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The Effects of Mindfulness Practices on Nurse Leader Resiliency

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The Effects of Mindfulness Practices on Nurse Leader Resiliency

Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Nursing Practice
at the University of Kentucky

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Lexington, Ky.

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Abstract

Background: The purpose of this study was to evaluate if brief Mindfulness Based Stress Reduction (MBSR) sessions can improve nurse leader resilience and overall mindfulness.

Conceptual Framework: Two different conceptual frameworks, Jean Watson's theory of caring and Albert Bandura's theory of self-efficacy, were used to guide this project. Watson's theory of caring is defined as healing of the mind, body, and spirit. This theory supports caring for oneself while caring for others. Bandura's theory focuses on the belief that individuals can influence their own lives.

Methodology: This study employed a descriptive, pretest-posttest single site comparative design. Sixty-six nursing leaders from a large academic medical center were invited to participate. Baseline mindfulness and resiliency levels were assessed before the first MBSR session. After a second brief MBSR session and four months of individual daily practice, a post assessment was conducted to evaluate any changes in mindfulness and resiliency levels.

Results: A total of 34 participants completed the pre-survey, 24 completed the post survey, and 24 participants completed both pre and post. There was a statistical significance decrease found when comparing scores before and after the MBSR sessions among the participants who completed both pre and post surveys. This significant decrease could be attributed to the challenges encountered at the time of the post-survey. No difference in resiliency levels was noted post MBSR.

Discussion: Overall, the MBSR intervention sessions implemented in this study did not prove to be an effective method for improving nurse leader mindfulness practices or resiliency levels.

Conclusion: Despite good participation in the sessions and self-reported daily mindfulness practices, study results showed a statistically significant decrease from pre to post intervention

on the mindfulness scoring. Further research is recommended, including potential qualitative effects of the intervention.

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Dedication

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Table of Contents

Acknowledgments.....	1
List of Tables.....	5
Background.....	6
Theoretical Framework.....	7
Literature Review.....	8
Purpose and Objectives.....	11
Agency Description.....	12
Design.....	12
Setting.....	12
Methods.....	13
Sample.....	13
Procedures.....	14
Measures and Instruments.....	15
Data Analysis.....	17
Results.....	18
Sample Characteristics.....	18
Discussion.....	19
Implications.....	19
Limitations.....	21
Conclusion.....	22
Appendices.....	24
Appendix A- Survey.....	24

References.....28

List of Tables

Table 1: Demographic and clinical characteristics of study sample.....	26
Table 2: Pre/Post Comparison of Survey Results	27

The Effects of Mindfulness Practices on Nurse Leader Resiliency

Background

Nursing leaders are essential to the success of a healthcare organization's mission and objectives. This indispensable role is expected to be adept at financial management, negotiation, staff recruitment and development, confliction resolution, technological advancements, and leadership. Along with these expectations also comes the important duty of promoting clinical nurse autonomy and development, nurse well-being support, enhancement of nurse-physician relationships, and improvement of nursing competency. Ultimately, nurse leaders must balance it all while also assuring adequate daily staffing to provide quality patient care.

Increasingly complex and demanding healthcare environments continue to contribute to the nurse leader's workload, stress, and dissatisfaction. Nurse leader satisfaction and career longevity have been shown to be significantly affected by professional stress and burnout (Ward & Hasse, 2016). Stress has been shown to lead to increased psychological anguish, depression, and a decrease in job satisfaction (Frogeli, Djordjevic, Rudman, Livheim, & Gustavsson, 2016). Research also shows that stress can lead to a decrease in one's productivity, effectiveness, and attention to daily operations (Ward & Hasse, 2016).

One proven method for reducing stress and ultimately improving resiliency is the practice of mindfulness. Mindfulness-based stress reduction (MBSR) activities have developed over the last several decades and been proven to significantly reduce stress and professional burnout. MBSR was developed by Jon Kabat-Zinn in the late 1970's as a treatment for patients who were experiencing life's difficulties coupled with mental and physical illness (Grossman, Niemann, Schmidt, & Walach, 2004). This structured technique uses mindful meditation as the central

element for helping individuals deal with stress in a manner that best suits the person while increasing present moment awareness (Bishop, 2002).

MBSR programs help teach leaders to pay attention to the present moment, recognize and experience their own feelings and emotions while maintaining control; especially when faced with highly stressful situations (George, 2012). When leaders become mindful, they are aware of their own presence and the way they impact other people. MBSR practices enable the leader to observe and participate in the moment while recognizing long-term implications of their actions (George, 2012). This type of stress reduction helps clear away the trivial and needless worries about unimportant things while nurturing resiliency and the passion for the work.

The purpose of this study is to evaluate the impact of brief MBSR sessions on nursing leader resiliency levels and mindful practices. The project will determine if mindfulness practices positively impact leaders' engagement and resiliency in their daily life's. Analysis of data will be used to show a direct correlation between mindfulness interventions and nursing leaders' resiliency in healthcare.

Theoretical Framework

To guide this project theoretical frameworks by Jean Watson and Albert Bandura will be used. Jean Watson's theory of human caring highlights the shared aspects of healing and identifies the potential for healing; in the mind, body, and spirit (Watson, 1999). Her theory supports nurses caring for others but also caring for themselves. Watson's theory involves clear guidance that human caring and relationship-centered care are the foundation for ethical healing practices in nursing (Watson, 2006). In this theory, caring is transpersonal and involves the one caring as well as the one being cared for, which makes it a mutual and reciprocal action (Watson, 2006). Watson theorized that one's caring intentionality and consciousness creates a powerful

effect of positive thoughts and energy. Positive thoughts, such as love, caring, joy, compassion, and forgiveness can create a higher frequency of energy. This high energy helps soothe, calm, and refresh an individual ultimately building resiliency.

Albert Bandura's psychological theory of self-efficacy focuses on the belief mechanism that people have the ability to influence events in their own lives (Ventura, Salanova, & Llorens, 2015). This theory proposes that an individual's perceived self-efficacy influences their coping behaviors when they endure highly stressful and challenging situations. As a component of positive organizational behavior, resiliency has been viewed as one's capacity to rebound or bounce back from adversity, conflict, challenges, stress, and failures (Malik, 2013). The capacity to "bounce back" from adversity or even implement dramatic positive changes after challenges is particularly relevant in today's turbulent healthcare environment. Self-efficacy and resilience behaviors have shown to be directly related. Research shows when one has a high-level of self-efficacy they can bounce back and recover from stress and failures; which is the heart of resiliency (Ventura et al., 2015). Resilience is not a trait that people either possess or do not possess. Resilience involves behaviors, thoughts, and actions that can be learned and developed in anyone and it can be tremendously influenced by a person's environment (Malik, 2013). People who believe that they can influence their world and that their own actions are largely responsible for the experiences they encounter tend to have a greater ability to bounce back from unexpected adversity and stressful situations (Malik, 2013).

Literature Review

Today's healthcare environment is inundated with challenges and stress such as nursing shortages, cost-containment pressures, disruptive innovations, advanced technical complexities, and legal constraints. These challenges and pressures influence both the role and responsibilities

of nursing leaders. Leadership styles can have a significant impact on the work environment and staff commitment to the organization (McGuire & Kennerly, 2006). This essential position carries significant job-related stress and a high rate of burnout due to the changing, challenging environment. Stress is an individualized perception or appraisal of a situation. What is seen as stressful to one may be exhilarating to another. Numerous studies have explored job related stress among healthcare professionals; but most have focused their studies on the bedside clinician and not the administrative staff.

In 2010, the United States nurse manager turnover rate was documented at approximately 8.3% (Loveridge, 2017). This placed the nursing manager position at the top of the list for leader groups most likely to leave their work environment within the next few years (American Organization of Executives (AONE), 2002). Turnover in any healthcare position is costly and can be detrimental to the organizational success, but nursing leaders are essential to the daily operations. The costs of replacing a nurse leader is estimated at 75% to 125% of their annual salary (Loveridge, 2017). One study conducted in 2014, revealed 72% of managers interviewed reported future plans to leave their current leader position within the next five years and the most common reason cited was stress and burnout (Loveridge, 2017).

Other studies illustrate the most common reasons for nursing leader turnover and intent to leave are work-life balance, job stress, staffing challenges, competing priorities, and organizational culture (Parson & Stonestreet, 2003; Loveridge, 2017; Brown, Fraser, Wong, et.al, 2013). In one study, nursing leaders described the situation of feeling unsupported and overwhelmed when trying to deal with the daily challenges and politics inside the organization (Loveridge, 2017). This type of daily stress was a top reason cited to leave or search for other professional opportunities. Nursing leaders play an integral role in creating a positive, quality

healthcare work environment and should model the way staff nurses behave and perform.

Organizations must minimize nurse leader stress and foster and enhance nursing leader coping behaviors to help retain both nurse leaders and bedside staff nurses (Loveridge, 2017).

Among the most accessible and potent remedies for impending burnout, stress, and overwhelmed feelings is mindfulness (Carroll, 2007). If mindlessness persists, stress accumulates and individuals feel overwhelmed and out of balance. Many times, individuals will try to shield themselves from discomfort through even more mindless distractions which can lead to discernment, wellness issues, and lack of motivation (Carroll, 2007). Mindfulness is an essential skill required to monitor and manage the flow of moment to moment experiences with a sense of openness, acceptance, and caring awareness (Carroll, 2007; Marturano, 2014). As leaders learn to mindfully monitor their own emotions and become aware of the information within their own body, mind, and field of experiences they increase the capacity to manage and balance stress with skillfulness and purpose. Understanding one's self through monitoring and managing self-awareness is a vital skill for developing resilience and the ability to bounce back toward a more optimal state of well-being after a challenging experience (Marturano, 2014). Mindfulness can help not only improve the leader's well-being but also trickle down to those the leader supervises on a daily basis. Leading by example is essential to building a healthy-work environment.

Mindfulness means paying purposeful attention to the present moment, with an attitude of non-judgement, acceptance and self-awareness (Fitzpatrick, Doucette, Cotton, Arnow, & Pipe, 2016). Existing in a state of full conscious awareness of one's whole self, other people, and the context in which one lives and works has been recognized as an essential element necessary to sustain resonance in leadership; thus, stimulating effective leadership skills (Boyatzis & McKee,

2005). Mindfulness can become a tool for the nursing leader that helps promote resilience, leadership effectiveness, and personal stress and burnout reduction. Mindfulness-based stress reduction (MBSR) activities have developed over the past several decades and they have been shown to significantly reduce stress and professional burnout. This mind-body technique has always been a popular intervention for patients with chronic illness, but recently there has been a trend where healthcare providers have embraced this as an option for their own stress reduction. MBSR is a clinical training program that helps participants adapt to medical illness, self-regulate their approach to stress reduction, and manage their emotions (Bishop, 2002). The main goals of MBSR are to deepen the capacity for present moment awareness and improve the individual's attention to the issue at hand. Mindfulness skills such as becoming aware of everyday life, personal actions, and personal thoughts can help control day to day pressures (Keng, Smoski, & Robins, 2011). Mindfulness techniques help teach individuals to approach stressful situations consciously, so they can respond to the situation proactively versus reactively. Global trends are encouraging organizations to invest in mindfulness activities for personal and organizational resiliency and success (Levey & Levey, 2019).

Purpose and Objectives

The purpose of this project was to evaluate the effects of a MBSR training program on nurse leader resiliency scores and mindfulness practices. Key objectives encompassed by the nurse leader MBSR program included:

- Assess resiliency scores and mindfulness prior to attendance to an MBSR training program
- Deliver an MBSR training program and provide support resources

- Evaluate the effect of MBSR training on resiliency scores and mindfulness practice post intervention

Agency Description

Design

This study employed a descriptive correlational pretest/posttest design. This quality improvement project was used to determine the feasibility and effectiveness of a BMSR training session focused on improving nurse leader resiliency and improving mindfulness practices. Many mindfulness-based interventions involve eight weeks of training but busy nursing leaders are reluctant to commit to such a program due to competing demands personally and professionally. Thus, this study explored whether a brief intervention will yield effective training outcomes and sustained practice among participants. If participants gain skills in the practice of mindfulness, the expectations are to uncover a decrease in stress and an increase in resiliency; which research shows can correspond with a positive change in leadership effectiveness and productivity. Specifically, mindful leaders view themselves as more effective leaders.

The study was approved by the University Medical Institutional Review Board (IRB) and healthcare organization. An informed consent was approved by IRB for this study and each participant was provided the consent prior to the first session for review and then following explanation of the consent the participants were asked to sign during the first session. Each participant was provided a copy for their records. Subjects completed a pre and post survey examining their mindfulness and resiliency levels using the Qualtrics software system.

Setting

UK Healthcare (UKHC) is a 945-bed academic medical center (AMC) and the only level one trauma center located in central Kentucky. UKHC's mission is driven by a strong

commitment to the pillars of academic healthcare including research, education, and clinical care. The enterprise mission is a dedication to the health of the Kentucky people, to provide the most advanced patient care, and serve as an information resource (UK Healthcare, 2017). The healthcare system strives to strengthen local healthcare and improve the delivery system by partnering with community hospitals and physicians. The overall vision for UKHC is to achieve national recognition as a top 20 public, academic health center, providing optimal multidisciplinary healthcare and developing advanced medical therapies for the people of Kentucky and beyond (UK Healthcare, 2017).

This macro system houses a level IV neonatal intensive care unit and has eleven different specialized intensive care units. This AMC consist of two campuses and 80 specialized ambulatory clinics. The hospital has several prestigious specialized designations such as a nursing magnet hospital, comprehensive stroke care and ventricular access device center. The landscape comprised of over 9,000 team members includes physicians, nurses, pharmacists, nutritionists, and other healthcare workers (UK Healthcare, 2017).

Methods

Samples

Sixty-six nursing leaders, including all nursing directors, patient care managers (PCMs) and assistant patient care managers (aPCM's), from both Chandler and Good Sam Campus, were invited to participate in the study. Participants from the nurse leader roles described above were included. Exclusion criteria included: non-nursing leaders and those with less than three months experience in a nurse leader role. Names and email address of nursing leaders were provided by the nursing services Chief of Staff office. A recruitment email was sent to all eligible

participants. This email served as an invitation for them to engage in two sessions, each being one and a half hours and outlined the study details.

Procedures

Once qualified participants were identified, the researcher emailed nursing leaders to invite them to participate and complete the pre-survey. Respondents had access to the survey any time after receiving the survey link up until the time of the first educational session began. The initial invitation email included the informed consent for their review and records. The email explained the time commitment including attendance at two separate sessions during the study. The researcher's contact information was included for any questions. To fulfill the study requirements, participants were asked to complete a pre-test, two one and half hour MBSR sessions, practice some form of mindfulness for ten minutes during their workday, and then complete a post-test. Subjects were sent monthly check-ins via email to offer extra support in daily mindfulness practices. Participants were not required to maintain a record of their practices, but as an extra tool they were provided a sample log to use if they felt it would be helpful to their practices.

The two MBSR sessions were offered at multiple times due to leader scheduling needs. The sessions were taught by a MBSR expert and focused on Koru techniques for mindfulness practices and how they could incorporate the techniques they learned into their daily workflow. To allow participants time to build on the first session, the second session was strategically offered thirty days after the first session. To allow the subjects to use the mindfulness techniques there was a four-month window between the first session and the post-survey. Each month during this four-month timeframe, the researcher sent emails with reminders about the

importance of incorporating mindfulness into their everyday practice and different techniques to enhance mindfulness activities.

Measures and Instruments

The pre-survey included demographic information related to age, sex, race/ethnicity, highest degree level, current leader position, and years of leadership experience. Respondents were asked to provide their last four digits of their hospital identification number. This hospital identification number was used for all pre and post survey responses to provide anonymous correlations between responses in the study.

Mindfulness practice was measured using the Kentucky Inventory of Mindfulness Skills (KIMS). This tool was developed at the University of Kentucky by Dr. Rose Bauer and associates. Written permission from Dr. Bauer was obtained before using the tool. The developers of the KIMS were particularly interested in creating a scale that allowed casual meditators and irregular practitioners of mindfulness to complete with ease (Baer, Smith, & Allen, 2004). This tool is a self-report measuring mindfulness on four scales: observing, describing, acting with awareness, and accepting without judgment. The instrument has Likert-type responses ranging from 1=never or very rarely to 5=very often to always true. To calculate a score for each scale, the creators developed several statements related to each component. The scores for each subscale can be calculated to provide an indication of the respondent's skills in each and then an overall mindfulness skill score can be calculated using all 39 items (Baer et al., 2004). The ultimate goal is for the participants to have higher scores signifying advanced skills in each area (Baer et al., 2004).

For this project, seven questions were hand selected from the KIMS to evaluate participant's ability to act with awareness and to be non-judgmental of their inner experiences.

The questions were narrowed down to help with participation. The researcher did not want to overwhelm the participants with too many questions in hopes of having more of the participants adequate time to complete the pre and post surveys. Two KIMS questions related to being accepting without judgement of oneself and others were utilized. Leaders who are skilled in mindfulness refrain from applying evaluative labels such as good and bad or worthwhile and worthless to situations (Bauer, Smith, & Allen, 2004). During stressful situations, leaders who are accepting can just allow reality to be as it is without attempts to avoid, escape, or even change it (Bauer, Smith, & Allen, 2004). The other five KIMS questions related to the participants ability to respond to daily challenges with awareness. Acting with awareness is a central component of mindfulness. Leaders who can engage fully in the current activity with undivided attention can focus on the issue at hand and become more aware of the situation. This skill can help leaders improve their own productivity and decrease stress (Bauer, Smith, & Allen, 2004).

The KIMS scale has shown positive associations with emotional intelligence and life satisfaction, and negative associations with psychological symptoms and empirical avoidance (Baer et al., 2004). Meta-analyses have concluded that scores on mindfulness questionnaires increase in response to mindfulness training, and that therapeutic effects of mindfulness-based interventions appear to be mediated by increases in self-reported mindfulness skills (Khoury et al., 2013; Quaglia, Braun, Freeman, McDaniel, & Brown, 2016). One other meta-analyses showed reasonable support for discriminant validity in the situation of change with treatment. For instance, scores on mindfulness questionnaires increase more in mindfulness-based programs than in other programs (Giluk, 2009). The KIMS has shown acceptable test-retest reliability and construct validity (Baer et al., 2004). The aim of this study was to see participants increase their

scores on the seven KIMS questions after the two MBSR sessions signifying more mindfulness behaviors.

Resiliency levels were measured using the Connor-Davidson Resilience Scale (CD-RISC). Written permission was obtained from the author, Dr. Davidson. This scale was originally created during a study on the identification and treatment of post-traumatic stress disorder in men and women (Connor & Davidson, 2003). The instrument is comprised of 25 questions with Likert-type responses ranging from 0=never to 4=almost always. The summation of all scores ranges from a minimum of 0 to a maximum of 100. The higher the score, the greater the resilience (Connor & Davidson, 2003). The instrument was written for lower literacy levels at a grade five and has been used in clinical and non-clinical populations (Connor & Davidson, 2003). The CD-RISC scale has demonstrated good psychometric properties and literature revealed the factor analysis yielded five factors. Studies have revealed that an increase in CD-RISC score can be associated without specific interventions (Connor & Davidson, 2003). The CD-RISC showed acceptable test-retest reliability and construct validity (Connor & Davidson, 2003). The CD-RISC instrument has sound psychometric properties and distinguishes between those with greater and lesser resilience (Connor & Davidson, 2003). The scale demonstrates that resilience is modifiable and can improve with interventions (Connor-Davidson resilience scale, 2017). For this study, all 25 CD-RISC survey questions were utilized. The survey instrument created using the KIMS and CD-RISC is illustrated in Appendix A.

Data Analysis

Participants included in the data analysis completed both the pre and post survey. Demographic survey data was analyzed using descriptive statistics, including means and percentages (Table 1). Outcome variables for both tools, KIMS and CD-RISC, were analyzed

using a dependent t-test and a t-test for independent groups (Table 2). SPSS version 26 was used to perform statistical analyses and statistical significance was considered at a p-value less than or equal to .05.

Results

Sample Characteristics

Of the sixty-six nursing leaders invited thirty-seven attended the two sessions. A total of 34 participants completed the pre-survey. Of the participants only 24 took both the pre and post survey. Of those 24 participants, 91.6% were Caucasian and 91.6% were females. The median age was 41-50 with 41.6% of the results being in this age group. The median years of leadership experience was 5-10 years (58.3%). The participants had varying degree levels with 50% reporting a Master's degree, 16.6% reporting a Bachelor's degree, and 33.3% with a Doctorate degree. The participants were prominently from the patient care manager role with 62.5% of the survey responses being from this particular role. The post survey had an additional question to determine if the participants had practiced mindfulness at least 10 minutes each work day. Out of the 24 participants reviewed 50% reported practicing mindfulness 10 minutes per day.

The overall KIMS mean (n=24) was 21.3 (SD=3.4) pre-intervention compared to 18.5 (SD=4.2) post intervention (possible range 7-35). The p value of .0004 showed a statistically significant decrease from pre- to post intervention (Table 2). The KIMS post intervention mean decreased by three points which suggests a decrease in mindfulness skills after the sessions. The pre-intervention scores had a median score of 3.47 which signifies that most participants were acting with awareness sometimes during their daily work. Post-intervention median was 3.08 signifying a decrease in the participants ability to act with awareness. A closer look at each

questions showed that some of the participants reported an improvement in specific question but overall at least four of the seven KIMS questions saw a decrease in self-reported scores. For instance, 10 of the 24 participants reported an increase in scores on the question “I’m easily distracted”. These 10 participants improved from often distracted to sometimes or rarely distracted. The survey question related to “running on automatic without awareness” was a reversed scoring question and showed an increase in scores post-intervention. There were 10 participants that reported they felt as if they were running on automatic often or very often compared to their pre-score of rarely or sometimes.

The overall CD-RISC (n=24) was 21.9 (SD=9.1) pre-intervention compared to 19.5 (SD=7.3) post intervention (possible range 7-35). The *p* value of .25 showed no statistical significance in these differences (Table 2). There was a slight decrease in resiliency of 2.4 points between the pre and post intervention. Closer review of the individual questions showed that three of the 24 participants had a high total resilience score of 70 out of 100 points on the pre-survey and 80 out of 100 on the post-survey. While the other 21 participants had a median average score of 40 out of 100 on the pre-survey and 45 out of 100 on the post-survey. The higher the total score the greater the resilience level.

Discussion

Implications

It has become increasingly clear that the prevailing norms and mindless habits that leaders associate with day to day work is insufficient in helping them deal with daily stressors (Loveridge, 2017). Many report constant feelings of being overwhelmed and lack of support without any guidance on how to build resilient behaviors (Loveridge, 2017). More and more leaders are encountering crises on a professional and personal level making it more difficult for

them to ignore their feelings of stress, frustration, exhaustion, and dissatisfaction. Leaders tend to be motivated to deepen their own reflection and increase their resilience by seeking out mentors and resources (McGuire & Kennerly, 2006). Many look to these mentors to help them live a more mindful, resilient, and mentally fit life. Organizations and senior decision makers should feel a sense of responsibility for helping nursing leaders not only improve workload and span of control issues but also to identify ways to improve work/life balances and resiliency (Loveridge, 2017).

Integrating mindfulness into nursing leadership principles is an administrative type model that is available to healthcare organizations that wish to sustain and renew itself during challenging, turbulent times (Levey & Levey, 2019). Several elements are required for mindfulness applications, beginning with organization and executive support, and the willingness of leaders to participate in the process. This study showed that the nursing leaders at UK Healthcare are willing to participate and many of them are looking for ways to improve their resiliency and decrease their daily stress. This study illustrated a way to implement a self-care intervention that is feasible to implement and can be routinely offered to anyone willing to participate. Consistent with the science of caring, mindfulness is a self-nurturing strategy intentionally focused on helping leaders become more aware of the present moment (Malik, 2013). Self-awareness allows leaders to be totally present in their lives revealing that they have a remarkable power to see directly into the heart and minds of those who they serve. Leaders who are mindful find they have tremendous possibilities for helping and contributing to their profession because they are present in the moment. Despite no positive changes in resiliency levels and a decrease in mindfulness awareness the leaders in this study were engaged and devoted time to attend the two sessions.

Limitations

There are several significant limitations to this study. The most important limitation is that the post-survey for this study occurred at a time of a world-wide pandemic and many of the nursing leaders were dealing with a very unprecedented time in healthcare. The post survey was conducted during the initial stages of the COVID-19 pandemic. Leaders were dealing with the stresses of caring for these patients as well as ensuring the wellbeing of their staff while also facing the challenges of the pandemic personally. Even though nursing leaders are often behind the scene they are instrumental healthcare innovators. During this pandemic, these UK Healthcare nursing leaders had to spring to action and work strategically to find ways to not only staff their units but also ease the fears of their staff and the community. These leaders had to become even more strategists by crafting solutions to key patient care delivery challenges. Leaders had to create workarounds to help their teams design new ways to complete daily work during this pandemic. Many were working to find ways to help loved ones say goodbye to dying patients through technology such as a tablet or tele-health options. They had to rally clinical staff from all areas of the facility and rapidly train them on important clinical techniques required to care for acutely ill COVID patients. The stress and challenges that they had to overcome during this pandemic is definitely a major limitation to the overall results of this study.

A small sample for both the pre and post survey was another limitation. Perhaps having a larger sample size would have provided more data points and allowed for a comparison of different leader roles; such as middle management resiliency versus senior leader. And a final limitation was the use of specific questions from the KIMS survey. The questions selected were used to evaluate participants ability to act on self-awareness. Only a few questions were used from the KIMS survey with the aim of not overwhelming the participants with an overabundance

of questions. In retrospect, the researcher should have utilized a survey with less questions for the mindfulness and resiliency which could have allowed for a more qualitative, meaningful review.

Even though this quantitative study did not produce the results to support the original assumptions, there were significant qualitative benefits witnessed. During the two MBSR sessions, two of the leaders were able to visibly show signs of stress reduction. In both sessions, at least one or two participants cried during the entire session. More than one of the participants relaxed to the point of falling asleep in each of the sessions. This illustrated high stress levels pre-session and reduction of this stress during the mediation exercises. There were several anecdotal reports of increased mindfulness and decrease in stress from the participants. The researcher received several emails and text messages from participants during the four-month study period. The participants reported how they were using the mindfulness to navigate their stressful, chaotic days. Several participants added relaxation applications to their smart phones or watches. The participants verbally relayed how the mindfulness techniques had helped them relax and focus more.

Conclusion

In conclusion, the complexity and relentless pace of healthcare places exceptional demands on nursing leaders today. This pivotal role works incredibly hard but often feels as if they cannot meet their own expectations of excellence or lead others to excel in an ever-changing environment. Mindfulness is a way of caring and nurturing the self so that leaders can find the space to be more caring and effective for others by extension. Brief mindfulness interventions may be an effective approach to help improve nurse leader resilience but future research is needed with more frequent interventions. This study did not illustrate positive results on leader

resilience or mindfulness skills after brief mindfulness interventions. The data presented did illustrate the motivation of nursing leaders to find ways to build resilience and improve their ability to cope with day to day pressures. Further research should continue to explore other potential applications of mindfulness and examine practical implementation and dissemination of mindfulness-oriented interventions.

Appendix A

Mindfulness Study: Pre-Survey

1. Last four of your UK ID Number?
2. What is your age?
 - a. 24-30
 - b. 31-40
 - c. 41-50
 - d. 50-60
 - e. Over 60
3. What is your gender?
 - a. Male
 - b. Female
4. What is your ethnicity?
 - a. White
 - b. Black/African American
 - c. Asian
 - d. Native Hawaiian or Pacific Islander
 - e. Other
5. What is your highest degree or level of school you have completed?
 - a. Bachelor's Degree
 - b. Master's Degree
 - c. Doctorate
6. What is your current position at UKHC?
 - a. Senior Nurse Leader
 - b. Nursing Director
 - c. Patient Care Manager
 - d. Assistant Patient Care Manager
7. How many years have you been in a leadership position?
 - a. Less than a year
 - b. 2-5 years
 - c. 5-10 years
 - d. More than 10 years

For questions 8-14 please use the scale provided below. Write the number in the blank that best describes your own opinion of what is generally true for you.

1	2	3	4	5
Never or very	Rarely true	Sometimes true	Often true	Very often/Always true

8. When I do things, my mind wanders off and I'm easily distracted?
9. I'm easily distracted.
10. I find it difficult to stay focused on what's happening in the present.
11. It seems I am "running on automatic" without much awareness of what I'm doing.
12. I rush through activities without being really attentive to them.
13. I do jobs or tasks automatically without being aware of what I'm doing.
14. I find myself doing things without paying attention.

Mindfulness Study: Pre-Survey

For questions 15-39 please use the scale provided below. Write the number in the blank that best describes your own opinion of what is generally true for you.

0	1	2	3	4
Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time

15. I am able to adapt when changes occur
16. I have at least one close and secure relationship that helps me when I am stressed
17. When there are no clear solutions to my problems, sometimes fate or God can help
18. I can deal with whatever comes my way
19. Past successes give me confidence in dealing with new challenges and difficulties
20. I try to see the humorous side of things when I am faced with problems
21. Having to cope with stress can make me stronger
22. I tend to bound back after illness, injury, or other hardships
23. Good or bad, I believe that most things happen for a reason
24. I give my best effort no matter what the outcome may be
25. I believe I can achieve my goals, even if there are obstacles
26. Even when things look hopeless, I don't give up
27. During times of stress/crisis, I know where to turn for help
28. Under pressure, I stay focused and think clearly
29. I prefer to take the lead in solving problems rather than letting others make all the decisions
30. I am not easily discouraged by failure
31. I think of myself as a strong person when dealing with life's challenges and difficulties
32. I can make unpopular or difficult decisions that affect other people, if it is necessary
33. I am able to handle unpleasant or painful feelings like sadness, fear, and anger
34. In dealing with life's problems, sometimes you have to act on a hunch without knowing why
35. I have a strong sense of purpose in life
36. I feel in control of my life
37. I like challenges
38. I work to attain my goals no matter what roadblocks I encounter along the way
39. I take pride in my achievements

Table 1. Characteristics of employees participating in both Pre and Post Survey ($N = 24$)

Pre/Post Comparison: Demographic Variable Data	
Demographic Variable	<i>n</i> (%)
Age	
24-30	0 (0%)
31-40	5 (20.8%)
41-50	10 (41.6%)
51-60	9 (37.5%)
Gender	
Male	2 (8.3%)
Female	22 (91.6%)
Ethnicity	
White	22 (91.6%)
Black or African American	2 (8.3%)
Degree Level	
Bachelors	4 (16.6%)
Masters	12 (50.0%)
Doctorate	8 (33.3%)
Current Position	
Senior Nursing Leader	2 (8.3%)
Nursing Director	5 (20.8%)
Patient Care Manager	15 (62.5%)
Assistant Patient Care Manager	2 (8.3%)
Years in Leadership Position	
Less than 1 year	0 (0%)
2-5 years	3 (12.5%)
5-10 years	14 (58.3%)
More than 10 years	7 (29.2%)

Table 2. Pre and Post Comparison ($n = 24$)

Survey	Pre-education <i>Mean (SD)</i>	Post-education <i>Mean (SD)</i>	<i>p</i>
Mindfulness (KIMS)	21.3 (3.4)	18.5 (4.2)	.004
Resiliency (CD-RISC)	21.9 (9.1)	19.5 (7.3)	.25

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