



ONE-MINUTE MINDFULNESS MEDITATION ON CLINICAL READINESS AMONG UNDERGRADUATE NURSING STUDENTS BEFORE ENTERING THE INTENSIVE CARE UNIT

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ABSTRACT

Background: Clinical exposure in the ICU can be challenging for undergraduate nursing students due to critically ill patients, complex procedures, and emergency situations, which may cause anxiety and reduced concentration. **Objectives:** To compare clinical readiness following one-minute mindfulness meditation and elicit students' opinions regarding OMM before ICU clinical posting. **Design:** Quasi-experimental two-group post-test design. **Setting:** Selected Multispecialty Hospital in a metropolitan city. **Participants:** 29 undergraduate nursing students of selected Nursing Colleges. **Methods:** The experimental group receive a structured one-minute mindfulness meditation immediately before entering the ICU, while the control group directly enter the clinical area after getting standard instructions from the clinical supervisors. Clinical readiness subsequently be assessed using the Clinical Readiness for ICU Practice Scale, which includes emotional, cognitive, clinical, and professional readiness. Student opinion regarding the intervention also elicited. **Results:** Following OMM, 64.3% of students demonstrated high clinical readiness and 35.7% demonstrated moderate readiness, with no students showing low readiness. Students also reported improved calmness, focus, mental preparedness, and ability to manage nervousness. **Conclusion:** One-minute mindfulness meditation is a simple, practical, and low-resource strategy that may enhance students' clinical readiness and promote safer, more focused ICU clinical learning.

KEYWORDS : Mindfulness Meditation, Clinical Readiness, Undergraduate Nursing Students, Intensive Care Unit

INTRODUCTION

The Intensive Care Unit is a highly specialized clinical environment where undergraduate nursing students are exposed to critically ill patients, complex technology, emergency situations and high-risk procedures. Such an environment may contribute to apprehension, anxiety, reduced concentration and difficulty in transitioning from the classroom to clinical practice. A brief mindfulness activity immediately before entering the ICU may provide students with an opportunity to pause, regulate their attention and mentally prepare for the clinical environment. Since the intervention requires only one minute, it can realistically be incorporated into the existing clinical posting routine without substantially affecting clinical hours. The intervention can therefore be studied as a simple, low-resource strategy for improving students' emotional readiness, attention and preparedness for ICU clinical learning.

Problem Statement: A Quasi-Experimental Study to Evaluate the Effectiveness of One-Minute Mindfulness Meditation on the Level of Clinical Readiness among Undergraduate Nursing Students Before Entering the Intensive Care Unit

Objectives

1. To compare the level of clinical readiness before and after OMM (One Minute Meditation) among undergraduate nursing students before entering the ICU.
2. To elicit opinion on one-minute mindfulness meditation

MATERIALS AND METHODS

Research Approach: Quantitative research approach

Research Design: Quasi-experimental Two group Posttest Design

Setting: Selected Multispecialty Hospital of Metropolitan city

Sample: 29 Undergraduate Nursing Students

Sampling Technique: Convenient Sampling

Tool: Structured Clinical Readiness Scale & Opinionnaire

Research Process

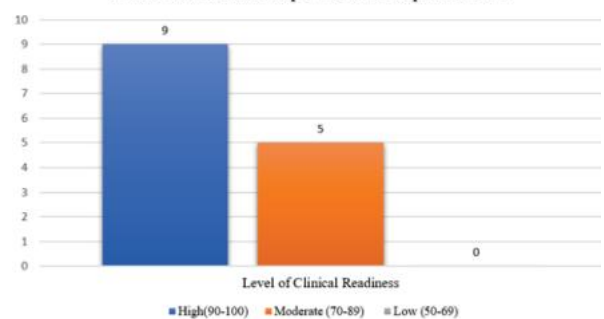
- Before entering the ICU, students undergo One-Minute Mindfulness Meditation (OMM).
- 0-10 seconds – Pause: Students sit or stand comfortably and mentally prepare for the clinical area.
- 10-50 seconds – Breathe: Students take slow and comfortable breaths by closing their eyes. Students

observe their breathing and current feelings without attempting to change them.

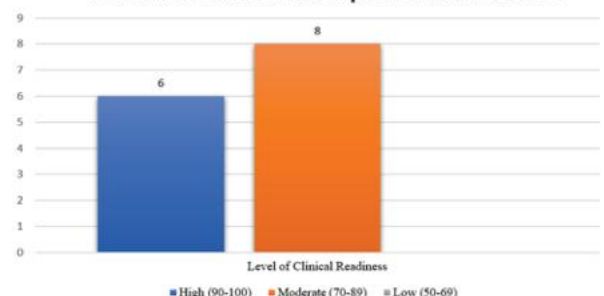
- 40-50 seconds – Ground: Students become aware of their feet, surroundings, and the present moment.
- 50-60 seconds – Focus: Students focus their attention and reinforce positive thoughts: *"I am calm, attentive, prepared to learn, and ready to provide safe and compassionate care."*
- Students then enter the ICU for their clinical posting.
- Post-assessment of clinical readiness is conducted.
- Students' feedback/opinion regarding OMM is obtained.

Control group directly enter ICU after standard instructions by clinical supervisors.

Clinical Readiness Of Experimental Group After OMM



Clinical Readiness Of Control Group After Standard Instructions



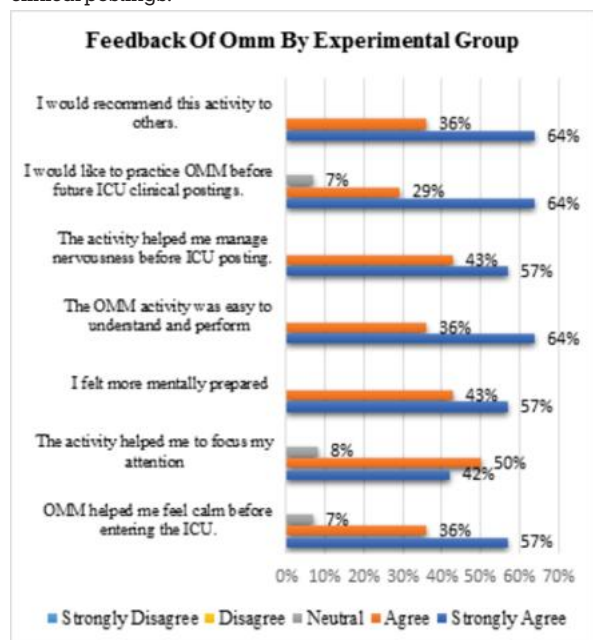
RESULTS

The experimental group One-Minute Mindfulness Meditation (OMM), 64.3% of students demonstrated a high level of clinical readiness, while 35.7% demonstrated a moderate

level of clinical readiness, with no students showing a low level of readiness.

The control group, 42.9% (6 students) demonstrated a high level of clinical readiness, while 57.1% (8 students) demonstrated a moderate level of clinical readiness.

The graph shows that students had overall positive feedback toward One-Minute Mindfulness Meditation (OMM). Most students strongly agreed that OMM was easy to understand and perform (64%), helped them feel calmer before entering the ICU (57%), improved mental preparedness (57%), and helped manage nervousness before ICU posting (57%). Additionally, 64% strongly agreed that they would recommend OMM to others and would like to practice it before future ICU clinical postings.



DISCUSSION

Webb et al. (2022) examined brief mindfulness exercises in adolescents using a smartphone-based intervention. The one-minute exercises directed participants to focus on their breathing, surrounding sounds, or physical sensations. Participants most frequently selected the one-minute exercises, and the intervention was associated with improvements in both problem-focused and emotion-focused rumination over the three-week period. This study supports the feasibility of very brief mindfulness practices when time is limited.

CONCLUSION

One-minute mindfulness meditation may represent a practical and low-resource strategy that can be integrated into routine clinical posting. By encouraging students to pause, become aware of the present moment, regulate distracting thoughts, and focus on the learning environment, the intervention may support emotional, cognitive, clinical, and professional readiness. If found effective, this simple strategy could be incorporated before ICU clinical postings to promote safer and more focused clinical learning among undergraduate nursing students.

REFERENCES

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