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The Effects of Mindfulness-Based Interventions for Care Courses on Nurses' Awareness and Mood in Taiwan

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Purpose:

Mindfulness-based Interventions (MBI) for care courses are gaining support as effective treatments for a variety of psychological issues and across a wide range of disorders. And, MBI for care courses are used to increase one's self-awareness, reduce emotional reactivity and associated negative emotional states. Healthcare workers can suffer from occupational burnout, fatigue, stress, and emotional distress. This study explores MBI for care courses to increase attention awareness and decrease mood distress in nurses in the three north-central counties of Taiwan.

Methods:

A pre- and post-test design was used in this study. A total of 42 nurses with convenience sampling were recruited (21 in the intervention and 21 in the control group). The MBI for care courses consisted of presentations of (1) An introduction to mindfulness and body scan practice (2) Awareness and mindful yoga practice (3) Emotion management and the 3-Minute Breathing Space Practice (4) Aligning your work and values, and compassion meditation practice (4 sessions of 2 hours per week plus home practices). No intervention was offered to the control group. Both qualitative and quantitative approaches were conducted for data collection. The quantitative outcome measures included the Chinese version of Mindful Attention Awareness Scale (CMAAS) and Brief Symptom Rating Scale (BSRS-5). Measurements were performed at baseline and after 4 weeks. The MAAS (Brown & Ryan, 2003) is a 15-item single-dimension measure of trait mindfulness. The CMAAS consists of 15 items, all of which indicate a lack of mindfulness. These items are rated on a 6-point Likert scale ranging from 1 (almost never) to 6 (almost always). Item scores were reverse-coded making higher scores indicate a greater degree of mindfulness. The total score can range from 15 to 90. For BSRS-5, higher scores indicate more mood distress, rating on a 5-point Likert scale ranging from 0 (none) to 4 (severe); and the total score can range from 0 to 20. GEE method's multiple linear regression was used for group comparisons at post MBI for care courses time point. In addition, all the participants were invited to complete the qualitative in-depth interview to understand their experiences of participating the MBI for care courses.

Results:

The mean number of years of working experience was 19.1 ± 7.9 years (range 4-35 years) with a mean age of 42 years (SD 7.5, range 26-59 years). Two participants (9.5%) due to time limit of her jobs who's MBI for care courses participants' rate less than 75% were excluded for analysis. 11 participants (52.4%) completed 4 sessions CBI program, 8 participants (38.1%) completed 3 sessions MBI for care courses. The averages of total score of CMAAS for experimental and control group were 49.2 and 54.9, respectively, before MBI for care courses. The averages of total score of BRSR-5 for experimental and control group were 5.17 and 4.29, respectively, before MBI for care courses. MBI for care courses did result in small improvement in scores on CMAAS and BSRS-5. The magnitude of the change was small in total CMAAS (difference within MBI group was -2.61) and BSRS-5 (difference within MBI group was 1.0). The results of GEE method showed that that there were no significantly differences between these two

groups in both CMAAS and BSRS-5. Qualitative analyses of in-depth interviews of home practices revealed more relaxation, better focus and self-awareness, and improved accept without judgment in the MBI group.

Conclusions:

Mindfulness practices can be taught in the workplace and may be a useful component of a multidimensional strategy to have better focus and self-awareness in this population. Our study cannot support MBI for care courses as part of continuing professional education to increase the level of self-awareness and decrease the mood distress. But most participants felt the MBI for care courses were good measure to better focus and self-awareness. In the future, long-term studies should be pursued to standardize and detail the courses, with particular emphasis on studies to confirm the effects of the courses in nurses.

Title:

The Effects of Mindfulness-Based Interventions for Care Courses on Nurses' Awareness and Mood in Taiwan

Keywords:

awareness, mindfulness-based interventions and nurse

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Abstract Summary:

Qualitative and quantitative approaches were used to understand the effects of mindfulness-based interventions on nurses' awareness and mood. A pre- and post-test design was used in this study. The results of GEE method showed that that there were no significantly differences between these two groups in both CMAAS and BSRS-5.

Content Outline:

I. Introduction

1. Mindfulness-based Interventions (MBI) for care courses are gaining support as effective treatments for a variety of psychological issues.
2. Healthcare workers can suffer from occupational burnout, fatigue, stress, and emotional distress.
3. This study explores MBI for care courses to increase attention awareness and decrease mood distress in nurses in the three north-central counties of Taiwan.

II. Body

1. Methods

- Study design

a) Qualitative and quantitative approaches were used. A pre- and post-test design was used in this study. A total of 42 nurses with convenience sampling were recruited.

- The MBI for care courses: 4 sessions of 2 hours per week plus home practices

a) An introduction to mindfulness and body scan practice

b) Awareness and mindful yoga practice

c) Emotion management and the 3-Minute Breathing Space Practice

d) Aligning your work and values, and compassion meditation practice

2. Measures

a) Both qualitative and quantitative approaches were conducted for data collection. The quantitative outcome measures included the Chinese version of Mindful Attention Awareness Scale (CMAAS) and Brief Symptom Rating Scale (BSRS-5).

3. Statistics

a) GEE method's multiple linear regression was used for group comparisons at post MBI for care courses time point.

b) all the participants were invited to complete the qualitative in-depth interview to understand their experiences of participating the MBI for care courses.

4. Results

- Demographic characteristics

a) The mean number of years of working experience was 19.1 ± 7.9 years (range 4-35 years) with a mean age of 42 years (SD 7.5, range 26-59 years).

- Inferential statistics

a) MBI for care courses did result in small improvement in scores on CMAAS and BSRS-5.

b) GEE method's multiple linear regression was used for group comparisons at post MBI for care courses time point.

c) Qualitative analyses of in-depth interviews of home practices revealed more relaxation, better focus and self-awareness, and improved accept without judgment in the MBI group.

III. Conclusions

1. Our study cannot support MBI for care courses as part of continuing professional education to increase the level of self-awareness and decrease the mood distress.
2. But most participants felt the MBI for care courses were good measure to better focus and self-awareness.
3. Long-term studies should be pursued to standardize and detail the courses, with particular emphasis on studies to confirm the effects of the courses in nurses in the future.

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