

The Relationship Between Nurses' Mindfulness and Care-Focused Nurse-Patient Interaction

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Abstract

Objective: The aim of this research is to determine the relationship between nurses mindfulness levels and care-oriented patient-nurse interaction.

Methods: The study, which is descriptive and relationship-seeking study, was conducted with 330 nurses working in a university hospital. “Socio-Demographic Information Form”, “Care-Oriented Patient-Nurse Interaction Scale” and “Mindfulness Scale” were used as data collection tools. Skewness and kurtosis coefficients, percentage and frequency distribution, Pearson correlation analysis and simple linear regression analysis were used in the statistical evaluation of the data.

Results: It was determined that 78.5% of the participants were women, 57.3% were married, 77.3% had a bachelor’s degree, 67% were at the middle-income level, 79.1% had 10 years or less of professional experience, 55.5% chose the profession voluntarily, % It was determined that 83.9% did not have a chronic disease and 96.1% did not have a mental illness. It was etermined that there is a significant relationship between the Nurses’ Conscious Awareness Scale scores and the Care-Oriented Patient-Nurse Interaction Scale Materiality Dimension total and sub-dimension scores ($p<0.05$). It has been determined that mindful awareness explains 11.5% ofthe importance given to care-oriented nurse-patient interaction.

Conclusion: It has been concluded that nurses’ mindfulness levels affect the importancethey attach to care-oriented patient-nurse interaction; and, as the level of mindfulness increases, the importance given to care-oriented nurse-patient interaction also increases.

Keyword: Nursing, mindfulness, nurse-patient interaction, nursing care.

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INTRODUCTION

Nursing has a dynamic process that takes its source from human needs, is born to serve the society, defines helping healthy individuals not only in case of illness but also in healthy individuals as its basic function, treats the individual as a whole with his/her environment and provides care, plans to protect and improve the health of the society and implements and evaluates these plans (1, 2). In this respect, nurses constitute the group that interacts most with patients and healthy individuals in health services (3). While the nursing profession is based on the concepts of human and care, its main function is care. Care, which is of great importance in the healing process of patients, is among the important factors that affect the satisfaction of patients in health care and increase the quality of health-care. Being aware of the needs and expectations of patients increases the quality of nursing care (4). Peplau, one of the important nursing theorists who based nursing theory on the “patient-nurse” relationship, defines nursing as an interpersonal process consisting of communication between two or more individuals in line with common goals (2). When the literature is examined, it is seen that the mutual interaction of nurses with patients and healthy individuals plays an active role in the quality of care provided to the individual (5-7). The fact that nurses consider the patient as a whole and meet their needs

while providing care helps the patient to receive better care and increase their satisfaction (8).

Watson, one of the nursing theorists, argues that the focus of the nursing profession is care in the 'Human Care Theory (HCT)' and that practices should be carried out by considering the individual as a whole in care (9). At the center of care-oriented patient-nurse interaction, the needs of the individual caregiver are included and met (10). In the literature, there are studies on the levels of care-oriented nurse-patient interaction of nurses and nursing students. These studies reveal that nurses have high attitudes and perceptions towards care-oriented nurse-patient interactions and that they attach importance to care-oriented patient-nurse interactions (5-7, 11). Nurses' attitudes towards care-oriented patient-nurse interaction are affected by factors such as their philosophies about health, human and nursing, their experiences, and their interpersonal relationship skills (2). On the other hand, in order for care-oriented patient-nurse interaction to be effective, nurses must first know themselves well, be aware of their impressions on the individuals around them and have high awareness of meeting the needs of the patients they care for (8, 12). It is important for nurses to pay attention with curiosity, kindness and compassion to what is happening in themselves, the environment and the individuals they care for during the care process. This situation points to the importance of the concept of

mindfulness, which has attracted the attention of researchers in recent years and has an ancient philosophy, in terms of nursing (13-15).

Mindfulness is defined as being in the present moment, being aware of our current experiences, and focusing on what is happening in the moment without judging what is happening in the internal and external world (15, 16). Mindfulness is the state of being aware of the experience in the present moment and accepting this experience in a friendly, compassionate, kind, non-judgmental way (17). Being aware of the people around us, their activities and our environment allows you to enjoy your life experience as a whole. One of the popular concepts of recent times, “Mindfulness”, or “Conscious Awareness” as it is translated into Turkish, is actually a kind of spiritual skill, although its origin is based on the concept of “Awareness” of Buddhism and Eastern Philosophy. Mindfulness is the last step of enlightenment and maturing the soul and people have been using this technique for thousands of years (18-21).

In the studies conducted, it was concluded that the high level of awareness of the individual reduces the stress, anxiety and depression experienced (14, 18, 22). There are various studies on mindfulness in literature. In a study conducted with nurses, it was found that the mindfulness levels of nurses were at a medium level (12). In another study conducted with nursing students, it was concluded that students'

mindfulness levels were above average (18). In the literature, there are studies evaluating the effectiveness of interventions to increase the mindfulness levels of nurses (23, 24). In a study, it was concluded that burnout and stress levels of nurses decreased, and mindfulness levels increased after training (23). On the other hand, when the literature was examined, it was determined that there were limited studies on the subject and no study was found to examine the relationship between nurses' mindfulness level and care-oriented patient-nurse interaction. The results obtained from the studies show that the level of mindfulness is important for nurses. In line with this goal, it is thought that determining the relationship between these two concepts, which are important for nursing, will contribute to literature.

The aim of the study was to examine the relationship between nurses' level of mindfulness and care-oriented patient-nurse interaction.

Research Questions

What is the level of conscious awareness of nurses?

What is the level of caring patient-nurse interaction of nurses?

What is the effect of the level of conscious awareness of nurses on caring patient-nurse interaction?

METHODS

Type of Research

This research employs a descriptive and relationship-seeking study.

Time of Research

The study was conducted in a university hospital in Türkiye between February 2021 and June 2022.

Population and Sample of the Study

The population of the study consisted of 900 nurses working in a university hospital in Türkiye and the sample consisted of 330 nurses who met the research criteria. In this study, random sampling method was used. In the power analysis performed using the G*Power V 3.1.9.6 program, the minimum number of participants to be included in the research was determined as 100 participants in order to conduct the research with 95% confidence ($1-\alpha$), 95% ($1-\beta$) and -0.35 correlation value.

Clinical nurses who voluntarily agreed to participate in the study, completed the questionnaires sent via social media accounts (Facebook, Instagram and Whatsapp) via smartphones, and worked in the hospital during the data collection process were included in the study. Nurses who did not meet these criteria were not included in the study. The study was completed with 330 nurses who met the study criteria between the dates of the study.

Data Collection

The data collection process of the study coincided with the Covid-19 pandemic period. The restrictive measures taken during this period were observed throughout the research, and the online questionnaire created with Google Form was used as the data collection method in the research. First of all, information about the research was announced to nurses via social media accounts, and nurses who met the research criteria were included in the study.

Data Collection Tools

The data were collected using the “Socio-Demographic Information Form” created by the researcher to collect information on the descriptive characteristics of the nurses, the “Care-Focused Patient-Nurse Interaction Scale (CFNPIS)” to determine their attitudes and behaviors regarding care, and the “Mindfulness Scale (MS)” to determine their level of mindfulness.

Socio-Demographic Information Form

This form, created to determine the descriptive characteristics of nurses, consists of 9 questions created in line with the literature (7, 8, 12).

Care-Focused Nurse-Patient Interaction Scale (CFNPIS)

It was developed by Cossette et al. based on Watson's Care Theory in 2005 to assess nurses' attitudes and behaviors regarding care. Turkish adaptation of the scale was conducted by Atar and Aştı in 2012. The scale consists of 3 sub-dimensions as “Materiality”, “Competence”,

“Applicability” and 10 guiding subscales as “Humanism”, “Hope”, “Sensitivity”, “Helping relationship”, “Expressing emotions”, “Problem solving”, “Teaching”, “Environment”, “Needs”, “Spirituality”. The scale has a total of 70 items. In the five-point Likert-type scale, the importance of the items is questioned and the participants are asked to choose one of the following options: “not at all” (1), “somewhat” (2), “moderately” (3), “very much” (4), “extremely” (5). The lowest score that can be obtained from the scale is 70 and the highest score is 350. As the individuals' scores on the scale increase, their attitudes and behaviors towards care-oriented nurse-patient interaction increase positively (Atar & Aştı, 2012). The Cronbach Alpha reliability coefficient for the importance dimension of this study was 0.91 in the importance dimension. In order to evaluate how important the conscious awareness of the care-oriented nurse-patient interaction, which is appropriate for the purpose of the study, the data were evaluated by considering the 'importance' dimension from the scale dimensions (25, 26).

Mindfulness Scale (MS)

The mindfulness scale was developed by Brown and Ryan in 2003 (27). It consists of 15 items and has a six-point Likert scale ranging from “almost always” to “almost never”. The lowest score that can be obtained from the scale is 15 and the highest score is 90, and the increase in the total score indicates an increase

in the level of mindfulness. Turkish adaptation was conducted by Özyeşil et al. (2011) (21). In this study, the Cronbach Alpha value of the scale was calculated as 0.89. In 2011, the total score obtained from the scale revised by Çatak is equal to the average of the sum of the items, and a high average score indicates that individuals have a high level of mindfulness (21, 27, 28).

Statistical analysis

The analysis of the data in the study was carried out in the SPSS 22.0 program, and the statistical significance level (p) was taken as 0.05. Skewness and kurtosis coefficients were used to determine the suitability of the data for normal distribution, percentage and frequency distribution were used to determine the descriptive characteristics of the nurses, Pearson correlation analysis and simple linear regression analysis were used to determine and explain the relationships between the scales.

Ethical Aspects of the Study

Before starting the research, permission was obtained from the Social and Human Sciences Ethics Committee of the university where the research was conducted (Date: 25.11.2020; Number: 2020/794) and the management of the hospital where the research was conducted (Number: E-15374210-100-11448).

Permission was obtained from the researchers for the scales used in the study. In addition, all nurses included in the study were informed

about the research and their a digital informed consent form consent was obtained.

RESULTS

It was determined that 78.5% of the nurses were female, 57.3% were married, 77.3% were undergraduate graduates, 67% were middle income level and the mean age was 28.54 ± 6.54 years. In addition, 79.1% of the nurses had 10 years or less of professional experience, 55.5% chose the profession voluntarily, 83.9% had no chronic disease and 96.1% had no mental illness (Table 1).

The mean score of the nurses on the MS was 63.77 ± 12.77 , and the mean total score of the CFNPIS Materiality Dimension was 294.44 ± 36.30 . The mean scores of the sub-dimensions of the CFNPIS Materiality Dimension were 24.79 ± 3.81 for Humanism, 29.87 ± 4.01 for Hope, 23.99 ± 3.96 for Sensitivity, 29.89 ± 3.76 for Helping Relationship, 29.89 ± 3.76 for Expressing Emotions, and 29.89 ± 3.76 for Expressing Emotions. 76, 24.64 ± 3.54 for Expressing Emotions, 24.39 ± 3.98 for Problem Solving, 37.53 ± 5.36 for Teaching, 30.06 ± 3.97 for Environment, 44.08 ± 5.50 for Needs and 25.19 ± 3.84 for Spirituality.

It was determined that there was a positive and moderately significant relationship between the MS scores of the nurses and CFNPIS Materiality Dimension total and Humanism, Hope, Helping Relationship, and Environment

sub-dimensions ($p < 0.001$; Table 2). It was determined that there was a positive and low level significant relationship between the MS scores and the CFNPIS Materiality Dimension sub-dimensions of Sensitivity, Expression of Emotions, Problem Solving, Teaching, Needs and Spirituality ($p < 0.001$; Table 2).

In order to determine the effect of nurses' mindfulness levels on the importance they attach to care-oriented nurse-patient interaction, a total of 11 different regression models were established between the MS and the total and sub-dimensions of the CFNPIS Materiality Dimension (Table 3). It was determined that there was a significant correlation between the BFQ scores of the nurses and the total and sub-dimension scores of the CFNPIS Materiality Dimension ($p < 0.001$). It was determined that mindfulness explained 11.5% ($R^2 = 0.115$) of the importance given to care-oriented nurse-patient interaction (Table 3). As the level of mindfulness of nurses increases, the importance they attach to care-oriented nurse-patient interaction also increases ($\beta = 0.338$; Table 3). As a result of the regression analysis, it was determined that the level of mindfulness of the nurses explained 15.5% ($R^2 = 0.155$) of the importance given to humanism; 14.6% ($R^2 = 0.146$) of the importance given to hope; 6.9% ($R^2 = 0.069$) of the importance given to sensitivity; 12.3% ($R^2 = 0.123$) of the importance given to helping relationship; and 5.8% ($R^2 = 0.058$) of the

importance given to expression of emotions (Table 3). As the level of mindfulness of the nurses increases, the importance they attach to humanism ($\beta=0.394$), hope ($\beta=0.383$), sensitivity ($\beta=0.383$), helping relationship ($\beta=0.263$), helping relationship ($\beta=0.350$), and expression of emotions ($\beta=0.241$) also increases (Table 3). It was found that the level of mindfulness of nurses explained 4.9% of the importance given to problem solving ($R^2=0.049$); 4.5% of the importance given to

teaching ($R^2=0.045$); 10.1% of the importance given to the environment ($R^2=0.101$); 8.7% of the importance given to needs ($R^2=0.087$); and 8.8% of the importance given to spirituality ($R^2=0.088$). As the level of mindfulness of nurses increases, the importance they attach to problem solving ($\beta=0.221$), teaching ($\beta=0.212$), environment ($\beta=0.318$), needs ($\beta=0.295$), and spirituality ($\beta=0.296$) also increases (Table 3).

Table-1. Distribution of descriptive characteristics of nurses (n=330)

Descriptive Characteristics		Number (n)	Percentage (%)
Gender	Woman	259	78.5
	Male	71	21.5
Marital Status	Married	189	57.3
	Single	141	42.7
Education Status	High Degree	37	11.2
	License	255	77.3
	Postgraduate	38	11.5
Income Level	Low	97	29.4
	Middle	221	67.0
	High	12	3.6
Professional Experience	10 years and below	261	79.1
	11-20 years	48	14.5
	21 years and above	21	6.4
Reason for Choosing Profession	Own will	183	55.5
	Family/environment request	93	28.2
	Ease of finding a job	54	16.4
Chronic Disease Status	Yes	53	16.1
	No	277	83.9
Mental Illness Status	Yes	13	3.9
	No	317	96.1
		Mean	SD
Age (Mean \pm Standard Deviation)		28.54	6.54

Table-2. The relationship between total and subscale scores in the materiality dimension of the MS and the CFNPIS

	CFNPIS Materiality Dimension	Humanism	Hope	Sensitivity	Helping Relationship	Expressing Emotions	Problem Solving	Teaching	Environment	Needs	Spirituality	
MS	r	0.338	0.394	0.383	0.263	0.350	0.241	0.221	0.212	0.318	0.295	0.296
	*p	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

r: Correlation coefficient; * Pearson correlation analysis

Table-3. Regression analysis results between MS total and CFNPIS materiality dimension total and subscales

Dependent Variable	Independent Variable	β_1	β_2	t	p	% 95 Confidence Interval		Model Results		
								R ²	F	p
CFNPIS Materiality Dimension	Fixed	233.07		24.26	0.000	214.18	251.97	0.11	42.43	0.000
	MS	0.96	0.33	6.51	0.000	0.67	1.25			
Humanism Subdimension	Fixed	17.28		17.53	0.000	15.34	19.22	0.15	60.38	0.000
	MS	0.11	0.39	7.77	0.000	0.08	0.14			
Hope Subdimension	Fixed	22.21		21.34	0.000	20.16	24.26	0.14	56.21	0.000
	MS	0.12	0.38	7.49	0.000	0.09	0.15			
Sensitivity Sub Dimension	Fixed	18.78		17.76	0.000	16.66	20.89	0.06	24.43	0.000
	MS	0.08	0.26	4.94	0.000	0.04	0.11			
Helping Relationship Subdimension	Fixed	23.31		23.53	0.000	21.36	25.26	0.12	45.90	0.000
	MS	0.10	0.35	6.77	0.000	0.07	0.13			
Expression of Emotions Subdimension	Fixed	20.37		21.10	0.000	18.47	22.27	0.05	20.24	0.000
	MS	0.06	0.24	4.50	0.000	0.03	0.09			
Problem Solving Subdimension	Fixed	19.99		18.33	0.000	17.85	22.14	0.04	16.87	0.000
	MS	0.06	0.22	4.10	0.000	0.03	0.10			
Teaching Subdimension	Fixed	31.85		21.64	0.000	28.95	34.74	0.04	15.48	0.000
	MS	0.08	0.21	3.93	0.000	0.04	0.13			
Environment Subdimension	Fixed	23.76		22.45	0.000	21.68	25.84	0.10	36.78	0.000
	MS	0.09	0.31	6.50	0.000	0.06	0.13			
Needs Subdimension	Fixed	35.97		24.35	0.000	33.07	38.88	0.08	31.30	0.000
	MS	0.12	0.29	5.59	0.000	0.08	0.17			
Spirituality Subdimension	Fixed	19.52		18.94	0.000	17.49	21.54	0.08	31.53	0.000
	MS	0.08	0.29	5.61	0.000	0.05	0.12			

* Simple Linear Regression Analysis

DISCUSSION

The findings obtained from this study, which examined the relationship between nurses' level of mindfulness and care-oriented nurse-patient interaction, are discussed in this section in line with the relevant literature.

It was found that the nurses participating in the study had a moderate level of mindfulness. Similar results were found in another study conducted with nurses working in a university hospital and it was determined that the mindfulness levels of the nurses included in the study were at a medium level (12). In addition, it was determined in the study that nurses had a positive attitude towards the importance of

care-oriented patient-nurse interaction. Similar results were obtained in studies conducted with nurses working in university hospitals (8), COVID-19 services and intensive care units (29) and it was determined that nurses had a positive perception of the importance of care-oriented patient-nurse interaction.

It was found that as the level of mindfulness of the nurses participating in the study increased, the importance they gave to care-oriented nurse-patient interaction also increased ($p < 0.001$). In addition, it was determined that the level of mindfulness of the nurses affected the importance given to care-oriented nurse-patient interaction (Table 3). In the study, it was

found that the increase in the level of mindfulness of nurses positively affected the importance given to humanism, hope, sensitivity, helping relationship, expression of emotions, problem solving, teaching, environment, needs, and spirituality (Table 3). In the literature, there are separate studies on mindfulness and care-oriented nurse-patient interaction in nurses (7, 8, 11, 12, 23). However, no study was found in which the two topics were addressed together. Mindfulness skill has an important place in accepting oneself and other individuals without judgment, increasing empathy and compassion, increasing the sense of morality, encouraging the individual, leaving the autopilot, responding consciously to what is happening in the moment, and increasing the individual's self-discipline (30). Increasing mindfulness helps the individual to realize feelings of love, compassion and forgiveness and increases the level of self-understanding (21). In this respect, mindfulness is to produce results that overlap with the cognitive and affective skills inherent in nursing care. Watson argues in the Human Care Theory that nursing care should be humanistic, holistic and conscious in line with a certain goal (31). In the care-oriented nurse-patient interaction, the fact that nurses are aware of their own situation against the patient and engage in helping behaviors is effective in making the care honest, sincere and conscious (1). Because nurses with high awareness are

aware of their own emotional states. It has been emphasized in many studies that when nurses are aware of their strengths and weaknesses, they act more consciously in meeting the needs of patients (32, 33). In this context, nurses with a high level of mindfulness approach wisely in interaction with both themselves and the individuals they care for.

CONCLUSION

In this study, it was concluded that the mindfulness levels of nurses affect the care-oriented patient-nurse interaction, and as the mindfulness levels increase, the importance given to care-oriented nurse-patient interaction increases. In addition, according to the results obtained from the study, nurses' high levels of mindfulness increase the importance given to the concepts of humanism, hope, sensitivity, helping relationship, expression of emotions, problem solving, teaching, environment, needs, and spirituality. Based on these results, it is recommended to start implementing strategies to increase the mindfulness levels of nurses from university education periods, to include practices to increase mindfulness levels in in-service trainings, and to increase the number of studies that address the mindfulness levels of nurses and care-oriented nurse-patient interaction.

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Ethics Committee Approval: Ethics committee approval was obtained from the Social and Human Sciences Ethics Committee (Date: 25.11.2020; Number: 2020/794) of the university where the research was conducted before the study was started.

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