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## **Embedding Self Care Strategies into the Nursing Curriculum: The Students' Lived Experience**

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## ABSTRACT

This qualitative study aimed to explore the student experience when the QSEN mindfulness module was embedded into the nursing curriculum. Pre and post intervention questionnaires were utilized and included six questions that focused on previous experiences, definitions of mindfulness, impact on nursing practice, and recommendations to faculty for future delivery. Twenty-two pre-licensure nursing students participated in this study. Students valued the module and content, several reported utilization outside the classroom, and many planned for future use especially in times of stress. Based on experience, students felt early integration of the module into the curriculum would be of value and module delivery allowed for ease of access but suggested reinforcement during class times. Future research exploring the most effective delivery of stress management skills, including the use of the QSEN mindfulness module across the spectrum of nursing education, and the impact upon nursing practice, should be explored further.

Students enter nursing school motivated to work in a profession where they provide care to others in need. Often, as they immerse themselves within their nursing studies they soon realize that taking care of others can be stressful and have both short and long-term consequences. Nursing graduates are at particular risk for stress as they transition into their new roles. Studies show that within the first year of a new graduate's employment, 18% to 50% of nurses change jobs or leave the profession due to an inability to cope with their new role, (Bowles & Candela, 2005; Salt, Cummings, & Profetto-McGrath, 2008; Scott, Engelke, & Swanson, 2008). This turnover contributes to significant costs for the healthcare system, has the potential to impact the quality of care received, and effects the overall supply of nurses (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Cimiotti, Aiken, Sloane, & Wu, 2012).

Nurse educators (NE) are in key positions to help prepare students with the knowledge and skills necessary for adaptation to their new roles. If the NE can assist students in developing foundational stress management skills that can be reinforced in school and become a basis for lifetime utilization, it is possible that the turnover discussed earlier can be reduced. The challenge for the NE is that the curriculum is already overflowing with required content so that students are prepared to take their state board examination. In addition, the NE is required to confirm student competency at several levels which necessitates a curriculum that is heavily dependent on stress inducing tests, simulations, and clinical experiences. Sadly, the breadth and volume of content covered in nursing curriculum does not allow for the time nor create the optimal environment to build foundational stress management skills; therefore, finding an effective and efficient method to introduce and reinforce the topic of stress management in nursing education is paramount.

In 2005, The Robert Wood Johnson Foundation funded a project which focused on the quality and safety education of nurses (QSEN). This project included the development of education modules for faculty to utilize when educating nurses. The

purpose was to enhance the quality and safety of nursing care. Of particular interest is the third module, which relates to the topic of stress management and includes the introduction to mindfulness practice which is utilized to help with stress management. Mindfulness based stress reduction (MBSR) has been studied in many different settings by several disciplines including nursing (Beddoe & Murphy, 2004; Birnie, Speca, & Carlson, 2010; Galantino, Baime, Maguire, Szapary, & Farrar, 2005; Riley & Yearwood, 2012). Review of the literature indicates a gap in research surrounding the utilization of the QSEN module on mindfulness suggesting that further exploration of the use of this module may offer opportunities for the NE to implement stress management techniques into the curriculum with minimal burden.

## **METHOD**

### **Sample and Setting**

This study took place at a private, Catholic, Midwestern university within a large school of nursing. Approval was obtained from the university institutional review board. All students had exposure to the curriculum content but participation in the study and completion of the questionnaires was voluntary. Twenty one females and one male nursing student ( $N= 22$ ) consented and participated. Twenty of the students were in the last semester of a post baccalaureate, pre-licensure program, and two were in their last semester of a traditional, pre-licensure program. The class was delivered in a hybrid model utilizing the D2L platform with monthly face- to-face classes, weekly clinical, and simulation.

### **Procedure**

This qualitative descriptive study explored the student's experience before and after exposure to the QSEN module on mindfulness. The concept of mindfulness, compassion fatigue, self-care, and QSEN model was introduced in week six of a fourteen week course. Questionnaires were utilized for the pre and post data collection due to the study population and their limited time availability for focus group sessions and interviews. The researcher described the purpose and time commitment of the study to the potential student participants which equaled fifteen minutes per week (three- five minute sessions) for six weeks. This amounted to a total of an hour and a half spent on all study activities. The nursing professor was asked to leave the room during the consent and questionnaire completion process to maintain student anonymity. Confidentiality was assured and all potential participants' questions were answered. Students received a consent form and were instructed to sign the form if they wished to take part in the study or not sign if they did not wish to participate. All students were asked to return the consent form whether completed or not in order to maintain anonymity. The same process was followed for the pre-intervention questionnaire which explored the following questions related to mindfulness:

- Have you received any previous training or education in mindfulness? If so, please share:
- What does mindfulness in nursing mean to you?

Upon pre-intervention questionnaire completion and collection, the one and a half hour face- to-face class session began. The class session included discussion of stress in the nursing profession and delivery of a presentation by the researcher on compassion fatigue, self-care, and introduction to the concept of mindfulness. The class then practiced with the QSEN mindfulness module. Prior to class conclusion, the researcher showed the students the location of the QSEN mindfulness module within the on-line D2L platform for ease of access. Study participants were reminded that they were to practice mindfulness using the five minute QSEN mindfulness module three times per week for the next six weeks. During the six weeks following, the researcher posted a reminder in the announcement section of the on-line class platform regarding the use of the QSEN mindfulness module by study participants. After six weeks, the researcher attended an additional face to face class at which time the post- intervention questionnaire was administered. Processes to assure confidentiality and anonymity were followed in the same manner as the pre- intervention questionnaire collection. The following questions related to mindfulness were explored in the post- intervention questionnaire:

- What does mindfulness in nursing mean to you?
- Do you feel your understanding of mindfulness in nursing has changed since taking this class? If so how?
- What method of delivery, and during what part of the nursing program, would you recommend teaching this content to future students?
- Do you see yourself using the content on mindfulness in your future nursing practice? If so, how?

Upon completion, the pre and post-questionnaire responses were transcribed line by line under each question, segmented, and then assigned to an inductive category. Enumeration was utilized for questions involving only closed ended answers. Ideally, participant feedback would have been sought but due to recent graduation this was not feasible. Therefore, external auditing was used as an alternative method to evaluate validity with the categorization of data.

## **RESULTS**

### **Research Question One: Pre- Intervention**

The researcher was interested in exploring the participant's previous experience with mindfulness prior to the intervention, and therefore asked the question, "Have you received any previous training or education in mindfulness? If so please share". The students' past experiences were mixed, with ten of the students denying any previous experience with the content and the rest identifying previous classes in nursing, yoga, or psychology that introduced the topic.

### **Research Question Two: Pre Intervention**

Next the researcher asked "what does mindfulness in nursing mean to you?" Many participants were unclear about the definition and some left the question blank.

Those that described mindfulness identified it as “awareness of self-presence, surroundings, and actions” and connected its impact to patient interactions:

- Mindfulness means being fully present with your patients and really trying to see them as whole beings instead of a collection of tasks.
- Mindfulness means being aware of how your state of mind is affecting your nursing practice.
- Being in the present moment and with the patient.
- It means being fully present with your patient when you are with them and not thinking of everything else you have to get done on your shift or in your personal life.

### **Research Question One: Post Intervention**

Since there are a variety of lengths, contexts, and delivery methods of mindfulness training, the researcher sought to determine whether the participant’s definition changed after the intervention. Therefore the question “what does mindfulness in nursing mean to you?” was asked again. Participants who were previously aware of the meaning of mindfulness expanded on their definitions and several acknowledged the benefit to patients and included the benefit for their own self- care:

- Being present, mindful of myself while I am caring for others. I can’t provide the best care if I am not taking care of myself.
- It means being purposeful and present in tasks and being attentive to the environment and the people around me as well as paying attention to myself.
- Being present, learn to hear myself so I can hear others.
- Being present, mindful of myself while I am caring for others. I can’t provide the best care if I am not taking care of myself.
- Mindfulness is having the ability to tune out all the extra garble in the world and be present with yourself so that you can be present with your patient. Taking time to listen to your own needs helps you understand how to really listen to your patients.

In defining what mindfulness meant to participants, some included examples on how they have personally utilized mindfulness.

- I have liked taking a cleansing breath between patients and between tasks and letting go of previous thoughts or worries in order to be present with the next patient
- It means being present and remembering to remain centered when things become chaotic. It has helped me remember the basic core of my body’s response to situations.
- Mindfulness means being in the present. Most of my anxiety comes from thinking what “if” and thinking about future work that has yet to be done. Now when I get like that, I take a second to focus on the task in front of me and be present.
- Centering oneself. Being present for the patient and helping me to maintain peace of mind and sanity.

### **Research Question Two: Post Intervention**

The researcher was interested in understanding if the participants felt their understanding of mindfulness changed from the intervention offered during the class session. Understanding this could help to examine whether the delivery of the content was valuable and effective from the participant’s perspective. The question asked was: “Do you feel that your understanding of mindfulness in nursing has changed since taking

this class? If so how?” All but five students felt that their understanding of mindfulness had changed. Further comparison with question one from the pre intervention questionnaire showed that four of the five students had previous experience with mindfulness and did not report any change in understanding between the pre and post questionnaire:

- Nope, I was already very familiar and agree with the concepts.

The other participants commented on the value of class sessions and offered examples of how they utilized the material.

- Yes, more aware of it and now it's a bigger priority in my day.
- Yes, I have tried to focus more on avoiding snap judgments and check in with myself. Just being aware of those judgments have helped me.
- Yes, it was a good reminder of the importance of practicing mindfulness and making it a habit. I liked the video a lot.
- Yes, before this class I did not know what it was. I had been exposed to meditation but not mindfulness specifically.
- Yes, I did not know what mindfulness was before this class.
- Yes, because I have been stressed for four months straight and I have had to work really hard to relax. When I used this it helped me to relax and I felt better.
- I am more aware of what it means to be mindful, but at times I continue to have a hard time making it an everyday practice. The video helped in the fact that it was short and I was able to take a few minutes to myself to focus on me.

### **Research Question Three: Post Intervention**

To further glean insight into the experience with the mindfulness content and to direct future curriculum revisions, the researcher asked the questions: “What method of delivery and during what part of the nursing program would you recommend teaching this content for future students?”

Consistently students recommended combining the researcher presentation and QSEN mindfulness video, both of which were included in this intervention. Others recommended the need for continued reinforcement to utilize the content either by email, including it as part of class by attaching points for completion of the module, or by starting each face to face class session with a mindfulness exercise.

- Attach points for consistent practice and reinforce value.
- Plan a before class mediation group.
- Practice before clinical as a group.
- Do a five minute mindfulness exercise at the beginning of class, anything that is scheduled is easier to accomplish or follow through with.
- Reinforce it by email so it doesn't take time to find it in the course.
- Send email reminders with the link to make it at their fingertips.

When asked about the timing of teaching mindfulness to nursing students, the majority of participants recommended teaching this content sooner versus later. The need for reinforcement for use of mindfulness was demonstrated by the following responses.

- Start at the beginning and the end of the program using the videos
- Start it the first day then throughout. It is too easy to get stressed out and forget to make it a habit.
- The earlier the better, just starting with the awareness is helpful.

- I think it should be talked about throughout the program. Introduced in the beginning and reiterated during each semester, especially when students are stressed out.

### **Research Question Four Post Intervention**

Lastly, the researcher wished to glean insight into how participants predicted using the mindfulness content in their future nursing practice by asking: “Do you see yourself using the content of mindfulness in your future nursing practice? If so how?”

Twenty out of the twenty two participants, which equates to approximately ninety percent responded yes to this question and identified that they would use mindfulness personally and with patients. Many participants identified with mindfulness as a rescue tool that can be called upon during times of stress.

- Yes, practicing throughout the day and in times when I am overwhelmed.
- Yes, on a busy day on the unit if I am feeling overwhelmed, I will take the time to catch my breath in order to gather my thoughts and focus better, I have already practiced this at clinical.
- Yes, I feel that mindfulness is a tool that can be used to help cope and manage the stress of nursing
- Yes, there will be times where nursing is very stressful and I will need to find ways to relax quickly, the video helps me.
- Yes, absolutely, I will use mindfulness during stressful times as I start a new job soon.
- Yes, I like how brief but effective it was. I will incorporate it prior to doing yoga.
- Yes, implementing this when I am in the midst of stressful situations can help clear my mind and focus.

## **DISCUSSION**

Overall, the researcher sought to understand the nursing student experience when introduced to the topic of mindfulness using the QSEN module. Students’ awareness about the topic was increased, and the majority of the students stated that they found this content valuable in the care of patients and their own self-care. Many of the students demonstrated the utilization of the newly discovered mindfulness skills within their daily lives and nursing practice. For Nurse Educators it is important to find a low burden way to deliver stress reduction content, and the QSEN module integration required minimal effort to incorporate into the standard curriculum and was well received by the students, which was promising. Although the study size was small, the researcher believes that the findings support the perceived value of the content by students. Further research should be completed on a larger scale, should incorporate faculty feedback, and should include all levels of nursing education to assure the generalizability. In addition, further opportunities exist to research the utilization of the QSEN content once the student has graduated and is practicing as a nurse.

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