# sentara nurse **Perceived Value of Mindfulness Intervention** to Reduce Stress in Clinical Nurses

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RESULTS

### BACKGROUND

#### PURPOSE

• Stress in nursing is an important

The purpose of this study was to determine if there are differences in the

• Most participants worked at least 40

issue as it can affect nurse's health, the quality of the care they provide, and their desire to remain employed in nursing.<sup>1</sup>

• Nurses across the nation are reporting increased stress and dissatisfaction with nursing, citing job-related stress as one of the principal reasons that nurses change jobs.<sup>2</sup>

 Nurses identified acute and chronic effects of stress and overwork as one of their two top reasons for leaving the workplace.<sup>3</sup>

 Ongoing dissatisfaction among hospital nurses is due in large part to increased job stress, greater administrative demands, and the continuing erosion of the nursepatient relationship.<sup>4</sup>

perceived stress scores before and after participation in a mindfulness intervention. In addition, the study evaluated whether or not nurses found the intervention worthwhile.

## **RESEARCH QUESTIONS**

1. Is there a difference in the perceived stress scores of clinical nurses before and after participating in a mindfulness intervention?

2. Do clinical nurses find the intervention worthwhile?

**METHODOLOGY** 

Figure 1. Research **Activities Timeline** 

During weeks Study was conducted participants over a 6the initial participated in week period self-directed Intervention mindfulness included an using a mobile in-person application session called Insight during weeks

Participants **Every week for Participants** were asked were asked to **5 weeks after** to record spend 20 weekly minutes or session, an usage of the email was sent more engaged Insight to participants with the Timer discussing the application for application and submit at least 3 days recommended mindfulness per week.

- Participants were recruited using flyers and information sessions provided at staff meetings. **Insight Timer self-directed** mobile application on
  - mindfulness and the IHI module was used to minimize stress.

hours per week (61.9%) and did not have previous exposure to meditation activities (57.1%). Approximately 38.1% of participants had a bachelor's degree.

- Overall, most participants (47.6%) had 6-20 years of nursing experience.
- The mean total scale score pre-study was 74.20, the post-study scale score was 59.30. The data from the Nursing **Stress Scale indicates decreased** perceived stress levels pre and post intervention(Table 1).
- Most (95%) participants found the program worthwhile, would participate again, and would recommend the study

# WHAT IS MINDFULNESS



Jon Kabat-Zinn indicates "mindfulness is awareness that arises through paying attention, on purpose, in the present moment, non-judgmental. It's about knowing what is on your mind."<sup>5</sup>

l and 6. Consent was obtained from participants.	Timer, and viewed an online module: Incorporating Mindfulness into Clinical Practice.	module for the week via Insight Timer application.

a log at the end of the • Total time for intervention study. was six weeks. The Nursing Stress Scale<sup>7</sup> was used to collect data

prospectively.

to other colleagues.

 Most participants reported improvement in quality of life (80%) and found the overall experience better than expected (90%).

## REFERENCES

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## Table 1. Differences in Nurse Stress Scores Following Program Participation

	Pre- Education (n = 32)		Post- Education (n = 20)			
Nurse Stress Scale	Mean	SD	Mean	SD	Z score	p value
Death & Dying	16.1	3.8	14.4	3.9	-1.433	.152
Conflict with Physicians	12.0	3.0	10.1	1.8	-2.761	.006

## LITERATURE REVIEW

An 8-week study on mindfulness (n=36) found participants showed improvement in:

• General health, t(37) = 2.8, p < .01; decreased stress, t(37) = 6.8, p < .001; and decreased work burnout,  $t(37) = 4.0, p < .001.^{6}$ 

Inadequate Preparation	7.0	2.0	5.4	1.4	-3.104	.002
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Lack of Support	6.0	1.7	4.6	1.5	-3.001	.003
Conflict with Nurses	10.2	2.3	8.9	2.4	-2.109	.035
Workload	13.0	3.5	10.0	2.6	-3.111	.002
Treatment Uncertainty	9.0	2.3	8.0	2.1	-2.120	.034
Total Scale	74.2	13.7	61.3	12.4	-3.596	<.001