AN INTERPRETED JOURNEY OF PROFESSIONAL GROWTH AMONG FEMALE BACCALAUREATE NURSING STUDENTS: A HERMENEUTIC STUDY OF MINDFULNESS PRACTICES

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Title: An Interpreted Journey of Professional Growth Among Female Baccalaureate Nursing Students: A Hermeneutic Study of Mindfulness Practices

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Nursing literature reveals that stress is a leading factor contributing to nursing student attrition, new nurses leaving the profession, and the reduction of positive formation of professional identity during prelicensure education and transition into professional practice, which jeopardizes the growth and replacement needs of the future nursing workforce. Despite extensive quantitative research suggesting mindfulness practices decreases stress and anxiety among college students, nursing students, and nurses, a paucity of qualitative studies exist to inform on the meaning of this experience from the nursing student perspective. Nursing literature also suggests that stress management techniques, cultivating awareness of personal values, and a sense of spirituality cultivate stronger perceptions of professional identity, which is linked to better patient outcomes and is key to job retention. Nursing educators need insight on how mindfulness practices can assist in stress management and the development of optimal professional identity.

Using Diekelmann, Allen, and Tanner's Hermeneutic seven-stage analysis, this study interpreted the meaning of mindfulness practices among nursing students who practiced meditation and/or yoga. All participants in this qualitative study completed a demographic questionnaire and an in-depth interview. Participants included 11 female

baccalaureate nursing students from five different BSN programs located in the Mid-Atlantic region.

The meaning of mindfulness practices was interpreted as a multidimensional process in the constitutive pattern of professional growth. Four relational themes and four corresponding sub-themes were identified: (1) valued benefits (stress reduction and equanimity), (2) awakening self-love through self-care (self-awareness and self-compassion), (3) emerging self (resilience and presence), and (4) evolving professional identity (holistic person-centered care and patient advocacy).

Professional growth was also linked to the Eightfold Path of Buddhist tradition that leads to enlightenment. Professional growth encompassed the age, gender, affective learning, enhanced cognitive reasoning, and the spiritual and self-growth experienced by the participants in this study. These experiences positively impacted professional identity formation and stress management, which culminated in the development of moral agency and sound nursing clinical decision-making.

Findings from this study offer implications for nursing program administrators and educators to address current and upcoming standards set forth by nursing education organizations by creating academic support programs to promote and ensure student retention, well-being, and safe, quality person-centered care.

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CHAPTER ONE

INTRODUCTION: AIM OF THE STUDY

Attrition and retention rates among nursing students are a serious global concern (Merkley, 2016). Nationwide the attrition rate among Bachelor of Science in Nursing (BSN) students is 50%, and 47% among Associate Degree in Nursing (ADN) students (Harris, Rosenberg, & O'Rourke, 2014; Lewis, Swanzy, Lynch, & Dearmon, 2019; Newton & Moore, 2009). Compounding this problem is the fact that the United States is projected to experience a shortage of registered nurses (RN's) caused by (a) a shortage of nursing faculty which restricts nursing program enrollments, (b) a significant number of RN's nearing retirement age, (c) insufficient staffing increasing stress levels of RN's that negatively impacts job satisfaction, resulting in RN's leaving the profession, and (d) high retirement and turnover rates of newly licensed RN's (American Association of Colleges of Nursing [AACN], 2019a).

Adding to these pressing concerns is having an adequate nursing workforce to meet the demands of the nation's growing elderly population, a rise in chronic care management, and evolving healthcare reform to address the needs of 28 million Americans still uninsured under the Affordable Care Act due to rising cost of premiums, unaffordable deductibles, and fewer health insurance options (AACN, 2019a; Tolbert, Orgera, Singer, & Damico, 2019; Whitehouse.gov, 2017). While the Bureau of Labor Statistics (2013) projects an increase of 1.05 million new job openings for nurses related to growth and replacement needs by 2022, there are an insufficient number of nursing graduates to fill this gap. More than one million RN's are expected to retire in the next 10-15 years (AACN, 2019a).

Complicating this matter, the Institute of Medicine (IOM, 2010) has called for increasing the number of baccalaureate-prepared nurses in the workforce while nursing faculty shortages across the country are limiting student recruitment into nursing programs. This faculty shortage along with insufficient classroom space, clinical preceptors, and budget constraints has resulted in U.S. nursing schools turning away 75,000 qualified applicants from baccalaureate and graduate nursing programs (AACN, 2019a). Exacerbating this issue are the findings of The National Council of State Boards of Nursing [NCSBN] (2020) Environmental Scan. When comparing the survey results from the previous year, the survey found that among new RN graduates in 2018, there was a "steep and continuous decline in academic progression toward research doctorates" (Feeg & Mancino, 2019, p. 5). These findings, according to Feeg and Mancino have serious implications and point to having disastrous effects on the science of nursing practice and education. However, baccalaureate and graduate nursing programs are not the only programs experiencing faculty shortages. The National League for Nursing (NLN, 2016) Biennial Survey of Schools of Nursing reported that both ADN and Diploma nursing programs cite a lack of faculty as a main obstacle to expanding capacity among nursing programs. Further, the survey found 77% of ADN programs, and 42% of diploma programs have turned away qualified applicants due to obstacles such as lack of classroom space, ADN (9%) and Diploma (9%), and clinical placement, ADN (50%) and Diploma (27%).

Given the nationwide attrition rates, insufficient nursing graduates to meet the growth and replacement demands of healthcare needs, and the shortage of RN's and nursing faculty, the retention of nursing students and newly licensed nurses is a critical

nationwide concern. However, while nursing is viewed as a highly fulfilling profession, it is equally experienced as being stressful. To help address this issue, the American Nurses Association (ANA) has put forth the Healthy Nurse™ initiative. In this initiative the ANA has identified, in collaboration with wellness experts, five constructs of the Healthy Nurse™. The five constructs address the ANA's commitment to assisting nurses in wellness and increasing safe and healthy personal and professional practices (ANA, 2017; Carpenter, 2013).

Unfortunately, no such initiative has been put forth in educating prelicensure nursing students. The fact remains that stress is a leading influence contributing to nursing student attrition. According to Pryjmachuk and Richards (2007), approximately one third of nursing students are experiencing stress severe enough to induce mental health problems such as anxiety and depression. Chernomas and Shapiro (2013) found that anxiety and depression leads to sleep disturbances, a significant finding, especially among nursing students during their first semester of clinical. They explored quality of life, stress, depression, and anxiety among nursing students. Students reported feeling overwhelmed in balancing the demands between school, personal needs, and personal responsibilities. This school/life imbalance led to students experiencing stress and anxiety resulting in students having difficulty relaxing and subsequently resulted in sleep disturbances.

Further, an alarming 20% of nursing students have reported serious unmanaged fatigue and stress associated with completion of his or her nursing program, resulting in burnout. This resulting burnout potentially places new graduates in a position to experience chronic maladaptive fatigue as they transition into professional practice

(Rella, Winwood, & Lushington, 2008). To address this issue, schools of nursing need to teach mindfulness practices to assist students in developing effective self-care stress management skills before students' transition into professional practice. In doing so, nursing faculty and programs may reduce student attrition, increase academic success, and assist in reducing the looming nursing shortage. This may subsequently assist in positively impacting patient outcomes (Finkelman & Kenner, 2012).

Phenomenon of Interest

Because Eastern meditative traditions and Western scientific approaches have different perspectives, the phenomenon of interest for this study is the lived experience of mindfulness practices among nursing students from the Western healthcare perspective. Mindfulness evolved over the past 2,600 years from Buddhist and other contemplative Eastern traditions, where conscious attention and awareness are actively cultivated. In these ancient traditions, mindfulness was taught to alleviate human suffering (Bonadonna, 2003). From these Eastern traditions it is suggested that mindfulness is a skill that can be developed through regular meditation practice and results in equanimity, compassion, wisdom, insight, and awareness (Goldstein, 2002; Kabat-Zinn, 2013).

Mindfulness practices were initially integrated into Western medicine to alleviate chronic pain. In recent decades it is used, among other healthcare disciplines, in Western psychology, for the treatment of depression and anxiety (Kabat-Zinn, 2013). From the Western perspective, mindfulness interventions have been conceptualized as a set of skills that can be learned and practiced resulting in reduced psychological symptoms as well as an increase in health and well-being. However, Eastern meditative traditions and

Western psychology have significant differences. In the case of mindfulness-based interventions, Western science has historically focused on empirical evidence using numerical data to gather statistical analysis. In this view, the effects of mindfulness practices work through psychological, cognitive, and physiological mechanisms of the *brain* to result in relaxation, self-monitoring, and decreased arousal (Didonna, 2009). To the contrary, Eastern meditative traditions focus on the subjective experience of the *conscious mind*. In this view, the *conscious mind* is seen as the main source of self-examination exploration and is considered the source of joy or suffering (Walsh & Shapiro, 2006).

In that mindfulness is an emerging concept in Western healthcare and research communities, little is known about the experience mindfulness plays in the lives of nursing students and what this experience means to them. In Western medicine, mindfulness is most often defined as the state of being attentive to and aware of what is taking place in the present (Brown & Ryan, 2003). The mainstreaming of mindfulness into Western healthcare can be attributed to Jon Kabat-Zinn (1994), who defined mindfulness as "paying attention in a particular way: on purpose in the present moment, and nonjudgmentally" (p. 4). Thus, mindfulness is the practice of cultivating the ability to be fully present in each moment with openness and acceptance (White, 2013).

Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) program, founded in 1979, is the oldest and largest program, which others are modeled on. This program is structured in an eight-week course having single weekly sessions of two and a half hours and an additional single all-day session on a weekend day. The program includes different forms of mindfulness meditation practice, mindfulness awareness during yoga

postures, and mindfulness during stressful situations and social interactions (Center of Mindfulness, 2017).

To consciously cultivate mindfulness in meditation, Kabat-Zinn (2013) proposes the development of seven attitudinal factors to bring about growth and healing. They are non-judging, patience, a beginner's mind, trust, non-striving, acceptance, and letting go. Non-judging refers to becoming a neutral observer in one's life experience. Patience refers to letting things unfold as they happen. A beginner's mind refers to being free of expectations based on past experiences. Trust refers to cultivating a basic faith in one's intuitions, even if they are not always accurate. Non-striving refers to accepting things as they are in meditation, rather than achieving an expectation of meditation. Letting go refers to accepting things for what they are and letting go of control.

Typical components of mindfulness practices include mindful meditation, mindful movement in the form of yoga, walking meditation, and other techniques aimed at achieving the ability to attend to the present moment, and engage in non-reactive awareness, equanimity, and the relaxation response. During mindfulness practices attention is focused on using the breath to promote increased concentration. This is achieved by focusing on the present moment rather than worrying about past or future events (Bazarko, 2014). The practice of balancing the mind and developing a state of equanimity allows an individual to observe his or her surroundings, enhancing the ability to respond rather than react reflexively to stimuli. In addition, by attending to the present in both body and mind, individuals can make wiser choices thereby enabling the ability to distinguish between real or perceived threats in a more objective manner (Rosenburg, 2013).

Research suggests that mindfulness practices have a powerful and positive effect on health and well-being across a wide range of medical and psychological conditions (Meleo-Meyer & Santorelli, 2013) however, the majority of these studies on mindfulness have been strictly quantitative (White, 2013). The findings suggest that engaging in mindfulness practices decreases anxiety, improves mood disturbances associated with depression, and enhances both the duration and quality of sleep (Grossman, Niemann, Schmidte, & Walach, 2004; McCarney, Schultz, & Grey, 2012). Further, evidence shows that when attention is focused on the present moment, individuals are happier and report lower levels of anxiety and an increased sense of well-being (Greeson, 2009; Killingsworth & Gilbert, 2010; Zeidan, Martucci, Kraft, Mchaffie, & Coghill, 2013). Finally, mindfulness practices have shown to enhance working memory and test-taking performance in high school students as well as producing higher levels of working memory capacity in military personnel (Jha, Stanley, Kiyonaga, Wong, & Gelfand, 2010; Mrazek, Franklin, Philips, Baird, & Schooler, 2013). Thus, mindfulness is a powerful tool for enhancing self-care and achieving and sustaining a balanced state of mind and emotional state in daily living.

Nevertheless, despite mindfulness being at the heart of many contemplative traditions, its meaning remains ambiguous and abstract in Western healthcare and health promotion (Tusaie & Edds, 2009) because it has been conceptualized within the Western scientific framework (LeBlanc & Mohiyeddini, 2013). The literature suggests a lack of agreement on the core aspects of the mindfulness construct. To this end, several models have been suggested to explain how mindfulness-based interventions bring about positive effects on physical, psychological, and emotional well-being. While each of these models

hypothesizes one or more mechanisms (processes) by which mindfulness based interventions bring about positive results, no one model has been able to sufficiently describe the mechanistic details of how mindfulness-based interventions exert positive effects (Grabovac, Lau, & Willett, 2011).

In an attempt to unify different mindfulness models, Baer, Smith, Hopkins, Krietemeyer, and Toney (2006) conducted a meta-analysis on the factor structuring of the mindfulness construct to better understand the underlying mechanisms through which it exerts its beneficial effects. Using five of the most frequently used mindfulness assessment scales: Mindful Attention Awareness Scale [MAAS], (Brown & Ryan, 2003); The Freiburg Mindfulness Inventory [FMI], (Buchheld, Grossman, & Walach, 2001); The Kentucky Inventory of Mindfulness Skills [KIMS], (Baer, Smith, & Allen, 2004); The Cognitive and Affective Mindfulness Scale [CAMS], (Feldman, Hayes, Kumar, & Greeson, 2004); and the Mindfulness Questionnaire [MQ], (Chadwick, Hember, Mead, Lilley, & Dagnan, 2005), Baer et al. (2006) combined all the facets of the five mindfulness assessment scales into a single data set. Findings revealed that four of five identified factors were components of an overall mindfulness construct. These four factors are: non-judging, acting with awareness, describing, and non-reacting. Further, findings revealed that the observe factor, which did not correlate with the overall hierarchal model, was instead correlated with a reduced model. This reduced model consisted of a smaller sample of participants who participated in frequent meditation. This finding suggested that mindfulness might vary with meditation experience. Baer et al. (2006) concluded that mindfulness is a multi-faceted construct.

While these findings suggest that self-report mindfulness questionnaires have good psychometric properties, they do not explore the Eastern perspective of the subjective experience of the mind and consciousness with the experience of mindfulness practices. Without input from this perspective, there is a loss of context that could help explain how and why mindfulness practices are used. From the Eastern perspective "mindfulness is not merely a concept or a good idea. It is a way of being…It is more-than-conceptual knowing. It is more akin to wisdom, and to the freedom a wisdom perspective provides" (Kabat-Zinn, 2013, p. xxxv). Until we have qualitative research that seeks to understand the meaning of mindfulness practices, we can never fully understand it.

At the same time stress is a very real experience for nursing students and interferes with the student's ability to effectively cope with academic and clinical demands as they progress through a nursing program (Bryer, Cherkis, & Raman, 2013; Horneffer, 2006; Pryjmachuk & Richards, 2007; and Teixeira et al., 2014). Further, the effects of stress extend beyond physical, emotional, and behavioral symptoms as students may experience difficulty attaining educational goals, and in this regard, be a significant determinant of student retention (Del Prato, Bankert, Grust, & Joseph, 2011). The higher level of stress experienced by nursing students comes from the workload of both didactic and clinical learning. This accumulated workload not only prevents nursing students from the normal social developmental activities experienced by peers of the same age, but may also serve as a catalyst to cause feelings of self-deprecation, low self-esteem, and a loss of confidence in the ability to perform assigned tasks (Bartlett, Taylor, & Nelson, 2016; Reeve, Shumaker, Yearwood, Crowley, & Riley, 2013). Stress interferes with learning

and leads to anxiety, which causes cognitive deficits, the inability to concentrate, lack of memory or recall, and misinterpretation of what is being said (Ratanasiripong, Ratanasiripong, & Kathalae, 2012). Nevertheless, although there has been an increased amount of quantitative research on stress among student nurses, little is known about the meaning of stress reduction from the nursing student perspective (Bartlett et al., 2016; Groebecker, 2016; Reeve et al., 2013; Timmins, Corroon, Byrne, & Mooney, 2011; Wallace, Bourke, Tormoehlen, Poe-Greskamp, 2015).

Therefore, it is crucial to understand nursing students' lived experience of engaging in mindfulness practices. Gaining insight into this phenomenon may guide faculty in providing supportive learning environments that cultivate self-care and well-being. Further, integrating mindfulness practices into nursing education can potentially transform nursing education practices by creating student-centered learning environments that help teach students how to effectively manage stress, facilitate student persistence, enhance academic success, and model professional expectations that can transfer into their professional nursing practice. Hence, it is logical to conclude that nursing students who graduate with skills to manage stress may then become nurses who can manage stress. In managing stress better, mindfulness practices have the potential to help achieve the long-term goal of increasing retention in nursing programs and by extension, the nursing profession. Therefore, the aim of this qualitative study sought to address the knowledge gap in the literature by interpreting the lived experience of nursing students engaged in mindfulness practices, such as meditation and /or yoga, and to reveal its meaning from the nursing student perspective.

Justification for Studying the Phenomenon

Transitioning to college requires students to acclimate to new environments, social situations, and academic workload demands. This transition often causes undue stress and anxiety resulting in a lack of concentration, physical well-being, and motivation. More importantly, it leads to attrition (Bamber & Schneider, 2016). Bamber and Schneider reviewed 57 quantitative studies on the effectiveness of mindfulness meditation on reducing stress and anxiety among college students and found that mindfulness-based interventions are effective in reducing stress and anxiety while also improving mindfulness in the college population. While this adds to the existing literature, only a handful of qualitative studies on mindfulness practices are found to gain insight into what this experience means (Guillaumie, Boiral, & Champagne, 2016). Qualitative research is needed to better understand the experience of mindfulness practices as well as to uncover hidden meanings of the experience of mindfulness practices on stress management from the nursing student perspective. Without understanding grounded in the perceptions of students who have experienced mindfulness practices, we do not have a basis for developing learning activities that promote self-care strategies that assist in stress management (Bamber & Schneider, 2016; Bartlett et al., 2016; Reeve, et al., 2013).

An additional stress nursing students' experience is the loan debt incurred while financing a degree in nursing (Stone & Feeg, 2013). Compared to all new graduates, nursing student loan debts have increased over 2% over 4 years, reaching a total of 74% of loans to pay off, while all new graduates' loan debt remained slightly lower at 71% (Feeg & Mancino, 2014). In addition, although baccalaureate degree nursing students

have higher loan debt, ADN nursing students also have substantial debt by having to continue to take on more loan debt to further their education to secure a job in the nursing profession. Moreover, Stone and Feeg (2013) found that while more BSN students worked part-time than ADN students, more ADN students worked full-time. Further, BSN students received more scholarships and federal grants. Thus, the combined stressors from academic workload, family responsibilities, working status, and increasing loan debt, exert additional burdens on nursing students.

According to Feeg and Mancino (2019), The NSNA 2018 New Graduate Survey provides insight into the current RN workforce and trends in nursing education, loan debt, and financial choices for funding nursing education by nursing students. The annual New Graduate Survey included data from over 6,000 new RN graduates who were members of the NSNA. These members included RN graduates from BSN, ADN, diploma, accelerated BSN, other pre-licensure graduate programs, and a small number of post licensure RN to BSN respondents. Of those 6,000 new RN graduates, 4,897 were included in the data collection based on having reported being employed. Most respondents came from BSN programs (51%), ADN programs (29%), accelerated BSN programs (15%), and diploma programs (3%). Findings of the survey revealed that the current overall improved economy has increased employment of RN graduates from all nursing programs however; high loan debt continues to exist for new graduates. ADN and BSN RN graduates reported having considerable student loans to repay. Further, when comparing public, private, and for-profit nursing programs, the loan debt increased substantially with some students owing between $80-000 - $120,000. Understandably, this high loan debt impacts new RN graduate's decision to complete further education.

The survey found that respondents from ADN or diploma nursing programs, who were not already enrolled in an advanced degree programs, were putting off planning to enroll in an advanced degree program by 2-4 years.

Nevertheless, nursing faculty are faced with the dichotomous challenge of educating students who are stressed and burdened to enter a rapidly developing and complex healthcare market while also preparing students in self-care management skills to alleviate stress as they transition into a challenging professional practice. Both the *Code of Ethics for Nurses* (ANA, 2015a) and *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) make provisions for addressing self-care of nurses and nursing students. *The Essentials of a Baccalaureate Education for Professional Nursing Practice* stipulates that baccalaureate nursing students must be prepared to "engage in care of self in order to care for others" (p. 8). Further, the eighth essential, *Professionalism and Professional Values*, for baccalaureate education, lists "nurse self-care/stress management strategies" and "self-reflection, personal knowing, personal self-care plan" as sample content to be taught in baccalaureate nursing programs (p. 29). Likewise, the *Code of Ethics for Nurses* (ANA, 2015a) addresses ethical obligations and duties of every individual who enters the nursing profession. Provision 5 states, "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (p. 19).

Accordingly, nursing faculty have a responsibility to prepare graduates to be competent healthcare providers. This is best accomplished by first preparing students in effective stress management strategies that will assist students in wellness and increase

safe and healthy personal and future professional practices (AACN, 2008; Carpenter, 2013). A stress management technique such as mindfulness practices is a self-care strategy that may help nursing students effectively manage physical and emotional stressors of school, work, and home environments. Such an approach may assist in how students manage stress before they transition into professional practice.

Specific Context of the Phenomenon

The context in which the phenomenon of the lived experience of mindfulness practices was examined within BSN nursing programs in the Mid-Atlantic region of the United States. The phenomenon was explored from the experiences of nursing students who have practiced meditation and/or yoga on a regular basis. Because mindfulness is predicated on regular and repeated practice, nursing students who have practiced mindfulness regularly for a minimum of three times a week, for a duration of six weeks, were sought as participants. Nursing students were queried to discover the "practical wisdom, possibilities, and understandings" of mindfulness practices as students' progress through their nursing program (Polit & Beck, 2017 p. 472).

Assumptions, Perceptions, Biases, Experiences

Assumptions

I have an assumption that nursing students who engage in mindfulness practices are more introspective, and subsequently will be more aware of their professional role formation as they progress through their nursing programs. Additionally, I have an assumption that mindfulness practices will serve as a self-care strategy to effectively manage stress among nursing students.

Biases

Mindfulness practices cultivate self-understanding that fosters greater awareness of one's values, beliefs, and perceptions. It does this by helping an individual become aware of the present moment, without judgment. This self-understanding can aid nursing students in having a better understanding of who they are and how they are evolving in their perception of themselves as future nurses. Additionally, by increasing self-awareness, nursing students are better able to respond, rather than react to the stress experienced in nursing school, thereby assisting in healthy stress management. Therefore, because I am aware that I believe this I am slightly biased and expect that the students in this study will share my beliefs. However, this personal belief will be incorporated into the hermeneutic analysis as part of this researchers' reflexive journal.

Perceptions

As a board-certified holistic nurse, my philosophy of living and being is grounded in caring, relationship, and interconnectedness. As a nurse and nurse educator, I believe I have the responsibility to integrate self-care, self-responsibility, spirituality, and reflection in my life, as well as to encourage these traits among the patients, colleagues, and students I interact with. Therefore, optimal health and well-being is achieved through the balance of the body, mind, spirit, emotion, and environment. Mindfulness practices and holistic nursing share these similar philosophies. Accordingly, nursing students who engage in mindfulness practices will have a greater sense of well-being that will help them to successfully complete their nursing program.

Experiences

My personal and professional experiences have shaped my reasons for seeking a better understanding of mindfulness practices. Mindfulness practices, such as meditation and yoga, have greatly assisted in maintaining calmness and acceptance in my daily life and with challenging personal and professional experiences. Mindfulness practices have cultivated in me an awareness that is met with self-compassion. This combination of insight with acceptance has allowed me to choose to respond, rather than react, to an experience. For example, meditation has changed my relationship with anxiety from one of dismay to one of greater peace. This peace is found by not allowing anxiety to dictate my behavior. In meditation I allow myself to become objectively aware of the anxiety I am feeling, and let it be. This process allows me to respond to my emotions with acceptance. Subsequently, greater peace manifests itself as experiencing more laughter, compassion, resilience, kindness, and confidence in my life. Meanwhile, yoga has taught me acceptance, limitations, and encouragement. While doing yoga I become in sync with my body. I feel where it is flexible and where it is not. As I continue to practice, I become more fluid. The practice of yoga allows me to connect with my body, mind, and spirit. This connection transcends to an overall feeling of well-being.

Professionally, this enhances my role as an educator because I am better able to be present with the students I interact with. For example, by listening and maintaining a calm composure when advising students who are in jeopardy of failing, I am better able to help students acknowledge their discomfort and help them to increase their efficacy in coping. Therefore, it is an expectation that nursing students who engage in mindfulness experiences will have a similar experience.

Research Method

This qualitative research utilized phenomenological hermeneutics as its philosophical basis. According to Streubert and Carpenter (2011), "Phenomenology is a science whose purpose is to describe particular phenomenon, or the appearance of things, as lived experience" (p.73). Streubert and Carpenter explain that the "lived experience" or the meaning of being, informs individuals of what is true about the life they lead. Further, this truth provides meaning of the individual's perception of a phenomenon and is influenced by everything internal and external to the individual. If the meaning of being informs the individual of what is true, and this truth is influenced by everything internal and external, then mindfulness practices enables one to become more aware of their lived experience. It does this by providing the means to reveal the habits and patterns one reacts to while also allowing the opportunity for one to handle situations differently in the moment, or to recover and notice when one is reacting in the same way. Hence, phenomenology research offers insights into phenomena based on participants' interpretations and perceptions, and mindfulness practices offer the ability to cultivate awareness, which helps to form those very interpretations and perceptions.

Phenomenology comes from the philosophical tradition developed by Husserl and Heidegger. Two branches of phenomenology are descriptive and interpretive. Both focus on understanding people's everyday life experiences. Descriptive phenomenology, developed by Husserl, describes human experience while hermeneutics, developed by Heidegger, strives to interpret, and understand human experience. Heidegger's phenomenology is grounded in the philosophic theory of hermeneutics. Hermeneutic philosophy seeks to explore the richness of an experience as it provides a deeper

understanding of human existence. In this way hermeneutic philosophy is best applied when meanings are not immediately understood and require interpretive effort (Streubert & Carpenter, 2011). Because mindfulness can have more than one interpretation, hermeneutic philosophy was used for researching its meaning among BSN nursing students. Additionally, both hermeneutic philosophy and nursing insists on taking a holistic approach in its application. For example, "nursing encourages detailed attention to the care of people as humans and grounds its practice in a holistic belief system that nurses care for mind, body, and spirit" (Streubert & Carpenter, 2011, p. 87). Similarly, hermeneutic inquiry requires that the integrated whole of the subjective experience be explored to get the full picture of mindfulness practices. This is accomplished through giving detailed attention to the nature of language through face-to-face interviews and finding meaning through data analysis to reveal essential truths about the lived experience of a phenomenon (Allen & Jenson, 1990; Streubert & Carpenter, 2011).

Relevance to the Discipline

As previously mentioned, the ANA has put forth the Healthy Nurse™ initiative. This initiative consists of five constructs that identify a healthy nurse as having a calling to care, giving priority to self-care, finding opportunity to role model, having a responsibility to educate, and encouraging authority to advocate. These constructs are geared to enhancing nurses' full capacity to care for their clients and self (Carpenter, 2013). The ANA annual Health Risk Appraisal (HRA) is an online survey completed by any RN or nursing student and identifies personal and professional health, safety, and wellness risks. This survey ran between October 2013 and December 2016. A total of 82% of RN's and 17% of nursing students completed the 2016 HRA. Findings revealed

that 82% of the respondents reported workplace stress as the number one work environment health and safety hazard they are experiencing (ANA, 2016). This finding demonstrates how nurses work under stressful conditions and further validates how stress is a major health concern among nurses and nursing students.

Melnyk et al. (2018) national study found that the stress nurses are experiencing resulted in fatigue, injury, job dissatisfaction, and burnout. Nurses under stress are therefore prone to making mistakes and medical errors that negatively affect the quality of patient care. The study by Melnyk et al. (2018) included a sample of 1790 RN's in clinical practice. The study found that approximately half of the nurses reported having medical errors in the past five years. Further, compared with nurses with better physical and mental health, those with worse physical and mental health were associated with 26% to 71% higher likelihood of having medical errors. Notably, depression was the strongest predictor of medical errors. To optimize health in nurses, enhance high-quality care, and decrease the odds of costly preventable medical errors, Melnyk et al. (2018) recommended implementing a mindfulness coping/stress reduction program on-site and on-line during new employee orientation as well as hospital employee wellness programming. Further, emphasizing the importance to this study, Melnyk et al. (2018), also recommended for institutions of higher learning to prepare nurses, physicians, and other clinicians to integrate wellness throughout their students' academic programming.

It is estimated that 30-50% of all new RN's either change jobs within nursing or leave the profession within the first three years of clinical practice (Snavely, 2016). The attrition of RN's is a byproduct of stress. According to the ANA (2011), three out of four nurses rated the effects of stress and overwork as a top health concern. Exemplifying

these findings, Rudman and Gustavsson's (2011) longitudinal study identified the second year in professional practice as being especially stressful as reported by a majority of novice nurses. Noteworthy in the findings were the correlation between early career burnout and younger nurses. Moreover, Rudman and Gustavsson also identified developmental patterns in their findings indicating that almost every fifth nurse would experience extremely high levels of burnout sometime during the first three years of their professional practice.

Likewise nursing students experience stress that interferes with learning, academic success, and negatively impairs transition into professional nursing practice (Bartlett et al., 2016). However, as the shortage of nurses ensues, nurses will be placed under more stress, which may impact quality of patient care. Nursing graduates will be required to work in a dynamic healthcare reform setting necessitating a more well-rounded education to meet the needs of a diverse and aging population, specifically in community care and multidisciplinary healthcare settings (Santangelo, 2013). Nursing graduates will be working in a health care environment where the consumer has expanded the definition of health to include the well-being of body-mind-spirit and not just the mere absence of disease (Snyder & Lindquist, 2010). These changes in healthcare delivery require that nursing faculty and programs incorporate strategies addressing stress management in the classroom and the clinical setting to provide a foundation for health promotion behaviors that may impact the future professional careers of students (Shields, 2011).

Clearly there is an urgent need to enhance nursing education with strategies that can reduce stress to facilitate student persistence and academic success. Interventions

aimed at reducing the stress experienced within nursing education require changing the current/traditional models of the educational environment and empowering students to better cope with the stress they may encounter. Nursing faculty are positioned to create supportive learning environments that facilitate students' coping and persistence, perceived self-efficacy, and success in nursing.

Mindfulness practices have been shown to reduce stress in nursing students and may provide a viable strategy in meeting the need for enhancing students' coping and persistence in nursing school; however, the meaning of mindfulness practices among nursing students are unknown. Finding the meaning of this experience may glean insights into how mindfulness practices connect to nursing students' experience of stress, how they manage it, and how it translates into academic success. By uncovering the meaning of mindfulness practices, nursing educators will be better able to develop and incorporate learning strategies that include mindfulness training as part of the nursing curriculum (Del Prato et al., 2011).

Summary

Given the nationwide attrition and retention rates, insufficient nursing graduates to meet the growth and replacement needs of health care demands, and the shortage of RN's and nursing faculty, the retention of nursing students and newly licensed RN's is a critical nationwide concern. Stress is a leading factor contributing to nursing student attrition and new RN's leaving the profession. Both the AACN and ANA make provisions for addressing self-care of nursing students and RN's in *The Essentials of a Baccalaureate Education in Professional Nursing Practice, The Code of Ethics*, and the Healthy Nurse™ initiative.

Nursing educators must begin to implement self-care strategies to help students manage stress as they transition into professional practice. Mindfulness practices such as meditation and yoga have been found to be a self-care strategy that has reduced stress. Students' perceptions of practicing mindfulness may influence nursing curriculum development in self-care management skills as it relates to stress and may assist in providing a stress reduction self-care strategy that will not only benefit students as they transition into nursing practice but assist in reducing attrition while also increasing the quality of patient care. However, because mindfulness can have more than one interpretation and its meaning among nursing students is unknown, this study used hermeneutic phenomenology to explore its meaning to interpret the lived experience of nursing students engaged with mindfulness practices.

This chapter provided the aim of the study, the phenomenon of interest, and justification for studying the phenomenon. It also provided this researcher's assumptions, biases, perceptions, and experiences of the phenomenon under study. Additionally this chapter provided the specific context of the phenomenon along with a brief description of the research method and the relevance to the discipline of nursing. Chapter two discusses the evolution of the study including the study rational, historical context, and experiential context.

CHAPTER TWO

EVOLUTION OF THE STUDY

Unlike quantitative research, which requires an extensive literature review to support a proposed study qualitative research may utilize a limited literature review prior to studying a phenomenon and postpone an extensive literature review until data collection identifies findings of the study's emergent themes. This is partly done to provide the researcher with the least amount of bias when interpreting the data gathered from the phenomenon being studied. However, in interpretive hermeneutic phenomenology, biases and assumptions are not bracketed or set aside; on the contrary they are embedded and essential to the interpretive process. In this process the researcher is expected to self-reflect on their own experience and to state the ways in which their experience relates to the phenomena under study. Therefore, because the researcher "cannot bracket one's being-in-the-world" (Polit & Beck, 2017, p. 472), their experience becomes part of the interpretive process. In consideration of the foregoing, this study utilized a limited literature review. This review served to identify underlying assumptions behind the research question central to this research study, refined the research question to help guide what this researcher postulated the findings would reveal, and assisted in determining any gaps that existed in the literature. Finally, this literature review provided a rationale for how this study could contribute to the existing body of knowledge (Munhall & Chenail, 2008; Shufang, 2006).

As previously stated, the aim of this hermeneutic phenomenological study was to address the knowledge gap in the literature by interpreting the lived experience of nursing students engaged with mindfulness practices. The research question guiding this study

was, “what is the meaning of the experience of mindfulness practices from the nursing student perspective?” The goal of this study was to provide critical insights into how the experience of mindfulness practices might impact nursing student’s management of stress and the positive formation of professional identity while progressing through a nursing program. It was hoped that the meaning of mindfulness practices would be expanded and better understood and would thereby influence how nursing curricula and policies are developed in nursing programs. This chapter emphasizes how mindfulness practices help to develop professional identity and ethical comportment. This information provides the context for the evolution of this study and highlights its relevance while postulating nursing students who engage in mindfulness practices would report feeling less stressed, have a sense of well-being, and experience a strong sense of personal values.

Rationale

While stress effects every profession, nursing has higher and more sources of stress with adverse health outcomes compared with other health professionals (ANA, 2011; Vermeesch, Barber, Howard, Payne, & Sackash, 2016). Stress has been associated with increased absenteeism, decreased quality of work, and decreased productivity (Pulido-Martos, Augusto-Landa, & Lopez-Zafra, 2011). As indicated, the ANA has put forth the Healthy Nurse Health Nation™ initiative to assist nurses in wellness as well as increasing safe and healthy personal and professional practices among nurses. However, the concern in healthy stress management must first be addressed before nurses even begin professional practice during pre-licensure nursing education.

As previously discussed in Chapter One, the research identifies that nursing students experience stress from academic, clinical, personal, financial, and social factors

(Feeg & Mancino, 2014; Pulido-Martos et al., 2011; Stone & Feeg, 2013). These stressors cause anxiety, depression, and burnout which leads to maladaptive fatigue as new nurses begin their professional practice. However stress has also been found to be a contributing factor in decreasing the development of professional identity formation during prelicensure nursing education and transitioning into nursing practice (Deppoliti, 2008; Edwards, Burnard, Bennett, & Hebden, 2010; Galbraith & Brown, 2011; Hensel & Laux, 2014; Hensel & Stoelting-Gettelfinger, 2011; Pryjmachuk & Richards, 2007; Rella, Winwood & Lushington, 2008; Watson et al., 2009).

The NLN (2012) defines professional identity as the "internalization of core values and perspectives recognized as integral to the art and science of nursing" (p. 35). These core values, according to the NLN include caring, diversity, excellence, integrity, ethics, holism, and patient centeredness. Similarly, the ANA (2015a) *Code of Ethics for Nurses* establishes the ethical standard for the nursing profession and addresses core values of the nursing profession. These values include integrity, ethics, and morality, of which every nurse is obligated to cultivate in their professional practice. However, Benner, Sutphen, Leonard, and Day (2010) define professional identity formation "as a result of knowledge, skilled know-how, and ethical comportment learned in many concrete situations over time" (p. 167). Therefore, professional identity formation evolves within nursing students from the experiences gained in nursing school by applying knowledge (knowing), skilled know-how (doing), and ethical comportment (being).

Notably, the positive development of professional identity has been linked to better patient outcomes and is a key factor in job retention (Cowin, Johnson, Craven, &

Marsh, 2008; Jahanbin, Badiyepeyma, Ghodsbi, Sharif & Keshavarzi, 2012). Interestingly, research has suggested that stress management techniques, cultivating an awareness of personal values, and a sense of spirituality have been associated with developing stronger perceptions of professional identity (Hensel, 2011; Riley & Yearwood, 2012). The connection between mindfulness practices, the development of professional identity and ethical comportment can be found in how mindfulness practices, as indicated in Chapter One, contributes to the aforementioned attributes. Firstly, mindfulness practices have been shown to be an effective stress management strategy. Secondly, mindfulness relies on perception and thoughtful responding, thereby assisting in cultivating an awareness of personal values. Thirdly, with roots in Buddhism, mindfulness fosters spirituality by providing a sense of peace, meaning, and purpose in the lives of individuals. Taking this in account, it is reasonable to postulate that constructs of mindfulness encourage the development of optimal professional identity. It does this by cultivating self-awareness, which subsequently encourages self-understanding, and spiritual growth.

In conclusion, it is clear the effects of stress on nursing students and new nurses pose serious consequences. These effects are seen both personally and professionally in not only the quality of nursing care given to patients, but also in successful completion of pre-licensure education, job satisfaction, and subsequently the retention of nurses in the workforce. As a result, it is essential that nurse educators find strategies that encourage optimal development of professional identity formation among nursing students.

Historical Context

Professional Identity Formation

In their book, *Educating Nurses: A Call for Radical Transformation,* Benner et al. (2010) identified key areas for improvement in the system and process of educating future nurses. Although the findings are numerous, a finding that relates directly to this study includes insight into forming professional identity and ethical comportment. While referring to formation of professional identity and ethical comportment the authors found that U.S. nursing programs are very effective in forming professional identity and ethical comportment as it relates to what constitutes good nursing practice. However, both faculty and students expressed concern that good nursing practice could be put aside once the nursing student transitions into professional practice. These concerns revolved around economic issues such as workload and staffing shortages experienced in nursing. For example, "Students cite substandard nursing practice in their clinical practica as a major ethical concern in nursing school. On graduation, they are concerned that work overload and nursing staff shortages will press them to cut corners" (p. 11).

To remedy this situation in nursing education, Benner et al. (2010) suggested that educators shift their emphasis from socialization and role taking to emphasizing professional formation. This suggestion was made to increase professional responsibility, accountability, and ethical comportment as to prepare students to transition into professional practice. Professional formation describes the student's evolving experience as he or she progresses through a nursing program while socialization describes the social forces and influences that shape the student's formative experience in a nursing program. Central to formation is personal and professional development. In other words,

socialization describes how a nursing student takes on the role of the nurse and leads to one *feeling* and *acting* like a nurse. Formation on the other hand is the evolution of a nursing student from *feeling* like a nurse to *learning* to be a nurse through knowledge, skill know-how, and ethical comportment that is learned while attending nursing school. As such, formation describes the transition from learning nursing to practicing nursing (Benner et al., 2010).

Therefore, the process of formation occurs over time within every aspect of nursing education. Formation occurs not only while teaching in the classroom and the clinical setting, but also in every dialogue a student has with patients, peers, nurses, other health care providers, and faculty. Since formation is essentially the student's experience, it is imperative that nurse educators consider all aspects of teaching and learning. For example, Benner et al. (2010) suggested, "classroom and clinical teaching need enrichment and integration, so that knowledge use becomes as important as knowledge acquisition" (p. 166). Therefore, it is crucial for nurse educators to recognize that formation is much more than socializing the student into the nursing role. It requires nurse educators to consider and include how learning experiences made during prelicensure education can internally transform students' personal and professional formation of what it means to be a nurse. These very experiences are needed to help form the student's sense of identity and self-understanding as a nurse.

Considering this, measures have been put forward by professional organizations such as the NLN, AACN, ANA, and the QSEN initiative to address the formation of professional identity and subsequently the quality of patient care. The NLN (2011) and Engelmann, Brady, Larson, Perkins, and Shultz, (2012) outline the four education

competencies (program outcomes) from the NLN. These competencies/outcomes guide nurse educators in designing curricula that position graduates to practice in a rapidly evolving health care environment. The four competencies/outcomes include human flourishing, nursing judgment, professional identity, and a spirit of inquiry. It is important to note that these four competencies build on seven core values and six integrating concepts. The seven core values consist of: caring, diversity, excellence, integrity, ethics, holism, and patient-centeredness. The six integrating concepts consist of: context and environment, knowledge and science, personal and professional development, quality and safety, relationship-centered care, and teamwork. Note that professional identity development is threaded though the embodiment of the core values, is one of the six integrating concepts, and finally culminates as one of four nursing program competencies/outcomes.

Similarly, the AACN (2008) in *The Essentials of Baccalaureate Education for Professional Nursing Practice* has included professionalism and professional values as an essential component of educating nursing students. Professional identity formation is listed as sample content to be taught. The AACN (2008) has defined professionalism as "the consistent demonstration of core values evidenced by nurses working with other professionals to achieve optimal health and wellness outcomes in patients, families, and communities by wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability" (p. 26).

Additionally, the ANA (2015a) has addressed professional values. As previously mentioned, the *Code of Ethics for Nurses* has put forth nine ethical provisions relating to the ethical obligations of nurses. The ninth provision identifies professional identity as

follows: “The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy” (p. 35).

Another measure put forward to address the formation of professional identity has come from leaders of nursing across the nation to integrate quality and safety competencies into nursing education through the Quality and Safety Education For Nurses (QSEN) initiative, funded by Robert Wood Johnson Foundation. The AACN (2018) has launched the QSEN module learning series. These modules are designed to help nurse educators teaching in undergraduate and graduate programs. These competencies help prepare future nurses with the knowledge, skills, and attitudes, (KSAs) necessary to continuously improve the quality and safety of the healthcare organizations within which they work. These competencies consist of patient-centered care, teamwork and collaboration, evidence based practice, quality improvement, safety, and informatics (QSEN Institute, 2020). QSEN competency definitions describe the essential features of what it means to be a competent and respected nurse, and as such, contributes much to forming professional identity.

Therefore, professional organizations such as the NLN, AACN, ANA, and the QSEN initiative address the formation of professional identity as it relates to the quality of patient care. In summary, the NLN identifies professional identity coming from the cultivation of core values. The AACN identifies professional identity as the internalization of core values that are demonstrated in achieving optimal health outcomes in patients, families, and communities. The ANA identifies professional identity as articulating nursing values and integrating social justice into nursing and health

policy. The QSEN initiative competencies of KSAs describe essential features of a competent and respected nurse that accrue to forming professional identity. Benner et al. (2010) define professional identity formation as evolving over time by applying knowledge, skilled-know how, and ethical comportment as students progress through a nursing program. Conclusively professional identity is rooted in core values that inform the nurse's professional practice.

Professional Identity and Mindfulness Practices

As described by Benner et al. (2010), for nursing students to assimilate the roles of professional practice, students' must acquire knowledge, practice know-how (skills), and internalize ethical comportment (values), throughout their nursing education. For Benner et al., these very attributes contribute to the development of professional identity. Moreover, Benner et al. (2010) insisted that guided reflection is essential in developing professional identity. This is achieved during post conference when students reflect on the care rendered in their clinical experience. By critically thinking through a clinical situation, students are led into insights about changing their approach to practice (Asselin & Fain, 2013). Similarly, mindfulness practices help students reflect on his or her experience and provides insights that encourage change in the students' approach to an experience. In this process, mindfulness helps one to respond rather than react to a given situation. Considering this, mindfulness by its very nature is an act of reflection that may be a self-care strategy worth developing among nursing students.

Mindfulness plays a prominent role in traditional and modern Buddhist meditation practices (Ditrich, 2016). Although an extensive background of Buddhism is not explored here, a general foundation of the main concepts of the religion/philosophy will

be discussed. The term mindfulness is used in a variety of ways. The earliest Buddhist conceptions of mindfulness come from the Buddhist scripture found in the Pāli Canon. This Canon originates from the Therāda School, of North Indian origin, from the fourth and second centuries B.C.E. (Ditrich, 2016; Gethin, 2015). The term mindfulness was introduced by Rhys Davids and Rhys Davids (1910), as an English translation of the Pāli term *sati*, meaning memory and then was expanded to include "paying attention" (Gethin, 2015, p. 10). According to the Pāli Canon of Buddhist scripture, mindfulness is listed as one of several fundamental virtues to be cultivated on the Buddhist path to "enlightenment" or "awakening" (Gethin, 2015, p. 11). It is believed that by practicing these virtues or qualities one is relieved from suffering and can eliminate illusions.

Buddhism is best explained by the concepts of the Four Noble Truths and the Eightfold Path. The Four Noble Truths are the foundation of Buddhism. These truths include: (1) the truth of suffering, or *duhkha*, a Sanskrit word that means suffering, (2) the truth of the origin of suffering, (3) the truth of the goal, which is the end of suffering, and (4) the truth of the path, that which frees us from suffering (Trungpa, 1973). Therefore, suffering is caused by dissatisfaction, pain, and disease (the First Nobel Truth). The origin of this suffering is the ego (the Second Noble Truth). The end of suffering is attained by non-striving and living one day at a time (the Third Noble Truth). Being liberated from suffering (the Fourth Noble Truth) is achieved by living a moral life through what we say, do, and how we choose to earn a living. This is also considered the Eightfold Path, which is also understood to be a spiritual path (O'Brien, 2017a; Trungpa, 1973).

The Eightfold Path is the Fourth Noble Truth in Buddhism. It is comprised of eight primary teachings that help liberate one from suffering. To practice the Eightfold Path one has to use mental discipline by focusing the mind on being fully aware of thoughts and actions, develop wisdom by understanding the Four Noble Truths, and demonstrate ethical conduct by developing compassion for others (O'Brien, 2017a). Distinctly, the Eightfold Path encompasses how mindfulness practices cultivate the development of optimal professional identity.

The Eightfold Path includes: (a) The wisdom path (the right view and right intention), (b) the ethical conduct path (right speech, right action, right livelihood), and (c) the mental discipline path (right effort, right mindfulness, right concentration) (O'Brien, 2017b). In the wisdom path "right view" refers to insight into the nature of things as they are, and "right intention" refers to the unselfish intention to realize enlightenment (O'Brien, 2019). In the ethical conduct path, "right speech" refers to speaking compassionately. "Right action" refers to using ethical conduct to manifest compassion and "right livelihood" refers to making a living through ethical and non-harmful means. In the mental discipline path, "right effort" refers to cultivating wholesome qualities and releasing unwholesome qualities. "Right mindfulness" refers to whole body and mind awareness in the present moment and "right concentration" refers to meditation or some other dedicated, concentrated practice (O'Brien, 2017c). Thus, the Eightfold Path cultivates awareness of personal values and a sense of spirituality, thereby addressing the development of optimal professional identity.

The Eightfold Path and its link to spiritual growth and professional identity formation can be found in Hensel and Laux's (2014) longitudinal study. Their study

described how self-care and stress were associated with the acquisition of professional identity over the course of prelicensure education among 45 baccalaureate nursing students. They used the Health Promoting Lifestyle Profile II (HPLPII) tool to measure self-care practices, inclusive of measuring spiritual growth. Spiritual questions on the HPLPII looked for evidence of transcending, connecting, and developing to achieve inner peace, and a sense of purpose. Findings from their study revealed that personal and spiritual growth practices and students' perceptions of their caring abilities predicted a sense of fit with the profession of nursing. Moreover, they found that spiritual growth was positively associated with decreased perceived stress. From these findings, Hensel and Laux have suggested the use of stress management strategies that integrate spiritual growth practices as a way of fostering interpersonal relationships and assisting in forming positive professional identities among nursing students. Therefore, it is reasonable to assert that mindfulness practices have the potential to be an effective strategy in developing professional identity among nursing students.

Despite the aforementioned, it is not clear what factors most support the formation of a nurse's professional identity. As discussed, formation of professional identity occurs over time as students' progress through the different environments of a nursing program. Additionally, research suggests that stress management techniques, cultivating an awareness of personal values, and a sense of spirituality have been associated with cultivating stronger perceptions of professional identity (Hensel, 2011; Hensel & Laux, 2014: Riley & Yearwood, 2012). From this premise, one can only postulate that mindfulness practices may assist in developing professional identity. As discussed in Chapter One, most studies on mindfulness practices are quantitative, and as

such, the experience of engaging in mindfulness practices is not well understood. As a result, there is a pressing need to address this gap of knowledge in the literature.

For example, Bamber and Schneider (2016) conducted a narrative synthesis of 57 studies using mindfulness-based meditation on stress and anxiety among college students. Findings revealed that mindfulness meditation showed overall promise in decreasing stress and anxiety; however, the findings were not conclusive. More importantly, there were no qualitative studies to inform or provide context in the findings. Questions remained such as, "Why did students decide to do mindfulness meditation?" and "What makes students continue to practice?" These questions are best answered through qualitative research.

Similarly, Champagne (2016) conducted a systematic review of the effects of mindfulness-based interventions on RN's and nursing students. Of the 32 studies, only four were qualitative, dating back to 2005, 2006, and 2008. Of these four qualitative studies, only one included nursing students. Overall mindfulness was found to significantly improve nurses' mental health. However, only a few of the studies in the systematic review explored the impact of mindfulness on nurses' professional behaviors and their relationships to patients and colleagues. Additionally, the findings of the qualitative data lacked insight into the meaning of mindfulness practices. Only one theme addressed the meaning of mindfulness: mindfulness fosters an inner state of fullness. The other two themes included: nurses' work in stressful environments, and challenges associated with mindfulness practice. Notably, the systematic review included only one qualitative statement from the nursing student perspective: "I have always been kind of tense, overexcited kind of person. Now, it is not like this anymore. Something has

changed" (p. 1023). Clearly, a gap exists in understanding the meaning of practicing mindfulness and how it contributes to a variety of aspects of nursing students' lives. Specifically, in the context of how it may impact nursing students struggling with mental health issues.

Experiential Context

As a nurse educator I have encountered an increase of the number of students struggling with mental health issues, some severe enough to warrant dropping out of the nursing program. Additionally, I have seen an increase of psychologist referrals and the need for medication to treat anxiety, depression, and or a need for modifications in students' medication regimen. I have often had a student in my office in anguish trying to work, go to school, and take care of a child or parent.

My experience as a certified holistic nurse and faculty member influenced my interest in mindfulness and mindfulness practices. It has always been especially important to me personally and professionally to model and provide time for self-care through meditation and yoga. In practicing meditation and yoga I connect with my body, mind, and spirit. I become aware of the present moment and experience a heightened quality of peace and well-being.

Being a board-certified holistic nurse did not begin the day that I became certified; rather it has always been an integral part of my self-identity, both personally and professionally. From my perspective it seems perfectly natural that the human experience of health and illness are related to how the body, mind, and spirit are cooperating or not cooperating with each other. I have also come to understand that the spiritual component has the greatest effect on how my mind responds and perceives

health and illness. This philosophy has shaped my experiences and has had lasting effects on how I live my life, how I teach, and how I practice nursing.

As a holistic nurse, the primary goal in nursing practice is healing the whole person, inclusive of body, mind, and spirit. Before this can occur, it is necessary to learn to accept, love and care for ourselves. Self-care is the act of taking time to nurture oneself physically, emotionally, mentally, and spiritually. By practicing self-care we begin to realize our wholeness and we become a healing presence for our patients and communities.

As a faculty member, I have used my experiences as a guide in teaching. Clinical is an incredibly stressful experience for many students. To help alleviate the stress, I have implemented meditation in pre-conference as well as before simulation, and testing. Beginning with focusing on breath, students are guided to close their eyes and to breathe naturally while noticing the sensations of the air moving into and out of their body. Students' are instructed on not judging the thoughts that come into their awareness, but to just accept them and again give attention to their breathing. After about five minutes students are brought back with affirmations such as, "caring for myself and others comes easily to me." I have received positive feedback in evaluations that these times of meditation have been immensely helpful and relaxing for the students. I have even used simple yoga positions and aromatherapy. Often students tell me they come to my office because it is relaxing. I believe these students feel they are in a safe accepting environment, and as such, experience mindfulness. These experiences make me want to understand the meaning of mindfulness practices from the nursing student perspective. Gaining insight into this meaning has potential to inform nursing educators in a self-care

strategy that may help in stress management and development of optimal professional identity.

Summary

While there is a plethora of quantitative studies on the positive effects mindfulness has on health and well-being, there is a paucity of qualitative studies to inform researchers on the meaning of the experience of mindfulness practices, especially among nursing students. There is also a major absence of qualitative nursing education research exploring the meaning of stress from the nursing student perspective. Professional identity is integral to the art and science of nursing. It provides core values and ethical standards for professional behavior. Development of positive professional identity has been found to result in better patient outcomes and is a key factor in job retention. Studies have revealed that stress decreases the positive development of professional identity. Conversely, studies on mindfulness practices have revealed it assists in stress management and provides an awareness of personal values and spirituality. It is reasonable to conclude that mindfulness practices may encourage the development of optimal professional identity. However, qualitative research such as this study is desperately needed to better understand nursing students experience of mindfulness practices and how it contributes to their overall well-being before nurse educators can identify possible teaching strategies and learning experiences that promote self-care, self-awareness, and optimal formation of professional identity.

In conclusion, this chapter provided a rationale for the evolution of this study and presented a historical context using professional identity formation and ethical comportment and its link to mindfulness practices. This chapter also provided an

experiential context of the researcher's assumptions on the phenomenon. Chapter three addresses how the application of interpretive phenomenological inquiry using Heideggerian hermeneutics will be used to accomplish the aim of this study.

CHAPTER THREE

METHOD OF INQUIRY

This chapter provides an overview of the design and research methodology that guided this study. The study was implemented using interpretive phenomenological inquiry of Heideggerian hermeneutics to explore nursing students' experience of engaging in mindfulness practices, such as meditation and/or yoga. This chapter provides a general method of inquiry discussing the background and rationale for choosing Heideggerian hermeneutics, as well as discussing the outcome, procedures, and translation of concepts and terms. Additionally, this chapter discusses the applied method of inquiry discussing the aim, sample, setting, gaining access, data collection, human subject considerations, and rigor of the study.

The Method of Inquiry: General

Introduction

Phenomenology comes from the philosophical tradition developed by Husserl and Heidegger. Two branches of phenomenology are descriptive and interpretive. Both focus on understanding people's everyday life experiences but from a different perspective. Husserl developed descriptive phenomenology. His philosophy focused on descriptions of human experience and relies on bracketing to maintain objectivity. Bracketing as defined by Polit and Beck (2017) is "the process of identifying and holding in abeyance any preconceived beliefs and opinions about the phenomenon under study (p. 471).

Heidegger, a student of Husserl, modified and built on Husserl's theories and developed interpretive phenomenology. Interpretive phenomenologists explore people's subjective life experience to uncover critical truths about reality (Balls, 2009; Polit & Beck, 2017). Heidegger emphasized interpretation of individuals' experiences and the meanings they have by looking to individuals' circumstantial interactions to things in the world (Smith, 2016). Thus, Heidegger's main question is "What is being?" (Polit & Beck, 2017, p. 472), In this manner, Heidegger's focus was much more than describing a human experience, as Husserl emphasized. Heidegger's focus was on interpreting and understanding the lived experience under question. A main distinction between descriptive and interpretive phenomenology is that bracketing does not occur as the researcher's beliefs and opinions are essential to the interpretive process.

Interpretive phenomenology is an ideal methodology to use to analyze mindfulness practices because both the methodology and the phenomenon have perception, self-reflection, and wholeness at its center. The English Oxford Dictionary (2017) defines perception as the way in which something is interpreted or understood. Therefore, one's perceptions are based on how one interprets or understands a given experience. However, mindfulness practices can change what one interprets or understands about their given experience since it provides an opportunity for one to become self-aware (conscious) of the preconceptions in their mind. It does this by making one aware of the automatic nature of one's patterns of seeing and thinking, while also revealing how these patterns interplay between one's beliefs, thoughts, attitudes, and feelings (Kabat-Zinn, 2013). In this way, mindfulness practices can transform one's perspective. This is accomplished through the process of self-reflection, which enables

one to see more clearly, with less judgment, and thereby allows one the opportunity to perceive the intrinsic wholeness and interconnection of their experience.

The aim of this study was to interpret the lived experience of nursing students engaged with mindfulness practices. By using this analysis the researcher can understand the whole of the text, such as the transcribed interview. In this process, each part of the transcribed interview, inclusive of the participant and researcher's context, contributes to the overall meaning of the text (Laverty, 2003; Polit & Beck, 2017). In view of this, interpretive phenomenology was an appropriate methodology to use for this study. This methodology provided the best means to interpret the meaning of mindfulness practices among nursing students enrolled full-time in a nursing program.

Rationale for Selection

Mindfulness, hermeneutic phenomenology, and holistic theory all have perception, self-reflection, and wholeness at its center. Mindfulness practices cultivate the ability for one to perceive interconnectedness and wholeness, it subsequently cultivates the ability for one to see, with clarity, separation and fragmentation. Herewith, mindfulness enables one to become more aware of particular thoughts, feelings, and assumptions thereby permitting one to experience a broader perspective from what was previously held. This is partly achieved by first becoming aware of one's thoughts and emotions and secondly by learning to see and approach things differently.

Similarly, holistic theory also shares this broader perspective by following the precept that the whole is greater than the sum of its parts. Therefore, any parts of the whole cannot be understood except in relation to the whole. For example, the human body is made up of interdependent parts inclusive of mind, emotions, and spirit. For life

to be sustained, these parts cannot be separated because they function as an integrated coherent system (American Holistic Nurse Association, [AHNA], 2017a).

However, phenomenology as a discipline of philosophy tends to be holistic by attempting an understanding of the whole (Polit & Beck, 2017). For example, it considers the broader perspective by seeking to understand different reference points, the situated context, and the individual person (Munhall, 2012). Munhall explicates her meaning stating: "Phenomenology is like a mirror in that it celebrates reflection, where differences and the 'particular' are unveiled" (p. 126). From this we understand that phenomenology reflects an individual's perceptions of an experience. These perceptions are based on an individual's subjectivity. Based on this, it is subjectivity that determines an individual's perception of the 'particular' of an experience. From this assumption what becomes most relevant is what an individual perceives to be happening rather than what is happening.

This broader perspective is also exemplified, and is, the major difference between descriptive and interpretive phenomenology. Where Husserl (descriptive) saw context as marginal, Heidegger (interpretive), saw context (both the participant's and researcher's) as essential in understanding the lived experience of individuals (Wojnar & Swanson, 2007). For example, Heidegger believed that individuals could not extricate themselves from their culture, social context, or historical period in which they live because these contexts influence their choices and impart meaning to the lived experience (Campbell, 2001). Thus, Heidegger's interpretive phenomenology focuses on the individual's experience. For this purpose, interpretive phenomenology methodology rather than descriptive phenomenology was best suited for this study as it considers the broader perspective found in both mindfulness practices and holistic theory by seeking to go

beyond the description of an experience, as Husserl did, and instead looks to illuminate the meanings embedded in everyday experiences (Reiners, 2012).

Background of Method

Hermeneutic phenomenology – Martin Heidegger. Hermeneutics derives from the messenger Hermes, who had to understand and interpret what the gods had to say to humans (Weininger, 1999). Hermeneutics therefore is the art of understanding and the theory of interpretation. Heidegger, a student of Husserl became Husserl's assistant in 1919 and succeeded him as professor of philosophy in Germany. Heidegger modified and built on Husserl's theories and developed the interpretive tradition, which is also known as the hermeneutic tradition. The most recognized work of Heidegger is *Being And Time.* In this work Heidegger's main concern became the question of being in the world and how it relates with one's own experience with time. With this focus in mind, Heidegger argued that it was impossible to rid the mind of preconceptions and approach something in a neutral way because our own experiences are used as a point of reference to interpret the experience of others. Heidegger did not believe one could detach from interpreting something in which we ourselves exist. Being such, he believed it was not possible to bracket one's being (experience) in the world. (Balls, 2009; Polit & Beck, 2017; Weininger, 1999).

Hermeneutic phenomenology like descriptive phenomenology utilizes reflexive journaling; however, its application has a different focus. In descriptive phenomenology the reflexive journal is maintained to bracket suppositions, biases, and perceptions the researcher may have. In hermeneutic phenomenology, reflexive journaling is used to assist the researcher in self-reflecting on their experiences and how they relate to the

phenomena being studied. In this way reflexive journaling is not used to bracket one's experiences from the phenomena being researched but rather it is used to become part of the process of understanding the phenomena being researched (Polit & Beck, 2017).

Outcome of Method

The belief of not being able to bracket one's being in the world is the distinction that informs the use of this methodology. Heidegger maintains that our preconceptions are an integral part of the process of understanding, and that each individual's experience is unique (Wilcke, 2002). Therefore, by implementing hermeneutic phenomenology, a greater understanding of the phenomenon as it presents itself to the researcher will be revealed. Further, this approach will reveal the ways of being in the experience of practicing mindfulness, and it is expected that this method will provide a means for deepening our understanding of the lived experience of engaging in mindfulness practices, such as meditation and/or yoga. By using this methodology in this study it provided rich data that (a) interpreted the shared experiences of practicing meditation and/or yoga, (b) identified common meanings, and (c) revealed a pattern that was consistently found across all interviews and across all identified themes. This insight assisted in providing a better understanding of the experience of practicing mindfulness and what this experience means to nursing students.

General Steps of Hermeneutic Phenomenology

Hermeneutic phenomenologists utilize in-depth interviews with individuals who have experienced a phenomenon. However, hermeneutic phenomenology may also utilize additional approaches to gather and analyze data. For example, interpretive phenomenologists may look to augment their understanding of phenomena through

analysis of supplementary texts, such as the use of a reflexive journal and/or utilizing artistic expressions, such as visual aids or music used in mindfulness practices (Polit & Beck, 2017). The use of reflexive journaling assists the researcher in documenting not only personal reflections on the phenomenon under study and preconceived assumptions but assists in keeping observation notes of the process. In this way, understanding and interpretation occur between the fusion of the whole text and the parts gleaned from the context of the participant and researcher's experience (Laverty, 2003).

Additionally, the interview process in hermeneutic phenomenology works within an environment of trust and safety. This environment must be maintained throughout the study to ensure exploration of the experience of mindfulness between the participant and the researcher. Participants were asked to discuss in detail their experience of practicing meditation and/or yoga. Open-ended questions were asked to foster participants to discuss this experience in their own words to encourage that the interview process with each participant stayed close to the lived experience of the phenomenon (Laverty, 2003). Analysis of data was conducted using Diekelmann, Allen, and Tanner (1989) seven-stage process in hermeneutics. These steps include (1) reading the data for an overall understanding, (2) writing interpretive summaries, (3) confirming analysis with the dissertation committee, (4) identifying relational themes, (5) identifying constitutive pattern(s), (6) validating the analysis with the dissertation committee, and (7) preparation of the final report using sufficient excerpts from the data.

Translation of Concepts

Translation of concepts and key terms that are specific or necessary to understand this method and study are as follows:

Background. An individual's interpretation and self-understanding handed down through language and culture, which contributes to an individual's perceptions (Munhall, 2012).

Being-in-the-world. Consists of an individual participating with the cultural, social, and historical contexts of the world (Munhall, 2012).

Constitutive pattern. Pattern(s) that are present in all documents and expresses the relationships of the relational themes. Constitutive pattern(s) "are the highest level of hermeneutical analysis" (Diekelmann et al., 1989, p.12).

Relational theme. A theme that "cuts across all texts" (Diekelmann et al., 1989, p.12).

Hermeneutics. The philosophy of "discovering and understanding of meanings embedded in the text" (Diekelmann et al., 1989, p. 13).

Hermeneutical circle. The "continuous examination of the text to ensure that interpretations are grounded and focused." This process involves moving from the parts of the "text," to the "whole," and back "to the parts" again to find the meaning embedded in the text (Diekelmann, et al., 1989, p. 13).

Lived experience. What the individual perceives is happening in an experience (Munhall, 2012).

Meaning. Found in the interchange between an individual and an experience so that the individual both develops and is developed by the experience (Munhall, 2012).

Mindfulness practices. For the purposes of this study mindfulness practices will be limited to the practice of meditation and/or yoga.

Nursing student. For the purposes of this study the nursing student is identified as an undergraduate student who is enrolled full-time and has started taking required courses in a baccalaureate, associate, or diploma nursing program.

Method of Inquiry: Applied

Aim of the Study

The aim of this qualitative study was to interpret the lived experience of nursing students engaged with mindfulness practices and to reveal its meaning from the nursing student perspective. Interpretive phenomenology was best suited for this research as it enabled the researcher to enter the nursing student's experience of mindfulness practices and provided a means to discover the "practical wisdom, possibilities, and understandings found there" (Polit & Beck, 2017, p. 472)

Sampling Plan

Although there are diverse approaches to sampling in qualitative research, it is imperative for the researcher to select a setting with a high potential of gathering rich information power to develop the aim of the study (Malterud, Siersma, & Guassora, 2016). "Information power indicates that the more information a sample holds, relevant for the actual study, the lower amount of participants is needed" (p. 1753). Based on this and that phenomenologists typically seek to explore a diversity of experience utilizing 10 or fewer participants, the target sample for this study included at least 10 participants (Polit & Beck, 2017). This study utilized a purposive sampling method to recruit seven undergraduate nursing students enrolled in BSN programs in the State of Pennsylvania.

Through utilization of snowball sampling, an additional four participants were recruited for this study. The sample for this study came from five approved registered nursing schools from the Pennsylvania State Board of Nursing. Because rich information power was obtained through the sample provided from Pennsylvania BSN programs, recruitment was brought to an end as it held sufficient information power to meet the aims of the study. Interviews occurred in order of receipt until data saturation was achieved at 11 interviews. This form of sampling provided the benefit of being cost-effective, practical, and helped to establish early trust between the researcher and the participant (Polit & Beck, 2017).

Criteria for participation included: (1) age 18 years or older, (2) English speaking, (3) enrolled and started taking required courses in a BSN, ADN, or diploma nursing program, and (4) currently practicing meditation and/or yoga on a regular basis of at least three times a week for a duration of six weeks. Exclusion criteria included: (1) Less than 18 years of age, (2) Non-English speaking, (3) part-time enrollment in a BSN, ADN, or diploma nursing program, (4) full-time enrollment, but has not started taking courses in a BSN, ADN, or diploma nursing program, and (5) not practicing meditation and/or yoga on a regular basis of at least three times a week for a duration of at least six weeks.

Setting

Every effort was made to conduct face-to-face interviews at each participant's nursing program to foster an environment of trust and safety, however this was not possible due to scheduling conflicts between the participants' and researcher's availability. Through in-depth interviews, ten computer mediated interviews were conducted through FaceTime® and one interview was conducted through email. Each

interview fostered an environment of trust and safety. Interview dates and times were coordinated through an email, text message, and/or phone call, with each participant at a mutually agreed upon convenient time.

Gaining Access

A purposive sampling strategy followed by snowball sampling was used to recruit participants. Initially, access to the sample was made through contact with the Department of Nursing Chairpersons from a listing of approved registered nursing schools from the Pennsylvania State Board of Nursing (2018), the New Jersey Board of Nursing (2018), and the NYSED.gov (2018) listing of New York State nursing programs. The term Chairperson was used to represent the person administratively responsible for the nursing department.

The current amount of approved nursing programs in Pennsylvania included: 41 BSN programs, 25 ADN programs, and 16 diploma programs. The current amount of nursing programs in New Jersey included: 20 BSN programs, 20 ADN programs, and 5 diploma programs. The current amount of nursing programs in New York included: 61 BSN programs, 65 ADN programs, and 1 diploma program. The total amount of nursing programs included was 254. Access to each chairperson's email address was obtained electronically through each program's web site.

Following institutional review board (IRB) approval from Indiana University of Pennsylvania (IUP) and reciprocity or full approval from each college, university, or school of nursing, an electronic correspondence, Appendix A, was sent to each nursing program chairperson. This letter of invitation explained the nature and purpose of the study and sought assistance in the distribution of an electronic invitation to participate in

the research study, Appendix B, to students in their nursing program. This invitation contained the purpose of the research study and outlined the logistics, such as the inclusion criteria required for participation. A follow-up email or phone call was made to necessary chairpersons asking for assistance in distributing a follow-up correspondence when students did not respond to participate in the study within two weeks of initial communication. Participants who responded to the invitation to participate in the study received an email, phone call, or text message, confirming their inclusion and exclusion criteria and willingness to participate in the research study. Informed consent, Appendix C and a demographic questionnaire, Appendix D was then emailed or mailed to the participant and collected through the mail, prior to computer mediated interviews. Demographic questions, Appendix D assisted in describing the characteristics of the sample of participants. Open-ended questions asked on the interview guide, Appendix E, were asked to encourage that the interview process stayed close to the lived experience of the phenomenon (Polit & Beck, 2017). Interviews lasted approximately 60 to 90 minutes. This researcher only received responses from five nursing programs in the state of Pennsylvania.

Human Subject Consideration

Informed consent, Appendix C, was obtained from all participants through the mail prior to the interview. Participants were informed that there were no foreseeable risks associated with participating in this study, as well as being informed of the benefits: participants received compensation from this researcher in the form of a $20.00 gift card, which was mailed after each interview, to reimburse for participating in the interview. Participants were also informed of their right to withdraw from the study at any time.

Additionally, permission was sought to use a digital voice recorder in all FaceTime® interviews. The researcher verified and recorded verbal consent at the beginning of each interview. Following completion of verbal consent, participants were assigned a pseudonym to protect confidentiality on all data containing identifying information. All digital data was stored on the researcher's password protected computer. In addition, the researcher read and recorded demographic information obtained from the questionnaire, Appendix D. Information from this questionnaire provided context that helped to describe the sample. In compliance with all federal guideline requirements, all identifying information will be destroyed after three years (Polit & Beck 2017).

Data Collection

Qualitative data for this study came from computer mediated communication via FaceTime® and one interview through email. In addition, qualitative data was obtained through observation notes, a reflexive journal by this researcher, and a demographic questionnaire, Appendix D. Before beginning each interview this researcher discussed the methodology process and reviewed the previously signed informed consent with the participants. Open-ended questions, from the interview guide, Appendix E, used during the in-depth semi structured interviews encouraged that the interview process stayed close to the lived experience of the phenomenon (Polit & Beck, 2017). Interviews lasted approximately 60 to 90 minutes. For the one email interview, emails were exchanged to go over consent that was sent and received in the mail. In addition, interview questions were emailed, responded to, returned, and member-checked with the participant for understanding. The following question was posed to open all interviews, "Tell me about what the experience of practicing meditation and/or yoga means to you?" In addition,

participants were asked to elaborate with the use of prompts and cues such as, “tell me more” and “give me an example of.” These prompts and cues were used to glean detailed descriptions of the participants’ experience. Questions were posed in a logical sequence and provided an opportunity for rich detailed information about the phenomenon of mindfulness practices to be explored (Polit & Beck, 2017).

As indicated, this researcher also utilized both observation notes and reflexive journaling. Observation notes provided objective descriptions of observed events that happened during the interviews. For example, this researcher took written notes during each interview. These observational notes helped this researcher to recall participants’ characteristics and nonverbal communications, such as body positioning, eye contact, facial expressions, gestures and emotional responses from the FaceTime® interviews and assisted in providing follow-up questions in the one email interview. Moreover, observation notes assisted in synthesizing and understanding the data.

In addition, because interpretive phenomenology insists that it is impossible to “bracket one’s being-in-the-world” (Polit & Beck, 2017, p. 472), this researcher maintained a reflexive journal throughout the data collection and analysis process. This reflexive journal was used to assist this researcher in self-reflecting on her experiences and how it related to mindfulness practices. This researcher designated time prior to and after each interview to reflect on and inventory beliefs, as well as indicate specific concerns arose throughout the data collection and analysis process. This reflexive journal also assisted this researcher in interpretation, and was essential to the interpretive process (Laverty, 2003).

Analysis

Analysis of the data was undertaken using Diekelmann, et al. (1989) seven-stage process of hermeneutic analysis. This type of data analysis included collaboration among a team of researchers, such as the dissertation committee working with this researcher on this study. However, to maintain confidentiality of the participants, the dissertation committee only saw the pseudonym given to each participant. Additionally, this collaboration helped to uncover the shared practices and common meanings found in the text of the participants (Polit & Beck, 2017).

For the purpose of this study the researcher referred to the texts, reflexive journal, and observation notes during all stages of analysis. Data analysis began with this researcher manually transcribing all recorded interviews into a word document and then relistening to all interviews to make sure the transcription was accurate. This researcher then developed a category scheme to organize data and coded the data for correspondence to the categories. Organization of the data was first done while reading the text and writing relevant codes in the margins of the text. The data was further organized by writing coded narrative on color-coded narrative index cards that corresponded with the category scheme. The color-coded index cards were then put into a conceptual folder that matched the coded category (Polit & Beck, 2017). This researcher then conferred with the dissertation committee to review the analysis and discussed and confirmed findings and information power. Additionally, this researcher communicated through email with the dissertation committee throughout the various stages of analysis and discussed and confirmed the findings. This process, according to Streubert and Carpenter (2011), allowed for a rich interpretation of the phenomenon, “Through free

imagination variation, researchers make connections between statements obtained in the interview process" (p. 92).

Hermeneutic seven-stage analysis. Diekelmann, et al. (1989) outlined a seven-stage process in hermeneutic analysis. "The goal of hermeneutics is discovery and understanding of the meaning embedded in the text" (p. 13). Finding meaning in the text is done through analyzing the texts in seven-stages. This seven-stage process utilizes the hermeneutical circle. By implementing the hermeneutical circle, this researcher was able to better understand the meaning embedded in the text through the process of first looking at the text as a whole and then seeing how the meaning of the whole text is changed by confrontation with the detailed parts of the text. Therefore, the purpose of the seven-stage process is to expose conflicts and inconsistencies by allowing "reappraisals and comparisons in each stage thereby ensuring that interpretations are grounded and focused" (Diekelmann et al., 1989, pp. 12-13).

Stage one of hermeneutic analysis by Diekelmann et al. (1989) consisted of examining all the text from each interview, this researcher's reflexive journal, and observation notes, for an overall understanding. This researcher read and reread the verbatim transcriptions as to become immersed in the data and gained an overall understanding of the participants' experience of mindfulness practices. During stage two of analysis, interpretive summaries of each interview were written identifying categories with excerpts from the text to serve as supportive data of the interpretation. This researcher then provided the interpretation of the categories to the dissertation committee to help with clarifying analysis (Diekelmann et al., 1989). During stage three of analysis, confirmation of analysis with the dissertation committee was sought. This researcher

further analyzed the texts and compared interpretations of the categories with the dissertation committees' interpretation of the categories for similarities and differences. Any discrepancies in the interpretations were clarified by referring to the text (Diekelmann et al., 1989). During stage four of analysis, the researcher identified four relational themes. These relational themes represented the expression of similar meanings of the participants' experience that were found across all the interviews (texts). The relational themes also represented the patterns found within the relational themes. In this stage extensive documentation was provided to support relational themes "whenever conflicts arose among various meanings within the texts" (Diekelmann et al., 1989, p. 12). Stage five of analysis identified an overall constitutive pattern. Constitutive pattern(s) are considered the highest level of hermeneutical analysis. At this stage, this researcher identified one overall emerged pattern that was present in all the data and distinguished the relationships of the relational themes (Diekelmann et al., 1989). Stage six of analysis validated the analysis by providing the opportunity for review of the entire analysis to members of the dissertation committee. Stage seven is the last stage of analysis. In this final stage of analysis this researcher prepared the final report using sufficient excerpts from the texts to allow for validation of the findings by the dissertation committee (Diekelmann et. al., 1989). Responses or suggestions from the dissertation committee were incorporated into the final draft (Polit & Beck, 2017).

Rigor

Rigor for the proposed study was established using Lincoln and Guba's (1985) framework to develop trustworthiness. According to Lincoln and Guba, the trustworthiness of a study is determined by the researcher's ability to establish confidence

that the findings and interpretations of a study are true. In Lincoln and Guba's (1985) framework, there are five criteria, which are used for evaluating the trustworthiness of a study. These criteria consist of credibility, dependability, confirmability, transferability, and authenticity.

Credibility refers to the researcher's confidence that the data and interpretations found within the study are truthful (Polit & Beck, 2017). To help ensure credibility Lincoln and Guba (1985) recommend several techniques that help increase credible findings. One technique that this study utilized is prolonged engagement. Prolonged engagement refers to "spending enough time to become oriented to the situation" (p. 302). This involves the researcher being able to gain an in-depth understanding of the participants' experience, building trust with the participants of the study, and ensuring saturation of key categories (Polit & Beck, 2017). Through prolonged engagement the researcher is given the opportunity to build trust and rapport with the participants to ensure confidentiality. Prolonged engagement and building trust was sought through in-depth, computer-mediated interviews and one email interview. Prolonged engagement was also sought through immersion in the data. Additionally, person triangulation was used in this study. Person triangulation is used to confirm credibility. Person triangulation involves collecting data from different individuals with the aim of validating data from multiple perspectives on the phenomenon (Polit & Beck, 2017). Person triangulation is appropriate, as the participants in this study, through multiple perspectives on the meaning of mindfulness practices, contributed to validate the findings of this study. Lastly, credibility was ensured through debriefing with the dissertation committee, reflexivity through journaling and observation notes, utilization of purposive sampling

with information power, transcribed verbatim audio-recordings, and rich descriptions of the mindfulness practice experience.

Dependability refers to the reliability of the data over time (Polit & Beck, 2017). Lincoln and Guba (1985) stated, "there can be no validity without reliability (and thus no credibility without dependability)" (p.316). Dependability was sought through remaining committed to Heideggerian hermeneutics methodology including its philosophical underpinnings, an audit trail detailing the data, findings, interpretations, and recommendations of this study in a reflexive journal. Additionally, dependability was sought through person triangulation, as mentioned above.

Confirmability refers to the findings of the study as representing the participants' voice rather than this researchers voice. In this way, confirmability refers to the objectivity of the data and the interpretations found within the study (Polit & Beck, 2017). Lincoln and Guba (1985) recommended keeping a reflexive journal to establish confirmability. Therefore, confirmability was sought with the use of a reflexive journal. This journal assisted in this researcher documenting her perspective on mindfulness practices and reflections on the research process. Additionally, confirmability was sought through remaining committed to Heideggerian hermeneutics methodology including its philosophical underpinnings, an audit trail detailing the data, findings, interpretations, and recommendations of this study, and peer debriefing with the dissertation committee.

Transferability refers to the study's findings having applicability in other contexts or settings. Transferability is accomplished by providing a detailed (thick) description of the research setting, study participants, and observed transactions and processes (Polit & Beck, 2017). Lincoln and Guba (1985) referred to this thick description as providing a

database that makes transferability possible. Transferability was sought in this study by purposive sampling that provided thick descriptions of the participants' demographics, inclusive of participants' age, gender, race/ethnicity, status in nursing program, and the type of mindfulness practice the participants engaged in. Additionally, transferability was achieved in this study by the inclusion of quotes from participants to elucidate the participants' experiences, observation notes during all interviews, and attaining information power.

Authenticity refers how well the researcher can convey the genuine mood or attitude of the participants' lived experience of a phenomenon (Polit & Beck, 2017). Authenticity was sought in this study by conducting computer mediated interviews with FaceTime® to facilitate observation of the participants while allowing the researcher to make notations of non-verbal communication and responses to questions. Additionally, transcribed verbatim audio-recordings, reflexive journaling, prolonged engagement with data immersion, and providing a thick database of this study helped to ensure authenticity. See Figure 1.

Trustworthiness Criterion and Definition	Rigor Strategies
Credibility *Confidence that the data and interpretations found within the study are truthful*	✓ Prolonged engagement through in-depth interviews and immersion in the data ✓ Peer debriefing with dissertation committee ✓ Reflexivity through journal writing and observation notes ✓ Person triangulation validating data from multiple perspectives of the phenomenon ✓ Purposive sampling and information power ✓ Audio-recordings transcribed verbatim ✓ Rich descriptions
Dependability *Reliability of the data over time and conditions*	✓ Remaining committed to chosen Heideggerian hermeneutics methodology ✓ Person triangulation ✓ Audit trail through reflexive journal
Confirmability *Objectivity of the data and the interpretations found within the study*	✓ Remaining committed to chosen Heideggerian hermeneutics methodology ✓ Audit trail through reflexive journal writing ✓ Peer debriefing with dissertation committee
Transferability *Study findings having applicability in other contexts or settings*	✓ Thick descriptions ✓ Purposive sampling and information power
Authenticity *Extent to which the researcher can convey the genuine mood or attitude of the lived experience being studied*	✓ Thick descriptions ✓ Reflexivity though journal writing ✓ Prolonged engagement with data through in-depth interviews and immersion in the data ✓ Audio-recordings transcribed verbatim

Figure 1. Study Trustworthiness Protocol using Lincoln and Guba's (1985) Trustworthiness Criteria.

Summary

The aim of this study was to interpret the lived experience of nursing students engaged with mindfulness practices. This chapter presented the qualitative design of the study and included the philosophical basis of Heideggerian hermeneutic phenomenology. The procedural steps of hermeneutic phenomenology were discussed as well as the translation of concepts, sampling plan, setting, gaining access, human rights, and analysis using Diekelmann et al. (1989) process of hermeneutics were included. Additionally, methods for ensuring rigor of this study were addressed. Chapter four of this dissertation will detail the results of this qualitative study.

CHAPTER FOUR

FINDINGS OF THE STUDY

The meaning of mindfulness practices from the nursing student perspective is discussed in this chapter. Using hermeneutic phenomenology methodology this qualitative study interpreted the lived experience of eleven nursing students engaged in mindfulness practices and enrolled in BSN programs. Through in-depth interviews ten computer mediated interviews were conducted through FaceTime® and one interview was conducted through email. Comprehensive data analysis followed Diekelmann et al. (1989) seven-stage process in hermeneutics. The meaning of nursing students' mindfulness practices were interpreted in the constitutive pattern of *professional growth.* Four relational themes and four corresponding sub-themes were identified to capture the multidimensional nature of the phenomenon: (a) valued benefits (stress reduction and equanimity), (b) awakening self-love through self-care (self-awareness and self-compassion), (c) emerging self (resilience and presence), and (d) evolving professional identity (holistic person-centered care and patient advocacy).

The constitutional pattern of professional growth expresses the relationship among the relational themes and sub-themes, is present in all the interviews, and "gives actual content to a [nursing student's] self-understanding or to a [nursing student's] way of being in the world" (Polit & Beck, 2009, p. 476). In addition, the multidimensional process of the nursing students' experience of their mindfulness practice is interdependent and developed simultaneously in the findings of the relational themes and sub-themes. The relational themes, sub-themes, and overall constitutive pattern are also linked to the noble Eightfold Path that leads to enlightenment through liberating one from suffering and cultivating compassion for all living things, which for the participants in

this study consisted both of diminishing the effects of stress experienced while attending nursing school and the development of ethical comportment. Both of these findings contributed to the optimal formation of professional identity and in turn to the participants' professional growth. Lastly, the cultivation of the eight divisions of the Eightfold Path as discussed in Chapter Two, break down to three essentials of Buddhist training known as mental discipline, wisdom, and ethical conduct. These three essentials are also interdependent and developed simultaneously by the participants in this study as illustrated in Figure 2.

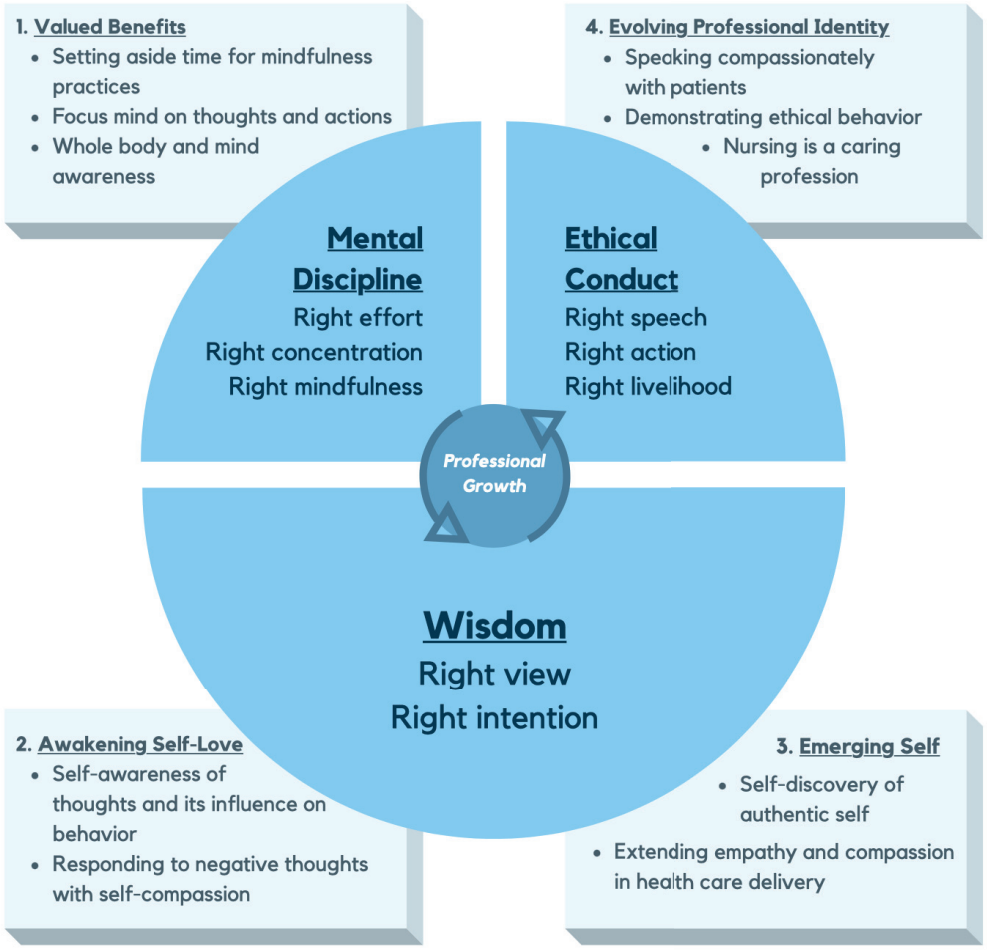

Figure 2. Eightfold Path and Professional Growth.

A detailed discussion of the relational themes, sub-theme(s), and overall constitutive pattern is presented along with data, including meaningful comments from the participants' interviews and support from the literature. Given the interdependent and simultaneous nature found in this multidimensional process, the Eightfold Path, and to provide a more coherent understanding of how each relational theme and sub-theme(s) contributes to uncovering the overall constitutive pattern interpreted in this study, the findings of this study will be discussed according to each component as illustrated in Figure 3. Henceforth this chapter begins with a short description of the findings of this study; followed by a discussion on the demographics, and a brief discussion is offered on mindfulness in Western research and its integration into Western psychology to provide context for the findings of this study.

Analysis uncovered the meaning of nursing students' experience of engaging in mindfulness practices as a multidimensional process. The constitutive pattern of professional growth had come to be experienced as a mutual reciprocity between personal and professional transformation that positively impacted stress management and the formation of professional identity among the participants in this study. This process is illustrated in Figure 3.

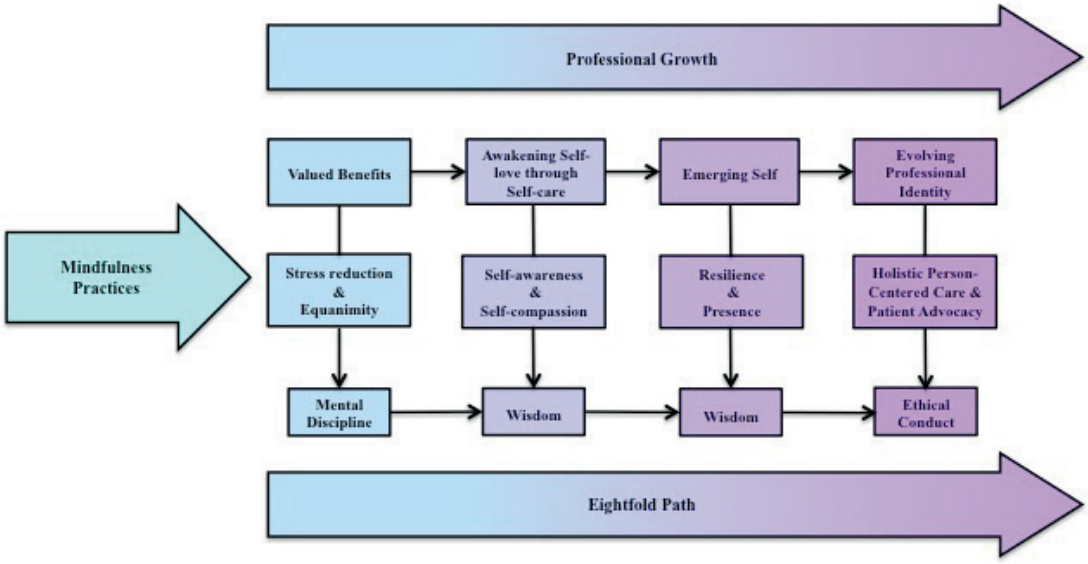

Figure 3. Multidimensional Process of Mindfulness Practices, Relational Themes, Sub-themes, Eightfold Path, and the Overall Constitutive Pattern of Professional Growth. Relational themes include valued benefits, awakening self-love through self-care, emerging self, and evolving professional identity. Eightfold Path includes mental discipline, wisdom, and ethical conduct.

Demographics

All participants of this research study were female and at least 18 years of age, with the majority of participants 63.6 % (n = 7) at the age range of 18-21. The age span of the participants' in this study is typical for a BSN program as identified by the NLN (2018a), in which the average age of students entering a BSN program is under age 25. Over 80 % (n = 9) of participants in this study were under age 25. Most participants, 54.5 % (n = 6) were in their junior year of their nursing program and Caucasian/White 90.9% (n = 10). The majority, 63.6 % (n = 7) of the participants engaged in both meditation and yoga. A detailed description of the participants' demographics is displayed in Table 1.

Table 1

Participant Demographic Information

Demographic	Percentage (*n*)
Enrollment Status	
Freshman	9. 1 (1)
Sophomore	0 (0)
Junior	54.5 (6)
Senior	36.4 (4)
Age	
18 – 21	63.6 (7)
22 – 25	18.2 (2)
26 – 30	0 (0)
31 – 34	18.2 (2)
35 and older	0 (0)
Gender	
Female	100 (11)
Race/Ethnicity	
Caucasian/White	90.9 (10)
African American/Black	9.1 (1)
Other	0 (0)
Mindfulness Practice	
Meditation	27.3 (3)
Yoga	9.1 (1)
Meditation and Yoga	63.6 (7)

The study participants reported using guided meditation through websites, computer apps, and video-sharing platforms as the most popular way to meditate. Types of meditations reported included: mindfulness, loving-kindness, visualization, breath, mantra, and Qigong. Mindfulness meditation is used to explore one's current experience and cultivate awareness and insight into the nature of one's personal conditioning and

mental reality (Didonna, 2009). An example of this would be an individual's fear of failure and the emotions that fluctuate with that fear. In this example one cultivates awareness and insight into one's fear of failure (personal conditioned response) as well as into the nature of one's mental reality (the experience of that conditioned response). Meditations such as visualization, breath, mantra, and loving-kindness are considered concentration meditations with a focal object. According to Didonna (2009) these meditations use breath, mantra, visualization, and loving-kindness as the focal point of the meditation. In concentrated meditations the mind is gently brought back to the object when it becomes distracted by other thoughts. This type of meditation elicits generalized calmness. Qigong is a moving meditation that integrates physical postures and breathing exercises for physical and psychological health, self-awareness, and spiritual growth (Wang, Li, Choudhury, & Gaylord, 2019).

The study participants' reported doing yoga through websites, computer apps, and video-sharing platforms as well as practicing in yoga studios and fitness gyms. Participants' reported practicing Vinyasa yoga as the most frequently used yoga discipline. Other reported yoga disciplines included Yin, Hatha, Bikram, and Acroyoga. Vinyasa yoga is fluid and quick paced. It utilizes rhythmic breathing with a series of flowing postures. Yin yoga on the contrary is slow paced and utilizes props and passive poses that are meditative and relaxing. Hatha yoga combines breath work and basic yoga postures at a moderate pace. Bikram yoga is a more disciplined yoga practice. It utilizes 26 specific poses, done in a specific order in a room heated to 105ºF, with humidity at 40 % (Weil, n.d.). Acroyoga combines yoga and acrobatics and includes a partner that centers on trust and communication (Stanger, n.d.).

Noteworthy demographics that add to the context of the participants' mindfulness practices included all participants being female and who and what influenced the participants to begin meditation and/or yoga. Nearly 46% (n = 5) of the participants reported that a family member, in most cases the participant's mother, influenced them to practice meditation, yoga, or both to help manage stress and enhance overall wellness. This was closely followed up by 36.4% (n = 4) of participants reporting a preexisting mental health condition of anxiety and/or depression, and 18.2 % (n = 2) participants reported having a preexisting medical condition that influenced them to practice meditation and/or yoga.

These findings are similar to the findings from Wang et al. (2019) and Alwhaibi and Sambamoorthi (2016). Wang et al. (2019) study utilized National Health Interview Surveys managed by the Centers of Disease Control and Prevention's National Center for Health Statistics to examine the characteristics of yoga, tai chi, and Qigong (YTQ) among U.S. adults between 2002-2017. Results indicated that not only was YTQ one of the top three complementary and alternative medicine (CAM) therapies people used for promoting well-being and treating medical conditions, of which included anxiety and depression, but it was more often used by women, and was only sought after learning about it from a friend or family member rather from a healthcare provider. Further, Wang et al. found that only about one-third of their study's participants disclosed their use of YTQ to their medical providers, suggesting not only a gap in communication between patient and health care provider during routine clinical encounters, but also a missed opportunity for teaching about CAM therapies with patients. Based on their findings, Wang et al. recommended education and training of YTQ for both health care

professionals and established health care professionals as a solution in integrating these practices into the health care system to facilitate communication and teaching on CAM.

Additionally, Wang et al. (2019) discovered growing interest for using CAM therapies, specifically for mental health issues such as anxiety and depression. Wang et al. found that mental health issues were identified as the second, after pain conditions, as the most important medical condition mentioned for practicing YTQ. In particular, the use of YTQ for mental health issues had risen steadily from 2002. Wang et al. noted that mental health issues were upgraded to second place in 2012, from third in 2002 and 2007, in the National Health Survey used in their study. Considering these findings, the use of YTQ as being perceived as being helpful in ameliorating the effects of mental health issues, especially among individuals "who do not respond well to prescribed medications or psychotherapy" (p. 759), and the increasing prevalence of mental illness in the world, Wang et al. recommend future studies exploring how to integrate mind-body therapies into conventional medical practices to increase benefits for individuals of various demographics.

Similarly, Alwhaibi and Sambamoorthi's (2016) study also utilized the 2012 National Health Interview Survey to examine the sex differences in the use of CAM among adults with multiple chronic conditions (MCCs). Their study identified MCCs as two or more chronic physical or mental health conditions, with depression being listed as one of the mental health conditions. Their findings revealed that that more women (37.8%) than men (24.4%) suffered from both chronic physical and mental health conditions and that women with both physical and mental health conditions were more likely to use CAM than men.

The findings in this current study support Alwhaibi and Sambamoorthi (2016) and Wang et al. (2019) findings. As indicated, participants in this study were all female and experiencing stress in nursing school. Some of the participants in this study also had a preexisting chronic medical condition, 18.2 % (n = 2) or a preexisting mental health condition, 36.4 % (n = 4) that added another dynamic to the stressors of nursing school. Additionally, nearly 46% (n = 5) of the participants were influenced to engage in mindfulness practices from their mother. Considering the high stress experienced among nursing students, women being more afflicted by chronic physical and mental health conditions, and the stress reduction shared by the participants in this study, mindfulness practices should certainly be incorporated into nursing students' education and training to enhance overall wellness that may transcend into professional practice.

Other noteworthy demographics included the race/ethnicity and gender of the participants in this study. Only one participant in this study identified as coming from a minority race. Further, there were no male participants who contributed to this study. These demographics emphasize AACN's (2019b) call for increasing diversity in the nursing workforce. According to AACN's report on *2018-2019 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing,* "nursing students from minority backgrounds represented 34.2% of students in entry-level baccalaureate programs." (AACN, 2019b, para. 5). Based on these findings, more must be done to recruit diverse nursing students that reflect the growing population.

Mindfulness and Western Research

Because this research explored the meaning of mindfulness practices among nursing students from the Western psychological perspective it is important to briefly

summarize the need of this study's findings to the literature. As previously mentioned in Chapter One, mindfulness evolved from Buddhist and other contemplative traditions (Didonna, 2009; Bonadonna, 2003). However, the meaning of mindfulness remains ambiguous and abstract in Western health care and health promotion because it has been conceptualized within the Western framework (LeBlanc & Mohiyeddini, 2013). The literature reveals that in attempting to conceptualize mindfulness in the Western scientific framework there is a lack of agreement on the core aspects of the mindfulness construct. (Bear et al., 2008; Bishop et al., 2004; Grabovac et al., 2011; Shapiro, Carlson, Astin, & Freedman, 2006). While the research on mindfulness suggests that self-report mindfulness questionnaires have good psychometric properties (Bear et al., 2006), they do not explore the Eastern perspective of the subjective experience of the mind and consciousness (Grabovac et al., 2011). For example, Park, Reilly-Spong, and Gross' (2013) systematic review on 10 different mindfulness instruments measuring self-reported mindfulness revealed that the instruments used to measure mindfulness did not have sufficient evidence of content validity and asserted the need for qualitative methods using semi-structured interviews to confirm understanding and relevance of self-reported mindfulness tools. Based on these findings, Desbordes et al. (2015) contend, "the emerging field of contemplative science has been challenged to describe and measure the effects of meditation and other related contemplative practices and to explain their relevance for health and well-being" (p.357). These findings underscore the need for this study to provide context and meaning of the experience of mindfulness practices, especially as it relates to nursing students.

Integrating Mindfulness in Western Psychology

From a classical Buddhist perspective mindfulness meditation is the application of the Eightfold Path that leads to enlightenment, (liberation from suffering), and compassion for all living things. From a Western scientific perspective mindfulness leads to well-being, but also a more evolved way of being human (Didonna, 2009). Buddhist psychology intersects with Western psychology in the idea of individuals having the capacity to heal themselves from within. This has inspired the development of Western psychotherapies such as Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT), and Mindfulness-based Cognitive Therapy (MBCT). These therapies teach patients to alter their relationship to their inner experience to bring about an increase in their well-being (Desbordes et al., 2015). "The word 'Buddha' actually means 'awake,' and the historical Buddha was a man who undertook a program of transformation, otherwise understood as [mindfulness], in Western psychology. The program of transformation resulted in Buddha's 'awakening' from the misconceptions of delusion [anxiety and worries] and the addictions [automatic maladaptive behaviors] of desire [attachments]," which led to enlightenment [well-being] and compassion [sharing of suffering with another] (Didonna, 2009, p.32). Figure 4 illustrates mindfulness from an Eastern and Western perspective.

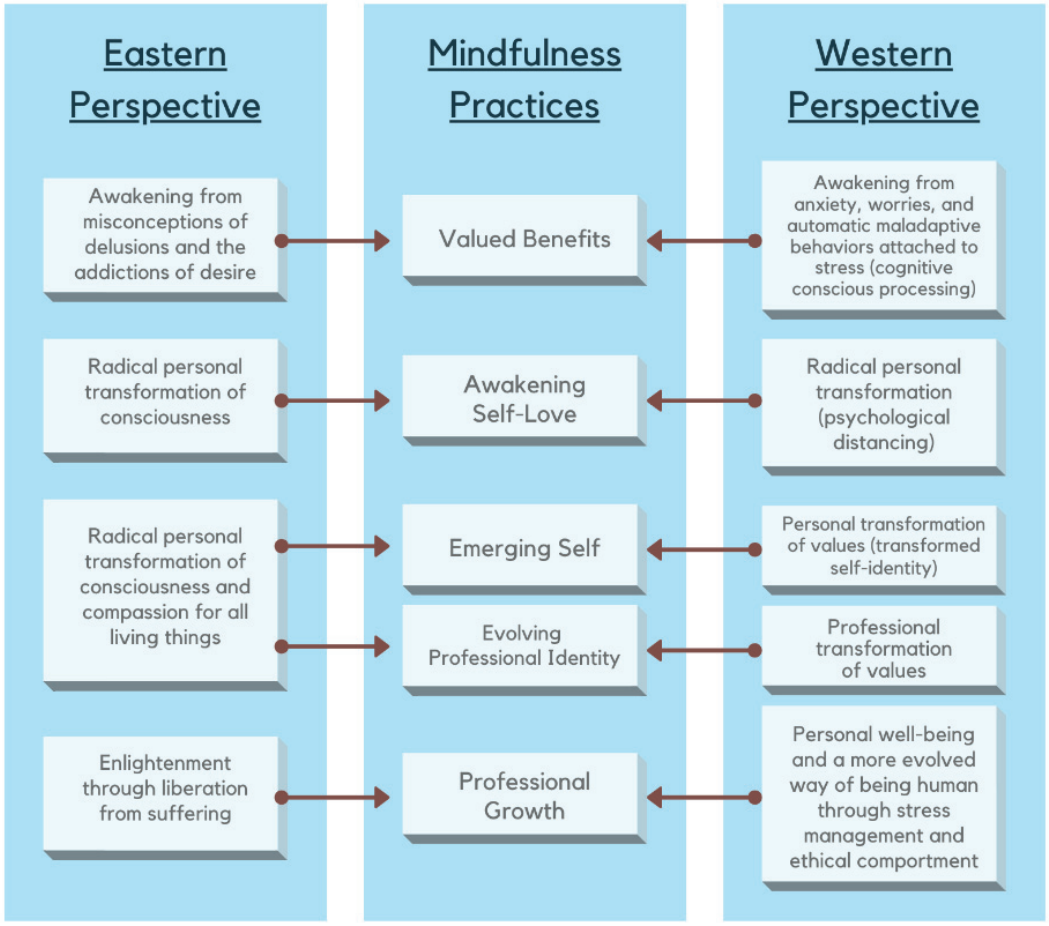

Figure 4. Eastern and Western Perspective of Mindfulness Practices.

But what does 'awakening' mean from the Western psychological perspective? Further, what does altering one's relationship to their inner experience entail? These two queries were explained by Didonna (2009) but further elucidated by the lived experience of participants in this study. According to Didonna (2009), by engaging in mindfulness practices one increases their capacity for objectivity and compassion through self-acceptance of their internal experience. Self-acceptance in turn enables one to observe the contents of their awareness without being fused with it, and thereby provides the catalyst in changing one's relationship to their experience. The ability to change the relationship to stress is facilitated through cognitive conscious processing, which will be further

discussed in the upcoming relational themes of valued benefits, awaking self-love through self-care, and emerging self. In this process one develops the ability to step out of their usual way of processing information and allows space for one to respond to their experience rather than react to it. In addition, one develops a new sense of self that has the capacity to separate or disidentify oneself from disruptive thoughts, emotions, and body sensations instead of being controlled by them, which is understood as emotion self-regulation in Western psychology. The capacity to witness one's personal narrative rather than being immersed in it is a profound shift of perspective and its process has been called in Western psychology: psychological distancing, decentering, cognitive diffusion, metacognitive insight, deautomatization, and reperceiving (Shapiro et al., 2006). This shift in perspective simultaneously results in developing greater clarity and equanimity, which allows one to respond skillfully, despite their disruptive thought patterns (Desbordes et al., 2015; Shapiro et al., 2006). It is from this premise that the participants in this study embarked on a self-care practice of personal and professional transformation that facilitated both the reduction of the stress experienced in nursing school and the development of ethical comportment. This in turn contributed to formation of professional identity and ultimately to the participants' professional growth. On this journey, mindfulness practices awakened the participants' awareness of their anxieties, worries, and automatic maladaptive behaviors attached to the stress of being a nursing student, which in turn awakened the participants' awareness of their authentic selves, and their personal and professional values. Accordingly, the participants' awakened awareness positively impacted not only their experience of well-being and a more evolved way of being human (Didonna, 2009), but their awakened awareness was

transferred over to and positively impacted the patients in their care during clinical practica. The components of this journey follow.

Findings/Relational Themes

Relational Theme One: Valued Benefits

In this study the participants reported that they had come to value the benefits of stress reduction and the gradual development of equanimity received from their mindfulness practice. The participants expressed their difficulty in dealing with the stressors of nursing school. Through the practice of meditation and/or yoga, the participants noticed how stressed they were and how their thoughts got fixated on their maladaptive emotional reactions to the stress of being a student. Participant "Seven" expressed best the emotional ups and downs felt by every participant as they became fixated on their emotional reactions to stress, "I remember I was really stressed out. I was like an emotional roller coaster, crying all the time." Through their mindfulness practice the participants learned how to change their relationship to the stress they were experiencing and discovered for themselves how to skillfully respond rather than impulsively react to it. In doing so, the participants in this study began their journey of personal transformation that would eventually lead to professional growth. Participant "Three" explained:

> Mediation has helped me realize that there are things in my life that may seem very stressful in the moment, but after I take a couple minutes and I'm able to recollect, are not nearly as stressful as I think they are, and I can go back into them and think much more clearly and not be quite as worried as I was before. I'm able to recognize things within myself and know when I'm way too stressed

one way and maybe way to calm the other, and I'm able to meet it halfway and find a good balance.

Learning how to change the relationship to stress is what Jon Kabat-Zinn referred to as relationality, and he uses this word to best describe mindfulness. He explains that mindfulness is about how individuals are in relationship to whatever it is that unfolds or arises to them moment by moment, including in the body, the breath, thoughts, emotions, likes, dislikes, pain, and suffering (O'Brien, 2015). However, changing the relationship to stress can also be understood through cognitive science. Here science has suggested that conscious processing occurs on two levels. These two levels are first-order processing, also known as default mode, and second-order processing, also known as awareness (Didonna, 2009). In first-order processing (default mode), one automatically processes experiences through cognitive filters of judgments, labels, beliefs, and opinions. However, in second-order processing, one becomes aware of experiences as they simply appear by stepping out of the usual way of processing information, thereby allowing one to respond to the experience instead of reacting to it. Moreover, it is through second-order processing (awareness) that one experiences an "intimacy with the conscious experience" by providing insight into self (Didonna, 2009, p. 63).

The participants explained that their relationship to stress changed by becoming aware (second-order processing) of their thoughts and the emotional responses tied to them. The participants discussed that their changed relationship to stress was assisted by "focusing on the breath," to detach from negative emotions, by "quieting thoughts," and for some participants in the study, this "improved sleep." Participant "Four" provided key insight into this changed relationship to stress:

> It's not judging what you're thinking. It's recognizing it's an emotion, a thought and letting it dissipate, um and being able to focus on something else. So going back to your breathing and having headspace to control the emotions, or the thoughts, or not even necessarily the ability to control, but ability to know it, recognize it, and let it pass. I feel like when you have headspace, you're able to formulate a thought better. You're able to think about something and understand it, and after meditation it goes to a more peaceful place.

With this understanding the relationship to stress changed for the participants as they learned to pause and reflect on their thoughts and emotions during their mindfulness practice and discovered how not to be controlled by them. By pausing and reflecting the participants developed inner clarity and detachment. Once the participants became detached from their thoughts and emotions, they began to gradually develop equanimity. It is important to note that detachment does not mean indifference. Detachment in mindfulness has been referred to as the "elimination of craving or clinging to the objects of desire or discontent" (Desbordes et al., 2015, p.359). Meanwhile, equanimity has been defined from the Buddhist perspective as "a deep evenness of mind that regards phenomena with complete objectivity" (Didonna, 2009, p. 41). Desbordes et al. (2015) expands on this definition to define equanimity as allowing "awareness to be even and unbiased by facilitating an attitude of non-attachment and non-resistance" (p. 358). However, Fronsdal and Pandita's (2005) definition of equanimity aligns most with the experience of participants in this study citing it can be viewed as having the capability to not get internally or externally overwhelmed with one's thoughts and experiences. In this study, mindfulness practices provided the means for the participants to become more

aware of their maladaptive or negative thought patterns and cultivate the capability to become less reactive to them. Participant "Nine" elaborated, "It's not reacting, it's responding. So, instead of coming at something with a large passionate emotion, whether positive or negative, you're just looking. You're observing." This allowed the participants to respond to their experience of stress in a more productive way. This process helped to develop equanimity and provided a feeling of calmness of mind.

Research supports the participants' experience of stress reduction, equanimity, improved sleep quality, and breath awareness (Beddoe & Murphy, 2004). A qualitative study from Van der Riet, Rossiter, Kirby, Dluzewska, and Harmon's, (2015) explored the impact of a seven-week mindfulness-based stress reduction (MBSR) program with 14 first year nursing and midwifery students in Australia. Participants from their study reported improvements in clarity of thought, focus, a reduction in negative though patterns, improvement in sleep, and the need to utilize the MBSR techniques taught as a way to manage that stress. Similar findings of stress reduction and decreased anxiety were revealed among nursing students in Korea in a study by Kang, Choi, and Ryu's, (2009). Song and Lindquist (2015) also found a decrease in stress and anxiety, as well as a decrease in depression, in their eight-week MBSR program among 21 Korean nursing students.

Beddoe and Murphy's (2004) quantitative study explored the effects of an eight-week MBSR course on stress and empathy among 16 nursing students. Results revealed that student nurse anxiety was diminished through mindfulness practice and empathy trends were favorable. While the finding on empathy will be discussed further in relational theme three (emerging self) results of Beddoe and Murphy's study relevant to

this theme included both breath awareness and changing the relationship to stress. Seventy-five percent of the participants in their study reported that breath awareness was beneficial in coping with stressful situations. Moreover, 63% of participants reported changes in their relationship to thoughts and feelings and their reaction to them. Although Beddoe and Murphy (2004) cited increased awareness and acceptance of thoughts and feelings as the cause of this changed relationship, their study did not provide in-depth discussion on that experience. This study adds context by providing insight into the mechanisms involved in changing the relationship to stress. This will be discussed in more detail in the upcoming relational theme of awakening self-love through self-care.

Mental discipline. The participants' commitment to continue with their mindfulness practice corresponds with the Eightfold Path requirement of mental discipline. In the Eightfold Path, mental discipline is attained through right effort, right concentration, and right mindfulness. The participants had to apply a certain quality, effort, and concentration to their mindfulness practice to bring about the valued benefits they were experiencing (Didonna, 2009). Participant "Three" demonstrated right effort and concentration and captured the dedication shared by other participants in this study, "It really ended up being a lifesaver for me in terms of how I go about my weeks because I'm now able to say, okay I have to set aside time for meditation.'' Additionally, the participants attained right mindfulness through whole body and mind awareness in the present moment. Participant "Three" and Participant "One" expressed what many participants experienced, "I've become so much in touch with how I feel through meditation" and yoga provides "the ability to listen to your body and what your body needs." By applying mental discipline, the participants began to focus their mind on

being fully aware of their thoughts and actions. Further, the participants put into motion a path of exploration that assisted in alleviating their stress experienced in nursing school and began their personal journey of self-discovery that lead to professional growth.

Sub-theme one: Stress reduction and equanimity. As discussed in Chapter One, nursing students experience high levels of stress from the workload of both didactic and clinical learning, however little is known about meaning of stress reduction from the nursing student perspective (Bartlett et al., 2016; Groebecker, 2016; Ratanasiripong et al., 2012; Reeve et al., 2013; Timmins et al., 2011; Wallace et al., 2015). Three patterns emerged in the sub-theme of stress reduction and equanimity: (a) connecting to spirituality, (b) unanticipated developments, and (c) motivation to continue.

Connecting to spirituality was an important part of the participants' mindfulness practice that contributed to reducing stress levels and the development of equanimity. The AHNA (2007) defines spirituality in part:

> The feelings, thoughts, experiences, and behaviors that arise from a search for meaning. That which is generally considered sacred or holy…The essence of being and relatedness that permeates all of life and is manifested in one's knowing, doing, and being. The interconnectedness with self, others, nature, and God/Life Force/Absolute/Transcendent. Not necessarily synonymous with religion (p. 70-71).

The participants expressed how their mindfulness practice helped them to relate spiritually to "self," "God," or to a "higher power." Participants described how meditation supported them to "tune in," "receive guidance," and connect prayerfully to a "higher power." For several participants, their growing spirituality provided a means for

quieting thoughts, deep listening, surrendering, and detaching from the burdens of worry, resulting in equanimity and well-being. Participant "Ten" explains best stating:

> I always say that I don't follow a religion, I follow a relationship…and I'm very rooted in my Christian faith so it allows me to listen to God or listen to my intuition, and just slows down my thoughts… and I try to incorporate pretty much like everything I do to connect and encounter God and even in my yoga and meditation I am able. I do feel like I am able to connect with God and really listen to Him and give Him all my burdens and whatever. And just kind of lay them down and surrender [detach from] them.

These findings are similar to Hensel and Laux's (2014) study, as discussed in Chapter Two. Their study measured spiritual growth among nursing students by looking for evidence of transcending, connecting, and developing to achieve inner peace and a sense of purpose. Findings revealed that spiritual growth was positively associated with decreased perceived stress as well as assisting to form positive professional identity among nursing students throughout prelicensure education and through transition into professional practice. Hensel and Laux's study found the strongest relationship between increased spiritual growth and decreased perceptions of stress. Their findings suggested implementing stress management techniques that integrate spiritual growth practices to promote effective stress management. For several participants in this study, engaging in their mindfulness practices facilitated spiritual growth. Likewise, Jun and Lee (2016) found that spirituality could provide nursing students with enhanced self-efficacy (as discussed in relational theme three, emerging self), so that they are able to perform their professional roles based on their professional values, (as discussed in relational theme

four, evolving professional identity). Lastly, Fabbris, Mesqutia, Caldeira, and Carvalho (2017) analyzed the relation between anxiety and spiritual well-being among 169 nursing students in Brazil. Results revealed that high levels of spirituality were associated with lower levels of anxiety. The finding of connecting to spirituality contributes to the aforementioned studies by providing insight into how mindfulness facilitates how nursing students relate to their sense of spirituality and, as discussed in upcoming relational themes, contributes to providing quality person-centered care and forming positive professional identity.

Additionally, participants in the study reported on unanticipated developments from their mindfulness practice. Participants reported being initially surprised in the efficacy of meditation to manage their stress and anxiety, believing that guided meditation was just "someone talking to me." "This won't work." And, "I'll be able to handle my stress." Participants discussed how continued practice facilitated stress reduction, "I was able to actually see the results, and as I got older I was able to become more in touch with my breathing and my mental state" and "that eye awakening moment of 'wow' this is actually working." Participant "Two," a senior, expressed her initial doubts in the efficacy of practicing meditation on stress management, while also acknowledging how it assisted her in overcoming the mental challenges she faced during nursing school:

> I kind of went into it like I don't think this is going to work. But coming out of that first experience, it was half way through last year, I found it helped me clarify everything that I needed to do, and really opened up my mind that I can relax under high stress, and that I can figure out and prioritize what I need to do to

> overcome what I'm going through, and that kind of diminished the anxiety and the worry that I won't have enough time to study, or I won't have enough time to get through all this. I saw more clarity in my notes, less panic attacks, less anxiety attacks, and generally less anxiety overall in terms of me, or my outlook on school and overall a lot more clarity on how I approach school so [I'm] not overwhelmed.

Similar findings were found in Foureur, Besley, Burton, Yu, and Crisp (2013) study that explored the effectiveness of an eight-week MBSR program with 20 midwives and 20 nurses in Australia. Qualitative data on learning gained from the program included the element of surprise in the development of equanimity. A nurse commented: "surprised at how calm my responses sounded despite how stressed I feel" (p. 121). Van der Riet et al. (2015) findings also revealed an element of surprise in the efficacy of mindfulness practices, "…I did not even realize that it would help but when I did realize, oh, that is a good thing" (p. 47). Despite these findings, many of the mentioned studies found that attendance in having students attend all the sessions was a limitation in the MBSR programs initiated (Beddoe & Murphy, 2004; Foureur et al., 2013; Mackenzie et al., 2006; Van der Riet et al., 2015). The findings of this study suggest that as participants experienced the benefits of stress reduction and equanimity into their everyday lives there was greater motivation in continuing to engage in their mindfulness practice. Moreover, the sustained attendance of mindfulness practices within the participants' personal schedule suggests the need for innovative strategies in addressing the challenge of introducing and scheduling mindfulness practices in nursing curricula.

Nevertheless, the benefits of stress reduction and equanimity also applied to senior nursing students facing the added pressure of an ambiguous future. Participant "Nine" explained, "I have more drive to do it regularly as I've gotten older and I've gone through the nursing program because I'm stressed about applying for jobs and the future." Participants also realized that their mindfulness practice became a tool that supported their personal and spiritual growth by bringing them back to what was fundamentally important in their lives. Participants voiced over and over how their mindfulness practice became the conduit to providing meaning in what mattered most in their lives by "bringing me back" or as Participant "Four" added, "re-circuiting what's most important in my life by not allowing those worries or 'to do' lists items control your emotions." Thus, having realized the aforementioned, participants discussed how mindfulness had become incorporated into their lives; "It's becoming more of a lifestyle for me that's just something that I will do. It's more of, I want to live this type of mindful lifestyle." Participant "Ten," a senior, elaborated on her mindfulness practice:

> I don't ever think I'm going to be at the point where, 'okay that was a season, or that was a chapter in my book, I can close it.' It is something that I will continue with because you never know what life will bring.

In summary, the valued benefits experienced by the participants in this study provide important context on the experience of stress reduction and equanimity received from engaging in mindfulness practices. These valued benefits contribute to the literature by providing insight into the mechanisms involved in changing the relationship to stress, such as through second-order cognitive conscious processing and helping nursing students connect to their sense of spirituality. Lastly, the finding of sustained attendance

in their mindfulness practices by the participants in this study was interesting as many studies cited attendance in having students attend all sessions as a limitation (Beddoe & Murphy, 2004; Foureur et al, 2013; Van der Riet et al., 2015). This finding suggests the need for considering personal schedules of nursing students when introducing and scheduling mindfulness practice in nursing curricula.

Relational Theme Two: Awakening Self-love Through Self-care

In the previous relational theme the participants learned how to change their relationship to stress resulting in stress reduction and increased equanimity. The relational theme of awakening self-love through self-care further explains how the participants changed their relationship to stress through self-awareness and self-compassion and continued their journey of personal transformation that would eventually extend into professional growth. Thus far, by using mindfulness practices as a self-care activity, the participants learned to change their relationship to stress from one of impulsive reaction to one of skillful response. However, integral to this changed relationship was the participants' simultaneous growing self-awareness that their anxious thoughts were not a reliable statement of their truth. Participants recalled how their mindfulness practice enabled them to break free from their worries to encounter a more "centered" and "grounded" self that led to them feeling "balanced" and "calm," resulting in enhanced well-being. Participant "Three" clarified:

> I think I've become so in touch with how I feel through meditation. It means feeling secure because I think in the moments you don't feel that happiness and don't feel in check with your mind and your body it could make you feel a little, almost crazy in a away. Because you're not sure what is going on. So when your

> mind is in check and your body is in check and you can feel that comfort, it allows you to feel much more relaxed and more in touch with who you are and what you can do.

Moreover, the participants growing self-compassion and self-acceptance allowed the participants to *befriend* (Simpson, 2017) and connect effectively with their experience to stress rather than be controlled and polarized by it. Participant "Two" explained:

> It kind of showed me that even under high stress you can find time to decompress. There's no need to over worry about something… and I think keep beating yourself up over the many mistakes [you can make]. Just take a breath and take a second to relax.

This changed relationship opened a wiser, kinder, and more self-compassionate relationship to their internal experience of stress.

Wisdom. As the participants continued to engage in their mindfulness practice they also moved into a more balanced and loving life. In awakening self-love through self-care, the participants began to cultivate wisdom that was supported and reinforced by the mental discipline path, which in turn enriched the participants' self-growth and further advanced their professional growth. The participants in this study gained wisdom by getting in-touch with a deeper understanding of their reality. In the Eightfold Path, wisdom is attained through right view and right intention. The participants cultivated the right view by attaining insight from their increased self-awareness into the nature of how their thoughts influenced their emotional reactions. The participants also developed right intention to realize enlightenment (well-being and a more evolved way of being human)

by choosing to respond to their negative thoughts with self-compassion. This awakened self-love. Participant "Ten" helped to explain the process:

> It's giving yourself the time to just notice your feelings and sit with them and realizing it's okay not to be okay. That you don't have to have any judgment attached to your feelings because they don't define you, they just are…so you are able to just slow down and accept the things that you can't change.

Sub-theme two: Self-awareness and self-compassion. Kabat-Zinn (1994) defined mindfulness as "paying attention in a particular way; on purpose in the present moment, and nonjudgmentally" (p. 4). To understand mindfulness and its connection to self-awareness and self-compassion, one has to closely examine the meaning of the words *paying attention in a particular way* and the word, *nonjudgmentally*. For example, when one is mindful, the focus is not on self. The focus, or attention, is instead on what one experiences as their stream of thoughts and feelings emerge spontaneously, all the while withholding judgment during the process. Withholding judgment is understood as treating oneself with kindness, caring, and understanding rather than being harshly critical (Brown, Creswell, & Ryan, 2015; Neff & Germer, 2013). Participant "Ten" thoughtfully described her experience of self-awareness:

> It's being aware of my breath and being aware of my five senses in a moment so, 'what am I hearing? What am I seeing? How am I feeling? What am I smelling? Tasting?' And just noticing and being engaged with all of your senses.

Self-compassion has been defined in the literature as being emotionally affected by personal suffering and having the desire to alleviate it by treating oneself with understanding and concern (Neff & Germer, 2013). Goldstein (2015) defines self-

compassion as “a state of mind where you understand your own suffering and use mindfulness, kindness, and loving openness to hold it nonjudgmentally and consider it part of the human condition” (p. 4). However, Goldstein argues that mindfulness alone is not enough to alleviate emotional pain. He argues that self-compassion is also needed because it allows one to activate the brain’s self-soothing system, which encourages a feeling of safety and courage for one to make necessary behavioral changes. Goldstein describes how the human brain is wired with a negativity bias that pays more attention to what is negative as opposed to what is positive. He explains that this wiring is built into the human brain to secure our survival. In this way the human brain, specifically the amygdala, appraises for perceived threats and prepares for reacting to secure safety. Moreover, Goldstein explains that if this negativity bias is turned inward, it can then manifest as individuals becoming too critical of themselves, especially if an individual is prone to depression and anxiety. Goldstein reports that science is finding that self-compassion is essential in decreasing anxious and depressive symptoms. Further, when mindfulness and self-compassion are experienced together it protects individuals from going into a downward spiral due to their negative thoughts and instead leads to an upward spiral of well-being (Brach, 2003; Neff, 2012; Salzberg, 1997).

Participant “Two” explained how self-awareness and self-compassion work together to assist in protecting her from going into a downward spiral and keep a positive outlook:

> With the meditation I’m able to notice earlier and earlier when I’m starting to go into that spiral and I just manage to be like, ‘you know we are not going to do this right now, just relax.’ While it is justified, I tell myself, ‘like this is justified. I

know you're worried about it, but it doesn't matter in this particular moment. You're doing everything that you need to do. You're working as hard as you can.

Self-compassion, kindness, and loving openness are concepts that Kabat-Zinn (2013) has also identified as resulting in well-being. However, according to Kabat-Zinn, self-compassion is intrinsic in mindfulness practice. He has explained that mindfulness has a softening effect on the heart making the individual kinder to self and others and that mindfulness can also be called heartfulness, in that the word for *mind* and *heart* in Asian languages are the same. Kabat-Zinn goes further saying that mindfulness can be thought of as a radical act of love and sanity simply by the mere act of sitting down to spend quiet time with oneself (O'Brien, 2015). Kabat-Zinn explains that the act of being quiet with oneself is a profound act of self-love because it requires great courage on one's part to be willing to turn off one's inner judgmental voice while giving and allowing a more compassionate voice to come forth into awareness. This brings a sense of acceptance, peace and well-being, that in turn provides sanity. This is considered radical because it fundamentally changes how one relates to their thoughts and experiences. Self-love allows one to accept and view one's strengths and weaknesses through the eyes of compassion and thereby nurtures overall well-being (Kabat-Zinn, 2013). This very act of accepting oneself is in itself an act of reengaging with one's authenticity and as such becomes an awakening of self-love. Through tears Participant "Five" illustrated this very point:

> When I'm doing yoga I find that it really gets me thinking. It unveils thoughts that are within me and it has me actually listening to myself. Like I always have the

answers, I just have to listen. I feel more comfortable in my skin and I feel like I can kind of show the world this is me. I'm crying tears of joy.

Research supports the participants' experience of increased self-awareness. Foureur et al. (2013) findings supported that MBSR increased nurses' awareness, decreased stress, and decreased negative emotions. Van der Riet et al. (2015) study also found mindfulness practice increased self-awareness and overall well-being among nursing and midwifery students. Likewise, Richards, Campenni, and Muse-Burke's (2010) study found that mindfulness is a significant mediator between self-care, self-awareness, and well-being among mental health professionals. Most recent, Young-Brice and Thomas Dreifuerst (2019) qualitative study explored mindfulness as it related to 20 ethnic minority nursing student struggles and successes in their BSN program. Self-awareness and accepting the moment were identified as two themes in their findings.

The body of research supporting self-compassion is growing. Neff (2012) found that self-compassion consistently predicted lower levels of anxiety and depression among individuals. In addition, self-compassion has been found to have many psychological benefits among nurses, men, women, and undergraduates (Neff & Germer, 2013). These benefits include happiness, optimism, and wisdom. However, self-compassion has also been positively linked to having personal initiative and a sense of curiosity and exploration (Hollis-Walker & Colosimo, 2011; Neff, Rude, & Kirkpatrick, 2007). Finally, a recent cross-sectional study by Luo, Meng, Liu, Cao and Ge (2019) examined the effects of self-compassion on anxiety and depression through perceived stress among 1453 Chinese nursing students. Results revealed that self-compassion might decrease nursing students' anxiety and depression resulting from perceived stress. From these

findings Luo et al. (2019) have suggested that nursing educators consider integrating self-compassion training into the nursing curriculum.

Nevertheless, this study's finding on self-awareness and self-compassion provided much needed context by providing insight into how nursing students process their awareness. It also highlighted the role self-awareness plays in managing stress and fostering self-love among nursing students. For example, as discussed in relational theme one (valued benefits) Beddoe and Murphy's (2004) study implemented an 8-week MBSR course among nursing students that found 63% of participants reporting on changes in their relationship to thoughts and feelings and their reactions to them. Findings from Beddoe and Murphy's (2004) study that are relevant to this relational theme, awakening self-love through self-care include Beddoe and Murphy's qualitative data. Journal themes in their study reported that the participants experienced increased awareness and acceptance of thoughts and feelings; however, these findings did not provide any in-depth analysis into why or how the participants' thoughts and feelings changed. This study adds to understanding nursing students' experience of increased awareness and acceptance by providing insight into the psychological and cognitive mechanisms involved in the process of changing their relationship to stress during mindfulness practices. As discussed at the beginning of this chapter, in the *Integrating Mindfulness in Western Psychology* section, the capacity to witness one's personal narrative rather than being immersed in it is a profound shift in perspective. The participants in this study leveraged cognitive conscious processing and learned how to self-regulate their emotions by using psychological mechanisms, such as psychological distancing, metacognitive awareness,

decentering, reperceiving, diffusion, and dis-identification (Didonna, 2009) to alter their relationship to stress and thereby were able to live more adaptive and happier lives.

While all participants in this study articulated experiences of increased self-awareness and self-compassion, there were variations both between and within each participant in this study. These variations could be best explained by (1) meditation and/or yoga experience, as some participants had engaged in mindfulness at least six weeks, and others had been engaging in their mindfulness practice for months or years and (2) personal histories denoting the participants situated context as it related to academic, personal, and medical stressors. Three patterns emerged in the sub-theme of self-awareness and self-compassion: (a) prioritizing self-care needs, (b) increased self-reflection, and (c) restoring well-being.

Several participants spoke of their mindfulness practice as a time designated for self-care. As discussed in Chapter Two, stress is a leading factor contributing to nursing student attrition and new RN's leaving the nursing profession. However, despite stipulations and recommendations from the AACN (2008) *Essentials of a Baccalaureate Education,* the ANA (2015a) *Code of Ethics for Nurses*, and Benner et al. (2010), self-care as it relates to stress management remains a critical unresolved issue to address in nursing education. Self-care activities that enhance both student and professional nurses' personal health and well-being are desperately needed. In this study, mindfulness practices became an effective self-care strategy to fulfill this need. Several participants in this study emphasized prioritizing self-care asserting, "It's a time I dedicate to myself" and "I have an increased appreciation and necessity for it" as further explained by

Participant “One:”

> So, before I think if I was really anxious or something, I would try and push it off, but now if I’m feeling that way, or if I’m feeling really tired or something, I’m like, ‘alright, I just should take a little bit of time for myself, so I can calm down, refocus my energy, and then continue with what I’m doing.’ Whereas before, I don’t think I would have done something like that. I was just task oriented, ‘get it done now,’ that kind of thing. But now I’m more aware when I am pushing away my need for self-care.

Addressing this, among other issues, the AACN formed a task force in 2018 and is in the process of re-envisioning the *Essentials* to address the needs of students, employers, and consumers of care. The re-conceptualized *Essentials* will be used to accelerate nursing education in the direction of competency-based education (AACN, 2020b). Therefore, after an extensive review of the literature and consulting with nurse educators and practice partners, The AACN task force put together a draft of domains and descriptors using the interprofessional domains as proposed by Englander, Cameron, Ballard, Bull, and Aschenbrener (2013). These domains were designed to enhance consistency for the health professionals’ education. Based on changes in the world, healthcare, and the needs of the nursing profession, the AACN task force drafted revised *Essentials* to include 10 domains with descriptors. Noteworthy to this research is the inclusion of Domain 10, *Personal, Professional, and Leadership Development.* The descriptor reads, “Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning and support the acquisition of nursing expertise and assertion of leadership” (AACN, 2020a). This domain comes from

feedback from practice partners and specifically underscores the necessity of self-care in educating future nurses. For example, a major concern voiced by the practice partners to the task force was the inability of new RN's to deal with conflict and challenges resulting in burnout and turnover. More alarming is the reporting by practice partners that new RN's are not prepared for the real world of professional nursing. As a result, the AACN task force asserted there is great concern for the mental well-being among nursing students and a need in educating them as future RN's (AACN, 2020b).

Participants in this study prioritized their self-care through their mindfulness practice because they found it helped them to reclaim mental space for themselves. It did this by cultivating self-reflection, which in turn increased self-awareness thereby igniting self-acceptance and self-compassion that fostered well-being. Further, it elucidates how mindfulness practices enhance calmness thereby providing nursing students the opportunity to make sound clinical judgments that may transfer into clinical practice. This will be discussed further in the next relational theme. Participant "Nine" best explained:

> It's kind of being able to sit there, focus entirely on myself, the physical, and the now. It's a very type of grounding type of exercise for me. It's kind of centering myself. So instead of worrying about the hustle and bustle and everything else around me, I get to focus on my own mindset. It's kind of almost bringing yourself back to neutral so you're not either, you know, thinking about all the horrible things that happened, or worrying about the future, or now even. I guess in the end I end up being happy after meditation, it's more positive or neutral.

Meanwhile the ANA (2015a) *Code of Ethics for Nurses* Provision five addresses the ethical standard of integrating both personal and professional growth into the nursing profession and states, "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (p.19). Provision five has six components: 5.1 Duties to Self and Others, 5.2 Promotion of Personal Health, Safety, and Well-Being, 5.3 Preservation of Wholeness of Character, 5.4 Preservation of Integrity, 5.5 Maintenance of Competence and Continuation of Professional Growth, and 5.6 Continuation of Personal Growth. Provision 5.2 specifically addresses self-care and reads in part: "…nurses have a duty to take the same care for their own health and safety…These activities and satisfying work must be held in balance to promote and maintain their own health and well-being" (p. 19).

Nevertheless, the reality of nursing practice shows a different picture. According to the HealthyNurse™ Survey, findings in the domain of quality of life revealed that 70% of nurses and nursing students put patients' health, safety, and wellness before their own (ANA Enterprise, 2018). Based on these findings it has become crucial to educate faculty, nursing students, and nurses on self-care being equally important as patient care in facilitating health and well-being.

Prioritizing the need for self-care, holistic nursing is one of the only nursing specialties with self-reflection and self-care at its theoretical foundation (AHNA, 2017b). The AHNA (2007) *Scope and Standards of Holistic Nursing* has five core values, one of which is self-care. However, just as the ANA (2015a) *Code of Ethics for Nurses*, and the ANA (2015b) *Nursing Scope & Standards of Practice,* applies to all professional RN's,

the scope and practice of AHNA, though specific to holistic nursing, builds on the scope of practice expected of all registered nurses (AHNA, 2007). Self-care as listed in core value five states in part:

> Holistic nurses strive to achieve harmony/balance in their own lives and assist others to do the same. They create healing environments for themselves by attending to their own well-being, letting go of self-destructive behaviors and attitudes, and practicing centering and stress reduction techniques. By doing this, holistic nurses serve as role models to others, be they clients, colleagues, or personal contacts (p. 17).

Additionally, self-care is addressed as a responsibility holistic nurses' model and strives to achieve:

> Holistic nurses value themselves and mobilize the necessary resources to care for themselves. They endeavor to integrate self-awareness, self-care, and self-healing into their lives by incorporating practices such as self-assessment, meditation, yoga, good nutrition, energy therapies, movement, art, support, and lifelong learning (p.17).

Participants in this study exemplified the AACN, ANA, and holistic nursing's core value of self-care through their mindfulness practice. All participants discussed how their practice reduced stress, enhanced self-reflection, self-awareness, self-acceptance, and self-compassion, which fostered self-love resulting in personal health and well-being. Participant "Eight" best captured the overall sentiment felt about prioritizing self-care asserting, "Self-care is my number one priority now."

Additionally, participants in this study reported that their mindfulness practice encouraged self-reflection. Participants reported over and over how they were able to "process through," "understand," or "get in touch with how they were feeling." Participant "Ten" best summarized how her mindfulness practice cultivated self-reflection and self-compassion:

> I would say I'm a very emotional person, and certain things throughout my day or different conversations affect me in different ways. So meditation and yoga allows space for me to just sit with those feelings and allow time to notice them, and not judge myself, or have self-compassion for myself. So I would say [meditation] allows me to process through my reactions to the interactions I have with people during the day, or just different events. And actually taking the time to be, 'okay, what made me feel guilty?' To actually sit with that, and [ask myself] 'why?' And then just kind of like letting it go…surrendering.

Participant "Ten" then clarified how this deeper awareness can overflow into daily life interactions with others. She embodied how self-awareness, self-acceptance, and self-compassion extends out to others. With conviction she asserted:

> Mindfulness brings self-awareness and therefore you're able to treat people better and not take your stress or anger or whatever out on other people. For me, personally that's kind of what the meaning of emotional intelligence is. It's not allowing your negative feelings to impact or project on other people. And that's why I believe everyone has a responsibility to take care of themselves, to go to therapy, whatever they need, so we're not continuing these painful cycles and unhealthy relationships.

Equating mindfulness with emotional intelligence was a new and interesting finding in this study and also illustrated the wisdom Participant "Ten" had learned from the many years of engaging in her mindfulness practice. Although all the participants experienced emotional intelligence, she was the only participant to describe her self-awareness using this term. Emotional intelligence is defined as "the ability to monitor one's own and others emotions, to discriminate among them, and to use the information to guide one's thinking and actions" (Salovey & Meyer, 1990, p. 189).

Research indicates a positive correlation between self-compassion and emotional intelligence among nurses (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010). In addition, research also reveals that mindfulness facilitates the development of emotional intelligence by encouraging emotion self-regulation (Miao, Humphrey, & Qian, 2018). Emotion self-regulation is defined as "the set of processes whereby people seek to redirect the spontaneous flow of their emotions" (Koole, 2009, p. 3). Furthermore, the attitudinal factors of mindfulness that foster non-judgment and self-regulation (Kabat-Zinn, 2013) are also related to emotion self-regulation and emotion perception, both of which are core components of emotional intelligence (Miao et al., 2018).

Emotional intelligence has also been linked to empathy (Giménez-Espert & Prado-Gascó, 2018). Their findings revealed that empathy and emotional intelligence were predictors of nurses' attitudes, which consisted of three dimensions: affective, cognitive, and behavioral. Their findings revealed the cognitive dimensions of attitude, which they assert, consist of "beliefs and perceptions" (p. 2662) are a good predictor of the behavioral of attitudes toward nurse-patient communication. Interestingly,

participants in this study discussed how they developed empathy from their mindfulness practice. This finding will be discussed further in the upcoming relational themes.

Lastly, Beauvais, Stewart, DeNisco, and Beauvais (2014) study examined the relationship between emotional intelligence, psychological empowerment, resilience, and spiritual well-being among undergraduate and graduate nursing students and academic success. Findings revealed a weak but significant correlation among undergraduate nursing students as it related to emotional intelligence in perceiving emotions. Conversely, Beauvais et al. found an overall significant relationship among graduate nursing students as it related to emotional intelligence. Beauvais et al. suggested that this finding could indicate that student nurses' emotional intelligence develops over time or through life experience. Considering the aforementioned, the findings of this current study suggest that mindfulness practices may accelerate the development of emotional intelligence.

Having self-reflected and becoming more self-aware and self-compassionate, the participants in this study began to accept themselves and their moments of their stress experience, which resulted in well-being. Participants relayed how they restored "balance," "peace," "relaxation," "happiness," and as one participant reflected, "I feel like I can take another couple of steps instead of being focused on the fear of failing." Participant "Three" provided a good illustration of what well-being felt like to her:

> It sounds kind of weird to say but it almost feels like a warm sensation. I think when I'm calmed down, I feel happier. My overall body feels warmer. I'm able to look at things and smile and that's a warm sensation as opposed to feeling kind of

cold and frustrated with stress. I think overall [mindfulness practice] makes my whole body and everything just feel better.

Participant "Two" summed up the overall feeling participants felt on mindfulness practices restoring well-being, "I think [meditation is] one of the better things I've done for myself in regards of my schooling and giving myself a little more peace."

Self-awareness and self-compassion are two components of mindfulness that have resulted in increased well-being. Neff and Germer (2013) evaluated the effects of an eight-week Mindful Self-Compassion (MSC) program with 21 adults. Findings revealed a significant increase in self-compassion, mindfulness, and well-being when compared with the control group. Moreover, gains were maintained at six months and at one-year follow-ups. In addition, Brown and Ryan's (2003) study on the role of mindfulness in psychological well-being found that mindfulness was associated with greater well-being and that awareness in mindfulness consist of an "open receptivity to the present" (p. 844). Further, Brown and Ryan (2003) recommended that research "exploring the antecedents and phenomenology of mindful awareness and attention could help to deepen the understanding of the nature of this important phenomenon" (p.844). This study's finding on mindfulness awareness helps to deepen that understanding by providing insight into the psychological and cognitive mechanisms involved in the process of changing the relationship to stress. By engaging in their mindfulness practice, the participants began to self-reflect and increase their self-awareness. In this process the participants realized that their anxious thoughts were not a reliable statement of their truth. As previous discussed, this was realized by using psychological mechanisms such as, psychological distancing, metacognitive awareness, decentering, reperceiving, diffusion, and dis-identification. At

the same time the participants developed self-compassion, which in turn, led to self-acceptance. This allowed the participants to befriend their experience of stress and resulted in feelings of peace and well-being. Finally, this study adds to the literature by demonstrating how mindfulness facilitates the development of emotional intelligence by encouraging emotion self-regulation.

Relational Theme Three: Emerging Self

The relational theme of emerging self revealed another dimension of the participants' personal transformation of continued personal growth through *self*-discovery that resulted in both personal transformation (discovery of authentic self) and the beginning of professional transformation (skills of involvement in patient care) that contributed to professional growth. The emergence of professional transformation as discussed in this relational theme relates to the participants beginning development of professional formation by skillfully integrating the knowledge learned in self-discovery into clinical practica by providing focused compassionate care.

Given that the participants personal transformation became the nexus between their personal growth overlapping into professional practice, it is important to briefly summarize the participants' evolving experience of personal growth as it led up to this relational theme of emerging self. As the participants discovered how to observe their own thoughts and emotions rather than be driven by them, they also developed a wiser, kinder, and deeper self-compassionate relationship towards themselves and their stress experience. In doing so, they transcended their habitual maladaptive patterns of dealing with stress, but also became more compassionate beings. By stepping out from the chatter of their anxious thoughts and stepping into the stillness and silence of their mindfulness

practice, the participants began to connect with a new emerging self. This emerging self represented the unfolding of an authentic self that was called into being through the awareness of their experience of stress as nursing students and was made both resilient from overcoming the struggles of that experience and softened by the process of self-discovery. This process allowed the participants perspective to broaden to include a sense of shared humanity that enabled the participants to extend their personal transformation into professional practice by offering their presence to establish a connection with the patients in their care. Participant "Two" explained, "meditation helped me feel a little more present for my patients. I'm able to talk with them a little easier. Talk with them a little deeper and to be fully present and offer myself."

Selfhood. Instead of reaching a special state of consciousness, Kabat-Zinn (2013) has described mindfulness as a way of being simply because the experience of mindfulness is about bringing one's awareness to any thought, emotion, or feeling and coming to terms with it. From this perspective mindfulness is not about reaching a special mental state. More precisely it is an experiential state of being. In other words, it is an intimate and continuous personal journey of self-recognition that reveals one's truth to oneself. Therefore, the observations and insights one makes on this personal journey define their *way of being* in the world.

The unfolding of an authentic self is best explained by understanding how consciousness develops selfhood. According to the philosophical traditions of phenomenology, hermeneutics, and the cognitive sciences, there are two forms of selfhood: the "*narrative self"* and the "*minimal self"* (Bortolan, 2019, p. 68). The narrative self refers to one's personal identity that develops and evolves by one's

personal histories of values, beliefs, and cares. The narrative self is the story of who one believes they are and can be thought as "autobiographical" (Gallagher, 2000, p. 20). The minimal self, or "core" self (p. 20) by contrast is the self without all the trappings of one's personal history. It refers to one's consciousness of self as the immediate subject of experience, and as such it is the *I* who is experiencing the *here* and *now* (Bortolan, 2019; Gallagher, 2000). These two forms of selfhood are also connected to cognitive processing as discussed in relational theme one, valued benefits. To summarize, cognitive conscious processing occurs on two levels: first and second-order processing. First-order processing is one's default mode and is associated with one's *narrative self-story* of their experience. Second-order processing is one's awareness and is associated with one's *minimal self-observation* of their experience (Didonna, 2009). Thus, the participants in this study learned to step out of the chatter of their anxious thoughts (narrative selves) and step into the stillness and silence of their mindfulness practice (minimal self), and attained insight. Participant "Three explained," "I can focus on who I am and not on everything else going on in my mind." Having done so, the participants in this study accomplished what Heidegger referred to as an integration of their experience into a meaningful totality (Escudero, 2014). Therefore, by accessing both their minimal and narrative selves the participants were able to integrate both to transform their self-identity; Participant "Two" explained most succinctly, "it's revealing myself." This integration resulted in the participants connecting to their genuine or authentic selves and a feeling of self-knowing as explained by Participant "Five," "there's a sense of security and sanity in understanding yourself as a person." Finally, participants expressed how transforming their self-identity led to the discovery of their authentic self. Participant

"Nine" elaborated best on her discovery of her authentic self, "there have been a lot of issues with my anxiety over the past two years so finding a solution was really big to get me to be the person I want to be, the best version of myself."

Ethical comportment. One's way of conducting themselves in a manner that reflects moral standards is referred to as ethical comportment. Ethical comportment reflects one's way of being in the world, and as such is an important aspect of professional formation. Benner et al. (2010) define professional formation as an evolving process that develops over time the "knowledge, skilled capacities, and insights into the notions of good that are central to nursing practice" (p.177). The participants' in this study were able to transform their self-identity and embodied these "insights into the notions of good," through the development of the attributes and values of resilience, focus, empathy, compassion, and a sense of shared humanity. These attributes and values extended out into how the students approached and provided patient care in the clinical environment and demonstrated the participants' ethical comportment, which in turn contributed to developing the positive formation of their professional identity that will be expanded on in the relational theme, evolving professional identity.

As discussed in Chapter Two, Benner et al. (2010) suggested that educators shift their emphasis from socialization and role taking to emphasizing professional formation. This suggestion was made to increase professional responsibility, accountability, and ethical comportment to prepare students to transition into professional practice. To this end, Benner et al. recommended redesigning the ethics curricula by emphasizing professional identity formation and ethical comportment. Components of this redesigned curriculum relevant to the relational theme, emerging self are the inclusion of content on

everyday relational care ethics and ethics teaching on skills of involvement. Benner et al. (2010) asserted that learning the focal practices of nursing is central to the formation of the nurse. Focal practices are the skills of involvement that consist of human activities that make life more meaningful and extend out to family, culture, or professional practice, such as nursing. The focal practices of nursing revolve around human beings and communities needing care in health, vulnerability, or illness. According to Benner et al. (2010) findings, learning to be present for patients, bearing witness to their suffering, and patient advocacy lie at the heart of nursing focal practices and are central to professional formation. Further and to exemplify this study's findings, Benner et al. contended that both personal and professional transformations are also central to the formation of professional identity.

To this extent the participants in this study were able to personally experience the skills of involvement (focal practices) through their mindfulness practice and by doing so naturally extended what they learned through their personal transformations into their professional nursing practice in the clinical environment. The participants in this study all relayed stories of integrating the skills of involvement by being present and by bearing witness to the suffering of their patients, and in the process provided patient advocacy. For example, Participant "One" illustrated how her mindfulness practice developed the skills of involvement to which Benner et al. (2010) asserted are central to nursing practice:

> I definitely can say that [yoga] is me and I do bring it with me… I was in the PACU with a patient who just had surgery and she was in a ton of pain. And you know, instead of just kind of dismissing it. I stood by her and I reached my hand

out and she grabbed onto it and in my head I said, 'om shanti om,' I said I hope this patient can be at peace. And then as the pain medicine kicked in, she was starting to breath more easily and she wasn't in as much pain, so I think in that sense, it allows me to have that more calming presence and more.

The literature supports this finding. Van der Riet et al. (2015) qualitative study exploring the impact of a MBSR course on nursing and midwifery students revealed several themes. Findings of their study relevant to the focal practices of nursing and this study include the theme attending to others, (skills of involvement). In particular, participants in their study reported "an enhanced ability to 'be-with' others and to 'imagine' future benefits of mindfulness as they developed as clinicians" (p. 48). Given this finding, this study contributes to the literature on the skills of involvement by offering insight into how mindfulness practices helps to instill ethical comportment and the focal practices of nursing in baccalaureate students.

Nevertheless, Benner et al. (2010) findings on focal practices revealed skills of involvement are developed and realized late in nursing programs despite nursing students' heavy workloads and pressures for efficiency. Of concern for nursing educators and similar to the findings in Benner et al. study, the participants in this study did not discuss skills of involvement being taught in classroom lectures, thereby suggesting a lack of integration between classroom and clinical teaching. Interestingly, Benner et al. (2010) study sample included senior nursing students who developed the skills of involvement during their clinical practica, which in turn facilitated their personal transformation. In contrast, this study's sample majority, though much smaller in scale, included six junior nursing students, four senior nursing students, and one freshman

nursing student, who initially developed the skills of involvement through their mindfulness practice, which facilitated their personal transformation, and extended into professional transformation. For example, by being present to and witnessing their own suffering through the stress of being a nursing student, the participants were able to transfer what they learned from that experience to the patients in their care. Participant "Ten" elucidates:

> The practice of yoga and meditation is kind of like accepting how things… like I don't want to sound like accepting complacency, but like accepting what you can't change, and I think I'm going to transfer that to my patients. Like 'yeah, we're going to do the best that we can, but I want to just be along side you in the pain and whatever it is that you got going on.' Um, to not like fear it so much, and not avoid it, but um kind of just sit in it. And that goes I think on a physical level, but more importantly on an emotional and spiritual level…and with that comes healing.

This finding not only suggests that mindfulness practices may help to accelerate the learning of the focal practices of nursing, it also suggests that mindfulness practices may help to facilitate and perhaps expedite the development of the affective domain of learning. This will be discussed further in the next relational theme, evolving professional identity.

The NLN, ANA, and the AACN also address ethical comportment and the focal practices that are central to nursing formation. The NLN addresses ethical comportment listing, *Ethics* and *Patient Centeredness* as two of its seven core values of education competencies for nursing practice. In addition, the NLN lists, *Personal/Professional*

Development as one of the four integrating concepts used as a framework to develop nursing curriculum (Engelmann et al., 2012). The descriptor for *Ethics* reads, "Integrates knowledge with human caring and compassion, while respecting the dignity, self-determination, and worth of all persons." The descriptor for *Patient Centeredness* reads, "an orientation to care." And the descriptor for *Personal/Professional Development* reads, "A lifelong process of learning, refining, and integrating values and behaviors" (Engelman et al., 2012, p. 1).

Participants in this study reported extensively how they integrated nursing values by providing "caring" and "compassionate" care. Participant "Six" illustrated these nursing values by providing an "orientation to care" that respected the "dignity, self-determination, and worth" [of her patient]." By implementing the core values of *Ethics* and *Patient Centeredness* in her patient care delivery, her patient "appreciated the attention [she had] given." Moreover, the very act of implementing these nursing values contributed to her *Personal/Professional Development.* However, it also demonstrated Domain 10 of the AACN (2020a) re-conceptualized *Essentials, Personal, Professional, and Leadership Development* by highlighting the growing resilience her mindfulness practices had cultivated. Participant "Six" recalled the sentiment felt by many of participants in this study:

> I had a patient who was um like 178 kilograms and um from the report the nurses gave no one really wanted to be in there with him. He was cranky. He was yelling at people, um they said there was like an odor that was really unpleasant. He was very irritable and at one point he yelled at me and I like, I'm usually not that sensitive, but I was looking at the computer, and I was looking at his medications,

and I remember almost tearing up for a second, but um by the end of the day, he'd been, I think he appreciated the attention I'd given.

As discussed in relational theme two, awakening self-love through self-care, the ANA (2015a) *Code of Ethics for Nurses,* detail ethical obligations and duties of nurses. The first three *Code of Ethics* "address fundamental values and commitments of the nurse" (ANA, 2015a, p. xiii), and they also speak to the focal practices Benner et al. (2010) endorse. Provision 1-3 of the *Code of Ethics* addresses meeting the patient as a person, preserving personhood, and patient advocacy. In these provisions the nurse is expected to practice with 'compassion,' display 'respect for the inherent dignity, worth, and unique attributes of every person,' be 'committed to the patient,' and lastly, 'advocate' and protect 'the rights, health, and safety of the patient' (p. v).

The participants in this study consistently reported on meeting their professional ethical obligations and duties. Participant "Three" provided an example of how she implemented both the ethical obligations and duties of the nurse, as well as the focal practices of nursing into her patient care delivery. She spoke with conviction and purpose on her ideas of being a "good nurse" and how her mindfulness practice informs her patient care:

> In the spring semester we had a woman with dementia and she was constantly given all these therapies and everything, and she came walking down the hall one day, and she was just looking for somebody to talk to her. And I sat down and she talked to me for 30 minutes about things that she probably won't remember, but in that moment she was smiling. She wasn't flustered, and I think that it really focused my care, at least my personal care plan for patients are very different than

other people. Most people focus on the medications and the therapies. I definitely feel that's important, but I think that to be a good nurse, to be a good caregiver, you have to focus on the person's body, and who they are, and how they feel. And I definitely learned that through my meditation that I can tell the difference between how I feel with my body and how comfortable that makes me in every situation I am in.

Similarly, as discussed, the AACN (2008) *Essentials of a Baccalaureate Education* outlines the necessary curriculum content and expected competencies from BSN programs. The AACN (2020a) is in the process of re-conceptualizing the *Essentials*. In doing so they have changed the language of the former *Essentials* to be identified as domains reflecting nursing competencies, renamed/modified several essentials, modified descriptions of each domain, and added a tenth domain, *Personal, Professional, and Leadership Development*. Specific changes that align with Benner et al. (2010) focal practices are in three areas: (1) Domain 2 of the re-conceptualized Essentials has been renamed, *Person-Centered Care*, whereas it was previously referred to as *patient-centered care* in the AACN (2008) *Essentials.* (2) Domain 9, *Professionalism* and (3) Domain 10, *Personal, Professional, and Leadership Development,* which has evolved into separate domains from the former *Essentials VIII, Professionalism and Professional Values* (AACN, 2008).

Noted are the language changes in these three new domains to include, and more importantly, highlight congruence with the meaning of focal practices in the nursing profession. For example, the descriptor in Domain 2, *Person-Centered Care* refers to the nurse to provide in part, "holistic and just care, which is respectful, compassionate, and

coordinated [that] reflects the differences, preferences, values, needs, and resources of the person or designee as the source of control and full partner" (AACN, 2020a). This description calls for seeing the patient as a person and a partner in contributing to their health care decisions. Additionally, the descriptor in the re-conceptualized Domain 9, *Professionalism,* includes language for nurses to have a "collaborative disposition and comportment that reflects nursing's characteristics, norms and values" (AACN, 2020a). Here the word *comportment* denotes ethical comportment. Also, the descriptor in the added Domain 10, *Personal, Professional, and Leadership Development,* includes in the language for nurses to have "participation in activities and self-reflection that foster personal health, resilience, and well-being" (AACN, 2020a). Implicit in this descriptor is that personal activities that foster personal health, resilience and well-being, reflect in and extend to, person-centered care in professional practice. Thus, the intent of these three domains descriptors is for nurse educators to teach competencies to assure that focal practices are learned and integrated during patient care.

Nevertheless, participants in this study described multiple experiences that reflected Benner et al. (2010) focal practices, and the NLN, ANA, and AACN core values, duties, and competencies. However, Participant "Six" best illustrated these practices, values, duties, and competencies of the aforementioned. Moreover, she revealed the missed care that her patient did not receive that will be discussed in more detail in the next relational theme, evolving professional identity. Participant "Six" recalled providing care for a challenging patient:

> So um, when he got his bed bath, (he knows he's probably not the easiest patient to deal with) um he had no ability to ambulate, or anything. And I'm very small

compared to him. So, by the end of the day he was completely different. He was very, very, kind to me and he said that he's never had a bath like that (*meeting the patient as a person, preserving personhood, person-centered care)*. And I could tell because …[hesitation] if he gets a bath every day, I shouldn't have, you know, some of the, like some of the odors and some of the, like you know, especially the skin folds. People don't take care of that, and um I…I even felt bad (*shared humanity*) because I remembered my eyes watered at like the smell, but he couldn't [see me], he was like sort of, like just had his eyes closed. And so I was just glad he couldn't see… but um he said the nurse who came in yesterday to do it, or whatever, that she didn't, she kind of like brushed over everything and left (*missed care*). And my professor came in too, um with me and he said that to her, um he said, that I did a good job. So, when you walk into a room and there's a lot going on with the patient that's either, it's just difficult to deal with…sometimes people just go all blank and just do what they need to do. But I think that me being just very much in the moment and just being present, (*presence)* and also putting [the patient's] needs first for that time, (*person-centered care, patient advocacy)* I actually had a really good day, even though it wasn't the easiest. And one of my classmates had walked in, he had the flex pens for insulin that our professor wanted everyone to know how to give, so I did his 8am and my classmate was doing the noon administration, he walked out and he said, 'I don't know how you've been in there all morning.' Just because um it's, it wasn't like a pleasant, I guess environment.

Finally, caring has always been viewed as the nexus of forming professional identity. The former Essential VIII, *Professionalism and Professional Values* states in part, "caring is the central concept to professional nursing practice" and "encompasses the nurse's empathy for, connection to, and being with the patient, as well as the ability to translate these affective characteristics into compassionate, sensitive, and patient-centered care" (AACN, 2008, p. 26). Although the re-conceptualized Essentials has not yet formed rationales for their proposed domains, the descriptors in the re-conceptualized Essentials provide ample evidence of alignment with Benner et al. (2010) assessment of focal practices being the center of forming professional identity, "Focal practices contain a cluster of caring practices that nurses consider central to their understanding of nursing and their identity as nurses" (Benner et al., 2010, p. 192). Participants in this study all emphasized that they felt more "empathy," "compassion," and "sympathy" for the patients they cared for. Participant "Ten" expressed what other participants experienced:

> I think I'm able to relax and take the time to listen to my patient's better, um and really connect with them just on a personal level. I think my mindfulness practice of yoga and meditation has helped with that. I notice that I am more focused and present at clinical.

As discussed, The AHNA (2007), *Scope and Standards of Holistic Nursing* builds on the scope of practice expected of all registered nurses. However, the AHNA also addresses ethical comportment in relation to focal practices as the cornerstone of holistic nursing practice. Holistic nurses are defined as "all nursing practice that has healing the *whole person* as its goal" (p. 1). The *Code of Ethics for Holistic Nursing* delineates what is considered the whole person and reads in part, "Nursing care is given a context mindful

of the holistic nature of humans, understanding the body-mind-emotion-spirit" (AHNA, 2007, p. 120). In other words, seeing a patient as an individual experiencing their illness through the lens of their hopes, fears, and expectations are at the heart of the focal (caring) practices. Emphasizing this point, the AHNA refers to patient-care as person-centered care, and as noted, the AACN (2020a) has changed patient-centered care to person-centered care to reflect the importance of seeing the patient as a person. The AHNA (2007) define person-centered care as:

> The human caring process in which the holistic nurse gives *full attention and intention* to the whole self of a person, not merely the current presenting symptoms, illness, crisis, or tasks to be accomplished, and that includes reinforcing the person's meaning and experience of oneness and unity; the condition of trust that is created in which holistic care can be given and received (p. 70).

The words, "full attention and intention" are exactly what Benner et al. (2010) refer to in the focal practices, in that student nurses learn to *focus* on or give *attention* to the patients in their care by being present to patients, bearing witness to their suffering, and patient advocacy.

Presence defined by AHNA (2007):

> The essential state or core in healing; approaching an individual in a way that respects and honors her/his essence; relating in a way that reflects a quality of being with and in collaboration with rather than doing to; entering into a shared experience (or field of consciousness) that promotes healing potential and an experience of well-being (p. 70).

From this definition it is clear that presence and healing share a mutual relationship. For the participants in this study the journey of self-growth was a healing process that allowed them to become aware of their shared humanity. Participants explained how their mindfulness practice facilitated "healing" in the body, mind, and spirit, "I think it helps 'me' heal me." Participants also expressed how this healing could be "painful," and requires patience; "you have to work through things one step at a time." Therefore, healing informs one's presence and one's presence informs healing. For the participants in this study, their self-healing of anxiety through their mindfulness practice allowed them to approach a patient from a perspective of shared humanity that focused on person-centered care.

Despite having Benner et al. (2010), the ANA, AACN, NLN, and AHNA supporting focal practices, such as nursing presence, as being a central component in forming professional identity among nursing students and nurses, the literature on presence in nursing education remains limited to articles on the concept of presence (Easter, 2000; Finfgeld-Connett, 2006; Godkin, 2001; Hessel, 2009; Tavernier, 2006), and a mid-range theory of nursing presence (McMahon & Christopher, 2011). There are limited studies found in the literature on how presence affects patient care. Two studies examined nursing presence as it related to heart failure patients (Anderson, 2007), and cardiac surgery patients (Gelogahi, Aghebati, Mazloum, & Mohajer, 2018). These studies found that intentional presence of a nurse to be an effective nursing procedure that elicited positive patient outcomes as it related to quality of life and decreasing anxiety, stress, and depression.

Wisdom. As the participants continued to engage in their mindfulness practice they moved into a deeper inner knowing that reinforced a deeper wisdom and strength that was cultivated by the challenge of overcoming the stress of being a nursing student and by breaking through the limited perceptions they held of themselves. In the Eightfold Path, wisdom is attained through right view and right intention. In the relational theme of emerging self the participants cultivated the right view from the insights attained during self-discovery of their authentic selves. The participants also developed right intention to realize enlightenment (well-being and a more evolved way of being human) by extending genuine empathy and compassion learned through self-discovery to the patients they cared for by providing focused relational care. Further, all participants affirmed that their mindfulness practice broadened their perspective to include a sense of shared humanity by "giving compassion [to self] and extending that compassion." Thus, following the wisdom path helped to shape the participants' ethical comportment and positive professional identity formation, which contributed to the participants' professional growth.

Sub-theme three: Resilience and presence. Self-efficacy is the self-belief or perception that one can perform an unfamiliar or difficult task and attain the desired outcome (Bandura, 1997). According to Schwarzer and Warner (2013), it reflects a "sense of control over one's environment" and as such reflects a "self-confident view of one's ability" (p. 139) to manage challenging stressors in their life. Resilience by contrast has been defined by Schwarzer and Warner (2013) as "coping adaptively with traumatic stressors" (p.140), and is associated with overcoming challenging experiences. In this study mindfulness practices enabled the participants to have self-confidence (self-

efficacy) in their nursing skills giving them the ability to cope (resilience) through their struggles with stress in nursing school and empowered the nursing students' belief in attaining their goal of being successful in nursing school. Three patterns emerged in the sub-theme resilience: (a) developing inner strength, (b) increased self-confidence, and (c) increased resolve.

Resilience. Several participants spoke of the tears associated with nursing school, "maybe it's just our class or something, but there's always tears," and "I have a couple of friends who you know, they call me and just say, 'I need to cry.' However, the participants also revealed how their mindfulness practice assisted in developing their inner strength. Participant "Seven" who has a child related:

> Compared to my peers, I don't stress as much as they do and I feel like, not that I have a lot more going on, but I have a lot more to juggle. Um, and the stress is there, so there is a relationship between the fact that I meditate and I'm able to feel like I'm not drowning. I don't feel…like there are times when I might feel like, 'okay I'm feeling a little bit overwhelmed.' But I never got to the point where I see other people crying, and not passing classes. I feel like I'm still managing, maintaining my grades, still able to study, so I feel meditation plays a part in that.

Participants also reflected on increased self-confidence, "since I started meditating, I'm more confident in my abilities." Participant "Three" best described how her mindfulness practice instills personal confidence that transfers over in patient care delivery during clinical practica:

> I would definitely say that I think since I started doing meditation often and especially since I got into clinicals…I think I go into it with the mindset of a much more confident progression throughout the clinical day, I would say; because I think that clinical for a lot of people, (I've even noticed with my roommate), that clinical stresses people out a lot…I think that when you walk in as a nurse, into a room, that [the] patient is automatically going to get a feel from you, whether it's highly happy, or excited to work, or if it's negative and grumpy and angry, at having to be there. And I think if you have that confidence and happiness, you're going to go into that patient's room and automatically give off a better vibe to that patient, who then in return is going to be more receptive to your care and what you need to do to help them. I go into my patient care with much more confidence and with a more overall relaxed tone, because I have that confidence instilled in me, I'm much more able to assess a patient to the fullest extent instead of being nervous and worried and feeling rushed.

Lastly, the participants acknowledged how their mindfulness practice strengthened their resolve to be successful in nursing school, "It's created a level of sanity for me to be able to have meditation and to continuously use it to keep myself at a level where I can again keep doing things the way I want to do them." Participant "Four" went further and discussed how her mindfulness practice empowered her in helping her cope with the stressors of nursing school while also living with a recently diagnosed autoimmune disorder:

> [Meditation] has provided a lot of empowerment. I think just because like having control. I don't have control over the fact that I have a disease, right? But I have

> control over my mindset. I can have control over my diet, my lifestyle, how I choose to live my life. So, I could fall apart if I want to, and don't get me…like I'm not trying to come across like this person that is collected, calm, and together. Some days are really, really hard. And some days I do break down, but those happen less if I take the time to meditate and give myself some time…um, which puts everything in perspective for me and then it makes sense.

The findings on self-efficacy are supported by the literature. Beddoe and Murphy's (2004) study found that 75% of the BSN students in their study reported greater self-confidence after taking an 8-week MBSR course. The findings of this current study helps to fill the gap of their findings by elucidating how mindfulness practices helps to develop confidence by reducing the stress experienced by nursing students while attending nursing school, through cultivating self-growth, resulting in self-efficacy. Further, self-efficacy also facilitates retention of nurses in professional practice. Self-efficacy has been associated with decreased turnover rates among home care nurses. Van Waeyenberg, Decramer, and Anseel (2015) found that self-efficacy was positively associated with professional performance and decreased turnover intentions. In their study, Van Waeyenberg et al. found that unfavorable supervisory feedback and turnover intentions was conditional on home nurses' self-efficacy. Their findings suggest that self-efficacy "acts as a coping mechanism against unfavorable stimuli" (p. 2875). Thus, the findings in this relational theme also provide support of mindfulness practices being used as a tool in the development of effective retention strategies in nursing school and professional practice.

In addition, as identified in the relational theme of valued benefits, Jun and Lee (2016) explored the mediating role of spirituality on self-efficacy and professional values. Jun and Lee found a positive correlation between professional values, spirituality, and self-efficacy among senior nursing students in Korea. Moreover, their findings revealed that "spirituality completely mediate the relationship between professional values and self-efficacy" (p.3065).

The findings of self-efficacy, professional values, and spirituality are all concepts found in this study. Several participants in this study found that their mindfulness practices helped them to connect to their spirituality, and all of the participants reported on implementing the professional values of empathy and compassion while providing patient care during clinical practica, which helped them to fulfill their professional roles. These findings contribute to Jun and Lee's (2016) findings by providing insight into not only how mindfulness practices help nursing students connect with their sense of spirituality, but how this connection to spirituality also interacts with and influences the development of self-efficacy and in turn the professional values of empathy and compassion that extended into providing quality patient care. Thus, the findings in this study also suggest that mindfulness is an effective self-care practice for improving one's connection to spirituality that can, in turn, facilitate the development of self-efficacy, professional values of nursing, and the subsequent affective domain of learning, as well as positively impact professional identity formation and professional growth.

Research also supports this study's findings on resilience. Resilience is a "dynamic process of change and growth" (Thomas & Asselin, 2017, p. 232), allowing nursing students the capability to be successful in their nursing education, completing

their degrees, and to effectively transition into professional nursing practice (Reyes, Andrusyszyn, Iwasiw, Forchuk, & Babenko-Mould, 2015). Resilience has been found to be a protective factor in empowering students to recover or rebound from stress. Protective factors are resources, attributes, and skills that minimize the damaging effects of stress (Reyes, et al., 2015). Resilience and well-being has also been developed through mindfulness practices among first-year undergraduate nursing and midwifery students (Van der Riet et al., 2015). Further, happiness and mindfulness were found to be the best predictors of resilience among nursing students (Benada & Chowdhry, 2017). Resilience also fosters a sense of empowerment or confidence in one's ability to achieve a goal. Beauvais et al. (2014) study examined the relationship between resilience and empowerment among undergraduate and graduate nursing students' academic success. Although Beauvais et al. findings revealed a strong significant relationship only among the graduate nursing students in their study, the findings of developed inner strength, increased self-confidence, and increased resolve among the participants in this current study suggest that mindfulness practices may help to develop resilience sooner among undergraduate nursing students. Considering the above and viewing resilience as a "fluid iterative process until the student is transformed" (Thomas & Asselin, 2017, p.233), mindfulness practices are a skill worth developing as an effective strategy that can promote the experience of resilience among nursing students.

Presence. The lessons learned through self-discovery also facilitated the participants to have a deeper understanding of themselves and their own experience with stress, allowing them to extend these lessons as their way of being to the patients in their care. By cultivating empathy, compassion, and a sense of shared humanity, the students

were able to offer a confident and caring presence to the patients in their care, that in turn, developed ethical comportment, which contributed to their professional formation. Three patterns emerged in the sub-theme presence: (a) empathy and compassion, (b) shared humanity, and (c) focused care.

According to Williams and Stickley (2010), the meaning of empathy that most aligns with nursing practice is "the quality of presence that a nurse may bring to the moment" (p.755). Moreover, Williams and Stickley recommended that nurse educators consider educational strategies that facilitate emotional development that assist students in developing their own inherent empathetic capacity and awareness. All participants in this study developed empathy and self-awareness. Further, they all spoke of or told stories of how their mindfulness practice made them more empathetic and compassionate to their patient's experience. Although all participants experienced the same feelings, Participant "One" elaborated on how her mindfulness practice shaped her nursing philosophy in being present with the patient's in her care. She also explained how empathy, compassion, and sympathy had a role in cultivating a positive attitude and demeanor while providing compassionate patient care:

> I have the philosophy of leaving it [your own struggles] at the door. Yes, being present with your patient in that moment and trying to give them [the patient] the attention they need. I think giving your attention, and again also the way you physically present yourself. If you're presenting yourself like you are going to be there to help them, and be compassionate and caring, then they will feel more at ease than with someone who comes in with an agitated demeanor or just like their body language…it needs to be a relaxed demeanor…Yeah [I] definitely have

> empathy, and sympathy too…I think yoga has helped me with my empathy…, by being able to put yourself in someone's shoes. Seeing something from their perspective is a little more eye opening than just being, or feeling, sorry for them, like they're dealing with their own problems. You're like, 'well wait a minute like this is what they're really going through.' And you know, being able to I guess [be] aware of that. So awareness for self, ...awareness for others, and their own problems.

Participant "One" also brought up an interesting distinction between valuing self-care and having to negate self-care to the call to duty when stating, "leaving it [your own struggles] at the door." From the perspective of Participant "One" and other participants in this study, mindfulness practices became a tool to assist in reflecting on their personal and professional experiences resulting in feeling more centered and balanced in their life, and this extended into being present to the patients in their care. This however, is often not the case with nursing students. Walker and Mann (2016) argued that nursing students "are taught to hide their feelings to a point where they cannot find it themselves under their professional armour" (p. 188). This manifests in nursing students experiencing increased stress in the clinical environment. Given the participants in this study accepted their feelings through their mindfulness practice, and in turn were able to offer their presence to the patients in their care, provides further support that mindfulness practices helps to develop resilience against the stressors of nursing school and the clinical environment.

Empathy lays the foundation for building a trusting relationship between the health care provider and the patient. Empathy has been linked to increased patient

satisfaction, compliance, and decreased psychological distress. Therefore, it is essential for nursing students to develop empathy skills that could improve the quality of patient care (Hojat, 2016). Using visualization as a teaching strategy could help to teach empathy skills to nursing students. For example, Participant "Eleven" gave a good description of how her mindfulness practice specifically helps in developing empathy and providing insight in anticipating her patients' needs thereby enhancing the connection she makes with her patients:

> I do believe visualization helps with empathy because you are placing yourself in the patient's place and considering how they must be feeling (on top of what they say to you about their feelings). On the other hand, visualization about your own care to the patient helps you pinpoint areas that require specific care or sensitivity to the patient. Being able to think about different methods and outcomes helps with empathy by weighing pros and cons of which would end up being best for both the physical and mental stability of the patient.

The findings of empathy in this study are congruent with the findings of Gür and and Yilmaz (2020). Gür and Yilmaz studied the effect of the Mindfulness-Based Empathy Training (MBET) program among 123 nursing students. Findings revealed empathy was enhanced over the 8-week course. In contrast, Beddoe and Murphy (2004) study examined if mindfulness fostered empathy among nursing students. Findings from their study did not show statistically significant changes in empathy. Instead, findings revealed a positive trend in the direction of increasing 'empathetic concern.' Beddoe and Murphy defined empathic concern as caring about the well-being of another without

sharing the emotion. According to Beddoe and Murphy, emotional concern is the opposite of 'emotional contagion' and "refers to taking on the emotions of another" (p. 306). Beddoe and Murphy argued that emotional concern benefits both nurses and patients, as empathetic nurses are "more likely to act altruistically, for social good, and without aggression," while emotional contagion has the damaging results of "burnout" and "emotional exhaustion" among nurses (p. 306). Findings in this study revealed that the participants' mindfulness practice cultivated empathy and contributed to cultivating an authentic connection to the patients in their care.

Participants in this study also relayed stories of shared humanity by illuminating their recognition that suffering is a shared human experience. Participant "Two" explained:

> I've been able to use my experiences and kind of show patients like, 'hey, you are not alone in this feeling. There are people here who want to help you and see you succeed. Let's see how we can best help you get into a spot where you don't feel overwhelmed, where you don't feel like this is just too much stress for you to handle.'

However, Participant "Eight" exemplified best how her mindfulness practice cultivated the values of nursing and a sense of shared humanity. Moreover, Participant "Eight" illustrated presence, as defined by the AHNA, by entering into a shared experience with her patient by *being with*, rather than *doing to,* thereby promoting a collaboration of healing and well-being:

> I establish a trust with my patients.' I am more sensitive towards every patient. I don't get frustrated and…for the most part I'm just very sensitive towards them

> and understanding with what they're going through…I had a patient who was laying there for a whole month. Her skin was already falling off, her dry skin, okay. She hadn't bathed, and she was just laying there, she was a complicated patient only because what she has been through. It's not because she was a bad person. And I'm like, 'would you like me to, you know clean your feet, put lotion, give you a clean pair of socks.' She said, 'you can do that for me?' I said, 'of course, that's why I am here.'… as a student nurse what I do, I do it with love and I think it's the most important aspect of nursing.

Lastly, all participants described how their mindfulness practice helped them to "focus," "clarify," and "dust the cobwebs off," enabling them to give their full-attention to patient care. This full attention enhanced the person-centered care they were providing. Participant "Ten" explained, "It gives me freedom to just be present, and clears my head so that it actually works in optimizing my work or whatever is coming after my practice so my anxiety doesn't get in the way of performing.

Many participants expressed how their mindfulness practice helped to keep their focus on the patient instead of focusing on what they could do wrong in clinical. Participant "Two" shared a sentiment felt by many:

> Meditation, has allowed me to be in a place where I can listen and focus…focus on them, as opposed to focusing on, 'oh my God am I doing this correctly…and the overwhelming ball of stress that can arise from wanting to be a good nurse and studying for it.' I'm able to connect with a deeper emotional level with my patients than how I was before because I'm able to focus and fully be present in the moment for my patients.

The findings of empathy and compassion, shared humanity, and focused care are all aspects of presence found in this study. Barratt (2017) explored how mindfulness and self-compassion enhance compassionate care. Using Strauss et al. (2016) five elements of compassion, Barratt (2017) linked mindfulness to compassionate care. These five elements are also linked to the aforementioned aspects of presence found in this study, and as such this finding contributes to understanding mindfulness practices role in enhancing compassionate care. Further, it contributes to mindfulness practices role in enhancing resilience and ethical comportment. Strauss et al. (2016) five elements of compassion are (1) recognizing suffering, (2) understanding the universality of suffering in human experience, (3) emotional resonance, (4) tolerating uncomfortable feelings in response to the person who is suffering, and (5) motivation to act/acting to alleviate suffering. These five elements are linked to presence in this study as follows:

(1) Recognizing suffering: Mindfulness fosters awareness of self and others, as well as (focused attention), thus facilitating engagement with and the accurate assessment of patients.

(2) Understanding the universality of suffering in human experience: Mindfulness cultivates self-compassion, which facilitates one becoming aware of the connection between others' suffering (compassion and shared humanity).

(3) Emotional resonance: Feeling empathy for the person suffering and connecting with the distress (Barrat, 2017). Mindfulness cultivates self-compassion, thereby enabling one to connect with another person's suffering (empathy) without becoming overwhelmed by it (e.g., emotional contagion; Beddoe & Murphy 2004).

(4) Tolerating uncomfortable feelings in response to the person who is suffering: Mindfulness cultivates (resilience) and empathy (e.g, empathetic concern; Beddoe & Murphy 2004).

(5) Motivation to act or acting to alleviate the suffering of the person: Mindfulness helps to sustain a connection to the values that motivate professional practice (ethical comportment and the focal practices).

Additionally, the finding of being able to focus on the patient and not on the fear of incorrectly performing a technical mistake during patient care (cognitive control) is an important finding in this study that is supported by Cognitive Continuum Theory (CCT), which focuses on judgment and decision-making in tasks related to cognition (Hammond, 1996). The literature reveals that the use of CCT can be used to explain decision-making and can contribute to attaining accuracy in the decision-making process in nursing practice (Cader, Campbell, &Watson, 2005). Integral to CCT are the concepts of modes of cognition and task properties. In CCT cognitive performance is guided by the link or correspondence between task properties and modes of cognition, which moves on a continuum from intuitive to analytical, with quasi-rationality representing the midway point (Dhami & Mumpower, 2018). Attributes of intuition include rapid data processing, low cognitive control, and low conscious awareness. It also includes averaging organizing principle and low confidence in method. Attributes of analysis include slow data processing, high cognitive control (as indicated by the participants in this study), high conscious awareness, (as indicated by the participants in this study), task-specific organizing principle, and high confidence in method. Attributes of quasi-rationality include elements of both analysis and intuition (Cader et al., 2005). Task properties

include well-structured and ill-structured tasks, which are associated with judgment. Well-structured tasks have elements that prompt analysis and have a high level of certainty, take time to resolve, and can be broken down into smaller sub-tasks. A well-structured task, for example, would illustrate a nurse deciding on the relevance of an electrocardiograph tracing against a normal electrocardiograph (Cader et al., 2005). Ill-structured tasks, by contrast, have elements that prompt intuition. Ill-structured tasks have a low level of certainty, are quickly resolved, and cannot be broken down into smaller sub-tasks. An ill-structured task, for example, would illustrate a nurse attempting to support a falling patient. In this example the nurse quickly responds without having time to break the task into sub-tasks thereby eliciting an uncertain outcome (Cader et al., 2005). Nevertheless, Hammond (2007) argued that having the discernment to match modes of cognition to properties of task required wisdom. That wisdom is found in using quasi-rationality cognition. Hammond (2007) as cited in (Dhami & Mumpower, 2018) explains:

> The tactics that most of us use most of the time are neither fully intuitive nor fully analytical: they are a compromise that contains some of each; how much of each depends on the nature of the tasks and on the knowledge the person making the judgment brings to the task (p. 15).

Quasi-rationality cognition is also similar to Dual Processing Theory, which describes reasoning and decision-making as a function of two systems, with system I being intuitive and system II being analytical (Djulbegovic, Hozo, Beckstead, Tsalatsanis, & Pauker, 2012). However, in considering nursing practice, Cader et al. (2005) also identified the relevance of the quasi-rational mode of cognition, finding that that within

CCT it "offer[s] nurses the required framework to exercise the appropriate level of analysis as demanded by their judgment tasks in clinical practice" (p. 403). Thus, it is reasonable to suggest that the participants' cognitive control and conscious awareness, attributes of analysis, along with intuitive and quasi-rationality, contributes to the participants' ability in making good clinical judgments. Further, the findings of the NCSBN (2018) *Strategic Practice Analysis* identified clinical judgment as its top high priority skill needed among entry-level RN's.

Most recent, Pedersen, Solevåg, and Solberg (2019) utilized Hammond's CCT for analysis in their literature review of seven qualitative studies between the years of 2010-2018. Pedersen et al. analyzed factors contributing to intensive care unit (ICU) nurses' learning during simulation-based team training (SBTT). Among their findings, learning through cognitive control, analytical cognition, self-awareness, and situational awareness were identified as factors contributing to learning in simulation-based training. In their findings, learning through cognitive control was the main factor that contributed to learning and refers to the ability of the nurse to focus on caring for the patient rather than focusing on harming the patient through incorrectly performing nontechnical and technical tasks. Learning through analytical cognition referred to applying knowledge in task management and analytically reflecting on the simulation experience. Learning through self-awareness (found to be a quality of analytical cognition), included nurses learning about themselves and the stress experienced in challenging situations while also learning how to manage those feelings. Learning through situational awareness described one's ability to be aware of their environment, process what was observed in that environment, and then using that information to make appropriate decisions or actions

plans (Gluyas & Harris, 2016). The experience of cognitive control, analytical cognition, self-awareness, along with situational awareness as revealed in Pedersen et al. (2019) literature review were all experienced by the participants in this study as they engaged in their mindfulness practice. These findings further support that mindfulness practices may help to facilitate nursing students ability to make good clinical judgments.

In summary, Benner et al. (2010) have defined ethical comportment as a way of being that reflects the notions of good that are central to nursing practice. The focal practices of being present, bearing witness to suffering, and patient advocacy stand at the heart of the notions of good that are central to nursing practice and formation of professional identity. Additionally, they are also supported by the NLN, ANA, AACN, and AHNA. The participants in this study all expressed how the lessons learned in self-discovery through their mindfulness practice carried over into skills of involvement while caring for the patients in their care. Participants' mindfulness practice in this study facilitated their personal growth through self-discovery that resulted in a personal transformation (discovery of authentic self) and the beginning of professional transformation (skills of involvement in patient care). Further, the findings in this theme contribute to the literature by providing insight into how mindfulness practices facilitate personal transformation that helped to develop confidence, resilience, focus, empathy, compassion, and a sense of shared humanity, all aspects of resilience and presence. In addition, findings in this relational theme provides understanding into how mindfulness practices helps to cultivate the skills of involvement by fostering the professional values that are central to formation of professional identity. Moreover, the findings in this relational theme also provide insight into how mindfulness practices facilitate the ability

to make good clinical judgments through the development of analytical, intuitive, and quasi-rationality. An additional finding in this relational theme was acumen into how the participants' connection to their sense of spirituality, found in relational theme (valued benefits) also fostered the development of self-efficacy, and the professional values of empathy and compassion. Lastly, the findings in this relational theme highlight the need for more integration between classroom and clinical teaching on the skills of involvement to ensure positive formation of professional identity among nursing students.

Relational Theme Four: Evolving Professional Identity

In the relational theme of emerging self, the participants' self-discovery process resulted in personal transformation by discovering their authentic selves and the beginning of professional transformation by providing focused relational care using the skills of involvement. This transformation contributed to the participants' formation of professional identity through ethical comportment in patient care delivery. The relational theme evolving professional identity specifically addresses how the reciprocal relationship between personal and professional transformation interacted, evolved, and continued to inform the positive formation of professional identity through the development of ethical comportment, by addressing the "moral responsibility of being a nurse" (Benner et al., 2010, p. 89).

Accordingly, the relational theme of evolving professional identity expands on and elucidates how the participants' personal values of self-awareness and compassion, as revealed through their mindfulness practice, were integrated professionally during clinical practica through holistic person-centered care and patient advocacy. Both self-awareness and compassion have been found to improve patient care delivery. Self-

awareness makes it possible for nurses to establish a therapeutic and interpersonal relationship with patients (Rasheed, Younas, & Sundus, 2019). Compassion as defined by U.S. nurses is "caring with listening, developing a relationship, alleviating suffering, touch, and going beyond the normal role of the nurse." (Aagard, Papadopoulos, & Biles, 2018, p. 1). Moreover, compassion is essential in providing quality patient care by helping patients heal faster, experience less pain and anxiety, and even recover faster from the common cold (Doty, 2014).

Participants in this study extolled the virtues of self-awareness and compassion reporting that their mindfulness practice instilled "self-understanding and self-forgiveness." Participants also explained how the values of self-awareness and compassion impacted their patient care delivery. Participant "Two" reflected what many participants in this study experienced:

> It [meditation] has given me a chance to figure out what works when talking with patients. To be a little more relaxed and fully be there when you're caring for them then I would have before I started meditating. So, it has definitely opened up my mind to a lot more experiences with personal stress and like just the overwhelming feeling that you can't do something because there is so much piled on you right now. And I know a lot of patient's feel like that, especially in the hospital.

These personal values were integrated professionally during the participants' clinical practica. According to Benner et al. (2010), "professional values are the social contract [nurses] have with patients" (p. 169). It is through nursing's social contract that nurses become accountable in improving and ensuring safe, effective, and quality care to

the society it serves (ANA, 2015b). Participants in this study all demonstrated nursing's social contract during clinical practica by providing holistic person-centered care and patient advocacy. Participant "Five" recalled a defining moment that demonstrated holistic person-centered care and patient advocacy that positively contributed to professional identity formation. She vividly and tearfully described her first clinical experience with a patient who had died in her care:

> My first clinical my patient was in for respiratory failure, and she was very old, and she was kind of digressing along. Her O2 sats were going down and um, at the beginning of the shift she was like not having it. She didn't want the suctioning. She had a pastor come in to pray with her and then she was calling me in like, 'help, help.' I thought, 'okay this woman needs someone to sit down with her' and so I was sitting with her, and she was praying, and praying goes along with meditation, and so I prayed with her a little bit. She kept saying, 'I'm going to heaven' and then she's said, 'I'm dying, I'm dying.' I then thought, 'oh no, how can I help her through this?' So, I was kind of talking her through it, saying, 'Do you have anyone in heaven?' And I was kind of just there with her holding her hand. But then the nurse came in and she said, 'if you don't mind sitting here with her.' (Because her family wasn't at the hospital yet). By this point, she was having horrible respirations and aspirated, and was dying. So, I sat there with her and was just thinking and crying, and I was just trying to keep myself sane and was trying not to show it, but I couldn't help it. So, I was just kind of breathing through it and trying to get myself less anxious and upset about the situation because I had to talk to my nurse after that to explain what happened, because I

was in the room with her when she did aspirate and died. I just had to put my emotions aside and help the nurse out. I just felt embarrassed that I was crying and the nurses kept coming in and they weren't crying. And I'm like, 'oh my gosh is there something wrong with me?' It was my first experience [with a patient dying], but I guess I was just empathizing with the patient, so I don't think it was a bad thing. I was just trying to put myself in more of the medical setting because that's all that the doctors and the nurses were paying attention to. But, I was in that moment; I was just being a human for her in that moment. I talked to the pastor after that and I was explaining how I saw her try to physically reach up for the heavens, and he was like, 'young lady you were just in the presence of something so beautiful.' After that day I felt like, and I really feel like I'm going to take this along with me throughout my whole practice. I definitely needed that experience and that moment.

Ethical conduct. As the participants continued on the Eightfold Path they also attained ethical conduct, which was also supported and reinforced by mental discipline and wisdom. This attainment deepened the development of ethical comportment, the positive formation of the participants' professional identity, and further reinforced the participants' professional growth.

In the Eightfold Path ethical conduct is achieved through right speech, right action, and right livelihood. In the relational theme evolving professional identity, the participants cultivated right speech in speaking compassionately with the patients in their care. They developed right action by demonstrating ethical behavior in advocating for the patients in their care. Lastly, they demonstrated right livelihood by choosing a caring

profession such as nursing that serves the interest of society. Nursing's social responsibility to society is to "provide care to all who are in need regardless of their cultural, social, or economic standing" (ANA, 2015b, p. 183). To provide such care the ANA (2015b) asserts six values and assumptions that uphold nursing's contract with society. Of these six, one encapsulates the aspects of ethical conduct demonstrated through right speech, right action, and right livelihood stating, "The relationship between the nurse and patient occurs within the context of the values and beliefs of the patient and nurse (p. 184).

Participants in this study all described, reflected, and expressed the aforementioned aspects of ethical conduct. However, Participant "Three" provided a good example of ethical conduct while providing patient care that also illustrated the mental discipline and wisdom found on the Eightfold Path. She recalled how she became her patient's advocate by providing holistic person-centered care to a patient who received substandard care:

> We're on a med/surg floor right now, so we are with people that are not so sick that they have to be in the intensive care unit, but they're a step under and we were watching a gentleman who was a cancer patient and just had a lot of things wrong, and ultimately at a young age knew that he was going towards um just losing control of his body, which is a sad situation to be in. And the nurses came in and said they were frustrated with him. He was trying to get, you know, to get them to do everything for him. They didn't want to treat him. They didn't want to be around, and that's a sad thing because those people want attention, and they're uncomfortable, they want that… And I went in to give meds, and to assess, and I

went in thinking that if I was in that situation where I was upset, and in so much pain, and I knew that ultimately I was going to die, that I would want somebody to give off a vibe that they cared about me… And already going into that day of my meditation prior and from my confidence probably going in, I went into the room, and I would make sure every time I went in, or that every time I was in there, that he got everything he needed done. Whether it was kind of random for me to do or uncomfortable for me necessarily to do, it was comfortable for him. And every time I would go in he would be more and more lively, and more and more happy to see somebody in there. And the last time we went into the room, (I went in and actually, and [another] nursing student went in with me) and I looked at him and I said, 'how are you doing?' And he smiled at me and he gave me a thumbs-up, and I said, 'that's good.' And he waved at us and I walked out and I told the charge nurse, and she said, 'he's never done that before.' So going in and be able to smile at somebody, and have that aura about you, and that vibe to them, just automatically increases patient care. It was obvious in that man because he was much happier by the end of our six hours then he was prior to them.

Sub-theme four: Holistic person-centered care and patient advocacy. In the relational theme, emerging self, the skills of involvement became attributes of person-centered care. This sub-theme focus interprets how the attributes of holistic care and patient advocacy also contributed to the delivery of person-centered care. The participants in this study continued to develop ethical comportment and positive formation of professional identity by fulfilling nursing's social contract. This was demonstrated by honoring all aspects of the patient's experience of health and healing.

However, because of significant overlap between patient advocacy and holistic person-centered care, the attribute of patient advocacy will be discussed separately in the next section. This section will specifically discuss the participants' experience of holistic person-centered care. Three patterns emerged in the sub-theme of holistic person-centered care: (a) healing is more than physical, (b) mindfulness practice facilitated self-healing that transferred over into professional practice and (c) valuing preventative and alternative health care practices.

Holistic care. The defining attribute of *holistic* care, in person-centered care comes from the philosophy of holism, which believes the whole is greater than the sum of its parts. Holism in nursing practice originated from Florence Nightingale, who believed unity, wellness, and the connection between the patient and their environment was central to healing (Patestos, Anuforo, & Walker, 2019). Holistic healing is based on the concept of holism and goes beyond healing the physical body to address healing of the whole body system by integrating healing to the mental, emotional, environmental, and spiritual aspects of the patient to achieve optimal wellness. The AHNA (2007) describes the concept of holism in its definition of holistic ethics with the words, "unitary" and "integral" (p. 68). The unitary quality of holism refers to the recognition that the whole is greater than, and different from its parts, and that the parts cannot be separated from the whole. The integral quality of holism refers to the "interactions and interrelationships of the many parts within the whole system" (Dossey & Keegan, 2009, p. 675). In other words, holistic health care insists that nurses consider the totality (unitary) of the patient's health experience by attending to the body, mind, emotion, spirit, and environmental (integral) aspects that make up the patient's health experience. From the holistic

perspective, healing is a lifelong evolving journey into wholeness of all the aspects of self (AHNA, 2007).

Person-centered care. The defining attribute of *person-centered*, in the sub-theme holistic *person-centered* care is best described as going beyond delivering safe high-quality patient-centered, medical care because it has an "ethical foundation and sees the person (not just the patient) as an active part of medical treatment and considers his/her needs, family, history, strengths and weaknesses" (Tomaselli, Buttigieg, Rosano, Cassar, & Grima, 2020, p. 2). According to Morgan and Yoder (2012) person-centered care is founded on therapeutic interpersonal relationships. Morgan and Yoder list *holistic* and *individualized* as two defining attributes in the concept of *person-centered* care because it focuses on delivering health care from the perspective of how an illness affects the entire person while also responding to the unique health needs of all aspects of the person. Similarly the ANA (2015b) shares this holistic and individualized perspective in three of its values and assumptions of nursing's social contract: (a) "humans manifest an essential unity of mind, body, and spirit," (b) "human experience is contextually and culturally defined," and (c) "health and illness are human experiences. The presence of illness does not preclude health, nor does optimal health preclude illness" (p. 184).

Likewise, participants in this study expressed how their mindfulness practice revealed to them that healing is more than physical stating, "I'm more prone to thinking about people's conditions and how they would benefit from a psychological perspective," or " I can give drugs and that can help, but what can I do to help [the patient] to feel overall physically and emotionally better?" And "It's changed my perspective on nursing because not only do look at it from a medical side, but what can I do for this person to

just heal them as a person?" Further, all participants voiced how "emotional" and "spiritual" healing was just as important as physical healing. Participant "Four" summarized what many participants experienced through their mindfulness practice:

> When I first went into nursing I knew it was a lot of people focused and you get to care for people. I did not realize how you'd be involved in these patients lives and how much you'd be providing for them, spiritually, emotionally, physically, everything. And I think, especially now, I've learned there are different types of care that different patients need. And patients need them in different ways. Like some patients need some more emotional care than they do physical care. Some patients need more spiritual care than they do physical care, and that kind of stuff.

Participants in this study also discussed how their mindfulness practice facilitated self- healing that transferred over into professional practice. This was made possible by their mindfulness practice cultivating self-awareness and self-compassion, which in turn helped with self-regulation of their thoughts and emotions, resulting in stress reduction, equanimity, and self-acceptance. As discussed, this was a "lifesaver" that enhanced the participants' "well-being." Consequently, several participants expressed how their mindfulness practice affected their professional practice stating, "I just think compassion and healing are major core values," and "I think my experience [with meditation] is valuable in possibly helping other people." Participant "One" provided a good example of how her mindfulness practice of yoga is transferred into her professional practice:

> I think nursing, um, is a very, not only very honorable profession, but a lot of people say, nurses are always honest and hard working, and they're the one's on the front line with their patients' and able to communicate and advocate. Um, so I

just love the idea of that, and being able to heal too. That's like such a healing thing. And in a sense of that I guess I can tie it into yoga. Where yoga is a healing practice, um in the way that nursing is a healing practice. I kinda think I can tie those two together, and in that sense they're both ways of healing and comforting. Yoga also allows me to sometimes, I guess, transfer my ideas onto patients, of course without, you know, not being pushy about it. But I would, you know, if they're stressed out, I'd say, 'have you ever considered yoga? I've been doing it for awhile and I find that it helps a lot.' So in that sense, physically communicating with patients like that. I have been able to do that.

Although participants expressed their understanding of healing being more than physical, many participants spoke of how their mindfulness practice helped them to appreciate and value preventative and alternative health care practices as healing modalities for the whole body system. Participant "Three" succinctly stated what many participants expressed, "meditation has changed a lot for me and it's made me think so much more heavily in preventative medicine." However, Participant "Nine" best summarized how her mindfulness practice helped to broaden her view on holistic healing to include healing of all aspects of self while also expressing her appreciation of the role preventative and alternative health care practices play in healing the whole body system:

> Being able to focus on yourself and be present in the moment um what that has done for me psychologically has made me more likely to promote more holistic approaches and alternative ways of healing to my patients. I do think [meditation and yoga] are an integral part to my clinical practice because it has helped me believe more in alternative forms of medicine and kind of promote that to my

patients. I'm much more into the holistic approach to help nowadays and if somebody is stressed out or has a lot of anxiety, instead of slapping you know an anti-anxiety med on them, why not have them practice meditation or practice yoga for a while first to see if that's something that can quell it in a non pharmaceutical way; kind of like mind-body-spirit, you have to take care of. Your body system will not thrive without the other two parts of your triangle being fulfilled as well. My family, my great grandma she was like the big matriarch of my family had a saying in Finnish, 'heikko mieli, että koko vartalo kärsii,' which means, 'for a weak mind the whole body suffers.' It means mental and physical is so highly connected.

Participants in this study experienced self-understanding that facilitated clarity of their beliefs, values, and assisted in their ability in providing holistic person-centered care. These findings were found in McCormack and McCance's (2006) conceptual framework model for person-centered nursing. McCormack and McCance identified four key constructs of person-centered nursing which included the (a) attributes of the nurse, (b) the care environment, (c) person-centered processes, and (d) person-centered outcomes. Of these four, three were found among the participants in this study. They include, *Prerequisites* or *attributes, Person-centered processes,* and *Person-centered outcomes*. Participants in this study did not experience the construct of *the care environment*, which "focuses on the context in which care is delivered" (McCormack & McCance, 2006, p.475). Participants in this study did not experience the collaborative aspects of sharing of power and working in a supportive organizational system espoused by McCormack and McCance in their practicum environment and as such did not

experience this particular key construct of person-centered nursing. This will be discussed in further detail in the patient advocacy section.

Regardless, the participants in this study cultivated *prerequisites or attributes* of the nurse by uncovering clarity of their beliefs and values, developing interpersonal skills, being committed to patient care, increased self-understanding, and demonstrating professional competence in their patient care. The participants demonstrated *person-centered processes* by providing care that respected their patients' beliefs and values, tending to their patient's physical needs, offering a sympathetic presence, fostering engagement with their patient's by relating to their holistic needs, and provided shared decision-making by facilitating patient participation of care. Finally, the participants demonstrated *person-centered outcomes* in their patient care experiences through expressions of patient satisfaction, involvement, feelings of well-being, and creating a therapeutic culture during patient care delivery.

Additionally, McCormack and McCance (2006) emphasized that their framework underscores "the need for nurses to move beyond a focus on technical competence, and requires nurses to engage in authentic humanistic caring practices that promote all ways of knowing and acting to promote choice and partnership in decision-making" (p. 478). According to McCormack and McCance this is achieved by the nurse's self-understanding of his or her personal views and awareness of how they may impact patient decision-making. However, this is linked to the nurse knowing his or herself well enough to understand that they first have the responsibility to understand themselves before they can effectively care for their patient's in a person-centered way. The participants in this study demonstrated personal awareness of their values and how they impact patient

decision-making by providing holistic person-centered care to the patients in their care. Further, as discussed in the previous section, the demonstration of personal awareness of feelings, and in turn values also encourages the development of resilience to the stressors of nursing school and the clinical environment. Thus, the findings of this study added insight into how mindfulness practices assist in cultivating the personal attributes of person-centered care by helping to interpret how nursing students uncover their values base. This is both the cornerstone of providing holistic person-centered care and developing resilience to the stressors of nursing school and the clinical environment.

Patient advocacy. Nurses have a moral responsibility in meeting nursing's social contract of caring for vulnerable patients. As stated, nurses are accountable in improving and ensuring safe, effective, quality care to the society it serves (ANA, 2015b). However, learning the social contract of the nursing profession requires nursing students to develop a "moral agency" that can be integrated in a health care setting (Benner et al. 2010, p. 175). Moral agency can be generally defined as the nurse's ability to uphold ethical obligations and commitments to the patients in their care (Milliken, 2018). The participants in this study demonstrated this moral responsibility by providing holistic person-centered care that advocated for their patients' healing and health care needs. This section will specifically discuss the participants' experience of patient advocacy. Four patterns emerged in the sub-theme of patient advocacy: (a) awareness of nurse burnout, (b) witnessed substandard nursing care/demeanor, (c) keeping the patient at the center of healing, and (d) incongruence between classroom teaching and clinical experience.

The participants in this study reported observing the effects of stress on nurses during clinical practica, their awareness of nurse burnout, and its effect on patient care.

Participant "Two" reflected on what several participants communicated, "there are a lot of nurses on the floor who are very, high stressed, high everything, and it kind of shows in the care with the patients." Participant "Eight" expressed what participants in this study described as their awareness of nurse burnout and also served to illustrate McCormack and McCance (2006) call for nurses to move beyond having a focus on technical competence to focusing on providing person-centered care. As identified this "requires nurses to engage in authentic humanistic caring practices that promote all ways of knowing and acting to promote choice and partnership in decision-making" (p. 478). Participant Eight recalled:

> I see that nurses are tired and exhausted because of the workload. I see the nurses that do have passion, don't have enough time to, um do [care] for every single patient of theirs. They kind of become just the daily nursing tasks that they have to complete and get it over with. And since I'm a student, I have time to actually chat with my patients and hear what their struggle is all about, and how they get where they are…and I am sure me spending 10 minutes in the room with a patient just asking them how they're feeling and what's going on in their mind is more beneficial for them just, you know, um eating those pills and bathing them.

Even more disconcerting than observed nurse burnout was the finding of witnessed substandard patient care recounted by the participants in this study. This uncovering was similar to Benner et al. (2010) findings, where nursing students also reported witnessing substandard nursing care through patient neglect and labeling patients as difficult. As previously noted in Chapter Two, substandard nursing practices were cited in Benner et al. (2010) study as a major ethical concern for both faculty and

students alike. Both faculty and students felt that good nursing practice could be put aside once nursing students' transitioned into nursing practice. The participants in this study relayed similar concerns of losing their caring skills once they transitioned into practice. Participant "Five" summarized what many participants reported, "I kind of hope I never lose that ability to empathize with patients because I see nurses are being overworked and they have to be attentive to others needs."

The literature has referred to substandard care as missed nursing care. Kalisch, Landstrom, and Hinshaw (2009) have defined missed nursing care as "any aspect of required patient care that is omitted (either in part or in whole) or delayed" (p. 1509). Participants in this study described witnessing substandard nursing care from nursing staff during their clinical practica. Participants reported instances of nurses "not wanting to treat" a patient because they were "frustrated" with the patient's health care needs. Other participants reported negative non-verbal expressions, such as "eye-rolling" or "brush[ing] over" details during patient care. Participant "Six" described a challenging clinical day where she witnessed substandard/missed care from both the nurse she followed and a fellow nursing student:

> I know I'm not the only one who's noticed that a lot of the RNs are, they're very impatient with the patients, and it's kind of like they don't want to be in there [the patient's room] longer than they have to. We were partnered on our first day and I had a patient, who it was, um it was kind of, the whole day was just a mess. Um, literally because the girl I was partnered with ran off because the patient's bowel incontinence, (there was opioid and alcohol withdrawal, C-diff.) So, yeah the nurse was kind of, she's one of those that um, for whatever reason; she kind of

> tends to not be in a very happy mood. Um, so as soon as it happened she looked at me and rolled her eyes and left. And then the girl I was partnered with, um ran out and you know I thought she was...[feeling ill], it was enough to make someone sick, I'm sure… But I don't know... Um, but it's just not about me. And if you, I think that if you remind yourself to somehow being mindful, but also remembering that this isn't about me right now at all.

Interestingly, when prompted to reflect on the statement she made of the nurse she was following, Participant "Six" paused then stated, "I'm not really sure what's behind, what's behind their attitude sometimes." Then Participant "Six" reflected and provided the only clear example from the participants in this study of witnessing ethical nursing care, "because I have encountered the opposite." Speaking of another nurse she followed who role modeled holistic person-centered care and patient advocacy, she explained "she was always so kind and patient, even if she was experiencing some irritation, you know, with the patients who are cranky or maybe, um don't have their full mental capacities. She kept it outside of the patient's room."

The causes of substandard or missed care have been linked to both internal and external factors (Kalisch et al., 2009). Internal factors include team norms, decision-making processes, internal values and beliefs, and habits. External factors include labor resources, material resources, and communication (Kalisch et al., 2009). For example, the internal factor of values and beliefs, and habits relates to how a nurse's personal and professional values influence his or her behavior. Thus, if the behavior is at odds with the nurse's values, it will lead to feelings of regret and guilt, compelling the nurse to provide the needed patient care. However, if the nurse habitually ignores these feelings, it then

becomes easier to delay care in the future. Similarly, the example of the external factor of communication relates to coordination of health care delivery. If nursing assistive personnel neglects to inform the nurse "that they are unable to complete specific elements of care, the nurse leading the team will not provide back-up from other team members" (Kalisch et al., 2009, p.1512). When these internal and/or external factors are present there is a risk of substandard or missed nursing care.

The external factor of labor resources effect on substandard or missed nursing care is illustrated in the results from the HealthyNurse™ Survey. As noted in Chapter One, the Healthy Nurse, Healthy Nation™ (HNHN) initiative was launched in 2017. This initiative focuses on improving the health, safety, and wellness among nurses and nursing students as well as guiding them to be more influential role models, advocates, and educators. In their second annual report, HNHN summarized the responses from nurses and nursing students from the HealthyNurse™ Survey. This survey consists of the five domains: physical activity, quality of life, nutrition, safety, and rest. Findings in the domain of safety revealed more than 53% of respondents often have to work through breaks to complete their assigned workload and 52% often have to arrive early or stay late to get their work done. Moreover, 27% report they are often assigned a higher workload then they are comfortable with and 27% reported unsafe staffing as a top ten work hazard (ANA Enterprise, 2018). Similarly, Benner et al. (2010) findings also concluded that substandard, missed nursing care, and by extension poor quality patient care and outcomes, are largely the results of the economic constraints and limited resources in health care settings that are competing with the goals of good nursing practice.

Many participants in this study came to the same conclusion as to why substandard or missed care occurred among the nurses they followed during clinical practica. Participants repeated the same sentiment over and over, nurses simply "do not have the time" to care for patients in a holistic person-centered way. Participant "Eight" offered insight into what several participants revealed during their clinical practica, as well as illustrating what Benner et al (2010) referred to as the "institutional pressures that marginalize caring practices" (p. 200). She also highlighted the lack of teaching on the internal and external causes of substandard/missed care:

> Back in the day nursing was about compassion and you know, nurturing your patients. And nowadays it's totally different. It's about um evidence practice, research and studies. 'This pill…this pill is not working, or this one is working.' The amount of medications that people take, um not enough time dedicated to a patient to actually hear [them] out, speak to them, clear their mind, give them you know hope and reassurance. Patient care is basically, 'here are your pills, swallow them, we'll do what we have to do to keep you, you know, get you back on your feet and get up and go.' Nobody is talking about [this], not nobody.

The participants in this study witnessed nurses who neglected nursing's social contract based on internal and/or external factors and health care policy experienced at their clinical practica health care institution. As identified, Benner et al. (2010) have described how these "institutional pressures" can "marginalize caring practices" (p. 200) and "have undesirable consequences for the formation and practice of nurses" (p. 201). However, a decade has passed since Benner, et al. (2010) study, and health care continues to be negatively impacted by U.S. health care policy and economics thereby continuing to

marginalize nurses caring practices, care delivery, and the positive formation of professional identity. Rosenthal (2017) asserts, “In the past quarter century, the American medical system has stopped focusing on health or even science. Instead it attends more or less single-mindedly to its own profits” (p. 1). According to Rosenthal, the U.S. medical system has become the most profitable industry in the U.S. with insurance companies, hospitals, physicians, pharmaceutical manufacturers, and home care companies being its main profiteers.

The American medical system is based on a reimbursement model of service-based and value-based systems. Service-based (fee-for-service) refers to health care providers being reimbursed for the amount of services performed. Thus, service-based reimbursement incentivizes providers to manage more patients and order more services, such as tests and procedures to get more compensation while discouraging preventative care. Moreover, it does not assure patients receive high quality care (Miller, 2017). Value-based purchasing is similar to service-based reimbursement as providers are generally compensated in the same way as service-based. Value-based purchasing includes narrow networks, tiered networks, and centers of excellence (Miller, 2017).

Value-based service, (pay-for-performance) refers to heath care providers being reimbursed for the quality of care provided. Under this model, “providers are incentivized to use evidence-based medicine, engage patients, upgrade health IT, and use data analytics in order to get paid for their services” (LaPointe, 2016). However, value-based service has its own share of problems. In particular, it “does not ensure that the services a patient receives are appropriate, high-quality, and achieve the desired results for that patient” (Miller, 2017, p. 2). This is due to data analytics on quality measures that are

determined by groups of people rather than on each individual patient. Moreover, these quality measures are based on past results achieved by the provider. Miller (2017) emphasized the concern, “The fact that 60% of patients received the care they were supposed to receive is of little comfort to the 40% of patients who didn’t” (p. 2). Further, the difficult situation of patient access to health care is another alarming concern. Miller (2017) argued that providers could be compensated less for serving higher acuity patients because it is more challenging to achieve good outcomes for these patients. Thus, it reduces the provider’s performance on quality measures and reduces the provider’s reimbursement for all of their patients. This in turn could make it more difficult for patients who have greater medical needs to obtain care.

For these reasons both value-based purchasing and value-based payment systems do not solve the problems of providing quality care for patients, improving population health management strategies, or reducing healthcare costs (LaPointe, 2016). In fact, Miller (2017) argued these systems could create risks for under-treatment, reduce access to quality of care, and lead to a consolidation of providers and consequently result in higher prices of services. Ultimately, both the service-based system and value-based and value-purchasing systems focus on paying providers or paying insurers instead of focusing on achieving “good healthcare outcomes for patients at the most affordable cost for both patients and insurers” (Miller, 2017, p. 5).

To address this issue and nursing’s social contract the AACN (2019c) vision for educating the future nursing workforce includes educating future nurses to be prepared for their role in repairing “a fragmented health care delivery system” (p. 3). With the advancement of new models of health care, the AACN (2019c) assert that the scope of

nursing practice is changing, thereby prompting nurses to play a greater role in meeting the nations need for high quality and accessible care in healthcare systems that have "moved from service-based payment to value-based purchasing" (p. 7). Moreover, it is paramount to educate future nurses to navigate through this fragmented health care delivery system.

The need to educate future nurses for this environment was underscored in the findings of this study. Clearly a dichotomy exists between ethical nursing practice and health care policy that threatens nurses' ability to fulfill nursing's social contract with the society it serves. Further, it highlights the conflict felt by the participants in this study to provide holistic person-centered care. For example, while participants in this study communicated the importance of providing emotional care to their patients, they also communicated valuing preventative and alternative health care practices and its application in care delivery. Additionally, participants discussed how these therapies are not valued in the clinical setting, and are, in their experience at odds with keeping the patient at the center of healing. Participant "Five" passionately explained:

> In the clinical setting, not only am I thinking about, you know, providing more emotional care, but I'm thinking about alternatives, and that's something that we just need. I mean I could just go on a rampage about this! About what our healthcare system is incentivizing, and how we're not thinking about meditation, and prescribing meditation, and prescribing acupuncture, and all these things that would really would be beneficial to people.

Participant "Eight" voiced a common sentiment expressed on providing emotional care to patients in this study. With dismay she reflected, "It's just sad how people's

emotions get neglected." Participants experience in clinical practica left them feeling dismayed and frustrated as they realized that health care policy was more focused on profits and medications rather than on the patient, compassion, and the valuing of preventative and alternative therapies as an option for heath management to the patients in their care. Additionally, participants questioned why health care policy was not discussed in their nursing programs and asked, "what [is] our healthcare system incentivizing?" and why is "nobody talking about [this]?" This realization conflicted with the participants evolving professional identity formation that was being shaped by their personal values of self-awareness and compassion, which in turn was integrated into the clinical environment by providing holistic person-centered care and patient advocacy.

As participants in this study recognized the dichotomy between the realities of health care reimbursement and nursing's social contract, they also displayed awareness of the final two ANA values and assumptions of upholding nursing's contract with society, (a) "Public policy and healthcare delivery system influence the health and well-being of society and professional nursing," and (b) "Individual responsibility and interprofessional involvement are essential" (ANA, 2015b, p. 185). Participant "Ten" best summarized what many participants voiced in the transformative powers, both personally and professionally, of their mindfulness practice. Further, she revealed the desire of making a difference in people's lives, a characteristic among many of Generation Z students born in 1995 and after (Hampton & Keys, 2017), and to which the majority of this study's participants are part of. Participant "Ten" demonstrated this attribute when she posed in a concerned tone, the question "What's the factor that is going to produce more self-aware, compassionate nurses?" She then continued to explain:

> I think mindfulness, and yoga, and meditation is becoming this in thing now and for whatever motive, people are catching on to it. I think it's really good because we're seeing that with increased technology, we are able to multitask so much more and get things instantly. And living in such a privileged society, we're losing sight of what it really means to just be still and not really do anything and to be present. I think that has like another impact on practicing because I know technology, or at least for me, I just feel like my attention span is so much shorter. And as nurses I think that will impact our care [to be] hopefully be more equitable in treating our patients and, less stereotypical, or discriminatory. We have to be more sensitive I think.

Participant "Ten" spoke to the heart of the issue in educating future nurses on nursing's social contract as it relates to public policy, health care delivery, and individual responsibility in forming healing and caring relationships with patients that keep them at the center of healing. Moreover, she embodied the values and characteristics of Generation Z nursing students such as being compassionate, thoughtful, determined, responsible, and having short attention spans. Additionally, Generation Z students are community minded and advocate for their beliefs while also being open-minded to ethnic diversity (Hampton & Keys, 2017). These characteristics inherently make Generation Z nursing students more concerned in upholding nursing's social contract.

Benner et al. (2010) strongly believed in nursing's social contract to care for the vulnerable and by extension believed that nursing educators have a responsibility to prepare students to enter the nursing profession prepared to uphold this social contract. Thus, among other recommendations Benner et al. (2010) included redesigning the ethics

curricula in nursing programs to add a component on reflecting and articulating on everyday ethical concerns as it relates to patient care and health care systems. Benner et al. (2010) have stated that nurses must develop moral resources for nursing care:

> Nurses need the skill of ethical reflection to discern moral dilemmas and injustices created by inept or incompetent health care, by an inequitable health care delivery system, or by the competing claims of family members or other members of the health care team (p.28).

Ten years later, practice partners in health care are raising these same concerns to the AACN (2020b) task force, who are working to re-envision the *Essentials* to address the needs of students, employers, and consumers. Practice partners are vocalizing the lack of preparedness of newly licensed nurses in embracing social changes as it relates to equity and justice as they transition into the workforce by stating:

> There should be an emphasis on social contract. Rising generations of students will embrace social change, as related to equity and justice. If we are not fixing the dysfunction in health care, then we are not contributing to our societal contract to promote health in exchange for the power to self regulate (AACN, 2020b).

These findings highlight the need for educators to ensure the standards of nursing care set by nursing organizations are met to fulfill nursing's social contract. The participants in this study were able to engage in ethical reflection through their mindfulness practice. For many participants this revealed eagerness in meeting nursing's social contract. Moreover, participants in this study conveyed their awareness of having a moral responsibility that included a sense of equity and justice for the patient's in their care; A finding that was enhanced by and coincided with Generation Z values and

characteristics. Participant "Four" discussed this awareness best. She summarized the meaning of patient advocacy by keeping the patient at the center of healing. However, she also exposed the common feeling of powerlessness and moral distress felt among the participants in this study to enact their moral agency:

> It [meditation] makes me a much bigger advocate for patients and a much bigger advocate for this huge avenue that people aren't utilizing. [Being] a client advocate is those little rules they teach you. So like veracity and non-maleficence. You're not causing any further harm to them. You're doing no harm; you're only doing good. I'm more willing to look at a patient and say, 'hey have you heard of this book? It's really going to help you' or 'have you thought about meditating?' or 'hey, you know what, let me take your insurance card and see if any acupuncturist that are covered by it.' I mean I certainly hope that it will happen more because I'm a nursing student and I don't have much like power, you know I don't even have a license yet. And I think it is really important to also consider the, for families and for bereavement purposes. Because life is chaotic, and life is just chaos, and life is tragedy. And honestly understanding that, and being able to work with that, is going to make you a lot happier than thinking your life is all daisies and roses.

Feeling insubordinate in the health care environment is one of many factors that Krautscheid et al. (2017) cited as being a reason for nursing students feeling constrained from taking action in speaking up and advocating for quality patient care. Moral distress is defined as, "knowing the ethically correct action one should take but feeling constrained from acting on one's convictions because of internal and external

constraints" (Krautscheid et al., 2017, p. 313). In their multisite descriptive study, Krautscheid et al. explored moral distress among senior baccalaureate nursing students. Content analysis revealed that witnessing disrespect for human dignity and perceived constraints, such as feelings of powerlessness and limited external resources contributed to nursing students' experience of moral distress. Moreover, powerlessness in having a subordinate role in the health care setting was noted as the most frequent reasons for inaction. More alarming in Krautscheid et al. (2017) study is the disheartening finding that BSN students are likely to come up against moral distress during clinical practica regardless of geographic location or institutional affiliation. These findings undermine the ability for nursing students to provide person-centered care as discussed in McCormack and McCance (2006) person-centered nursing framework. McCormack and McCance recognized that the culture of a health care environment "has a major impact on the operationalization of person-centered nursing" by either "limiting" or "enhancing" its delivery (p. 476). The participants in this study expressed feeling insubordinate, witnessing disrespect for human dignity, and feeling powerlessness that led to moral distress, however they still provided person-centered care and patient advocacy and a strong desire for implementing preventative and alternative therapies into patient care delivery.

Participants this study the also experienced moral distress in the classroom. Participants, as found in Benner et al. (2010) study, reported on inconsistencies between what was being taught in their nursing programs and what was experienced in the clinical environment. Participant "Eight" best articulated this dichotomy by illustrating the moral distress and frustration felt by many of the participants in this study:

> They teach us in school to make sure that we provide therapeutic communication with our patient, to find out where they stand with their disease; How it is affecting them mentally, coping skills, all of that, but um, the entire system. I mean like it's about, it's all about the money that they make, and the profits in the hospital. Um I don't know. This is how I feel about medicine nowadays.

Finally, besides reporting on the clinical setting not valuing preventative and alternative therapies, the participants also discussed finding incongruence between classroom teaching and clinical experience as it specifically related to preventative and alternative therapies. Participants in this study had experienced their own healing through their mindfulness practice and realized that it was not taught well in their classes or even witnessed in their clinical practica. This realization was in conflict with nursing's social contract. Participant "Four" asserted in frustration her distress on how classroom teaching spends so little time on preventative medicine and spoke with great conviction on her passion to be her patient's advocate in a healthcare system that doesn't value different approaches to healing. Moreover, she also demonstrated the community-minded orientation (Hampton & Keys, 2017) of the Generation Z nursing student:

> I think it's a damn shame how little time is spent on meditation, and alternative medicines, and nutrition, and things like that within nursing! I think that there's so much…we say a lot about preventative medicine, but we are still prescribing things that are just continuing the problem. And people are getting the wrong idea about what disease is because they might not have any medical terminology. And they may have a low health literacy, and that directly correlates to worse outcomes and more pain.

Participant "Four" continued to explain with frustration the discrepancy of what is taught in class and the expectation of being ethical in clinical:

> But because I have this knowledge, and because I know about this avenue, and it's not just a PowerPoint on like one slide… in the whole semester! And it's something that is actually very meaningful to me. I mean honestly when they [educators], when I tell you one slide, PowerPoint!…I mean if I learned an entire semesters worth of pharmacology and maybe we had, you know five minutes talking about alternative pain medicine, and they just list acupuncture and herbal remedies, (and herbal remedies are medicine). Acupuncture is actually channeling certain circuits of your body and is really beneficial for people. Like we have to have more emphasis into those things because going to the hospital and going to a regular physician and not a naturopathic medicine person or something…there are more options!

The understanding that "there are more options" for healing was expressed by many participants in this study and this awareness helped to inspire an even greater sense of patient advocacy while delivering patient care. Thus, the findings in this relational theme revealed that mindfulness practices enabled the participants to meet the moral responsibility of being a nurse by developing moral agency despite feeling moral distress. Moreover, this finding was enhanced by and coincided with Generation Z values and characteristics, specifically as it related to valuing equity and justice for the patient's in their care. These findings helped to nurture the positive formation of professional identity through the development of ethical comportment. As discussed earlier, Benner et al. (2010) asserted that nursing students' formation consists of the changes in identity and

self-understanding that occur during nursing school, while moving from an inexperienced person, to an experienced professional practicing nurse. However, the findings in this study suggest that the participants' initially experienced these changes of self-identity and self-understanding through their mindfulness practice. Further, the personal values of self-awareness and compassion, cultivated from their mindfulness practice were integrated professionally by valuing holistic person-centered care and patient advocacy. Additionally, all participants in this study communicated how their mindfulness practice activated and engendered the six values and assumptions of nursing's social contract with society as endorsed by the ANA (2015b). These finding further support that mindfulness practices, particularly among Generation Z nursing students, reinforces the goals and visions of nursing organizations.

Furthermore, findings suggest that mindfulness practices facilitated the participants in this study in being able to go beyond the cognitive and psychomotor domains of learning to effectively develop the affective learning domain by uncovering the participants' value base. According to Krathwohl, Bloom, and Masia (1964), the affective domain of learning is organized in a hierarchy of receiving phenomena, responding to phenomena, valuing phenomena, organizing values into priorities and creating a value system, and finally internalizing a value system that guides one's behavior. Kretchmar (2018) explains this multi-dimensional process as first consisting of attaining values and attitudes from external influences (mindfulness practices) that over time become enhanced and ingrained internally by one's "degree of conscious awareness" (p. 3). These findings suggest that mindfulness practices, in conjunction with clinical practica serve to facilitate, and perhaps expedite the development of the affective

domain of learning, ethical comportment, and the transformational process of professional identity formation.

Finally, as discussed in the relational theme, emerging self, Benner et al. (2010), AACN, NLN, ANA, and AHNA all emphasize the need for contemporary and future nurses to be educated on increasing ethical awareness to address the need for holistic person-centered care as a way to deliver better quality care. To address the need for holistic person-centered care, Benner et al. (2010) has recommended that nursing programs provide teaching on the skills of involvement, and nursing organizations have outlined this priority through AACN *Essentials,* NLN Competencies*,* AHNA Standards, ANA *Code of Ethics,* and the QSEN Competencies, as discussed in Chapter Two. Nonetheless, despite these guidelines, deficits exist in shifting the prime concern to upholding nursing's social contract of caring for the society it serves through holistic person-centered care and patient advocacy. Findings from this study suggest that integrating mindfulness practices in nursing curricula may assist shifting nursing students focus on upholding nursing's social contract.

Constitutive Pattern: Professional Growth

Hermeneutic analysis interpreted the meaning of the experience of mindfulness practices among nursing students as a multidimensional process. The constitutive pattern of *professional growth* is defined as a multidimensional process of personal and professional transformation experienced by nursing students and expresses the relationship among the relational themes, sub-themes, and the Eightfold Path. Professional growth encompasses the students' experience of spiritual and self-growth, affective learning, and enhanced cognitive behavioral changes through cognitive

reasoning that positively impacted professional identity formation and stress management. These factors culminated in the development of moral agency and sound nursing clinical decision-making.

In this process the participants noticed that they were experiencing significant stress and often became fixated on their emotional reactions of being a nursing student. The participants found that their mindfulness practice helped them understand their experience to stress as an emotional reaction. The participants recognized they could manage their emotions by choosing to respond mindfully to their stress of being a nursing student rather than reacting to it (cognitive conscious processing), and thereby received the valued benefits of stress reduction and equanimity (relational theme one). At the same time the participants growing self-awareness that their anxious thoughts were not a reliable statement of their truth gave impetus for the participants to replace their negative thought processes and emotional reactions with self-supportive thought patterns and behaviors (psychological distancing, emotional intelligence, and emotional self-regulation). This in turn increased the participants' capacity for self-compassion and cultivated an awakening of self-love through their self-care (relational theme two). Having been able to overcome being controlled by their negative thought processes and maladaptive emotional reactions related to the stress of being a nursing student, and having cultivated self-compassion, the participants began to connect with a new emerging authentic self (personal transformation). The development of an authentic self (relational theme three) embodied the attributes of resilience and confidence, which enabled the participants to offer their presence to the patients in their care by providing person-centered care with focus (cognitive control) empathy, and compassion. In such manner,

this process helped to broaden the participants' perspective to include a sense of shared humanity that was shaped by a shift of consciousness from anxiety, fear, and worry to a state of self-acceptance and love. The participants' broadened perspective extended and rippled over as integrity in action while caring for patients during clinical practica and impacted the positive development of the participants evolving professional identity (relational theme four). This transformed perspective empowered the participants to enter their clinical practica in a calmer and centered way, to give of themselves as professional student nurses' in a compassionate and focused manner, while also allowing the development of ethical comportment by keeping the patients they cared for at the center of healing (professional transformation). Thus, the participants' personal growth impacted their professional growth by developing moral agency and fulfilling nursing's social contract to care for the vulnerable. This was demonstrated in the participants' ability to provide patient advocacy and holistic person-centered care in a focused approach which contributed to the participants' ability in making good clinical judgments to effect positive patient outcomes.

Underlying the participants' professional growth was the following of the Eightfold Path through mental discipline, acquired wisdom, and ethical conduct. These three disciplines worked together to support and reinforce each other and contributed to the participants' overall experience of diminished stress from being a nursing student and the development of ethical comportment. Both of these outcomes contributed to the positive formation of professional identity, and in turn to the participants' professional growth. The Eightfold Path fostered the cultivation of mental discipline, wisdom, and ethical conduct that promoted the participants' personal and professional transformation.

By practicing mindfulness, the participants experienced from the Buddhist perspective, enlightenment, otherwise understood as liberation from suffering and the cultivation of compassion for all living things. From the Western scientific perspective, the participants experienced well-being and a more evolved way of being human as they learned to lead more peaceful, balanced, and loving lives (Didonna, 2009), that extended over into patient care delivery during clinical practica. In this process, the participants discovered that the valued benefits of their practice demanded mental discipline by requiring effort, mindfulness, and concentration to bring about positive changes in how they managed their stress. The participants' mindfulness practice developed wisdom by cultivating discernment on what was important, valuable, and useful in their lives while also broadening their perspective by expanding their sense of self to include their interconnection with others. This broadened perspective also contributed to developing ethical conduct among the participants as it informed the intention of how they would approach their nursing practice with both skill and integrity. By following the Eightfold Path the participants in this study cultivated not only awareness of their anxious thoughts, but also awareness of their authentic selves, and their personal and professional values. By gaining this awareness the participants were able to make personal and professional transformations that contributed to their professional growth.

Summary

This chapter presented the findings of eleven nursing students enrolled in BSN programs that engaged in mindfulness practices. Using Diekelmann et al. (1989) seven-stage process in hermeneutic analysis the meaning of mindfulness practices was interpreted to be a multidimensional process of professional growth that represented a

mutual reciprocity between personal and professional transformation that positively impacted stress management and the formation of professional identity among the participants in this study. In addition, professional growth was cultivated through the participants' sustained engagement with their mindfulness practice. The following of the Eightfold Path supported and reinforced the development of mental discipline, acquired wisdom, and ethical conduct. The following chapter will discuss the meanings and understandings of these findings and how these findings have implications for educating future nurses. In addition, the following chapter will discuss this study's strengths, limitations, and recommendations for future study.

CHAPTER FIVE

REFLECTIONS ON THE FINDINGS

The aim of this qualitative study sought to address the knowledge gap in the literature by interpreting the lived experience of nursing students engaged in mindfulness practices such as meditation and/or yoga and to reveal its meaning from the nursing student perspective. The goal of this study was to provide critical insights into how the experience of mindfulness practices might impact nursing students' management of stress and the positive formation of professional identity while progressing through a nursing program. The meaning of mindfulness practices among the participants in this hermeneutic phenomenological study was interpreted as experiencing professional growth through personal and professional transformations. The constitutive pattern of professional growth was illuminated through comprehensive analysis of eleven in-depth interviews. This dynamic and nuanced analysis entailed moving back and forth to interpret the parts of the narrative with the collective whole of the participants' experience. The constitutive pattern of professional growth posits that mindfulness practices positively impacts stress management and professional identity formation among BSN students. It is within this constitutive pattern of professional growth that the participants experienced spiritual growth, self-growth, affective learning, and enhanced cognitive functioning through positive behavioral changes and improved cognitive reasoning that positively impacted stress management and professional identity formation. These factors culminated in the development of moral agency and sound nursing clinical decision-making.

This hermeneutic phenomenological study addressed the gap of knowledge in the literature by interpreting the lived experience of mindfulness practices among BSN students and explicated its meaning from the nursing student perspective. This study adds to the literature by providing much needed insight into the process of how mindfulness practices contribute to the personal and professional well-being of nursing students. Study findings suggest the need for implementing mindfulness practices to support positive stress management and formation of professional identity among undergraduate BSN students. Having an understanding of mindfulness practices influence on BSN students stress management, development of ethical comportment, and positive formation of professional identity is helpful to undergraduate nursing program administrators and educators to assist in developing curricula, teaching strategies, and learning experiences that aid in not only student retention and well-being, but also in safe and effective patient care. This final chapter will begin with a discussion of the researcher's preconceptions and assumptions and then will reflect on the meanings and understandings of the study findings. This will be followed by a discussion on implications and recommendations for nursing program administrators and educators, and a discussion on the strengths and limitations of the study. Finally, this chapter will conclude with future research recommendations.

Preconceptions and Assumptions

As a board certified registered holistic nurse and nurse educator that believes mindfulness practices and holistic nursing share similar philosophies of achieving optimal health and well-being through the balance of the body, mind, spirit, emotion, and environment, I had many preconceived ideas and biases. However, in accordance with

Heideggerian hermeneutic phenomenology, this researcher became an active participant within the hermeneutic circle to interpret the text. This was achieved by first connecting with the meanings of the text and then by uncovering what the possible understandings of the texts revealed (Polit & Beck, 2017). In this way, this researcher was within the hermeneutic circle by conveying the participants' interpreted meanings of their mindfulness practice to the understanding of this researcher.

Assumptions held before initiating this study included: nursing students who engage in mindfulness practices are (a) more introspective, (b) more aware of their professional role formation, and (c) effectively manage their stress in nursing school. Participants' comments in interviews strongly supported these assumptions. Participants described how their mindfulness practice made them more self-reflective on how their mind and body processed their stress reactions and responses. Moreover, participants described how self-reflection assisted in providing insight into delivering better "therapeutic*"* patient care. Participants in this study consistently conveyed their awareness of their professional role formation through practicing skills of involvement, otherwise referred to as the focal practices of nursing, advocated by Benner et al. (2010). Participants relayed stories of being present, providing patient advocacy, and bearing witness to their patient's suffering. As one participant articulated, "As a student nurse what I do, I do it with love, and I think it's the most important aspect of nursing."

Nonetheless, while this researcher postulated that nursing students who engage in mindfulness practices would report feeling less stressed, have a sense of well-being, and experience a strong sense of personal values, anticipation of how the participants' age, gender, and connection to spirituality would impact their development of moral agency

was not. Moreover, this researcher did not anticipate the impact of the participants' mindfulness practice on the affective learning domain, its subsequent influence on developing professional values, and its effects on the participants growing sense of moral agency. Lastly, this researcher did not foresee how mindfulness practices would positively impact the cognitive function among the participants in this study and its beneficial influence on nursing clinical judgment. These unforeseen findings underscore the amalgamation between the personal and professional transformations experienced among the participants in this study that culminated in their professional growth. Further, the professional growth experienced by the participants in this study was actualized during clinical practica through the participants' ability in making both ethical and sound nursing clinical judgments. This effected positive patient outcomes. The following section will discuss the meanings and understandings gleaned from these findings.

Meanings and Understandings

The finding of professional growth experienced among the participants in this study underscore how mindfulness practice developed moral agency and sound nursing clinical decision-making processes; both benefits of the participants' experience of stress reduction and positive formation of professional identity. This development was cultivated from mindfulness practices initiating the participants' spiritual and self-growth, affective learning, and enhanced cognitive function. However, underlying and contributing to this understanding is the role the participants' age and gender played in supporting the development of moral agency.

Age and Gender

As discussed in the previous chapter, all participants' in this study were female with the majority, over 80% (n = 9) aged between18 and 25 years old. Additionally, nearly 46% (n = 5) of the participants reported a family member, in most cases the participants' mother, as being their primary influence to engage in mindfulness practices to help mitigate stress and enhance overall wellness. The demographics of age and gender are significant in two ways. First, as discussed in the previous chapter, research reveals that women are not only more likely than men to seek complementary and alternative medicine (CAM) after learning about it from a friend or family member rather than from their primary care provider, but they are also more likely than men to seek out CAM for relief from physical and mental health conditions (Alwhaibi & Sambamoorthi, 2016; Wang et al., 2019). The findings of this study supported this conclusion with, 36.4 % (n = 4) of the participants reporting a preexisting mental health condition of anxiety and/or depression, and 18.2 % (n = 2) reporting having a preexisting medical condition as an influence to engage in mindfulness practices. Hence, the finding that women are influencing both the use of and seeking CAM for mitigating stress, relieving physical and mental health conditions, and enhancing overall wellness suggests that the biomedical model of healthcare is not fully meeting the health needs of women. As a result, feminist scholars view the biomedical model of healthcare as a social power that prioritizes "the biomedical expert over women's bodies" by depersonalizing and disregarding women's health experiences (Nissen, 2011, p. 6). It is from this premise that Nissen argues that the use of CAM provides opportunities for women's self-knowledge and transformation of self and identity that fosters self-reflection and reevaluation of traditional meanings of

femininity in society. Central to this transformation are women's experience of empowerment and personal control that comes from the use of CAM as it relates to being in command of their healthcare choices (Nissan, 2011). Underscoring this sentiment best, one participant in this study succinctly explained her sense of empowerment and personal control she receives from her mindfulness practice. With hard-earned self-awareness she related how her meditation practice helped her cope with the stressors of nursing school while also living with an autoimmune disorder:

> [Meditation] has provided a lot of empowerment. I think just because like having control. I don't have control over the fact that I have a disease, right? But I have control over my mindset. I can have control over my diet, my lifestyle; how I choose to live my life...Some days are really, really hard. And some days I do break down, but those happen less if I take the time to meditate and give myself some time…um, which puts everything in perspective for me and then it makes sense.

According to Nissan (2011) the empowerment and personal control found through using CAM is a reflection of women's redefining and refining of self, which she asserts is progressive in ideology, and as such, is aligned with a feminist perspective. It is from this premise that the participants' mindfulness practice and gender found in this study supported the development of self and self-identity, which broadened the participants' perspective and resulted in facilitating egalitarian relationships. This was exemplified by the participants demonstrating their moral agency by upholding their ethical obligations and commitments (Milliken, 2018), by providing holistic person-centered care to the patients in their care during clinical practica.

The second factor of age is also significant in supporting the development of moral agency. As stated the majority, over 80% of the participants in this study were aged between 18 and 25 years old, making them part of Generation Z, who characteristically value equity and justice (Hampton & Keys, 2017). Generation Z nursing students were "born from 1995 through 2010 and are considered the most racially diverse generation to date" (Seemiller & Grace, 2016, p. 42). Personality characteristics used to describe Generation Z include being loyal, compassionate, thoughtful, open-minded, responsible, and determined. Additionally, Generation Z students are also community-minded and motivated by making a difference. It is from this understanding that Generation Z students concerns align more with a "we" instead of "me" orientation that is found among the predecessor generation of Millennials (Seemiller & Grace, 2016, p. 53). Taken in this context, the participants' age in this study, as it relates to their generation, impacted the development of their moral agency as reflected through their commitment to patient advocacy. Clearly, the findings of this study suggest that mindfulness practices cultivate self-awareness and compassion, and perhaps even reinforce the characteristics of compassion already exhibited by this generation. More importantly, the interplay between the experience of mindfulness practices and the participants in this study being members from the Generation Z cohort reinforced and further motivated the participants in this study to become moral agents. As one participant reflected on her experience of mindfulness practice explained, "As nurses I think [mindfulness practices] will impact our care [to be] more equitable in treating our patients and less stereotypical, or discriminatory. We have to be sensitive." Accordingly,

the participants' age and gender also provided more insight into how mindfulness practices helped develop the participants' moral agency toward patient care.

Spiritual Growth

The interaction between beneficial cognitive behavioral changes and connecting to spirituality influenced the participants' experience of spiritual growth, self-growth, and stress reduction. All participants in this study positively altered their experience of stress as a nursing student to usher in an increase of personal well-being and a more evolved way of being human (see Figure 4). This alteration of the participants changing the relationship to stress from a Western perspective included disidentifying with their disruptive thoughts, emotions and body sensations through cognitive conscious processing, psychological distancing, emotional intelligence, and emotion self-regulation. From a spiritual perspective the participants' experienced this alteration through connecting to their authentic selves, God, or a higher power. This enabled the participants to experience both spiritual and self-growth and provided the ability for the participants to unburden themselves from the experience of anxiety and relate to a peaceful state of being. This had the beneficial effect of enhancing the participants' cognitive reasoning skills.

However, the participants growing spirituality also contributed to their formation of professional identity as demonstrated through ethical comportment in patient care delivery and their moral agency. As discussed in the previous chapter, spiritual growth has been positively associated with decreased perception of stress (Fabbris et al., 2017; Hensel & Laux, 2014) and providing enhanced self-efficacy among nursing students (Jun & Lee, 2016). The findings of this study supported these findings, but more importantly

the findings also revealed how the participants related to their spirituality, be it to their authentic self, God, or a higher power. It also elucidated what that relationship meant to the participants in terms of their ability to transcend or surrender their burdens of worry to a higher force. The relationship found among the participants' spiritual growth was understood from both Buddhist and theistic perspectives. The Buddhist perspective recognizes the spiritual path as one to be achieved by following the Eightfold Path, which liberates one from suffering, resulting in enlightenment. From this perspective "the spiritual path is the process of cutting through confusion and uncovering the awakened state of mind" (Trungpa, 1973, p. 4). Conversely, the theistic approach to spirituality recognizes the "richness of God and works toward raising consciousness so as to experience God's presence" (p. 4). It was within this relationship that the participants in this study were able to "tune in," "receive guidance," or connect prayerfully to their sense of spirituality that resulted in their experiencing a quieting of worrisome thoughts, deep listening, and the eventual surrender of their burdens of worry. Therefore, it was through this relationship that the participants experienced an awakening, as understood from a Buddhist perspective, the raising of consciousness, as understood from a theistic perspective. Thus, it was through spiritual and self-growth and beneficial cognitive changes that the participants in this study were able to alter their experience of stress, as previously mentioned, but also deepen their development of ethical comportment, which was offered as moral agency to the patients in their care.

Affective Learning Domain

Mindfulness practice also facilitated the development of affective learning and served to further develop moral agency among the participants in this study. As discussed

in the previous chapter, the findings of this study suggest that mindfulness practices enabled the participants to go beyond the cognitive and psychomotor domains of learning to include and effectively develop the affective learning domain. Thus, where the cognitive domain of learning focuses on the mental skills required to synthesize learning, and the psychomotor domain of learning focuses on the motor skills and coordination needed in the application of learning, the affective domain of leaning focuses on the attitudes and values that become internalized through such learning and provides "meaning-making skills" of learning (Nelson, Pender, Myers, & Sheperis, 2020, p. 10). From this context it is understood that the affective domain of learning is organized in a hierarchy of receiving phenomena, responding to phenomena, valuing phenomena, organizing values into priorities, creating a value system, and finally internalizing a value system that guides one's behavior (Krathwohl, Bloom, & Masia, 1964). The multidimensional process of internalizing a value system consist of prioritizing values from external influences that over time become enhanced and ingrained internally by one's "degree of conscious awareness" (Kretchmar 2018, p. 3). For the participants in this study the values uncovered through their mindfulness practice became the external influence over time that internalized the values of empathy and compassion that were applied in their clinical practica as moral agency.

Cognitive Function

The participants in this study experienced enhanced cognitive function through increased self-reflection, positive cognitive behavioral change, professional values development, increased situational awareness, and improved cognitive reasoning. As previously stated, the participants' mindfulness practice positively impacted cognitive

behavioral change through developing emotion self-regulation, cognitive conscious processing, cognitive control, analytical cognition, and self-awareness. As described in the previous chapter, emotion self-regulation refers to having the ability to exert control over one's emotional state, and cognitive conscious processing refers to changing one's maladaptive relationship to stress; both of which assist in stress reduction and experiencing equanimity and well-being. However, the finding of enhanced cognitive function as it relates to improved clinical reasoning is an important finding in this study as it positively impacted clinical decision-making. As discussed in the previous chapter, the participants' ability to have cognitive control supports CCT (Hammond, 1996) and refers to one having the ability to focus on the patient rather than the fear of incorrectly performing a technical mistake during patient care. The participants in this study demonstrated cognitive control, as well as, analytical cognition and self-awareness, also components of CCT. These findings support CCT, which is also supported in the literature as offering "nurses the required framework to exercise the appropriate level of analysis as demanded in their judgment tasks in clinical practice" (Cader et al., 2005, p. 403). Further support for CCT in attaining accuracy in the decision-making process in nursing is found in The National Council of State Boards of Nursing Clinical Judgment model (NCSBN-CJM) that assesses the ability of nursing students to provide sound clinical judgments (Dickison, Haerling, & Lasater, 2019). The inclusion of clinical judgment in the NCSBN-CJM model is based on the findings from the *Strategic Practice Analysis* studies, which serves the dual purpose of informing on the job requirements of entry level RNs and using that information to validate the test plan for the NCLEX-RN® (NCSBN, 2018). The strategic practice analysis studies included both quantitative and

qualitative data that focused on the "full scope of RN work in the current form including the duties, tasks, knowledge, skills, abilities, other personal characteristics, tools and equipment, health care trends, and consequences of error" (p. 1). Most notably, the findings of the strategic practice analysis studies validated the significance of clinical judgment by naming it the first of ten high priority skills needed among entry-level RN's, and define it as "skill in recognizing cues about a clinical situation, generating and weighing hypotheses, taking action and evaluating outcomes for the purpose of arriving at a satisfactory clinical outcome" (NCSBN, 2018, p. 9). Further, NCSBN (2018) notes, "clinical judgment is the observed outcome of two unobserved underlying mental processes, critical thinking and decision-making" (p. 9). Clearly, the participants in this study demonstrated both the critical thinking and decision-making processes to support their clinical judgment.

Additionally, participants in this study reported how their mindfulness practice increased self-reflection and helped them to "figure out what works when talking with patients." The participants' self-reflection naturally spilled over into reflecting on and informing their patient care and clinical decision-making by helping the participants to see "from the [patient's] perspective" or by using visualization to "pinpoint areas that require specific care or sensitivity to the patient." Support on reflection enhancing clinical judgment is found in found in Tanner's (2006) Clinical Judgment Model where Tanner describes five aspects of clinical judgment with one aspect focusing on reflection of practice. In this model Tanner (2006) discusses reflection-in-action and reflection-on-action as two components of clinical judgment where the former requires the nurse to "read" the patient in response to nursing interventions (p. 209) and the latter requires the

nurse to connect nursing interventions with outcomes. Both the NCSBN-CJM (Dickenson et al., 2019) and a systematic review using Tanner's (2006) model support the validity of the model (Cappelletti, Engel, & Prentice, 2014). Most importantly, the review validated the relevance of reflection in clinical decision-making, "clinical judgment is a process that develops over time in the nurse who consistently *reflects* in action and on action and responds accordingly" (p. 458).

Interestingly, Tanner's (2006) Clinical Judgment Model also describes nursing values as being an important aspect of clinical judgment. In this context Tanner asserts that clinical judgments are more influenced by what the nurse brings to the situation than the objective data about the situation at hand. Hence, nurses' clinical decision-making is influenced by what they "consider should be done, or what is right." (Cappelletti et al., 2014, p. 455). Given this assertion along with the finding that mindfulness practices facilitated the participants' development of the affective learning domain, the values of empathy and compassion, and the subsequent development of ethical comportment, it is reasonable to conclude that the participants' values contributed to their clinical decision-making.

The enhanced cognitive function experienced by the participants in this study also reflected in their ability to have increased situational awareness as demonstrated by the participants offering of their presence and focus during person-centered care in clinical practica. Moreover, it is in this detail that the participants in this study were able to make sound and ethical clinical nursing decisions. Situational awareness describes one's ability to be aware of their environment, process what was observed in that environment, and then using that information to make appropriate decisions or action plans (Gluyas &

Harris, 2016). Situational awareness is well understood in high reliability organizations such as aviation, air traffic control, nuclear power facilities, and the military to maintain operational safety (Fore & Sculli, 2013). The IOM and Joint Commission have recommended that healthcare organizations model these high reliability organizations strategies of situational awareness because these industries operations safety performance have proven to be below the level of expected accidents (Stephens, 2017). Stephens argues that situational awareness strategies not only benefit nurses engaged in clinical decision-making but they also benefit nurses engaged in non-urgent situations, as well as in situations that are not regulated by law or policy, such as with ethical dilemmas. Further, Stephens (2017) makes the case that nurse's decision-making process is "strongly driven by individual morals and values" (p. 56), a finding supported by Tanner (2006), and therefore when confronted by decisions that compromise personal values, nurse's experience moral distress. Demonstrating this point, the participants in this study expressed experiencing moral distress by feeling insubordinate and powerless in the hospital environment, witnessing disrespect for human dignity, and observing the failure of valuing and/or offering of preventative and alternative therapies in their class and clinical practicum environments. However, despite feeling moral distress, the participants in this study still provided focused person-centered care and patient advocacy during patient care delivery. Clearly, the participants' mindfulness practices facilitated the internalization of values, but it also helped to develop the participants' professional values, moral agency and sound nursing clinical judgment.

Implications and Relevance of the Study

Little in known about the experience mindfulness plays in the lives of nursing students and what that experience means to them. To date, there is a paucity of research on nursing students' experience of mindfulness practices. This study used hermeneutic phenomenology to explore its meaning and provides needful context on the experience of mindfulness practices from the nursing student perspective. The meaning of mindfulness practices among the participants in this study was interpreted as experiencing professional growth that positively impacted stress management and professional identity formation. The meanings and understandings gleaned from these findings have important implications for nursing program administrators and educators in promoting nursing student wellness, persistence, success, and preparing students in making ethical and effective clinical decisions in their nursing practice.

Implications and Recommendations for Nursing Program Administrators

A decade has passed and Benner et al. (2010) call to action for profound changes in nursing education resonates with heightened urgency, "The challenge will be to create health care institutions and management systems that educate nurses in a climate fostering professional attentiveness, responsibility, and excellence, where students learn they have the authority, not just the responsibility, to practice (p. 16). The redesigning of nursing education that Benner et al. (2010) advocated for is based on extensive changes in nursing practice due to changes made in the U.S health care delivery system and practice environment (IOM, 2010). These changes however are informed by the introduction of "new models of health care that are expanding the roles of RNs" and

challenge nursing program administrators and educators to "reconsider how best to educate the nursing workforce" (AACN, 2019c, p. 3)

The future nursing workforce is jeopardized by rising attrition and declining retention rates among nursing students, insufficient nursing graduates to meet the growth and replacement needs of societal health care demands, and the shortage of RN's and nursing faculty (AACN, 2019a; Harris et al., 2014; Lewis et al., 2019; Merkley, 2016; Newton & Moore, 2009). Stress is a leading factor contributing to nursing student attrition and new RN's leaving the profession (Cheromas & Shapiro, 2013; Pryjmachuk & Richards, 2007). Exacerbating these issues, the unprecedented Covid-19 pandemic has detrimentally impacted the mental well-being of both nursing students and practicing RN's, resulting in nursing students experiencing increased stress while being confined to their homes and adjusting to an online learning format (Gallego-Gómez et al., 2020) and practicing RN's experiencing stress and trauma from patients dying (Stringer, 2020). Within this precarious environment, nursing program administrators are further challenged in meeting program outcomes as stipulated by the NLN (2011), teaching the upcoming curriculum content and expected competencies as articulated by AACN (2020a) re-conceptualized *Essentials,* and preparing nursing graduates for taking the *Next Generation NCLEX*, which will take effect no earlier than 2023 (NCSBN, 2020). Within this context the findings of professional growth through positive stress management and formation of professional identity interpreted in this study have significant and relevant implications for nursing program administrators as they prepare to address the current and upcoming standards set forth by these nursing education organizations.

As identified, the participants positive stress management had the beneficial effect of enhancing both cognitive function and the development of ethical comportment, and as such specifically aligns with both the upcoming AACN (2020a) re-conceptualized *Essentials* and clinical judgment, a main focus on the *Next Generation NCLEX* (NCSBN, 2020). For example, the finding of positive stress management experienced through mindfulness practices aligns with the AACN re-conceptualized *Essentials*, Domain 10, *Personal, Professional, and Leadership Development* as it relates to engaging in "activities and self-reflection that foster personal health, resilience, and well-being" (AACN, 2020a). Additionally, the development of ethical comportment, a component of professional identity formation that was found in this study, aligns with Domain 2, *Person-Centered Care* as it relates to "providing holistic and just care that is respectful, compassionate, and coordinated" (AACN, 2020a). In this regard, the implicit meaning and relevance of these two domains is that they inform each other and suggest that personal activities that foster overall well-being and resiliency reflect in and extend out to providing person-centered in professional practice. These findings suggest that nursing program administrators must consider or implement strategies to introduce mindfulness practices to prelicensure students early on in their program to facilitate positive stress management and professional identity formation. This can be accomplished by either threading mindfulness practices throughout their program courses or through offering linked sections that can be coordinated with freshman experience courses or with psychology courses teaching mindfulness practices as it relates to both student self-care and health care delivery.

Similarly, as discussed in the previous section, the participants in this study also experienced enhanced cognitive function through positive cognitive behavioral change, improved cognitive reasoning, increased self-reflection, professional values development, and increased situational awareness. These findings on enhanced cognitive function also align with the findings by the NCSBN (2018) strategic practice analysis study in which clinical judgment, along with problem solving, and critical thinking are among the top five of ten skills required by entry-level RN's. Accordingly, nursing program administrators are poised to either develop workshops, a course, or build into a course cognitive behavioral techniques such as cognitive restructuring, journaling, and role-playing as used in MBCT, ACT, and DBT psychotherapy. These techniques assist in teaching one to alter their relationship to their experience to bring about an increase in their well-being (Desbordes et al., 2015). Additionally, cognitive control techniques utilizing mindful breathing and body scanning that assist in regulation of one's thinking processes, as found in mindfulness practices, could be used to help students at risk for NCLEX failure. Alternatively, nursing program administrators can develop or consider reaching out to campus resources to help teach these important cognitive skills that assist in positive stress management and clinical judgment early in the program.

The findings of this study also support that gender played an important role in mindfulness practices meeting the health care needs of female nursing students. As discussed in the previous section, the participants in this study, all female, sought mindfulness practice either after learning about it from, in most cases, their mothers, or to seek relief from anxiety, depression, or the effects of a medical condition. These findings, as indicated provide further support to suggest, (1) the biomedical model of health care is

not fully meeting the health care needs of women (Nissen, 2011), (2) a gap in communication exists between women and their health care providers, and (3) a missed opportunity for teaching about CAM exist among women and their health care providers. This finding has implications for nursing program administrators as it relates to addressing the health care needs of their female nursing students. As identified, all participants in this study were female. According to the NLN (2018b) females represent 87% of the students enrolled in BSN programs. As discussed in the previous section, CAM provides opportunities for women's self-knowledge and transformation of self and self-identity that fosters self-reflection and reevaluation of traditional meanings of femininity in society. A central component of this transformation as argued by Nissan (2011) are women's experience of empowerment and control that comes from the use of CAM as it relates to being in command of their health care choices. The participants in this study experienced empowerment and control from their mindfulness practice, which supported their development and transformation of self and self-identity. This transformation of self allowed a broader perspective to come forth that enabled the participants to perceive a sense of shared humanity which resulted in their being able to form egalitarian relationships with the patients in their care. Additionally, all participants in this study reported that they valued preventative and alternative therapies, felt that it was not taught well in their classes, and was not witnessed in their clinical practica. To address these needs nursing program administrators need to make a deliberate effort to thread preventative and alternative therapies throughout their program courses to empower and support their female students and their ability to keep their patients at the center of care.

The age of the participants in this study also played an important part in the participants' sense of addressing their moral responsibility of being a nurse and upholding nursing's social contract of caring for the society it serves. As identified, 80% of the participants in this study are aged 18-25 years, the typical age of students enrolled in BSN programs. According to the NLN (2018a), 77% of enrolled students are under 25 years of age. These findings have important implications for nursing program administrators as they address the needs of their female students who come from the Generation Z cohort. Nursing program administrators are challenged to find effective stress management strategies and learning opportunities for their female Generation Z students who struggle with stress, anxiety, and/or physical conditions, but also value equity and justice (Hampton & Keys, 2017). As discussed in the previous chapters, Benner et al. (2010), AACN, NLN, and ANA all have emphasized the need for contemporary and future nurses to be educated on increasing ethical awareness to address the need for holistic person-centered care as a way to deliver better quality care. Each of these nursing organizations has outlined these priorities through the AACN *Essentials*, NLN Competencies, ANA *Code of Ethics*, and includes the QSEN Competencies. To meet these requirements nursing program administrators need to ensure the standards of nursing self-care and patient care delivery set by nursing and professional organizations are met. Moreover, nursing program administrators have a responsibility to prepare graduates to uphold nursing's social contract. This can be accomplished by redesigning their nursing ethics course by scaffolding ethical concerns across the curriculum. For example, to help develop moral resources for nursing care, the redesigned ethics course could include ethical concerns such as values, ethical dilemmas, ethical decision-making,

and leadership through moral agency, which could be taught from sophomore to senior year. Further, to align with the AACN (2019c) vision for educating future nurses on navigating through the fragmented health care delivery system, nursing program administrations should consider offering a course(s) on health policy, health care reimbursement, and advocating for policy change. This could be implemented in concept-based professional nursing courses. For example, the concept of professional nursing as implemented in Giddens et. al. (2008) undergraduate concept-based nursing curriculum revision used professional nursing concepts as the foundation of courses named *Nursing Concept Courses,* which focused on the professional attributes of the nurse, core roles of the nurse, and the context in which nurses practice. Professional concepts were introduced from different levels such as from the individual nurse, patient, team, unit, and organization or system level with exemplars selected to represent professional significance at both national and international levels. One such nursing concept that was introduced included the concept of *health care system.* This concept was threaded throughout their program courses. For example, the concept *health care system* was presented first as describing the organization of care delivery, the concept was then expanded to include analyzing care systems in various health care settings, and finally the concept concluded with analyzing national policy issues affecting national systems and evaluating health care systems in other countries. These concepts can be implemented either by class or course levels. By implementing such strategies nursing program administrators position themselves in preparing prelicensure students who are not only better prepared in meeting the nations need for high quality and accessible care, but they are preparing future leaders who will be prepared to meet nursing's social contract.

Implications and Recommendations for Nursing Educators

As discussed in the previous chapter, due to changes in higher education, learner expectations, and a rapidly evolving health care system, the AACN (2020a) re-conceptualized *Essentials* serve as a guide for nurse educators in preparing the future nurse workforce. The re-conceptualized *Essentials* core competencies provide expectations across the trajectory of nursing education, from entry into practice through advanced practice, and include ten domains representing the essential parts of professional nursing practice and the expected competencies for each domain.

Domain 2, *Person-Centered Care*, Domain 5, *Quality and Safety*, and Domain 10, *Personal, Professional, and Leadership Development* address the findings of this study and have important implications for nurse educators in promoting nursing student self-care, persistence, and quality and safety in patient care delivery. As discussed in the previous section, nursing program administrators must consider or introduce strategies to introduce mindfulness practices to prelicensure students early on in their nursing programs to facilitate positive stress management and professional identity formation by either threading mindfulness practices throughout their program courses or through linked sections. Nursing educators can implement this strategy into their nursing courses by integrating health and wellness concepts into the curriculum with a mindfulness practices course focusing on the self-care of the nurse and linking its application to delivering safe and high quality patient-centered care during clinical. In this manner the class format could consist of a theoretical and practical training component. The theoretical component could include mindfulness-based cognitive therapy (MBCT) education emphasizing the concepts of emotion self-regulation, self-compassion,

emotional intelligence, and presence and its influence on delivering safe, quality person-centered nursing care. To further facilitate a focus on person-centered care, nursing educators could shift the word “patient” to “person” in their teaching. Student learning activities could incorporate guest speakers with expertise on mindfulness practices. Additionally, student activities could focus on small group work, focused discussions, reflective journaling on stressors, and evaluation of mindfulness meditation as it relates to the student, the nurse, and its impact on delivering safe high-quality person-centered care.

The practical training component of the course could teach mindfulness meditation and yoga, sitting with thoughts, body scanning and breathing exercises. Additionally, students could practice the focal practices of nursing that utilize the skills of involvement as advocated by Benner et al. (2010). Training on these activities could implement a self-care paper on the experience of practicing mindfulness meditation and how it may relate to approaching clinical with emotional readiness and its impact on patient care delivery. These strategies would align with AACN (2020a) domains 2, 5, and 10 in providing self-care for the student that reflects in optimal patient care delivery and prepares students for professional practice in the rapidly evolving health care system that they will encounter upon licensure.

Mindfulness practices could also be added as a component of simulation and clinical through debriefing and reflecting on lab and practicum experiences as well as utilizing journaling. For example, students can be guided in pre and post conference with a brief mindful meditation and then journal their perceptions of their clinical practicum experience. For simulation, students could provide end-of-life care. The simulation would require the student to incorporate mindfulness practices and methods, such as therapeutic

communication using empathy and presence to create an atmosphere of acceptance and genuine compassion that would support patients and families to connect with their own source of strength and meaning. Lastly, mindfulness practices such as meditation provide an opportunity for faculty to learn how to create a safe climate for students to reflect on their learning experiences. Strategies to do this include having faculty development on self-care, mindfulness, and mindfulness practices.

Strengths and Limitations

Several strengths and limitations were identified in this study. One strength of this study included the participation of eleven nursing students from five approved registered nursing schools in the state of Pennsylvania. Interviewing students from five different nursing schools added to the depth and richness of the findings by providing rich descriptions of the experience of nursing students engaging in mindfulness practices and revealed how it facilitated positive stress management and equanimity, cultivated resilience and self-efficacy, awakened self-awareness and self-compassion, and developed patient advocacy, presence, and holistic person-centered care.

Another strength of this study is that it addressed the gap in the literature by interpreting the lived experience of mindfulness practices among nursing students and elucidated its meaning as a way to promote professional growth that positively impacted stress management and professional identity formation through the development of moral agency and sound clinical nursing judgment. This is an important strength of the study because as discussed in previous chapters, many quantitative studies have reported on the positive effects mindfulness has on health and well-being (Greeson, 2009; Grossman et al., 2004; Jha et al., 2010; Killingsworth & Gilbert, 2010; Meleo-Meyer & Santorelli,

2013; Mrazek et al., 2013; Ziedan et al., 2013), even while there is a paucity of qualitative studies to inform researchers on the experience of mindfulness practices, especially among nursing students (Guillaumie et al., 2016). Further, little is known about the meaning of stress reduction from the nursing student perspective (Bartlett et al., 2016; Groebecker, 2016; Reeve et al., 2013; Timmins et al., 2011; Wallace et. al., 2015). In this regard, a major strength of this study was that it provided much needed insight on both these experiences.

Lastly, an important strength of this study is that it brought to light the importance of women valuing CAM for relieving their anxiety, depression, and/or physical conditions and the lack of teaching on this in nursing curricula. Moreover, it revealed a lack of value for CAM in the biomedical model of health care in meeting the health needs of women. This finding highlights the need for nursing program administrators and educators to address the health care needs of their female students that will benefit not only the profession of nursing, but will help to ensure preparing students in delivering quality patient-centered care.

Therefore, the insights gained from this study can be used to guide nursing program administrators and nursing educators in providing supportive student-centered learning environments that cultivate self-care and well-being by teaching students how to effectively manage stress, facilitate student persistence, enhance academic success, and model professional expectations that can transfer into their professional nursing practice. In managing stress better, mindfulness practices have the potential in helping to achieve the long-term goal of increasing retention in nursing programs and by extension, the nursing profession.

While participants in this study came from five approved nursing schools in Pennsylvania homogeneity of the sample was a limitation in this study. Ten of the eleven participants in this study identified themselves as Caucasian/White and all identified themselves as female. Additionally, collecting data from one geographic region could be viewed as limitation as it may impede transferability of the findings. Finally, the lack of conducting face-to-face interviews with the participants can be considered a limitation of this study as it may have impeded the participants' sense of trust and safety, a component of the interview process in hermeneutic phenomenology. Despite this limitation, this researcher was able to maintain an acceptable sense of trust that facilitated an open rapport with the participants in this study.

Recommendations for Future Research

Although this study addressed the gap in the literature, the findings of this study suggest further research is warranted in this understudied phenomenon. Future research should include tool development on relational themes found in this study: valued benefits, awakening self-love through self-care, emerging self, and evolving professional identity formation. This tool could be used to identify where students are on their path of professional growth. Additionally, future research should explore the effects on mindfulness interventions on exam and clinical performance as well as on student retention. Because the participants in this study experienced self-awareness and a transformed self-identity from engaging in their mindfulness practice, future research should explore mindfulness practices effect on students perceptions of nursing as not being a good fit as a major and choosing another major. Lastly, to investigate adaptation to the work force, future research implementing a longitudinal study should be conducted

to determine if the professional growth experienced during prelicensure continued into postlicensure nursing practice.

Summary

The purpose of this hermeneutic phenomenological study was to interpret the lived experience of nursing students engaged in mindfulness practices and to reveal its meaning from the nursing student perspective. The findings of this study contributed to gaining critical insights into understanding the Western experience of mindfulness practices and its link to Eastern meditative traditions. Through in-depth interviews and extensive analysis, the constitutive pattern of professional growth was interpreted as promoting personal and professional transformations among female nursing students that positively impacted stress management and professional identity formation through the development of moral agency and sound nursing clinical decision-making. Study findings yielded rich understanding of the meaning of mindfulness practices among nursing students and provided insights for nursing program administrators and educators in promoting nursing student wellness, persistence, success, and preparing students in making ethical and effective clinical decisions in their nursing practice. This study brings attention to nursing students' experience of mindfulness practice, as little is understood about this experience.

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Appendix A

Letter of Invitation to Chairperson

(On IUP letterhead)

Email correspondence

Dear (Chairperson Name):

As a doctoral candidate at Indiana University of Pennsylvania, I am conducting a study for my dissertation to understand and interpret the lived experience of mindfulness practices, such as meditation and/or yoga among nursing students. Stress has been linked as a contributing factor in attrition in nursing programs, nursing practice, and in decreasing professional identity formation. Mindfulness practices have been effective in reducing stress and anxiety. However, there is a lack of qualitative research in understanding the meaning of mindfulness practices from the nursing student perspective.

I am hoping this research may provide critical insights into how the experience of mindfulness practices may impact nursing students' stress management and cultivation of professional identity formation. These insights may assist in developing nursing curricula that integrates wellness throughout the students' academic programing, fosters positive development of professional identity formation, that are congruent with the American Nurses Association Healthy Nurse™ initiative. The results should be of interest and value to nursing educators, health care institutions, and the nursing profession.

Indiana University of Pennsylvania Review Board has approved this study and has no foreseeable risk. I am therefore requesting your assistance in distributing the attached electronic invitation to nursing students' who have begun their nursing courses. If you have any questions or concerns, please do not hesitate to contact me.

My sincere appreciation for your assistance with this research undertaking.

Sincerely,

Lorraine Santangelo, MSN, RN, HNB-BC
Principal Researcher
[redacted]

Dr. Edith West
Dissertation Chair
724-357-3263 (office) edith.west@iup.edu

Appendix B

Invitation to Participate in Nursing Research Study

(On IUP letterhead)

Let me introduce myself. My name is Lorraine Santangelo and I am a Doctoral Candidate and Principal Investigator of a qualitative research study whose purpose is to explore the experience of nursing students engaging in mindfulness practices, such as meditation and/or yoga.

There is a lack of nursing research pertaining to the personal experiences of nursing student who practice meditation and/or yoga on a daily basis. Your participation in this research is vital to understanding this experience. I am hoping information gained from this study provides nurse educators with a understanding of the meaning of mindfulness practices as experienced by the nursing student. This research will provide the basis for supportive interventions and academic policy development to help integrate wellness throughout your nursing program.

Institutional Review Board approval has been obtained from Indiana University of Pennsylvania and _____.

To be considered for participation you must meet the following criteria: (1) age 18 years or older, (2) English speaking, (3) enrolled and started taking courses in a BSN, ADN, or diploma nursing program, and (4) currently practicing meditation and/or yoga on a regular basis of at least three times a week for a duration of six weeks.

This study will involve semi structured interviews in which I will ask questions about your experience so that I have a better understanding of what it means to you. Participation will require approximately 60 to 90 minutes of your time. Every effort will be made to conduct face-to-face interviews, if feasible, but electronic video chat applications, such as Skype and FaceTime may be used. With your permission, the interview will be digitally voice recorded and transcribed. Your responses will be completely confidential. The data will be stored and locked in a secure place

If you meet the study criteria and are willing to participate, you will be asked to sign an informed consent. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigator or with your institution or college. There are no foreseeable risks to you in participating in this study. You will receive compensation in the form of a twenty-dollar gift card for your participation.

Interested student nurses may contact me via phone or text @ [redacted] or at the following email address: [redacted]

Thank you very much for your time and consideration.

Sincerely,

Lorraine Santangelo, MSN, RN, HNB-B
Principal Researcher
[redacted]

Dr. Edith West
Dissertation Chair
724-357-3263 (office) edith.west@iup.edu

Appendix C

Subject Consent to Participation in Research

(On IUP letterhead)

Title of Study: The Lived Experience of Mindfulness Practices Among Nursing Students
Name of Investigator(s): Lorraine Santangelo, MSN, RN, HNB-BC
Phone Number(s): [redacted]

I understand that I am agreeing to participate in a research project and that the purpose of the study to understand and interpret the lived experience of mindfulness practices, such as meditation and/or yoga among nursing students. I will be asked a series of interview questions and the investigator will record my answers. My name will not be used and the confidentiality of my responses will be protected. The entire procedure will take 60-90 minutes. My participation will take place at my school of nursing, a mutually agreed upon location, or by an electronic video chat applications, such as Skype or FaceTime. I can decline to answer any question.

Risks

The interview is entirely voluntary and does not entail any foreseeable risks. I understand that I may quit at any time. All data containing identifying information will be stored on the Principal Researcher's password protected computer and identifying information will be destroyed within three years according to federal guideline requirements. In addition, I understand that an identification number will be given to protect my confidentiality and that access to my identity will be restricted to the Principal Researcher. Furthermore confidentiality pledges will be attained from any individual if they have access to identifying data.

Benefits

Benefits of participation may include a contribution to scholarly research that identifies issues of retention of nursing students. I understand that I will receive a $20 stipend for my participation in this research study.

Participation

I understand that my participation in this study is voluntary and that I may withdraw from the study at any time. My refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. An offer has been made to answer all of my questions and concerns about the study. I will be given a copy of the dated and signed consent form to keep. In addition, I will be asked for consent again at time of interview
Signed_____ Date_____

Investigator_____ Date_____

The IUP IRB board has approved this

Faculty Sponsor _____ Date _____

If you have any questions about the research or your rights as a subject, please contact _____
Chair, Institutional Review Board at _____

Appendix D

Demographic Questionnaire

(On IUP letterhead)

Please complete the following questionnaire by checking the appropriate box as applicable.

Status in Nursing Program:

□ Freshman □ Sophomore □ Junior □ Senior

What is your Age?

□ 18 – 21 □ 26 – 30 □ 35 – 38 □ 43 – 46 □ > 50

□ 22 – 25 □ 31 – 34 □ 39 – 42 □ 47 – 50

What is your gender?

□ Male □ Female

What is your Race/Ethnicity?

□ Caucasian/White
□ African American/Black
□ Latino/Hispanic
□ Asian
□ Native American
□ Pacific Islander
□ Other (Please specify) _____

Which mindfulness practice do you engage in?

□ Meditation □ Yoga □ Meditation and Yoga

What type of meditation and/or yoga do you practice?

Meditation _____

Yoga_____

Appendix E

Interview Guide

The researcher will determine which mindfulness practice term to use (meditation, yoga, or both meditation and yoga), by the participant's answer on the demographic form

1. Tell me about what the experience of practicing meditation, yoga, or both means to you.
2. Has your experience of practicing meditation, yoga, or both changed since becoming a nursing student?
3. Do you perceive any relationship between your practice of meditation, yoga, or both and your academic work or clinical practice?
4. Tell me about a time when your practice of meditation, yoga, or both influenced your beliefs about nursing.
5. Is there anything you have not described related to your experience of practicing mediation, yoga, or both, that you would like to discuss?

Use of additional prompts:

Tell me more…

Give me an example of…

Can you be more specific?

Walk me through…

Help me to understand…

How so….

What was that like….