ORIGINAL PAPER

Experience of Mindfulness Programme for Nurses at a Hospital in Kelantan, Malaysia: A Qualitative Study

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Abstract

Objectives: Mindfulness programmes have been reported to be effective in reducing stress for nurses. This study aimed to explore the experiences of practising mindfulness among our local nurses and to understand what shaped their experiences in practising mindfulness, and how this affects their practice of mindfulness at workplace. Methods: This was a basic interpretive qualitative study via focus group discussions for nurses at a teaching hospital in Kelantan, Malaysia. The nurses had completed a three-month mindfulness programme. Three focus group discussions comprising five participants in each group were conducted at different times between August 2019 and January 2020. The data were analysed using thematic analysis. Results: Three themes emerged from the data: 'activating change in perception, 'nurturing self-empowerment' and 'not a norm'. Through their experiences in practising mindfulness, the nurses experienced changes in their perceptions of stress and being self-empowered in emotion regulation. However, challenges in sustaining the mindfulness practice arose due to it being new to the local culture. Conclusions: Mindfulness programmes are feasible to be practised among nurses but regular practice was difficult to be achieved, hence limiting the actual benefits of the programmes. Focus needs to be directed towards normalising mindfulness practice as the new culture in nurses' working environments and incorporating cultural values and spiritual needs based on the local context for it to be better accepted and practised.

Keywords: Culture, Mindfulness, Nurse, Qualitative, Stress

Introduction

Mindfulness-based stress reduction (MBSR) programmes have been recognised globally as a therapeutic approach to promoting physical and psychological well-being [1]. Mindfulness is defined as awareness that arises by paying attention on purpose, in the

present moment and non-judgmentally [2]. Over time, mindfulness programmes have been implemented among healthcare workers, especially nurses who experience high levels of stress in their work [3]. Previous studies have demonstrated that mindfulness programmes are effective in reducing nurses' stress as well as improving their general psychological well-being [4].

Studies among nurses have consistently found significant improvements in the components of present moment awareness [5, 6], self-compassion [7, 8] and self-efficacy in emotion regulation that resulted in the alleviation of stress, anxiety and depression among the nurses [9]. Self-compassion involves self-kindness, acknowledging common human experiences and addressing painful thoughts and feelings with non-judgemental awareness [10]. Mediation analyses found that both early changes in present moment awareness and self-compassion mediate the positive effects of mindfulness programmes [5, 11, 12] A qualitative study on mindfulness participants described the common themes of self-compassion as sharing a human struggle and being more self-accepting when facing painful situations [13]. Meanwhile, self-efficacy relates to the ability to self-control and regulate one's own behaviour [14]. Previous qualitative studies have described the common themes of increased self-control and improved emotional balance, as observed by the study participants' partners, which both connote self-efficacy in emotion regulation [15, 16].

Although many previous studies have quantitatively and qualitatively demonstrated the effectiveness of mindfulness programmes, relatively few studies have explored on how mindfulness practice results in its outcomes. Our local quantitative intervention study on mindfulness programme for nurses at our centre, found statistically significant reductions in stress perception and anxiety at three months post-intervention. However, there was no significant increase in mindfulness score, despite they participated in a mindfulness programme. Hence, exploring the nurses' practice of mindfulness became of our interest as this can give more understanding on how their practice of mindfulness results in these outcomes.

In understanding our nurses' experiences in mindfulness, cognitive appraisal theory was used as our theoretical lense. According to this theory, emotional reactions are determined by one's appraisal of stimuli, and one's appraisal of a stressful situation modifies one's perceptions of the stressor [17]. This correlates with mindfulness practice which focuses on the perception of the stressor rather than on the source of the stress itself [18].

This study aimed to explore our local nurses' experiences of practising mindfulness and to understand what shaped their experiences in practising it, and how these affect their practice of mindfulness at the workplace. The study was conducted within the local cultural context of Kelantan, a state in the east coast of Peninsular Malaysia, where mindfulness concept is still relatively new to the community.

Methods

This study used a basic interpretive qualitative design, where nurses who had completed a mindfulness programme were interviewed via focus group discussions (FGDs).

Setting and participants

The participants were registered nurses from a teaching hospital in Kelantan, Malaysia. They were recruited via purposive sampling. These nurses had completed a one-day mindfulness programme, followed by one-hour monthly group practice sessions for three months, from August to November 2018. During the one-day mindfulness programme, mindfulness techniques were introduced: (1) mindful body stretching (10 different movements), (2) mindful breathing (slow, deep and mindful breathing), (3) NOWing the present moment (focusing attention to the present), (4) mindful listening (listening with kindness), (5) mindful photography (appreciating the present moment), (6) gratitude workout (paying attention on the good memories) and (7) loving-kindness song. They were encouraged to choose any preferred techniques to be practised in their daily routine. The programme was conducted by a qualified mindfulness trainer.

The nurses were invited to participate in this study via the hospital nurse administrator, not via personal approach to avoid coercion due to the researchers' position as doctors in that hospital. The nurses who were interested contacted the researcher via phone or email. A total of 15 nurses consented to participate and were included in the study.

Ethical approval was obtained from the Human Research Ethics Committee of Universiti Sains Malaysia [approval reference: USM/JEPeM/17100465]. Informed consent was obtained from all participants prior to data collection.

Data collection

FGDs were conducted between August 2019 and January 2020, with five participants per group. All FGDs were conducted by IK, and each FGD session lasted for one hour.

A semi-structured interview guide was used, which included open-ended questions: How was your experience in practising the mindfulness programme? Why and how do you find this mindfulness practice works on you? What are the changes in yourself that you experienced, that shape your practice of mindfulness?.

FGDs were conducted in Malay language and were audiotaped, which were later transcribed. Field notes were taken during the FGDs. Data collection was done until reaching the point of data saturation, that was after three groups, whereby there was no new theme emerged from the FGDs conducted.

Data analysis

Thematic analysis was used, that is a method for identifying, analysing, and reporting patterns (themes) within data, as outlined by Braun and Clark [19]. Open coding consisted of reading and re-reading the transcripts while coding the text, and code list was developed. The transcripts were managed using ATLAS.ti 8 Windows, a qualitative data analysis software. To ensure reliability, IK and NF analyzed independently before comparing and discussing the findings with the research team until agreement was reached. A repeating cycle was done, consisting of analyzing the second FGD before conducting the third FGD. Multiple detailed discussions were done with the research team to review pattern across the data, and eventually generated the final themes with interpretation of the participants' experiences.

Trustworthiness check

In ensuring rigor of the study, triangulation of data (via the themes generated, the field

notes and information from the literature) and triangulation of data analyst was done to ensure its credibility. Peer debriefing was another strategy used during multiple discussions conducted, with AA being the expert in the team to examine the analysis process. Member checking was done by returning the transcripts and initial coding to the first FGD participants to ensure credibility of data, and they provided feedback.

During the conduct of the study, reflexivity was exercised by examining our own personal assumptions and goals, through the multiple discussions within the research team and reflexive journaling. The researchers acknowledged and aware of our position and background as medical doctors in psychiatry field, that may influence this study. Hence, the researchers tried to position self as a researcher rather than clinician.

Results

The 15 participants from the three focus groups were registered female nurses at the hospital. Their ages ranged from 28 to 44 years. With the exception of one participant who was a Chinese Buddhist, all the participants were Malay Muslim. The sociodemographic data of the participants are presented in Table 1.

Table 1. Sociodemographic data of the study participants

No.	Age (years)	Race	Religion	Marital status	Place of work	Work schedule
P1	40	Malay	Islam	Married	Operating theatre	Office hours
P2	37	Malay	Islam	Married	Orthopaedic ward	Shifts
P3	28	Malay	Islam	Single	Emergency department	Shifts
P4	40	Chinese	Buddhism	Married	Psychiatric clinic	Office hours
P5	44	Malay	Islam	Married	Neurosurgery intensive care unit	Shifts
P6	40	Malay	Islam	Married	Operating theatre	Office hour s
P7	29	Malay	Islam	Married	Oncology ward	Shifts
P8	36	Malay	Islam	Married	Oncology paediatric ward	Office hours
P9	40	Malay	Islam	Married	Paediatric ward	Shifts
P10	42	Malay	Islam	Married	Otorhinolaryngology ward	Office hours
P11	41	Malay	Islam	Married	Corporate ward	Office hours
P12	39	Malay	Islam	Married	Burn unit ward	Office hours
P13	29	Malay	Islam	Married	Postnatal ward	Shifts
P14	29	Malay	Islam	Married	Cardiothoracic ward	Shifts
P15	36	Malay	Islam	Married	Surgical ward	Shifts

Three themes emerged from the data: 'activating paradigm shift', 'nurturing self-empowerment' and 'not a norm'.

Theme 1: Activating change in perception

The participants described the experience of the mindfulness programme as changing

their perceptions of stress and instilling their interests in embracing the techniques used.

Subtheme 1.1: Embracing the techniques

In embracing the techniques, the participants were influenced by their relieving hands-on experience during the programme. It was exciting to note that all the participants conveyed that they had an enjoyable and stress-relieving experience during the programme. They were all satisfied and grateful for being chosen to attend the programme as they had gained knowledge of mindfulness techniques. One of the participants described her excitement about the experience:

"The whole day listening to the programme, I was very happy. I felt so 'released', relieved!" - (P1)

The participants also showed acceptance to the programme. None felt as if they had been forced to attend. In fact, eight participants indicated they had been interested in learning about stress management. They also mentioned that the programme content was neutral and did not impose any conflicting religious values despite its origin from Buddhism teaching:

"The programme was general, it did not touch any religious issues, so the content was alright, not deviated from our religion" – (P10)

They also expressed that it can be adapted with Islamic values as well, such as one participant expressed that the concept of mindfulness was similar to the practice of observing silence and reflecting in Islamic teaching.

As they learned the new techniques, they had willingness to practise:

"After I attended the programme, I continued practising the techniques" - (P12)

However, they also admitted that they practiced more frequently earlier on, when they recently joined the programme compared to now.

The participants indicated that these techniques were easy to administer and could be done in the midst of a busy ward. The techniques did not take a long time:

"It's true that it can be done while doing our job. It takes only one to two minutes" - (P8)

Subtheme 1.2: Modifying the appraisal of stressors

Prior to the programme, the participants admitted to being afraid, doubtful, easily angered and apt to complain when faced with stressful events. However, after the programme, the participants noted that their perceptions towards stress had changed and their stressors inflicted less discomfort:

"It is my perception towards stress. Previously I got angry when I was facing problems. It was child-like. I don't know what I was angry at. But now, when I face problems, I am less angry. I think for a while, think of ways to find solutions" - (P11)

The group activity during the mindfulness programme made the participants realise that their stress was universal, and this facilitated the change in their appraisal of their stressors:

"During the session in which we talked about life adversities, I felt that I was not the only one with problems, other people also had problems, including one person who talked about the death of her child. Prior to

that, I had thought my circumstances were bad, but then I realised that other people also had difficulties" - (P9)

The participants started to recognise that stressful events happen to everyone and that they should never assume that they were facing the worst possible situation, which was the concept of common humanity in self-compassion. This understanding caused their perceptions of stress to become less burdensome.

Theme 2: Nurturing self-empowerment

The participants felt empowered through the improved sense of control over themselves, growing self-kindness and the reinforcing effects of calmness.

Subtheme 2.1: Improved sense of control over oneself

The sense of control over oneself was also experienced when the participants had a better perception of their ability to manage their own emotions, which in turn strengthened their self-efficacy:

"Now I can control my emotions better than before. Previously, I could control my emotions, but I grumbled a lot after that, but now I feel more relaxed. I can think, and I can approach things more positively when I have problems. I can therefore control my emotions better" - (P1)

By using mindfulness techniques, the participants learned how to control their reactions by creating space between the stressor and their reactions. This was achieved by learning to stop, to calm down using the appropriate technique and eventually to think before reacting. Nine of the participants mentioned that the breathing technique helped them calm down, which gave them time to relax:

"If it's too busy with too many patients and admissions, it's tiring. I therefore need to rest. I sit on a chair and do breathing. After that, I can continue my work and get back to attending to the patients" - (P9)

"Breathing gives me more time to think and plan my next step" - (P13)

The participants also felt more empowered once their time became more structured and more productive in their work. This was achieved through ability to focus on the present moment, mainly through the NOWing (be-present) technique:

"When I say NOW, I need to do it now. Then I repeat to myself NOW, so I need to do it now. It makes my work easier. In the end, when my work is settled, I don't feel stressed anymore. If not, I become distressed when looking at all my incomplete work" - (P2)

"When we feel calm, we do our work in a more organised way. Previously, I would take two hours to complete one task. Now I can finish the task in one hour. This is due to focus" - (P4)

The participants also noticed that they became more structured in terms of performing their religious rituals. They were able to perform their daily prayers on time, more frequently. This was due to their increased ability to focus on the task at hand:

"Now, even if I have many tasks, when there's call to prayer, I will remember the word NOW, and I will perform my prayer straightaway. The word 'NOW' seems to stick in my mind" - (P2)

Practising the breathing technique also increased their ability to focus their attention on God:

"I'm more able to focus my attention on God during my prayers because I do deep breathing prior to my prayers, so it's easier for me to focus. When I do deep breathing prior to prayer, I feel more able to focus when praying" - (P2)

These experiences gave the participants a feeling of satisfaction and increased their sense of spiritual connectedness.

Subtheme 2.2: Growing self-kindness

The practice of mindfulness instilled self-kindness in the participants. The participants felt the need to take time off for themselves and to think about their own welfare:

"We need to appreciate ourselves. We need to rest for a while, rest for two minutes, love ourselves. I realise that I have the feelings of self-love after attending the mindfulness programme" - (P8)

"Love ourselves, we don't want to hurt ourselves because of the stress; we don't want stressful situations to become our own stress" - (P4)

Subtheme 2.3: Reinforcing effect of calmness

The participants noticed that it had the effect of improving their relationships with others:

"In dealing with my subordinates, if I say bad words, it can affect them; they can feel 'down'. It has a negative effect on them and that makes me unhappy" - (P11)

The mindfulness programme thus helped the participants to create more appreciative relationships with their colleagues, spouses and children. This was achieved through mindful listening and gratitude practice.

The effects of calmness became a beautiful cycle, which motivated the participants to continue managing their emotions to ensure the positive effects continued.

Theme 3: Not a norm

Despite undergoing the experience of changing their perceptions of stress and nurturing self-empowerment that shaped their experiences in practising mindfulness, the participants conveyed the difficulties they had in maintaining regular practice. This was mainly due to the practice has not become a norm in their daily lives, which stemmed internally from a lack of emotional insight and externally from the influence of the local work culture.

Subtheme 3.1: Lack of emotional insight

Insight refers to understanding the internal psychological processes, including feelings and thoughts, that eventually lead to metacognitive insight (Nyklíček et al., 2020). In a psychiatric setting, insight often denotes insight into illness. The concept of insight is further divided into intellectual insight, which refers to recognition of the symptoms of illness, however without applying that understanding to future behaviour, and emotional insight, which is the emotional awareness that brings about changes in behaviour [21].

The participants indicated that they experienced the positive benefits of mindfulness techniques; however, there was a lack of motivation and forgetfulness over time. Hence, the mindfulness practise was not being routinely practised yet:

"Sometimes I forget to practise, sometimes I feel down" - (P2)

"It's true . . . We need to keep motivating ourselves" - (P4)

The participants were also cognisant of the need for reminders:

"Dr A [the speaker] asked us to set an alarm, right . . . When there's a bell sound, he asked us to do something related to mindfulness" - (P6)

"Yes, it's called a time-bell, right? . . . But I didn't download it [expressed with slow laughs]" - (P9)

Despite being able to recall the advice about downloading the time-bell, this did not translate into action as the participants had still not set reminders at the time of the FGDs. They were aware that mindfulness needs continuous practice to achieve its relaxation and stress reduction effects, but they were not empowered enough to practice. This was a manifestation of intellectual insight in which one is aware of a certain thing but takes no subsequent action to achieve it, as opposed to the concept of an emotional insight, where the awareness of a certain thing leads to congruent action to achieve and maintain it.

The participants however conveyed the need to have external reminders to encourage them to continue their practice:

"It can be done, but we just need reminders" - (P8)

"Visual . . . when we are angry and we see the poster, we can read the poster. That will remind me of what I need to do when I'm feeling stressed . . . not just for us, but so that the other people in the ward can see the poster too" (P6)

The external reminders were highlighted as necessary because the practice of mindfulness had not yet become habitual or second nature to the participants.

Subtheme 3.2: Local work culture influence

Multitasking is a part of the nursing work culture, and the participants were taught to multitask during their training years. After attending the mindfulness programme however, they realised that multitasking was not a productive way to work and in fact generated more stress. Despite that, some nurses admitted still practising it.

In addition, the stressful nature of nursing has bred a non-supportive environment:

"Stress is everywhere in the ward. No matter where we work, we are dealing with time constraints and patients' needs, but we can't express our stress to our patients, so we need to have ways to reduce the stress" - (P7)

As a result of their stressful working environment and the norm of multitasking, the work culture of the participants had become an external barrier to the normalisation of mindfulness practices in their daily work.

Discussion

The findings of this study revealed our local nurses' experiences in practising mindfulness. Their experiences were mainly being shaped by the changes in their perceptions of stress and enhanced self-empowerment in emotion regulation, which through these two experiences, they were able to experience the positive, therapeutic benefits of mindfulness practice. This is in accord with the theoretical framework suggested by cognitive appraisal theory, which proposes that the appraisal process acts as cognitive mediator between the stressful stimulus and the resultant emotional response [17]. In this study, the mindfulness experience helped our nurses to shape the appraisal process when facing

stressful situations, mainly at workplace, hence creating better emotional reactions.

Mindfulness experiences shaped the appraisal process of stressful situations through two ways. First of all, the nurses were empowered with having the techniques that enable them to create their own quiet time and mental space [22]. As nurses work in busy environments, being equipped with the tool to briefly and quietly pause and appraise a situation before proceeding can help them feel more composed when performing their daily tasks.

Secondly, the appraisal process was facilitated by the incorporation of the positive concepts inculcated through mindfulness experiences. The positive concepts that were derived from the nurses' experiences included being focused on the present moment [5, 12], allowing self to experience stress with self-compassion [7, 8, 23] and also enhanced self-efficacy in emotion regulation after the repeated ability to manage their stress. The improvements experienced in relation to these concepts contribute to the better appraisal of subsequent stressors as the nurses acquired the right tool and the right concept that help the mind evaluate stressful situations.

Despite having experienced the benefits of the mindfulness programme, the difficulties the participants had in maintaining regular practice surfaced as an important finding of this study, which was unable to be explained solely by the cognitive appraisal theory. Hence, other social factors might be able to explain this finding. The main reason of the difficulty to maintain practice was because the practice was not being assimilated yet, either internally at individual level and externally at social or environmental settings.

In instilling more emotional significance for the practice to be better assimilated in oneself, adding the local cultural and spiritual values may help. Mindfulness practice is natural and does not explicitly incorporate spiritual elements. Despite its naturality, the nurses in this study experienced improved spiritual connection with God through the ability to maintain a focused mind during religious practice. This experience was significant and satisfying for them, as it was in keeping with a central element in Islamic teaching that is being focused during religious practice [24]. Hence, the incorporation of the cultural and spiritual values may be able to encourage more self-driven practice. This has been earlier suggested by Phang and Oei [25] that mindfulness practice needs to consider spiritual and cultural preferences to achieve its full benefits, especially in the Eastern world like us, where the people are more accustomed to the sociocultural values. Techniques such as inspirational stories, meaningful rituals and regular prayers, can be adapted according to the participants' cultural background to improve efficacy [25].

This notion of the need to consider cultural preferences is in accordance with a systematic review on the cultural influence on mindfulness practice in the Latin countries [26]. It was found there was less adherence to practice mindfulness among the Latin community compared to the Americans, that was possibly due to the cultural difference in the attitude towards health system [26]. Therefore, they suggested cultural adaptation to be considered in implementing mindfulness, such as focusing on interpersonal mindfulness as family is being highly-valued in this community [26].

Another external barrier that needs to be managed is the local work culture influence. Relaxation is not the norm in the local healthcare setting, despite its busy working nature. Normalising the relaxation practice in the local work culture needs cooperation of the hospital management teams, so that it can be incorporated into the daily working routine.

Several imitations should be highlighted for future research. First, ideally in-depth interview could have been used for a stronger study. However, in this study, FGDs were opted as the participants experienced the mindfulness programme as a group, thus we wanted to gather the data from the interactive discussions between the participants. Furthermore, there were no sensitive, highly personal or culturally inappropriate issues that surround this topic, so the choice of FGD was made. Second, this study findings were from our local participants' setting, hence, need to be applied with cautious for other settings. Finally, although this study found some subjective benefits experienced by the participants, it could not draw conclusions on its effectiveness as this was the nature of qualitative study. Nonetheless, it is fair to suggest that the effectiveness lies in the ability to continuously practise the techniques.

Conclusion

This study findings gave some explanation to our earlier quantitative study on the similar participants that found improved in stress perception, but not in the mindfulness score. This was likely due to the lack in regular mindfulness practice among our local nurses that limit the actual benefits of the mindfulness programme. Therefore, in ensuring mindfulness practice can deliver continuous benefits for our nurses, our efforts need to be focused on: (1) equipping the nurses with techniques that allow the appraisal process and change in perception, (2) empowering them internally for self-driven practice, and (3) managing the external barriers (Figure 1.0). All these efforts need to be implemented with adaptation to the local cultural values and spiritual needs based on the local context, for the mindfulness practice to be better accepted and practised.

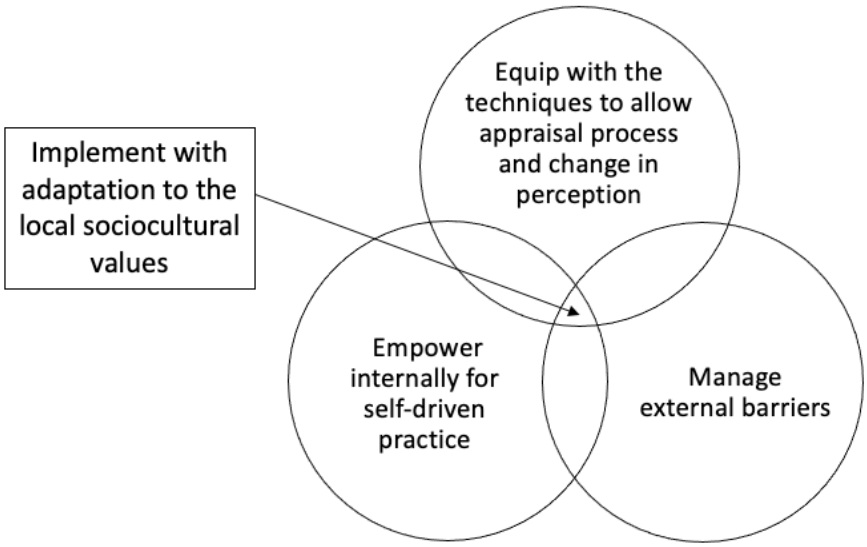

Figure 1. Summary for implementation of mindfulness practice

It is also vital to ensure mindfulness practice can be undertaken within the constraints of the nursing environment, by normalising mindfulness practices in the daily working routine through cooperation of the higher management teams. Nursing is not going to become less demanding in the foreseeable future, so future discussions should focus on creating more adaptive and supportive environments within which nurses can work. This is not only to improve the well-being of individual nursing staff, but also the nursing and health care community as a whole.

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