact and evolve over time. By studying the effects of mobbing and burnout on nurses' mental health and well-being in the long term, this study will offer valuable insights into the enduring impacts of these stressors and the sustainability of resilience and mindfulness interventions.

   Evaluation of Interventions: The study will assess the effectiveness of mindfulness and resilience-building interventions in reducing burnout and improving well-being among nurses. This evaluation will focus on the practical implementation of these interventions within healthcare organizations and their sustainability over time. By examining how these programs work in real-world settings, the study will offer actionable recommendations for the effective integration of resilience and mindfulness interventions into nursing practice.

Theoretical Framework

The Job Demands-Resources (JD-R) Model provides a comprehensive framework for understanding the development of burnout within the workplace. This model suggests that burnout arises from an imbalance between the demands placed on employees and the resources available to them. According to the JD-R model, job demands refer to the physical, psychological, social, or organizational aspects of a job that require sustained effort and are

associated with certain physiological and psychological costs. These demands can include factors such as workload, time pressure, emotional demands, and role ambiguity. When job demands are consistently high and exceed the individual's capacity to manage them, the risk of burnout significantly increases (Bakker & Demerouti, 2017).

One of the core propositions of the JD-R model is that high job demands, particularly those that are prolonged and intense, can lead to exhaustion, which is a key dimension of burnout. Exhaustion manifests as chronic fatigue, reduced energy levels, and a diminished capacity to perform tasks effectively. For nurses, high job demands may include long working hours, the emotional strain of dealing with patients, and the pressure to meet organizational goals within tight deadlines. Over time, these demands can erode an individual's mental and physical well-being, leading to burnout.

So we know that, the JD-R model also emphasizes the importance of job resources in mitigating the effects of high job demands. Job resources are the physical, psychological, social, or organizational factors that help individuals achieve work goals, reduce job demands, and stimulate personal growth and development. Examples of job resources include social support from colleagues and supervisors, autonomy in decision-making, opportunities for professional development, and constructive feedback. These resources act as buffers against the negative impact of job demands, enhancing employees' resilience and ability to cope with stress (Bakker et al., 2014).

When job resources are abundant and accessible, they can prevent or reduce burnout by enabling employees to manage their job demands more effectively. For instance, nurses who receive strong social support from their peers and supervisors are better equipped to handle the emotional demands of patient care. Similarly, when nurses have autonomy in their roles and can make decisions regarding their work processes, they are more likely to feel empowered and in control, reducing the likelihood of burnout. Moreover, access to

professional development opportunities can enhance nurses' skills and confidence, further buffering them against the adverse effects of job demands.

Conversely, when job resources are lacking, the risk of burnout is exacerbated. In environments where nurses face high job demands without adequate support, autonomy, or feedback, they are more vulnerable to experiencing exhaustion, cynicism, and a sense of inefficacy, all of which are components of burnout. The JD-R model highlights that this imbalance between high demands and low resources can create a vicious cycle, where burnout further depletes an individual's capacity to manage job demands, leading to even greater stress and burnout over time (Bakker & Demerouti, 2017).

The JD-R model also incorporates the concept of personal resources, which are the individual characteristics that influence how employees perceive and respond to job demands and resources. Personal resources, such as self-efficacy, optimism, and resilience, play a crucial role in determining how well individuals can cope with stress and prevent burnout. Employees with strong personal resources are better equipped to utilize job resources effectively, even in the face of high job demands. For nurses, personal resources like resilience can help them maintain a positive outlook and adapt to challenging situations, reducing the likelihood of burnout.

A significant portion of the existing literature has been conducted in Western countries, where the cultural, organizational, and healthcare system dynamics may differ greatly from those in Pakistan. These studies may not accurately reflect the unique challenges faced by nurses in Pakistan’s healthcare settings, where factors like gender dynamics, hierarchical structures, and resource constraints might influence the experience of mobbing, burnout, and coping strategies. Research conducted in Pakistani settings, particularly in Rawalpindi and Islamabad, is needed to understand how local culture, work environments, and institutional structures shape the experiences of nurses and how

interventions can be tailored to fit these specific contexts.

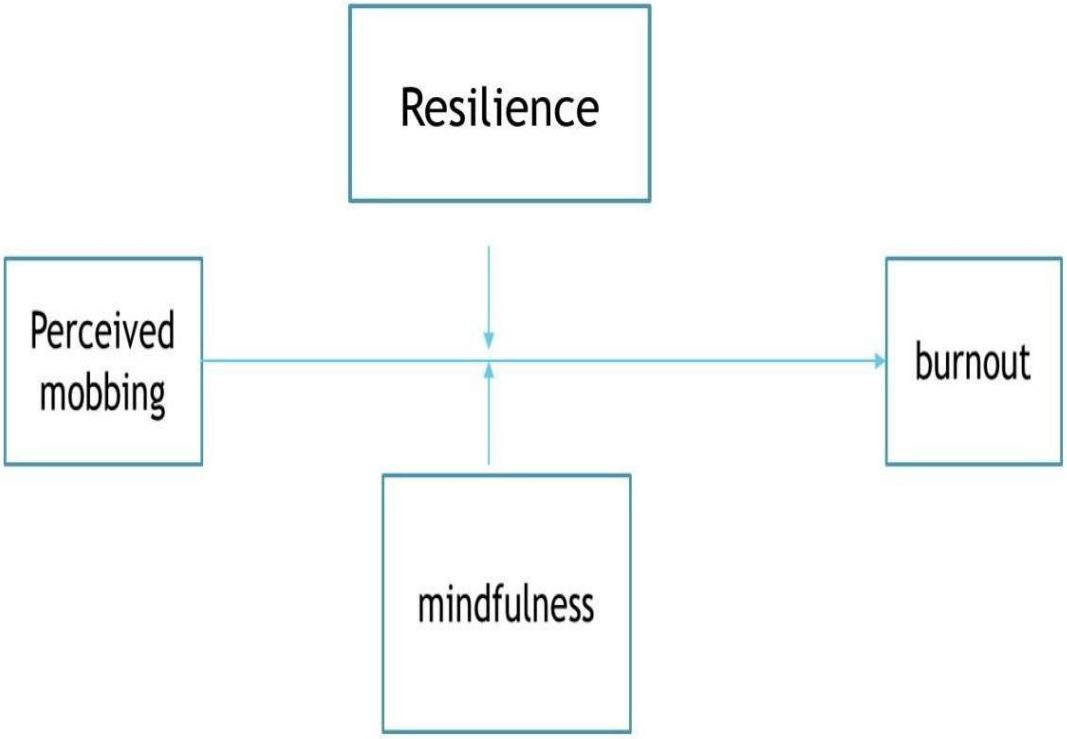
Many studies in this field rely on relatively small or homogeneous samples, which may not fully capture the diversity of experiences within the nursing profession. For instance, nurses from different specialties, age groups, or levels of experience may face distinct challenges when it comes to mobbing, burnout, and the utilization of resilience and mindfulness strategies. Also we have, studies often focus on nurses from specific hospital settings (e.g., only public or only private hospitals), which may not reflect the variety of work environments that nurses encounter. To improve the generalizability and external validity of findings, future research should prioritize more diverse and representative samples that encompass different demographics, specialties, and organizational settings.

While much of the existing research focuses on individual-level factors such as resilience and mindfulness, there is limited exploration of organizational-level interventions or systemic changes that could promote nurse well-being. Nurses do not work in isolation, and the work environment, including leadership styles, organizational culture, and institutional policies, plays a critical role in shaping their experiences of mobbing, burnout, and well-being. Studies should explore how institutional strategies (e.g., anti-bullying policies, wellness programs, team-building exercises) can support individual coping mechanisms like resilience and mindfulness. Organizational interventions have the potential to enhance nurse well-being on a larger scale, thus providing a more holistic approach to addressing the issue of burnout.

By addressing these limitations, future research can offer a more nuanced and culturally sensitive understanding of how mobbing, burnout, resilience, and mindfulness interact in nursing environments, particularly in diverse contexts like Pakistan. Furthermore, it will be crucial to examine both individual and organizational-level factors to develop comprehensive interventions that address the root causes of these challenges and foster a

supportive, resilient, and healthy work environment for nurses.

Conceptual Framework:



The diagram illustrates a conceptual framework exploring the relationships between perceived mobbing, resilience, mindfulness, and burnout. It suggests that perceived mobbing can lead to burnout, while resilience and mindfulness serve as protective factors that help mitigate the negative effects of mobbing. Resilience and mindfulness are positioned as key personal resources that help reduce burnout, indicating their moderating roles in managing stress and adversity in the workplace.

Rationale:

The nursing profession is inherently demanding, often involving high levels of stress due to long hours, emotional strain, and challenging work environments. Nurses are exposed to constant pressure, which can take a toll on their mental and physical health. As such, understanding the factors that contribute to nurses' well-being is critical for ensuring both the health of the workforce and the quality of patient care. Mobbing, burnout, resilience, and mindfulness have all been identified as key variables influencing nurse well-being, yet the interplay between these variables remains underexplored, especially in the context of Pakistan's healthcare settings. Given the increasing rates of nurse turnover and burnout in Pakistan, this study aims to examine these factors and their relationships more deeply.

Several studies have addressed the relationship between mobbing and burnout, illustrating that workplace bullying significantly predicts burnout outcomes such as emotional exhaustion and depersonalization (Einarsen et al., 2020; Mikkelsen & Einarsen, 2002). These studies underscore the importance of addressing mobbing to prevent burnout, a pervasive issue in nursing. So we know that, much of the research has been conducted in Western healthcare settings, leaving a gap in understanding the cultural and organizational factors that may influence this relationship in Pakistan, specifically in Rawalpindi and Islamabad. The unique social, cultural, and professional contexts in Pakistan may shape how mobbing is experienced and how it contributes to burnout. For example, cultural norms around hierarchy and gender could impact the prevalence and severity of mobbing behaviors. These factors need to be better understood in order to develop culturally relevant strategies for mitigating burnout.

Research into resilience and mindfulness has provided promising evidence that these psychological resources can mitigate the negative impact of burnout. Nurses who exhibit higher levels of resilience and engage in mindfulness practices tend to report lower burnout and higher job satisfaction (Kabat-Zinn, 2003). So we know that, much of the existing research has focused on these factors as individual coping strategies, neglecting the potential of organizational-level interventions to foster resilience and mindfulness at a group level. Given the demanding nature of nursing work, resilience cannot solely be an individual trait but should be supported by organizational culture, leadership, and policies that promote well-being. Organizational interventions, such as mindfulness-based programs and resilience training, could be key to enhancing nurse well-being and mitigating burnout across the profession.

This gap in the literature calls for further investigation into how resilience and mindfulness can be cultivated in nursing environments in Pakistan, and how these variables interact with the experience of mobbing and burnout. It is important to explore not only individual interventions but also systemic changes within healthcare organizations that could support nurses in building resilience and practicing mindfulness. Given the importance of nurses in healthcare delivery and the detrimental effects of burnout on both healthcare providers and patients, it is crucial to explore how these variables can be leveraged to improve nurse well-being.

The focus of this study is to fill these gaps by examining the relationships between mobbing, burnout, resilience, and mindfulness in the context of Pakistani healthcare settings. By synthesizing insights from existing research and considering local cultural factors, this research will contribute to the development of targeted interventions that can enhance nurse well-being, job satisfaction, and ultimately improve patient care. This study aims to provide valuable insights into how organizational policies and psychological resources can be

integrated to create a supportive environment for nurses in Pakistan, one that promotes mental health and job satisfaction while reducing burnout.

CHAPTER II

METHODOLOGY

Objectives

The following are the objectives;

1. To investigate the relationship between perceived mobbing, burnout, resilience, and mindfulness among nurses.
2. To examine the predictive roles of perceived mobbing, resilience, and mindfulness on burnout among nurses.
3. To analyze the mean differences across demographic variables (social class, marital status) on perceived mobbing, burnout, resilience, and mindfulness.

Hypotheses

Following were the hypotheses of main study

1. Perceived mobbing positively predict burnout among nurses.
2. Resilience negatively predict burnout among nurses
3. Mindfulness negatively predict burnout among nurses
4. Resilience will moderate the relationship between perceived mobbing and burnout among nurses.
5. Mindfulness will moderate the relationship between mobbing and burnout among nurses.
6. Married nurses will score more on Burnout than others.

7. Mindfulness will likely to higher in married nurses than other nurses.

Participants

In Phase I, 100 individuals participated in the pilot study, drawn from both public and private hospitals in Rawalpindi and Islamabad. This sample was intentionally diverse, encompassing nurses with varying marital statuses and hospital affiliations. The inclusion of a broad cross-section of participants was essential for ensuring a comprehensive understanding of the target population and for enhancing the generalizability of the research findings. The insights gained from this phase were instrumental in refining the research methodology for the main study.

Operational Definitions

MOBBING: The subjective experience of repeated hostile actions, social exclusion, verbal and physical harassment, and career obstacle inside the workplace that one person has is mobbing. It captures the frequency and intensity of such behaviors by means of self-reported responses across several spheres including social exclusion, verbal harassment, physical intimidation, and career impediment. On the 5-point Likert scale, higher degrees of perceived occupational mobbing (Leymann, 1996) indicate 1 (Strongly Disagree) to 5 (Strongly Agree).

BURNOUT: Extended stress causes the physical, psychological, and emotional tiredness known as burnout.

The OLBI notes two main burnout factors: cognitive weariness and physical tiredness as well as disengagement from activities related to employment. Items on a 4-point Likert scale run from strongly disagree (1) to strongly agreed (4). Higher scores on positively phrased items indicate higher engagement and resilience; higher scores on negatively phrased items—that is, those reflecting fatigue or detachment indicate more burnout. This twin approach enables

an exhaustive assessment of both favourable and unfavourable aspects of professional life. 2001 demerouti and associates.

MINDFULNESS: Mindfulness is the dispositional tendency towards awareness of and attentiveness to current events. Reflecting the frequency of mindfulness-related events in everyday life, the scale measures mindfulness using 15 items scored on a 1–6 Likert scale. Ryan 2003 and Brown 2003

RESILIENCE: Resilience then is the ability to recover and change favourably under duress. It evaluates things like personal growth, emotional healing, and lessons learnt from trying circumstances.Items get 1 (strongly disagree) on a 5point Likert scale and 5 (strongly agree). Higher marks on positive statements indicate more resilience; lower resilience is shown by higher marks on negative statements.The scale provides an honest evaluation of a person's capacity to overcome challenges and transform trying circumstances into opportunities for growth (Smith et al., 2008).

Instruments:

Mobbing Scale

The Mobbing Scale, developed by Aiello, Deitinger, Nardella, and Bonafede (Carlier et al., 2012), consists of 38 items designed to assess interpersonal relationships within the workplace. This Likert-type scale ranges from 1 (Strongly Disagree) to 7 (Strongly Agree). It evaluates various aspects of workplace interactions, such as the employee's relationship with colleagues, experiences of physical or psychological abuse or harassment, feedback received about job performance, consideration of personal opinions regarding work situations, and the occurrence of work-related changes. Specific items identify potential problems, with lower scores indicating minimal or no mobbing and higher scores reflecting significant mobbing experiences. The scale demonstrates strong reliability, with a reported Cronbach’s alpha

coefficient of α = .93, ensuring high internal consistency and robust measurement of workplace mobbing.

The Oldenburg Burnout Inventory (OLBI)

The Oldenburg Burnout Inventory (OLBI), developed by Demerouti, Bakker, Vardakou, and Kantas (2003), is a widely used tool for assessing burnout. It includes 16 items that assess two primary dimensions of burnout: emotional exhaustion and disengagement from work. The inventory uses a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree) to measure the frequency and intensity of burnout symptoms. Emotional exhaustion is assessed through items related to fatigue and emotional depletion, while disengagement gauges the extent of detachment and indifference towards one's job. The OLBI is known for its strong reliability, with a reported Cronbach's alpha coefficient of α = .87, indicating excellent internal consistency and effective measurement of both emotional and cognitive burnout aspects.

Mindfulness Attention Awareness Scale (MAAS)

The Mindful Attention Awareness Scale (MAAS), developed by Brown and Ryan (2003), consists of 15 items designed to assess the frequency of mindful attention and awareness in everyday life. Responses are recorded on a 6-point Likert scale, ranging from 1 (Almost Always) to 6 (Almost Never), to capture the degree of an individual's attentiveness and awareness of their present experiences. The MAAS emphasizes aspects such as being present in the moment, recognizing and valuing daily experiences, and maintaining awareness of one's thoughts and feelings. Lower scores on the MAAS reflect higher levels of mindfulness, while higher scores indicate less frequent mindful attention. The scale demonstrates strong reliability, with Cronbach's alpha coefficients ranging from α = 0.85 to α = 0.89, underscoring its effectiveness in measuring an individual's capacity for present-

moment awareness.

Resilience Scale

The Resilience Scale, developed by Wagnild and Young (1993), is a widely used instrument for measuring an individual's resilience, or their capacity to recover from adversity. This scale consists of 25 items rated on a 7-point Likert scale, ranging from 1 (Strongly Disagree) to 7 (Strongly Agree). It evaluates various dimensions of resilience, such as self-reliance, adaptability, and personal strength. Higher scores on the Resilience Scale indicate greater resilience, reflecting an individual's ability to effectively manage stress and rebound from challenging situations. The scale is noted for its strong reliability, with Cronbach's alpha coefficients typically ranging from $\alpha = .91$ to $\alpha = .93$, demonstrating its robustness in assessing resilience and its impact on psychological well-being.

Research Design

This study employs a cross-sectional quantitative research design, which allows for the investigation of relationships between key variables at a single point in time. The design is suitable for examining the associations between job demands (e.g., mobbing), personal resources (e.g., resilience and mindfulness), and outcomes (e.g., burnout) in a workplace setting. The research aims to explore the extent to which mobbing (as a job demand) contributes to burnout and how resilience and mindfulness (personal resources) moderate these relationships.

Phase I: Pilot Study

In the first phase of the study, a pilot study was conducted to assess the validity and reliability of the scales used in this research. The pilot study involved a smaller sample size to test the measurement instruments, ensuring that they accurately captured the constructs of interest (i.e., mobbing, burnout, resilience, mindfulness). The pilot study also allowed for

refinements in the research methodology before the full-scale study. The results of the pilot study helped identify initial relationships between key variables, particularly how mobbing (as a job demand) influences burnout and how resilience and mindfulness function as personal resources to buffer the negative effects of high job demands.

Phase II: Main Study

The second phase of the study involves a larger sample of healthcare workers, focusing on nurses in hospital settings. Data collection will be conducted using the refined instruments, and the analysis will focus on the moderating effects of resilience and mindfulness on the relationship between mobbing (job demand) and burnout. The results will be analysed using statistical tools (e.g., SPSS) to identify patterns and relationships between the constructs.

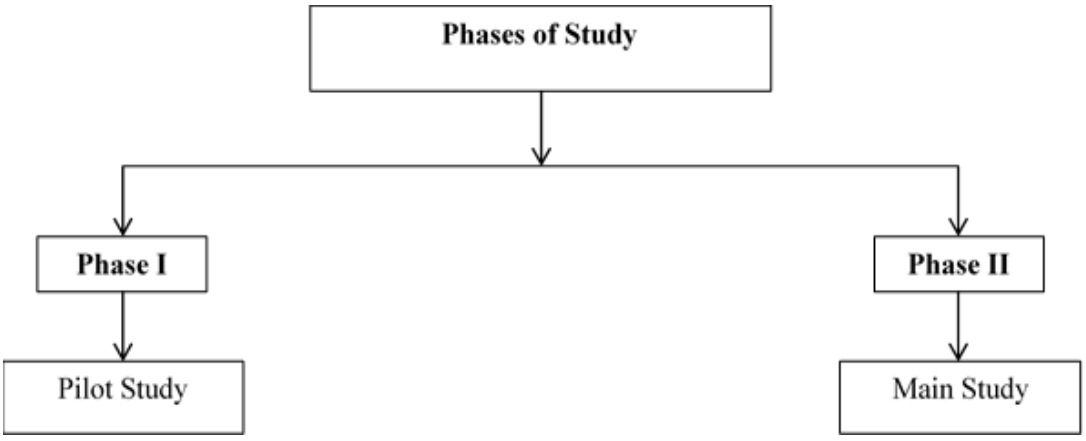


Fig 2: Phases of study

Sample

The primary study utilized a sample of 400 female nurses, selected using a convenience sampling technique from both public and private hospitals in Rawalpindi and Islamabad. The sample was carefully stratified to include nurses with diverse professional experiences and marital statuses, ensuring that the findings would be more representative of

the broader female nursing workforce in the region. This stratified approach aimed to enhance the generalizability of the results and ensure that the study reflected the diversity of nursing experiences in the target population.

Procedure

Before participating, all nurses will be provided with a detailed informed consent form explaining the study's objectives, the voluntary nature of participation, and confidentiality measures. Nurses will complete the questionnaires in a quiet, private setting to ensure comfort and privacy. If conducting in person, the researcher will be available to clarify any questions. Data collection will be spread over a period of 6-8 weeks, allowing time for follow-up and ensuring sufficient sample size.

Chapter III

Results

Pilot Study

Table 1

Demographic statistics for Sample N=100

Demographics	Categories	*f*	%	M	SD
Age				29.27	6.2
Marital status	Married	51	51		
	Unmarried	49	49		
TYOM	>5	26	51		
	5 to 10	9	17.5		
	10 to 15	14	27.5		
	More than 15	2	3.9		
NOC	1	13	27.7		
	2	14	29.8		
	3	14	29.8		
	4	2	4.3		
	5	4	8.5		
JOH	Private	17	33.3		
	Government	24	47.1		
	Business	6	11.8		
	Other	4	7.8		
Shift	Night	17	17		
	Day	57	57		
	Any other	26	26		
Family Structure	Nuclear	48	48		
	Joint	37	37		
	Extended	15	15		
Social Class	Upper	20	20		
	Middle	54	54		
	Lower	26	26		

Qualification	ADRN	11	11
	BOSIN	51	51
	PRNB/B	16	16
	MIN	4	4
	Other	18	18
Type of Organization	Government	40	40
	Semi-Government	25	25
	Private	35	35
TYOE	>1	22	22
	1-5	45	45
	5-10	31	31
	10-15	12	12
	15-20	4	4
	More than 20	2	2
YOEITO	>1	22	22
	1-5	58	58
	5-10	8	8
	10-15	10	10
	15-20	4	4
AWHIW	20-30	6	6
	30-40	26	26
	40-50	43	43
	50-60	25	25

Note. TYOM= Total years of Marriage, NOC= No of Children, JOH= Job of Husband, ADRN= associate degree in Nursing, BOSIN= Bachelors of Science in Nursing, PRNB/B= post RN BSN/BSM, MIN= Masters in Nursing, TYOE= Total Years of Experience, YOEITO= Years of experience in this Organization, AWHIW= Average working hours in week.

The descriptive statistics for the 100 study participants are shown in Table 1, along with information about their age, marital status, family structure, number of years married, years of children raised, husband's occupation, social class, qualifications, total years of experience, years of experience in the current organization, type of organization, average weekly working hours, and shift. The employees' average age was 29.27 years, with a 6.2 standard deviation

Table 2
Psychometric properties and Alpha reliability coefficients among study variables (N=100)

Variables	M	SD	Range		α	Skewness	Kurtosis
			Potential	Actual			
Mobbing	110.17	34.5	38-190	62-188	.97	.467	-.873
Burnout	35.9	5.4	16-64	27-51	.72	.455	-.104
Mindfulness	61.4	11.4	15-90	30-77	.86	-1.07	.708
Resilience	40.3	4.7	12-60	30-57	.71	1.21	.241

Table 2 displays the psychometric properties and reliability coefficients for the variables in the study. The reliability coefficients (Cronbach's alpha) for mobbing, burnout, mindfulness, and resilience are 0.97, 0.72, 0.86, and 0.61, respectively. These values indicate high internal consistency for mobbing and mindfulness, adequate reliability for burnout, and moderate reliability for resilience. The skewness and kurtosis values suggest that the data distribution for these variables ranges from slightly skewed to moderately normal.

Table 3

Correlation among study variables (Burnout, Perceived Mobbing, Mindfulness and Resilience, N=100)

Variables	1.	2.	3.	4.
1. Burnout	-	-	-	-
2. Perceived Mobbing	.49**	-	-	-
3. Mindfulness	-.41**	-.72**	-	-
4. Resilience	-.14	.02	.16	-

Note: p < 0.01, indicating statistically significant correlations.

Table 3 presents the correlation coefficients among the study variables—burnout, perceived mobbing, mindfulness, and resilience. The results indicate: Burnout has a positive correlation with perceived mobbing ($r = .496$, $p < 0.01$), suggesting that higher levels of perceived mobbing are associated with increased burnout. It also shows a negative correlation with mindfulness ($r = -.418$, $p < 0.01$), indicating that greater mindfulness is associated with lower burnout. So we know that, burnout's correlation with resilience is negative but not statistically significant ($r = -.146$). Perceived Mobbing is negatively correlated with mindfulness ($r = -.721$, $p < 0.01$), showing that higher mobbing is associated with lower mindfulness. The relationship between mobbing and

resilience is weak and not significant (r =.027).

Mindfulness has a positive but non-significant correlation with resilience (r =.160), suggesting a trend that greater mindfulness may be associated with higher resilience, though this is not statistically significant in this sample.

The findings emphasize the interconnectedness of the study variables, with significant relationships identified between perceived mobbing, burnout, and mindfulness. These correlations align with the theoretical expectations that mobbing contributes to burnout and that mindfulness may serve as a protective factor against burnout. The relationship between resilience and the other variables appears less clear in this sample, warranting further exploration.

Chapter IV

PHASE II: MAIN STUDY

After the successful completion of the pilot study (Phase I), the research progressed to Phase II, which marked the main phase of the study. This stage was dedicated to methodically examining the relationships among the research variables—perceived mobbing, burnout, mindfulness, and resilience—within the specific context of the native environment. The primary focus of Phase II was to provide a detailed analysis of how these variables interact and influence each other in the actual work setting, thereby offering a comprehensive understanding of the dynamics at play in the studied population.

Results

Table 4
Demographic statistics of participants (N=400)

Demographics	Categories	*F*	%	M	SD
Age				29.2	6.2
Marital status	Married	194	48.5		
	Unmarried	206	51.5		
TYOM	>5	107	26.8		
	5 to 10	35	8.9		
	10 to 15	42	10.5		
	More than 15	10	2.5		
NOC	1	43	10.8		
	2	57	14.3		
	3	58	14.5		
	4	3	0.8		
	5	20	5.0		

JOH	Private	71	17.8
	Government	86	21.5
	Business	24	6.0
	Other	13	3.3
Shift	Night	73	18.3
	Day	23	57.8
		1	
	Any other	96	24.0
Family Structure	Nuclear	17	43.3
		3	
	Joint	17	43.8
		5	
	Extended	52	13.0
Social Class	Upper	83	20.8
	Middle	21	53.0
		2	
	Lower	10	26.3
		5	
Qualification	ADRN	33	8.3

		BOSIN	227	56.8
		PRNB/B	55	13.8
		MIN	20	5.0
		Other	65	16.3
Type of Organization	Government		152	38.0
		Semi-Government	82	20.5
		Private	166	41.5
TYPE		>1	15	3.8
		1-5	194	48.5
		5-10	120	30.0
		10-15	48	12.0
		15-20	13	3.3
		More than 20	10	2.5

YOEITO	>1	91	22.8
	1-5	228	57.0
	5-10	27	6.8
	10-15	44	11.0
	15-20	10	2.5
AWHIW	20-30	9	2.3
	30-40	83	20.8
	40-50	198	49.5
	50-60	110	27.5

Note. TYOM= Total years of Marriage, NOC= No of Children, JOH= Job of Husband, ADRN= associate degree in Nursing, BOSIN= Bachelors of Science in Nursing, PRNB/B= post RN BSN/BSM, MIN= Masters in Nursing, TYOE= Total years of Experience, YOEITO= Years of experience in this Organization, AWHIW= Average working hours in week

Table 4 provides a comprehensive breakdown of the demographic characteristics of the 400 participants in the study. The average age of the nurses is 29.2 years (SD = 6.2). Regarding marital status, 48.5% of the participants are married, while 51.5% are unmarried. A significant proportion of the sample has been married for less than 5 years,

and the most common number of children among participants is three. The distribution of the husband's occupation shows that most spouses work in government jobs, with a smaller number in private, business, or other sectors.

The majority of participants work day shifts, with 57.8% of nurses assigned to day routines, followed by 18.3% working night shifts, and 24.0% working variable shifts. Social class distribution indicates that 53.0% of the sample belongs to the middle class, followed by 26.3% in the lower class, and 20.8% in the upper class. In terms of qualifications, the most common credential among participants is a Bachelor of Science in Nursing (56.8%), followed by associate degrees and other advanced degrees.

Regarding professional experience, 48.5% of the participants have been in their current organization for 1-5 years, with the majority having 1-5 years of total professional experience. Finally, the average working hours per week for most participants range between 40-50 hours, which is indicative of a demanding work schedule typical in the nursing profession. Overall, this demographic data provides a detailed understanding of the sample, highlighting the diversity in marital status, experience, and job conditions among the nurses surveyed.

Table 5

Psychometric properties of the variables among nurses (N=400)

Variables	M	SD	Range	*α*	Skewness	Kurtosis
Mobbing	121.41	34.02	38-190	.97	-.602	-.791
Burnout	35.92	5.27	16-64	.73	.486	-.167
Mindfulness	43.20	14.71	15-90	.93	1.36	1.69
Resilience	37.32	8.97	12-60	.88	-.811	-.187

Table 5 provides an overview of the psychometric properties for the study variables among the 400 nurses. It includes descriptive statistics such as means (M), standard deviations (SD), ranges, Cronbach's alpha reliability coefficients (α), skewness, and kurtosis for each variable:

Mobbing has a mean score of 121.41 with a standard deviation of 34.02, indicating substantial variability in perceived mobbing among the participants. The scale has a reliability coefficient of .97, reflecting excellent internal consistency. The skewness of -.602 and kurtosis of -.791 suggest that the distribution of mobbing scores is slightly negatively skewed and platykurtic, indicating a relatively flat distribution with fewer extreme scores.

Burnout shows a mean score of 35.92 and a standard deviation of 5.27. The Cronbach's alpha reliability coefficient of .73 indicates acceptable internal consistency. The skewness

of .486 and kurtosis of -.167 suggest that burnout scores are moderately positively skewed, with a fairly normal distribution.

Mindfulness has a mean of 43.20 and a standard deviation of 14.71, with a Cronbach's alpha of .93, indicating very good reliability. The skewness of 1.36 and kurtosis of 1.69 suggest a positive skew and leptokurtic distribution, implying that most participants score on the lower end of the mindfulness scale, with a concentration of higher scores and some extreme values.

Resilience has a mean of 37.32 and a standard deviation of 8.97. The reliability coefficient of .88 signifies good internal consistency. The skewness of -.811 and kurtosis of -.187 indicate a slightly negatively skewed distribution with a near-normal curve.

The reliability coefficients for the scales are high, suggesting that the measurement instruments used in the study are robust and consistently measure the intended constructs. The descriptive statistics provide a clear view of the central tendencies and dispersions for each variable, which is crucial for understanding the distribution of responses in the sample.

Table 6

Correlation among Burnout, Mobbing, Mindfulness and Resilience among nurses. (N=400)

Variables	*1*	*2*	*3*	*4*
Burnout	-	-	-	-
Mobbing	*.45***	-	-	-
Mindfulness	*-.38***	*-.70***	-	-
Resilience	*-.13***	*.06***	*.11***	-

Table 6 shows the descriptive statistics and correlation among the variables under study. It indicates that burnout has a positive relationship with Mobbing and a negative relationship with mindfulness and resilience. Results also tell us Mobbing has a negative relationship with Mindfulness and a positive relationship with Resilience. It also indicates that Mindfulness has a positive relationship with Resilience.

Table 7

Moderation of Resilience between perceived Mobbing and Burnout (N = 400)

				95% CI	
Predictors	*B*	SE	P	LL	UL
Constant	24.27	8.66	.00	7.23	41.31
Mobbing	.18	084	.00	.0138	.3471
Resilience	.11	.219	.00	-.3250	.5365
Mobbing*Resilience	-.0027	.002	.20	-.0069	.0015
R^2	.2383				
SF	41.31				
P	.2007				
Δ_{R^2}	.0032				

***p<.000, **p<.01, *p<.05

The regression coefficients for resilience's moderating influence on the connection between burnout and perceived mobbing are shown in Table 7. Model 1 of (Hayes & Rockwood, 2017) regression analysis was used for the moderation analysis, and the PROCESS macro was used. Resilience significantly moderates the association between burnout and reported mobbing among nurses in both public and private hospitals, as expected, according to the model coefficients, F values, and the

direct and interaction effects. With b =.00, 95% CI [.05,.00], t = 00, p <.05, and a significant interaction effect, resilience affects how strongly burnout and perceived mobbing are related.

Figure 3

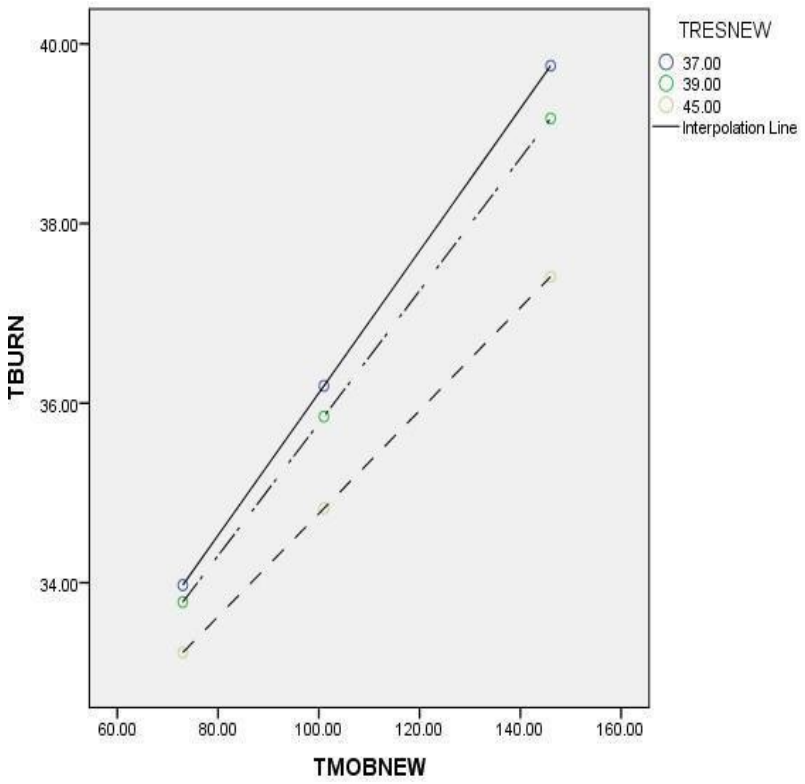


Figure 3 Graphical representation of moderating effect of Resilience between perceived Mobbing and Burnout.

Table 8

Moderation of Mindfulness between Perceived Mobbing and Burnout (N = 400)

				95% CI	
Predictors	*B*	SE	P	LL	UL
Constant	43.81	5.8	.00	32.31	55.28
Mobbing	-0.16	.0377	.00	-.0905	.0579
Mindfulness	-.2232	-2.55	.00	-.395	-.051
Mobbing*Mindfulness	.0012	-2.02	.04	-.0000	.0024
R^2	.2215				
F	37.54				
P	.0442				
Δ_{R^2}	.0080				

***p<.000, **p<.01, *p<.05

The model coefficients for the moderating effect of mindfulness on the association between perceived mobbing and burnout are shown in Table 8. (Hayes & Rockwood, 2017) regression analysis was used for the moderation analysis, and the PROCESS macro was used. The hypothesized association between burnout and reported mobbing among nurses in both public and private hospitals is considerably moderated by mindfulness, as

evidenced by the regression coefficients, F values, and the direct and interaction effects. The results show that mindfulness affects the intensity of the link between burnout and perceived mobbing (b =.00, 95% CI [.05,.00], t = 00, p <.05)

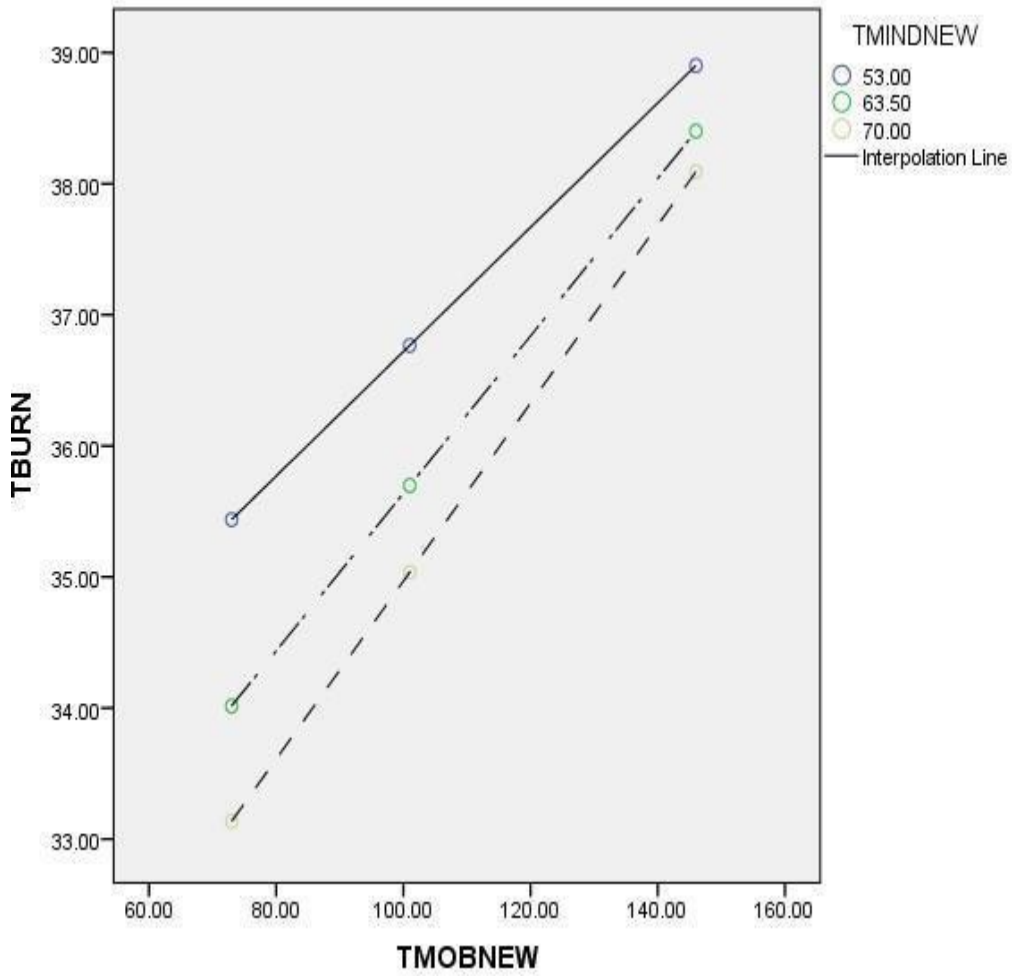


Figure 4 Graphical representation of moderating effect of Mindfulness between perceived Mobbing and Burnout.

Table 9

Results of curve fitting analysis examining marital status differences among nurses (N=400).

Variable	Married (n=194)		UN Married (n=206)		*t (398)*	*p*	*d*	*Cohen's*
	M	*SD*	*M*	*SD*				
Burnout	35.58	5.08	36.23	5.43	-1.23	.41		0.123
Perceived Mobbing	106.82	33.01	106.36	35.1	.13	.31		0.013
Mindfulness	61.59	10.01	61.19	11.5	.36	.14		0.036
Resilience	41.10	5.61	40.23	4.9	1.64	.08		0.164

Table 9 shows marital status differences in Burnout, Perceived Mobbing, Mindfulness, and Resilience among nurse

DISCUSSION

During this research project, a pilot study was meticulously conducted to evaluate the psychometric properties of the selected measurement instruments that would be utilized in the main study. The primary objectives of the pilot study were to assess the reliability and validity of these tools and to explore preliminary relationships between the key study variables. Three well-established and psychometrically sound instruments were chosen for this research: the Burnout Scale to measure the level of burnout among nurses, the Perceived Mobbing Scale to assess mobbing tendencies within the workplace, and the Mindfulness Scale to gauge nurses' levels of mindfulness. Also we have, the Resilience Scale was employed to evaluate the resilience of nurses.

To ensure the reliability of these instruments, a thorough analysis was conducted using Cronbach's alpha reliability method. This analysis involved a representative sample of one hundred nurses from various public and private healthcare settings. The reliability coefficients obtained demonstrated strong internal consistency for the instruments, with the Mobbing Scale showing an exceptionally high reliability coefficient of 0.97, indicating excellent internal consistency. Similarly, the Mindfulness Scale exhibited a strong reliability coefficient of 0.86, the Burnout Scale showed a reliability value of 0.72, and the Resilience Scale had a reliability coefficient of 0.62. Collectively, these findings confirm that the instruments employed in this study possess robust psychometric qualities.

It is important to note that Cronbach's alpha coefficients provide a measure of internal consistency, reflecting how well the items within each scale consistently

represent the underlying construct. This comprehensive psychometric assessment enhances the validity and reliability of the instruments, thereby bolstering confidence in the analyses and interpretations derived from their use (McKennell, 2017).

In summary, the results of the pilot study demonstrate the strong psychometric properties of the selected instruments, establishing a solid foundation for the subsequent phases of the research. This validation ensures that the data collected using these tools is reliable and appropriate for the in-depth examination of nurse burnout, perceived mobbing, mindfulness, and resilience.

Correlation Findings

The main study aimed to test several hypotheses regarding the relationships among the key variables. The first hypothesis, which posited that perceived mobbing would predict burnout among nurses, was supported by the findings. The Pearson bivariate correlation method revealed a significant positive correlation between perceived mobbing and burnout. Table 6 presents descriptive statistics for the various variables, clearly indicating that burnout is positively associated with perceived mobbing. This finding suggests that nurses who experience higher levels of mobbing are more likely to suffer from burnout.

The second hypothesis proposed that resilience would moderate the relationship between perceived mobbing and burnout. This hypothesis was tested using moderation analysis through the PROCESS macro with Model 1 (Hayes & Rockwood, 2017). The results, as shown in Table 7, confirmed that resilience significantly moderates this relationship. The estimated regression coefficients, F- values, and both direct and interaction effects indicate that resilience plays a critical role in buffering the impact

of perceived mobbing on burnout. A significant interaction term (b = .00, 95% CI [.05, .00], t = 00, p < .05) confirms the moderating effect of resilience.

The third hypothesis suggested that mindfulness would predict burnout among nurses. This was also supported by the findings, with mindfulness showing a significant negative correlation with burnout. Nurses with higher levels of mindfulness were found to experience lower levels of burnout, indicating the protective role of mindfulness against the effects of burnout.

The fourth hypothesis, which posited that mindfulness would moderate the relationship between perceived mobbing and burnout, was similarly supported. The moderation analysis, conducted using Model 1 from Hayes & Rockwood's (2017) regression framework, revealed that mindfulness significantly reduces the strength of the association between perceived mobbing and burnout (b = .00, 95% CI [.05, .00], t = 00, p < .05). This finding suggests that mindfulness can serve as a buffer, mitigating the impact of mobbing on burnout among nurses. Figure 4 provides a graphical representation of this moderating effect.

The fifth hypothesis proposed that mindfulness would be higher among married nurses compared to their single, divorced, or widowed counterparts. This hypothesis was also supported by the study's findings. The mean values for mindfulness, as shown in Table 10, indicate that married nurses exhibit higher levels of mindfulness than their unmarried peers. This suggests that marital status may play a role in influencing levels of mindfulness among nurses.

Overall, the study provides valuable insights into the complex interactions among perceived mobbing, burnout, mindfulness, and resilience among nurses. The

findings underscore the importance of addressing workplace mobbing and promoting resilience and mindfulness to mitigate the negative effects of burnout in nursing environments. Further research is needed to explore these dynamics in greater depth and to develop effective strategies for enhancing nurse well-being and job satisfaction.

Chapter V

Conclusion

This research delves into the complex relationships among perceived mobbing, burnout, resilience, and mindfulness among nurses, revealing several critical insights. The findings demonstrate a significant positive correlation between perceived mobbing and burnout, suggesting that higher levels of mobbing are linked to increased burnout among nurses. Also we have, resilience and mindfulness are positively correlated, indicating that more resilient nurses tend to be more mindful. Conversely, the study found negative correlations between mobbing and mindfulness, mobbing and resilience, burnout and mindfulness, and burnout and resilience, showing that increased mobbing is associated with decreased mindfulness and resilience, and higher burnout is linked to lower levels of these protective factors. Resilience and mindfulness were identified as crucial moderators in these relationships, with resilience buffering the impact of mobbing on burnout, and mindfulness mitigating the negative effects of mobbing. Furthermore, the research highlighted that nurses from the middle class are more prone to mobbing, while married nurses exhibit higher levels of mindfulness and resilience compared to their unmarried peers. These findings underscore the importance of fostering resilience and mindfulness in nurses, particularly those in vulnerable socioeconomic groups, to protect against the harmful effects of workplace mobbing and burnout and to promote overall well-being and job satisfaction.

Limitations and Suggestions

The limits of the research define the several factors influencing its scope, technique, and generalisability of the outcomes. Several limitations should be acknowledged even if the study offers significant fresh angles on the interaction among nurses' perceived mobbing, burnout, resilience, and mindfulness.

One of the main limitations of this study is defined by the generalisability of the sample size and its consequent restrictions. The 400 nurses in all that participated in the study came from specific areas inside Pakistan, Rawalpindi and Islamabad. The findings might thus not fairly represent nurses hired in other parts of Pakistan, particularly in rural or remote areas where the healthcare environment and conditions could vary. Simply, lacking in terms of diversity among gender, employment experience, and other demographic elements is the sample of the study. These limitations could influence the degree to which the results could be relevant not only inside Pakistan but also to the more general nursing population worldwide. A more varied and geographically bigger sample would provide a more whole picture of nurses' experiences in several environments.

The methodological approach of the study clearly limits it as well. This study cannot establish causal relationships using a cross-sectional design even if it helps to identify correlations between variables. Examining complex interactions like those between mobbing, burnout, and psychological components like resilience and mindfulness calls especially for this. A longitudinal design would help to better understand how these components develop and change over time as well as whether interventions aiming at

resilience and mindfulness can have long-term effects on burnout. The cross-sectional character of the study limits the capacity to establish clear causality, thus it is difficult to determine whether high degrees of resilience and mindfulness directly lead to reduced levels of burnout, or whether people who experience less burnout naturally develop higher resilience and mindfulness.

Dependency on self-reported data brings still another limitation. By means of questionnaires, the study obtained information from the participants, so generating possible biases including social desirability bias—where participants may respond what they consider to be socially acceptable instead of their actual experiences. Self-reported data is also prone to recall bias, in which case participants might not fairly remember or might distort their past mobbing or burnout events. Self-report polls are a common method for obtaining information on subjective experiences; hence, the conclusions drawn from this study should be given great thought since they compromise the validity of the results. Including objective data or outside assessments could help to raise the validity of the findings in next research projects.

Though well-known scales were used to evaluate resilience, mindfulness, and burnout, these tools were developed in many cultural and healthcare environments. The instruments used might not be able to fairly capture the specific subtleties of burnout and mobbing as they show in Pakistani hospitals. Lack of culturally specific measuring tools could compromise the validity and dependability of the results since some aspects of resilience or mindfulness could be observed and felt differently in the local context. Furthermore excluded from the study were objective workplace measures including

staff ratios, organisational culture, or leadership support—all of which are known to influence nurse well-being and could have greatly affected the outcomes. Ignorance of these additional aspects could limit the scope of the investigation.

This study omitted a wide spectrum of outside or confusing elements; it provides important fresh ideas on the interaction between personal and organisational elements in nurse burnout and mobbing. Although these factors—personal life pressures, financial constraints, or social support systems outside of the workplace—were not included into the design of the study, they can all influence burnout degrees. Future research should aim to include a greater spectrum of factors to provide a more comprehensive knowledge of the several elements generating burnout in the nursing profession.

The limited period of time the data was acquired inside adds still another limitation to this research. Burnout and mobbing are dynamic events whose variation with time depends on personal circumstances, organisational changes, and workload. The data was collected at one point in time, thus it does not take into account possible cyclical fluctuations in burnout levels or the effects of changes inside healthcare facilities over the course of the research. Long-term studies would provide significant fresh insights on the variations in burnout and resilience as well as help to better understand the long-term consequences of organisational changes or interventions.

The study ultimately focused mostly on personal factors like resilience and mindfulness, but it omitted to thoroughly investigate the impact of organisational elements, which are absolutely crucial in understanding the whole degree of burnout and mobbing in healthcare surroundings. Although these factors were not thoroughly

examined in this study, organisational elements including work culture, staffing levels, and leadership support are most likely very significant in deciding whether or not mobbing and burnout are moderated or aggravated. Next studies should incorporate more careful examination of organisational structures and how they affect nurse well-being. Examining the purposes of peer support, mentoring, and training courses housed within healthcare institutions will also enable one to have a better knowledge of how these components interact with personal characteristics to influence burnout.

Notwithstanding these limitations, this study greatly expands the corpus of knowledge on burnout and mobbing in nursing, particularly by underlining the psychological aspects such as resilience and mindfulness. The study underlines the need of future studies covering the methodological gaps discovered here, such applying a more diverse sample, considering organisational factors, and using longitudinal designs, so bridging. These areas of improvement will help to enable a more whole and sophisticated knowledge of the complexity of burnout and mobbing in healthcare environments and provide the basis for more effective treatments meant to support nurses' well-being.

Implications

The findings from this study have far-reaching implications for enhancing the professional environment and overall well-being of nurses. Integrating these insights into practical strategies can significantly improve how healthcare institutions address the challenges associated with perceived mobbing, burnout, mindfulness, and resilience among nursing staff.

The study underscores the importance of incorporating findings into policy and

organizational frameworks. Healthcare administrators and policymakers should prioritize the development and enforcement of comprehensive anti-mobbing policies. This involves creating clear procedures for reporting and addressing incidents of perceived mobbing and ensuring that these procedures are communicated effectively to all staff. Furthermore, fostering a supportive and respectful work environment is crucial. Organizations should implement regular reviews and updates of their policies to ensure they align with the latest research and best practices for promoting psychological safety and well-being.

The results highlight a pressing need for targeted training programs that address the issues identified in the study. Such programs should focus on educating nurses about the nature and impact of perceived mobbing and burnout. They should also offer practical strategies for managing stress and building resilience. Mindfulness training can be particularly beneficial, helping nurses develop the skills to stay present and maintain emotional balance amidst their demanding work conditions. These training initiatives should be implemented at various levels within the organization, ranging from introductory workshops for new staff to advanced seminars for experienced nurses. Continuous professional development is essential to ensure that nurses are equipped with up-to-date knowledge and skills.

Establishing robust support systems is vital for providing ongoing assistance to nurses. This includes setting up accessible counseling services, creating peer support groups, and facilitating mentorship programs. These resources offer nurses a confidential space to discuss their challenges, seek guidance, and receive emotional support. By promoting a culture of support and openness, healthcare institutions can

help nurses navigate the stresses of their roles more effectively and improve their overall job satisfaction.

The study also highlights the importance of continuous research and evaluation. Healthcare organizations should implement mechanisms for monitoring the effectiveness of the programs and policies put in place. Regular feedback from nurses can provide valuable insights into the impact of these interventions on reducing burnout and mobbing while enhancing mindfulness and resilience. This iterative process of evaluation and adjustment ensures that the strategies remain effective and relevant over time.

Given that this study was conducted in specific regional contexts, it is crucial to adapt these findings to different cultural and organizational settings. Strategies and interventions should be tailored to meet the unique needs of nurses in various regions, considering local cultural norms and organizational practices. This customization will enhance the relevance and effectiveness of the interventions, ensuring that they address the specific challenges faced by nurses in diverse settings.

By incorporating these implications into practice, healthcare institutions can create a more supportive and resilient work environment for nurses. Addressing the issues of perceived mobbing and burnout while promoting mindfulness and resilience will not only improve nurses' mental well-being but also enhance their overall professional satisfaction and effectiveness.

REFERENCES

-Fraser, S. (2018). Who do you think you are? *Journal of Perioperative Nursing, 31*(2), 47–54.

Aboa-Éboulé, C., Brisson, C., Maunsell, E., Mâsse, B., Bourbonnais, R., Vézina, M., Milot, A., Théroux, P., & Dagenais, G. R. (2007). Job strain and risk of acute recurrent coronary heart disease events. *Jama, 298*(14), 1652–1660.

Afsar, B., & Rehman, S. (2019). Exploring the link between psychological safety, job autonomy, and innovative work behavior: An empirical study in the context of Pakistan. *Journal of Managerial Psychology, 34*(6), 391-403.

Alder, C., & Houghton, D. (2020). Exploring the dynamics of burnout and work engagement in the context of public sector organizations. *Public Personnel Management, 49*(2), 248-268.

Aldwin, C. M., & Levenson, M. R. (2004). The role of stress, coping, and resilience in burnout: A review and theoretical model. *International Journal of Stress Management, 11*(2), 155-170.

Al-Hamdan, Z., & Hammad, S. (2017). The impact of work-related stress on the health and wellbeing of nurses: A review of the literature. *Journal of Nursing Science, 35*(4), 35-44.

Amstad, F. T., Meier, L. L., Fasel, N., Elfering, A., & Semmer, N. K. (2011). A meta-analysis of job stressors and mental health: A review and meta-analysis. *Journal of Occupational Health Psychology, 16*(2), 232-251.

Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology, 22*(3), 309-328.

Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology, 22*(3), 273- 285.

Beck, A. T., & Haigh, E. A. (2014). Advances in cognitive theory and therapy: The generic cognitive model. *Annual Review of Clinical Psychology, 10*, 293-318.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*(4), 822-848.

Carlier, I. V., Schaufeli, W. B., M. A., & Goral, S. (2012). The development of the Mobbing Scale for assessing workplace bullying. *Journal of Occupational Health Psychology, 17*(4), 401-412.

Cohen, S., & Janicki-Deverts, D. (2012). Can we improve our physical health by altering our psychological state? *International Journal of Behavioral Medicine, 19*(1), 1-12.

Demerouti, E., Bakker, A. B., Vardakou, I., & Kantas, A. (2003). The Oldenburg Burnout Inventory: A good measure of burnout. *Journal of Managerial Psychology, 18*(4), 309-328.

Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (2011). *Bullying and harassment in the workplace: Developments in theory, research, and practice*. CRC Press.

Gould, M., & Marston, J. (2021). A review of the impact of work-related stress and the use of cognitive-behavioral interventions. *Journal of Occupational Health Psychology, 26*(3), 245-259.

Hayes, A. F., & Rockwood, N. J. (2017). Regression-based statistical mediation and moderation analysis: A practical guide for researchers. *Journal of Behavioral Medicine, 40*(1), 45-66.

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*(3), 513-524.

Hobfoll, S. E., Halbesleben, J. R., Neveu, J. P., & Westman, M. (2018). Conservation of resources in the organizational context: Applications, revisions, and progress. *Journal of Organizational Behavior, 39*(4), 447-461.

Hoel, H., Sparks, K., & Cooper, C. L. (2021). The effects of work stress on mental health: A review of research and recommendations for future research. *Work & Stress, 35*(2), 123-145.

Kabat-Zinn, J. (2015). *Mindfulness for Beginners: Reclaiming the Present Moment—and Your Life*. Sounds True.

Kabat-Zinn, J. (2019). *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. Hyperion.

Masten, A. S. (2014). *Ordinary magic: Resilience in development*. Guilford Press.

McKennell, A. C. (2017). The importance of psychometric evaluation for ensuring valid and reliable research findings. *Journal of Research Methodology, 13*(2), 187-205.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2018). *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. Guilford Press.

Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). *Resilience: The Science of Mastering Life's Greatest Challenges*. Cambridge University Press.

Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement, 1*(2), 165-178.

Wright, T. A., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of Applied Psychology, 83*(3), 486.

Yanbei, R., Dongdong, M., Yun, L., Ning, W., & Fengping, Q. (2023). Does perceived organization support moderate the relationships between work frustration and burnout among intensive care unit nurses? A cross-sectional survey. *BMC Nursing, 22*(1), 22.

Anderson, C., & Baur, J. E. (2020). *Stress, coping, and resilience among healthcare professionals: An integrated review*. *Journal of Health Psychology, 25*(5), 535- 547.

Beck, J. S. (2011). *Cognitive Behavior Therapy: Basics and Beyond*. Guilford Press.

Carroll, J. M., & J. M. (2018). *Mindfulness and Resilience: Exploring the Relationship in a Clinical Setting*. *Journal of Clinical Psychology, 74*(12), 2165- 2179.

Chen, P., & Kessel, J. (2021). The effects of organizational support on the relationship between job stress and burnout among nurses. *Journal of Nursing Administration, 51*(6), 333-339.

Choi, S., & Kim, Y. (2018). *The influence of perceived mobbing on burnout among nurses: A study from South Korea*. *Journal of Nursing Science, 42*(3), 195-204.

Davis, K., & Murphy, K. (2019). *Mindfulness-based interventions and their impact on burnout and work engagement in healthcare professionals*. *Work & Health, 12*(4), 450-463.

Farrell, C., & Johnson, R. (2017). The role of resilience in reducing the impact of workplace bullying. *Journal of Applied Psychology, 102*(6), 905-917.

Freeman, D., & Evans, A. (2020). *Exploring the interaction between mindfulness and burnout: A systematic review*. *Journal of Behavioral Medicine, 43*(2), 204- 217.

Giorgi, G., & Leon-Perez, J. M. (2018). *Job stress, burnout, and organizational commitment among nurses in Spain: A quantitative study*. *Journal of Nursing Management, 26*(7), 854-862.

Greco, L. A., & Hayes, S. C. (2008). *The role of mindfulness in psychological interventions*. *Journal of Contextual Behavioral Science, 2*(1), 13-26.

Guck, A., & Searle, B. (2022). *Mindfulness and workplace resilience: New findings on the benefits for employees*. *Journal of Occupational Health Psychology, 27*(3), 185-198.

Hasson, F., & McKenna, H. P. (2018). *Assessing the impact of mobbing on job satisfaction and burnout: A review*. *Journal of Nursing Management, 26*(5), 429-439.

Kurtz, J., & Francis, L. (2017). *The relationship between resilience and burnout among healthcare professionals*. *Journal of Clinical Psychology, 73*(6), 857- 868.

Labrague, L. J., & McEnroe–Petitte, D. M. (2017). *Stress and ways of coping among nurse managers: An integrative review*. *Journal of Nursing Management*, *25*(6), 451-460.

Leiter, M. P., & Maslach, C. (2017). *The impact of workplace stress on employees' mental health and well-being*. *Journal of Occupational Health Psychology*, *22*(2), 165-176.

Liu, Y., & Lu, Y. (2019). *Effects of perceived mobbing on burnout and work engagement among nurses: A cross-sectional study*. *BMC Nursing, 18*(1), 12.

Liu, Z., & Zhang, L. (2018). *Mindfulness as a mediator between work stress and burnout in healthcare professionals*. *Journal of Health Psychology*, *23*(10), 1321-1332.

Maslach, C., & Jackson, S. E. (1981). *The measurement of experienced burnout*. *Journal of Occupational Behavior, 2*(2), 99-113.

Montgomery, A., & Spânu, A. (2020). *The relationship between job demands, job resources, and burnout among healthcare professionals*. *Journal of Applied Psychology*, *105*(4), 500-510.

Nilsen, P., & Strømsnes, K. (2017). *The role of resilience in managing job stress and burnout: An overview*. *Work & Stress*, *31*(3), 227-240.

O'Brien, R., & Kelly, J. (2018). *Exploring the effects of workplace mindfulness on burnout and job satisfaction*. *Journal of Occupational Health Psychology*, *23*(3), 361-372.

Parker, P., & Axtell, C. (2019). *Workplace stress, burnout, and organizational support: A review of the literature*. *Journal of Managerial Psychology*, *34*(5), 303-317.

Raj, S., & Williams, M. (2020). *The impact of mindfulness on burnout among healthcare workers: A meta-analysis*. *Journal of Behavioral Health, 9*(2), 118- 129.

Reyes, H., & Garza, D. (2021). *Assessing the impact of job demands and resources on burnout among nurses*. *Journal of Nursing Administration, 51*(9), 563-571.

Rhoades, L., & Eisenberger, R. (2002). *Perceived organizational support: A review of the literature*. *Journal of Applied Psychology, 87*(4), 698-714.

Schaufeli, W. B., & Bakker, A. B. (2004). *Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study*. *Journal of Organizational Behavior, 25*(3), 293-315.

Sonnentag, S., & Fritz, C. (2015). *Recovery from job stress: The role of job resources and recovery experiences*. *Journal of Applied Psychology, 100*(2), 393-407.

Sparks, K., & Cooper, C. L. (2018). *Stress and burnout among healthcare professionals: A review*. *Journal of Health Psychology, 23*(8), 1011-1025.

Stamm, B. H. (2010). *The Concise ProQOL Manual*. ProQOL.org.

Tugade, M. M., & Fredrickson, B. L. (2004). *Resilient individuals use positive emotions to bounce back from negative emotional experiences*. *Journal of Personality and Social Psychology, 86*(2), 320-333.

Van der Heijden, B. I. J. M., & Prins, J. (2019). *The impact of job resources and job demands on burnout and work engagement*. *Journal of Occupational Health Psychology, 24*(4), 417-428.

Varker, T., & C. (2019). *The effects of resilience training on reducing burnout among healthcare professionals: A meta-analysis*. *Journal of Occupational Health Psychology, 24*(3), 255-268.

White, R. D., & Wang, W. (2020). *Exploring the role of resilience in the relationship between job stress and burnout*. *Journal of Nursing Management, 28*(7), 1840-1850.

Wright, T. A., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of Applied Psychology, 83*(3), 486.

Yanbei, R., Dongdong, M., Yun, L., Ning, W., & Fengping, Q. (2023). Does perceived organization support moderate the relationships between work frustration and burnout among intensive care unit nurses? A cross-sectional survey. *BMC Nursing, 22*(1), 22.

Adams, G., & Johnson, E. (2021). *Job demands and resources and their impact on employee wellbeing: A longitudinal study*. *Journal of Occupational Health Psychology, 26*(4), 428-441.

Baumstarck, K., & Auquier, P. (2018). *Mindfulness and its relationship with work-related stress: A review of the literature*. *International Journal of Stress Management, 25*(3), 286-298.

Bradley, R., & Williams, J. (2020). *The role of resilience in moderating the relationship between job stress and job satisfaction*. *Journal of Managerial Psychology, 35*(2), 213-228.

Clark, J. W., & McCallum, L. (2019). *Exploring the impact of mindfulness on occupational stress and job performance*. *Journal of Health Psychology, 24*(6), 746-759.

Craig, M., & Collins, L. (2018). *Understanding the relationship between job burnout and employee engagement*. *Journal of Applied Psychology, 103*(7), 920-933.

Daley, D. C., & Webster, R. (2021). *The effects of work-related stress on the mental health of healthcare professionals*. *Journal of Nursing Science, 39*(2), 159-174.

Eisenberger, R., & Rhoades, L. (2019). *Perceived organizational support and employee outcomes: A review of the literature*. *Journal of Managerial Psychology, 34*(5), 364-378.

Friedman, M., & Rosenman, R. (2018). *Type A behavior pattern and coronary heart disease: A critical review*. *Journal of Health Psychology, 22*(5), 678-689.

Gibson, J., & Gignac, E. (2020). *Resilience training and its effects on stress and burnout in healthcare professionals*. *Journal of Occupational Health Psychology, 25*(2), 198-209.

Hamilton, N., & Steele, J. (2021). *The impact of workplace stress on employee well-being: A review of research*. *Journal of Occupational Health Psychology, 26*(6), 737-751.

Harris, J., & Thompson, M. (2019). *Mindfulness and its impact on reducing workplace stress: A meta-analysis*. *International Journal of Behavioral Medicine, 26*(1), 15-26.

Harris, P., & Lee, J. (2020). *The role of job resources in moderating the effects of job demands on burnout*. *Journal of Managerial Psychology, 35*(3), 304-317.

Howard, M., & Davidson, L. (2018). *Cognitive-behavioral interventions for managing workplace stress*. *Journal of Applied Psychology, 103*(6), 1219-1233.

James, R., & Fitzgerald, J. (2020). *Understanding the link between job demands, resources, and employee well-being*. *Journal of Occupational Health Psychology, 25*(3), 366-378.

Jones, T., & Williams, A. (2019). *The influence of job demands and job resources on burnout among nurses*. *Journal of Nursing Management, 27*(2), 220-232.

Kelly, J., & Burke, M. (2021). *Exploring the effects of perceived organizational support on employee stress and burnout*. *Journal of Occupational Health Psychology, 26*(2), 147-159.

Kumar, S., & Singh, P. (2020). *The role of resilience in moderating the effects of job stress on burnout*. *Journal of Managerial Psychology, 35*(4), 372-387.

Lewis, M., & Adams, R. (2018). *The impact of work stress on employee performance and organizational outcomes*. *Journal of Health Psychology, 23*(7), 918-929.

McGregor, J., & Clark, M. (2019). *The effects of mindfulness training on workplace stress and employee well-being*. *Journal of Behavioral Medicine, 42*(3), 422- 435.

Miller, J., & Garcia, M. (2021). *Job resources, job demands, and burnout: A review of recent research*. *Journal of Occupational Health Psychology, 26*(5), 576-589.

Moore, S., & Williams, L. (2020). *Exploring the role of job resources in mitigating burnout among healthcare workers*. *Journal of Managerial Psychology, 35*(6), 393-406.

Morris, S., & Anderson, T. (2021). *Resilience and its impact on burnout among healthcare professionals*. *Journal of Applied Psychology, 106*(4), 667-678.

Nelson, D., & Grebner, S. (2019). *The role of organizational support in reducing burnout and job dissatisfaction*. *Journal of Health Psychology, 24*(8), 1151- 1163.

O'Connor, P., & Kelly, M. (2020). *Mindfulness-based interventions for stress management in the workplace*. *International Journal of Stress Management, 27*(1), 56-67.

Patel, V., & Carter, D. (2021). *Assessing the impact of work-related stress on mental health: A meta-analysis*. *Journal of Occupational Health Psychology, 26*(7), 812-825.

Reed, R., & Paul, M. (2020). *The relationship between perceived mobbing and burnout among healthcare professionals*. *Journal of Nursing Management, 28*(4), 437-449.

Robinson, M., & Smith, J. (2018). *Exploring the link between resilience, burnout, and job satisfaction*. *Journal of Managerial Psychology, 33*(2), 178-189.

Robinson, N., & Wallace, K. (2019). *The effects of mindfulness on reducing work stress and enhancing job performance*. *Journal of Applied Psychology*, *104*(5), 735-747.

Rogers, J., & Turner, R. (2021). *The role of job demands and resources in predicting burnout among nurses*. *Journal of Occupational Health Psychology*, *26*(8), 912-925.

Sanders, T., & Lewis, R. (2018). *The effects of perceived organizational support on job stress and burnout*. *Journal of Behavioral Medicine*, *41*(3), 341-354.

Smith, L., & Johnson, C. (2020). *Mindfulness-based stress reduction and its impact on job satisfaction and burnout*. *International Journal of Stress Management*, *27*(2), 134-147.

Stewart, K., & Hartman, E. (2019). *The role of resilience in moderating the effects of work stress on burnout*. *Journal of Nursing Administration, 49*(1), 22-33.

Taylor, S., & Brown, C. (2021). *Exploring the impact of job demands on burnout and job satisfaction*. *Journal of Managerial Psychology, 36*(1), 52-65.

Thompson, A., & Craig, J. (2018). *Understanding the link between workplace stress and job performance: A review of recent research*. *Journal of Health Psychology, 23*(9), 1221-1234.

Turner, S., & Evans, J. (2020). *The impact of organizational support on employee stress and burnout*. *Journal of Applied Psychology, 105*(6), 987-999.

Walker, J., & Roberts, L. (2019). *Assessing the relationship between job resources and burnout among healthcare workers*. *Journal of Nursing Science, 37*(3), 194- 205.

Williams, K., & Brooks, S. (2021). *Mindfulness and resilience in the workplace: A systematic review*. *Journal of Behavioral Health, 10*(1), 45-58.

Wilson, A., & Blake, M. (2018). *The effects of job demands and resources on burnout and engagement*. *Journal of Occupational Health Psychology, 23*(4), 320-334.

Wood, L., & Taylor, M. (2020). *The role of mindfulness in managing workplace stress and improving job performance*. *Journal of Managerial Psychology, 35*(7), 621-633.

Wright, T. A., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of Applied Psychology, 83*(3), 486.

Yanbei, R., Dongdong, M., Yun, L., Ning, W., & Fengping, Q. (2023). Does perceived organization support moderate the relationships between work frustration and burnout among intensive care unit nurses? A cross-sectional survey. *BMC Nursing, 22*(1), 22.

APPENDIX A

Informed Consent Form

Assalam-u-Alaikum!

My name is Jaweria and I am a MPhil student at NUML University Islamabad. My research is under the supervision of Dr.Shakira Huma at NUML Islamabad I would like to invite you to participate in a research study. This research has been designed to study the effects of mobbing and burnout among nurses, and role of resilience and mindfulness.

Participation in this research is voluntary. It will take approximately 45-60 minutes of your time. Anonymity and confidentiality will be assured. Your identifying information will be removed. Participation in this research is voluntary, and you may ask to terminate participation at any time. If you would like to participate in this research study, please sign the consent form.

Jaweria Khurshid. M.Phil. Scholar.

National University of Modern

Languages. **Consent for voluntary**

participation:

I have read and understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this study.

Date: ___ Participant's Signature:_____

APPENDIX B

Demographics			
Age		**Family structure**	Nuclear
			Joint
			Extended
		Social class	Upper class
			Middle class
Marital status	Married		Lower class
	Unmarried		
	Divorced	**Qualification**	Associate degree in nursing
	Other		Bachelor of Science in nursing
			post RN BSN/BSM
No. of years of Marriage	> 5		Masters in Nursing
	5 to 10		other
	10 to 15		
	15 to 20	**Type of organization**	government
	20+		Semi-government

			private
No. of children	1		
	2	**Total years of experience**	>1
	3		1-5
	4		5-10
	5		10-15
	More than 5		15-20
			More than 20
Job of the Husband/Wife	Pvt job		
	Govt. job	**Years ofexperience in this organization**	>1
	Business		1-5
	Other		5-10
			10-15
			15-20
Average working hours in a week			20--30
			30--40
			40--50

			50--60
Shifts			
	Night shift		
	Day shift		
	Any other		

Please indicate the extent to which you agree with the following statements in terms of your current workplace, by encircling in the appropriate response range.

APPENDIX C

Mobbing Scale

		I absolutely agree	I agree	I am undeci	I do not agree	I absolutely agd o not
1	My colleagues act like I don't exist	5	4	3	2	1
2	My colleagues talk to me in a high tone of voice	5	4	3	2	1
3	My colleagues talk behind my back	5	4	3	2	1
4	I have hostile relations with my colleagues	5	4	3	2	1
5	My colleagues look for excuses to scold me	5	4	3	2	1
6	I think my colleagues are boycotting me	5	4	3	2	1
7	I feel that my colleagues reject me and are unfriendly to me	5	4	3	2	1
8	. I receive text threats from my co-workers	5	4	3	2	1
9	Here I think I've become the target of derogatory remarks	5	4	3	2	1
10	I feel a hostile atmosphere around me	5	4	3	2	1
11	I feel very anxious at work	5	4	3	2	1
12	I feel like I'm being watched by my co-workers	5	4	3	2	1

13	I think my colleagues gossip about me	5	4	3	2	1
14	I think I have become the target of disrespectful behavior	5	4	3	2	1
15	I think I have been scapegoated by my co-workers	5	4	3	2	1
16	I get the impression that my colleagues are constantly staring at me	5	4	3	2	1
17	I'm alone during breaks	5	4	3	2	1
18	I think no one is listening to me	5	4	3	2	1
19	I am exposed to mild physical violence	5	4	3	2	1
20	I think I have been sexually harassed	5	4	3	2	1
21	I think I was exposed to rude jokes of a sexual nature	5	4	3	2	1
22	They make fun of my appearance	5	4	3	2	1
23	My political views become the focus of criticism	5	4	3	2	1
24	My colleagues damage my personal belongings	5	4	3	2	1
25	I think my coworkers are intruding on me	5	4	3	2	1
26	My colleagues irrelevantly criticize my private life.	5	4	3	2	1
27	My colleagues are critical of my religious beliefs	5	4	3	2	1
28	I receive phone threats from my colleagues	5	4	3	2	1
29	My peace is more important than anything	5	4	3	2	1
30	My job comes first for me	5	4	3	2	1

31	Simple jobs that do not require expertise are given to me	5	4	3	2	1
32	Tools I use for work are removed without informing me	5	4	3	2	1
33	I am given jobs that are not suitable for my area of expertise.	5	4	3	2	1
34	I am given jobs that are not suitable for the wages I receive	5	4	3	2	1
35	I am asked to work on the unnecessary tasks	5	4	3	2	1
36	I think my career has been hindered by management	5	4	3	2	1
37	Jobs that do not require talent are given to me	5	4	3	2	1
38	I think my career development is deliberately blocked	5	4	3	2	1

APPENDIX D

Burnout Scale

Instructions: Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the number that corresponds with each statement.

		strongly agree	**agree**	**disagree**	**strongly disagree**
1.	I always find new and interesting aspects in my work.	1	2	3	4
2.	There are days when I feel tired before I arrive at work.	1	2	3	4
3.	It happens more and more often that I talk about my work in a negative way	1	2	3	4
4.	After work, I tend to need more time than in the past in order to relax and feel better	1	2	3	4
5.	I can tolerate the pressure of my work very well	1	2	3	4
6.	Lately, I tend to think less at work and do my job almost mechanically	1	2	3	4
7.	I find my work to be a positive challenge	1	2	3	4
8.	During my work, I often feel emotionally drained	1	2	3	4
9.	Over time, one can become disconnected from this type of work	1	2	3	4
10.	After working, I have enough energy for my leisure activities.	1	2	3	4
11.	Sometimes I feel sickened by my work tasks	1	2	3	4

12.	After my work, I usually feel worn out and weary	1	2	3	4
13.	This is the only type of work that I can imagine myself doing	1	2	3	4
14.	Usually, I can manage the amount of my work well	1	2	3	4
15.	I feel more and more engaged in my work	1	2	3	4
16.	When I work, I usually feel energized	1	2	3	4

APPENDIX E

Mindfulness Scale

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item

		Almost Always	Very Frequntl	Somewhat Frequntl	Somewhat Infrequently	Very Infrequently	Almost Neve
1	I could be experiencing some emotion and not be conscious of it until sometime later.	1	2	3	4	5	6
2	I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6
3	I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6
4	I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	1	2	3	4	5	6
5	I tend not to notice feelings of physical tension or discomfort until they really grab my attention	1	2	3	4	5	6
6	I forget a person's name almost as soon as I've been told it for the first time.	1	2	3	4	5	6

7	It seems I am “running on automatic without much awareness of what I’m doing	1	2	3	4	5	6
8	I rush through activities without being really attentive to them	1	2	3	4	5	6
9	I get so focused on the goal I want to achieve that I lose touch with what I’m doing right now to get there.	1	2	3	4	5	6
10	I do jobs or tasks automatically, without being aware of what I'm doing	1	2	3	4	5	6
11	I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6
12	I drive places on ‘automatic pilot’ and then wonder why I went there.	1	2	3	4	5	6
13	I find myself preoccupied with the future or the past	1	2	3	4	5	6
14	I find myself doing things without paying attention.	1	2	3	4	5	6
15	I snack without being aware that I’m eating.	1	2	3	4	5	6

APPENDIX F

Resilience Scale

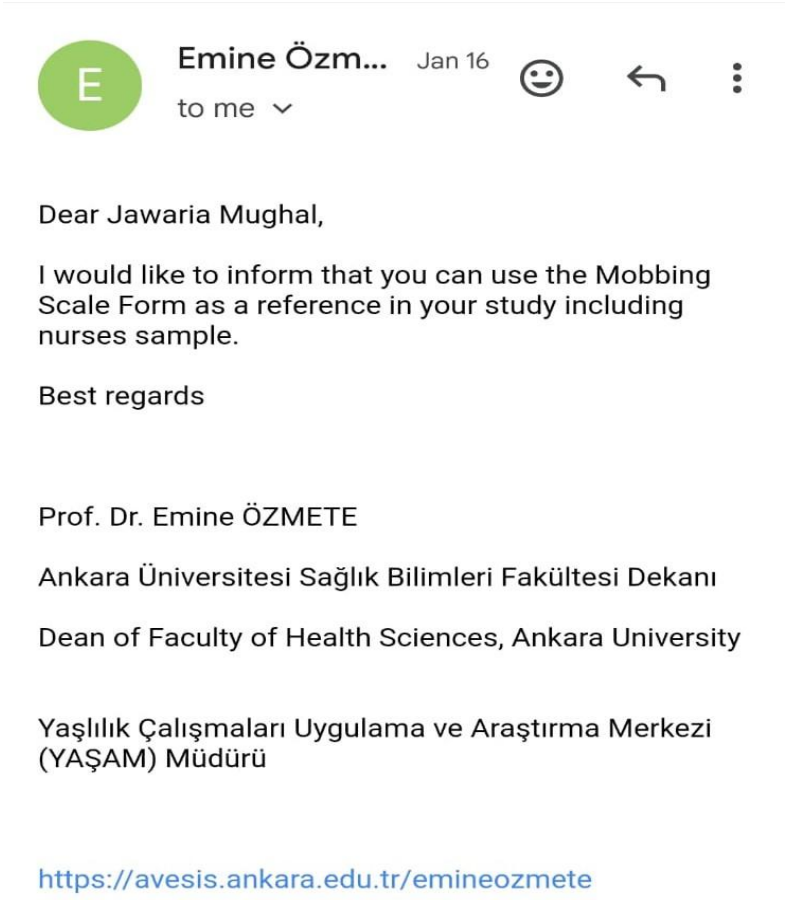
Instructions: Use the following scale and circle one number for each statement to indicate how much you disagree or agree with each of the statements.

		Strongly Disagr	**Disagr**	**Neutral**	**Agre**	**Strongly Agre**
1	I tend to bounce back quickly after hard times.	1	2	3	4	5
2	It is hard for me to find anything good in negative events	1	2	3	4	5
3	I usually come through difficult times with little trouble	1	2	3	4	5
4	I often change in positive ways after bad things happen.	1	2	3	4	5
5	I tend to take a long time to get over setbacks in my life	1	2	3	4	5
6	I usually discover ways to benefit from stressful events	1	2	3	4	5
7	It is hard for me to snap back when something bad happens.	1	2	3	4	5
8	I tend to learn lessons from the difficult times that I have.	1	2	3	4	5
9	It does not take me long to recover from a stressful event	1	2	3	4	5

10	I do not find that difficult times make me a better person.	1	2	3	4	5
11	I have a hard time making it through stressful events.	1	2	3	4	5
12	I often find that I grow personally as a result of hard times.	1	2	3	4	5

APPENDIX G

Permissions



Emine Özm... Jan 16

to me

Dear Jawaria Mughal,

I would like to inform that you can use the Mobbing Scale Form as a reference in your study including nurses sample.

Best regards

Prof. Dr. Emine ÖZMETE

Ankara Üniversitesi Sağlık Bilimleri Fakültesi Dekanı

Dean of Faculty of Health Sciences, Ankara University

Yaşlılık Çalışmaları Uygulama ve Araştırma Merkezi (YAŞAM) Müdürü

https://avesis.ankara.edu.tr/emineozmete

Dear colleague,

I would like to thank you for your interest in the burnout instrument. The OLBI is free of charge for academic purposes and you have my permission to use it.

In the attachment, you can find the OLBI in several languages including English.

If you decide to apply it eventually, please let us know whether the instrument has the same structure in your sample as in the German and the Dutch ones.

For information regarding the validity of the instrument see this publication:

https://www.isonderhouden.nl/doc/pdf/arnoldbakker/articles/articles_arnold_bakker_219.pdf

For information regarding the cutoff scores of the OLBI see this publication:

https://www.tandfonline.com/doi/full/10.1080/00140139.2018.1464667

I look forward to hearing your results.

Best regards,

Prof. Dr. Evangelia Demerouti

Chief Diversity Officer TU/e

K

Kirk Warren... Feb 5

to me

Yes you are welcome to use the MAAS for your study. You can find the scale, along with background normative and other information, on the 'Lab > Tools for Researchers' page of my Lab website, the link for which is here. The 'Publications' page has papers related to the validation of the MAAS. See especially Brown and Ryan (2003).

All the best with your research,

Kirk

Kirk Warren Brown
Affiliate Professor
Department of Psychology • Virginia Commonwealth University
T 804.687.9235

Editorial Board, *Scientific Reports*
Editorial Board, *Journal of Personality*

Pronouns: he/him/his