

# Correlation of nurses' mindfulness with their perception of individualized care: A cross-sectional study

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## Abstract

**Purpose:** The objective of this study is to investigate the correlation of nurses' mindfulness with their perception of individualized care.

**Design and Methods:** It was designed as a descriptive correlational study. Two hundred seventy-one nurses were included in this study.

**Findings:** The mean total score was  $4.20 \pm 0.04$  on the "Mindful Attention Awareness Scale" and  $3.97 \pm 0.04$  on the "Individualized Care Scale-Nurse." There was a significant positive correlation between the mean total score on the scales and the subscales ( $p < 0.01$ ).

**Practical Implications:** Therefore, the education and practical training of nurses should include methods designed to improve their levels of mindfulness.

## KEYWORDS

care, individuality, mindfulness, nursing

## 1 | INTRODUCTION

Nurses constantly interact with the individuals for whom they provide care (Altınbaş, 2020). In the course of this interaction, they often must witness the pain, suffering, and indeed the death of patients (Toru, 2020). It is natural that nurses should be subjected to varying degrees of stress while delivering proper care in an ethical manner (Wasson et al., 2020). However, when it is not controlled, the cumulative effect of stress can result in serious problems including lack of focus, depression, and burnout (Wu et al., 2021). This has a negative impact on the quality of care delivered and consequently on the overall effectiveness of healthcare systems (Charlene Luchterhand et al., 2015; Ghawadra et al., 2020). Recent studies have recommended the use of mindfulness programs (as psychological interventions) to help nurses cope with emotional changes (Guillaumie et al., 2017).

Mindfulness is a philosophy of life where an individual accepts what is taking place in the present with curiosity, affection, and understanding but without judgment (Asık & Albayrak, 2021). This approach is based on Eastern philosophy and has been implemented in a variety of different ways for centuries (Wasson et al., 2020). Mindfulness is the main focus for the functions of the body and mind

(Hafenbrack et al., 2020). This approach allows nurses to understand themselves better and to focus on the individuals to whom they deliver care (Asık & Albayrak, 2021). It is important that nurses have a high level of mindfulness. Such skills help nurses to be more conscious of their automatic thoughts and acts, and to control the stress associated with past experiences and future events (Wasson et al., 2020). The results of several studies have demonstrated that this approach produces positive changes in levels of anxiety, depression, and burnout in nurses (Braun et al., 2019; Wu et al., 2021).

According to the current philosophy of nursing, which is based on humanism and holism, people's beliefs, values, desires, experiences, and preferences all combine to form their individuality (Ghorbani et al., 2021). Nurses must always give full consideration to the individuality, or personal characteristics, of their patients as this is key to the provision of care (Karayurt et al., 2018). Individualized care involves the application of a range of practices that result from the nurse-patient interaction and is adapted to the specific needs of the individual (Can & Acaroğlu, 2015). Nurses delivering individualized care are aware that each patient is a unique individual in their own right (Toru, 2020). They take account of the experiences, behaviors, thoughts, and perceptions of their patients in creating

their care plans (Güven Ozdemir & Sendir, 2020). Nurses can provide individualized care only if they focus on their patients (Danacı & Koç, 2020). Therefore, it is suggested that there may be a positive correlation between levels of mindful attention awareness in nurses and their perception of individualized care. There have been only a limited number of studies on this issue. The results obtained from this particular study may be considered a useful contribution to the literature.

## 1.1 | Aim

The aim of this study is to determine the correlation of nurses' mindfulness with their perception of individualized care.

Answers were sought to the following questions:

1. Is there a relationship between nurses' mindfulness and individualized care perceptions?
2. Do nurses' demographic and professional characteristics affect their mindfulness and perceptions of individualized care?

## 2 | METHODS

### 2.1 | Study design and sampling method

This study was designed and conducted as a descriptive and correlational study. The study data were collected over a 3-month period between January and March 2021. It was performed in two hospitals located in a city to the west of Turkey: one university hospital and one state hospital. The study included nurses who worked in internal diseases clinics, surgical clinics, and intensive care units directly related to patient care. Of the nurses included, a total of 612 worked in the two hospitals and 506 were working for clinics. The sample size to represent the study universe comprised 271 nurses and was calculated with a 90% confidence interval and an error margin of 5%.

### 2.2 | Data collection tools

The study questionnaire was compiled using a data form for demographic and professional characteristics, and two scales. The questionnaire was pretested to determine how long it would take to complete and to highlight any problematic questions. The questionnaire was updated after feedback from the pretest, which was completed by 10 nurses. It took approximately 12 min to complete the questionnaire.

#### 2.2.1 | Data form of demographic and professional characteristics

The form was developed in accordance with the literature and included questions covering demographic characteristics (e.g., the age, gender, marital status, and education of the nurses) and

professional characteristics (e.g., detail of the unit/department where they worked, employment status, weekly hours worked, work duration in years, and professional satisfaction) (Can & Acaroğlu, 2015; dos Santos et al., 2016; Ghawadra et al., 2019).

#### 2.2.2 | Mindful attention awareness scale

Developed by Brown and Ryan (2003), this is a 15-item scale: "which measures individuals' general tendency to be aware of experiences in the present moment in their daily lives, and of how much attention they give to these experiences." Respondents are asked to indicate on a 6-point Likert scale how often they experience each of the items suggested, and whether they experience each in an automatic manner without being aware of the present moment. The possible responses ranged from "Almost always" to "Almost never," with a high score on the scale indicating a high level of mindfulness. The mindful attention awareness scale (MAAS) has a one-factor structure and provides one "total score." The coefficient of internal consistency for the scale is 0.82 (Brown & Ryan, 2003). The MAAS was adapted for Turkish by Özyesil et al., (2011). The Turkish validity and reliability study gave a Cronbach's alpha (internal consistency) of 0.80 (Özyesil et al., 2011), and for this study, Cronbach's alpha was 0.87.

#### 2.2.3 | Individualized care scale-nurse version

This was developed by Suhonen et al. (2005) to assess nurses' opinions on individualized care in a healthcare setting. It was later adapted for Turkey by Şendir et al. (2010). The scale contains two sections: the first assesses the encouragement provided by nurses for patients' individuality in care practices (BBSA-nurse), while the second assesses patients' perception of the individualization of their care (BBSB-nurse). This study used the BBSA-nurse, which features a 17-item scale. It incorporates the 5-point Likert scale, represented by the following: 1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree; 4 = agree; and 5 = strongly agree. But in addition, the scale includes three subscales: clinical situation, personal life situation, and decisional control over care (Acaroğlu & Şendir, 2012; Suhonen et al., 2005). Section A of the scale requires nurses to consider their general attitude with regard to how they support patients' individuality when they deliver care (Acaroğlu & Şendir, 2012). The item means score on each subscale of the BBSA-Nurse scale ranges from a minimum of 1 to a maximum of 5. Higher scores indicate a higher degree of support provided by nurses for the patient's individuality during the course of general nursing activity. Cronbach's alpha was 0.88 for the study carried out by Suhonen et al. (2005), 0.91 for the study by Şendir (2010) and Suhonen et al. (2005), and 0.97 for this study.

### 2.3 | Statistical analysis

The data obtained from this study were analyzed using the Statistical Package Social Sciences for 25.0. Descriptive data were assessed

using frequency, standard deviation, minimum and maximum values, and a Pearson's correlation coefficient test was conducted to determine the correlation between mindful attention awareness and the individualized care scale. Significance was set at  $p < 0.01$ .

## 2.4 | Ethical considerations

Written permission was obtained from the institutions to be included in the study and also approval from the Clinical Studies Ethics Committee (E-84026528-050.01.04-2100002339). Before commencement, authorization was obtained by e-mail from the authors who adapted the scales to Turkish for use in the data collection process. The data were collected through online questionnaires due to the constraints of the Covid-19 pandemic. The introduction to the questionnaire contained instructions on how it should be completed and information on the objective and scope of the study. Participants were advised they could withdraw from the study at any time and written consent was provided by the volunteers. Anonymity and confidentiality were guaranteed and it was made clear that data would be used only for scientific purposes.

## 3 | RESULTS

The average age of the nurses included in this study was  $29.00 \pm 6.55$  years. 86% of the nurses were female. 67.5% were bachelor's degrees. 59.4% were single. 46.8% provided nursing care in the department of internal diseases. 72% worked shifts (day and night shifts). 65.8% often worked more than 48 h per week. The average working duration in the job was  $6.78 \pm 6.53$  years, and the mean job satisfaction was  $6.46 \pm 2.26$  (see Table 1).

The mean total score on the MAAS was  $4.20 \pm 0.04$ . The mean total score on the individualized care scale was  $3.97 \pm 0.04$ . Also, on the individualized care scale, the mean score on the subscale clinical situation was  $4.13 \pm 0.04$ ; the mean score on the subscale personal life situation was  $3.44 \pm 0.06$ , and the mean score on the subscale decisional control over care was  $4.15 \pm 0.04$  (see Table 2).

There was a positive significant correlation between the mean total score on the MAAS, and the mean total score on the individualized care scale and the subsections clinical situation, personal life situation, and decisional control over care ( $p < 0.05$ ) (see Table 3).

When the total mean score of the individualized care scale of the nurses and their demographic and professional characteristics were compared, a significant relationship was found between the marital status of the nurses, the departments they worked in, and the way they worked ( $p < 0.05$ ). When the MAAS mean score was compared with the individual characteristics of the nurses, a significant relationship was determined between their gender, departments, and working styles ( $p < 0.05$ ) (see Table 4).

**TABLE 1** Demographic and professional characteristics of nurses ( $n = 271$ )

Variable	Mean $\pm$ SD	
Age	29.00 $\pm$ 6.55	
	<i>n</i>	%
Gender		
Female	233	86.0
Male	38	14.0
Educational status		
High school	17	6.3
Associate degree	17	6.3
Bachelor's degree	183	67.5
Master's degree	54	19.9
Marital status		
Married	110	40.6
Single	161	59.4
Department of work		
Intensive care units	97	35.8
Internal diseases	127	46.8
Surgical clinics	47	17.4
Working status		
Day	65	24.0
Night	11	4.1
Day-night (shift)	195	72.0
Weekly working hours		
Under 40 h	25	9.3
40–48 h	118	43.5
Over 48 h	128	65.8
	Min–max	Mean $\pm$ SD
Total professional working years	0.00–35.00	6.78 $\pm$ 6.53

**TABLE 2** Mindful attention awareness and individualized care scale totals and subdimension averages

	Min–max	Mean $\pm$ SD
Mindful attention awareness total	1.47–5.87	4.20 $\pm$ 0.04
Individualized care scale-nurse version total	1.53–5.00	3.97 $\pm$ 0.04
Clinical situation	1.14–5.00	4.13 $\pm$ 0.04
Personal life situation	1.00–5.00	3.44 $\pm$ 0.06
Decisional control over the care	1.33–5.00	4.15 $\pm$ 0.04

## 4 | DISCUSSION

Mindfulness involves “an instant non-judgmental approach” and requires intentional attention to the present moment. Mindfulness also involves disengaging from autopilot mode to live the moment (Charlene Luchterhand et al., 2015). Mindfulness is a concept closely

associated with personal well-being indicators such as being conscious of emotions, certainness, mood variations, conscience, and satisfaction with life (Ryan et al., 2012). Recently, mindfulness interventions have been used in psychotherapy in various ways. Different studies have suggested that mindfulness practices such as meditation, yoga, and breathing exercises reduce levels of stress, anxiety, and depression in individuals (dos Santos et al., 2016; Ryan et al., 2012; Wylde et al., 2017). Nurses often go through emotional distress due to heavy demand for health care, poor working conditions, and high workloads (Ghawadra et al., 2019). Psychologically distressing conditions such as stress and anxiety have a direct influence on behaviors in nursing care. To provide high-quality patient-oriented care, nurses need to be thoroughly prepared, flexible, and conscious of their own beliefs (Charlene Luchterhand et al., 2015). Therefore, nurses need to raise their mindfulness to the highest possible level. This study reported a mean MAAS of  $63.12 \pm 0.74$  for nurses,—and it is above average—which is consistent with the findings of Asik and Albayrak (2021). However, the results of the study by Özaydın (2019) indicated lower mindfulness for nurses.

**TABLE 3** Relationship between mindful attention awareness and individualized care scale totals and subdimension

	Mindful attention awareness	
	r	p*
Individualized care scale-nurse version	Clinical situation	0.209 0.01
	Personal life situation	0.248 0.01
	Decisional control over the care	0.296 0.01
	Total	0.285 0.01

\*Pearson correlation  $p < 0.05$ .

**TABLE 4** Relationship between demographic and professional characteristics and individualized care scale-nurse version and scale mindful attention awareness total score average

Sociodemographic attributes	Individualized care scale-nurse version			Mindful attention awareness		
	Mean ± SD	tor F	p	Mean ± SD	tor F	p
Gender						
Female	67.412	0.823	0.411	62.068	<b>3.677</b>	<b>0.001</b>
Male	69.052			69.605		
Educational status						
High school	66.882	1.081	0.358	62.058	1.136	0.335
Associate degree	63.058			68.235		
Bachelor's degree	67.874			62.129		
Master's degree	68.537			63.125		
Marital status						
Married	67.618	<b>0.270</b>	<b>0.029</b>	62.290	0.684	0.920
Single	67.658			63.695		
Department of work						
Intensive care units	70.023	<b>3.351</b>	<b>0.037</b>	63.658	<b>3.907</b>	<b>0.021</b>
Internal diseases	66.119			61.695		
Surgical clinics	68.428			68.000		
Working status						
Day	70.646	<b>3.028</b>	<b>0.050</b>	66.707	<b>3.732</b>	<b>0.025</b>
Night	67.090			63.181		
Day-night (shift)	66.671			61.928		
Weekly working hours						
Under 40 h	70.833	1.098	0.351	67.458	1.499	0.215
40–48 h	67.737			61.796		
Over 48 h	67.046			63.535		

Note: Bold values are significant at  $p < 0.05$ .

Also, as a result of the study, a significant relationship was found between nurses' mindfulness levels and their gender, departments, and working styles ( $p < 0.05$ ). The mindfulness of male nurses was significantly higher than that of female nurses. In the study of Aşık and Albayrak (2021) which reported that gender affected nurses' mindfulness, it is stated that male nurses have a high level of mindfulness. It is thought that this may be due to the role differences between men and women. Also, as a result of this study, it was determined that the awareness of nurses working during the day and working in the surgery clinic was significantly higher ( $p < 0.05$ ). In addition, nurses who work during the day may have higher-level mindfulness, since their fatigue levels may be lower than those who work at night. The reason why working in surgical clinics causes high awareness is that it is thought that nursing mindfulness levels may have increased due to the difficulty of reversing faulty nursing practices that can be done in surgical clinics. Studies examining these findings in more detail are needed.

Beliefs in individuality, uniqueness, and integrity are referred to in the philosophy and foundation values of nursing as well as in the code of ethics, and this belief is reflected in practical terms through individualized care (Can & Acaroğlu, 2015; Danaci & Koç, 2020). This study determined an individualized care scale for nurses of  $3.97 \pm 0.04$ . This result is similar to studies in the literature (Altınbaş, 2020; Can & Acaroğlu, 2015). Nurses who adopt an individualized care approach are aware that each patient is a unique individual in his/her own right. They ensure that a unique care plan is developed with the individual in question, based on his/her experiences, behaviors, thoughts, and perception, and that the plan is followed up in practice. In this way, the nurse forms a keen understanding of the patient's situation and quickly recognizes any problems (Ceylan & Eser, 2016; Toru, 2020). Also, as a result of the study, a significant difference was found between nurses' perceptions of individualized care and their departments and working styles. Individualized care perceptions of nurses who work in intensive care and day shifts were higher ( $p < 0.05$ ). In the study of Shalaby et al. (2018), it is stated that the care perceptions of intensive care nurses are high. Some studies in the literature show that nurses working the day shift have a high perception of individualized care (Altınbaş & Whether, 2020; Danaci & Koç, 2020). This may be due to the fact that working night shifts may cause fatigue, attention and perception disorders, and a lack of patient care and monitoring in nurses. It is recommended that the effect of nurses' demographic characteristics on individualized care perceptions be tested in larger sample groups in future studies.

Our study found a significant positive correlation between nurses' mindfulness and the total score for their perception of individualized care and also for all the subscales of the scale. On the individualized care scale, the subscale "clinical situation" contained questions about individuals' attitudes to disease, emotions, and what disease meant to them; the subscale "personal life situation" contained questions about patients' beliefs, values, habits, activities, preferences, and family bonds; and the subscale "decisional control over care" contained questions regarding having a voice in their own

care (Acaroğlu & Şendir, 2012). A systematic review conducted by Braun et al. (2019) reported that healthcare professionals were of the opinion that mindfulness had a strong influence on patient care. Mindfulness practices such as nonjudgment, "allowing for events" and "acceptance as its is" (Kabat-Zinn, 2003) promote the development of the relationship between the patient and the caregiver, allowing for individualized care (Trowbridge & Mische Lawson, 2016). Furthermore, increased mindfulness, a more empathic approach, enhanced quality of relationships and emotional understanding in stressful conditions all contributed to significant improvement for nurses in their relations with patients and co-workers. This enabled them to cope better with the many conflicts they were presented with in the course of their work and resulted in enhanced quality of care (Guillaumie et al., 2017). An interventional study conducted by Charlene Luchterhand et al. (2015) reported the positive impact of mindfulness interventions on patient care outcomes (Charlene Luchterhand et al., 2015). In the literature, only a few studies previously addressed the correlation between nurse's mindfulness level and nursing care, but their findings were similar to this study. However, the literature does not include any studies which directly investigate the correlation between nurses' mindfulness and their perception of individualized care. For this reason, it is recommended that the relationship between nurses' individual care perceptions and their level of mindfulness should be addressed more in future studies.

## 5 | CONCLUSION

The results of this study show that there was a significant positive correlation between levels of mindfulness in nurses and their perception of individualized care. To individualize nursing care, nurses need to support the individuality of patients in their personal life situations (e.g., their beliefs, cultural characteristics, and preferences). In addition, individualized care actions require nurses to encourage patients to participate in decisions regarding their care. Demanding and stressful working conditions can often prevent nurses from delivering individualized care to their patients at the required level. Therefore, methods to improve levels of mindfulness in nurses are needed to improve their perception of individualized care. In this context, it is necessary to include mindfulness training in nursing education, to develop mindfulness attitudes (novice mind, confidence, etc.), and to support nurses in teaching their practices (meditation, yoga, conscious walking, breathing, etc.). And more comprehensive studies are needed to fully evaluate the potential impact of the concept of mindfulness on the practice of nursing care.

### 5.1 | Limitations of the study

One of the limitations of this descriptive cross-sectional study is that causality was determined at a limited level. Also, it is possible that nurses included in the study may have provided responses to the questionnaire which were socially acceptable rather than answers

which were true to their own feelings. Finally, a further limitation is the size of the sample, with only a small section of the potential number of nurses included. Therefore, the results obtained from this study cannot be fairly generalized. In addition, it should be taken into account that the data were obtained during the pandemic period

## 5.2 | Implications for psychiatric nursing practice

Individualized care focuses on individuals and their health problems and is based on a range of factors that contribute to an individual's cultural preferences, personal beliefs, and life experiences. It emphasizes that individuals have different personal values and beliefs that must be respected. Good clinical application depends on the delivery by nurses of individualized care taking into consideration the autonomy, honesty, and dignity of patients and their patient rights. To achieve this, nurses are expected to have high mindfulness of the individuals to whom they are giving care. Higher levels of mindfulness in nurses also help to reduce symptoms of stress, anxiety, and depression and improve their management of emotions. Therefore, mindfulness practices are considered to have a significant impact on nursing care. However, further studies are needed to establish the full extent of that impact.

## CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

## DATA AVAILABILITY STATEMENT

Data are available on request from the authors.

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**How to cite this article:** Üzen Cura, Ş., Yılmaz Coskun, E. Correlation of nurses' mindfulness with their perception of individualized care: A cross-sectional study. *Perspect Psychiatr Care*, 2022;58:2570–2576. <https://doi.org/10.1111/ppc.13095>

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