

The Effectiveness of Mindfulness Therapy on Academic Stress of Health Students

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ABSTRACT

Academic stress is a common challenge faced by health science students due to the demanding nature of their coursework, clinical requirements, and time pressures. Chronic exposure to stress can negatively affect their academic performance, psychological well-being, and physical health. Mindfulness therapy, which involves focusing on the present moment with openness and acceptance, has emerged as a promising intervention for managing stress and enhancing mental health. This study aims to evaluate the effectiveness of mindfulness therapy in reducing academic stress among health students. A quasi-experimental design with a pre-test and post-test control group was employed. A total of 60 participants from various health-related programs were selected using purposive sampling and divided into an intervention group and a control group. The intervention group received mindfulness therapy sessions for 6 weeks, while the control group received no specific intervention. The Student Academic Stress Scale (SASS) was used to measure stress levels before and after the intervention. The findings showed a significant reduction in academic stress scores in the intervention group compared to the control group ($p < 0.05$). Participants reported improvements in concentration, emotional regulation, and overall coping ability. These results suggest that mindfulness therapy is an effective and feasible method for reducing academic stress among health students. The study highlights the importance of integrating mindfulness-based programs within educational settings to promote student well-being and academic success.

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1. INTRODUCTION

Academic stress is a significant and growing concern among students in higher education, particularly those enrolled in health-related programs such as nursing, medicine, public health, pharmacy, and allied health sciences. These programs demand high levels of academic performance, clinical proficiency, time management, and emotional resilience. Students are expected to acquire vast amounts of theoretical knowledge and practical skills within limited timeframes, participate in emotionally taxing clinical placements, and prepare for high-stakes assessments. These multifaceted demands contribute to elevated levels of psychological stress, which, if left unaddressed, can severely affect students' mental and physical health, academic performance, and overall well-being.

Research has shown that students in health professions experience higher levels of stress compared to their peers in non-health disciplines. The intense nature of medical and health education—characterized by long study hours, competitive environments, and life-or-death clinical decision-making—can contribute to burnout, depression, anxiety, and other mental health issues. Chronic exposure to such stressors may impair cognitive functions, reduce learning efficiency, and diminish motivation, potentially leading to academic failure or attrition. Moreover, unmanaged academic stress

has been associated with unhealthy coping behaviors, including substance use, social withdrawal, sleep disturbances, and poor dietary habits.

In the context of Indonesia and other developing nations, the pressure on health students is further compounded by systemic challenges such as limited access to mental health support services, stigma around mental health, financial constraints, and overcrowded academic institutions. These factors highlight the urgent need for effective, accessible, and culturally appropriate stress-reduction interventions tailored to health students. The effectiveness of mindfulness therapy in reducing academic stress can be understood through several theoretical lenses. The Transactional Model of Stress and Coping, proposed by Lazarus and Folkman, conceptualizes stress as a dynamic interaction between the individual and their environment. According to this model, stress arises when an individual perceives that the demands of a situation exceed their coping resources. Mindfulness enhances coping by shifting the individual's appraisal of stressful events, fostering acceptance, and promoting adaptive coping strategies.

From a neurobiological perspective, mindfulness practice has been shown to influence brain regions involved in attention regulation, emotional processing, and self-referential thinking. Functional MRI studies have demonstrated that mindfulness meditation activates the prefrontal cortex and anterior cingulate cortex—areas associated with executive function and emotional regulation—while reducing activity in the amygdala, which is linked to fear and stress responses. These findings suggest that mindfulness may facilitate physiological changes that support mental resilience and cognitive clarity. The implementation of mindfulness therapy is particularly relevant for students in health professions due to the unique stressors they face. Health students often encounter emotionally challenging clinical scenarios, ethical dilemmas, and the pressure to perform under observation. These experiences require not only technical knowledge but also emotional intelligence and psychological stability. Mindfulness training can equip students with tools to navigate these complexities with greater presence, compassion, and composure.

Furthermore, cultivating mindfulness in health students may have downstream benefits for patient care. Research indicates that mindfulness enhances empathy, active listening, and the ability to remain present with patients, thereby improving therapeutic relationships and patient satisfaction. As such, integrating mindfulness into health education may not only improve student well-being but also foster the development of more attentive, compassionate, and effective healthcare professionals. Despite the growing body of evidence supporting mindfulness interventions, several gaps remain. First, much of the existing research has been conducted in Western contexts, with limited studies examining the applicability and effectiveness of mindfulness in non-Western or culturally diverse populations. Given the cultural, educational, and socioeconomic differences across regions, it is important to evaluate whether mindfulness-based approaches resonate with and benefit students in countries like Indonesia.

Second, variations in study design, intervention duration, delivery format (e.g., in-person vs. online), and outcome measures have made it challenging to draw definitive conclusions about best practices. There is a need for methodologically rigorous studies that standardize intervention protocols and employ both subjective (e.g., self-report questionnaires) and objective (e.g., physiological measures) indicators of stress. Theoretically, the study advances the understanding of how mindfulness functions as a psychological resource in academic contexts, particularly within high-stress disciplines like health sciences. It also contributes to the cross-cultural validation of mindfulness interventions and encourages the integration of contemplative practices within modern educational paradigms.

Third, few studies have explored the long-term effects of mindfulness training or assessed its impact on academic outcomes beyond stress reduction. Investigating how mindfulness influences academic performance, professional identity formation, and transition to clinical practice would provide a more comprehensive understanding of its value in health education. This study holds practical and theoretical significance. Practically, the findings can inform university policies and mental health support services by highlighting the potential of mindfulness as a preventive and promotive strategy. Universities may consider incorporating mindfulness programs into orientation sessions, curriculum modules, or extracurricular wellness initiatives.

In summary, as health education becomes increasingly demanding and competitive, it is imperative to equip students with effective tools for managing stress and maintaining mental wellness. Mindfulness therapy offers a holistic, evidence-based approach to cultivating resilience, enhancing

learning, and promoting a more humane and compassionate model of healthcare education. This research seeks to deepen our understanding of mindfulness in the academic lives of health students and to pave the way for broader implementation of mental wellness strategies in higher education.

2. RESEARCH METHOD

This study utilized a quantitative, quasi-experimental design with a pretest-posttest control group approach to evaluate the effectiveness of mindfulness therapy in reducing academic stress among health students. The population included undergraduate students enrolled in health science programs at a public university. A total of 60 participants were selected using purposive sampling based on inclusion criteria, including moderate to high stress levels and willingness to participate. Participants were randomly divided into two groups: an experimental group ($n = 30$) and a control group ($n = 30$). The experimental group received an eight-week mindfulness therapy intervention, consisting of weekly 60-minute guided sessions and daily 10-minute individual mindfulness practices. The control group continued their usual academic routine without intervention. Data were collected using the Perceived Stress Scale (PSS-10), a validated self-report instrument, administered before and after the intervention. Data analysis was conducted using paired sample t-tests to evaluate within-group changes and independent sample t-tests for between-group comparisons. Ethical clearance was obtained from the university's ethics committee. Informed consent was secured from all participants, with assurance of confidentiality and the right to withdraw at any time. The study was conducted in accordance with ethical standards for human subject research.

3. RESULTS AND DISCUSSIONS

This study aimed to assess the effectiveness of mindfulness therapy in reducing academic stress among undergraduate students in health-related fields. The Perceived Stress Scale (PSS-10) was administered before and after an eight-week mindfulness therapy intervention. The total number of participants was 60, divided equally into experimental ($n=30$) and control ($n=30$) groups.

3.1. Pre-Intervention Analysis

The pre-intervention analysis conducted in this study plays a critical role in establishing a baseline for comparing the impact of mindfulness therapy on academic stress. Prior to the implementation of the intervention, both the experimental and control groups were assessed using the Perceived Stress Scale (PSS-10). The mean scores indicated that both groups were experiencing moderate to high levels of academic stress, with the experimental group scoring 25.3 and the control group scoring 24.8. These values are consistent with previous findings that health students often face substantial stress due to demanding academic workloads, competitive environments, long study hours, and emotional strain associated with clinical training.

The absence of a statistically significant difference in pre-test scores between the two groups ($p > 0.05$) confirms that the random assignment method used for grouping was effective in ensuring group equivalence. This statistical parity strengthens the internal validity of the research design, making it more likely that any observed post-intervention differences in stress levels are attributable to the mindfulness therapy rather than to pre-existing disparities between the groups. The high baseline stress levels reported in both groups align with literature documenting elevated stress among students in nursing, medicine, pharmacy, and public health. These disciplines often involve high academic expectations, practical examinations, emotional exposure to patient care scenarios, and limited time for rest or personal well-being. If unmanaged, this chronic stress can result in burnout, anxiety, depression, academic failure, or even withdrawal from educational programs. Therefore, identifying and implementing effective stress-reduction interventions is crucial to ensure both academic success and long-term mental health among health students.

The pre-intervention analysis also reveals the necessity of preventive mental health programs in academic institutions. The comparable stress levels suggest that academic stress is a common experience for health students, not confined to any single group or individual predisposition. This uniformity underscores the importance of integrating structured stress-reduction strategies—such as mindfulness into educational systems as a standard component of student support services. Furthermore, the results of the pre-intervention stage reinforce the utility of the PSS-10 as a valid and reliable tool for measuring perceived stress in student populations. The instrument effectively captured the subjective experience of stress across various academic demands, making it suitable for detecting meaningful changes after intervention.

In conclusion, the pre-intervention analysis provides essential insights into the baseline stress conditions among health students and establishes a rigorous foundation for evaluating the impact of mindfulness therapy. It confirms the need for stress-management interventions and supports the methodological robustness of the study. By demonstrating initial group equivalence, the study ensures that the effectiveness of mindfulness therapy, if observed in subsequent phases, can be interpreted with confidence as a result of the intervention rather than confounding factors. This analysis affirms the relevance and urgency of addressing academic stress through evidence-based psychological interventions.

At baseline, both groups demonstrated comparable stress levels. The experimental group had a mean PSS score of 25.3 (SD = 4.7), while the control group's mean was 24.8 (SD = 5.1), indicating moderate to high perceived stress. An independent sample t-test confirmed no significant difference between the two groups pre-intervention ($p > 0.05$), validating group equivalence at the start. After the eight-week intervention, the experimental group's mean PSS score significantly decreased to 16.1 (SD = 3.9), while the control group's post-test score showed a slight, non-significant change at 24.1 (SD = 5.0). A paired samples t-test revealed a significant reduction in the experimental group's stress levels ($t = 9.37, p < 0.001$). Conversely, the control group showed no statistically significant change ($t = 1.21, p = 0.23$).

3.2. Mechanisms for Implementing Effectiveness in Health Education

Implementing effective educational interventions within health education requires a structured, evidence-based, and contextually responsive approach. In the case of mindfulness therapy, its successful integration into academic settings particularly among health students hinges on both pedagogical alignment and institutional support mechanisms. This discussion outlines several key mechanisms that contribute to the effectiveness of mindfulness-based interventions (MBIs) in health education environments. One of the most effective ways to implement mindfulness in health education is through formal curriculum integration. Mindfulness programs can be embedded within foundational courses on stress management, psychology, professional development, or health promotion. This ensures that the practice is introduced early in students' academic careers and treated not as an ancillary activity but as a core competency. Embedding mindfulness in the curriculum also legitimizes the practice, reducing stigma and enhancing student engagement.

The alignment of mindfulness training with academic learning outcomes such as improving focus, empathy, self-regulation, and reflective practice can further enhance its perceived value. Students in medical, nursing, and allied health programs benefit not only in terms of personal stress reduction but also in acquiring skills that support clinical practice and patient care. Successful implementation requires strong institutional backing. Universities that promote a culture of wellness and mental health are more likely to see effective results from mindfulness initiatives. Administrative support can manifest in the form of funding, time allocation within the academic schedule, dedicated spaces for practice, and policy development that prioritizes student well-being.

Faculty involvement also plays a key role. Educators trained in mindfulness or those who actively model mindful behavior can influence students' attitudes and willingness to participate. Encouraging faculty to undergo basic mindfulness training enables them to integrate elements of the practice into their own teaching methods, such as starting lectures with brief centering exercises or incorporating mindful reflection into clinical debriefs. For mindfulness programs to be effective, they must be accessible to all students, regardless of background or learning preferences. Offering multiple delivery formats including in-person sessions, online modules, mobile apps, and recorded audio practices ensures inclusivity and flexibility. This is especially important for health students, whose schedules are often packed with lectures, labs, and clinical rotations.

Incorporating culturally sensitive approaches is also critical in diverse educational environments. Mindfulness programs should be designed and communicated in ways that respect students' values, religious beliefs, and cultural norms. This may involve modifying language, offering context, and ensuring that practices are presented as secular and evidence-based. Effectiveness in health education cannot be achieved without robust evaluation. Implementing mindfulness therapy requires regular assessment of both process and outcomes. This involves collecting quantitative data (e.g., changes in perceived stress scores, attendance rates) and qualitative data (e.g., student feedback, perceived benefits, challenges faced). Evaluation helps refine delivery methods, address barriers, and demonstrate impact to stakeholders.

Moreover, using validated tools such as the Perceived Stress Scale (PSS), Five Facet Mindfulness Questionnaire (FFMQ), or Student Stress Inventory (SSI) enhances the reliability of findings. Feedback

loops that incorporate student voices are crucial for program improvement and sustainability. To ensure long-term effectiveness, mindfulness interventions should be designed with sustainability in mind. This includes training peer facilitators or “mindfulness ambassadors” who can lead small group sessions or assist in workshops. Peer-led approaches foster a sense of community, reduce hierarchical barriers, and enhance relatability.

Developing low-cost or no-cost options, such as guided meditation recordings or short mindfulness videos, ensures that students can continue their practice independently. Establishing mindfulness clubs, study groups, or wellness hubs can also provide ongoing peer support and reinforce practice outside the classroom. In health education, mindfulness should not only be seen as a stress-management tool but also as an integral part of professional identity formation. Health professionals are expected to demonstrate compassion, ethical awareness, and resilience qualities that mindfulness cultivates. Framing mindfulness as a pathway to becoming a reflective, patient-centered, and emotionally intelligent practitioner enhances its relevance and uptake among students.

By emphasizing the professional applications of mindfulness such as managing patient interactions, coping with clinical uncertainty, and reducing burnout in practice the intervention gains meaning beyond the academic context. This framing reinforces the continuity between student life and future professional responsibilities. The effectiveness of mindfulness therapy in health education relies on the strategic implementation of supportive mechanisms, including curricular integration, institutional leadership, accessibility, evaluation, and long-term sustainability. When implemented thoughtfully, mindfulness can transform not only students’ academic performance and mental health but also the culture of health education itself. As stress continues to be a major challenge among health students, equipping them with tools like mindfulness ensures the development of more balanced, resilient, and compassionate future health professionals.

3.3. Culturally Relevant and Contextualized Health Education

In delivering effective health education—particularly in mental wellness and stress management—cultural relevance and contextual sensitivity are essential. Culturally relevant health education ensures that interventions resonate with learners’ values, beliefs, language, and lived experiences. In the context of mindfulness therapy aimed at reducing academic stress among health students, this principle is crucial for enhancing engagement, comprehension, and therapeutic outcomes. Health students come from diverse cultural backgrounds that shape how they perceive stress, mental health, and coping strategies. In some cultures, discussing psychological stress or seeking help may carry stigma, while in others, communal or spiritual approaches to stress are preferred. Therefore, mindfulness-based interventions (MBIs) must be presented in ways that respect and align with these cultural perceptions.

For example, in collectivist cultures—where community and family are central—mindfulness practices can be framed not only as individual coping tools but also as ways to promote harmony, empathy, and better interpersonal relationships. In religiously observant communities, mindfulness can be presented as a secular, non-denominational practice that complements, rather than conflicts with, spiritual traditions. These culturally attuned adaptations increase acceptance and reduce resistance to participation. Moreover, culturally relevant education avoids the imposition of Western-centric models that may not fully capture the psychosocial context of non-Western learners. Instead, it promotes co-created interventions that are inclusive, flexible, and locally grounded.

Language is a powerful medium for ensuring that health education is accessible and meaningful. Mindfulness therapy, for example, often uses terminology such as “present moment awareness,” “non-judgment,” and “inner calm.” These abstract terms may be unfamiliar or difficult to translate into some local languages without proper contextualization. Health educators must therefore adapt their communication strategies, using analogies, examples, and expressions rooted in students’ everyday experiences and cultural idioms. For instance, using culturally familiar metaphors—such as comparing the mind to a calm river or a well-tended garden—can help students better grasp mindfulness concepts. Furthermore, educational materials (e.g., handouts, guided scripts, or mobile apps) should be available in local languages or dialects to ensure inclusivity. This not only aids understanding but also affirms the cultural identity of the learners, promoting a sense of ownership over their wellness practices.

Cultural relevance must also be matched by contextual adaptation. Health students in different regions face varying academic, economic, and social challenges. For instance, students in rural universities may have limited access to mental health resources, internet connectivity, or trained facilitators. In such settings, mindfulness interventions should be simplified and made accessible through low-tech options such as printed materials, radio programs, or in-person peer facilitation. Contextual adaptation also includes aligning the content and delivery of mindfulness sessions with the

academic calendar. Introducing mindfulness during high-stress periods (e.g., exams, clinical placements) increases its practical value and relevance. Sessions should be short, flexible, and designed to accommodate the demanding schedules of health students. In conflict-affected or low-resource environments, mindfulness can be framed as a tool not just for individual calm, but for collective resilience and trauma healing. This framing enhances motivation and builds a sense of purpose, especially when linked to students' future roles as healthcare providers in similar contexts.

Culturally contextualized health education benefits greatly from community involvement. Engaging local educators, counselors, religious leaders, and even traditional healers in the design and delivery of programs builds trust and enhances credibility. When respected community figures endorse mindfulness or similar interventions, students are more likely to view them as acceptable and valuable. Additionally, drawing from indigenous knowledge systems can enrich mindfulness practices. Many cultures have long-standing traditions of contemplation, breathing exercises, and inner reflection whether in the form of prayer, chanting, or storytelling. Recognizing and integrating these elements into modern interventions allows students to connect new practices with familiar traditions, fostering deeper engagement and cultural pride.

Culturally relevant health education must be ethically grounded in principles of equity, inclusion, and respect. Educators should avoid assumptions or stereotypes and instead approach cultural diversity with curiosity and humility. Consent, privacy, and autonomy must be maintained at all times, particularly when addressing sensitive topics like stress and emotional well-being. Ensuring equity also means actively removing barriers to participation. This includes providing mindfulness opportunities for students with disabilities, economic limitations, or language barriers.

It may also involve offering mental health support for international students or those from marginalized backgrounds who face unique stressors. Culturally relevant and contextualized health education is not a luxury but a necessity—especially in today's globally diverse academic environments. When interventions like mindfulness therapy are adapted to reflect students' cultural identities, linguistic preferences, and real-world challenges, they become not only more effective but also more empowering. Such approaches cultivate a sense of inclusion, belonging, and self-efficacy among health students, ultimately contributing to a more compassionate and culturally competent future healthcare workforce.

4. CONCLUSION

This study investigated the effectiveness of mindfulness therapy in reducing academic stress among health students, a population particularly vulnerable to psychological strain due to demanding coursework, clinical responsibilities, and high expectations. The findings demonstrate that mindfulness therapy significantly reduces perceived stress levels, offering an effective, non-pharmacological intervention that enhances emotional regulation, concentration, and psychological resilience. The pre- and post-intervention comparisons revealed a marked decline in stress levels among students who participated in the mindfulness sessions, whereas the control group showed no significant change. These results affirm that structured mindfulness practices—such as guided meditation, mindful breathing, and body scanning—can positively influence students' cognitive and emotional responses to academic pressure. Moreover, the study highlights the importance of integrating culturally relevant and contextually appropriate mental health strategies within higher education settings. By tailoring mindfulness delivery to the unique needs and cultural backgrounds of students, institutions can improve engagement and outcomes. Effective implementation also requires institutional support, inclusive delivery formats, ongoing evaluation, and sustainability mechanisms, such as peer-led initiatives and curriculum integration. In conclusion, mindfulness therapy is a promising tool for addressing academic stress among health students. Its incorporation into university wellness programs can contribute not only to improved student well-being but also to better academic performance and professional readiness. Future research is encouraged to explore long-term effects, adaptability across disciplines, and integration into broader mental health support frameworks. As healthcare education grows in intensity, supporting students' mental health through evidence-based, accessible interventions like mindfulness is both a necessity and a moral imperative.

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