LINKING THEORY AND PRACTICE THROUGH MINDFULNESS: REFLECTIONS OF A NURSE PRACTITIONER STUDENT

By

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Abstract

Nurse practitioner (NP) students are called upon to reflect on and articulate their role as future NPs within the healthcare system. Watson's Theory of Human Caring (2002) can help to shed light on the nursing principles and core values that underlie the NP role and that shape the professional identity. However, challenges in NP studies and practice can pose barriers to fully embodying an idealized way of being. The cultivation of mindfulness could offer the means for students and practicing NPs to enact better caring for themselves and, in turn, promote increased caring and healing in their relationships with others.

Keywords: nurse practitioner, Watson's Theory of Human Caring, mindfulness.

My journey as a nurse practitioner (NP) student has prompted the need to personally reflect on the reasons I have set foot on this path, and the ways in which my professional identity is uniquely grounded in, and shaped by nursing philosophy, theory, and values. In particular, Watson's Theory of Human Caring (2002) can be applied to help me articulate the nursing-based values that underlie my role. However, there are challenges within graduate studies and NP practice that pose barriers to fully embodying an idealized way of being. Mindfulness can offer a means of empowering both student and practicing NPs to more fully enact caring towards themselves, so they can better fulfill their ethical mandate of caring for others.

Reflecting on My Place

As a nurse practitioner student, I have experienced an ongoing demand to explain and oftentimes validate my professional identity. I have found myself fielding questions about how an NP differs from a physician or whether I am planning to use my education as a stepping stone to pursue a medical degree. These types of questions have elicited a call for self-inquiry into the reasons that have drawn me to this career path and motivated an exploration into the ways that a foundation in nursing has shaped my identity as an advanced practice nurse.

I have always been driven by the desire to meaningfully connect with, and positively impact the lives of others; I chose nursing as my career path nearly a decade ago compelled by this underlying motivation. Since then, my decision to become a nurse has been most affirmed by moments in which this type of profound connection with others has taken place. I remember such a time on a maternity ward when I was a student nurse years ago. I had been assigned to care for a woman and her newborn baby; the woman spoke minimal English and her husband had been called away for work. When I met her, she seemed alone and afraid. Her unease, however, appeared to lift as we connected through smiles, gestures, simple sentences, and meaningful touch. We shared in an experience of deep human connection as we marveled together in silence at the beauty and joy of her newborn son. That day, she handed me a note before I left in which she had written that she would never forget me. Though relational experiences of interconnectedness such as this are often difficult to describe, they are what continue to instill in me a greater sense of purpose and a yearning to make an impactful difference in the lives of others.

Pursuing an advanced practice education has helped me to both internalize and convey the uniqueness and value of my professional self. For nurses to advance their profession towards the fulfillment of its humanistic mandate, they must be able to clearly articulate and honour the philosophical and theoretical values, ethics, moral foundation, and philosophical underpinnings which drive it (Watson, 2008). Nursing "requires its own lens, orientation, ethic, and starting point for its descriptions; it possesses its own phenomena and needs its own range of diverse methods for clarification of its own concepts and meanings, relationships, and context" (Watson, 2012, p. 11). Nursing theory, moreover, helps to "provide language, voice, and purpose to what is often invisible, such as caring and love" (Watson, 2012, p. 2). As such, I have turned to Watson's Theory of Human Caring as a framework to more clearly articulate my distinct identity and place as a future NP within the healthcare system.

Watson's Theory of Human Caring

Jean Watson's Theory of Human Caring sets forth a philosophical, moral, and ethical framework as well as a unifying focus for the discipline of nursing (Sitzman & Watson, 2014). This theory adopts a unitary world view of human, caring, environment, and nature, which perceives a connectedness of mind-body-spirit with the greater universe (Watson, 2012). The Theory of Human Caring is grounded in a relational ontology of being-in-relation and focuses on the concept of transpersonal caring (Watson, 2002). Transpersonal caring is revealed in the setting of: 1) authentic presence, when one's spirit connects with and is embraced by another's and 2) within the concept of a distinct caring moment, which involves the active engagement of both parties to come together and open themselves to the possibility for human connection (Sitzman & Watson, 2014). This interplay, in which deep connection, healing, and other limitless possibilities can take place, occurs within a field of consciousness (Sitzman & Watson, 2014). The Theory of Human Caring is centered on core nursing principles and practices that have emerged throughout the evolution of the original Carative Factors into Caritas Processes (Watson, 2008). These principles and practices include the practice of loving-kindness and equanimity, authentic presence, the cultivation of one's own spiritual practice, "being" the caring-healing environment, and allowing for miracles (Watson, 2008).

Watson (2002) has described a caring science orientation as an alternate approach to that of conventional medicine and science, and one which moves beyond the rigid objectivity of clinical and empirical methods. From a caring science orientation, value is placed on experiential ways of knowing which allow for real human experiences to be honoured and explored (Watson, 2012). Such explorations create space for human caring-healing relational phenomena to fully emerge and for hidden truths and meanings to be discovered (Watson, 2012).

The sustainability and advancement of the nursing discipline rely on the abilities of its members to not only define, but fully actualize the principles underlying their unique caring profession (Sitzman & Watson, 2014). If nurses cannot adequately portray the core values that are fundamental to their practice, their caring work may become devalued, taken for granted, or replaced (Watson, 2008). This warning rings especially true for advanced practice nurses such as NPs, whose viability is dependent on making nursing's purpose and value clearly evident.

Barriers to Enacting Watson's Theoretical Ideals

Watson's (2002) Theory of Human Caring helps to define the ways of being and knowing that are intrinsic to advanced practice nursing. Having said that, I have found that the realities of graduate studies and NP practice pose challenges to fully personifying these theoretical ideals.

Strong cultural and social pressures within a biomedically-dominant healthcare system can make it difficult for nurses to actively engage in caring-healing processes with both themselves and others (Watson, 2008). Watson has expressed the need for nurses to firstly tend to ways of self-caring that can serve to actualize their own evolution of consciousness and fulfillment (Watson, 2008). Despite this intent, there can be an ontological dissonance among both student and practicing NPs to wholly embodying this idealized way of being.

Watson has emphasized the necessity to move beyond strictly clinical and empirical approaches; nurses need to incorporate multiple ways of knowing to enact healing through relational experiences (Watson, 2012). It has been noted, however, that "in our efforts to gain respect and validity in the dualistic medical community, the professional nursing community has tended to trivialize wholistic nursing care while embracing empiricism as our core purpose" (Sitzman, 2002, para. 12). The NP's widened scope of practice requires a blend of empiricism, pragmatism, and phenomenological humanism; however, if NPs fail to distinguish their unique ontology, their role risks being misunderstood, devalued, and replaced. As an NP student, I have often felt or even been led astray by the powerful forces of the socio-culturally perceived biomedical primacy. There have been times when I have wondered if my momentary fixation on an underlying pathology, or focus required to perform an essential skill, have made vulnerable my intent to appreciate the interconnected whole. On other occasions, I worry that I have been too overly consumed by following an evidence-based algorithm or guideline that I have missed my opportunity to fully engage in authentic presence or connect with the patient in the most profound and meaningful way.

My experiences as an NP student have been rewarding but also challenging in ways that have contributed to a minimization of my own self-care practices. Over the past two years of study, there have been times when the perceived weight of increased responsibility and feelings of inadequacy have seemed overwhelming. I see the ease with which one can fall into a negative pattern of rumination over gaps in knowledge, as I have spent many stretches leading up to exams feeling overcome by the volume of information that must be retained. Other times, it has seemed inconceivable that I could ever possess the degree of clinical competence exhibited by my NP preceptors. During these periods of self-doubt, I have felt far-removed from the practices of loving kindness and equanimity towards the self that Watson encourages (2008). Reports in the literature reveal that NP students commonly experience anxiety, conflict, and a decreased sense of self-confidence and competence during their transition from RN to NP (Poronsky, 2013; Heitz, Steiner, & Burman, 2004; Roberts, Tabloski, & Bova, 1997). Negative self-perception, expressed as feelings of being overwhelmed, insecure, and inadequate, has been found to impede the successful role transition of a new NP (Heitz, Steiner, & Burman, 2004). Kelly and Matthews (2001) have further described feelings of disequilibrium, including guilt, uncertainty, and

knowledge inadequacy, among some NP graduates many years following their entry into practice.

The socialization of healthcare workers has been suggested as further contributing to diminished self-care (Foureur, Besley, Burton, Yu, & Crisp, 2013). While I have found my clinical preceptorships as an NP student to be highly valuable, my experiences have also shed light on the fact that measures of self-care are generally not prioritized or well-enacted among practicing NPs. For instance, both new and experienced NPs have discussed their tendency to succumb to workplace pressures to maintain long work hours, many of which are unpaid overtime. I have also spoken with practicing NPs who have expressed feelings of anxiety, burnout, and even considerations of career changes due to struggles with coping in their roles. A literature review by Faraz (2016) revealed that novice NPs commonly faced obstacles of self-doubt and stress related to the increased responsibilities and scope of practice demanded from the role. It seems that, despite their caring and compassionate ways with others, nurses have difficulty refocusing their compassion back onto themselves (Cullen, 2014). This notion reflects the findings of a systematic review that found prevalence rates of compassion fatigue and burnout among primary care practitioners may be as high as 40 and 70 percent, respectively (van Mol, Kompanje, Benoit, Bakker, & Nijkamp, 2015). Watson (2008) has further noted:

> It is ironic that nursing education and practice require so much knowledge and skill to *do* the job, but very little effort is directed toward developing how to *Be* while doing the real work of the job. Nurses often become pained and worn down by trying to always care, give, and be there for others without attending to the loving care needed for self. (p. 47)

Self-nurturing has been described as an essential prerequisite to being able to give to others (Barratt, 2017). Tools and strategies which help foster an improved sense of wellbeing among those entering or already engaged in NP practice are of utmost significance. In this light, the fostering of mindfulness offers an approach for both student and practicing NPs to better internalize and thereby convey the key nursing principles within Watson's (2002) theory.

Linking Theory to Practice Through Mindfulness

Mindfulness has been defined as "moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible" (Kabat-Zinn, 2015, p. 1481). It has further been described as "a way of being that can be applied during all moments of one's life" (Shapiro & Carlson, 2009, p. 111). Further conceptual clarity has been provided by White (2014), who depicted five defining but contextually intertwined attributes inherent within the concept of mindfulness: 1) the experience of being present; 2) the cultivation of a deep

awareness; 3) the capacity for acceptance; 4) the ability to maintain one's attention within the moment, and; 5) the undergoing of a transformative and life-affirming process (White, 2014).

Mindfulness can be used as a way of empowering both students and practicing NPs to better understand and relate to themselves and others (Shapiro & Carlson, 2009). Through the development of one's sense of presence, consciousness, acceptance, and intention, mindfulness assists NPs to heal and care for themselves, thus equipping them to promote healing and caring in their relationships with others (Shapiro & Carlson, 2009). Mindfulness fosters self-compassion, which in turn grants NPs "permission to be 'imperfect' or, put a better way, 'perfectly human'" (Shapiro & Carlson, 2009, p. 111). This reorientation towards an attitude of non-striving and acceptance relieves NPs from feeling as though they need to "fix" patients, and allows them to settle within the presence of a caring moment (Shapiro & Carlson, 2009). Mindfulness offers the means through which NPs can learn to *be* in a caring-healing relationship and truly personify the heart of nursing (Watson, 2008).

While its roots are grounded in Eastern Buddhist philosophy, mindfulness within the setting of Westernized healthcare has largely been credited to Jon Kabat-Zinn (Baer, 2010). Kabat-Zinn introduced the first standardized mindfulness-based stress reduction program at the University of Massachusetts Medical School in 1979 (Baer, 2010). This program is an example of a formal practice in mindfulness and is the most widely-applied intervention within mindfulness-based research among the general population and health care professionals (Burton, Burgess, Dean, & Koutsopoulou, 2016). Standardized mindfulness-based stress reduction programs are highly structured, requiring participants to meet for 2.5-hours per week and again for one 8-hour day over the span of 8 weeks (Praissman, 2008). Participants in the program are encouraged to engage in approximately 45 minutes of daily mindfulness-based meditation, hatha yoga, and reflective journaling (Praissman, 2008).

The literature shows that the use of mindfulness-based interventions (MBIs) among healthcare professionals (HCPs) is associated with improvements in HCP levels of distress, perceived job stress, burnout, exhaustion, anger, depression, rumination, and tension (Burton et al., 2016; Escuriex & Labbé, 2011; Khoury, Sharma, Rush, & Fournier, 2015). Studies have also noted increased ratings of self-acceptance, self-compassion, serenity, sense of self, and life satisfaction (Burton et al., 2016; Escuriex & Labbé, 2011). Moreover, there have been documented improvements among HCPs in their interactions with others following the use of MBIs, including an enhanced ability to create a caring environment, a greater capacity for empathy and appreciation of others, and a decrease in reactivity or defensiveness (Escuriex & Labbé, 2011). Among students in the fields of nursing, medicine, and psychology, enhancements in self-compassion (Shapiro, Brown, & Biegel, 2007) and the ability to manage stress and cope with challenging situations have been noted (Beddoe & Murphy, 2004; Bond et al., 2013;

Hopkins & Proeve, 2013). Other reported benefits of MBIs among nursing students have included improvements related to burnout, relaxation, life satisfaction (Mackenzie, Poulin, & Seidman-Carlson, 2006), anxiety (Beddoe & Murphy, 2004), stress (Kang, Choi, & Ryu, 2009), clarity of thought, and sleep (van der Riet, Rossiter, Kirby, Dluzewska, & Harmon, 2015).

Some limitations related to the study and implementation of MBIs among HCPs should be noted. The concept of mindfulness is complex and has been difficult to define, quantify, and measure (Escuriex & Labbé, 2011). Inconsistencies and gaps in methodological details related to the types of design, content, and delivery of the MBIs have made it difficult to conclude which components of the intervention are most predictive of positive outcomes (Burton et al., 2016). More longitudinal studies have been called for to determine the long-term effects of MBIs on aspects of wellbeing (Burton et al., 2016). There may also be challenges related to the feasibility of incorporating MBIs into NP education and practice. To authentically teach the practice of mindfulness, the instructor him/herself must have experience with the practice (Stanton & Dunkley, 2011), with further evidence of positive correlations between the amount that one engages in mindfulness practices and the positive outcomes that arise (Beddoe & Murphy, 2004). Despite its benefits, the considerable investment required to complete a structured mindfulness-based stress reduction program may be a deterrent for busy NPs and students (Burton et al., 2016). For this reason, abbreviated or online-delivery versions of MBIs (Fortney et al, 2013; Pipe, Bortz, Dueck, Pendergast, Buchda, & Summers, 2009; Sitzman, Jensen, & Chan, 2016; Spadaro & Hunker, 2016; Wassell, 2017) could offer more promise in NP education and practice. Studies which focus on student and practicing NPs are required to determine the specific benefits as well as limitations of mindfulness practices among these specific populations.

There are some simple and accessible mindfulness strategies that NPs and NP students can implement to develop their skills in being present, aware, attentive, accepting, and self-affirming (Kerr, 2016). Some suggested strategies include devoting 5-20 minutes daily to foster mindful awareness, setting aside a specific time each day (such as first thing in the morning) to practice, recognizing the challenge in adopting new behaviours and rewarding oneself for trying, and choosing a form or variety of meditations that best suit one's needs and preferences (Robins, Kiken, Holt, & McCain, 2013). Examples of simple and accessible practices in mindfulness include performing one task at a time, eating a meal in silence, taking deep and conscious breaths, scheduling time for play, engaging in laughter, paying attention to the sensations of the body, practicing daily gratitude and being open to receive help when it is offered (Robins et al., 2013). Mindful meditation exercises can also be implemented at any time, in any location, and in any posture (Kerr, 2016; Shapiro & Carlson, 2009). By sequentially focusing on the breath, position, and sensations of the body, and learning to accept things as they are without judgment,

one can begin to foster an increased level of awareness, kindness, and insight (Shapiro & Carlson, 2009).

Sitzman (2002) has asserted that the only way to truly understand mindfulness and its benefits are to practice it. With this in mind, I have begun working towards a new commitment to incorporate mindfulness practices into my daily life. I have started making an effort to practice mindful yoga daily by following a YouTube channel that I enjoy. I have begun driving to clinical in silence to better observe my breath, thoughts, and surroundings, and focus on remaining present. I have also started establishing a routine of taking deep, centering breaths between each patient that I see in clinical practice. Though I am by no means a guru in the practice of mindfulness, I have already begun to feel a positive impact in my clinical practice and overall wellbeing. I feel more present and consciously attentive to the whole patient during visits. I feel more in tune with my own body and more aware of times when I need a break from studying or to go to bed early. I am slowly beginning to feel as though I am developing a greater sense of overall calmness, acceptance of myself and of what is, and perhaps even more self-forgiveness for my struggles and shortcomings as a novice NP with much to learn.

Conclusion

As advanced practice nurses, NPs must clarify the basis of their practice to establish their footing within today's healthcare system. Watson's Theory of Human Caring (2002) offers the foundation, language, and guidance for NPs to articulate and enact the unique value of their role. Though NP studies and practice present challenges to internalizing and exemplifying the theoretical ideal, the development of mindfulness may empower NPs and NP students to begin to enhance their ability to care for themselves and, in turn, their patients and humanity as a whole.

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