



Curriculum design for person-centredness: mindfulness training within a bachelor course in nursing

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Abstract

Background: In the academic year 2013/14 the Faculty of Nursing of Fontys University of Applied Sciences agreed on a new first-year course in person-centred nursing, based on the framework of person-centred nursing by McCormack and McCance (2006; 2010). This programme's components included a group project and presentation, problem-based learning sessions, interactive skills training and mindfulness training. The 400 first-year students received four weeks of intensive training in mindfulness with eight biweekly meetings lasting one-and-a-half hours each.

Aims and objectives: This article provides an evaluation of this intensive four-week pilot training for the first cohort of 201 students, with the aim of assessing whether the use of mindfulness is suitable to cultivate relevant nursing 'prerequisites' for person-centred nursing.

Conclusions: A strength of the present study was that it was a 'real life study' within the curriculum of first-year nursing students. The screening of the self-reflection reports revealed that the mindfulness training had positive effects on self-reflection, self-insight and self-care. The interviews with the mindfulness trainers and the focus group raised a number of issues and ideas for future development and implementation of the mindfulness training.

Implications for practice: The value of this study lies in its contribution to linking the development of the person-centred attributes of the nurse and the skill of mindfulness. Moreover, issues are identified relating to the qualifications of those providing mindfulness training, whether mindfulness is best introduced in the first year or later years, and group pressure among students.

Keywords: Person-centred nursing, mindfulness, professional learning, students, mixed-methods research

'The secret of the care of the patient is caring for oneself while caring for the patient' (Candib, 1995, p 230).

Introduction

In the academic year 2013-14 the Faculty of Nursing of Fontys University of Applied Sciences agreed on a new first-year course in person-centred nursing, based on the framework of person-centred nursing by McCormack and McCance (2006; 2010). Although the framework sets out the elements and processes that lead to person-centred nursing, less is known about whether education aimed at person-centred care can prepare students for it and, if so, how. The programme comprised various elements but this paper concentrates on mindfulness training – developing and practising the skill

of mindfulness with an accompanying attitude characterised by curiosity, openness, acceptance and loving presence (Siegel, 2012). Both the skill and the attitude are necessary for cultivating the relevant nursing 'prerequisites'. The trainers, also lecturers at the university, were skilled mindfulness trainers. Three out of four trainers have had at least two years of mindfulness training at a certified training centre, such as the Radboud University Medical Centre for Mindfulness in Nijmegen.

This article concentrates on the evaluation of mindfulness in preparing students for person-centred nursing. Initially we link the concept of mindfulness to relevant research on the person-centred nursing framework, in particular the 'prerequisites' of the nurse. Next we tune in to the therapeutic relationship as the ultimate aim of person-centred nursing. In evaluating the training, we draw on data gathered from students but also from the mindfulness trainers since the latter group provides valuable insights to what works and what is needed to provide these lessons in a sound manner. This outline forms the backdrop to this evaluation of mindfulness training.

Background

The original person-centred nursing framework (McCormack and McCance, 2006) identifies four key constructs to accomplish person-centred nursing. One of these constructs is the prerequisites – attributes that need to be in place before a nurse is able to provide person-centred care. The framework defines five such attributes as critical fundamentals (McCormack and McCance, 2010 p 3):

- Being professionally competent
- Having developed interpersonal skills
- Commitment to the job
- Clarity of beliefs
- Knowing self

What is less identifiable in the framework is how these attributes can be developed. Although it remains unclear how mindfulness may relate to the development of the prerequisites, it is likely that it does play a role, thereby enhancing person-centred relationships and processes. In the next section we discuss this role in more detail.

In the course module we defined mindfulness as: 'The ability to step out of the "autopilot" and to have a continuous and flexible attention to the present moment without judging' (Niessen, et al., 2013 p 8). This definition is in line with the often-cited definition by Jon Kabat-Zinn (1990) that mindfulness includes both an 'attentional' capacity and an accompanying stance of 'non-judging.' According to Santorelli (2000) mindfulness is mostly an act of love, a willingness to see clearly and from this to hold ourselves closely. Mindfulness is thus a virtue of compassion and a way of coming home to ourselves.

In the framework, mindfulness is related to being 'professionally competent' as this attribute is dependent on deliberate practice in nursing – a continuous recalibration between effort and achievement (for example, Weick and Putnam, 2006). According to Snoeren et al. (2011) mindfulness might also have a role to play in identifying possibilities for self-development and the establishment and maintenance of relationships, which is central in the prerequisite 'interpersonal skills' (see also Jacobs, 2010). With respect to the third attribute 'commitment to the job', the fourth 'clarity of beliefs' and fifth 'knowing self', Epstein (1999; 2003a; 2003b) says mindfulness training does provide professionals with the potential to observe themselves beyond habitual or reflexive response in order to learn and establish professional and personal norms, values and beliefs.

Last but not least, the development of a 'therapeutic relationship' (the ultimate aim of caring and person-centredness) can only be built on a certain presence and awareness in the nurse (McCormack and McCance, 2006; 2010; Cacciatore and Flint, 2011). Through unconscious emotional reactions to a patient, unresolved conflicts in the nurse may interfere with the 'healing' process. Healthcare providers and therapists therefore should be as self-aware as possible (Jackson, 2004) and also maintain a healthy amount of self-compassion or self-care (Shapiro et al., 2007).

Although self-awareness and self-care are essential skills for a nurse to improve in her working field, not much attention is paid to them (Cohen-Katz et al., 2005). Christopher et al. (2006) state that the traditional nursing curriculum does not adequately prepare nurses for their work and offers little insight into self-care practices beyond reinforcing that it is practitioners' responsibility to engage in them. White (2014) argues that mindfulness fosters the ability to being present without judging, being attentive and aware of self and others. This contributes to feelings of health and wellness among practitioners and increases their self-care (Irving et al., 2009). It could also feed into the moral and ethical sensitivity that is required of nurses, since this is based on self-awareness and being present in relationships (Sayers and de Vries, 2008).

Aim and research question

Given the assumed relevance of mindfulness for person-centred nursing practice, a course module on person-centred care was developed, including a four-week element of mindfulness training, involving eight meetings. The purposes of the mindfulness training for students were:

- To practise the five skills of mindfulness (observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience) and to be able to recognise and appoint these skills to themselves
- To practise the attitude of COAL (curiosity, openness, acceptance and loving presence) towards themselves

The research questions to evaluate the mindfulness training within the framework of person-centred nursing were:

- What are the effects of a four-week mindfulness intervention on self-reported mindfulness and (self-) compassion in first-year nursing students?
- What are the experiences of students and trainers on the course with the four-week mindfulness intervention as part of the wider goals of the person-centred nursing module?

Design and participants

A mixed-methods pilot cohort study with first-year nursing students (n=201) was designed. All students were aged between 17 and 21. The intervention consisted of the four-week mindfulness training and the pilot included an intervention group and a waiting list control group. Two self-report questionnaires, the Five Facet Mindfulness Questionnaire Short-Form and the Self Compassion Scale Short-Form, were sent to the students a week before the start of the intervention and the day after the intervention ended. The waiting list control group received the email with the questionnaires at the same time as the participants in the intervention group. In addition to the questionnaires, 91 self-reflection reports from the students were collected, and interviews with the three trainers and a focus group with three students were conducted. The self-reflections consisted of a small paper (two pages) on the students' experiences and learning outcomes of the training and on their views on the relationship between person-centred nursing and mindfulness. Given the private character of those reflections, they were only included in the study with the student's voluntary approval and prior written consent. The focus group and interviews were recorded. Notes were made during the focus group and interviews. These were elaborated on after the session and were sent back for member-checking.

Analyses

The hypothesis of this study was that the mindfulness training would improve levels of mindfulness and self-compassion. Of the 201 students, (123 intervention and 78 control group) just 28 students in the intervention group and eight in the control group completed the pre- and post-test questionnaires. A t-test was conducted, but the sample sizes were too small to provide reliable results and conclusions (in order to match a power of 0.80 and alpha = 0.05, at least n= 63 would be required for both groups).

The self-reflection reports, interviews and the focus group were analysed to answer the second research question. Thematic analysis (Braun and Clarke, 2006) was done in order to make sense of the self-reflection reports and the transcripts of the interviews and focus groups. No software was used for the qualitative analysis given the small number of interviews.

Results

On a quantitative level no statistically relevant effects could be reported between the intervention group and the control group with respect to enhancing the skill of mindfulness or self-compassion. The qualitative data from the self-reflections of the students revealed findings that relate to the following headings:

- Self-reflection and self-insight
- Expectations of the training

Since these findings are in line with the results that were identifiable from the small focus group, both results are interlaced.

Self-reflection and self-insight

The analysis of the self-reflection reports shows that the mindfulness training had positive effects on the self-reflection and self-insight of students. They reported that they became more reflective and observing of their own thoughts, feelings and behaviours:

'Because of the many self-reflections I am much more conscious and observing of myself and I can accept more of myself. This is very important for the future' (R1-1.3).

Approximately three-quarters of the students reported that the mindfulness training helped them to become more conscious about their self-care and sometimes also to improve it. They built up an understanding of the importance to take care not only of others but also of themselves:

'I have learned that it is ok to take good care for myself. To tell the truth you are only able to take good care of others when able to take care of oneself. This should be in balance. I have gotten more aware in this training that I more frequently should say "no". Especially workwise, I often say "yes" towards my superiors when rather I should take a short moment for myself. Now that I am more conscious about the issue, I think it will be easier to set my boundaries' (R3-4).

Expectations of the training

Nearly all students reported having initially negative expectations about the training. According to the self-reflection reports, many students thought the training would not be effective for them, but during the training their opinion often changed:

'I expected very boring lessons that had no real purpose... I thought this had nothing to do with being a nurse. These lessons prove the contrary because it had a lot of influence on me. I have become more conscious of my body, feelings and thoughts... I am definitely going to use it as a nurse and in my personal life' (R8-3).

Furthermore, after the training, the majority of students (up to 90%) understood the relevance of the training related to their professional work:

'As a nurse you have to be very conscious about what is happening, and how you react to the patient. This training helped me a lot to learn being more patient and observing' (R5-7).

A minority of students was deeply confronted by the training, and had difficulties in continuing to participate:

'I was so deeply confronted with the effect that the training had on me that at some point I thought about stopping with it. But my friends and teachers helped me, and now I am very proud and glad that I finished the training, because I learned a lot' (R3-5).

For a small number (approximately 5%) of students however, mindfulness did not make sense and this didn't change throughout the training. This was related to some of the exercises and sayings by the trainer in the course:

'I think after having done the training it is still somewhat vague to me. Especially when the trainer said it is OK to experience what you experience. Why - what's the use of that?' (R8-4).

At other times the training didn't make sense to this minority of students because the training seemed too early in the programme (year one):

'I do understand the use of mindfulness for the nursing profession but it does not feel urgent for me at the moment. Perhaps this will change when really working in nursing practice for some time and feeling the stress working has on me. But for now no need' (R4-3).

Three-quarters of the students, however, reported that the training was meaningful to them and that they had learned 'something'. And a small minority (2% to 5%) were deeply touched by what they had learned and reported important personal changes.

Teacher interviews

The trainers reported that they met a lot of resistance while providing the training and that peer pressure among students influenced the extent to which students dared to be honest and open. Certainly when students felt positive about the mindfulness training they often did not show it in the class. They did, however, in the reflections they wrote. Other issues that surfaced were:

- The teachers perceived the goals and aims of the training as too high and not achievable, and expressed the need to set achievable goals
- The build-up of the training in the whole curriculum was also a main point for discussion for the teachers, who mentioned different ideas for integrating the mindfulness course into the curriculum as a whole
- The desire and need to have greater support and understanding for a mindfulness programme in the faculty was expressed

Discussion

To our knowledge this is the first time that the person-centred nursing framework in general and more specifically the cultivation of the 'nursing prerequisites' has been linked to mindfulness training for first-year nursing students as a compulsory part of the curriculum. Within contemporary theory about mindfulness it is a contested issue whether mindfulness training should be compulsory or voluntary. As Morgan et al. (2014) state, participants' motivations are known to affect the way in which they engage with training and subsequent outcomes. Obligatory training for first-year nursing students might therefore have been one of the reasons for the students' dampened enthusiasm. However, if the training were to be restricted to volunteers, those not applying would not have the chance to get acquainted with it. The finding in our research that most students overcame their initial resistance to mindfulness training and, more importantly, attributed positive outcomes to it in terms of their professional development, strengthens the view that such training is an option for cultivating nursing prerequisites for person-centredness.

The above-mentioned issue relates to a finding that arose in the teacher interviews and the focus group with students: that the link between mindfulness training and the nursing attributes set out in person-centred nursing framework could and should be made more explicit. Doing so may make it clearer and more plausible to students how mindfulness training can contribute to their future profession and to their professional learning. This may be especially important to this study's age group, and raises the question of what specific teaching methods are needed for the training of mindfulness (and person-centredness in general) for late adolescents/young adults?

Given this specific adolescent age in which students form their personal and professional identity, a few students mentioned they were deeply confronted by the training and had difficulty in participating any further. It is known from research with traumatised populations that mindfulness training might (implicitly) evoke memories of hurt. This could also happen within the course module, but the trainers are highly skilled and students also can be referred to counsellors or psychologists within the school of nursing. Finally, given the results from the interviews with the trainers, this study leads us to ask what qualifications (knowledge, skills and attitude) a mindfulness trainer within a course for student nurses – working with young and relatively inexperienced people – needs in order not only to survive but also to get across the message of mindfulness and person-centredness in a viable manner. There is ample research conducted on the prerequisites of the mindfulness trainer; these should be taken into account since the quality and effect of the mindfulness training depends heavily on the trainers' own mindfulness practice and embodiment (Crane et al., 2010). According to Siegel (2013) mindfulness trainers should also have knowledge about functioning and growth of the adolescent brain in order to debunk a number of commonly held myths about adolescence.

Conclusion

A strength of the present study was that it was a 'real life study' within the curriculum of first-year nursing students. The screening of the self-reflection reports, the interviews with the mindfulness trainers and the focus group raised a number of issues and ideas for future development and implementation of mindfulness training. Given these findings, the value of this study lies in contributing to:

- A first attempt to conceptually link the development of the person-centred attributes of the nurse and the skill of mindfulness
- The identification of issues related to:
 - the qualifications of the trainer providing mindfulness training
 - the place in the curriculum – first year versus later years
 - the issue of peer-group pressure among students and how to deal with it
 - the obligatory nature of the training

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