



Mindfulness practice as a teaching-learning strategy in higher education: A qualitative exploratory pilot study



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ABSTRACT

Background: Students in higher education are experiencing stress and anxiety, such that it impedes their academic success and personal wellbeing. Brief mindfulness meditation and lovingkindness meditation are two aspects of mindfulness practice that have the potential to decrease students' feelings of anxiety and stress, and increase their sense of wellbeing and capacity for compassion for self and for others.

Purpose: To explore how undergraduate and graduate students experience brief instructor-guided mindfulness practice; specifically, on their feelings of stress and anxiety, and their sense of wellbeing.

Study Design: Qualitative exploratory pilot study.

Participants and Setting: Fifty-two graduate and undergraduate students in different disciplines within a community services faculty of an urban university.

Methods: Brief (five-minute) instructor-guided mindfulness practices were offered over eight weeks at the beginning and end of classes. Participating students were asked to also engage in individual home practice of five to fifteen-minute mindful breathing four to five times a week and to keep a log of their experiences. At end of term, individual and group feedback ($N = 13$) was elicited from participating students. Six of the seven instructors who guided the mindfulness practices shared their experiences of the mindfulness activities.

Outcomes: Students reported an increased sense of calm, and a decreased feeling of anxiety. Lovingkindness meditation was mostly perceived as a positive way to close the class. Their instructors also observed that the brief mindful breathing practice at start of class helped students become more grounded and focused before engaging in the course content. Challenges encountered focused on the need to provide more in-depth information about mindfulness, as it relates to higher education teaching-learning contexts, to both students and participating instructors.

Conclusions: Implications for education suggest further research that includes fuller experiential training of participating instructors, as well as provision of a more comprehensive background on mindfulness to students.

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1. Introduction

It is generally understood that higher education expectations place great demands on students' performance, often leading them to experience stress and anxiety, which negatively affect their academic success and personal wellbeing (Hassed and Chambers, 2014; Kabat-Zinn, 2003; Miller et al., 2014; Richards and Martin, 2012; Smalley and Winston, 2010). One possible approach to address this phenomenon is mindfulness practice: present-moment awareness, accessed through

the senses, for the purpose of cultivating equanimity and inner peace (Hanh, 2005, 2009; Hassed and Chambers, 2014; Kabat-Zinn, 1990; Miller, 2012). As educators, we understand that part of the purpose of education is to stimulate and positively impact the cognitive, as well as the emotional development of learners (Hölzel et al., 2011; Ramsburg and Youmans, 2013). Research suggests that through the practice of mindfulness students have the potential to develop reflexivity, as well as skills to help them manage stress and subsequently support their engagement in highly demanding professional practice following graduation. However, despite current evidence, mindfulness practices have yet to be fully integrated within the undergraduate and graduate curricula at most higher education institutions.

As a group of inter-professional faculty, Nursing (4), Early Childhood Studies (1), and Child and Youth Care (1), we wondered, *What if we*

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engaged graduate and undergraduate students in a faculty of community services in brief instructor guided mindfulness practices to mitigate the anxiety and stress of our students? Thus, we proposed to engage students in our classes in brief mindfulness practice at start of each class and lovingkindness meditation (Salzberg, 1995, 2011) at the end of each class. In this article, we explicate our study process, including the outcomes and the challenges we encountered, lessons learned, as well as the potential implications for education, practice and future research.

2. Background

Mindfulness practice has its roots in Eastern philosophical traditions. It was formally introduced to the western world in the later twentieth century by Jon Kabat-Zinn (1990), who developed Mindfulness-Based Stress Reduction program. This eight-week course was designed to teach mindfulness practice to individuals with a wide range of health problems in primary care settings and to alleviate stress, pain, and illness-related distress that people face in everyday life (Kabat-Zinn, 2005). Since the introduction of mindfulness within health care, an increasing number of educational institutions, mostly public schools (junior kindergarten to grade twelve) and some higher education programs, have come to recognize the value of this ancient Buddhist practice and to appreciate it as a mechanism to transform the nature of teaching and learning (Hanh, 2013). For example, for almost three decades, holistic educator, Jack Miller of University of Toronto, has been offering a course on holistic curriculum, which requires students to practice mindfulness and presence (Irwin and Miller, 2015; Miller and Nozawa, 2002). Miller's recently co-edited book is a collection of his graduate students' papers on their experiences of mindfulness practices in his course (Miller et al., 2014). In the United States, scientist, Susan Smalley and mindfulness teacher, Diana Winston, founded the Mindful Awareness Research Center, and not only offer mindfulness practice courses to students, but also engage in research, exploring the impact of mindfulness on brain activity of those practicing (Smalley and Winston, 2010). In addition, world renowned medical neuroscientist, Dan Siegel, has been studying the positive impact of mindfulness practice on the human brain, especially the developing teenage brain. He has found that mindfulness practices support brain's neural integration and cognitive processing in emerging young adults (Siegel, 2007, 2013); furthering support for the inclusion of mindfulness practices in educational settings for young adults as they enter higher education.

Research into effectiveness of mindfulness in education has expanded dramatically over the past dozen years (Barbezat and Bush, 2014; Brown et al., 2007; Burrows, 2015; Ergas, 2015; Flook et al., 2013; Greenberg et al., 2012; Hased and Chambers, 2014; Hölzel et al., 2011; Irwin and Miller, 2015; Kabat-Zinn, 2005; Siegel, 2007; Ramsburg and Youmans, 2013; Smalley and Winston, 2010; Zeidan et al., 2010), and shows that mindfulness practice enhances the wellbeing of the practicing students, increasing their capacity for reflexivity, learning, equanimity, kindness, and compassion. More recently, research studies have been undertaken with students in professional healthcare education programs to assess the impact of mindfulness practices on preparing empathic and compassionate future practitioners (Beddoe and Murphy, 2004; Chen et al., 2013; Delay and Martin, 2015; Kang et al., 2009; Linden et al., 2001; Ratanasiripong et al., 2015; Snowden et al., 2015; Song and Lindquit, 2015; van der Riet et al., 2015; Walker and Mann, 2016). Although the results of these preliminary studies have been positive and offer promise in terms of achieving successful outcomes, such as decreased anxiety (Beddoe and Murphy, 2004; Chen et al., 2013; Kang et al., 2009) and increased capacity for emotional intelligence (Snowden et al., 2015) and mindful awareness (Song and Lindquit, 2015).

Other research, investigating specific empirically-based intervention approaches such as, Mindfulness Based Cognitive Therapy (MBCT), which combines mindfulness strategies with elements of cognitive therapy (Segal et al., 2012), have also been evaluated in educational

settings (Collard et al., 2008; Taylor et al., 2014). These researchers have found that MBCT, as a mindfulness approach, offers promise in alleviating participating students' stress, anxiety and depression, as well as enhancing their life satisfaction, mindful awareness and self-compassion.

Despite promising research outcomes, such mindfulness approaches, as presented above, are often offered as extracurricular opportunities and require time and commitment by students beyond the standard curriculum, which may prove challenging for some. Thus, critical questions such as, *How best to integrate mindfulness practices into current healthcare curriculum*, remain.

One possible approach we considered is brief mindfulness practice at the start and at the end of each weekly class, thus making it more accessible to the students. Additionally, brief mindfulness practices have been found to reduce anxiety and increase wellbeing in practicing students (Hased and Chambers, 2014; Miller, 2012; Smalley and Winston, 2010). In particular, we focused on mindful breathing and lovingkindness meditation, two aspects of mindfulness practice that have shown the potential to decrease feelings of anxiety and stress, and increase students' ability for compassion for self and others (Richards and Martin, 2012). Consequently, we undertook a qualitative exploratory pilot study to learn about the impact of introducing brief mindfulness practices within the classroom in a higher education setting.

3. Study Design

We undertook a qualitative exploratory pilot study to discover how students in a faculty of community services of an urban university experienced brief instructor-guided mindfulness practices conducted at the start and at the end of each week's class. Brief mindfulness intervention, such as this has been found to reduce anxiety and increase wellbeing in students (Hased and Chambers, 2014; Miller, 2012; Smalley and Winston, 2010).

University research ethics board approval was obtained. Participants were recruited during week three of a twelve-week academic term. The study Research Assistant, during recruitment, provided students with brief information about mindfulness: its history, what it is and how it could be achieved. The study included fifty-two inter-professional (Nursing, Child and Youth Care, and Early Childhood Studies) undergraduate and graduate students in a variety of courses (ranging from required graduate quantitative research course to undergraduate elective course on family health). As part of the consent form, students were provided information where to seek counseling and or psychological support, should mindfulness practices trigger such a need. No participating students reported using those services.

During weeks four to twelve instructors engaged students in their respective classes in brief guided mindfulness practices. All students were invited to participate, regardless of their decision whether or not to take part in the study. At the beginning of each class during the intervention period, instructors guided the students through a brief (approximately 5 min) mindful breathing practice, which consisted of following the breath while mindfully focusing attention on the body. At the end of each class instructors engaged students in the lovingkindness meditation (Salzberg, 1995) (approximately 5 min).

Participating course instructors did not receive in-depth training on mindfulness practices. However, familiarity with mindfulness varied among the instructors. For consistency, instructors were provided with a short, step-by-step script to use for each mindfulness practice, at start and at end-of class, in their respective courses. All instructors were offered support as needed.

Students who chose to participate in the study were also asked to engage in individual home practice, five to fifteen-minute mindful breathing four to five times a week. They were requested to keep a log of their experiences. Each was provided with a written home practice

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