Walden University

College of Nursing

This is to certify that the doctoral study by

Rita Gaddy Kilfoil

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

Mindfulness: An Educational Module to Address Stigmatic and Negative Thoughts

Through Mindfulness

by

Rita G. Kilfoil

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2023

Abstract

Mental health stigma complicates the ability of psychiatric mental health (PMH) nurses to establish an emotional balance stemming from generalized negative perspectives. This educational module aimed to increase PMH nurses' knowledge of stigmatic negative thoughts contributing to psychological distress in an inpatient setting. PMH nurses' inability to cope results in absenteeism, high staff turnover, psychotropic medications, and sleep aids. The conceptual framework, ADDIE (Analysis, Design, Development, Implementation, and Evaluation) model, and cognitive theory (CT) change automatic negative thoughts with positive ones. A pre-and post-test was conducted with a 10-question, 5-point Likert scale test on mindfulness meditation for mental health nursing. A paired t-test ($n = 16$) was used to compare the pre-and-post responses during data analysis. The t-test revealed that the pre-test mean ($\underline{M} = 23.75$) was significantly different from the post-test ($M = 12.94$), $t (4.934) = 10.813$, and $p < .001$ scores that answered the guiding question that mindfulness meditation decreases automatic negative thoughts. Data analysis was conducted using a Likert scale that measured the knowledge of PMH nurses related to mental health and stigma. The findings and implications revealed that PMH nurses lacked knowledge of mental health stigma and mindfulness. The recommendations would be to offer mindfulness training annually, use a clinical ladder specific to mental health, and recruit and retain a master's level nurse educator. The positive social change could enhance job satisfaction and retention, improve nurses' mental well-being, and create an environment of empowerment.

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Dedication

The work of this DNP project is dedicated to the field of psychiatric nursing. Due to the stigmatic perception from the federal, national, state, local, and organizational levels, this must raise awareness of the nursing staff's distress when caring for the mental health population. For this dedication, my goal is to continue to advocate while making a difference for mental health nurses.

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Section 1: Nature of the Project

Introduction

Psychiatric mental health (PMH) nursing deals with occupational expectations

and internal stigmatic perceptions of mental health that could interfere with their ability

to provide high-quality care (Harrison et al., 2017). PMH nurses work in a diverse

environment that includes interacting with people from diverse backgrounds and unique

mental challenges. The work environment is often intensive and demanding. The problem

is the inability of PMH nurses to cope effectively with stress, resulting in absenteeism,

staff turnover, and psychotropic medications such as antidepressants, antianxiety, and

sleep aids (Hsieh et al., 2020). Unmanaged stress results from a vicious cycle of meeting

the needs of staff, peers, and nursing leaders, especially with minimal time for relaxation.

According to Morris (2022), the lack of relaxation leads to negative thoughts and

emotions, such as anxiety and frustrations, resulting in poor nurse retention and

inadequate patient care delivery.

Harrison et al. (2017) reported systemic stigma poses emotional demands upon

mental health professionals, highlighting the importance of mindfulness education and

supporting educational needs for PMH nurses. Positive change could start with

developing a healthy mindset of stress and how PMH nurses can manage it in an inpatient

setting. Research has shown that social change must integrate strategies that might attract

nursing students to favor the professional career of mental health nursing (Penman et al.,

2021). The social change implications affect the working conditions and streamlining the

situation to encourage nurses to live a holistic life that allows for proper management of negative stigmatic thoughts of the specialty.

Problem Statement

The local practice problem is the lack of educational and advancement opportunities, poor leadership support, a bullying environment, and a lack of teamwork. Before 2021, the mental health staff was without a clinical nurse educator for years, thus neglecting opportunities to stay current with best practice recommendations for self-care and clinical demands. According to Kass (2019), the lack of clinical nurse educators with a master's or doctoral degree has contributed to the nurse education gap. Local relevance is associated with nurses who reported a lack of communication between peers and leaders and a lack of appreciation from nursing leaders. General staff complaints were associated with absenteeism, lack of teamwork, demeaning comments toward others, and favoritism.

The significance of this project lies with the American Psychiatric Nurse Association (APNA, 2019), which projects a shortage of about 250,000 mental health professionals by 2025. Teaching mindfulness strategies could help PMH nurses mentally prepare to care for patients effectively, anticipating the shortage. Penque (2019) suggested that mindfulness education could help PHM nurses develop skills to manage clinical stress and attention, express empathy to patients and their families, and decrease job dissatisfaction. Mindfulness education should discuss the history of mental health related to stigma, adversities associated with mental health nursing, and strategies to

promote healthier peer and patient relationships. Those considerations could prevent burnout by utilizing leadership and essentials for self-care.

Purpose Statement

This educational project aims to fill the gap in knowledge for PMH nurses on strategies of mindfulness to address stigmatic negative thoughts in an acute care setting. Kaas (2019) reviewed the challenges related to the lack of educational opportunities for PMH nursing, while contributing to the cause of the lack of master's and doctoral-level educators. Psychiatric nursing leaders must provide the opportunity to educate PMHNs to help meet the demands of their roles. Transformation of the specialty could attract new nurses, as ongoing preparations for educational priorities must remain consistent.

The pre-and-post-test (Appendix A) would answer the guiding question for this DNP project: Does staff education on mindfulness meditation, a stress-diverting intervention, improve PMHN's knowledge concerning stigmatic and negative thinking in an acute care setting? This educational project could potentially address the gap in knowledge for stigmatized negative thoughts in PMH nurses to improve their perceptions of mental health practice. The success of PMH nurses depends on their ability to manage their space, time, and resources and to remain vigilant in managing stressors.

Nature of the Doctoral Project

The source of evidence considered a wide variety of resources such as the facility's key stakeholders and relative articles, ranging from one to three of the evidence—research databases such as professional websites, electronic encyclopedias,

and peer-reviewed articles to establish relevancy and significance. The educational approach to mindfulness would include three themes:

1. History of mental health related to stigma (then and now);

2. Mindfulness (exploring negative thoughts); and

3. Mindfulness (diverting negative thoughts).

The approach could promote healthier peer and patient relationships and enable essentials for self-care. The design used will be quantitative narrative. The educational project's purpose could fill the practice gap by increasing knowledge of negative thinking related to stigma and discrimination against mental health. Incorporating mindfulness into nursing practice could address recruitment and retention issues of novice and expert nurses, developing a good mental health culture (Penque, 2019).

Significance

The stakeholders include nurse management, the leadership team, patients, and family members. The management and leadership team could be impacted by addressing aggressive or bully-like behaviors via policy and promoting a healthy environment. Raising awareness on mindfulness of negative self-thoughts relating to stigma and discrimination could improve participants' perspectives of mental health practice (Harrison et al., 2017). The potential transferability of this educational session is that it can be taught at different organizations like the mental health unit currently involved. The potential contributions of this educational project could offer stress-diverting strategies to healthcare professionals regardless of the setting (Lien et al., 2020). The stakeholders

invited the nursing assistants, case managers, environmental services personnel, and utilization reviewers who could attend.

Implications for Social Changes

The potential implications for positive social change could give PMH nurses strategies to manage stigmatic and negative thoughts. The results could raise awareness of the stigma and discrimination associated with mental health and enlighten staff on the current evidence-based literature on regulatory agencies' approaches to decreasing negative thoughts. The increase in knowledge could install hope for a better mental health culture and offer strategies to divert negative thoughts. The mindfulness techniques could help to cope with the violence and aggression from peers and patients.

Summary

Psychiatric mental health nurses (PMHNs) require stabilization of their mental well-being to improve health care delivery for mental health patients and relationships with peers. The local problem is that PMHNs face occupational stressors such as violent and aggressive behaviors, poor leadership support, and poor opportunities for advancement. This educational project aims to increase knowledge of the stigma and discrimination associated with mental health and educate on mindfulness; this could help resolve problems related to peer and patient conflict, burnout, and other unmanageable stressful situations. The educational project's relevance focuses on identifying stigma and providing stress-diverting strategies for mental health. The local background and context of the mental health unit, concepts, theories, models, relevance, and role as a Doctor of Nurse Practice (DNP) student will be discussed.

Section 2: Background and Context

Introduction

Psychiatric mental health (PMH) nurses deal with occupational stressors and internal stigmatic perceptions of mental health that could interfere with their ability to provide high-quality care (Harrison et al., 2017). PMH nurses work in a diverse environment that includes the interaction of many people from different backgrounds with unique mental challenges. The pre-and-post-test (Appendix A) would answer the guiding question for this DNP project: Does staff education on mindfulness meditation, a stress-diverting intervention, improve PMH nurses' knowledge to decrease negative thinking in an acute care setting? The educational strategies of mindfulness could help resolve problems related to peer and patient conflict, burnout, and diverting stigmatic negative thoughts. Kaas (2019) reviewed the challenges and issues related to the lack of educational opportunities for PMH nurses, specifically resulting from the lack of master's and doctoral-level educators to help meet the demands of their roles.

This educational project aims to raise awareness of stigmatic and automatic negative thoughts about mental health, offering self-reflection. The stigma of mental health nursing has caused challenges with existing mental health staff, recruitment, and retention into the specialty. According to Harrison et al. (2017), the lack of strategies to reduce stigma is the driving force behind PMH nurses leaving the profession. The themes to be discussed are the history of mental health related to stigma (the here and now), mindfulness (exploring negative thoughts), and mindfulness (challenging and diverting negative thinking).

A step-by-step evidenced-based model, ADDIE (Analysis, Design, Development, Implementation, and Evaluation), would provide a structuralized process for completing this project (Latif & Nor, 2020). The relevance of integrating this research into clinical practice is to address the stigma and discrimination and decrease the negative automatic thoughts associated with providing mental health care. My role as the Doctor of Nursing Practice student is to teach methods to recognize mental health stigma, recognize automatic negative thoughts, and encourage mindfulness.

Concepts, Models, and Theories

The ADDIE (Analysis, Design, Development, Implementation, and Evaluation) model provides a step-by-step process for creating an evidence-based approach for the educational project. The analysis is the first step in this model, which includes seeking a deeper understanding of the problem. Developing an improvement course must first include *why*, *where*, and *what* questions that reveal the real challenge in examining the foundational issue. The analysis stage also ensures an understanding of the problem and why the problem needs a solution (Latif & Nor, 2020). The second stage, design, is about finding a prototype or example of what is required to solve the problem. Factors such as delivery method, delivery timelines, and stakeholders needed for the process must all be factored in for maximum change. In this case, the proper approach methods for adult learning must also be considered to sketch out how an effective training program could be used.

The development stage of this model is about bringing the vision together during the educational session. The success of the training module is based on the proper

execution of the idea during the session. The training module is developed by adding content and making the prototype workable for the desired users. Implementation brings the expanded program to the desired audience and execution of the plan as created in earlier stages. At this stage, the developer bridges the gap between planning and implementation and allows the program to bring the desired effect. The last stage of the model is evaluation, which enables the developers to look back at what was achieved and understand what other training requirements could be developed. It also helps to improve the program and understand the various designs and methods of delivery that could have been better. The desired results are compared to the projection to determine how much the program has reached its goals. In this case, stressors for nurses could be reduced by developing and implementing a model that could elevate stress and improve their life (Latif & Nor, 2020).

The cognitive theory (CT) concept is an evidence-based approach that raises awareness of one's thought processes and suggests alternate ways to replace negative ones with positive ones (McLeod, 2019). The cognitive theory of learning applies in this project as it involves understanding the situation and finding alternative ways of thinking and doing things. In this case, stressors among nurses are often stigmatized, thus reducing the willingness of nurses to get help and improve their well-being. Like in other professions, nurses must operate effectively; so, continuous change and development are needed. An intervention to change the situation for nurses requires an examination of the problem and the various changes that need to take place for the desired results. This theory aligns well with the ADDIE model for improving nurses' health.

The rationale for using the model and theories is based on researchers who found the model effective for knowledge growth. According to Latif and Nor (2020), the ADDIE model is a repetitive process of steps that increase knowledge in the five stages noted above. The authors used the model to incorporate other models to improve nursing students' learning, such as Rusnano concept mapping (RCM). Latif & Nor (2020) reported using the model effectively to teach RCM to increase nurse students' knowledge and recommended concept mapping in teaching methods.

Choi et al. (2021) used the ADDIE model to develop a computer simulation communication program for nursing students to improve their communication skills. The authors concluded that the nursing students completed the program without difficulties and were satisfied. After the teaching session, the participants showed improved knowledge and self-efficacy (Choi et al., 2021). Professional nurses must maintain and grow in their competence to facilitate high-quality care (Jeffery et al., 2015). The literature review aligns with the educational project's purpose of increasing knowledge of the stigma and discrimination associated with mental health education on mindfulness. The instruction includes peer and patient conflict, burnout, and other unmanageable stressful situations.

Relevance to Nursing Practice

The stigma associated with mental health nursing has caused challenges for existing mental health staff, recruitment, and retention into the specialty. Harrison et al. (2017) stated that the lack of strategies to reduce mental health stigma drives PMH nurses to leave the profession. The interventional themes discussed were breaking down the

stigma, visibility of mental health nursing, and growing mental health nursing (Harrison et al., 2017).

The current state of mental health nursing suggests that PMH nurses lack effective coping with occupational stressors that result in absenteeism, staff turnover, and psychotropic medications such as antidepressants, antianxiety, and sleep aids (Hsieh et al., 2020). Research suggests that mindfulness training, resilience training, and communication skills courses could improve the stressful environment of PMH nurses (Foster et al., 2021). Mindfulness training has been suggested to help nurses deal with occupational stress in an inpatient environment. The recommendation is that, through mindfulness meditation, the nurses could gain knowledge of one's perception of mental health and stigma, improving clinical practice. Research also suggests that using these strategies could enhance the future of mental health nursing education, policy planning, and recruitment of the next generation of PMH nurses (Foster et al., 2018). Mental health nurses could benefit from active stress reduction strategies and mindfulness to help cope with occupational stressors. Also, increasing knowledge on mindfulness of negative thoughts relating to stigma and discrimination could improve participants' mental health perspectives (Harrison et al., 2017).

Local Background and Context

The inpatient mental health unit is a hospital-based facility in a moderate socioeconomic setting. The vision and mission of the facility are to provide quality regional health care in a safe, compassionate, and efficient environment. The facility values excellence in customer service and emphasizes positive change via

transformational leaders. A discussion with the nurse manager indicated staff turnover, peer-peer conflict, short staffing, heavy workloads, and supplemental staffing are the trends. This educational project focuses on decreasing negative automatic thoughts about mental health and sigma, improving the work environment of the inpatient unit.

Role of the DNP Student

Psychiatric mental health nursing is a career that represents biases that result in abandonment of the specialty and poor professional support. Americans who suffer from mental illnesses are a significant threat to our society and the mental health staff caring for them. I have personally worked in emergency, outpatient, and inpatient psychiatry for over 15 years and noted the stressors associated with the job, thriving on unmanaged stress.

This DNP student's role is to collect project data after obtaining consent from each participant. Once approval to participate is signed, the pre-test would start, followed by a 30-minute PowerPoint and the post-test. The turnaround time to complete the entire project is about an hour. PowerPoint explaining the following:

- History of mental health related to stigma (then and now);

- Insights on automatic negative thoughts (exploring negative thoughts); and

- How sigmatic and automatic negative thoughts could interfere with daily work goals (challenging and diverting negative thinking).

The participants will be assured that all data will be confidential and kept in an encrypted file for five years beyond CAO approval, unless otherwise indicated (Walden

University, 2021). The motivation to complete this educational project stems from a clear understanding of the stressors associated with providing mental health care in an inpatient environment. Thus, providing the PMH nurses with stress-diverting techniques could help them cope. PMH nurses complain of the inability and the lack of resources to improve their knowledge, and this project would begin to fill that gap. The potential biases would be related to stigmatic attitudes and behaviors of non-mental health professionals about the patients and the well-being of the mental health staff. The mental health leadership staff are the content experts in reviewing the modules.

Summary

The concept and model will follow ADDIE and cognitive theory, an evidence-based approach to evaluating the frequency of negative thoughts that could be stigmatic (Walden University, 2020), as the framework for developing the project. This educational project focuses on decreasing negative thoughts about mental health and improving the work environment of the inpatient unit. Implementing this educational project could determine if staff education on mindfulness meditation, a stress-diverting intervention, improves PMH nurses' knowledge to decrease negative thinking in an acute care setting. The guiding question for this DNP project is as follows: Does staff education on mindfulness meditation, a stress-diverting intervention, improve PMH nurses' knowledge to decrease negative thinking in an acute care setting? The following chapter will discuss the collection and analysis of the evidence and data.

Section 3: Collection and Analysis of Evidence

Introduction

Psychiatric mental health (PMH) nursing is the specialty of occupational expectations and internal stigmatic perceptions that could interfere with their ability to provide high-quality mental health care (Harrison et al., 2017). This educational project could increase knowledge of the stigma and automatic negative thoughts associated with mental health and educate on mindfulness strategies. The approach could also help resolve problems related to peer and patient conflict, burnout, and stigmatic negative thoughts. Several conversations with nurse leaders at the project's facility indicated low staff morale and suggested improving it.

Staff reported bullying and aggressive behaviors from peers, ineffective communication, lack of appreciation from nursing leaders, absenteeism, and poor teamwork. A follow-up discussion with the nurse manager indicated staff turnover, peer-peer conflict, short staffing, heavy workloads, and supplemental staffing are the trends. The inpatient mental health unit is a hospital-based facility in a moderate socioeconomic setting. The vision and mission of the facility are to provide quality regional health care in a safe, compassionate, and efficient environment. The facility values excellence in customer service and emphasizes positive change via transformational leaders. The stressors from occupational expectations and internal stigmatic perception impede high-quality care that must be delivered by PMH nurses (Harrison et al., 2017). Increasing knowledge of stress-diverting techniques could improve the relationship between nurses, their peers, and leadership by recognizing one's perception of mental health care

delivery. As the organizational vision and mission are to provide safe, compassionate, and embrace positive change, it could support excellence in customer service. The practice-focused question, sources of evidence, and analysis and synthesis will be discussed as the aims of this educational project.

Practice-Focused Question

Psychiatric nursing is a specialty that looks for new ways to manage patients and staff safety in an inpatient setting. Compared to other specialty nurses, psychiatric mental health (PMH) nurses require strategies to help deter negative thinking and stabilize their mental well-being (Wampole & Bressi, 2020). This educational project aims to fill the knowledge gap for PMH nurses by providing knowledge on strategies to cope with occupational stressors contributing to negative thinking. The guiding question for this DNP project is as follows: Does education on mindfulness meditation, a stress-diverting intervention, improve PMHN's knowledge to decrease negative thinking in an acute care setting? The project aims to increase understanding of mindfulness meditation related to mental health and stigma.

Sources of Evidence

The sources of evidence used include literature that meets the school's academic threshold in the publication period, content that focuses on interventions based on improving situations, and papers that focus on the nursing field. The scope of the review search ranged from 2016 to the present. The databases used to retrieve the evidence were OVID, Sciences Citation Index, CINAHL and MEDLINE combined, SAGE, American

Psychiatric Nursing Association, and BMC medical ethics. The key search terms and

combinations are:

- *Coping; depression; psychiatric nurses; work stress*

- *Burnout, stress, occupational stress, or compassionate fatigue.*

- *Psychiatric or mental health nursing*

- *Stress management, stress reduction, stress intervention, coping, stress techniques, or stress.*

- *Psychiatric nursing, burnout, mental health, qualitative methodology, stress management*

- *Stigma, mental health professionals, help-seeking, barriers to treatment, stress, burnout, compassion.*

Stress Management

Hasan and Tumah (2020) conducted a study to assess workplace stress, coping

strategies, and the psychological distress of psychiatric nurses. The study included 119

PMHNs over three months using a 5-point Likert scale, using a descriptive design to

gather evidence from a two-part 30-item questionnaire. The value of the scale represents

one as the lowest level to five representing the highest level, indicating the PMH nurse is

experiencing extreme challenges with high levels of occupational stress and mental

health challenges. The study measured the correlation between occupational stress and

coping strategies with PMH nurses and found they lack coping techniques and stress

management among the interventions (Hasan & Tumah, 2020). The results noted a lack

of coping and stress management techniques, resulting in PMHNs being severely stressed.

Kameg et al. (2021) completed a study to describe mental health nurses' well-being during the COVID-19 pandemic. The study sought to explore burnout, mental wellness, COVID-related anxiety, professional appreciation, and depressive and anxiety symptoms among PMHNs. One hundred fifty-one participants provided valid, complete data and concluded the study on the PMH nurses' elevated stress levels during COVID-19. The PMHNs reported feelings of depression, burnout, professional fulfillment, and educational status, of which 64% said job demands interfere with their home life. Because PMHNs work in a highly stressful environment, the best practices related to policies implementing workforce interventions to support their well-being were among the recommendations. Kameg et al. (2021) concluded that PMH nurses' struggle with symptoms of depression, burnout, and levels of professional fulfillment, suggesting nursing administrators and public policymakers improve resources for PMH nurses.

Kaas (2019) reviewed the challenges and issues that PMH nurses face in not being educated due to the lack of master's and doctoral levels to help meet the demands of their roles. A review of the literature methodology aims to analyze current educational approaches for undergraduates, graduates, and postgraduates in a context that lacks education for both curricula and clinical practice. Psychiatric nursing must transform the specialty to attract new nurses while meeting urgent educational priorities (Kass, 2019). The significance of this article supports the lack of education PMHNs presently. It encourages faculty members and preceptors to provide adequate training for PMHNs to

meet the demands of mental health care. This educational project aims to teach the mental health staff coping strategies for identifying negative thoughts and personal stigmatic feelings towards mental health care.

Foster et al. (2018) completed a scoping review to discover the interventions available for PMHNs to help them cope with a stressful environment. The review of literature entailed synthesizing 18 studies published since 2000. The interventions were stress reduction courses and mindfulness, and each reported evidence that PMHNs benefit from interventions that help them cope with stress. Foster et al. (2018) said that PMHNs face the specialty's adversities, requiring learning resilience skills to cope with the job's demands and promote positive mental well-being. The aim was to explore mental health nurses' thoughts about using resilience training, and 29 nurses favored the intervention. Mental health nurses could use resilient training to help improve self-efficacy and manage stressful situations. Thus, the authors recommended that the workplace be resilient and discover the barriers PMHNs face from the unit, organizational, and professional levels.

Stigma Associated with Mental Health

Clough et al. (2020) reported that sigma is shared by mental health professionals (MHPs). This study aimed to develop and evaluate a tool measuring the degree of burnout and occupational stressors. The mental health professional stigma scale (MHPSS) was developed and used with 221 Australian MHPs online to capture the degree of stigmatic thoughts and beliefs related to occupational stressors (Clough et al., 2020). Decreased ability to show empathy, appropriate communication, and patient

engagement could affect patient outcomes. It effectively evaluates and treats stress in mental health professionals, enlightening them on self-awareness (Clough et al., 2020). The MHPSS tool was influential in developing new strategies to reduce stigma and promote help-seeking behaviors. PMHN professionals had adverse occupational stress and burnout outcomes.

Harrison et al. (2017) completed a study that focused on the opinions and experiences of PMHNs to determine what can be done to make the specialty more appealing. The lack of understanding surrounding the role of PMHNs is linked to psychiatry, as the specialty is connected to diagnostic labeling (Harrison et al., 2017). Diagnostic labeling is the catalyst for stigma, which acts as a barrier to the nurse-patient relationship and individual stigmatizing attitudes of the mental health profession. The approach was a qualitative design for content analysis that allowed the evaluation of participants' thoughts and experiences. The nurse's perceptions were the lack of societal consideration and empathy for mental health, resulting in stigma. If the stigma were reduced, it would improve the perception of mental health care.

Berthilde (2020) conducted a qualitative study to evaluate the perceptions of marginalization PMHNs experience regarding respect to history, courtesy stigma, and professional identity. Marginalization is a social process of becoming a member of a particular group confined to a lower, outer limit or edge of social standing (Berthilde, 2020). The method was semi-structured interviews with 10 registered nurses with more than five years of experience in various psychiatric settings. A study that evaluated 108 PMHNs suggested that they experience negative and stigmatizing prejudice within

psychiatry, the workplace, and the public (Berthilde, 2020). The PMHNs had non-verbal, unspoken acts or attitudes of opposing views, beliefs, and judgments related to the marginalization of mental health practice.

Mindfulness Effectiveness

Penque (2019) completed a study on a covenant sample of Registered Nurses of a 619-bed tertiary care hospital on the effects of stress and mindfulness of nurses that improve their well-being, creating positive brain changes. The nurses learned how to use mindfulness to redirect negative thinking and reframe demanding situations (Penque, 2019). Enhancing nurses' knowledge of mindfulness has improved brain changes that occurred in as little as eight weeks, improving their responses to stress. The nurses talked about challenges dealing with difficult people and situations like the behaviors presented in mental health. Penque reported that nurses can practice mindfulness to improve the work environment and overcome adverse conditions. Psychiatric mental health nurses' mental well-being is challenged by the demands of the occupation, such as assuring safety for themselves, their peers, and their patients. Mindfulness meditation can improve specific pressure-related illnesses by supporting biological interventions to stress.

Kang and Myung (2021) completed a study to measure the psychological effects of a mindfulness intervention on mental health nurses. The method was randomized controlled trials (RCTs) evaluating the impact of mindfulness-based interventions (MBIs). There were 370 studies retrieved from databases, and nine RCTs involving 572 participants, of which 283 were in an intervention group, and 289 in the control group (Kang & Myung, 2021). In the final analysis, MBIs reduced the mental effects of

PMHNs, such as anxiety, depression, and stress, and improved the psychological well-being of resiliency and quality of life.

Brass (2016) completed a study exploring mindfulness and compassion and their effects on staff. The integrative, mind-based approach is intended to change how nurses can change their way of thinking about stressful experiences. The aim was to get the team to pay attention to their thoughts and feelings, as raising awareness enables fewer enmeshed thoughts and better manages them (Brass, 2016). Bass concluded that mindfulness exercises improve a sense of well-being, self-compassion reduces feelings of negative thinking, and the ability to accept demanding situations without feeling negative about them.

Cherry (2022) reported that mindfulness-based cognitive therapy (MBCT) is effective in decreasing depression, increasing emotional regulation, reducing anxiety and stress, and improving memory and cognitive function. Research suggests that with practice, mindfulness-based cognitive therapy (MBCT) can regulate negative thoughts and emotions, preventing depression and anxiety.

Evidence Generated for the Project

Participants

The nurse manager has given a detailed description of the staff possibly attending the education session: 19 Registered Nurses (RNs), two Licensed Practical Nurses (LPNs), and two mental health technicians. The participants would be offered an educational session, lasting 30 minutes, four sessions, for two days, totaling eight sessions. Participants are relevant to answering whether mindfulness techniques

effectively divert negative thoughts about the specialty. This project aims to fill the gap in the lack of knowledge for PMHNs on strategies to cope with occupational stressors.

Procedures

Data collection of the pre-and-post-tests would be administered before and after the PowerPoint presentation. The pre-and-post tests will measure automatic negative thoughts related to negative thoughts and perceived stigma. The educational module will be reviewed by facility leadership, and any input given will be added to the academic module. As the participants enter the room, they will pick up a copy of the PowerPoint and a number from a reservoir. The participation will be voluntary, and I will begin the pre-knowledge assessment in the behavioral health unit on the third floor.

The participants will be asked to complete the following steps in this order:

1. Enter the room and be asked to sign a consent to participate from the Walden University Manual for Staff Education.

2. Pick up the educational module (e.g., PowerPoint).

3. Retrieve a number from a reservoir.

4. Have a seat.

5. Start the pre-test when indicated (approximately 10 minutes).

6. Place the completed pre-test in a locked box in a designated area.

7. Begin the PowerPoint that will last about 30 minutes at a podium, followed by a question-and-answer session.

8. Complete the post-test to measure the knowledge gained from the PowerPoint presentation. The PowerPoint presentation on mindfulness

will have three themes: (a.) mental health stigma (then and now); (b.)

mindfulness (exploring negative thoughts); and (c.) mindfulness (diverting

negative thinking).

Protections, Assumptions, and Limitations

The number on the questionnaire will protect all participants' privacy. It is

assumed that participants will take the pre-test, start and complete the PowerPoint

presentation, and complete the post-test. It is believed that they will answer the questions

honestly without bias. The limitations of this project are the small number of participants,

and that it is done in one facility and may not be generalized for units or facilities.

Analysis and Synthesis

The systems used for recording, tracking, organizing, and analyzing the test

results would identify the participants by the number at the session's beginning. Each

participant's number will be their number throughout the mindfulness session and placed

in the upper-left corner of the pre-and-post-test. The test design will be the Likert scale

format ranging from 1 to 5 (yes, somewhat, neutral, maybe, and not at all). The

participants would enter the room and be advised to pick up a packet containing the

PowerPoint, consent form, and other related handouts. Once entering the room, everyone

would be asked to complete the consent form; a bowl would be available to select a

random number required for participation. The participants will be informed that the

presenter does not know their number; if lost, their input cannot be counted. The locked

box will be in a nearby area as the participants will be asked to complete the pre-and-

post-test, fold, and place it in the locked box. Any test items that have missing

information will not count toward the outcomes, and outliers will be assessed as data entry errors. The data would be evaluated using quantitative descriptive statistics and a t-test (Hayes, 2021).

Summary

Psychiatric mental health professionals are challenged when caring for mentally ill patients. This project aims to fill the gap of the lack of knowledge for PMHNs by providing knowledge on strategies to cope with occupational stressors. Staff reports bullying and aggressive peer behaviors, ineffective communication, lack of appreciation from nursing leaders, absenteeism, and poor teamwork. This educational PowerPoint would focus on raising awareness of negative thoughts about mental health and how stigma is related. The guiding question for this DNP project is as follows: Does staff education on mindfulness meditation, a stress-diverting intervention, improve PMHN's knowledge to decrease negative thinking in an acute care setting? The anonymous test will be a 10-item Likert scale format given before and after the PowerPoint presentation. The PowerPoint presentation on mindfulness will have three themes: mental health stigma (then and now), mindfulness (exploring negative thoughts), and mindfulness (challenging and diverting negative thinking). The findings and recommendations will be shared with the participants and nursing leaders, offering clinical practice standards and guidelines that support best practice. These findings and recommendations will be discussed below in section 4.

Section 4: Findings and Recommendations

Introduction

The lack of educational and advancement opportunities, poor leadership support, a bullying environment, and a lack of teamwork were issues at a local practice. Before 2021, the mental health staff was without a clinical nurse educator for years, neglecting the opportunities to stay current with best practice recommendations for self-care and clinical demands. The nurse manager indicated staff turnover, peer-peer conflict, short staffing, heavy workloads, and supplemental staffing are the trends. This educational project focuses on strategies to decrease negative automatic thoughts about mental health and stigma, improving the work environment in an inpatient setting. The guiding question is whether staff education on mindfulness meditation, a stress-diverting intervention, improves PMH nurses' knowledge to decrease negative thinking in acute care.

The sources of evidence included literature that met the school's academic threshold in the publication period, content that focused on interventions based on the improvement of situations and focused on the nursing field. The scope of the review search ranged from 2016-2023. The databases used to retrieve the evidence were Journal @OVID, Social Sciences Citation Index, CINAHL & MEDLINE combined, SAGE, American Psychiatric Nursing Association, and BMC medical ethics. The analytical strategies were a pre-and-posttest, PowerPoint presentation, and educational module (Appendix B).

Findings and Implications

The number of participants who took the pre-and-post-test was n =16. A Likert scale was used to measure whether automatic negative thoughts contribute to distress in the workplace. The questions rating scale was 10-20 (less likely), 21-30 (likely), 31-40 (most likely), and 41-50 (thoughts contribute). The findings from the analysis and synthesis in Table 1 indicated that questions one and two participants' thoughts were less likely to contribute to distress. For questions three through 10, the participants indicated that thoughts are likely to contribute to distress in the workplace. After the intervention, the post-test (Table 2) showed that mindfulness meditation effectively decreased automatic negative thoughts.

Using the paired sample statistics, the pre-test mean (23.75), and the post-test mean (12.94) revealed increased knowledge when considering the higher the number, the worse. Using the paired sample test, the mean difference of 10.813, SD = 8.765, 95% Cl (6.142, 15.483), was statistically significant (t = 4.934, df =15, p = < .001). The null hypothesis suggesting that there was no significant difference between the mean can be rejected.

This project's limitations were the small number of participants implemented at one hospital and that it may not be generalized for other units and facilities. The implications for positive social change are to retain qualified nurses, hire a master's level mental health nurse educator, and offer mandatory mindfulness meditation for all mental health nursing staff annually.

Table 1

Pre-Test Results

Did you know you could…	Overall Mean Results
1. Shift your attention from past to the present to avoid ruminating on negative experiences?	1.81
2. Focus on positive behaviors (e.g., acceptance, compassion, and openness) to avoid negative self and peer evaluation?	1.75
3. Practice mindful walking while concentrating on breathing to slow body processes?	2.19
4. Body scan mediation to increase awareness of body and posture (e.g., open and erect posture)?	2.63
5. Practice recognizing negative thoughts. Distract yourself when feeling anxious or emotionally challenged (e.g., read, walk, sing, etc.)?	2.50
6. Stop overthinking mistakes (avoid perfectionist behaviors)?	2.50
7. Control work-related overthinking by relaxing after work?	2.31
8. Become aware of your thoughts and behaviors related to personal stigma and mental health?	2.06
9. Choose your words careful when communicating about mental illness?	2.06
10. Mindful listening practice will allow for no interruption, interpretation, and assumptions?	2.16

Table 2

Post-Test Results

Did you know you could…	Overall Mean Results
1. Shift your attention from past to the present to avoid ruminating on negative experiences?	1.13
2. Focus on positive behaviors (e.g., acceptance, compassion, and openness) to avoid negative self and peer evaluation?	1.19
3. Practice mindful walking while concentrating on breathing to slow body processes?	1.25
4. Body scan mediation to increase awareness of body and posture (e.g., open and erect posture)?	1.25
5. Practice recognizing negative thoughts. Distract yourself when feeling anxious or emotionally challenged (e.g., read, walk, sing, etc.)?	1.38
6. Stop overthinking mistakes (avoid perfectionist behaviors)?	1.28
7. Control work-related overthinking by relaxing after work?	1.25
8. Become aware of your thoughts and behaviors related to personal stigma and mental health?	1.06
9. Choose your words careful when communicating about mental illness?	1.13
10. Mindful listening practice will allow for no interruption, interpretation, and assumptions?	1.00

Recommendations

The proposed recommendations that could fill the gap in practice are to recruit and retain a master's level nurse educator specific to mental health, implement a clinical latter specific to mental health for advancement opportunities, and incorporate mandatory mindfulness training annually. PMH nurses could benefit from an annual subscription to American Psychiatric Nurses Association (APNA), which offers psychiatric nursing continuation credits and scholarships. Due to stigma and prejudice, the nursing staff may not be compliant to complete the mandatory annual training. It is recommended that all organizational training is presented in person while maintaining a roster for attendance. The training must be in current literature to keep the staff abreast of evidence-based practice.

Contribution of the Doctoral Project Team

The plan to extend the project beyond the DNP educational project is to educate other mental health employees at different organizations without using a pre-and-posttest. Only the data from the module (Appendix B) would be considered for educational purposes.

Strengths and Limitations of the Project

Two major strengths of this educational project were the geographical location of the hospital and strong leadership support. Another necessary strength was the overwhelming sense of empowerment experienced by the nurses after the intervention. The participants verbalized the desire to use mindfulness meditation to help them control automatic negative thoughts that contribute to distress in an inpatient setting. The

limitations were the small number of registered nurses attending the total sessions (n=16). The outcomes of this educational project are specific to one inpatient unit and one healthcare organization.

Section 5: Dissemination Plan

My goal to disseminate this work to the institution would be to schedule a meeting with the Director of Mental Health Services and the Chief Nursing Officer. Collaboration with leaders would include the implemented intervention, the findings, and the recommendations.

Analysis of Self

My role as a doctoral student has led to a clearer understanding of what the literature states about current nursing, most significantly, mental health nursing. This learning opportunity has instilled a sense of helpfulness to improve the PMH nurses' work conditions to favor advancement opportunities and leadership support. My long-term professional goal is to implement the recommendations discussed, given my current role as a chief nursing officer for a 130-bed mental health hospital. My scholarly journey has identified challenges to ensure PMH nurses share their concerns related to stigma and mental health. To overcome these challenges, nursing orientation and yearly competencies would include education and support.

Summary

PMH nurses in an inpatient setting work in a demanding, hostile, and stressful environment to care for mental health patients from their community. They lack leadership support and advancement opportunities, which results in distress. Due to stigma and mental health, PMH nurses are marginalized because of their chosen work specialty, contributing to automatic negative thoughts that result in workplace distress. The lack of ongoing training impedes nurses from staying on top of evidence-based

practice recommendations. Mandatory mindfulness meditation must be offered on an annual basis to help nurses deal with the distress of caring for mentally ill diverse patients. Leadership support, retention of a master's level nurse educator, and an annual subscription to the American Psychiatric Nurses Association (APNA) could improve the work environment, retain, and attract nurses into the specialty.

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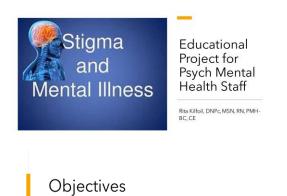
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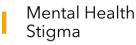https://doi.org/10.1080/00981389.2020.1827123

Appendix A: Mindfulness Meditation for Mental Health Nursing Pre- and Post Test

Mindfulness Meditation for Mental Health Nursing
Pre-and-Post Test

Codes:
1= Yes
2= Somewhat
3 = Neural
4 = Maybe
5= Not at all
The questions listed below are techniques used to overcome stigma and negative thoughts contributing to workplace stress. Please rank each item, indicating your best response.

	Did you know you could…	Yes →→→→				Not at all
1.	Shift your attention from the past to the present to avoid ruminating on negative experiences?	1	2	3	4	5
2.	Think about how sigma could affect your day-to-day in a psychiatric setting?	1	2	3	4	5
3.	Practice mindful thinking to keep you in the here and now?	1	2	3	4	5
4.	Body scan meditation to increase awareness of body and posture (e.g., open and erect posture)?	1	2	3	4	5
5.	Practice recognizing the negative thoughts. Distract yourself when feeling anxious or emotionally challenged (e.g., read, walk, sing)?	1	2	3	4	5
6.	Stop overthinking mistakes (avoid perfectionist behaviors).	1	2	3	4	5
7.	Control work-related overthinking by relaxing after work?	1	2	3	4	5
8.	Become aware of your thoughts and behaviors related to personal stigma and mental health?	1	2	3	4	5
9.	Choose your words careful when communicating about mental illness?	1	2	3	4	5
10.	Use mindful listening practice will allow for no interruption, interpretation, and assumptions?	1	2	3	4	5
	Ranking Scores	10-20 Thoughts are less likely to you cause distress in the workplace.	21-30 Thoughts are likely to cause you distress in the workplace	31-40 Thoughts are most likely to cause you distress in the workplace	41-50 Thoughts are contributing to distress in the workplace

Appendix B: Educational Project

Stigma and Mental Illness

Educational Project for Psych Mental Health Staff

Rita Kilfoil, DNPc, MSN, RN, PMH-BC, CE

Objectives

- By the end of the session, psych mental health staff will understand:
    - Mental Health Stigma (then and now)
    - Mindfulness (exploring negative thoughts)
    - Mindfulness (Diverting negative thinking)

Mental Health Stigma

- Mental health stigma refers to societal disapproval or shame towards people that live with mental illness.
    - Negative and often unfair social attitude attached to a person or group, often placing shame.
    - Patients were viewed at "possessed" and "witchcraft," (Zoppi, 2020).

Mental Health Stigma

Stigma against mental illness can come from several sources, such as:

- Personal
- Social
- Family beliefs
- The mental health condition itself.

Mental Health Stigma Then

Conditions of the Mentally Ill

- Dorothea Dix stated, "I have come to present to you the strong claims of suffering humanity… I come as the advocate of the helpless, forgotten, insane men and women held in cages, closets, cellars, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience."

Mental Health Then

In 1930s, patients admitted to asylums, were restrained with iron chains and shackles around their ankles and wrist, representing cruel practice.

- In 1953, the inhumane bindings were melted down into a bell that resemble, "The sign of hope," (MHA, 2023).

Mental Health Nursing Then

Psych mental health nurses, in 1900s, expressed resignation and frustration with trying to provide care despite obstacles such as unqualified physicians, crowded wards, and inadequate personnel and supplies.

The nurses would apply hot and cold sheet wraps, depending on the physician's order.

Mental Health Nursing Then

Mental health nursing had poor support and low pay to care for the mental health population.

- ADN pay ranged from 30k-40k annually, around the year of 2000
- Advance degree pay ranged about 60k annually.
- The average workweek was 66-90 hours/week (at least three hospitals).

Mental Health Nursing Then

Interviews by nurses that worked in this era of 1950's.

• In 1963, "age 17 and in charge of 40 patients."

• "We worked with no pay."

• In nursing training, "Our drop out rate was 30 out of 50."

Mental Health Stigma and Now

Mental Health stigma and Now

Today, North Carolina psychiatric nurses earn 14% lower than the national average salary for psychiatric nurses, at $80,731 (or $38.81 per hour).

APNA (2019) estimates a shortage of 25, 000 PMH RNs and APRNs by 2025

Mental Health Now

• PMH staff works in a diverse environment that includes interacting with people from diverse backgrounds and unique mental challenges.

• The work environment is often intensive and demanding

Mental Health Now

- The problem's nature is the inability of PMH Nursing to cope effectively with stress, resulting to:
- Absenteeism, staff turnover, and psychotropic medications
    - Antidepressants, antianxiety, and sleep aids (Hsieh et al., 2020).

Mental Health Now

A study was conducted that resulted that the PMN nursing staff's perceptions were the lack of societal consideration and empathy for mental health, resulting in stigma (Harrison et al., 2017).
- "If the stigma were reduced, it would improve the perception of mental health care".

Mental Health Now

"Breaking down stigma" will allow the role to become more visible and be represented in a more positive authentic manner.
- Improve the future in nurse education, policy planning and recruitment design for the next generation of mental health nurses.

Mental Health Stigma and Now

- A study that evaluated 108 PMH nurses suggested that they experience negative and stigmatizing prejudice within psychiatry, the workplace, and the public (Berthilde, 2020).
- The PMH nurses had non-verbal, unspoken acts or attitudes of opposing views, beliefs, and judgments related to the marginalization (denying professional opportunities) of mental health practice.

Mindfulness (Exploring negative thoughts)

Mindfulness (Exploring Negative Thoughts)

Automatic thoughts are ones that pop into our heads in response to a trigger.

- They can make us feel like we've lost control of our own thoughts.
- They fill us with anxiety, guilt, and other negative emotions.

Mindfulness (Exploring Negative Thoughts)

Two reasons for having negative thoughts are:

1. They normal and used to protect us from potential threats or problems.
2. Negative thinking has become a habit.
   a) 90% of all thoughts are repetitive.
   b) Negative thinking eventually become a neutral pathway (Alban, 2023).

Mindfulness (Exploring negative thoughts)

The human brain has a natural tendency to favor and remember negative experiences or interactions over positive ones.

- Leaves one's brain to be wired to "scout the bad stuff" (Smyth, 2022).

Mindfulness (Exploring Negative Thoughts)

Stress and mindfulness of mental health nursing could improve their wellbeing, which creates positive changes in the brain.

The nurses learned how to use mindfulness to redirect negative thinking and reframe demanding situations (Penque, 2019).

Work demands (Patient load, overtime, etc.)

Workplace communication

What are Your...
AUTOMATIC
NEGATIVE
THOUGHTS

Mindfulness (Exploring Negative Thoughts)

- Automatic thoughts are a problem because they are so, automatic. Just shining a light on them and becoming aware can be very helpful to many people.
    - First step to recognizing and modifying the unhealthy pattern.
    - Planning out how to tackle each negative automatic thought.

Mindfulness (Exploring Negative Thoughts)

- Identify areas that are within your area of concern.
  - What are your neutral pattens of negative thinking?
  - Are they realistic?
- Tactics for communicating urgency during intense conditions.
- Techniques for addressing difficult situations with poise and self-restraint.

Diverting Negative Thinking

Diverting Negative Thinking

- Let go of past and increase awareness of future negative thoughts.
  - Condition your mind (avoid negative self talk); Divert negative thoughts.
- Accept the present moment.
  - Anticipatory stress triggers negative thinking.
- Meditate
  - Create empowering rituals.
- Get in touch of your emotions.
  - Anger, Disgust, Fear, Happiness, Sadness, and Surprise
- Practice mindfulness during stressful activities.

Diverting Negative Thinking

- Other strategies:
  - Shift your focus
  - Take the blame of yourself
  - Teach yourself to be present
  - Work on personal growth
  - Surround yourself with positive people

Mindfulness Mediation

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