



Research article

The effects of a structured mindfulness program on the development of empathy in healthcare students



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1. Introduction

A growing body of literature demonstrates that high levels of anxiety and stress-related health concerns are experienced by undergraduate university students, in particular medical and nursing students (Beddoe and Murphy (2004); Irving, Dobkin, and Park (2009); Hassed (2009); Shapiro (2005); Darling (2007); Candy (2011)). For students to become effective healthcare professionals it is important that they have the mental and emotional skills to manage stress. Mindfulness training has been found to reduce stress in a variety of populations (Hassed, 2016; Kabat-Zinn, 2016). The benefits of mindfulness training for student populations extend beyond stress reduction (Hassed, 2016), and include improved concentration and attention, faster information processing which enables better academic performance (Mrazek, 2013) greater self-reflexivity, and increased student engagement (Napoli & Bonifas, 2011). Mindfulness furthermore assists students to develop self-awareness and emotional regulation which enables greater perspective-taking and empathy (Grant, 2014; Hassed, 2016).

2. Empathy in health practitioner- patient relationships

Empathy, in relation to health care professionals, has been defined as a cognitive attribute that allows an understanding of the experience, concerns, and perspectives of a patient, as well as the ability to communicate that understanding (Hojat, 2013). Empathy has been recognised as being at the centre of the therapeutic process (Colliver, 2010; Spiro, 2009) and it is also considered to be the defining characteristic of all health professions (Larson & Yao, 2005). And some suggest that it is a health care practitioners 'most powerful tool' (Hegazi & Wilson, 2013). Empathy has been named as an essential

learning objective by the American Association of Medical Colleges and it is believed to significantly influence patient satisfaction, adherence to medical recommendations, clinical outcomes and professional satisfaction (Hojat, 2002; Hong, 2012; Stepien & Baernstein, 2006). Furthermore, there is now evidence to support the benefits of education and training to develop empathy in health care professionals (Larson & Yao, 2005; Stepien & Baernstein, 2006). There is no doubt that responding appropriately to the emotional states of a patient produces positive outcomes in the patient-practitioner relationship (Epstein & Street, 2007). To respond appropriately, health practitioners must demonstrate that not only have they accurately recognised the psychological dimension of the patient's state but also that they are able to respond in a way that understands and validates the feelings experienced (Wilson, Prescott, & Becket, 2012).

Mindfulness practice facilitates awareness and being in the present moment, empathically acknowledging one's experience and encouraging critical examination of personal biases while withholding judgment (Birnie, Speca, & Carlson, 2010). Mindfulness practice further enables enhanced attention to what is in the present moment and an 'open heart', attitudes/practices which are fundamental to empathy (Beddoe & Murphy, 2004). Mindfulness practices have been shown not only to enhance the characteristics of empathy and compassion but are pre-requisite for these characteristics to 'take root' (Birnie et al., 2010). In studies where empathy in particular was measured as an outcome in health care providers, levels of empathy improved following a mindfulness intervention (Lamothe, 2016). If we are able to encourage students undertaking health care studies to acknowledge their own experience in a non-judgmental and compassionate way and to listen actively with an 'open heart' it follows that when working with clients as graduate health care workers they may be more authentic and empathic (Carson & Langer, 2006).

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<http://dx.doi.org/10.1016/j.npls.2017.02.001>

Received 16 November 2016; Received in revised form 31 January 2017; Accepted 20 February 2017

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3. Effective health-care practitioner and patient communication

In all health disciplines, effective communication is the cornerstone of practice and there is considerable evidence that communication is a key element in producing positive outcomes for health care workers and patients (Bensing, Rimondini, & Visser, 2013; Charon, 2007; Epstein & Street, 2007; Parry, 2008; Street, 2009). The ability to communicate effectively is increasingly recognised as critical to success in the health care system. Effective communication involves arriving at a shared understanding of a situation and in some cases a shared course of action. This requires a range of communication skills including listening actively and responding empathically and being able to apply these skills across a range of contexts and situations (Stein-Parbury, 2014). In order to listen actively the health care worker must listen with an open mind, stay focussed on the client's message and resist judgment – all fundamental to mindfulness.

4. The practice of traditional Chinese medicine

The present study was carried out in a large Metropolitan University in Australia, with students enrolled in a Bachelor of Health Science in Traditional Chinese Medicine (TCM), a complementary medicine modality.

The use of complementary medicine is said to be increasing worldwide (Adams, 2012; Barnes, 2012; Fonnebo, 2007; Kim, 2012; Kitai, 1998) and one of the reasons proposed for patients using complementary therapists instead of conventional doctors is that complementary and alternate therapists are believed to be better communicators (Bishop, Yardley, & Lewith, 2010; Michlig, Ausfeld-Hafter, & Busato, 2008). Poor communication between health care professionals and patients has been implicated in the increasing number of complaints against health care professionals worldwide and interventions to improve patient - practitioner communication have included enhancing practitioners' empathy (General Medical Council GMC, 2012; Health Care Complaints Commission, 2015; Iedema, 2012).

5. Purpose

The objective of this study was to evaluate the effect a structured mindfulness based program on the development of empathy in the undergraduate TCM students.

6. Methods

6.1. Design

This was a prospective, non-randomised observational study which utilised a repeated measure (JSE-HPS) before and after participation in a 12 week mindfulness-based program. For this study the outcome measure was the 20-item Jefferson Scale Empathy- Health Profession Students' (JSE-HPS) version (Hojat, 2007). This is a validated instrument that measures self-reported levels of empathy in students from healthcare professions (Fields, 2011; Fjortoft, Van Winkle, & Hojat, 2011). It uses a seven-point Likert scale with the descriptors of "strongly disagree" at one end of the scale and "strongly agree" at the other end. The psychometric qualities of the JSE-HPS were evaluated in an Australian student sample where it was shown to be a valid and reliable measure for undergraduate student empathy levels (Williams & Stickley, 2010). In the current study it was used to assess the effect of a structured series of mindfulness experiences on empathy levels in the students over a period of a 12 week academic semester. The scale was administered at the beginning (week one) and also at the completion of the semester (week 14). Participants also answered a brief questionnaire regarding their experience of the mindfulness

program (Slavik, 2014). Ethical approval for the study was obtained from the Human Research Ethics Committee of the university. Prior to gaining consent from the students, an information sheet was given explaining the aim of the project, outlining their right to refuse to participate without penalty and asking them to sign a consent form if they wished to participate.

Questionnaires were distributed and collected by an academic who was not part of the teaching team for the subject and who did not deliver the mindfulness program. Students were asked to complete them anonymously and they were collected in an unidentified envelope for collation.

All students enrolled in the subject (n=57) agreed to participate and it was interesting to note that whilst lectures for the subject were compulsory students were advised that if they wished to attend the lecture and not attend the mindfulness exercises that they wouldn't be penalised. There was 100% attendance for every week's mindfulness exercise.

6.2. Participants

Of the 57 students who participated in the study, 30 (53%) were female and 22 (39%) were male with five participants not recording their gender. All were first year undergraduate students with a mean age of 30 years (range 19–51 years).

6.3. Data collection

Data were collected during the Australian Spring academic semester (March to June 2014).

6.4. Mindfulness training

The mindfulness program was a structured weekly program involving a variety of experiences based on the development of mindfulness skills. The exercises and activities were facilitated by two experienced mindfulness meditation teachers with fifteen years of experience each (NY, TS). For the purposes of the present study, there was a particular focus on the engenderment of empathy through mindful awareness. During the first week, a two-hour workshop was facilitated where mindfulness and mindfulness meditation were explained. Mindfulness was placed in a context and evidence was provided to support the benefits of mindfulness practices in tertiary education settings. Students were encouraged to ask questions and to share their previous experiences of meditation if they wished to. As many of the students were mature age, often with undergraduate degrees in fields other than health or from Eastern cultural traditions, many had previous experience with some sort of mindfulness, meditation, yoga or tai chi for example. The program for the mindfulness exercises was developed by one of the facilitators of the mindfulness exercises who chose a variety of exercises considered relevant to the students. Following the introduction students were led through a body scan and breathing meditation. For the following eleven weeks at the commencement of the scheduled two hour 'Communication for The Complementary Therapist' lecture, students were introduced to a different mindfulness practice for approximately 15–20 min. This was followed by a 15–20 min debriefing session that solicited verbal feedback about the experience, and a discussion of how the activity might be utilised in the student's personal and/or professional life as a health care practitioner.

On the final session, in addition to completing the JSE-HPS, students were invited to reflect on their experiences and complete a short questionnaire (Table 1). This measure asked participants to describe their experiences of participating in the exercises each week and if they thought the weekly exercises had any impact on their learning. Each of the 15 items in the questionnaire represented an indicator of the broad benefits of mindfulness (questions 2,4,6,7,11,12,14) or discreet benefits of mindfulness in the context of

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