Feasibility of a Mindfulness Education Module for Nurses: An Evidence-Based Practice Project, Executive Summary

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Feasibility of a Mindfulness Education Module for Nurses: An Evidence-Based Practice Project,

Executive Summary

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Executive Summary

Nurse burnout is an ongoing problem that has been exacerbated by the COVID-19 pandemic and negatively affects nurses’ mental health, nursing shortages, patient safety, and quality of care (Bakhamis et. al., 2019; ANA Enterprise, n.d.; Montgomery et al., 2021; Poghosyan et al., 2010). Mindfulness is a stress-reduction technique that has been shown effective to reduce stress and burnout in nurses (Ameli et al., 2020; Asuero et al., 2014; Cascales-Perez et al., 2020; Hilcove et al., 2021; Magtibay et al., 2017; Penque, 2019; Suleiman-Martos et al., 2020; Xie et al., 2020). The purpose of this evidence-based practice (EBP) project was to determine the feasibility of educating nurses on mindfulness via an online module in an acute care hospital setting.

Project Implementation

To educate nurses on mindfulness, we created an online module with content from a mindfulness webinar by the American Nurses Association (ANA). The module, which took about one hour to complete, consisted of six videos explaining what mindfulness is, how to practice it, and how to incorporate it into a busy workday. We implemented this project on the acute and critical care COVID-19 units at a large academic hospital in the Southeast United States. Nurses on these units were given the opportunity to participate by completing the online module within a 30-day window. Since participation was voluntary, we advertised for the project by attending unit council meetings and staff huddles, posting flyers with baked goods in the breakrooms, and sending nursing staff email reminders.

Data collection was completed via surveys at the beginning and end of the module. The pre-module survey asked participants for basic demographic data and assessed their level of burnout via the Copenhagen Burnout Inventory (CBI). The post-module survey assessed the participants’ and nurse managers’ thoughts regarding the feasibility of the intervention, such as quality and usefulness of the content, effectiveness of advertising strategies, and ease of use regarding the module.
Results

Twenty-four participants completed both surveys, about 28% of eligible nurses. Based on the demographic data collected, most participants were under 39 years old, identified as female, and worked full-time on dayshift. As for years of experience, 80% of participating nurses on the acute care floor had ≤3 years of experience, while in critical care, 75% had ≥4 years of experience. According to the CBI, which assessed burnout in three categories, both units had moderate levels of burnout regarding personal and work-related burnout and mild levels of burnout regarding patient-related burnout.

Overall, there was a positive response to the module. Between both units, 68% of the nurses agreed that the module’s content provided tools to help them manage workplace stress/burnout. Sixty-four percent agreed that the content would help them change/improve their practice. Fifty-nine percent agreed that this module made them want to learn more about mindfulness. Sixty-seven percent agreed that this module was a good fit for educating nurses on mindfulness. Ninety-three percent said that the module was easy to access and use with email and breakroom ads as the most effective advertisement strategies. Finally, 91% of participants thought mindfulness education should be included in the annual nursing education at their hospital and supported the use of the ANA module for this purpose.

In open-ended questions on the survey, participants offered thoughts regarding the process. Positive feedback included that the module was clear, easy to understand, and provided helpful tips. Negative feedback included that the module was very long and hard to get into. Nurse manager feedback was positive and supported the intervention except for the length of the module, which was identified as a barrier to more staff participating/completing the module.

Conclusions

Based on its proven efficacy through research and our results, we think that education on mindfulness should be offered to nurses at this hospital. Because the benefits of mindfulness come with consistent practice, we think that the purpose of the education should be to introduce nurses to
mindfulness and provide resources for those who are interested in learning more. Therefore, we think that an educational module should explain what mindfulness is and explain its benefits in an appealing way. It should also be relatively short to reduce the chance of participants losing interest before completing. For those willing to try it, we believe that mindfulness can truly help increase one’s mental resiliency and cope with stress more effectively, and thus is a way to help support nurses both personally and professionally.

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