



Piloting a stress management and mindfulness program for undergraduate nursing students: Student feedback and lessons learned



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SUMMARY

Background: Widespread reports of high stress levels and mental health problems among university student populations indicate the use of interventions to facilitate stress reduction and support student resilience and wellbeing. There is growing evidence that regular mindfulness practice may confer positive health benefits and reduced stress levels.

Objectives: The aim of this pilot project was to explore the impact of a seven-week stress management and mindfulness program as a learning support and stress reduction method for nursing and midwifery students.

Setting: The program was conducted at a large regional university in Australia.

Participants: Fourteen first-year undergraduate nursing and midwifery students agreed to attend the program and to participate in a follow-up focus group.

Method and Design: A descriptive qualitative design was utilised to examine the impact of the program. A semi-structured focus group interview was conducted with a thematic analysis undertaken of the transcript and process notes.

Results: Ten students completed the research component of this project by participating in the focus group interview. Three main themes capture the participants' experience: attending to self, attending to others and attending to program related challenges. Data indicate a positive impact on sleep, concentration, clarity of thought and a reduction in negative cognitions. Participants also identified challenges related to timetabling, program structure and venue.

Conclusions: Overall, this pilot program enhanced the participants' sense of well-being. Despite the challenges, benefits were identified on a personal and professional level. Valuable feedback was provided that will be used to further develop and expand stress management and mindfulness programs offered to students attending this university.

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Introduction

In the last decade, research indicating high stress levels and an increasing incidence of mental health problems among university student populations in Australia has emerged (Stallman and Shochet, 2009). Undergraduate nursing students have been identified as having higher stress levels than students in other undergraduate programs (Beddoe

and Murphy, 2004; Cleary et al., 2012), while a longitudinal study confirmed nursing students as particularly vulnerable to the stressors associated with university enrolment (Watson et al, 2009). These findings draw attention to the need to develop student resilience and wellbeing. This paper reports on a qualitative study examining the impact of a stress management and mindfulness program designed to build resilience and stress management skills in first year undergraduate nursing and midwifery students.

Background/Literature Review

The factors contributing to students' level of stress are many and varied. However, the increasing number of students from low socioeconomic backgrounds adds some additional challenges. The pressure to succeed as the 'first one from the family' to go to university may increase anxiety and for many students the additional burden of caring

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for a family and facing financial challenges further adds to the difficulties. Socioeconomic disadvantage may also correlate with low levels of self-care skills and diminished capacity for coping with the type of stressful situations encountered by university students. The requirement to undertake clinical practicums places an additional level of stress upon students who are already struggling to manage the challenges of university education (Moscaritolo, 2009; Watson et al., 2009; Cleary et al., 2012; Laws and Fiedler, 2012).

Interventions designed to assist individuals to respond more effectively to stressors increasingly incorporate a focus on mindfulness practice as a key stress management strategy (Kabat-Zinn, 2003; Escuriex and Labbé, 2011). McCown (2013) asserts that the incorporation of mindfulness into Western clinical practice to assist in the management of mental illness and stress related problems dates back to 1945. However empirical and quantitative literature documenting mindfulness-based interventions emerged with (Kabat-Zinn, 1982, 1992) reports on the mindfulness-based stress reduction (MBSR) program. While efforts to define mindfulness continue (McCown, 2013; White, 2014), in this paper, Kabat-Zinn's descriptions of mindfulness as 'paying attention in a particular way: on purpose, in the present moment and non-judgmentally' (1994, p.4) and 'the intentional cultivation of non-judgmental moment-to-moment awareness' (1996) are provided to orient the reader.

A rapidly growing body of research literature has identified a range of beneficial impacts attributed to the regular practice of mindfulness and/or meditation. Physiological changes, including reduction in cortisol levels, improved immune response and reduced blood pressure have been reported (Creswell et al., 2009; Fang et al., 2010). Also described are psychological benefits such as reduced anxiety, stress, depression, mood regulation (Escuriex and Labbé, 2011; Kiken and Shook, 2012), improved concentration and an enhanced sense of well-being (Sears et al., 2011; Shapiro et al., 2008).

In response, to high-levels of burnout and stress amongst health professionals, mindfulness practices have been introduced as a strategy that may assist clinicians to manage the demands of the health care environment and to build resilience (Epstein, 2003; Richards et al., 2010; Foureur et al., 2013). These research findings formed the basis on which the decision was made to incorporate mindfulness practices into a program designed to assist students manage the stressors of undergraduate nursing or midwifery study.

Intervention

The seven-week stress management and mindfulness program was developed by two of the researchers as a pilot program for first-year undergraduate nursing and midwifery students. Both researchers are employed as counsellors and have many years of personal experience in mindfulness and meditation practices as well as in the professional delivery of mindfulness meditation courses. The program piloted was designed to provide beginning students with skills that would build resilience; reduce stress levels and improve concentration.

The intervention comprised seven 1-hour sessions held at the same time each week. Each session involved a didactic component and an experiential component. This format was designed to enable an intellectual understanding of the impact of stress and the practices that would be taught and an in-session experience of a range of mindfulness exercises. Practices commonly utilised in therapeutic interventions such as MBSR were taught. These included; sitting mindfulness practices where participants were encouraged to sit and focus their attention on observing their breath, bodily sensations, emotions or thoughts; mindful walking and the body scan. The aim of the body scan was to enable the participant to be aware of each area of the body in turn and experience how that area feels at that particular moment in time. Students were encouraged to practice the exercises regularly at home in between formal sessions.

Evaluating the Intervention

Study Design

A descriptive qualitative design (Kermode, 2004) was employed for this study using a 60-minute semi-structured, focus group interview for data collection. Ethical approval for the study was obtained from the university's ethics committee prior to commencement of the program.

Participants

Students were recruited from the first-year cohort of undergraduate nursing and midwifery students. Second and third year students from undergraduate nursing and midwifery programs were excluded. Recruitment was via flyers posted on information boards, an email sent to all students in the target population and an announcement posted on the electronic learning management system (blackboard) for first-year students. Students who expressed an interest in the program were e-mailed a copy of the information sheet. All participants who consented to participate in the program also consented to attend a focus group interview conducted at the completion of the stress management and mindfulness sessions.

Fourteen students were recruited to this study; however, only ten students completed the research component of this project by attending the focus group interview. See Table 1 for demographic data for those who attended the focus group.

Attendance during the seven-week program was irregular (see Fig. 1) with only one of the ten participants attending all sessions. Those students attending 5 or more sessions were identified as coming from the non-school leaver group.

Data Collection

Information regarding students' experience of the program was elicited during a 60-minute focus group interview conducted two weeks after the completion of the seven-week program. The interview was semi-structured and followed the interview schedule outlined in Fig. 2.

The recorded interview was conducted by two members of the research team who had had no prior contact with the participants. One member facilitated the interview, while the other recorded process notes as observer to the group processes. During the interview, participants were encouraged to speak further with prompts such as 'does anyone wish to add further information?' or 'do you want to expand on that response?' At 30-min into the interview, the group appeared to be cohesive with participants keen to provide feedback and doing so with generally little need for prompting. The researcher-observer wrote in his notes "this was a highly motivated group and the participants are very responsive to each other. There is a great deal of eye contact and support for comments made by others".

Data Analysis

The focus group interview was transcribed by an experienced transcriber enabling accurate tracking of individual contributions to the focus group interview. This enabled a more cogent and coherent

Table 1
Participant profile.

Gender	Female = 10 Male = 0
Overall age range	19–53 yrs
Status on entry to university	
• Entry directly from school	n = 3 (age range 19–20 yrs) (Average 19 yrs)
• Non-school leaver	n = 7 (age range 29–53 yrs) (Average 36 yrs)

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