DEVELOPMENT OF A MINDFULNESS-BASED UNIT MANAGEMENT TRAINING PROGRAMME FOR PROFESSIONAL NURSES IN ONDO STATE, NIGERIA

By

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A thesis submitted in fulfillment of the requirements for the Degree of Doctor of Philosophy (PhD), in the School of Nursing, University of the Western Cape

Supervisor: Professor Hester Julie

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DECLARATION

I declare that development of a *Mindfulness-based Unit Management Training Programme for Professional Nurses in Ondo State, Nigeria* is my own work, undertaken under the supervision of **Professor Hester Julie,** and has not been presented elsewhere for the award of a degree or certificate. All sources have been duly distinguished and appropriately acknowledged by complete references.

Alice Igbekele Ogundele

Date: 26th November 2021

DEDICATION

This dissertation is dedicated to:

- My father Pa Akindeoye Akinboboye
- Sweet memories of my mother Madam Dorah Akindeoye
- My husband, Pastor Olabanji Ogundele
- My children, Tolulope Ruth Ogundele and Ayomide Philip Ogundele

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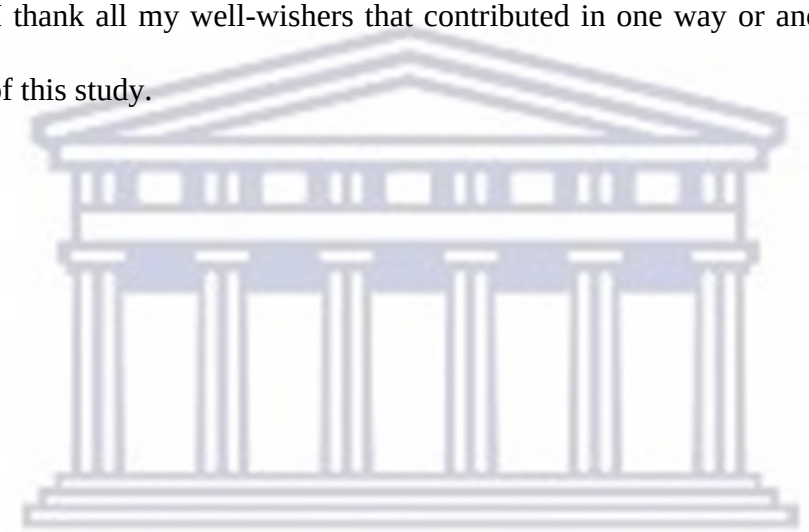

ABSTRACT

Professional nurses constitute the highest number of health manpower all over the world. The nature of their work make them prone to physical and emotional trauma which sometimes affect the care they render. Therefore, nursing requires that professionals demonstrate acceptable levels of self-awareness and self-control which is congruent with the key principles of mindfulness contributing to a standard of nursing practices that do not always reach by providers as expected. Likewise, Nurse Managers are expected to utilise mindfulness principles in the planning, organising, staffing, directing and controlling activities of their units. Therefore, the aim of this study was to develop a mindfulness-based unit management training programme for professional nurses in Ondo State, Nigeria. The objectives of this study were to:

(a) determine the level of individual mindfulness of professional nurses.

(b) measure the extent to which individual mindfulness impacts professional nurses' mindfulness.

(c) determine the effect of professional nurses' mindfulness on unit management performance of professional nurses.

(d) design mindfulness-based unit management programme for professional nurses.

(e) verify the developed mindfulness-based unit management training programme for professional nurses.

The five phases of Meyer and Van Nierkerk were used as the methodological framework for the study. The convergent mixed-method approach was used to elicit information from different categories of professional nurses from six hospitals in Ondo, Nigeria. Phase 1 involved the literature search on mindfulness and unit management. For Phase 2, 205 professional nurses were surveyed using a self-administered adapted Mindfulness Attention Awareness Scale (MAAS)

questionnaire; individual semi-structured interviews with five Heads of Nursing Services, and focus group discussions with 62 Nurse Managers from the selected hospitals.

Descriptive and inferential statistical analysis was done with the use of Statistical Package for Social Sciences (SPSS) version 25 and Amos version 26. The individual semi-structured interviews and FGDs were transcribed verbatim and analysis was done using qualitative content analysis.

Ethical clearance was obtained from the Senate Research Committee of the University of Western Cape and the State Ministry of Health, Research, and Ethics Committee of Nigeria.

The findings of phase 1 culminated in the development of the conceptual framework that underpinned the study. Phase 2 revealed that although professional nurses in this study exhibit individual mindlessness, they have a significant level of professional mindfulness and unit management performance. The findings also indicated that these nurses are resourceful when they have proper coordination of unit activities to achieve daily set goals, assigned job schedules based on competencies. They maintain good interpersonal relationships and are skillful in training younger nurses. The findings further indicate that these professional nurses are decisive when they plan adequately before taking joint decisions. They maintain flexibility after receiving evidence-based information, communicate tactfully when information, guidelines, policies are disseminated to ensure nurses are kept abreast of new developments. Current developments are considered when they plan for patient care, equipment, and emergencies.

Phase 3, the programme was designed using the six questions of Dickoff, et al. as a reasoning map to formulate the assumptions, vision, mission, objectives, and the six modules for mindfulness training developed in Phase 4. During Phase 5 the developed mindfulness-based unit management training programme for professional nurses was presented for verification to nine officials of the

Nursing and Midwifery Council of Nigeria. Then a focus group discussion led to the development of a conceptual framework for the implementation of mindfulness programme in Nigeria.

KEYWORDS

Mindfulness, Individual mindfulness, Professional nursing mindfulness, Unit management performance, Mindfulness-based programme, Workplace, Nursing.

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LIST OF ABBREVIATIONS

FST	Five -Step Model
HNS	Head of Nursing Services
HNT	Humanistic Nursing Theory
RLT	Resonant Leadership Theory
WMBM	Wilson Mindful Behaviour Model
WHO	World Health Organisation

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND RATIONALE

Professional nurses constitute the highest number of health manpower all over the world (Drennan & Ross, 2019, p. 2). The nature of their work make them prone to physical and emotional trauma which sometimes affect the care they render. Therefore, nursing requires that professionals demonstrate acceptable levels of self-awareness and self-regulation which is congruent with the key principles of mindfulness, like being intentionally aware of the present moment in an exacting way (Verhaeghen & Aikman, 2020, p. 250). Likewise, Nurse Managers are expected to utilise mindfulness principles in the planning, organising, staffing, directing and controlling activities of these units. Kabat-Zinn (2018, p. 12) the proponent of Mindfulness-based Stress Reduction (MBSR), defines mindfulness as "paying attention in a particular way; on purpose, in the present moment, and non-judgmentally". Mindfulness speaks to an attitude of openness, self-awareness, presence, deep connection with others, curiosity, patience, and acceptance which is an intrinsic resource that awaits awakening (Dobkin & Laliberté, 2014, p. 347; Vliet et al., 2018, p. 1). However, mindfulness is influenced by the individual's intention to act with kindness, attention, being fully aware of present events that eliminate distractions and improve work engagement (Humphrey et al., 2020, p. 2).

Positives outcomes of mindfulness include improved psychological functioning, empathy and compassion and prosocial behaviour (Hyland et al., 2015; Hafenbrack et al., 2020, p. 33) emotional regulation (Mesmer-Magnus et al., 2017), enhanced ability to attend to self and others both in personal and professional settings (Van der Riet et al., 2015). It helps workers to be more empathetic and maintain stronger teamwork (Karlin, 2018) and increases job satisfaction (Raza, et al., 2018, p. 15). It is not surprising that mindfulness practices have been

introduced in the hospital setting as a strategy to assist clinicians to manage the demands of the complex health care environment and develop resilience (Foureur et al., 2013, p. 114). The success of MBSR led to the development of clinically-oriented mindfulness-based programmes and approaches such as Mindfulness-Based Cognitive Therapy, Dialectical Behaviour Therapy, Acceptance and Commitment Therapy (Hyland et al., 2015, p. 578).

According to White (2014, p. 282) mindfulness has the potential to support the goal of cultivation of holistic nursing practices by creating greater sensitivity to one's environment, enhanced awareness of multiple perspectives in problem-solving, and more openness to new information. Since Nurse Managers are expected to manage complex issues as part of unit management, it is argued that the activities of unit management related to organising, staffing, controlling and solving problems can be optimised by incorporating principles of mindfulness in unit management training (Gonzalel, 2014, p. 51; Jooste, 2018, p. 93; Meyer, et al., 2015, p. 186).

Unit management is defined as the "ability to plan, direct, control, and evaluate others in situations where the outcomes are known or pre-established, where one or more ways of performing have been indicated upon based on evidence, where feedback and communication are shared to improve clinical processes and outcomes, and where sustained relationships advance consistency of purpose" (Bleich & Kist, 2015).

1.2 STUDY BACKGROUND

The public health care is an important developmental criterion that is used to measure a country's developmental goals and economic performance. The health care system in Nigeria is experiencing many challenges including poor management system (Adeloye et al., 2017, p.

8). Despite the achievement in the college education of the health practitioners, Nigeria has not yet optimised the available human resources by building a strong management system within this sector, especially professional nursing.

The nursing profession in Nigeria has experienced transformation in administration and management. Initially, nurses were confined to work at the bedside of the patient in the hospitals but were excluded at management and strategic levels (Auta, 2019, p. 156). During this period, nurses depended on the instructions of physicians to carry out activities. However, the Nursing and Midwifery Council of Nigeria (NMCN), changed the subservient roles of nursing by promulgating nursing as an autonomous profession (Nigeria & NMCN, 2019). The actual acknowledgement of the nursing profession as such was a slow process and therefore contributed to a lack of autonomy amongst nurses in Nigeria. The Department of Nursing Services, Ministry of Health, Ondo State was created in response to the agitation of nurses to be represented at the decision-making level of the State. Hence, the current Head of the Department, the Director of Nursing Services, is also the administrative head for nursing training and practice in the State (*Ondo State Ministry of Health*, 2020). Being the policy-making arm for nurses in the State, the department serves as advisory authority to the Government on issues relating to nursing. It also serves as a link between the Nursing and Midwifery Council of Nigeria and the State Government as well as the schools and the training hospitals.

The training hospitals are directly under the control of the Hospital's Management Board which is a parastatal under the Ministry. The Board also has a Director of Nursing Services who supervises the activities of nurses in the clinical areas. Each hospital has a Head of Nursing Services (HNS) that oversees the activities of nurses in that hospital and each unit also has a

Chief Nursing Officer (CNO) who serves as the unit manager, responsible for organising, directing, leading and coordinating all nursing activities at that level. The CNO's are appointed as managers based on their experience and do not have to undergo any special management training before being appointed as the unit manager.

The activities of these categories of officers in terms of how mindful they are in carrying out their managerial roles posed a challenge to the researcher being the Director and thus responsible for overseeing all the activities of nurses in the Ondo State. Several cases of nonchalance, carelessness and resistance to change have been observed. Since mindfulness contributes to autonomy, with a focus on a person's self-regulated and goal-directed actions (Deng et al., 2012, p.10), it enhances task performance (Chin et al., 2019, p.139; Good et al., 2016, p.115) by increasing the alertness to details (Hales et al., 2012, p.570), the researcher considered mindfulness training as a potential remedy to the stated problem.

1.3 PROBLEM STATEMENT

Nursing managers are the custodians of professional nursing practice, quality patient care and safety in hospitals (Armstrong et al., 2015, p. 109) and should be ideally situated in the hospital management system. Nurse Managers are expected to "supervise clinical care, oversee quality and safety standards, co-ordinate patient care activities at the unit level, and promote nursing leadership and mentoring" (Staniszewska et al., 2015, p. 7). This requires mindfulness of what is happening in nursing units and being aware of the present reality of nursing services (Brown & Ryan, 2003, p. 822). According to a study conducted by Jooste & Cairns, (2014, p. 532) on Nurse Managers and nurses' perceptions of nurses' self-leadership during capacity building, the findings indicated gaps concerning advising professional nurses about self-direction and self-awareness in management.

Research in mindfulness has burgeoned over the years in business, academia and government, but has received comparably little attention from the industrial-organisational community (Schwager et al., 2016). Many companies are incorporating mindfulness into their training programmes to enhance the productivity and well-being of their workers (Brass, 2016; Cullen, 2011; Goyal et al., 2014; Kersemaekers et al., 2018). However, there is limited scientific knowledge in scholarly or peer-reviewed journals that relate to nursing, mindfulness and unit management, and none was found for Nigeria. Nursing based studies on mindfulness focus primarily on stress reduction programme and not the enhancement of nursing practice (Hales et al., 2012).

A systematic review of 112 studies on workplace mindfulness training found that none of the studies explored its specific outcomes on the workplace (Lomas et al., 2019). Moreover, research done on workplace mindfulness, were mostly in developed countries (Economides et al., 2018; Hosseini et al., 2020; Guillaumie et al., 2017; Karlin, 2018a; Yun et al., 2009) while no empirical studies were found specifically on Nigeria. Therefore, developing unit management training programmes that are underpinned by the principles of mindfulness for Nigerian professional nurses were deemed necessary by the researcher.

1.4 SIGNIFICANCE OF THE STUDY

Findings from this study will help sensitise nurses to mindfulness and address the current gap identified in the problem statement. Developing a nursing-specific mindfulness-based training programme will constitute new knowledge in unit management for nurses in the Nigerian context. This study, through its dissemination, will contribute to existing literature and body of knowledge in nursing research, specifically unit management discourse.

1.5 AIM OF THE STUDY

The aim of this study was to develop a mindfulness-based unit management training programme for professional nurses in Ondo State, Nigeria.

1.6 OBJECTIVES OF THE STUDY

The objectives of this study are to:

(i) determine the level of individual mindfulness of professional nurses.

(ii) measure the extent to which individual mindfulness impact on professional nurses' mindfulness.

(iii) determine the effect of professional nurses' mindfulness on unit management performance of professional nurses.

(iv) design mindfulness-based unit management programme for professional nurses.

(v) verify the developed mindfulness-based unit management training programme for professional nurses.

1.7 OPERATIONAL DEFINITION OF TERMS

(a) **Mindfulness,** as used in this study, is the ability to concentrate on what one is doing at present without being distracted by thoughts of the past or future events. In this study mindfulness refers to resourcefulness, decisiveness, tactful communication, flexibility and awareness of the bigger picture as defined by Wilson et al (2011, p. 508) and formulated in the Mindfulness questionnaire.

(b) **Individual Mindfulness** refers to general mindfulness as reflected by the Mindfulness Attention and Awareness Scale (MAAS).

(c) **Professional nurses mindfulness** refers to resourcefulness, decisiveness, tactful communication, flexibility and awareness of the bigger picture as defined by (Wilson et al., 2011, p. 508) related to unit management.

(d) **Professional nurses** are people who have undergone three years training in a School of Nursing or Midwifery or a five-year nursing programme in a university registered with the Nursing and Midwifery Council of Nigeria established by Act No 143, Laws of Federal Republic of Nigeria 2004, which provides promotive, preventive, supportive and restorative care to individuals, families and communities, independently, and in collaboration with other members of the health team in any health care institution. In this study, it has the meaning of individuals engaging in bedside nursing in Ondo State hospitals.

(e) **Workplace** refers to the hospital where professional nurses work in Ondo State, Nigeria.

(f) **Mindfulness-based Unit Management Training Programme** is a training programme that incorporates the principles and concepts of mindful behaviour (resourcefulness, decisiveness, flexibility, tactfulness and awareness of current development) as it relates to the activities of unit management. See 1.8.2.2 for further clarifications of these concepts as applied in this study.

(g) **Unit management performance** refers to the variables that were included in MAAS, namely material/equipment management, patient care management, leadership/motivation and roster/duty schedule management.

(h) **Verification of mindfulness-based programme** refers to the verification of the developed programme to the Nursing and Midwifery Council of Nigeria for possible inclusion in the nursing training curriculum.

1.8 PARADIGMATIC PERSPECTIVES

A paradigm is an all-encompassing system of practice and thinking related to the nature of the enquiry, that is, the basic belief system and correct way of going about a study and those things that can be taken for granted in the social world of the study (Kivunja & Kuyini, 2017, p. 26). It is the frame of reference for viewing the world and it is made up of concepts and assumptions. Philosophical assumptions or a theoretical paradigm about the nature of reality, are crucial to understanding the overall perspective from which the study is designed and carried out. The paradigm perspective defines the meta-theoretical, theoretical and methodological assumption of the research.

1.8.1 Meta-Theoretical Assumptions

A meta-theory describes the philosophical foundations, nature, and structure of scientific theories. At the meta-theoretical level, the issues that are considered include the nature of the researcher's world view of the study and the meaning of truth (Reed & Shearer, 2018, p. 6). In view of this, this study adopted a *pragmatic paradigm*. The pragmatists believe that research study may not necessarily follow a single epistemological (how knowledge is acquired) stance but to use the best methodological approach suitable to tackle the research question (Ritchie et al., 2014, p. 22; Stables, 2017). They share the philosophy of positivism and constructivism, therefore, the use of a mixed method approach. The mixed-method approach consists of both quantitative and qualitative paradigms. Quantitative paradigms hold when numbers are assigned to perceived qualities of things in order to measure the properties of phenomena and provide an accurate description of the phenomena of interest (Grove, & Gray, 2019, p. 30). The qualitative approach, on the other hand, implies that the researcher has to participate in the real life to some extent to develop a holistic view of a phenomenon and be able to express its

emergent properties and features (De Vos et al., 2015, p. 65). Both approaches were used to explore and describe the mindfulness of professional nurses in managing a unit.

1.8.2 Theoretical Assumptions

The theoretical assumptions of this study were underpinned by four theories namely: theory of Humanistic Nursing and the Mindful Behaviour Model, Five-step model and adapted princiles of of curriculum development by Meyer & Van Nierkerk, 2017, p.58).

1.8.2.1 Theory of Humanistic Nursing

This study adopted the theory of Humanistic Nursing as described by Paterson and Zderad (1976). These authors define nursing as a transactional relationship whose meaningfulness demands conceptualisation founded in a nurse's existential awareness of self and others. All activities of nurses in the unit border on caring for the patient to ensure their satisfaction and well-being. The nurse-patient relationship brings a connection that involves 'being with each other' and 'doing with each other'. Existential experience depicts human awareness of the self and 'otherness', which refers to having to do with one another. To connect favourably with the patient, the nurse has to find a means of increasing her self-awareness, openness, attention and authenticity. This means being present with the patient, being fully aware of and open to the 'here and now shared situation', and communicating one's availability to care with empathy (Yesilot, 2016, p. 98). Since mindfulness is defined as paying attention in a particular way, on purpose, nonjudgmentally moment by moment (Kabat-Zinn, 2005, p. 4), nurses can, therefore, potentially enhance their ability to be with the patient through cultivating mindful behaviours.

1.8.2.2 Mindful Behaviour Model

The Mindful Behaviour Model by Wilson et al. (2011, p.511) identifies five mindful behaviours that are capable of enhancing nursing presence in nursing care: resourcefulness, decisiveness, flexibility, tactful communication and awareness of the big picture. These

mindful behaviours of professional nurses related to unit management are operationalised in this study as follows:

(a) Unit managers are regarded as *resourceful* in this study when they have knowledge of institutional procedures, patient's population, skill mix of staff in their unit, and the ability to maximise available resources to meet hospital's goals as well as patients' needs.

(b) *Decisiveness* is in operation when unit managers can take decision, design and implement a care plan specific to the patient's condition.

(c) *Flexibility* entails the ability of nurse unit managers to prioritise patient care by quickly adjusting imbalances in the changing needs of their patient' in terms of acuity considering availability of staff to avoid a breach in patient safety while prioritising care.

(d) *Tactful communication* refers to the ability of the nurse to relate and communicate the current problem effectively to colleagues, other medical staff, patients and their relatives.

(e) *Awareness of the big picture/current development* refers to the 'preparedness' to manage all emergencies and any unplanned occurrence in the unit.

If professional nurses practice the above principles of mindfulness, it is postulated that mindfulness can enhance their ability to pay attention and notice what is happening, particularly in stressful situations like emergencies and unplanned occurrences. This will facilitate proactive action by the nurse unit managers instead of having to manage incidents reactively (Bazarko et al., 2013, p. 110).

1.8.3 Methodological Assumptions

The methodological frameworks guiding this study are spelt out as the conceptual framework and the methodological framework.

1.8.4 Conceptual framework

A conceptual framework guides the development of the mindfulness-based unit management training programme for professional nurses. A conceptual framework is an intangible structure that guides a research work. It gives a brief description of the theory, or portion of theory to be tested by a research project. The conceptual framework thus describes the basic structure of ideas within which the research study is to be conducted and the findings interpreted (Polit & Beck, 2018, p. 542). In adopting this framework depicted in Figure 1.1, the assumption is that (see details on page 96), individual mindfulness of professional nurses could impact on their resourcefulness, decisiveness, flexibility, and tactful communication. Awareness of current development of professional nurses in turn impact on their unit management performance as a result of their mindfulness-based training programme.

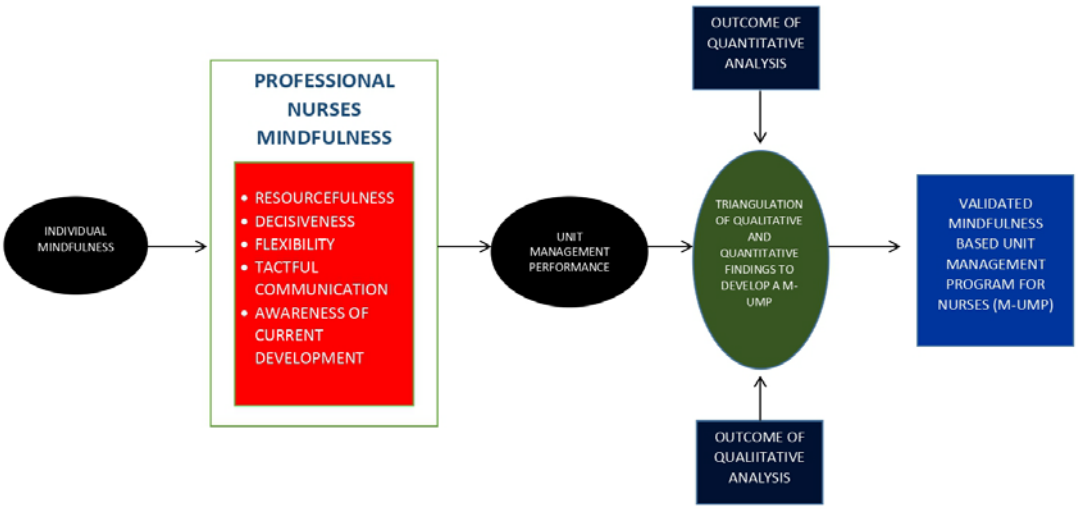


Figure 1.1: Conceptual framework for the development of a mindfulness-based unit management training programme for professional nurses (Ogundele, 2021).

The above conceptual framework relies on abductive reasoning. This means moving between inductions (qualitative approach) and deductions (quantitative approach), turning observations into theories and then assessing those theories through actions. In this study structural equation modelling was utilised to (1) determine the impact of Individual Mindfulness on Professional Nursing Mindfulness, and (2) determine the impact of Professional Nursing Mindfulness on Unit Management Performance. Hence, the empirical from the Mindfulness Attention Awareness Scale (MAAS) instrument were utilised to provide an accurate description of the *status quo* in terms of the mindfulness behaviour of professional nurses in unit management.

1.8.5 Methodological Framework

The research was structured according to the phases of the programme development process of Meyer and Van Nierkerk (2008, p.54) and, therefore, formed the methodological framework for the research. Figure 1.2 depicts the different phases as applied in this study and the focus of data collection and analysis for the respective phases.

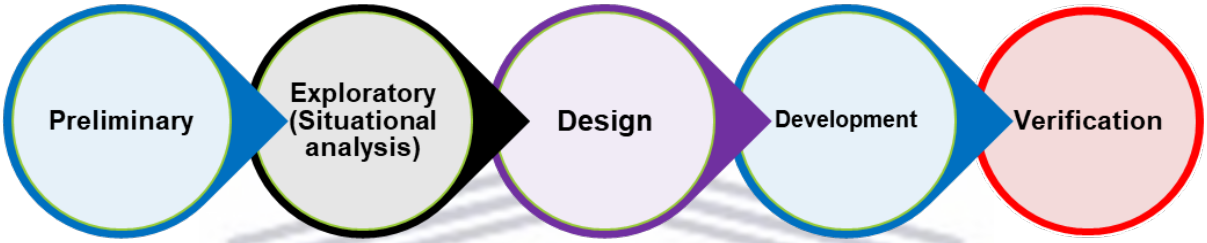


Figure 1.2: Phases of programme development process (Meyer & Van Nierkerk, 2008 p. 54)

1.9 RESEARCH METHODOLOGY

Research methodology is all the decisions made in planning the study, the sampling technique, sources and procedures for data collection, measurements issues, and data analysis plans (De Vos, et al., 2015, p. 143). The convergent mixed method design was adopted, as both qualitative and quantitative data collection methods were used to explore the mindfulness behaviour of professional nurses in unit management during the exploratory phase of the study. Hence, empirical data was collected to identify the problem and conduct a thorough situation analysis. Triangulation of the data from both the positivistic and natural paradigms, informed the design of the training programme.

The baseline data was provided using a structured questionnaire (Appendix 3) for the survey; interview guides for the individual semi-structured interviews and focus group discussions (Appendix 4). See Table 1.1 for the summary of methodology employed in phase 2, and chapters 3 for further details. The main action steps are listed for the Phases 3 -5.

Table 1.1: Summary of Research Methodology according to Programme Development Phases

Objective and variables measured	Data collection method	Sampling	Data collection tool	Data Analysis
Phase 2: Quantitative study				
1. Individual mindfulness	Survey	• Registered nurses (N=592) • Non-probability sample (n=205)	MAAS questionnaire Section B	Descriptive and inferential statistics
2. Professional nursing mindfulness	Survey	• Registered nurses (N=592) • Non-probability sample (n=205)	MAAS questionnaire Section C	Descriptive and inferential statistics
3. Unit Management Performance Scale	Survey	• Registered nurses (N=592) • Non-probability sample (n=205)	MAAS questionnaire Section D	Descriptive and inferential statistics
Phase 2: Qualitative Study				
Explored individual and professional nursing mindfulness behaviours on unit management performance	Individual semi-structured interviews	Heads of Nursing Services Purposive sampling Conducted 5 Interviews	Interview guide comprising 5 open-ended questions	Thematic analysis
Explored individual and professional nursing mindfulness behaviours on unit management performance.	Focus Group Discussions	Nurse Unit Managers Purposive sampling Conducted 8 FGD in 6 hospitals	Interview guide comprising 5 open-ended questions	Thematic analysis
Phase 3: Design				
Objective: Design mindfulness-based unit management programme for professional nursing Action steps: (a) Triangulated empirical data (b) Synthesized data to determine the training needs using Dickoff et al steps as reasoning map (c) Adapted the principles of curriculum development (Meyer & Van Niekerk, 2017, p. 58).				

Objective and variables measured	Data collection method	Sampling	Data collection tool	Data Analysis
(d) Determined the vision, mission, objectives, guidelines and content of the training programme.				
Phase 4: Programme development				
(a) Training course curriculum was developed (b) Developed six modules for mindfulness training (c) Content was developed with details on mode of implementation, consisting of method of facilitation, teaching aids and time allocation (see chapter 8)				
Phase 5: Programme verification				
Objective: Verify the developed mindfulness-based unit management training programme for professional nursing. Action steps (a) Workshop with the Nursing and Midwifery Council of Nigeria (b) Workshop implementation according APIE model -assessment, planning, implementation and evaluation.				

1.10 ETHICAL CONSIDERATIONS

Ethical consideration refers to the protection of the rights of the study participants (Grove & Gray, 2019, p. 132). Nursing research has to do with human subjects; hence it is expedient to put in place some principles to be followed to ensure that their rights are not breached. In doing this, a detailed proposal consisting of introduction, purpose of the study, statement of the problem, research methodology was submitted for consideration at both Senate Research Committee of the University of the Western Cape (Appendix 1) and the Ethics Review Committee of the Ministry of Health, Ondo State (Appendix 2) and approval was granted to conduct the research in all Ondo State hospitals. The ethical principles of autonomy, confidentiality and anonymity, beneficence and non-maleficence were critically followed.

1.10.1 Autonomy

The participants have the right whether to participate in the study or not. The purpose of the research and the extent of involvement in the conduct of the study were explained to all participants. All willing respondents signed the consent form before their participation in the study (Grove, & Gray, 2019, p. 106). Their participation was made voluntary. There were no deception or coercion of any participant in any form and they were informed that they can withdraw when they deem fit without any deprivation or discrimination.

1.10.2 Confidentiality and Anonymity

All information provided by the respondents were made strictly confidential. No name was required during the interview or focus group discussion; instead codes were used for identity. Confidentiality binding form were made available, which were signed by all participants during the individual semi-structured interviews and FGD sessions. The identities of the respondents were not disclosed at any stage during and after the study. In order to remember useful information, audio-taping and recording of codes were done with permission from the participants (De Vos et al., 2015, p. 141). The principle of anonymity was strictly adhered to. Audiotapes were kept under lock and key for analysis of data and these were kept securely after the data analysis.

1.10.3 Beneficence

The participants were made to understand that there may be no immediate benefit but that the study and the training programme that will be developed thereafter will be useful to nursing policy makers in Ondo State and other States of Nigeria. It will assist in building the nursing profession and restore the core values of the profession.

1.10.4 Non-maleficence

This was assured when the researcher who had knowledge of the participants did not disclose it publicly (Polit & Beck, 2018, p. 723). In qualitative research, anything that could be traced to a participant were removed. For this study, the questions asked did not traumatise or injure participants emotionally and psychologically (Polit & Beck, 2018, p. 134). Respondents participated willingly and no force was applied. They were told to decline from answering any question they were not comfortable with. This in no wise affected the relationship of the researcher and the participants. Audiotapes of participants were only used for transcription and report writing. The researcher and the research supervisor were the only persons who had access to them. The transcript was given to the independent coder without giving detailed information about the participants. No invasive procedure was used during data collection.

1.11 THESIS LAYOUT

Chapter One: Overview of the study

Chapter Two: Phase 1: Literature review and theoretical framework

Phase 2

Chapter Three: Research methodology

Chapter Four: Quantitative findings

Chapter Five: Qualitative findings

Chapter Six: Triangulation of data

Chapter Seven: Phase 3: Design of unit management-based mindfulness programme

Chapter Eight: Phase 4: Development of mindfulness-based unit management programme

Chapter Nine: Phase 5: Verification of mindfulness-based training programme

Chapter Ten: Summary, conclusion, limitation and recommendation.

CHAPTER TWO

PHASE 1: REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

This chapter deals with the review of related literature. This exemplifies the preliminary phase of programme development process (Meyer & Van Niekerk, 2008, p. 54). The chapter set to present an integrative literature review on the use of mindfulness in unit management. However, in the course of literature search, it was discovered that there was no article that relates mindfulness to unit management apart from Wilson et al. (2011), which has been used as the conceptual framework for this study. Two recent systematic review articles from Guillaumie et al., (2017) and Riet et al. (2018) addressed the use of mindfulness in nursing and nursing students.

This chapter therefore, critically examines the concept of mindfulness in relation to nursing unit management to facilitate the development of mindfulness-based unit management programme for professional nurses in Nigeria. The review includes a brief historical perspective on mindfulness, mindfulness-based training, mindfulness and the workplace, and tools used in measuring mindfulness, well-being and quality of life. Other areas considered, include the professional mindful behaviours-resourcefulness, decisiveness, flexibility and tactful communication, awareness of current development, nursing profession and nursing unit management. Up to date, little or no attention has been given to mindfulness either as part of nursing training or as part of continuing professional development (CPD) programme for professional nurses in Nigeria. As a result, there is the need to integrate mindfulness into unit management programme in Nigeria to enhance nurses' unit management performance. During the desktop study, the internet data-bases that were sourced include SCOPOS, CINAHL

(Computer Index to Nursing and Allied Health Literature), Google Scholar, Science Direct, EBSCO Host, Psych Info, Medline (Medical Literature Online) and Web of Science.

2.2 HISTORICAL PERSPECTIVES ON MINDFULNESS

History shows that mindfulness began as an affluent prince named Siddhartha Gautama (Buddha) who lived in the 6th century in India left his comfort zone to meditate under a botch tree and received enlightenment that life is not about the recycling of living, dying and coming back to life as believed by the Hindus. He discovered the four noble truth: 1) life is about suffering; 2) suffering is the outcome of our desires; 3) leaving those desires behind will enable us find solution to suffering; and 4) detaching oneself from such desires and imbibing the Noble Eightfold Path will bring enlightenment. Mindfulness is one of the Eight-fold Path (Trammel, 2017). In Eastern Asia, mindfulness is seen as a practice that can lead to peace and joy. When one leaves this world of suffering and is able to achieve a state of peace and joy, such a one is regarded as living in a pure land and being able to connect with the Buddha. This detachment from self and ability to overcome one's ego and live in accordance to the four-fold truth is the goal of mindfulness (Trammel, 2017).

The beginning of mindfulness can be traced to1800 during the British colonial rule in Burma where Ledi Sadiyaw spread the practice of meditation to the public to preserve Buddhist religion and culture from extinction (Nisbet, 2018). In the Buddhist religion, meditation is the first element of mindfulness and was solely practiced by the ordained monks and nuns as a form of sequestration and consecration to the gods.

Meditation later became popular among other people in Asian countries and they engaged in a similar campaign, as books, pamphlets and other materials were distributed in public places. This caught the attention of the Westerners as meditation was not yet known to Europeans and

Americans but became widespread when policies on immigration allowed multitudes of Asians to travel to the United States. Braun and Mcmahan (2007) document it that Zen and Tibetan were among the monks that fast circulated this doctrine and later established Buddhist centres in schools. This made some university students develop interest in Buddhism and offered it as courses and as part of their studies. Later in 1976, three scholars, Goldstein, Kornfield and Salburg established a mindfulness centre at Massachusetts to mimic the American culture. They left out the ceremonies and the chanting but concentrated on meditation and mindfulness. Another monk who was on exile from Vietnam named Thich Nhat Hanh published the book "miracle of mindfulness" and over a hundred other books on mindfulness and meditation which contributed largely to the spread of the notion.

Jon Kabbat-Zinn who is the world-renown mindfulness practitioner and teacher learnt mindfulness from Zen missionaries. He also studied mindfulness at Providence Zen Centre where he garnered experience to develop the popular MBSR centre after his doctoral degree in molecular Biology at the University of Massachusetts Medical School. He had a vision during a vispana retreat to bring mindfulness to medicine (Gleig, 2018). He was the first person to separate mindfulness to be used in health care (Hemanth & Fisher, 2015). It was originally a week-long teaching period which he changed to eight weeks' programme with assignments and CD guides for people to practice at home and to make it accessible to busy people. He brought mindfulness to the medical profession. By 1990 he made meditation to be amenable to the scientific world by making it a health promotional programme. By the year 2000, the knowledge of mindfulness has exploded all over the world, millions of people practised meditation. Mindfulness practices were made into downloadable materials and free computer-based training were available online through YouTube.

Review of literature suggests that researchers have paid much attention to mindfulness in recent times (Kermane, 2016), with over 600 articles being produced yearly (Nisbet, 2017), as mindfulness-based programmes have been introduced into schools, colleges and workplaces because of its proven benefits. Therefore, mindfulness is a meditation practice in ancient Buddhism and was first separated to be used in health care by Jon Kabat-Zinn in the late 1970s (Hemanth & Fisher, 2015); hence much attention has been given to it by researchers, health care industry and education. The next section addresses the concept of mindfulness as defined by various authors.

2.2.1 Definitions and Application of Mindfulness

Mindfulness is very important to the nursing profession due to the practical application of the concept of well-being, coping with stress, the capacity to develop and sustain valuable nursing qualities and overall health promotional activities. Many authors have defined mindfulness in various ways; Kabat-Zinn (2005 p.4) defines it as "*paying attention in a particular way on purpose, in the present and non-judgmentally"*. He further gives a clearer definition (Kabat-Zinn, 2013) as *"blocking the past and future thoughts and focusing on the present moment"*.

For Brass (2016), "*mindfulness entails consciously attending to our experiences, thoughts, sensations, feelings, surroundings with interest and kindness*". Halliwell (2010) describes mindfulness as *"an integrative, mind-body based approach that helps people change the way they think and feel about their experiences, especially stressful experiences"*. It involves paying attention to our thoughts and feelings so we become aware of them, less enmeshed in them, and better able to manage them". Rosch (2007, p. 259) describes mindfulness as *"a simple mental factor that can be present or absent in a moment of consciousness. It means to adhere, at that moment to the object of consciousness with a clear focus"*. Brown & Ryan (2003, p.

822) define mindfulness as "*the state of being attentive to and aware of what is taking place in the present.*" White (2014b, p. 283) describe *mindfulness as "a transformative process where one develops an increasing ability to experience being present with acceptance attention and awareness"*.

Raphael-Grimm (2014, p. 11) describes it as *"a state of awareness or consciousness that is fostered by consistent and deliberate effort to take notice of what is occurring in one's inner and outer worlds, with a capacity to be fully engaged in the present moment, rather than distracted by, preoccupied with, or focused on the past or future"*. Sutcliffe (in Wilson et al., 2011, p. 808) defines it as *"the combination of ongoing scrutiny of existing expectations based on newer experiences, willingness and capacity to invent new expectations that make sense of unprecedented events, a more nuanced appreciation of context and ways to deal with it, and identification of new dimensions of context to improve foresight and current functioning"*. The most common definition of mindfulness which the researcher agrees with is purposely paying maximum attention in a certain way to one's current situation and non-judgmentally.

Mindfulness is seen as a form of training one's mind through a variety of selected exercises that involves emptying one's mind or intentionally focusing one's attention on current events through an inner object such as one's breath. This brings about an awareness of one's physical environment devoid of distraction and judgmental acceptance based on emotions. Other practices include visualisation techniques, mindful movement including yoga, walking (Ponte & Koppel, 2015). Guillaumie et al., (2017 p. 1018) note that mindfulness practices are related to meditation where an individual's consciousness of his mind is utilised to achieve a feeling of inner peace or harmony. Mindfulness practices release one's muscles from stress and mental tensions.

For decades mindfulness practices have been widely encouraged in clinical settings through standard MBSR programmes proposed by Kabat-Zinn (Kabat-Zinn & Hanh, 2009; Kabat-Zinn, 1982). This has been proven to effectively decrease stress, anxiety, depression, pain and increase affect (Daya & Hearn, 2018, p. 146; Economides et al., 2018, p. 1581). When implemented in work-places, mindfulness-based intervention programmes, have been shown to improve employee's mental health, have positive impacts on work-life balance, work satisfaction, emotional regulation, empathy and better relationships among staff and patients, leadership developments, change management, work performance, turnover intentions and client satisfaction in hospitals (Grégoire et al., 2015; Virgili, 2015, p. 333; Guillaumie et al., 2017 p. 1023).

By focusing one's attention on the present moment, mindfulness fosters a state of mind where nursing practitioners can take control of their actions, become more resilient, inquisitive about life and have compassion towards others. This findings in making healthier choices and decisions at workplaces, accepting one's internal experience and reducing both internal and external distractions to enhance therapeutic change (Landrum, 2016; Song & Lindquist, 2015). Mindfulness therapeutic models have been developed to improve skills training, emotional regulation, interpersonal relationships, and treatment compliance by developing a state of self-awareness where there is a reduction in the rumination of past experiences (Landrum, 2016, 45). Mindfulness is an important factor in supporting self-reflection and providing insight into one's cognitive, emotional and behavioural patterns (Landrum, 2016, p. 45), suitable in reducing nurses' stress-related work outcomes and healthcare costs (Byron et al., 2015), and influence the achievement of higher levels of self-awareness among nurses in the workplace (Penprase et al., 2015). This is possible through mindfulness training that is aimed at helping

nurses deal with depression, stress, chronic pain and other mental or physical conditions which may affect their alertness and attentiveness to their patients. As much as MBSR programmes have been used to help patients with chronic illnesses recover faster, in the same vein, it can also be used to alleviate stress and deal with negative emotions and behaviours in health care providers. This is because mindfulness training provides an avenue for nurses to attend to their inner experiences in the form of thoughts and emotions, achieve and sustain self-control, and regain the proper attitudes of care and compassion that may be lost through occupational stress, if not properly managed. Mindfulness in unit management increases the level of self-awareness in nurses and makes it possible for them to provide the highest level of quality care. Also, it influences greater job satisfaction, lower risk of burnout and better mental and physical health among nurses (Byron et al., 2015).

In recent times, there has been increased interest in applying mindfulness in health care as a therapeutic tool in stress management. This is because of the increasing workload of nurses and midwives who are expected to care for an increasing number of patients with complex workloads and fewer resources (Lomas et al., 2019). The Centre for Mindfulness in 2017 viewed mindfulness as an internal resource that already exists in humans, patiently waiting to be revived and not as something to get or acquire.

It is noteworthy that as popular as mindfulness is, a lot of people have not heard about it. During recruitment for mindfulness-based training conducted by Karlin (2018a, p. 78) in New Jersey, United States of America, most of the participants recruited for the training insurance companies and Pharmacies did not have prior knowledge of mindfulness. Therefore, this research seeks to develop a mindfulness-based unit management training programme for professional nurses using a phased study design.

2.2.2 Mindfulness Training

Studies revealed that mindfulness is a trait that can be learnt; individuals, workplace and health institutions can adopt mindfulness training to make changes to the life and fortune of their establishments (Arthur et al., 2018, p. 976; Raza, et al., 2018, p. 16). Training programmes on mindfulness focus on the development of one's ability to be conscious of current thoughts, feelings, and physical sensations, which include kindness, understanding and compassion. Through mindfulness training, a physiological space is created between human perception and response. An example is the response of a nurse's thoughts, speech and actions to a stressful stimulus. This implies that mindfulness promotes wise responses to situations instead of an impulsive reaction with negative emotions (Advocat et al., 2016 p.11; Guillaumie et al., 2017; Ponte & Koppel, 2015) .

In addition, mindfulness facilitates the utilisation of one's inner resources to address problems openly, to be self-aware of issues and educate oneself to overcome the pressure associated with it and motivate oneself through it. Therefore, mindfulness training programmes are efficient in promoting well-being and stress management (Luken & Sammons, 2016, p. 7). Based on the foregoing, the researcher has seen the need to develop a training programme for nurses in Nigeria to enable them acquire knowledge and skills which will enhance the lives and productivity of the nursing practice in the hospital. The next point of the review shows records of some abbreviated mindfulness programmes and their effects.

2.2.3 Abbreviated Mindfulness Programme

Abbreviated mindfulness interventions may be as effective as longer periods of training (Ratanasiripong et al., 2015, p. 520). The shorter training periods promote decreased attrition in-class attendance and adherence to practice techniques. The abbreviated techniques are also

easily incorporated into the busy lives of nurses. For instance, turning attention to breathing at any moment is intended to increase self-awareness, insight, reduce maladaptive, automatic, and habitual behaviours (Baer, 2015).

Christopher et al. (2016, p. 15) in a pilot study evaluate the effectiveness of a mindfulness-based intervention on cortisol awakening response and health outcomes among law enforcement officers using multilevel models and find significant improvement in self-reported mindfulness, resilience, perceived stress, burnout, emotional intelligence, difficulties with emotion regulation, mental health, physical health, anger, fatigue, and sleep disturbance.

Similarly, Gauthier, et al. (2015, p. 407) investigate the impact of a five-minute mindfulness meditation for nurses before work shift starts on change management, stress, burnout, compassion in care-giving and job satisfaction. After one month, the intervention approach shows a significant decline in stress levels and a positive attitude to change on the wards. Thereafter, they recommend that mindfulness be incorporated into the full-time workloads of mental health professionals to potentially address workplace unmet needs and psychological distress (Dobie et al., 2016, p. 44). More benefits of mindfulness is considered in the next section.

2.2.4 Benefits of Mindfulness

As aforementioned, many researchers have attributed different benefits to mindfulness. It has been found to enhance concentration and promote awareness in the present moment (Stone, 2014), improve workers attention to details, enhance managers commitment, ensure reduction in workers stress, encourage employees, ensure that they are happy with their job (Birdie, 2015; Kersemaekers et al., 2018), improve workers motivation and help in developing the ability to

multi-task (Levy et al., 2012). Furthermore, it helps workers to accept every moment occurrence (Gibbons et al., 2014), improve decision making (Birdie, 2015), contribute to performance and improve cognitive skills in young people, enhance focus and attentiveness (Raffone & Srinivasan, 2017, p. 5), enhance concentration (Van der Riet et al., 2015, Roche et al., 2020), and help in stress reduction (Dyess et al., 2018; Kabat-Zinn, 2013; Yang et al., 2017). Mindfulness is also implicated in the development of empathy (McConville et al., 2017), development of positive affection and compassion towards others (Carlson & Brown, 2005; Ceravolo & Raines, 2019), help in the development of sustainable therapeutic nursing qualities (Van der Riet et al., 2015; White, 2014), have the potential to stimulate 'the nurse being present' and alertness in nursing practice, and have positive association with work-life balance and turnover intention (Raza, et al., 2018, p. 16). Also, mindfulness impacts attentiveness, self-control and self-awareness on practitioners (Brass, 2016).

Studies have also identified that Mindfulness Meditation improves health science and nursing students' memory when involved in academic and clinical tasks (Joice & Ramkumar, 2015; Van der Riet et al., 2015). Steinberg et al., (2017, p. 10), in a mindfulness-based study among intensive care nurses, observe that a workplace mindfulness intervention result in increased work satisfaction and better recognition of stress response. Other benefits of mindfulness as related to the workplace are further discussed.

2.2.5 Workplace Mindfulness

Mindfulness gained popularity in recent times due to the benefits it offers in terms of providing physical, psychological well-being and improved work performance (Hyland et al., 2015). Researchers, who have explored the workplace benefits of mindfulness, found that mindfulness improves social relationships, task performance, task commitment, resiliency, enjoyment and

memory (Levy et al., 2012, p. 45). It improves client satisfaction (Grégoire et al., 2015, p. 845, Vivian et al., 2019, p. 12, Saban et al., 2019, p. 656, Saban, et al., 2021, p. 412) beneficial to workplace outcomes desired by employers having to do with well-being and productivity (Reb et al., 2015, p. 10, Johnson et al., 2020), and promotes team work and organisational climate (Kersemaekers et al., 2018). Furthermore, mindfulness assists caregivers to avoid the errors and mistakes that occur when attentions are not being paid to present moment events. However, being mindful at work is not without some challenges among which are co-workers labeling one as too soft, odd, feeling insecure at the place of work and loss of job (Long, 2019, p. 81; Lyddy & Good, 2017, p. 6).

2.2.6 Mindfulness and Work Performance

Bringing mindfulness to the workplace has laid the foundation for greater awareness and productivity in the place of work. Research reports have shown the effect of mindfulness on work performance. It enhances work performance (Reb et al., 2017) improves client satisfaction (Grégoire et al., 2015, Saban, et al., 2021, p. 412), makes nurses feel less overwhelmed, enables them to free up energy to concentrate and complete their tasks (Brass, 2016, p. 23), reduces frustration in the unsupportive managerial environment, improves employee work well-being, meets their basic psychological needs at work, helps to gain autonomous support at work and enhances work adjustment (Afaq Ahmed et al., 2017, p. 18; Schultz et al., 2015). Mindfulness, therefore, acts as a protective factor in controlling work environments thereby highlighting mindfulness as an indicator of wellness at the workplace. Van der Riet et al., (2015) in a qualitative study of 10 nursing students who participated in a mindfulness programme, state that the programme helps them to better focus on their own needs and the needs of others and it improves their clinical task performance.

Good et al., (2016, p. 115) developed a framework which identified how mindfulness influences attention, with downstream effects on functional domains of cognition, behaviour, emotion, and physiology discovered that these domains impacted key workplace outcomes, such as performance, well-being and it fostered good relationships. Shonin et al, (2014, p. 821) found that mindfulness training resulted in much improvements in supervisor-rated job performance when compared to their initial performance and to that of a control group in their ethical, prosocial, and deviant behaviour. Evidence shows that mindfulness influences a wide range of performance categories, this includes improved citizenship behaviours, job, task and safety performance, higher ethical and prosocial behaviour and lower deviance (de Bruin et al., 2015, p. 1142). It helped university students in coping with stress and, consequently, improve their performance and quality of life (Ahmadi, 2016, p. 20).

2.3 MINDFULNESS HEALTH, WELL-BEING AND QUALITY OF LIFE

Researchers have related mindfulness to health, well-being, and quality of life. Song and Lindquist, (2015) found that mindfulness training was effective in improving levels of attention and awareness, anxiety and depressive states in nursing students. Guillaumie et al., (2017) in a mixed-method systematic review of the effects of mindfulness on nurses, indicated that mindfulness improved nurses' mental health, especially by reducing anxiety and depression. It improves awareness, enthusiasm, inner state of calmness; it enhances nursing performance at work, making them have greater sensitivity to patients need, giving clearer judgments and clearer analysis of complex situations; it helps in emotional regulations in stressful situations, and improves nurses' general well-being and happiness (Hevezi, 2016; van der Riet et al., 2018). The practice of mindfulness meditation has proven to be effective in pain management. It led to reduced chronic pain, specifically, back pain (Michalsen et al., 2016), and it improved the quality of life in women with infertility problem (Hosseini et al., 2020). The intensive

mindfulness meditation and yoga practices used in MBSR clinic were said to cultivate health and wellbeing through the regular practice of specific bodily postures, breath control and simple meditation. Yoga has been reported to increase brain-wave activity; produce neuroplastic effects with consequent enhancement of cognition, ability to recall, a good frame of mind, and anxiety (Desai et al., 2015). Mindfulness and yoga practice were found to improve sleep and well-being in older women with osteoporotic disorders (Grahn Kronhed et al., 2020, p. 610). Mindfulness also has positive effects on mental health.

2.3.1 Mindfulness and Mental Health

In 2017, over 970 million people worldwide were recorded to be suffering from mental health and substance abuse disorders (Ritchie & Roser, 2018). Mindfulness has been fingered to improve mental health and this has been substantiated by the findings of many studies. Guillaumie et al., (2017) in a mixed-method systematic review of the effects of mindfulness on nurses, indicated that mindfulness improved nurses' mental health, especially with reference to anxiety and depression. It improves awareness, enthusiasm, inner state of calmness, enables good communication with colleague and patients, and enhances nursing performance at work, making them have greater sensitivity to patients need, giving clearer judgments and clearer analysis of complex situations, and helping in emotional regulations in stressful situations.

Kuyken et al. (2015, p. 63), in a randomised controlled trial for over 400 people, found that Mindfulness-Based Cognitive Therapy was as potent as medication in the management of depressive disorders. Clients were able to control and manage themselves, which is very crucial to improved general well-being (Ahmadi, 2016, p. 16; Desbordes et al., 2015; Zoogman et al., 2015). Mindfulness reduces the propensity to commit suicide which resulted in improved general mental health (Hall et al., 2016). Spadaro and Hunker, (2016), with the use of

Depression Scale scores, also noted a significant decrease in depressive symptoms and reduced anxiety level in hospitalised patients. The next section considers the influence of mindfulness on stress and coping.

2.3.2 Stress and Coping

Stress is one of the major challenges of nurses in the health care system especially Nurse Managers who are at the hub of activities in the units. Ceravolo and Raines, (2019, p. 52), in their intervention study on the effect of mindfulness on Nurse Managers in an acute care hospital, found significant improvement in stress reduction level of participants. Similarly, Spadaro and Hunker (2016), in a descriptive study of 26 nursing students' experiences with an online meditation intervention, found a significant decrease in stress levels after the intervention. Ponte and Koppel (2015) reported stress reduction among nurses and improves nurse-patient and family relationship. Gauthier et al. (2015) studied paediatric intensive care nurses that participated in a five-minute mindfulness class reported a significant decrease in the level of stress after the programme and after a month of completion of the programme.

Koren (2017, p.715), in a pilot study on Mindfulness Interventions for Nursing Students: Application of Modelling and Role Modelling Theory, found that the participants in the experimental group learned four mindfulness exercises: deep breathing, progressive muscle relaxation, meditation, and mantra as compared to the control group. The eight participants' MAAS scores in the experimental group increased, and their PSS scores decreased to a greater extent than the control group. Similarly, Ratanasiripong et al. (2015), in a randomised control study of subjects participating in either biofeedback, mindfulness meditation or no intervention, found significant changes in the mindfulness groups' scores of stress and anxiety.

Evidence from other officers with busy schedules shows that mindfulness reduces stress. Colgan et al. (2017, p. 490), in their study among veterans with-post-traumatic stress, indicated that those in the study group exhibited increased active coping skills and greater relaxation than those in the control group. Manotas et al. (2014) conducted a randomised control study of health care providers enrolled in a brief mindfulness class and found a significant decrease in stress and anxiety and increased attributes of mindfulness of the experimental group with little to no change in the control group. Song and Lindquist (2015), also in a randomised control study of 44 nursing students, found a statistically significant decrease in depression, anxiety, and stress with the experimental group who participated in mindfulness training compared to the control group who received no intervention.

Stirnaman (2019, p. 4), in a study on burnout among health professionals, stated that Nurses who reported a higher frequency of mindful awareness had significantly decreased emotional exhaustion and an increased sense of personal achievement. Mindfulness may be a cost-effective, simple tool for nurses to combat and prevent the effects of burnout. Kermane (2016) conducted experimental research to determine the effect of mindfulness intervention sessions of progressive muscular relaxation technique (PMRT) and mindfulness breathing on employed women and compared the findings with employed women who were not on the intervention programme. It was shown that there was a significant decline of t=23.778 to 0.05 in the stress levels of the experimental group and no decline in the stress levels of the control group. Although it did not completely eradicate stress levels, it reduced stress levels from moderate to low.

2.3.3 Presence

The question of not having nursing presence in the practice of nursing in Nigeria may be answered with the inculcation of mindfulness programmes into nursing practice since mindfulness is one of the practices that is capable of inculcating presence in nursing practice (Du Plessis, 2016, p. 51). Similarly, Philbrick (2015) noted improvement in nursing presence in hand washing thus supporting the incorporation of mindfulness into nurses' daily life activities. Van der Riet et al. (2015) conducted one hour for seven weeks mindfulness meditation programme with nursing and midwifery students and found out that it assisted them to be fully present with their patients. Also, Van der Riet et al. (2018, p. 209), in an integrated literature review reiterated that mindfulness meditation enhances nurses' presence. The next aspect elucidates how mindfulness affects compassion for others.

2.3.4 Compassion

The subject of compassion is very important to nursing. Compassion is the ability to show kindness, respect, and consideration to those who are suffering (Bimray, 2017, p. 166). Compassion is in both ways being compassionate towards self and towards the patient. Research shows that nurses who may be compassionate to others may not be compassionate to themselves (Gibbons et al., 2014). In the same vein, nurses are expected first to be mindful to themselves before they can be mindful of others (Brass, 2016).

The pressure in health care is great and the ability to develop compassion towards another is fundamental. In an earlier study, Neff (2003) reported that self-compassion and mindfulness are intertwined. Mindfulness decreases self-judgment, helps to reduce negative emotional experiences and makes it easier to see oneself and other people with kindness rather than judgment. Brass (2016, p. 23), reporting a cohort study conducted by Surrey and Borders

Partnership Foundation Trust in 2013, indicated that mindfulness compassionate training helped nurses to be kind to themselves and their colleagues. Henshall (2015) stated that the extent of individual compassion is indicative of the degree to which an organisation promotes a culture of compassion. This serves as predictors of compassion for others even during stressful conditions.

2.3.5 Mindfulness and Behaviour Regulation

Mindfulness has also been shown to have positive effects on behaviour regulation. Sanko et al., (2016, p. 142) indicate that mindfulness promotes the golden rule which states that you do to others what you have them do to you. All participants in the study reported that mindfulness has increased their quality of life with being attentive, ability to focus and sleep well. Similarly, Baer, (2015) indicated that turning attention to breathing at any moment is capable of increasing insight and self-awareness, and reducing automatic, maladaptive and habitual behaviours. Reb et al. (2015) found that trait mindfulness was related to higher ethical and prosocial behaviour and lower deviance. In the same vein, Krishnakumar and Robinson (2015, p. 579) linked trait mindfulness to lower counterproductive behaviours resulting in reduced hostility. The spouse that participated in MBSR during the peri-natal period had reduced emotional stress, and enhanced their presence with pregnant partners (Jones et al., 2017). This brings us to the various tools used in measuring mindfulness.

2.4 TOOLS USED IN MEASURING MINDFULNESS

Several tools have been implicated in measuring mindfulness, but only validated tools were reviewed for this study. Baer et al. (2004) developed the Kentucky Inventory of Mindfulness Scale (KIMS). This was based on the conceptualisation of mindfulness as used in Dialectical Behavioural Therapy (DBT). It is made up of 39 items and consists of four scales with each

assessing each of the four mindfulness skills. The internal consistency of these scales' ranges from alpha coefficient 0.83 to 0.91. However, the scale does not cover all facets of the mindfulness construct. Likewise, Bishop et al. (2004) developed the Toronto Mindfulness Scale which measures mindfulness after meditation as a state-like construct. The scale consists of 10 items; it has reliability (alpha = 0.76); it can discriminate between various levels of meditation experience and non-meditators.

Walach et al., (2006) developed the Freiburg Mindfulness Inventory (FMI) 30-item scale with an internal consistency of Cronbach alpha = 0 .93. This psychometrically sound 30-item scale demonstrates the increase in mindfulness and discriminates between experienced and novice meditators.

The Five Facet Mindfulness Questionnaire was developed by Baer et al. (2006); it is a 39 item measure consisting of five subscales (observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience); it has the correlation coefficient of between 0.85-0.92. The Philadelphia Mindfulness Scale was developed by Cardaciotto et al. (2008); it is a 20-item questionnaire. The awareness subscale assesses noticing and awareness of thoughts, feelings, perceptions, and body sensations, while the acceptance subscale is focused on the assessment of experiential avoidance.

Brown and Ryan (2003) developed a 15-item Mindfulness and Attention Awareness Scale (MAAS) which has been validated with a series of studies that confirmed its validity and reliability for attention and awareness. Aspects of insightful understanding, non-judgmental or an attitude of having no specific goals were not included. This tool was selected for this study. The MAAS has been said to be significantly and inversely associated, in medium-to-large

magnitude with various forms of mental health indicators (e.g. depression, neuroticism, anxiety, impulsiveness, somatisation, disturbed mood, hostility and negative affect) and positively associated with positive mental and physical health (for example, autonomy, optimism, self-esteem, self-control, positive affect, perceived general health, life satisfaction and physical functioning (Ahmadi, 2016, p. 25; Black et al., 2012). The next aspect focuses on mindlessness.

2.4.1 Mindlessness

The attention of nurses is highly demanded in the chaotic units' environment. Studies have shown that distraction and stress compromise the ability of nurses to be fully present when interacting with patients (Philbrick, 2015; Sanko et al., 2016) This suggests the tendency to be mindless. Mindlessness is the opposite of mindfulness; it means depending on past established categories. It is inattentive behaviour (Lee, 2019), or relying on past experience that has been programmed in the brain in whatever one does. Thus, a mindless person has a rigid mindset of sticking to the past and acting automatically without attention to the context (Pirson et al., 2012, p. 169). Such rigidity does not give room for different ways of knowing (Moafian et al., 2017). Mindlessness is costly, mindless people are prone to rumination, distraction and getting stuck in both past, present or future events. It leads to submissive obedience to the old rules and regulations. Such people cannot challenge the status quo, they have no clear vision and cannot make good choices. A mindless person cannot think in a novel manner she is filled with self-defeating thoughts and mindsets (Fatemi & Langer, 2020).

Cassaniti (2019) worked on Thai Buddhist mindlessness and found that mindlessness in Thailand means different things to different people. To some it means thinking too much, attending to different things when other things are going on, wandering mind, inability to

coordinate well, anger, forgetfulness, distress or suffering. Mindlessness may be as a result of routines. Most activities in organisations are routine; due to repetition over time, people become mindless except when problem ensues (Vu et al., 2018). This is particularly true about nursing because most procedures in the units are routines and there is the tendency for nurses to be mindless. Mindlessness makes people to lose creativity; they follow instructions sheepishly. They are not able to recompose the stories of their lives.

Mindless lifestyle is inimical to nursing because when nurses do not pay attention to what they do, medication error and other errors in judgment may occur (Raab, 2014, p. 101). Mindlessness reduces task performance (Raab, 2014; Reb et al., 2015). Contrarily, mindfulness makes someone to become more aware of one's mental processes, it enhances attentiveness, flexibility, openness, presence, improved performance and compassion (Du Plessis, 2016, p. 51; Fatemi, et al., 2016; Philbrick, 2015b; Reb et al., 2017b, p. 713).

2.5 MINDFULNESS AND PROFESSIONAL NURSING BEHAVIOUR

In this section, literatures relating to the mindful behaviour of nurses identified by (Wilson et al., 2011) are discussed.

2.5.1 Mindfulness and Resourcefulness

An individual is said to be resourceful when he has skills to adapt to stressful situations. The skill may be learned at personal if she learns it as a result of experiences or social level when the individual acquires it from others (Wang et al., 2015, p. 66). Research on the relationship of work stress and resourcefulness among nurses in a hospital in Taiwan found that the nurses that were resourceful had less work stress (Wang et al., 2015, p. 68). Mindfulness assists the nurse to be resourceful in that it helps one to gain resilience and offer compassionate presence to patients and family, it supports person-centred care in nursing. It helps to understand oneself

to become stronger in innovation and idea generation, members were able to accomplish tasks and make progress. It helps Nurse Managers to develop authenticity skills (Patrick et al., 2016, p. 48). Christopher et al. (2016, p. 15) conducted an 8-week Mindfulness-Based Resilience Training (MBRT) programme with 43 police officers which were designed to improve mindfulness, resilience, stress, health outcomes, and emotional functioning. With the use of multilevel models, they found significant improvement in self-reported mindfulness, perceived stress, resilience, burnout, emotional intelligence, mental health, difficulties with emotion regulation, physical health, fatigue, anger, and sleep disturbance. These enhanced the resourcefulness of such officers.

Schultz et al. (2015) stated that mindfulness increases wellness in the workplace, reduces and controls behavioural and cognitive problems (Phang et al., 2015). As such students with high mindfulness can better cope with academic rigors (Leland, 2015, p. 23). The commitment to regular meditation is expected to inculcate mindfulness and produce transformational changes in the practitioner. Numerous positive outcomes have been associated with mindfulness-based practices. Myers (2017, p. 265) posited that these practices are one-way nurses can promote well-being and self-care, which can lead to an improvement in communication, team collaboration, enhance the quality and safety of patient care and decreased organisational costs (Patrick et al., 2016, p. 46). Nurses that pay attention to patients with purpose and intention are better able to detect early warning signs of deterioration in patients' condition, while those that have deeper awareness and focus are stronger advocates for patients and colleagues. Mindfulness helps to focus on patient care when at work and helps them to replenish themselves when they are away from work.

Mindfulness appears to act as a protective factor in the control of work environments. Mindfulness has a potential pathway to wellness at the workplace, it helps in promoting employee work well-being and improve performance at work (Schultz et al., 2015, p. 971). Meyer et al. (2015, p. 285) stated that the manager should be conversant with policies, procedures and personnel in their unit. Some health care policies directly or indirectly have positive or negative impacts on nursing care (AACN in Murray, 2017, p. 182). A mindful unit manager should pay attention to planning patients care and know the skills officers in her unit (Wilson et al., 2011).

2.5.2 Mindfulness and Decisiveness

Decisiveness is a high-ranking leadership quality. While some leaders agonise over decisions, some get stuck in a cycle of seeking input from people before decisions are made. A mindful leader makes good decisions at the appropriate time due to the ability to have clarity of thoughts and to take a balanced view of the issues at stake (Long, 2019, p. 101). Mindfulness makes managers to be able to focus attention on their present experiences within themselves and their environment thereby translating it into action, thus helping in decision making, problem-solving and enhanced productivity (Karlin, 2018; Shapiro et al., 2015).

Peres et al. (2015, p. 582), in their study on the analysis of the decision-making process of Nurse Managers, found that the decision-making model used by nurses in a public hospital in Southern Brazil is limited because it failed to consider two important factors, which are the limits of human rationality and the external and internal organisational environments that influence and determine right decisions which can easily be achieved through mindfulness. (Meyer et al., 2015, p. 285) advised that the unit manager should not be hasty in decisions but gather the full information and think through when making decisions. Decision making should

not be done by the nursing unit manager alone but all unit members should participate (Jooste, 2018, p. 20). However, Gishu et al. (2019, p. 133) in their study on nursing care quality in Ethiopia, found that nurses are not allowed to participate at the decision-making level of the hospital and general hospital governance.

2.5.3 Mindfulness and Flexibility

Flexibility deals with the ability of an individual to be skilful in getting experiences from various viewpoints, thus enhancing better adjustment to the environment (Moafian et al., 2017). Flexibility refers to the changes made when, where and how by a person to meet an employee or an employer's needs. It enables both individual and business needs to be met through making changes to the time (when), location (where) and manner (how) in which an employee works. For flexibility to yield good outcomes, it should be mutually beneficial to both the employer and employees. Flexibility for nurses should be in terms of job schedules, man and material management. In other words, Nurse Managers are to manifest authentic leadership characteristics that incorporate knowing the strength and weaknesses of those working with them to making appropriate changes in their schedules and promoting their usefulness in meeting patients' needs (Baron, 2016).

Schultz et al. (2015), in their discourse linked mindfulness to flexibility due to the ability to embrace awareness quality of mindfulness and its attendant openness which findings in psychological flexibility. In the same vein, Baron et al. (2018, p. 173), in a cross-sectional study on mindfulness and leadership flexibility, found that the more mindful leaders are the more flexible they will be. In their study, they note that overall flexibility is significantly related to non-judging and the ability to describe inner experiences. They observe that simply describing inner experiences without judging allows leaders to be more open to those

experiences and understand them better. Mindfulness enhances flexibility as it enables the leader to focus attention in the present moment thus lessening the automatic behaviours and ensures improvement in flexibility. Flexibility is related to psychological well-being and resilience which requires the development of an intervention to ensure it improves (Marturano, 2014). Additionally, flexibility is highly significant in shared decision making between nurses and patients (Truglio-Londrigan & Slyer, 2018); hence, it is a good attribute that should be developed.

2.5.4 Mindfulness and Communication

Mindfulness is related to good communication practice based on three perspectives. Firstly, mindfulness has the attribute of openness; a nurse that is open-minded will exhibit good behaviour at work and they will not blame people before finding out the truth. Mindfulness imposes on individuals a non-judgmental stance which enables one to see and take things the way they are. Most of the time, nurses engage in conversation that shows judgmental attitudes which make them jump into wrong conclusions that affect their relationship with other people. Simply put, the more mindful one is, the better one communicates (Arendt et al., 2019). Secondly, acceptance is another strong pillar of mindfulness; it is the ability to take things the way they are at the present moment with no judgment (Parker et al., 2015, p. 226).

The third part is attention, a person that is attentive to details will exhibit good quality of listening; a good listener can easily get details that make for good communication. The capacity of mindfulness to help in emotional regulation is very germane to nursing practice. Most people talk out of worries, anxiety and aggressive behaviours being displayed by nurses but from all discussions, it is understood that mindfulness helps to develop emotional intelligence. People

will know when to speak and what to say, considering the appropriateness and the manner of communication, especially how to respond rather than reacting.

Guillaumie et al., (2017) argue that mindfulness enables good communication with colleagues and patients. Mindfulness is also linked with balanced information processing thus the leader has an unbiased openness toward differing perspectives concerning oneself and questioning of one's positions. These findings show that mindfulness in leaders is connected with the ability to focus their attention on their present moment experiences and translate the information within and without the work environment into action.

2.5.5 Mindfulness and Awareness of the Picture

Mindfulness makes one to have a holistic view of situations. The practice of mindfulness starts from the level of awareness. Mindfulness makes an individual to be aware of the present moment. This is transmitted to every aspect of life since one cannot segregate her life into different fragments. It assisted Nurse Managers that participated in the mindfulness intervention programme to have increased awareness (Ceravolo & Raines, 2019). Colgan et al. (2017, p. 490), in a qualitative study of mindfulness among veterans with posttraumatic stress disorder, found that they had enhanced present moment awareness, among other symptoms. The next aspect discusses the various criticisms arising from mainstreaming of mindfulness.

2.6 CRITIQUE OF MINDFULNESS PROGRAMMES

Good as mindfulness is, it is not without some criticisms which became manifest after the declaration of year 2014 as the year of mindfulness (Walsh, 2016). The first criticism involves people practicing Buddhism that saw mindfulness as lacking its canonised nature. While non-Buddhists argue that it is not culturally and ethically sound to secularise mindfulness (Monteiro

& Compson, 2019), others are concerned about mindfulness supporting neo-liberalism. Some believe that it contradicts their religion. The adverse events following mindfulness therapies are not left out in the discourse.

2.6.1 Mindfulness has lost its essence

Buddhist practitioners view mindfulness as having lost its essence. One of them, Myles Neale coined the word Mindfulness which depicts the secularised type that has been watered down and removed from the original aim of philosophical development, ethics and wisdom (Monteiro & Compson, 2017). Mindfulness was initially developed to enable renunciation and a high ethical code of right living. It was not meant to relieve stress, promote health, better sex or weight loss. Any mindfulness practice that does not support the eight fold path is not the right mindfulness (Harrington & Dunne, 2015). Therefore, the secularised one that only teaches bare attention is wrong. Similarly, the non-judgmental stance taught by Jon Kabbat-Zinn is not right because Buddhists believe that their followers are to reflect and evaluate themselves in the light of their doctrines. Purser (2019) argues that mindfulness has been watered down and could hardly reflect its meaning as a result of the way it has been commodified and marketed. It is being sold as apps to market what does not reflect its purpose.

2.6.2 Ethical dilemma in mindfulness

Researchers contend the ethical dilemma that affect the use of mindfulness based programmes in work setting and in schools because they believe that mindfulness is a contemplative exercise founded on Buddhist religion and values; hence one cannot totally separate mindfulness from Buddhism (Brown, 2016, p. 86; Monteiro et al., 2015). Crawford et al. (2020, p. 2) urge people developing mindfulness-based interventions to specify transparently their aims bearing in mind the ethical dilemma inherent in such programmes. He further states that Buddhists

interpretation of mindfulness is different from the contemporary interpretation given by researchers developing MBIs in schools (Crawford et al., 2020, p. 15). However, some scholars believe that mindfulness is introduced to schools, hospitals and work setting as a subtle way of introducing Buddhist religion to the mainstream (Brown, 2016, p. 78). They aver that using the word mindfulness, even if coined in a secular and familiar form points someone's attention to Buddhism (Brown, 2016, p. 78). Scientists, on the other hand, regret that science which is the means of acquiring knowledge, is being used to validate religious observances (Monteiro & Compson, 2017).

2.6.3 Mindfulness and Neo-liberalism

Critics have argued that the goal of introducing mindfulness into the mainstream supports neo-liberalism. Neo-liberalism is the concept whereby free market ideology is embraced instead of the right to social and economic services, thus leading to inequality in access to such services (Smallen, 2019, p. 135). The neo-liberals place the society in the hands of the market to determine how it should be run, thus making the competitors to take full advantage of the masses for profit maximisation (Purser, 2019).

Critics also argue that mindfulness is being presented as remedy to all present day problems: the proponents of this are saying that mindfulness is targeted at alleviating distress rather than looking into the root cause of the problem, which is often socioeconomic and political (Walsh, 2016). Ratnayake argues that looking inwards and not being disturbed by the thoughts of the present or the past will not remove the root cause of a problem (Ratnayake, 2020). Instead of helping practitioner to be totally free it helps them adjust to the condition that created the problems for them (Walsh, 2016). The commodification of mindfulness as capable of alleviating pains and reduce stress has been leveraged by neoliberal corporations to reduce

stress and promote well-being and productivity for employees to enable them profit, thus promoting oppression and inequality (Smallen, 2019, p. 136). Little wonder that the government and corporations easily admire mindfulness because it appeals to covering up the greed, selfishness and ill-will imposed on the populace (Purser, 2019).

Purser et al. (2016) reiterate that mindfulness cannot revolutionise the world neither can it withstand the challenges of the 21st century. The political and economic hardship with the resultant effects of rendering many people jobless, impoverished and indebted cannot be solved through self-happiness coming from inside as portrayed by Jon Kabbat-Zinn.

The criticisms do not only focus on neo-liberalism but argue against including mindfulness in the school syllabus and promoting it as a course of study up to university level. They further criticise the creation of a professorial position for mindfulness in universities. Flores (cited in Crawford et al., 2020, p. 9) argue that if the goal of mindfulness in schools is to enhance concentration, reduce stress, calm anxieties during examinations, make students obedient to instruction, accept and endure frustrations as they come, students will not be able to challenge the status quo and participate in social activism. Thus, the school authorities that produce stress are being exonerated while attention of stress reduction is being shifted to individual students. The next session discusses criticisms related to mindfulness and Christianity.

2.6.4 Mindfulness and Christianity

There are divergent views on mindfulness and Christianity. Some Christians believe that mindfulness originated from Buddhism as a result should not be practiced by Christians while some retort that Christians can practice mindfulness without compromising their faith or have a feeling of condemnation in that there are some tenets of the Christian religion that are

compatible with mindfulness (Hoover, 2018). Critics like Stead (2017) argue that Christians' resistance to mindfulness therapies may result in missing out on the good things that are provided for people's enhancement and productivity. Christians are now finding means of adapting mindfulness in Christian doctrines to better accommodate the Christian population.

Ford and Garzon, (2017), in their study, compared Christian Mindfulness Training (CMT) with conservative mindfulness training (MT) found that those in CMT experienced greater reduction in their stress levels than those in conventional MT group. They, therefore, advocate the need to develop culturally acceptable and religiously adaptable forms of mindfulness. Similarly, Knabb et al. (2020, p. 773), in a pilot study, tested Christian meditation with light to moderate physical activity with a group of devout Christians, they found that 75% of their study participants had reduction in perceived stress level. Therapies like Christian-Accommodative Breath Meditation and Christian-Accommodative Loving Kindness meditation presented the adaptable form of mindfulness (Ford et al., 2017).

O'Farrell (2017, p. 44), on modifying mindfulness the Christian way, argues that there are some things that cannot be translated because they do not follow the same order; 'paying attention' in mindfulness is focusing attention on the present moment while the Christian focuses attention on things above, the word of God to be renewed by the Spirit and be changed into the image of God. Christianity is about having Christ at the centre of everything; he is regarded as the author and the finisher of the faith. However, there is no mention of Jesus in mindfulness or Buddhism; hence comparing Christianity with mindfulness may be elusive since the focus has no Christian basis.

2.6.5 Adverse effects of Mindfulness

Researchers have reported some adverse events following mindfulness meditation especially in long term meditators. Such events include: sleeplessness, increased social avoidance, decreased quality of life, increased depressive symptoms, increased anxiety, mood disturbance, negative valence, unpleasant thoughts and emotional disturbance, psychosis and suicidal attempts (Cebolla et al., 2017, p. 7; C. Johnson et al., 2016, p. 8; Lomas et al., 2019, p. 14; Reynolds et al., 2017, p. 1302; Sahdra et al., 2017, p. 362).

Wong et al. (2018, p. 1345), in a systematic review, argue that 86.5% of studies dwelt on the positive impacts of mindfulness but they did not report its negative effects on subjects. Different mindfulness practitioners also criticise each other, for instance, quiet sitting and focusing attention and blocking all thoughts to develop mindfulness may result in inability to think, agitation and weariness after meditation (Tan, 2019, p. 365). This brings us to some criticisms on yoga.

2.6.6 Critique on Yoga

Yoga originated from India as a religion to unite body, soul and spirit; it is being practiced worldwide. Over a million of participants celebrated the International Day of Yoga on the 21st June, 2015 (Bhalla, 2020). Since then, there has been a backlash on the subject. Like mindfulness, the first among the criticisms is that yoga has been commercialised. Yoga constitutes a multibillion dollar business due to increased interest in it, as a result of its wellness programme around the globe (Bhalla, 2020). There are businesses selling yoga commodities like yoga pants, mats, and other accessories. This commercialisation of yoga made the religious practice of the Hindus to have been watered down for the sake of money making. The critic

who are Hindus claimed that this commodified yoga has lost its essence; it is impoverished and inauthentic (Jain, 2017; Marie & Magladry, 2020, p. 710).

To some Christian critics, yoga is of Hindu's origin and it is not compatible with the Christian religion. Christ is the central theme of Christianity but there is no Jesus in yoga. However, some Evangelical and Pentecostal Christians believe that yoga can be adapted to the Christian faith, thus substituting Sanskrit to Christian alternatives. Others believe that whether it is replaced with Christian adaptable format, the origin is traceable to Hinduism (Brown, 2017, p. 667; Malkovsky & Malkovsky, 2017, p. 2). Some claim that some postures in yoga look like the postural images of the sun God; it does not show the way to believe in God but offer the way to know God (Brown, 2017, p. 664).

Bradly Malkovsky, a Christian who had practiced yoga and learnt under Iyengar Yoga for more than 30 years compared yoga with Christianity, has acknowledged the fact that some of the teachings are compatible with Christianity. For instance, Iyengar Yoga teaches about the removal of self-centeredness, selfishness, egoism, sexual license which is also important to the Christian faith (Malkovsky, 2017, p. 2). While many Americans practice yoga as a means of losing weight, beauty and health maintenance, mingling with one another, the same reason people go to gym (Brown, 2018, p .663; Hoover, 2018). Some people have the belief that it will help their children to maintain good morals, while some Pentecostals view it as idolatry; hence condemnable because the bible cautions that one should not worship God like the heathen (2 Kings 17:15) and that it can invite demonic spirit into one's life. This made some Christians to withdraw their children from schools where yoga is taught; a parent sued a school for teaching yoga to his children (Brown, 2018p. 667).

Malkovsky and Malkovsky (2017, p.10) debunked the fact that yoga brings about being possessed by demonic spirit since some Christians also believe that prayer can bring about demonic possession if care is not taken. He explained further that there is no mention of demon in yoga but it is widely mentioned in the New Testament.

Summarily, criticisms are based on different dimensions depending on the point of view of individuals. Practicing Buddhists and Hindus believe that bringing mindfulness and yoga to the mainstream has resulted in watered down and commodified versions which made mindfulness which is a religion of the east to have lost its essence. To the Christians, it is like practicing the religion of the east which is rooted in idolatry; some believe that there are benefits in engaging in them. While the socialists see it as a means of promoting capitalism and neoliberalism. The next aspect deals with the management process and further issues on the usefulness of mindfulness in unit management.

2.7 THE MANAGEMENT PROCESS

The management process and functions described by Jooste (2018, p. 77) is employed to guide the unit management aspect of the research. This like any other management process includes planning, organising, staffing, directing and controlling of unit activities. Thus, mindfulness in unit management involves mindfulness in every process.

2.7.1 Planning

Planning is the process of determining the vision, mission, goals and philosophy of the organisation. Managers determine the strategies to be adopted to meet their organisational goals. Planning is a comprehensive term and it involves choosing a course of action from all available alternatives for accomplishing the desired findings which are economical and certain

(Jooste, 2018, p. 95). The unit manager may not directly participate in the overall planning, but they are responsible for the planning of the course of action for their unit. Timely planning of work schedules and shift duties are essential for the provision of quality care and minimises risks in the units (Jooste, 2018, p. 95). In scheduling, the Nurse Manager should strike the balance between the service needs of the unit and the staff needs (Meyer et al., 2015, p. 217). Her skilfulness and mindfulness are very important at this level (Shahidin et al., 2017).

2.7.2 Organising

Organising refers to the building of a structure that will provide for the separation of activities to be performed and for the arrangement of these activities in a framework which indicates their hierarchal importance and functional association. Unit managers allocate human and material resources to each department and evaluate their activities. At this level the roles, responsibilities and tasks are determined, and policies and procedures are formulated to enhance goal attainment (Jooste, 2018, p. 157; Yan et al., 2015). Mindful organising is the collective capability for the unit managers in detecting and correcting errors and unexpected events (Vogus, 2012, p. 665). Organising involves creating hierarchies, subsystems or functional units within the organisation, putting in place those to man each aspect of the work and mobilising resources to function (Huber, 2017, p. 21). The unit managers are to use the organisation's duty list to do job allocation and ensure everyone carries out the duty accordingly (Meyer et al., 2015, p. 188). They should make to-do list a night before or early in the morning, prioritise and decide when each duty should be executed in the unit (Jooste, 2018, p. 157). They are responsible for the supervision of clinical use of equipment in their unit (Jooste, 2018, p. 115).

2.7.3 Staffing

The process of assigning competent people to perform the tasks designated for the organisational structure through recruitment, selection and development, hiring, training, induction and orientation of the new staff about the goals, vision, mission and philosophy (Inhaltsanalyse, 2014). The unit manager being a middle-level manager may not be able to recruit and select staff but are to mindfully request for competent staff needed to ensure the adequacy of manpower for the unit. Professional nurses are frontline managers and their ability to make effective staffing decisions can contribute to the safety of patients (Wilson et al., 2011). The Nurse Manager is expected to organise training and induction of the workers into the work environment if they are to deliver quality care (Jooste, 2018, p. 192).

2.7.4 Leading

Leading is a process of setting a strategic direction for followers. Thus the leader issues orders, assignments, instructions, to accomplish organisational goals and objectives (Yan et al., 2015, p. 373). Unit managers are to mindfully monitor and evaluate activities in the unit to ensure the organisational goal is achieved. The leader should use the leadership style that matches the situation they find themselves (Tang, 2019, p. 12).

2.7.5 Controlling

This is a means through which unit managers constantly ensure that the organisation is on the right track. Unit managers are to be mindful that each action and performances are strictly monitored, and feedback is given to ensure goals are met (Jooste, 2018, p. 78).

2.8 HOW TO DEVELOP MINDFULNESS

It is believed that mindfulness is a religious practice and people from other religion feel that it contradicts their religion but the way mindfulness is cultivated like yoga, focused breathing and meditation are not religious practices, but they are used to enhance well-being and strengthen awareness (Raphael-Grimm, 2014, p. 117; See the five-step model in chapter 8).

2.9 NURSING PROFESSION IN NIGERIA

The nursing profession in Nigeria has witnessed diverse challenges due to the type of education available to nurses which have limited their professional growth. The educational system of Nigeria at the beginning was captured in the 8–6–2–3 educational policy which means 8 years in primary, 6 years in secondary, 2 years in higher school and 3 years in the university. This was later changed to 6–5–2–3 system (6 years primary, 5 years secondary, 2 years higher school and 3 years university) during the colonial era. This was followed by 6–3–3–4 policy in 1976, (6 years in primary school, 3 years in junior secondary school, 3 years in senior secondary school, 4 years in the university). The present 9-3-4 policy (9 years of basic education, 3 years in secondary school and 4 years of higher education) is to ensure free education for all children throughout the 9 years basic education period. At present nursing training at basic schools of nursing and midwifery does not fall in line with the national education policy which made their placement both for work and academic purposes very difficult. This makes nurses who had previously spent three years in either school of nursing or midwifery after their graduation from the school of nursing to spend another four years in the university giving a total of seven years to have a Bachelor's degree in Nursing.

History has it that Nigeria nurses evolved from apprenticeship where they were trained to support and run errands for doctors to basic training to recognise instrument and carry out

procedures without knowing the rationale behind what they do (Abdullahi et al., 2019; Ayandiran et al., 2013). At present, the majority of nurses in the nation are trained in the basic schools of nursing only those who can go for university education fall into the national education policy. At present, a total of 265 schools are approved by the Nursing and Midwifery Council of Nigeria that regulates nursing training and practice in Nigeria. Only 28 of these institutions are universities that offer nursing at degree level (Nigeria & NMCN, 2019). Schools of nursing award Registered Nurse certificates, which is a diploma certificate. As a result of this, someone that has passed through three years school of nursing has to undergo another four years in a university to obtain the Bachelors of Nursing Science degree. As remarked by Ndatsu in Ayandiran et al. (2013, p. 4) that nursing curriculum is expanding, yet registered nurse certificate is still being awarded. This certificate does not allow nurses to compete favourably with other professions.

The major deficiency of the hospital-based nursing education is the inability to produce nurses that can cope with changing trends in the society due to mono education that does not provide for interaction that is obtainable in the university system (Ayandiran et al., 2013). These schools turn out students massively every year, but the products have limited knowledge of evidence-based approach to solving nursing problems at the clinical area (Ayandiran et al., 2013). The ICN president, 2017, stated that the health of the country depends on nursing. Higher education in nursing leads to better job performance thus recommending that the entry point into the nursing profession should be Bachelor of Nursing Science degree (Abdullahi et al., 2019).

There is continual concern by various authorities that the educational level of nurses trained at the basic nursing schools do not produce nurses that are capable of coping with the dynamism

of change in evidenced-based technological approach to nursing care (Abdullahi et al., 2019; Agbedia, 2012; Ayandiran et al., 2013).

2.9.1 Nursing Practice in Nigeria

Agbedia, (2012) stated that four models of nursing care approaches are being used in patients' care in Nigeria, *viz.*: team nursing, task-oriented or functional nursing, primary care and case nursing. The most used one in all the health institutions is task-oriented, which does not give room for nurses to develop skills in the use of nursing process approach to care. This has resulted to the inability of Nigerian nurses to render holistic care to patients. Agbedia, (2012) also noted that the generational conflicts among the younger and older generation of nursing workforce prompts the older and more experienced generation to accuse the younger ones of arrogance, lack of dedication to work, loyalty and commitment, while the younger ones respond by saying that the older ones wrongly misconstrue their carriage, motivation and self-reliance as arrogance. This is capable of bringing distortion to teamwork and collaboration among professionals. Further discourse on nursing practice in Nigeria shows that nurses are generally less caring, because they demonstrate lack of commitment and dedication to their work (Obadiya, 2011). Similarly, Saka (2016) recommends programmes to re-orientate nurses in Nigeria to be rededicated and committed to their professional ethics, improve their attitude to practice, and embrace change in other to cope with current professional and technological advancement in line with global best practices.

The challenges of nursing education as recorded by Abdullahi et al. (2019, p. 418) include dichotomy and fractionalised training with two streams of training schools, the universities and schools of nursing; inadequate funding of institutions of training which does not allow for the purchase of models and currents books for the libraries; outdated and overloaded curriculum;

shortage of nursing faculty, especially at the university level, among others. This reduces the number of student intake since the number of students to be admitted to a nursing programme depends on available lecturers. Many Nigerian nurses migrate to the United States, Europe and Asian countries in search of greener pastures, conducive working environment and career enhancement which are lacking in their country (Salami et al., 2016, p. 76). Another challenge is disruptions caused by industrial actions by the Academic Staff Union of Universities (ASUU) and the Non-academic Staff Union of Universities (NASU) which are often unduly protracted.

2.9.2 Challenges Facing Nursing Practice in Nigeria

The major challenge that is facing nursing practice is shortage of bedside nurses. Nigeria has 16.1 nurses per 10,000 population (WHO 2015B in Salami et al., 2016, p. 79). Though nurses are produced yearly they are not being employed by the government. The three tiers of government being operated in Nigeria are responsible for health care delivery. The Nigerian federal government oversees the tertiary health institutions, the state government handles the secondary health facilities and the local government takes care of the primary health care institutions. Each tier is responsible for hiring employees independently. While the federal institutions may not have many challenges with the shortage of staff in some of the institutions, the state hospitals and primary health centres are in dire need of personnel.

Competition, lack of role identification and unhealthy rivalry among nurses is another factor affecting nursing care in Nigeria. Some nurses believe that their specialty is higher and better than others, hence they should receive higher pay. However, those working in other areas are less motivated and this has led to skewed personnel in such areas as many nurses troop into the better-paid speciality. The placement of nurses in the Nigerian health sector is worrisome.

Hospital policies in Nigeria do not allow nurses to occupy positions where their voices will be heard. This may be one of the factors responsible for the deterioration of the health care system in the country. The WHO Director General, Chan, in his recognition of the central position of nursing in the health sector, stated that for any sustainable health system to be achieved, the nurses must be placed at the centre of the government's "Change" programme (Abdullahi et al., 2019, p. 416).

Another challenge is female dominance of the nursing profession in Nigeria (Dlama & Umar, 2016; Ike et al., 2020; Wilson et al., 2018). This has not enabled the voice of nurses to be heard since women generally are relatively few in the country's politics. For instance, only 23% of women are in politics globally (Mlambo & Kapingura, 2019). In Nigeria, only 7.3% and 3.1% women are in a state House of Assembly and the Federal House of Representatives, respectively. Only one of these public office holders is a nurse and none is a governor (Kelly, 2019).

2.10 UNIT MANAGEMENT

Management refers to activities such as planning, organising, directing, controlling and staffing in order to accomplish specific organisational goals and objectives (Jooste, 2018, p. 93). Unit management refers to the application of these principles with activities in a hospital ward. Good management is essential to enable success. If the resources put in place in terms of money, human and materials are adequate, with good management in place, it is believed that organisational goals will be met.

2.10.1 The Nursing Unit Manager

Nursing managers are professional nurses that coordinate care, manage health care workers and advocate for patients. Their roles are complex and demanding; they design a plan of care and supervision of all activities in the unit. They are the people that everybody wants to see and speak with; they undergo a lot of pressure as a result of the strategic position they occupy. Meyer et al. (2015, p. 6) highlight the functions of the nursing unit managers as follows:

i. appropriation of scientific knowledge to account for all unit activities;
ii. coordination of care, provision of personnel and supervision of their activities;
iii. acknowledgement of the uniqueness of everyone with various health need;
iv. Development of new approaches to identify the health needs of individual patients;
v. Use of evidence-based knowledge to enhance patients care;
vi. Training of younger nurses and students;
vii. Engaging in decision making and empowerment of health workers in their units;
viii. Collaboration with other health professionals to enhance quality health care delivery; and
ix. Conducting clinical nursing research.

Jooste (2018, p. 93) describes nursing unit managers' functions as highlighted below:

i. be a role model;
ii. know all patients by name;
iii. be available and accessible to meet unit member's needs;
iv. be regular on duty;
v. be kind-hearted and responsive to the needs of others;
vi. demonstrate a high level of proficiency and responsive to new information;
vii. evaluate the patient's satisfaction; and
viii. initiate and mobilise resources for the career development of employees.

Nurse Managers are to supervise the staff in their units, prepare budgets, maintain quality care and promote patient safety (Shuman et al., 2018). They are expected to pass down the culture and ethical principles to the subordinates (Salmela et al., 2017). As a result, they must have knowledge and skill to handle all unit activities (Staniszewska et al., 2015, p. 6).

Nurse Managers must ensure that they meet the needs of all the patients admitted to the units either for medical or surgical care directly or indirectly by their efforts or by collaborating with other health care professionals (Agyeman-Yeboah & Korsah, 2018, p. 45). This will have a positive impact on hospital utilisation. Nurses are to plan their care and ensure they are implemented accordingly, to ensure successful care outcomes. They are to prioritise patients care. Prioritisation of care is basic to nursing, to ensure the provision of care to meet the health demands of the patient (Suhonen et al., 2018). Furthermore, the Nurse Managers are to assign duties and delegate where necessary (Jooste, 2018, p. 102). They are to make provision for unplanned change which may happen due to patients' condition (Meyer et al., 2015, p. 295). Studies show inadequate planning of care resulting in patients and nurses seeing nurses as uncaring. Agyeman-Yeboah & Korsah's (2018, p. 48) work on non-application of the nursing process in Accra, Ghana shows that nurses do not plan their patients care but just carry out procedures they feel the patient needs. In agreement with this, Weldetsadik et al's (2019, p. 134) work on the quality of nursing care in Ethiopia found that nurses do not take proper care of their patients. Cheruiyot & Brysiewicz (2019, p. 7) in their study on nurses' perception of caring in a rehabilitative home in South Africa also showed that patients saw nurses as uncaring. Mindfulness will assist the nurse to be compassionate and take adequate care of their patients.

2.10.2 Qualities of a Nursing Unit Manager

The unit manager must be able to manifest some qualities of a good leader to make them demonstrate effective leadership. Tang, (2019, p. 6, 7) identified ten of such qualities, namely: communication skill, motivation, delegation, creativity, responsibility, flexibility, commitment, trustworthiness, positivity, and feedback.

(a) Communication skill

A manager must be a good communicator; they must be able to spell out the organisational goals to their subordinates. They must be vast in all means of communication either one-on-one, group or by electronic means such as email, phone calls, and video conferencing, among others. Clark et al. (2016) reiterated that communication is the most important competency expected of a nurse. It enables the nurse to assess patient condition plan and provide evidence-based care to the patient (Webb, 2020, p. 4). Communication is one of the most important indicators of decisiveness and it is a predictor of resourcefulness (Kaldjian, 2017, p.91). Turhan et al., (2018) worked among school administrators and found that decisiveness and communication are predictors of resourcefulness.

Murray, (2017, p. 44) add that good communication is an effective tool in building trust and promoting quality care. Similarly, Arnold and Boggs, (2020, p. 34) posit that there should be robust communication between the nurse, patient, relatives and other health workers to enable excellent care. Arnold and Boggs (2020, p. 131) further surmise that group communication is essential for effective collaboration among nurses to achieve excellent teamwork. Communication is a key to reduce medical errors, it enhances the interpersonal relationship among health professionals, enhances positive nursing outcomes, and eases decision making by health care professionals (Li et al., 2017, p. 4720).

Patient information must be kept confidential, no matter the circumstance. Personal details and clinical information must be held in utmost confidence and stored responsibly in the electronic media (American Nurses Association, in Murray, 2017, p. 69). Tapen (in Whitehead, et al., 2010, p. 75) stated that nurse leaders are not assertive; they prefer to keep silent instead of speaking out to avoid confrontations. Assertiveness is very important in communication to drive home points and enable the nurse leaders' voice to be heard especially when there are situations that could be ameliorated by such discussions (Whitehead et al., 2010, p. 75).

(b) Motivation

A good manager gives incentives to build self-esteem and encourage the productivity of employees by recognising and rewarding good performances when necessary. Leaders should motivate subordinates to encourage dedication for a better future (Giddens, 2018, p. 118). However, reward power may be beneficial to the organisation but sometimes if it is done with favouritism may be counterproductive as other workers may be demoralised (Tang, 2019, p. 76).

(c) Delegation

Delegation of duty is considered as a mark of strong leadership when the leader can identify the strengths of an employee and ensure they are given jobs based on their competencies. Two things are obtained when such delegations are carried out: firstly the leader will not be bored with working alone which may result in the inability to complete tasks. Besides, such a leader will be developing her subordinate (Tang, 2019, p. 76). Moreover, a good nursing unit manager delegates and engages in supportive supervision to guide subordinates from time to time (Jooste, 2018, p. 192). Delegation should be based on competency, skill, and knowledge of workers (Meyer et al., 2015, p. 228).

(d) Creativity

Creativity involves divergent thinking and connecting unrelated matters to solve a problem (Ma et al., 2018, p. 2). A leader should be able to solve problems or approach issues using unconventional methods. Subordinates admire leaders who can demonstrate wisdom at crossroads. She must be intelligent and competent.

(e) Responsibility

The leader should accept blames for whatever goes wrong in the organisation. They should not be trading blames. Not taking responsibility findings in loss of respect and lack of trust in such leaders (Tang, 2019, p. 8).

(f) Flexibility

Leaders must endeavour to be flexible; many unforeseen occurrences may erupt in an organisation that demand change of plan. The leader must not be rigid at such a time or maintain the stance of handling issues the traditional way (Wilson et al., 2011).

(g) Commitment

Commitment is vital to leadership. The leader that set goals should ensure that they are achieved. A leader that quits in the face of challenges cannot expect their subordinates to follow through. No matter what it takes, the leader must have the interest of the organisation at heart. He should show good example of dedication, loyalty, and commitment to the organisation (Tang, 2019, p. 7). Studies have shown that most nurses are in the profession as a result of their intrinsic desire to help the sick (Ogundele et al., 2021, p. 575, Omidi et al, 2018p.118). This must reflect in their commitment to work.

(h) Trustworthiness

Subordinates should be able to discuss personal issues with their leaders without fear of intimidation. They should be able to express their concerns freely while the leader maintains integrity in handling issues (Tang, 2019, p. 7).

(i) Positivity

The leader should maintain positive attitudes even when things are not going well. They should not express fear or negativism, but they should be optimistic that things will turn around for good. Murray (2017, p. 53) opined that leaders should be self-regulating and resilient to impact positively on their followers. Zendrato et al. (2019), in a systematic review, found out that a leader is effective if they have a positive attitude and awareness of professional ethics.

(j) Feedback

The leader should find a way of providing information on the performance of employees. They too should allow their subordinates to give their assessment of their performance in the organisation. Negative feedback should be taken calmly provided such feedback will enable the leaders to know the strength and weakness of the employees (Tang, 2019, p. 7).

(k) Other qualities

Apart from the qualities listed above, Murray (2017, p. 13) believes that a good nurse leader must be fair-minded, supportive, and empathetic. In the same vein, Tang (2019, p. 13) highlighted honesty, courage, intelligence, forward-looking, competence, imagination, forward-mindedness, straight-forwardness, fair-mindedness and inspiration as traits that a good leader should possess. Murray (2017, p. 13) further posits that the nurse leader should possess the ability to coordinate care both at inter and extra professional team levels to ensure adequate care is given to a patient with the relatives being properly carried along. A good manager should be able to manage and overcome resistance to change. Part of the strategies to adopt include engaging in participative management to enlist the support of their staff, open and honest communication, good planning, negotiation and putting on a positive outlook (Meyer et al., 2015, p. 294). The Nurse Manager should manage equipment and ensure adequate supplies of necessary materials to be used in the unit (Meyer et al., 2015, p.115). They are to collaborate with other units of the hospital to help younger nurses develop their career (Jooste, 2018, p.

285). The Nurse Manager should arrange for preceptors to oversee the clinical teaching of student nurses; this is the best way to facilitate learning at the clinical areas and passing nursing culture to younger nurses (Dlama & Umar, 2016, p. 67).

2.11 MINDFULNESS AND NURSING UNIT MANAGEMENT

Many researchers have reported unsatisfactory managerial behaviours among the head nurses in managing hospital units; notable among them are (Jooste & Cairns, 2014, p. 532; Salar et al., 2015, p. 54). This is due mainly to the exigencies of their multidimensional roles. Nursing unit managers are expected to be transformational leaders. As a result, they need to adopt standard techniques coupled with organisational support to accomplish their goals and enhance their productivity (Clavelle et al., 2012; White, 2014). These could be achieved by incorporating mindfulness practices to make their roles more rewarding. Mindfulness has the capacity to stimulate therapeutic presence, alertness, good interpersonal relationships, self-awareness, self-control and other authentic leadership qualities (Baron, 2016; Van der Riet et al., 2015). Mindfulness improves awareness, enthusiasm, and inner state of calmness; it enables good communication with colleagues and patients; it enhances nursing performance at work, making them have greater sensitivity to patients need and empathy (Long, 2019, p. 78) giving clearer judgments and clearer analysis of complex situations. It helps in emotional regulations in stressful situations (Guillaumie et al., 2017) and it promotes good interpersonal relationship between co-workers, supervisors and supervisees (Long, 2019, p. 84).

Hunter (2015) undertook a study to explore the impacts of practising mindfulness among qualified nurses in workplaces and particularly in interacting with patients using a critical interpretative synthesis. The findings show that through mindfulness, nurses were able to gain some control over their thoughts and stress levels thereby enabling them to create a quiet mental

space leading to improved care-giving, increased staff presence and a patient-centric focus on unit management. Also, mindfulness was able to alter the way the nurses operated within a stressful work environment by changing their internal experience of the environment and providing more assistance to the patients under their care. Hunter (2015) further highlighted that nurses work with compassion in a stressful environment when mindfulness is adopted.

It is important to understand the organisational variables for the successful diffusion of innovative mindfulness in the health sector as well as initiating and sustaining the changes emerging from adopting mindfulness. Organisational cultures play a crucial role in guiding interactions between nurses, management and clients. It provides a unique set of values, norms, attitudes and behaviours within the workplace through explicitly operating formal policies or implicitly operating through informal behaviours or values. Organisational culture has been shown to have a significant impact on the implementation of patient management, treatment outcomes and the employee's mental health (Byron et al., 2015, p. 870).

Due to the fact that nursing staff are required to provide high standards of caregiving, the demand for quality job performance in nursing patients requires a great deal of multitasking which includes providing emotional support to patients undergoing intense suffering, open communication between patients and families and effective relationships across co-workers (Long, 2019, p. 84). They are continuously moving, in a bid to balance prorates (Ponte & Koppel, 2015). Therefore, striving to balance the afore-mentioned relationship-centred care in a hospital environment increases the likelihood of stress events for nurses. Hence mindfulness-based intervention programmes have been proposed to be applied in unit management to combat stress, improve work output and ensure that nurses activities are properly managed (Gauthier et al., 2015).

Van der Riet et al. (2015) conducted a pilot project to examine the impact of a seven-week mindfulness programme as learning support for nursing and midwifery students in Australia using a descriptive qualitative design. The themes of the training programme were attending to self, others and programme related challenges. The findings showed the positive impact of mindfulness on sleep, concentration, thought clarity and the reduction of negative emotions in the students. Although this research was conducted on nursing students, it is believed that if they are groomed to become mindful professional nurses, similar findings will be achieved at their respective workplaces. Similarly, Byron et al. (2015, p. 870) conducted a qualitative study using focus groups to evaluate the perceptions of stakeholders on the factors affecting the implementation of mindfulness for nursing staff on adolescent mental health care units and the after-implementation effect. Common things facilitators needed for mindfulness in unit management were identified. These include: leadership, securing buy-in with staff, allocating staff shifts, and allocating time and space for training and practice due to limited staff time. The research showed that there was improved focus among the nurses when interacting with the adolescents and improved cohesion was experienced socially on all the units. Also, this conforms to Steinberg et al. (2017) findings that there were significant decline in stress levels among nursing staff of a surgical intensive unit after mindfulness was adopted. Qiu & Rooney (2019, p. 715) suggest four stages of mindfulness, namely: preliminary concentration, deep concentration, self-transcendence, and re-engagement, which has its meaning and impact on the individual and the organisation.

In conclusion, this aspect of the review has centred on mindfulness and its potential benefits on the nursing profession, unit management, the nursing profession in Nigeria, and more importantly, nursing unit managers. There is a dearth of recent research on the development and impacts of mindfulness on professional nurses in unit management. Hence, this research

seeks to contribute to the body of knowledge by developing a mindfulness-based unit management training programme for professional nurses in Ondo State, Nigeria through the adoption of the Mindfulness Behaviour model by Wilson et al. (2011). It explored the level of resourcefulness, decisiveness, flexibility, tactful communication, and awareness of the big picture of unit management in professional nurses. The next aspect discusses the theories, model, and conceptual framework.

2.12 THEORIES, MODELS, AND CONCEPTUAL FRAMEWORK

The theoretical framework is the conceptual underpinning of a study which allows the researcher to organise observations and facts in an orderly manner (Ibitoye, 2017, p. 54). To get an in-depth knowledge of mindfulness of Nurse Managers in unit management, it is important to look at it through the theoretical lens of Humanism in Nursing, Leadership theory and Mindfulness model. Hence, this study adopted the Humanistic Nursing Theory (HNT) described by Paterson and Zderad (1988) and Resonate Leadership theory.

2.12.1 The Humanistic Nursing Theory

The Humanistic Nursing Theory (HNT) was described by Paterson & Zderad, (1976) as a "responsible searching, transactional relationship whose meaningfulness demands conceptualisation founded on a nurse's existential awareness of self and of the other." Existential experience depicts human awareness of the self and otherness having to do with one another. The theory has been applied in various clinical nursing settings and research (Lelis et al., 2014, p. 1114). Like all other nursing theorists, the authors define concepts such as person, health, nursing and environment and they are discussed in the following paragraphs:

(a) Person

According to HNT, a person is described as human being holistic in nature, accountable, responsible, special, dynamic, aware, creative and capable of abstract thoughts. One needs care, empathy, the capacity to increase knowledge of self and environment, ability to make responsible search into the world around one and communicate with others in a system. Persons are to be respected, nurtured, valued and have the right to make informed choices.

(b) Health

Health according to Paterson and Zderad is the ability of an individual to achieve well-being and more-being, not merely as freedom from illness. There is usually a call for help with some health-related issues from a person, family or community. Health is necessary for survival and it is seen as the goal of nursing. It is not limited to the absence of illness to encompass important aspects of nursing that may be described as health-promoting, health-sustaining, or health-restoring, health supervision and health teaching.

(c) Nursing

According to the theorists, nursing goes beyond human response to helping someone get well or recover from illness or their well-being, but to achieve much more. It is considered as a "lived experience between human beings". It is a unique transaction between two human beings; it is an involving, helping, affecting and evolving relationship whereby the nurse and the patient engage in a dialogue, thus, making them to become more human at any particular period in a live situation (Paterson & Zderad, 1988). For this study, the Nurse Managers are the focus and how mindful they are in nursing management with regard to their resourcefulness, decisiveness, flexibility, tactful communication and awareness of developments in the units where patients' care management are explored.

(d) Environment

According to HNT the environment denotes the place of service delivery in time and space, the community or the world. For this study, the six hospitals in Ondo State, Nigeria where the study was conducted constitute the environment for the research. Paterson and Zderad's Humanistic Nursing Theory has three underlying basic principles and it applies both humanism and existentialism to nursing theory.

Humanism explores the broader perspective of the individual's potential and to understand each person from the context of an individual's personal experiences. This individual experience may be moulded by the use of mindfulness.

Existentialism is described as the philosophical approach to understanding life. It holds the belief that thinking originates with the human – the feeling, acting, living of an individual. It emphasises the individual's free-choice, self-responsibility and self-determination. All these are consistent with the principles of mindfulness (White, 2014).

Nursing Dialogue is when a nurse and patient relate together. The nurse presents herself as a helper always ready to assist the patient. She is, therefore, open to understanding how the patient feels to help them get better. Openness is an important quality for humanistic nursing dialogue which is an essential component of mindfulness.

The method of Humanistic Nursing is phenomenology, which holds that a study should not begin with a theory but with a phenomenon of interest. Phenomenology seeks to know the lived experience of the person or group of people concerning a phenomenon (mindfulness), thus allowing the core concepts to appear (De Vos et al., 2015, p. 316). However, the theory has been adopted to guide the conduct of some quantitative studies (Lelis et al., 2014, p. 1114).

The theory consists of five phases-

(a) The nurse coming to know;

(b) Nurse's intuitive knowledge about the other I-You relationship;

(c) Nurse's scientific knowledge about the other I-IT relationship;

(d) Nurse's supplementary synthesis about the realities he/she knows – expanded view of the phenomenon;

(e) Nurse's inner succession from many to a paradoxical one.

2.12.1.1 Application of HNT in this study

(a) The Nurse Coming to Know

In this phase, the researcher prepares herself to know the research area. She understands her world view of the study and would not allow any form of bias in the study. She seeks to approach the study with an open mind. In this study, the initial literature search was done to get acquainted with what other people have done on mindfulness in nursing, humanities, management and education. Books, journals and dissertations were reviewed and on-line training sessions were attended to enable the researcher gather more information on the phenomenon of mindfulness.

(b) Nurse's intuitive knowledge about the other – I-Thou

In this phase, the researcher gets familiar with the scenario by getting closer to the participants, she engages in data collection using both quantitative and qualitative methods. This is because the calculation of individual mindfulness has not been done in literature by qualitative means and studying the lived experience of the phenomenon of mindfulness is better achieved by qualitative methods (Jones et al., 2017)**.** Similarly, Colgan et al. (2017, p. 482) suggest the use of both quantitative and qualitative methods in conducting mindfulness studies. To ensure a deeper understanding of this phenomenon, individual meetings were held with the heads of

nursing services of all the sampled hospitals. Semi-structured interviews and focus group discussion were conducted with the Nurse Managers. In all meetings, the research objectives and method to be adopted in the completion of the questionnaires were explained to the participants. Field notes is the part that deals with the phenomenology aspect; the lived experience of the participants was taken and audio recordings were done to enable a comprehensive view of all that transpired in the process of interaction with one another.

(c) Nurse's scientific knowledge about the other – IT relationship

Giving the best of nursing care is about building relationship with others. Mindfulness enhances connection with other people especially with patients. Nurses participation in an eight-week mindfulness training led to increased awareness of various perspectives of feeling for others (Vliet et al., 2018, p. 9). This phase connotes the IT gives rise to a relationship that incorporates the I-You as it relates to other's experiences of nurses as they perceive the phenomenon of mindfulness. The researcher distanced herself to immerse in the reading of testimonies from the interaction with the Nurse Managers. The analysis of human situation allowed the participants to describe their mindfulness in unit management as she asked probing questions on their resourcefulness, decisiveness, flexibility, tactful communication and awareness of developments in the units.

(d) Nurse's supplementary synthesis about the realities she/he knows – expanded view of the phenomenon

At this stage, the researcher looks at how mindfulness can improve the presence, empathy and compassion of the nurse as they manage the units.

(e) Nurse inner succession from many to a paradoxal one

The fifth phase was characterised by the considerations of the study phenomenon. The synthesis of knowledge gained in the study and the findings were determined. To investigate the core concepts of this study, a conceptual framework that speaks to interrelationship of the concepts was developed (see Figure 2.1).

2.12.2 The Resonant Leadership Theory

The resonant leadership is a sub-category of transformational leadership, the type of leadership that can carry along those working under them, they ensure workers are occupied, dependable and can mobilise them for good performance in order to achieve organisational goals. Such leaders are able to act promptly in the face of untoward circumstances. They are great leaders that can communicate well; they have the interest of the organisation at heart. They do not only make the continuous sacrifice in the workplace to meet up with the demands of the organisation, but they can motivate workers to perform their duties with enthusiasm.

This type of leader adopts the democratic style; they are empathetic, influential, emotionally intelligent, compassionate and encourage inputs from other members of the team. They understand the goals of the organisation and move people towards achieving their dreams (Taner & Aysen, 2013, p. 595). Leaders that are positive and supportive are very important in nursing particularly where there are shortages of staff and other variables that can cause stress and distress in workers. When leaders are caring and supportive nurses' health is improved, there will be job satisfaction, workers will be loyal and committed, and retention rate will be high (Laschinger et al., 2014, p. 5).

Resonant leaders have three important attributes – mindfulness, compassion and hope (Taner & Aysen, 2013, p. 595). Resonant leadership can be easily achieved with the inculcation of mindfulness practice into an organisation (Boyatis & Mckee in Long, 2019). Mindfulness is

regarded as a way of developing emotional intelligence, capable of expanding the attention of the workers, enabling better interpersonal relationship and ensuring the sense of community. Mindfulness reduces stress and helps to promote well-being, reduces absenteeism; thus workers are better able to engage in productive ventures. The fact that mindfulness promotes good communication is also an added value to the organisation. The resonant leaders utilise the principles of mindfulness due to its qualities (Long, 2019).

Compassion is the ability to notice the suffering in peoples' lives, have feelings towards them and respond by providing means to alleviate the suffering (Bimray, 2017, p. 166). While hope is the ability to believe that the future will be better and that goals set can be realised; members are motivated to believe that what they are doing will yield good findings.

Nurse leaders are expected to manifest both emotional and social intelligence to enlist the cooperation of the workers under them. Resonant nurse leaders are supportive in crises-stricken environment. They are visionary leaders that are aware of the big picture. They can forecast and know what will happen in future and plan ahead. They engage in coaching other employees to improve their performance; they adopt one-to-one interaction with the subordinates giving them information on what to do. They are affiliative, they collaborate with others building relationships connecting people with each other and engaging in teamwork. They create a positive working relationship within and without the unit (Laschinger et al., 2014, p. 5).

The attributes of resonant leaders – mindfulness, compassion and hope (Taner & Aysen, 2013, p. 595) is demonstrated when employees experience pains, grieves, emotional disturbance though they are expected not to allow this to disturb their work, people go about with their feelings. Most people spend one-third of their time in the place of work, therefore, the office

should be a conducive place that promotes peace, healing and serenity (Boyatis and Mckee in Taner & Aysen, 2013, p. 596). It is believed that after the training on mindfulness the Nurse Managers will emerge as resonant leaders by adopting all the principles of mindfulness.

In using this theory, the attributes of resonant leadership were applied to check the possible questions to put in the questionnaire that a Nurse Manager can adopt to enhance her leadership role in the unit.

2.13 CONCEPTUAL FRAMEWORK FOR NURSING UNIT MANAGEMENT

The conceptual framework is an intangible structure that guides a research work. It gives a brief description of the theory, or portion of theory to be tested by a research project. Conceptual framework describes the basic structure of ideas within which the research study is to be conducted and the findings interpreted (De Vos et al., 2015, p. 35). Kabat-zinn (2007, p. 4) defines mindfulness as "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally." The nurse will enhance their ability to be with the patient through cultivating mindfulness behaviours. Dobkin and Laliberté (2014, p. 347) indicated that mindfulness is an innate resource that already exists, patiently waiting to be reawakened. It is influenced by an individual's intention, either to act with kindness and attention being fully aware of the present occurrence.

Wilson et al., (2011) identify five mindfulness behaviours that are capable of enhancing nursing presence in the management of patients' care. These are resourcefulness, decisiveness, flexibility, tactful communication, and awareness of the big picture. Professional nurses are resourceful when they have knowledge of institutional procedures, patient's population, skill mix of staff in their unit, and the ability to maximise available resources to meet a hospital's goals as well as patients' needs. In the same vein, decisive Nurse Managers should be able to

decide all odds, especially when it has to do with the patient's condition. The nurse should be able to prepare the plan of care of the patient and ensure its implementation. Flexibility entails the ability of nurses to quickly adjust imbalances in the changing needs of their patients, assess and reassess the situation to ensure the immediate needs of patients are met at any point in time.

Tactful communication is the ability of the nurse to relate with colleagues and other medical staff focusing on the problem at stake, following through, communicating well with the patient and the relatives, and carrying them along in the care of the patient.

Awareness of the current developments is the ability of the nurse to be prepared to tackle all emergencies and any unplanned occurrence in the unit, especially in terms of changes in patients' condition. Previous studies in Nigeria shows that nurses have low knowledge and are not well positioned for emergency preparedness and management (Adelekan, 2016; Ayuba et al., 2015; Lola et al., 2016). This indicates the need to improve nurses' knowledge and ability to cope with emergency situations. Mindfulness practices can enhance one's ability to pay attention and notice what is happening, particularly in stressful situations. This ability to notice attentively and see situations more clearly can help someone to respond thoughtfully rather than react. This has relevance to nurses in terms of self-care and optimal care of patients (Bazarko et al., 2013, p. 110).

In adopting this framework, it is assumed that a person with high individual mindfulness will likely possess high professional mindfulness which leads to high unit management performance. The professional mindfulness entails the resourcefulness, flexibility, decisiveness, tactful communication and awareness of the big picture. Unit Management performance is a measure of the day-to-day activities of the nurse managers in the Nigerian

scheme of service for nurses (Federal Civil Service, 2003). The introduction of a training programme is capable of improving individual and professional mindfulness amongst nurses and enhance the capacities of Nurse Managers.

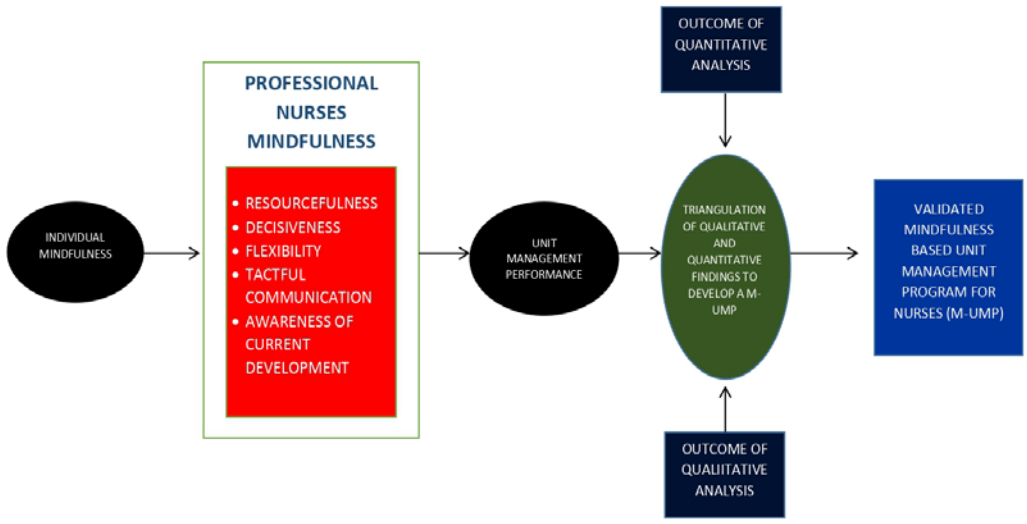


Figure 2.1: Conceptual framework for nursing unit management (Ogundele, 2021)

2.13.1 Professional nursing mindfulness

2.13.1.1 Resourcefulness

Wilson et al., (2011) explained that resourcefulness can be described as the ability of charge nurses to know patient information in a unit and appropriate staffing strategies that is appropriate for such units. The charge nurses acquire this knowledge by asking questions because they are responsible for providing solutions to 75% of the problems in the unit. The

charge nurses can be described as resourceful when they are able to gather dynamic knowledge about the state of staff nurses and patients in their units.

Other researchers have linked resourcefulness to various parameters. Powell (2020, p. 1429) states that resourcefulness is linked to founders' identities. Welter et al. (2018, p. 45) has suggested that the variation in life experiences and the accumulation of tangible and intangible resources affect resourcefulness in a changing environment while (Stenholm & Renko, 2016, p. 608) linked it with entrepreneurial passion. Wilson et al. (2011) reiterated that charge nurses are regarded as resourceful when they have accurate knowledge of the patient population, institutional procedures and the skill level of individual nurses. This information is crucial to the staffing of nurses in different units. Nurses that are resourceful are also able to accomplish their goals, they have high self-efficacy and are able to handle unforeseen circumstances (Shirey, 2020). Vestphal et al. (2020, p.4) in their qualitative study on the lived experiences of emotionally insecure nursing students, describe resourcefulness as being hard working even when one is tired. Being resourceful makes the nurse to get things done even when they are faced with multiple challenges.

2.13.1.2 Decisiveness

Nurses are faced with a complex work environment which can easily compromise the ability to be present in all situations. This may deplete the necessary thoughtfulness before decisions are made. However, decision making is a very crucial part of nursing management. Improper decision making does not only harm patients' care, it also disrupts the activities of Nurse Managers. Consequently, planning, organising, communication, negotiation and conflict management can be directly affected, if appropriate decisions are not taken on time. A decisive manager is the one that can analyse problems and use effective decision-making models appropriately (Eduardo et al., 2015, p. 583). Sanko et al., (2016, p. 142) exploration of the

impact of mindfulness meditation training in pre-licensure and postgraduate nurses revealed that mindfulness improves some ethical decision making. Shapiro et al. (2015) also affirmed that mindfulness enhances decision making, problem-solving and productivity of leaders.

2.13.1.3 Flexibility

Flexibility is essential to enhance liberality in care planning. Jooste (2018, p. 121) surmised that flexibility is needed in the changing health system, the Nurse Manager should not be rigid when readjustment is made to plan of action in the units. Wilson et al. (2011) described flexibility as a mindful behaviour where charge nurses plan for the unknown because there are always many adjustments to be made in units due to the inflow and outflow of patients. This can be realised by being open to other approaches to achieving a solution. They were flexible by anticipating unexpected changes in staffing decisions at any time during the shift. (Baron et al., 2018) in their cross-sectional study on mindfulness and leadership flexibility found that the more mindful leaders are, the more flexible they will be. In the study, overall flexibility was significantly related to non-judging and the ability to describe inner experiences. Stating that simply describing inner experiences without judging allows leaders to be more open to those experiences and understand them better. Other researchers like Baron (2016); and Baron et al. (2018) attested to the fact that mindfulness assists leaders to develop flexibility.

2.13.1.4 Tactful communication

Wilson et al. (2011) observes that tactful communication in a Nurse Manager is exhibited when there is effective dissemination of issues going on in a unit to doctors, other nurses and co-workers. Nurse Managers must be able to tactfully communicate responsibilities to staff, follow up responsibilities and ensure that jobs are being done. They are tactful communicators when they utilise their communication skills to obtain and disseminate information that may influence staffing decisions. They must be able to utilise non-violent communication skills to attend to their patients and the world around them.

2.13.1.5 Awareness of the big picture

Wilson et al. (2011) describes the awareness of the picture as a mindful behaviour whereby charge nurses are aware that their units can be presented with opportunities where the unknown can happen due to the dynamic nature of the units. Hence, the charge nurse is to be constantly aware of the big picture. An example is when charge nurses are always prepared for a sudden admission and not waiting to figure out things until there is a new admission. A charge nurse who is aware of the big picture is always on top of things because they are always investigating what is happening and making plans (Jooste, 2018, p. 101). They are aware of the big picture when they make frequent rounds to check on the state of patients and staff in the care unit to prepare for unexpected admissions and allocation of patients to available nurses (Joostle, 2018, p. 102).

2.14 THE RELEVANCE OF HUMANISTIC NURSING THEORY AND RESONANT LEADERSHIP THEORY IN THIS STUDY

The HNT and the conceptual framework assisted the researcher to plan and give direction to the work. These theories also help to provide boundaries for the study and serve as guide in the development of instrument for use in the study. The resonant leadership theory enabled the researcher to develop instrument relating to management aspect of the study.

The 5-STEP model by Vidymala Burch spelt out the steps in cultivation of mindfulness and the adapted principles of curriculum development (Meyer & Van Niekerk, 2017, p. 58) served as a guide to the design and development of the mindfulness-based unit management programme (refer to chapters 8 and 9).

2.16 SUMMARY

This chapter presents the review of related literature on historical perspectives on mindfulness, mindfulness-based training, mindfulness and workplace, tools used in measuring mindfulness, well-being and quality of life, professional mindful behaviours –resourcefulness, decisiveness, flexibility and tactful communication, nursing profession and nursing unit management and critique of mindfulness. The major gap in the literature is that no mindfulness programme has been developed in Nigeria particularly in unit management. As a result, this study seeks to develop a mindfulness-based unit management programme for nurses in Nigeria.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter, the researcher elaborates on the introductory outline of the research design and methodology provided in Chapter One. This chapter also addresses pragmatism as it relates to the philosophic and paradigmatic perspectives, the mixed-method approach and the convergent mixed method design of the study. The setting, aim and objectives are followed by a detailed discussion of the research methodology. The research methodology is structured according to the five phases of the methodological framework (Meyer & Van Niekerk, 2008, p. 54). Figure 3.1 depicts the five phases of the programme development process that was applied in this study. This chapter also describes how the study addressed issues of research validity and reliability, and trustworthiness as the qualitative equivalent. Ethical considerations of the research are elaborated on.

3.2 PHILOSOPHICAL PERSPECTIVE AND PARADIGM

A paradigm is an all-encompassing system of practice and thinking, which defines natures of enquiry, that is, the basic belief system and correct way of going about a study and those things that can be taken for granted in the social world of the study (De Vos et al., 2015, p. 40). It is the frame of reference for viewing the world and it is made up of concepts and assumptions. Philosophical assumptions or a theoretical paradigm about the nature of reality are crucial to understanding the overall perspective from which the study is designed and carried out. The paradigm perspective is very important in research as it defines the theory and methodology of the research.

Based on the above, this research adopted the pragmatic approach which shares the philosophy of positivism and constructivism, therefore, allows the use of a mixed-method approach. The pragmatist belief that only one scientific method cannot investigate the whole truth as advocated by either by the positivists or interpretivists (Kivunja & Kuyini, 2017, p. 35). The mixed-method approach consists of both quantitative and qualitative paradigms. Quantitative paradigms hold when numerical values are assigned to perceived qualities of things in order to measure the properties of phenomenon and provide an accurate description of the phenomena of interest (Apuke, 2017, p. 41). The qualitative approach, on the other hand, believes that the researcher has to participate in the real-world experience to some extent to have a better understanding and be able to express its emergent properties and features. It is also used to probe a topic when variables and the theoretical basis are unknown (Creswell & Creswell, 2018, p. 104).

Pragmatists believe that changes are bound to occur at any particular time, as a result holds that the practicality and usefulness of research product are very critical. The pragmatic approach relies on abductive reasoning. This means moving between inductions (qualitative approach) and deductions (quantitative approach), turning observations into theories and then assessing those theories through actions. An inquiry is processed in a sequential pattern by abduction. Inductive findings from qualitative analysis can serve as inputs to deductive goals of quantitative approach and vice versa (Creamer, 2020, p. 7). Both approaches were used to explore and describe the mindfulness of professional nurses in unit management. Pragmatism allows for the use of the phenomenological approach to conduct a study (Kivunja & Kuyini, 2017, p. 35). This pragmatic approach is reflected in the conceptualisation of the framework (see Figure 1.1), which underpins the research study. The researcher postulated that individual

mindfulness translates into professional nursing mindfulness, which in turn impacts the unit management performance.

3.3 MIXED METHOD APPROACH

The mixed-method is applied when both qualitative and quantitative strategies are combined in a study (Bryman, 2016, p. 634). The mixed-method approach has undergone debates in the last three decades and up till now, some researchers are yet to agree that it has its philosophical stance as a separate method of inquiry (Molina-Azorin, 2017, p. 104). De Vos et al., (2015, p. 434) highlight the advantages of using the mixed method approach over other methodologies which includes allowing the researcher to use both qualitative and quantitative paradigms to explore, confirm and generate theory in the same study. It offsets the weakness of using only one method thereby providing better inferences which can be corroborated and interpreted using different approaches (Molina-Azorin, 2017, p. 108). It explains the true nature of observable fact and eliminates bias. In support of these, Creswell & Creswell (2018, p. 216) indicate that it helps in developing and evaluating signs of progress and outcomes of programmes of organisations and to document diverse cases for comparison.

The mixed-method was considered the best approach to this study basically because mindfulness has not been calculated in literature by qualitative means and the of mindfulness researchers. Jones et al. (2017b, p. 788) indicate that mindfulness studies should be conducted with the use of both quantitative and qualitative methods in order to fully understand the therapeutic use of its multifaceted approaches. The researcher sought to know the mindfulness level of professional nurses in the study population which could only be calculated through quantitative means. Besides, it also ensured the data collected are reliable, rich and deep to bring out the points of view of both the researcher and the participants (Bryman, 2016, p. 697).

3.4 RESEARCH DESIGN

Research design is all the decisions made in planning the study, the sampling technique, sources and procedures for data collection, measurements issues, and data analysis plans (De Vos, et al. 2015, p. 143). The researcher applied the convergent mixed methods design which was exploratory, descriptive and contextual in nature to develop the mindful-based unit management training programme for professional nurses in Ondo, Nigeria**.**

3.4.1 The Convergent Mixed Method Design

In this design the researcher collects both the qualitative and quantitative data at the same period, but analyse the data sets separately according to the paradigm. The different findings are then integrated to explain, compare and contrast the differences (Creswell & Creswell, 2018, p. 217). This method is also referred to as the triangulation mixed-method (Delport & Fouche, 2015). In using this method data may be generated from the same set of the sample which may or may not be of equal sample size. Depending on the purpose of the study, the researcher may include participants from qualitative in the larger population of the quantitative sample (Creswell & Creswell, 2018, p. 219) as done in this study.

This design was considered suitable for this study based on the fact that mindfulness of an individual is calculated using the MAAS scale, while the unit management performance of the Nurse Managers was also explored using qualitative means. This assisted the researcher to compare the findings. The mixed methods design thus provided a richer understanding of mindfulness behaviour of professional nurses, therefore, leading to better data triangulation.

The exploratory, descriptive and situational nature of the design also a articulated well with Phase 1 and Phase 2 of the five-phase programme development process (Meyer & Van Niekerk, 2008, p. 54) used as the methodological framework Figure 3.2) for this study.

3.4.2 Exploratory Design

An exploratory design is used when little is known about the phenomenon (Durrheim, 2011). It was used in this study to gain insight, establish facts, generate data and gather new knowledge on mindfulness in unit management process among professional nurses. The researcher went to the field with an open mind ready to learn and establish the status quo of mindfulness and unit management behaviour of professional nurses. Questionnaires were administered to the nurses and they were duly filled and returned to the researcher. This was followed by focus group discussion and in-depth interview with Nurse Managers and Heads of Nursing Services of each hospital.

3.4.3 Descriptive Design

The descriptive design ensures intense examination of the phenomenon of interest (De Vos et al, 2015, p. 96). In this study, it assisted the researcher to obtain accurate and authentic information to reveal the deeper meaning of mindfulness of nurses in managing a unit in hospitals in Ondo State, Nigeria.

3.4.4 Contextual Design

The contextual design used in the qualitative study, enabled the researcher to identify what existed in the social world and how it manifested itself (Ritchie et al., 2014, p. 31). This assisted in understanding the events of mindfulness as it occurred naturally. The study took place in the natural setting where nurses work at the hospitals. This enables a proper understanding of how nurses view mindfulness in their unit management performance.

3.5 RESEARCH SETTING

This study was conducted in Ondo State, a State in the South-western region of Nigeria. South-western Nigeria has six states, viz.: Ekiti, Lagos, Ogun, Ondo, Osun and Oyo. It is mainly a Yoruba-speaking area, although there are different dialects even within the same State. Ondo State was created on February 3, 1976, with the State capital in Akure. The state lies between latitude 50 45I and 80 151 North and longitude 40 451 and 60 East. This means that the state lies entirely in the tropics. It is bound at the North-West by Ekiti State, West-Central by Osun State, South-West by Ogun State, South-East by Delta State and in the South by the Atlantic Ocean. It occupies a land area of 14,798.8 sq km with a population of 3,640,877 people (National Bureau of Statistics, 2010). Ondo state has 18 Local Government areas, three senatorial districts, viz.: Ondo North, Ondo Central and Ondo South. The residents of the state are predominantly Yorubas. The major employers of healthcare providers in the state are the Federal Government, the State Government and the Local Government Civil Service Commission. The state has two tertiary health institutions, one university teaching hospital (Medical Village) and Federal Medical Centre, three state specialist hospitals and 18 general hospitals. This study was conducted in one tertiary health institution (Medical Village), two state specialist hospitals and three general hospitals in Ondo State. These hospitals were selected based on the large number of nurses (1115) working there to provide a representative sample.

Figure 3.1: Map of Ondo State showing the three senatorial districts (culled from Ibitoye, 2017)

Key: *Pink – Northern senatorial district, Yellow – Central senatorial, Blue – Southern.*

The hospitals sampled in the three senatorial districts are shown in Table 3.1.

Table 3.1**:** Sampled Hospitals

Senatorial Districts	**Hospitals**	**No. of Facilities**
Ondo North	State Specialist Hospital, Ikare General Hospital, Owo	2
Ondo Central	State Specialist Hospital, Akure UNIMEDTHC, Ondo	2
Ondo South	State Specialist Hospital, Okitipupa General Hospital, Ore	2

3.6 RESEARCH AIM AND OBJECTIVES

The aim of this study was to develop a mindfulness-based unit management programme for professional nurses in Ondo State, Nigeria. The five objectives set for the study were to:

(a) determine the level of individual mindfulness of professional nurses.

(b) measure the extent to which individual mindfulness impact on professional nursing mindfulness.

(c) determine the effect of professional nursing mindfulness on unit management performance of professional nurses.

(d) design a mindfulness-based unit management programme for professional nursing.

(e) verify the developed mindfulness-based unit management training programme for professional nursing.

3.7 RESEARCH METHODOLOGY

The research methodology for the mixed methods employed in this study is structured according to the five phases of the methodological framework outlined in Figure 3.2 below.

3.8 METHODOLOGICAL FRAMEWORK

The research method is the technique used by the researcher to collect data (Bryman, 2016, p. 40). The five phases of programme development process (Meyer & Van Niekerk, 2008, p. 54), the methodological framework of the study, was followed to ensure logical sequencing in the methodology. This included the preliminary, exploratory, design, development and verification phases as depicted in Figure 3.2 below.

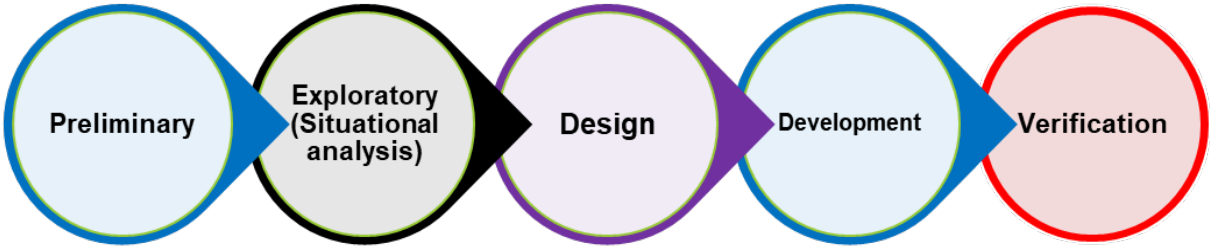


Figure 3.2: Phases of programme development process (adapted from Meyer & Van Niekerk, 2008, p. 54)

3.9 PHASE 1: PRELIMINARY PHASE OF THE STUDY

Phase 1 involved a literature study on the concepts of mindfulness and unit management.

3.10 PHASE 2: SITUATIONAL ANALYSIS

Phase 2, also known as the exploratory phase, entailed the detailed exploration of mindfulness behaviour of nurses in unit management (Wilson et al., 2011, p.511). Both quantitative and qualitative methodologies was utilized. Firstly, a quantitative survey was conducted with 205 professional nurses using an adaptation of the Mindfulness Attention and Awareness Scale (MAAS). In addition to the survey, qualitative data was collected from professional nurses employed in managerial positions. Individual semi-structured interviews were conducted with five Heads of Nursing Services, followed by group discussions with 62 Nurse Managers from the selected hospitals. The situational analysis was thus conducted using both quantitative and qualitative research methods. The methodology for the quantitative study is discussed under section 3.11 and the qualitative methodology in section 3.12.

3.11 QUANTITATIVE COMPONENT OF SITUATIONAL ANALYSIS

The research methodology for the quantitative study of Phase 2 involved an exploratory factor analysis in order to identify the underlying relationships between measured variables. The overall analysis was conducted using the structural equation modelling to determine the relationship between individual mindfulness, professional mindfulness and unit management performance according to the constructs in Wilson et al. (2011). Hence, the researcher deemed it necessary to formulate the following sub-objectives for the situation analysis:

(a) to determine the level of individual mindfulness of professional nurses.

(b) to measure the extent to which individual mindfulness impact on professional nurses' mindfulness.

(c) to determine the effect of professional nurses' mindfulness on unit management performance of professional nurses.

The research methodology will be discussed next as the design and setting have already been discussed respectively under sections 3.4 and 3.5.

3.11.1 Study Population and Sampling

The population is the whole group of persons or object the researcher is interested in. The target population for this study was 1115 registered nurses working in Ondo State, Nigeria. From the sampling frame provided in Table 1.1, N=592 registered nurses employed at six hospitals, 239 were selected using proportionate procedure (see table 3.2).

Sampling is the process of selecting a representative sample from the target population or a whole population (Taherdoost, 2016, p. 20). This study adopted a non-probability sampling technique, as the researcher selected respondents that were available but met the study criteria in terms of time and place of study till the number of participants needed was complete (Jooste, 2018, p. 337). This sampling method was used because of the shift nature of nursing jobs. Thus, only those who were available at the time of data collection in each of the units were included in the study.

3.11.2 Inclusion and Exclusion Criteria

Nurses who have worked for at least one year in a hospital and gave consent to participate were selected. All nurses who were on annual leave or sick leave during the period of data collection were excluded.

3.11.3 Sample size

Taro Yamane (1967) formula was used to determine the sample size for quantitative data. The sampling size formula, which is presented below yielded 239 professional nurses. The proportional sample is shown in Table 3.2.

$$n = \frac{N}{[1 + N(e)^2]}$$

Where: n = required sample size.

N = the population size (592)

e = the margin error of calculation (assumed to be 0.05)

$$n = \frac{592}{[1 + 592(0.05)^2]} \rightarrow n = \frac{592}{[1 + 592(0.05)^2]}$$

$$n \approx 239$$

Table 3.2: The proportional sample

SN	Hospital	Total Number of Nurses (N)	Percentage (%)	Sample (n)
1	Medical village, Ondo	221	37	88
2	State Specialist Hospital, Akure	208	35	84
3	State Specialist Hospital, Ikare	54	9	22
4	State Specialist Hospital, Okitipupa	45	8	19
5	General Hospital, Ore	35	6	14
6	General Hospital, Owo	29	5	12
	TOTAL	**592**	**100**	**239**

3.11.4 Quantitative Instrument

The quantitative method was used to examine the relationship between variables with the aim of analysing and representing their relationship mathematically through statistical analysis. The data collected in the quantitative study is numeric; it also allowed data collection from a large sample size. The data collected through this means allowed for greater objectivity since the findings were reviewed independently of the researcher (De Vos et al, 2015, p. 307).

3.11.4.1 Structure of the questionnaire

A structured Likert scale questionnaire, consisting of 70 close-ended questions was developed in English language, with the assistance of a statistician (see Appendix 3). It incorporated the adapted MAAS scale and has four sections as follows:

Section A focused on the biographic data which asked questions on gender, age, name of the hospital, name of the unit, length of service as a nurse, how long they have been working in the unit, knowledge of mindfulness.

Section B was the adapted Mindfulness Attention Awareness Scale (MAAS) developed by Brown and Ryan (2003) which was used to calculate individual mindfulness of the professional nurses. It consists of 15 questions that explored general mindfulness.

Section C was tagged the Professional Nursing Mindfulness Scale, it was designed by the researcher based on the five aspects of mindfulness described by Wilson *et al*, (2011) – resourcefulness, decisiveness, flexibility, tactful communication and awareness of current developments in the units. It comprised 25 questions.

Section D asked questions on the Unit Management Performance Scale focusing on material/equipment management, patient care management, leadership/motivation and roster/duty schedule management. It consists of 20 questions.

The trait MAAS is a 15-item scale designed to assess a core characteristic of mindfulness specifically; a receptive state of mind of attention informed by a sensitive awareness of present occurrence to inform observation is calculated. Research using correlational, quasi-experimental, and experimental studies has revealed that the trait MAAS taps a unique quality of consciousness that is related to, and predictive of, a variety of emotion regulation, behaviour regulation, interpersonal, and well-being phenomena (Brown & Ryan, 2003). The scale has high reliability but the adapted version for this study was re-evaluated as presented in table 4:3.

The scale takes five minutes or less to complete, easy to compute and it is in the public domain. The MAAS (Brown & Ryan, 2003) was preferred because it shows theoretically consistent relationships to brain activity (Creswell, et al., 2007). Brown and Ryan (2003) specifically chose items representing mindlessness since mindless states are much more common than mindfulness states. Thus, the necessary parameters regarding professional nurses' attention and awareness could be adequately measured.

3.11.5 Pre-testing of Instrument

The questionnaire was pre-tested at State Specialist Hospital, Ondo. This hospital was not part of the sample. Result shows that:

i) Individual mindfulness (IM) significantly impacts on unit management performance (UMP) and professional nurses' mindfulness (PNM).

ii) Professional nurses' mindfulness (PNM) significantly moderates the impact of Individual mindfulness (IM) on unit management performance (UMP).

Based on the findings from the pre-test, section 5 was deleted form the final questionnaire. This section dealt with younger nurses assessing their Nurse Managers on professional mindfulness, because it was identified to be potentially problematic in terms of confidentiality and ethical issues. The numbering errors impacting coding was corrected.

Reliability

Reliability of an instrument is concerned with the consistency of the measures formulated for the concepts in a study. It means if the findings of the study are repeatable elsewhere, it will have the same accuracy and consistency (Polit & Beck, 2018, p. 121). The reliability in this study was determined through a test-retest method with the administration of the questionnaire to 40 nurses after two weeks interval using the Spearman Rho correlation coefficient to

calculate the reliability. The result below shows that the instrument had higher reliability coefficient.

Table 3.3: Reliability of instruments obtained through test-retest

Construct	Cronbach's Alpha	No of Items	Threshold	Remark
Professional Nursing Mindfulness	0.964	25	0.7	Excellent
Unit Management Performance	0.972	20	0.7	Excellent
Individual Mindfulness	0.947	15	0.7	Excellent

3.11.6 Validity

Validity is the extent to which an instrument measures what it is designed to measure (Mohajan, 2017, p. 59).

3.11.6.1 Face Validity

The face validity of the instrument was determined by researchers in nursing, statistics and mindfulness practitioner. Necessary corrections were made.

3.11.6.2 Content Validity

The content validity is the ability of different parts of the questionnaire to measure the all constructs in the study (Polit & Beck, 2018, p. 355). The first part of the questionnaire is a standard scale which has been used to measure mindfulness in different climes. Other aspects were critically examined by nurse researchers, management and mindfulness experts from Nigeria and South Africa. It was indicated that the items included could measure the variables.

3.11.6.3 Construct Validity

Construct validity is the extent to which the instrument measures the variables designed for the study. The three major constructs in this study are individual mindfulness, professional mindfulness and unit management performance. These were measured through confirmatory factor analysis and the findings were excellent (see tables 4.2 and 4.3).

3.11.6.4 Discriminate Validity

Discriminant validity is conducted when a study involves theory testing. Discriminant validity is necessary to show that a latent construct is strictly explained by its own variables rather than by some other variables. Discriminant validity for this study was calculated using hetero trait-mono trait ratio (HTMT) by Henseler et al. (2014). The result shows there is discriminant validity (see table 4.4).

3.11.7 Administration

The questionnaire was administered with the help of one trained assistant under the supervision of the researcher in all the sampled units. The questionnaires were administered and the researcher waited for it to be filled and collected in each of the units. It took an average of 30 minutes to complete.

3.11.8 Quantitative Data Analysis

Data analysis is the process of reducing the information collected into interpretable form to ensure that relations of concepts can be viewed and conclusions can be drawn (De Vos, 2015 p. 249). This study utilised the structural equation modelling to analyse quantitative data via the Statistical Package for Social Sciences (SPSS) and Amos. This allowed for inferential and statistical interpretations from the estimates that were calculated based on the conceptual model of this study (see Figure 2.1). The structural equation modelling was used as a statistical tool for data analysis via Statistical Package for Social Sciences (SPSS version 25) and Amos (version 26). Typically, the structural equation model, amongst other features, is useful for testing relationships and estimating direct and indirect effects of one variable through an intervening variable on another variable (individual and professional mindfulness). The measurement part of the model (phase 2) helped to derive at the estimates of the structural part

of the model (phases 3 and 4). According to Hooper et al., (2008) and Moss (2009), the overall good fit of the structural equation model is decided based on indices such as relative chi-square (which should be less than 3.00 for N<200), incremental fit index (IFI) (which should >0.90), comparative fit index (CFI) (which should >0.90), root mean square error approximation (RMSEA) (which should <0.08) and the PCLOSE (test of significance of RMSEA) (which should >0.05).

3.12 QUALITATIVE COMPONENT OF SITUATIONAL ANALYSIS

3.12.1 Study Population and Sampling

The population for qualitative data included five heads of nursing services and 61 Nurse Managers purposively selected from the six hospitals. These were the best set of people that could give rich information about the phenomenon under study (Polit & Beck, 2018, p. 290). Purposive sampling is the sample that is comprised of events containing the most characteristics, representative or typical attributes that serve the best purpose of study (De Vos et al, 2015, p. 392).

3.12.2 Inclusion Criteria

The inclusion criteria spell out the characteristics the researcher requires in the study (Jooste 2018, p.303). For the professional nurses to be qualified for the study he or she must:

(a) have registered with the Nursing and Midwifery Council of Nigeria

(b) be employed by the Ondo State Government

(c) have worked in the hospital for at least one year.

(d) be in charge of a unit at one point in time or another.

3.12.3 Exclusion Criteria

Those that were not present on duty during the period of study were excluded even if they qualified to be selected due to time constraints of the study.

3.12.4 Data Collection

Data collection in qualitative research can be done through various means. Barrett & Twycross, (2018, p. 63) identify individual, focus group interviews and observation. Individual and focus group discussions (FGDs) were deemed more appropriate for this study.

3.12.4.1 Individual semi-structured interviews

The individual interview is a one-on-one interactional process engaged in by the researcher to get the world view of informants according to Greeff (2015, p.342). The researcher chose semi-structured interviews to explore the views and meanings of the experiences of mindfulness among the Heads of Nursing Services. The interviews were audio recorded and field notes were taken regarding workplace mindfulness according to the five constructs of Wilson et al, (2011). Hence the researcher explored resourcefulness, decisiveness, flexibility, tactful communication and awareness of the bigger picture with the planning, organising, staffing, directing and controlling activities of the unit, using an interview guide consisting of semi-structured questions. The content of the semi-structured interview was tailored to reflect the characteristics of a resonant leader as inundated in resonant leadership theory.

3.12.4.2 Focus Group Discussions

Focus group discussion is used to gather rich information from a group of informants instead of individuals. This gives the informants the opportunity to listen to others explaining the

concept, while the researcher clarifies all ambiguities and summarises key points to ensure that all the informants understand the main points correctly (Ritchie et al., 2014, p. 213).

3.12.5 Pre-Testing of the Interview Guides

The purpose of pre-testing the interview questions (Appendix 3) was to determine how the respondents interpreted the questions and whether it was in line with what the researcher had in mind. It also served the secondary purpose of acquainting the researcher with expectations in the field. A pilot individual interview and one FGD session were thus conducted at the UNIMEDTHC which was included in the study, to avoid bias.

3.12.6 Preparation Prior to Data Collection

Calls were made to the respective hospitals to inform them about the proposed dates for the FGDs and interviews. This was followed up with further telephone calls to the Heads of Nursing Services of each of the hospitals to inform them about the intention to conduct an FGD session in their respective hospitals with Nurse Managers. The latter group was duly informed about the time, date and venue by their respective Head of Nursing Services. The participants who were present at the research venue, were informed about the purpose of the study. The consent and focus group confidentiality forms were completed and signed by the participants after being duly informed that participation was voluntary. The researcher also informed them about their right to withdraw during the conduct of the study any time without fear of any reprisals. Permission was also obtained to do voice recording during the process of the interviews. The interviews did not commence until the researcher was sure the participants understood the aim and objectives of the study. The researcher also ensured that the voice recorder was in optimal working condition and used her cell phone as back up recorder. The

researcher appreciated them for sparing their time to participate in the study and reiterated the fact that they had the right to withdraw their participation at any time if they felt uncomfortable.

3.12.7 Ethical Preparation for Field Work

Ethical clearance was obtained from the Senate Research Committee of the University of Western Cape (Appendix 1). Thereafter the researcher also requested ethics clearance from the State Ministry of Health, Research and Ethics Committee of Nigeria (Appendix 2) to conduct the study in all facilities in Ondo State hospitals.

3.12.8 Sample Size

Ideally, the sample size of an FGD session should be six to ten informants but smaller sizes have been used in the literature (De Vos et al, 2015, p. 366). See Table 3.4 for a summary of the number of unit managers that were included for this study. All units were represented in the group interviews. The researcher conducted one focus group discussion with the unit managers in each of the hospitals during the month of July and August, 2018. The initial six FGDs were increased to eight as advised by the Study Promoter. These additional interviews were conducted at two out of the six hospitals to ensure that mindfulness was adequately explored and data saturation was reached. Both the individual semi-structured interviews and FGDs took between 30 to 60 minutes to complete.

Table 3.4: List of hospitals, interviews and the number of participants per FGD

SN	Hospital	FGD Participants
1	Medical village, Ondo	10
2	State Specialist Hospital, Akure	9
3	State Specialist Hospital, Ikare	6
4	State Specialist Hospital, Okitipupa	6
5	General Hospital, Ore	6
6	General Hospital, Owo	6
7	General Hospital, Akure	10
8	General Hospital, Ikare	9

3.12.9 Validity

This refers to the extent to which an instrument for data collection reflects the abstract construct being examined indicating that the research evidence is convincing and well-grounded (Polit & Beck, 2018, p. 129). The Interview Guide was developed with the research objectives and existing literature. Face and content validity were established by presenting it to the research supervisor, and experts in nursing administration for critiquing and rigorous academic review.

3.12.10 Field Notes

Field notes are the written information gathered about what the researcher can hear, see and experience in the course of interaction with the interviewees during data collection. It could be in the form of themes that are striking, verbal or non-verbal behaviours of informants (Greeff, 2015, p. 372). In this study, the research assistant took notes on important points raised by the informants and the researcher as the interaction progressed. The researcher, in turn, transcribed the recording immediately after the interview to ensure data accuracy, as she may forget part of the discussion if there was a wide time lag.

3.12.11 The roles and skill of the researcher during the interview

The following steps were taken before each interview:

(a) appointment was booked with each participant at a time that suited them

(b) a quiet office conducive for conversation was secured

(c) chairs were arranged to enhance face-to-face interviewing

(d) a tape recorder was prepared

(e) refreshments (including water) were prepared for all participants

Before the start of each interview, the researcher:

(a) expressed gratitude for their willingness and the time spared to participate in the study

(b) ensured the participant signed the consent forms

(c) explained that probing questions would be asked basically by the information they give

(d) requested the participant's permission to record the interview

(e) gave the participants the assurance that they may withdraw anytime.

During the interview, the researcher ensured:

(a) Effective communication

The researcher maintained effective communication skills to make meanings during the period of interaction with the participants.

(b) Appropriate questioning

The researcher asked concise and clear questions devoid of jargon to facilitate easy understanding by the participants.

(c) Active listening

The participants were allowed to do most of the talking while the researcher listens attentively as they give the information.

(d) Minimal verbal response

The researcher ensured participants ventilated their feelings nodding her head occasionally but avoided verbal interruption during discussions.

(e) Reflecting

She reflected on the issues to ensure she was able to get the participants to elaborate on important points that were pertinent to the study

(f) Clarifying

Clarification is done to get a proper understanding of unclear statements (De Vos et al, 2015, p. 345). The researcher asked further questions to enable participants make themselves clear to avoid ambiguities.

(g) Paraphrasing

The researcher captured the participants' statement in different words having the same meaning to ensure the idea was clearly understood.

(h) Probing

The most important aspect of a good interview is the ability to probe deeply into the matter under discussion and get all necessary facts (Ritchie et al., 2014, p. 194). The researcher asked probing questions to ensure more detailed information was collected. This was done by encouraging the participants to continue with the discussion and by not linking up their comments with what she had in mind, but by allowing them to discuss freely while important points were noted.

(i) Summarising

The researcher summarised all the points raised to see whether she understood what the discussion was all about and asked them if they still had something else to say (see Appendix 14) for the application of interviewing skills.

3.13 Data Analysis

All information collected was assembled and labelled. Field notes and audio-recorded interviews with five Heads of Nursing Services and eight FGDs with the Nurse Managers were transcribed (Mayring, 2014, p. 45). The researcher utilised the following coding system: moderator was labelled "M", while the participants were tagged "P". Hospitals were labelled alphabetically; thus, "FGDHAP 1" means focus group discussion from Hospital A participant

number 1. The Individual interview participants were labelled “HNSA” depicting “Head of Nursing Services, Hospital A’ to ensure ease of analysis.

Thematic analysis was done. The researcher acquainted herself with the transcripts by reading through each repeatedly, reviewing and making meaning of the information collected (De Vos et al, 2015, p. 409). The mindful behaviours identified in Wilson et al (2011) were used to depict mindfulness in each of the unit management activities of planning, organising, staffing, directing and controlling activities. Content analysis is the inspection of data for recurrence of events (Durham et al., 2016). Coding schemes were developed, categories were named, different sub-themes and themes were identified within the mindful behaviours (refer to Tables 5.2 and 5.7). The transcripts were given to an independent coder and the findings were concurred during consensus meetings.

3.13.1 Trustworthiness of Qualitative Data

Trustworthiness is a means of ensuring that the findings from the qualitative study are valid and credible (Bryman, 2016, p. 697). In doing this, the strategies of credibility, transferability, dependability and confirmability were applied.

3.13.1.1 Credibility

Credibility refers to the truth inherent in the data and the way it was interpreted (Polit & Beck, 2018, p. 121). This was ensured through data triangulation (making use of multiple methods for data collection), the qualitative and quantitative data were assessed and cross-checked to confirm the true picture of mindfulness of the nurses.

3.13.1.2 Transferability

This refers to the degree to which the procedures from one study can be applied or transferred to another research setting or participants with similar characteristics (Polit & Beck, 2018, p.

125). This was achieved by making a thick description of the participants, the context and the setting of the research study.

3.13.1.3 Dependability

Dependability has to do with whether the study can be replicated using the same or similar participants and setting. This was achieved by an audit trail whereby all the decisions and steps taken during data analysis were documented (Grove & Gray, 2019, p. 362).

3.13.1.4 Confirmability

Confirmability is concerned with the conduct of the study in a manner that is free of personal bias or prejudice (Bryman, 2016, p. 386). This was ensured by maintaining neutrality, reflexivity and accurate reporting of the exact words of the participants.

3.13.1.5 Triangulation

Triangulation is used to when two sets of data from quantitative and qualitative approaches are compared and contrasted to see how they agree or disagree with each order (De Vos et al, 2015, p. 442). In this study, data were collected from nurses to elicit information on their mindfulness through questionnaire and semi-structured interview from individuals and focus group discussions with the help of one research assistant. An independent coder was involved in data analysis of the qualitative aspect of the study (see chapter 5).

3.14 PHASE 3: PROGRAMME DESIGN

This phase, according to Meyer and Van Nierkerk (2008, p. 54) deals with the approach used to select the content of the programme, planning the outcomes, learning materials, training methods and the formats for the training programme. The study objective stated for this phase of the study was to design a mindfulness-based unit management programme for professional nursing.

The purpose of this phase was to synthesise data to determine the training needs using Dickoff, et al (1968) steps as a reasoning map. Hence it involved the formulation of the assumptions, vision, mission, objectives and model for the development of the programme based on the following questions:

1. Who or what performs the activity (agent)?
2. Who or what is the recipient of the activity (recipient)?
3. In what context is the activity performed (framework)?
4. What is the energy source for the activity (dynamics)?
5. What is the guiding procedure, technique, or protocol of the activity (procedure)?
6. What is the endpoint of the activity (terminus)?

The training needs were determined based on research findings in relation to reviewed literature. In addition to the above, the design also took into account the principles of curriculum development as espoused by Meyer, et al. (2017, p. 58) as depicted in Figure 3.3.

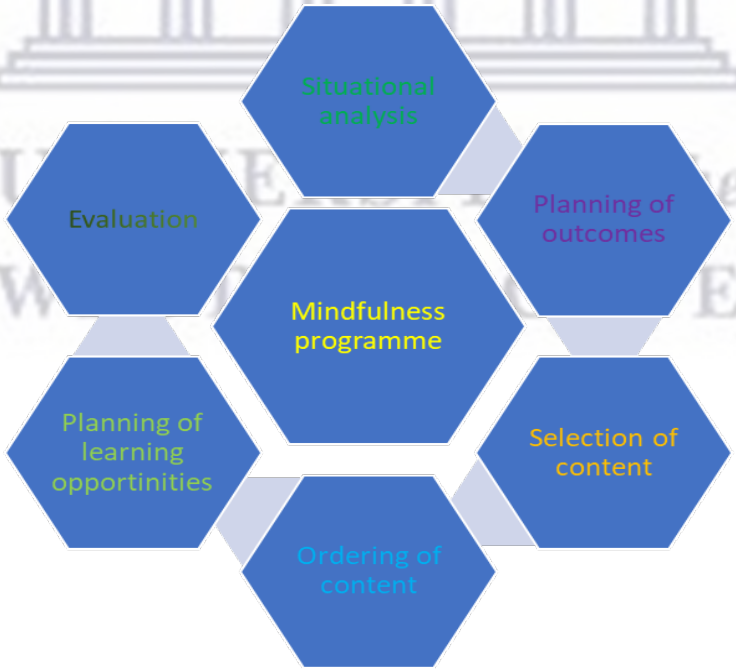


Figure 3.1: Programme development model adapted from Meyer, et al. (2017, p. 54).

See Chapter 6 for a detailed discussion of the data triangulation process that informed the design.

3.15 PHASE 4: PROGRAMME DEVELOPMENT

The programme designed in Figure 3.3 was further developed according to Meyer, et al. (2015, p. 58) to guide the implementation and verification of the mindfulness training programme for nurses in Ondo State.

The course curriculum included six modules that were developed to exemplify the mindfulness-based unit management programme for nurses in Ondo State, Nigeria. The mode of implementation and method of facilitation, teaching aids, and time allocation were also developed (see Chapter 8 for further details).

3.16 PHASE 5: VERIFICATION OF THE TRAINING PROGRAMME

The study objective for this phase of the study was to verify the developed mindfulness-based unit management training programme for professional nursing. The verification was done after the findings were presented at a one-day workshop with the Nursing and Midwifery Council of Nigeria to see how it can be incorporated into nursing education in Nigeria. The workshop was conducted utilising the APIE model – Assessment, planning, implementation and evaluation (see Chapter 9). The result of the study and the module were presented to NMCN officials for verification in order to enable their adoption into the Nigerian nursing education curriculum (Appendix 10). This was followed by a focus group discussion. Based on the thematic analysis of the FGD, a conceptual framework for the implementation of the programme was developed. The purpose of this framework is to provide a template on how to inspire professional nurses to provide quality unit management based on principles of mindfulness. Based on this verification with the Nursing and Midwifery Council of Nigeria, a

conceptual framework was developed for its implementation in Nigeria. Refer to Figure 9.2: Mindfulness programme in Nigeria (Ogundele, 2021).

3.17 SUMMARY

This chapter discussed the research design and methodology according to the five phases of Meyer and Van Niekerk (2008, p. 54). The detailed account of the mixed method design was provided. Quantitative and qualitative approaches were employed using exploratory, descriptive and contextual designs to explore mindfulness behaviours of nurses in unit management. Chapter four presents the findings of the quantitative analyses of Phase 2 of the study.

CHAPTER FOUR

PHASE 2: QUANTITATIVE FINDINGS

This chapter presents a summary of main constructs of mindfulness, data exploration, the findings of quantitative data analysis and the key findings of the exploratory (situational analysis) phase of the study. The subsequent sections will present the findings relating to each of the stated objectives.

4.1 STUDY VARIABLES

4.1.1 Individual Mindfulness

Individual mindfulness (IM) is the ability to concentrate on what one is doing at present without distraction either by past or present events. It is measured in this study with the use of MAAS scale which measures the conscious state of an individual in terms of attention and awareness of present events.

4.1.2 Professional Nursing Mindfulness

Professional nursing mindfulness (PNM) refers to the essential attributes of a person that enables good performance. These are resourcefulness, decisiveness, flexibility, tactful communication and awareness of developments in a nursing unit.

4.1.3 Unit Management Performance

Unit management performance (UMP) is a measure of the various administrative activities carried out when nurses are on duty.

4.2 DATA EXPLORATION

In the main study, 234 out of the 250 professional nurses surveyed returned the questionnaires. This represents a response rate of 93.6 percent. However, upon further data screening, seven participants were excluded from further analyses because they had more than 20 percent missing values. Additional 22 participants were removed for unengaged responses given that the standard deviation of the latent reflective variables was less than 0.5. This consequently brought the final sample size used for analysis to 205 which is satisfactory for factor analysis and structural equation modelling.

Out of 21,525 observations across 44 variables, there were 56 missing values. These were replaced with the median values for each variable. However, no single variable had more than two missing values. Based on Sposito et al's (1983) recommended range of -2.2 and +2.2, there is no evidence of skewness and kurtosis in the distribution of indicators of latent factors. However, two items for individual mindfulness showed evidenced of kurtosis, and are consequently flagged for removal in further analysis.

4.2.1 Exploratory Factor Analysis

An exploratory factor analysis was conducted in order to identify the underlying relationships between measured variables. This technique helps to determine which of the 44 measured (indicator) variables in this study really underlay the sets of latent constructs (variables). The latent variables/constructs in this study include: individual mindfulness, professional mindfulness and unit management performance. It is expected that measured variables will uniquely load on these three latent constructs. As an iterative process, exploratory factor analysis involves a repeated process until a clean pattern matrix is obtained. In this process,

sampling adequacy, convergent and discriminant validity as well as reliability tests are conducted.

Maximum likelihood method was used for extraction of factors; while Promax rotation was used for the model optimisation with Kappa set at 4. Other criteria include: eigen values>1; suppression of small coefficients was set at <0.3; loading factor >0.5. From the EFA findings, a three-factor model was obtained for the outcome variables with the third factor having eigen value=1.318 which is greater than 1. The four factors explain 66.938 percent of the total variance having only 3 percent non-redundant residuals with absolute values greater than 0.05.

Table 4.1: Factor loadings for study variables

Item	**Factor**		
	UMP	PNM	IM
im4			0.6647
im5			0.8045
im9			0.6767
me5		0.8213	
pc2		0.7485	
pc4		0.735	
L1		0.7675	
L4		0.781	
L5		0.7834	
d3	0.8025		
f2	0.8202		
f4	0.8613		
f5	0.8422		
t1	0.8217		
t2	0.8682		
t4	0.7883		
t5	0.8748		
a2	0.7666		
a3	0.7269		
a4	0.7753		
r5	0.3817		

4.2.1.1 Sampling adequacy

The Kaiser-Meyer-Olkin (KMO) and communalities were used to measure sampling adequacy. A KMO value of 0.953 greater than 0.7; and a statistically significant Bartlett sphericity test (<0.001) were obtained. All communalities were above the critical value of 0.25 (see Appendix 3). The obtained KMO and communalities, therefore, indicate that sampling was adequate.

4.2.2 Confirmatory Factor Analysis

To determine construct validity, discriminant and convergent validity, the confirmatory factor analysis (CFA) was conducted. The retained items from the exploratory factor analysis stage were used for this purpose. The factor loadings in the pattern matrix were copied into the pattern matrix builder plugin in Amos version 26 to obtain construct, discriminant, and convergent validity.

4.2.2.1 Construct validity

Hooper et al. (2008) and Moss (2009), in their papers, recommended the minimum criteria when seeking to obtain construct validity via the CFA model. The criteria for fit indices set by Hooper et al. (2008) and Moss (2009) are presented in Table 4.2.

Table 4.2: Criteria for fit indices

Measure	**Terrible**	**Acceptable**	**Excellent**
Relative Chi-Square [(χ2/df)]	> 5	> 3	> 1
CFI	<0.90	<0.95	>0.95
SRMR	>0.10	>0.08	<0.08
RMSEA	>0.08	>0.06	<0.06
PCLOSE	<0.01	<0.05	>0.05

Source: Hooper, et al., (2008); Moss (2009)

The fit indices obtained for the three latent variables indicated the evidence of construct validity – Relative Chi-Square (χ2/df) =1.621; Comparative Fit Index (CFI)=0.969; Root Mean Square

Error of Approximation (RMSEA)=0.060; Standard Root Mean Residual (SRMR)=0.049; and PCLOSE=0.222.

Table 4.3: Construct validity fitness obtained through Confirmatory Factor Analysis

Fit Statistic	**Critical Value**	**Obtained Value**	**Model fit**
Relative Chi-Square [(χ2/df)]	<5 (for n>200)	1.621	Excellent
Comparative Fit Index (CFI)	≥0.95 (Good fit)	0.969	Excellent
Standard Root Mean Residual (SRMR)	<0.08	0.038	Excellent
Root Mean Square Error of Approximation (RMSEA)	<0.08	0.055	Excellent
PCLOSE	<0.05	0.222	Excellent

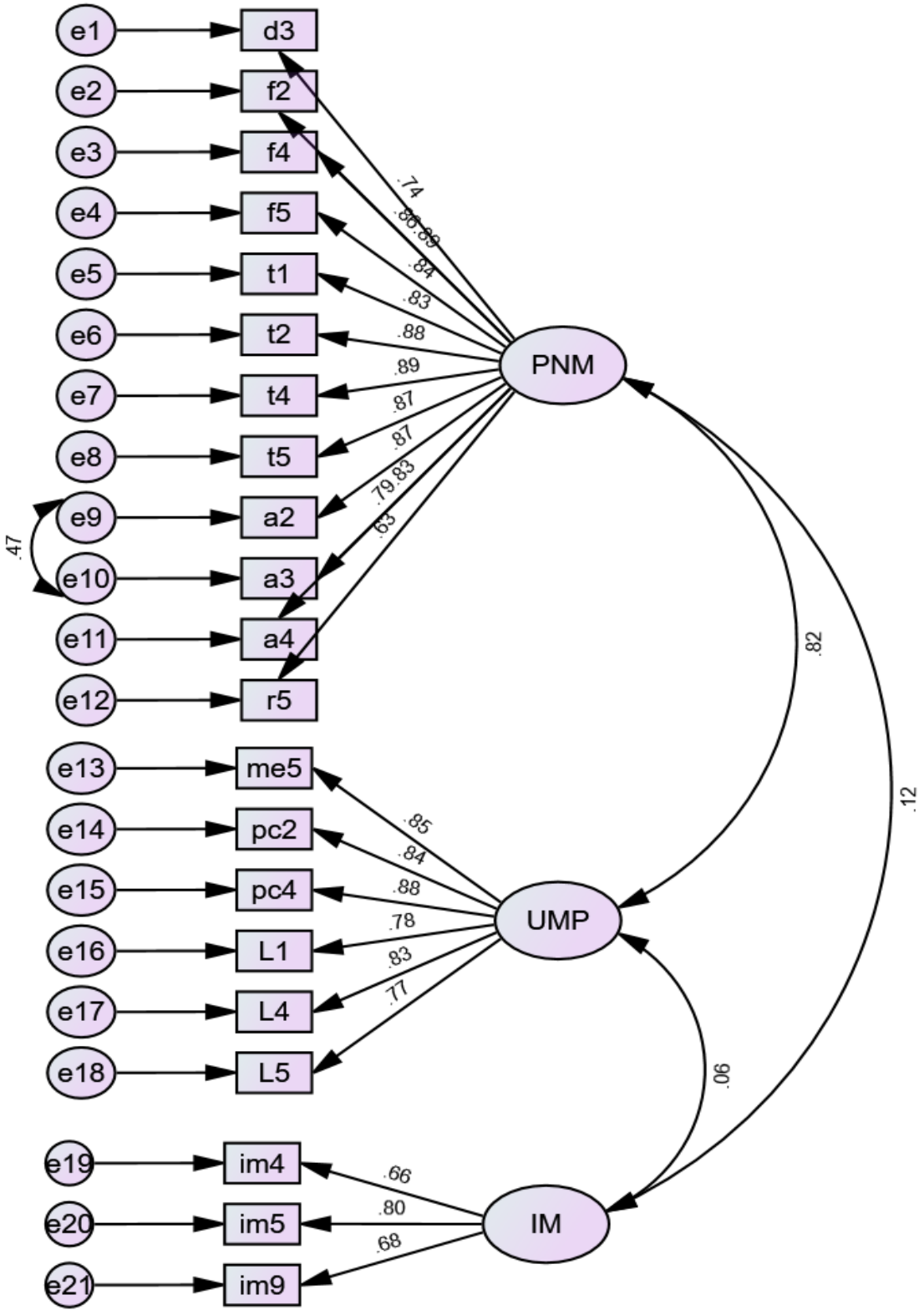


Figure 4.1: Confirmatory Factor Analysis model for professional nursing mindfulness, unit management performance and individual mindfulness

4.2.2.2 Discriminant validity

Since this study involves theory-testing, it is required to conduct discriminant validity. Discriminant validity is necessary to show that a latent construct is strictly explained by its own variables rather than by some other variables. The criticism of the Fornell and Larcker, and cross-loading criteria for inherent statistical weakness led to the development of the heterotrait-monotrait ratio (HTMT) by Henseler et al. (2014). This discriminant validity method compares the mean of the correlations of indicators across constructs with the mean of the correlations of indicators within the same construct. As suggested by Kline (2015), HTMT greater 0.85 is considered to lack discriminant validity. From the HTMT values in Table 4.4, there is the evidence of discriminant validity.

Table 4.4: Hetero trait-mono trait ratio showing discriminant validity

Construct	**PNM**	**UMP**	**IM**
PNM			
UMP	0.82		
IM	0.1	0.03	

PNM*=professional nursing mindfulness;* ***UMP****=Unit management performance;* ***IM****=individual mindfulness*

4.2.2.3 Convergent validity

One other absolute necessity for testing a causal model is establishing the convergent validity of the constructs in the structural model. Average Variance Extracted (AVE) is a useful measure for establishing convergent validity; and it is considered a better estimation (Kahle & Malhotra, 1994). Convergent validity deals with ascertaining that a latent construct is well explained by its observed variables. The criterion is that AVE should be greater than 0.5 implying that less than 50 percent of the variance should be due to error. The findings in Table 4.5 indicate that all AVE estimates are greater 0.5, thus, proving that the CFA model (see Figure 4.1) has good convergent validity.

Table 4.5: Convergent validity measured by Average Variance Extracted

Construct	CR	AVE	MSV	MaxR(H)	PNM	UMP	IM
PNM	0.96	0.69	0.68	0.968	0.83		
UMP	0.93	0.68	0.68	0.931	0.823***	0.83	
IM	0.76	0.51	0.02	0.774	0.123	0.06	0.72

***PNM**=professional nursing mindfulness; **UMP**=Unit management performance; **IM**=individual mindfulness*

4.2.2.4 Composite Reliability

The criterion for reliability test using the Cronbach alpha of 0.7 are presented in this section. Table 4.6 shows the composite reliability obtained via the Master validity tool in Amos 26. The findings indicate that the composite reliability values obtained for the three constructs are above the critical value of 0.7. These values confirm reliability of the constructs earlier obtained when testing the instrument in Chapter 3 (see section 3.5.4.4).

Table 4.6: Convergent validity measured by Average Variance Extracted

Constructs	Composite Reliability	Remark
Professional Nursing Mindfulness (PNM)	0.96	Excellent
Unit Management Performance (UMP)	0.93	Excellent
Individual Mindfulness (IM)	0.76	Acceptable

4.2.3 Multivariate assumptions

This study involves more than one outcome variable and, in this case, multivariate assumptions apply. The two multivariate assumptions tested are outliers and influential.

4.2.3.1 Outliers and influential

Observations in a dataset that affects or potentially affects the slope of the regression line are referred to as influential. Multivariate assumptions require that such records should be removed

or treated to ensure linearity among variables. Via SPSS 26, Cook's distance was estimated to determine actual or potential outliers and influential. The criterion is that any Cook's distance greater than 1.00 represents an outlier (Hair et al., 2010). Figure 4.2 shows that the highest Cook's distance is less than 0.24. Thus, there is no evidence of outlier or influential.

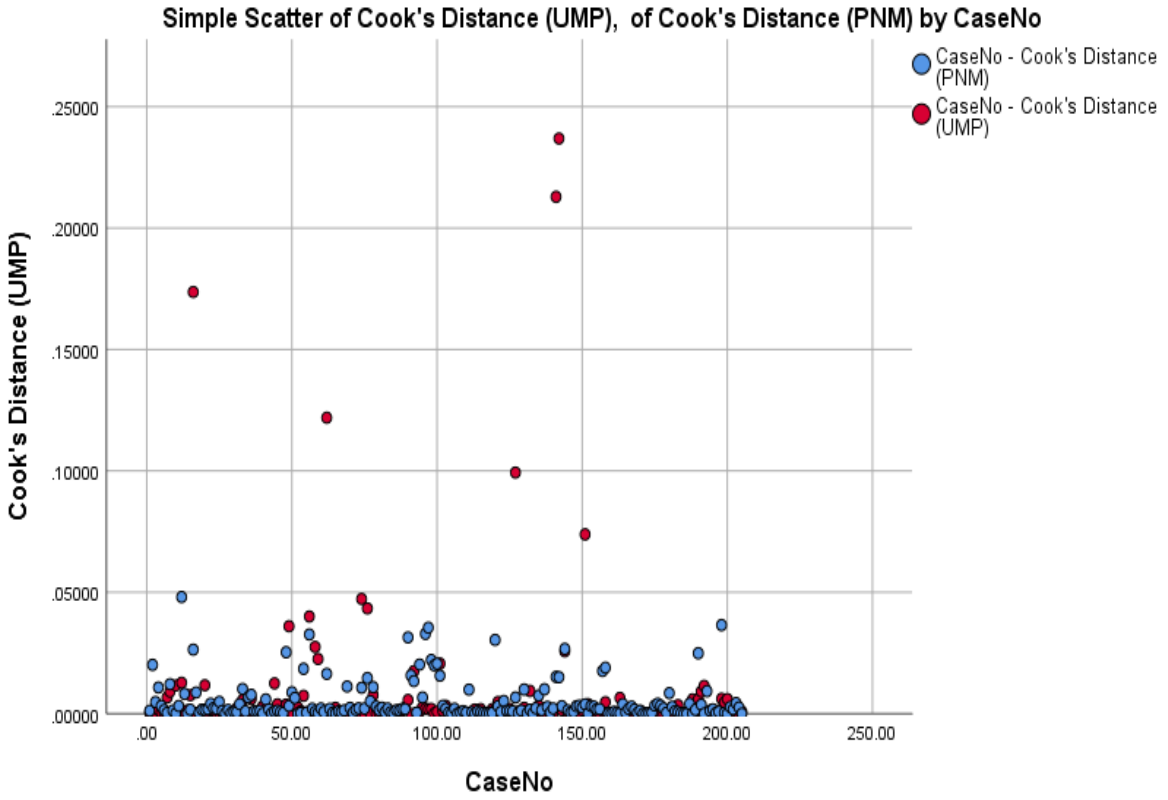


Figure 4.2: Scatter graph of Cook's distance showing no evidence of outlier and influential

4.2.3.2 Multicollinearity

One of the assumptions of multivariate analysis is that independent variables should not be highly correlated. That is, there should be little or no multicollinearity amongst independent variables. Two criteria were adopted to test multicollinearity in this case: Tolerance and variance inflation factor (VIF). Both tests estimate the influence of one independent variable on all other independent variables. For tolerance, *T*, the criterion of $T>0.1$ indicates no presence of multicollinearity while $T<0.1$ indicates that multicollinearity may be present. Meanwhile,

the criterion for variance inflation factor (VIF) is that the estimate should be less than 3.00 as estimates above 3.00 indicate possible multicollinearity. The findings presented in Table 4.7 show that the estimated tolerance value was 0.980, which is greater than the required threshold of 0.1. Similarly, the obtained VIF value of 1.020 is less than the threshold of 3.00. These criteria being met indicate good multicollinearity.

Table 4.7: Convergent validity measured by Average Variance Extracted

Variable	Unstandardised Coefficients		Standardised Coefficients			95.0% Confidence Interval for B		Collinearity Statistics	
	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Tolerance	VIF
(Constant)	0.000	0.048		0.000	1.000	-0.096	0.096		
PNM	0.952	0.040	0.866	23.868	0.000	0.874	1.031	0.980	1.020
IM	-0.082	0.056	-0.054	-1.482	0.140	-0.192	0.027	0.980	1.020

4.3 DEMOGRAPHIC INFORMATION OF RESPONDENTS

4.3.1 Distribution of Respondents across Nursing Units

The figure below shows the distribution of the surveyed 205 nurses. The findings show that Female ward, Male ward, Paediatrics, Maternity, Theatre and Accident & Emergency are the units with the largest proportion of nurses in hospitals.

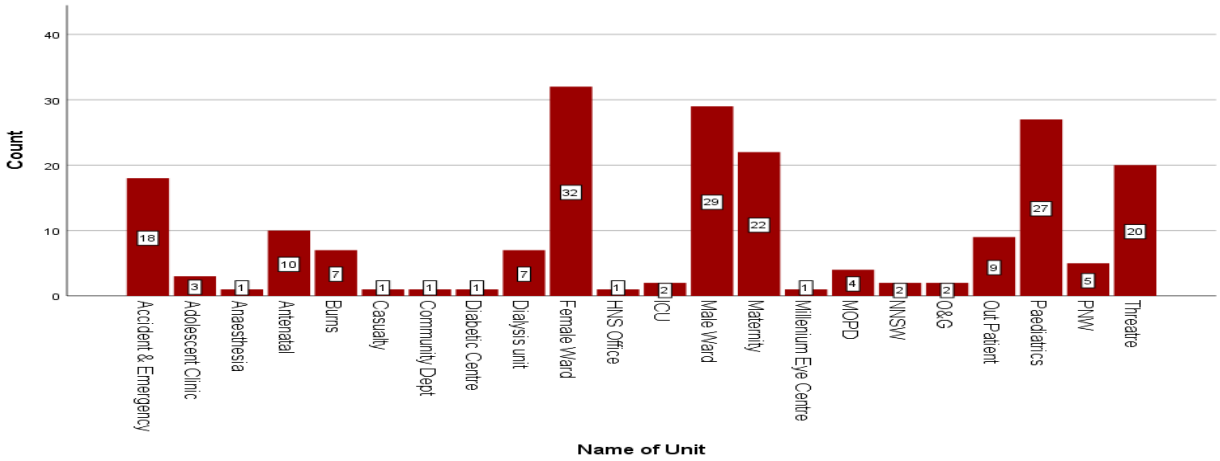


Figure 4.3: Distribution of respondents across nursing units

4.3.2 Gender Distribution of Respondents

From the pyramid chart below, gender distribution shows that 160 out of the 205-sample size are female, representing 78 percent as shown in the figure below. Furthermore, the chart shows that 77 percent (34%+43%) of the female nurses fall between the ages of 25 and 45. Similarly, 65 percent (36%+29%) of the male nurses fall between the ages of 25 and 45. This implies that most of sampled respondents are below the middle age.

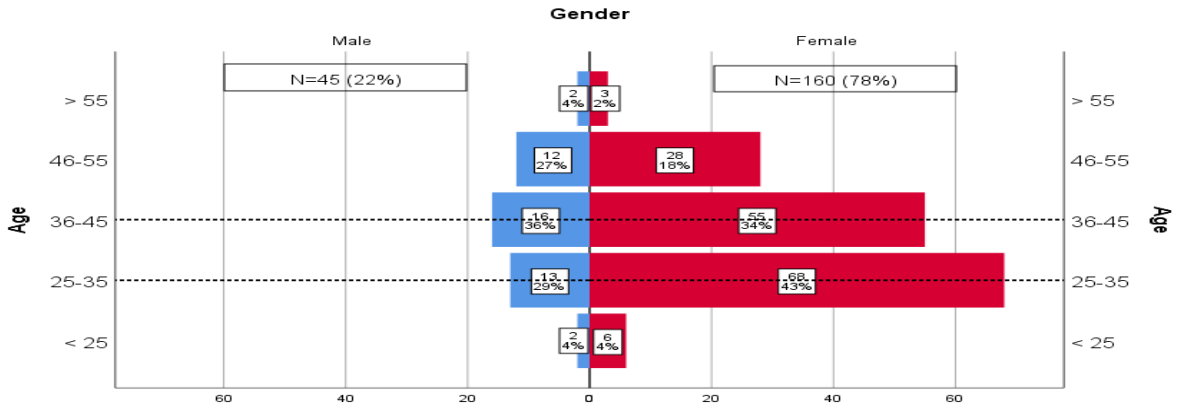


Figure 4.4: Age distribution of respondents

4.3.3 Prior Knowledge of Mindfulness

In order to ascertain if target audience has heard about mindfulness prior to this study, the research instrument includes a question to find out if respondents have had prior knowledge of mindfulness with a “Yes” or “No” response. The figure below shows that majority (76%) of the professional nurses have heard about mindfulness on the aggregate. This implies that the respondents are well positioned to address the items in the questionnaire.

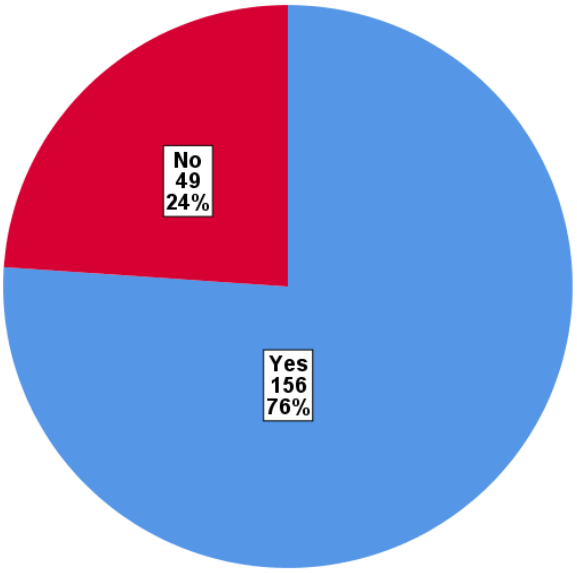


Figure 4.5: Distribution of prior knowledge of mindfulness

4.3.4 Length of Time Working as a Nurse and Length of Time Working in the Unit

Apart from age factor, the length of time working as a nurse is a possible factor that could determine the professional mindfulness of a nurse. Thus, it was necessary to estimate the vital descriptive statistics such as mean, standard deviation, minimum and maximum scores for professional nurses, gender by gender. The estimates are presented in the Table 4.8 and Figures 4.6 and 4.7. The mean length of time working as a professional nurse = **12.48 years** ranging from one year as minimum work experience and 33 years as the maximum. A further analysis of difference between male and female nurses using ANOVA shows a Fisher statistic estimate of 3.211, p=0.075. This implies that there is no statistical difference between male and female nurses in terms of length of nursing professional practice.

Similarly, the mean length of time spent in their respective units as a professional nurse = **4.14 years** ranging from one year as minimum work experience and 21 years as the maximum. A further analysis of difference between male and female nurses using ANOVA shows a Fisher statistic estimate of 33.401, p<0.001. This implies that there is a statistical difference between

male and female nurses in terms of length of time spent in their current unit. This could further imply that male nurses stay longer in a unit compared to their female counterparts.

Table 4.8**:** Descriptive statistics of length of time working as professional nurse

Variable	Gender	N	Mean	Std. Dev.	Min	Max	F Statistic	P
Length of time working as a nurse (in years)	Male	45	14.22	8.520	4	33		
	Female	160	11.99	7.047	1	33	3.211	0.075
	Total	**205**	**12.48**	**7.431**	**1**	**33**		
Length of time working in the unit	Male	45	6.44	5.020	1	21		
	Female	160	3.49	2.171	1	10	33.401	<0.001
	Total	**205**	**4.14**	**3.257**	**1**	**21**		

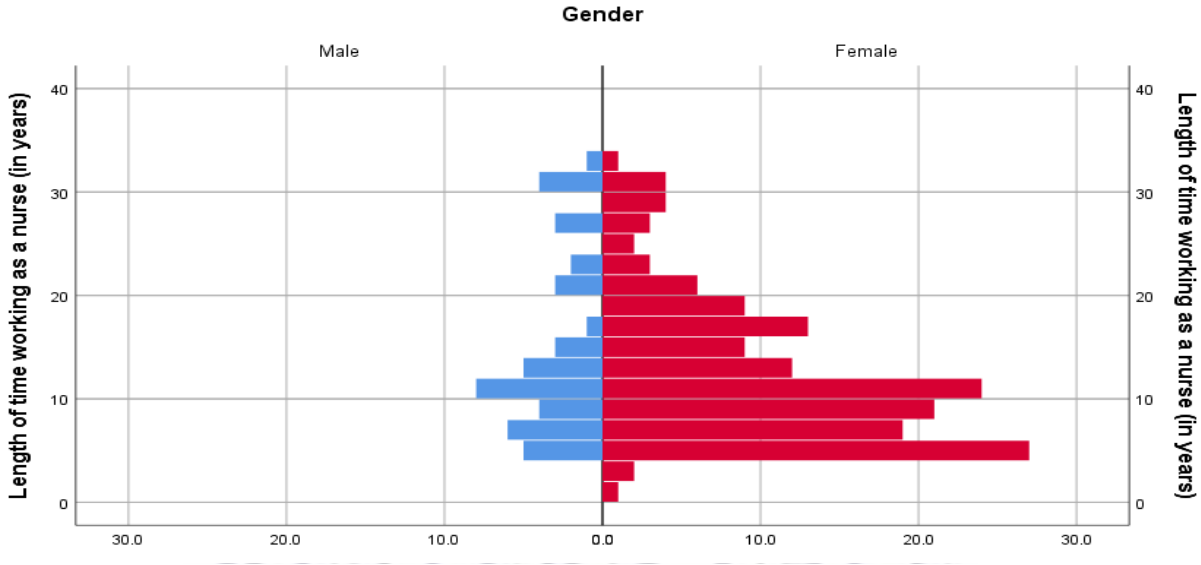


Figure 4.6: Distribution of respondents based on length work experience and gender

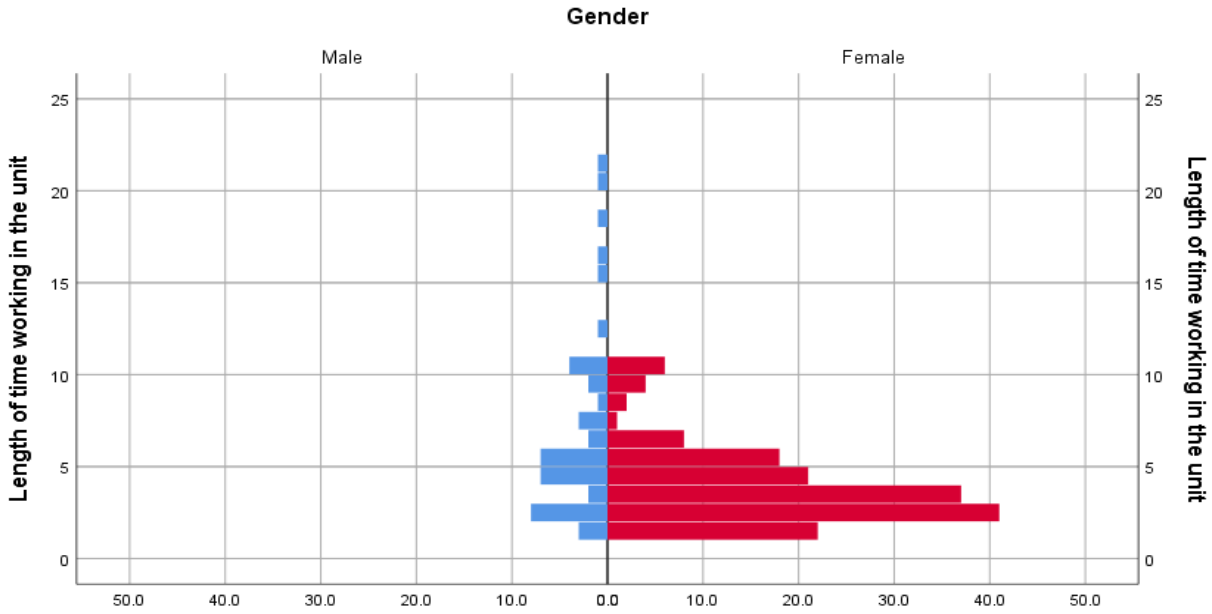


Figure 4.7: Distribution of respondents based on length work experience in the unit and gender

4.4 STRUCTURAL EQUATION MODEL

4.4.1 Model Specification

In simple terms, the structural equation modelling follows the mathematical model:

$$\eta = B\eta + L\eta + \varepsilon$$

Where: η = endogenous variables

η = vector of exogenous variables

ε = error or disturbance term

B, L = regression weights of endogenous and exogenous variables, respectively

As multivariate technique, structural equation model involves both exogenous and endogenous variables with causal direction and relation among variables. The regression weights of endogenous and exogenous variables (B, L) as well as the associated error terms (ε) are then estimated through the measurement aspect of the structural model.

4.4.2 The Structural Model

The mathematical aspect of the structural equation model can be mapped into structural model. This is given in Figure 4.7. The oval shapes are the latent variables: IM – individual mindfulness; PNM – professional nursing mindfulness; and UMP – unit management performance. The rectangular boxes (labelled as im4, im5, im9, d3, f2, t1, a2, me5, etc.) represent the observed variables. The smaller oval shapes labelled as e_1, e_2, etc. represent the disturbance terms associated with each of the variables. The single-headed arrows represent impact of one variable on another.

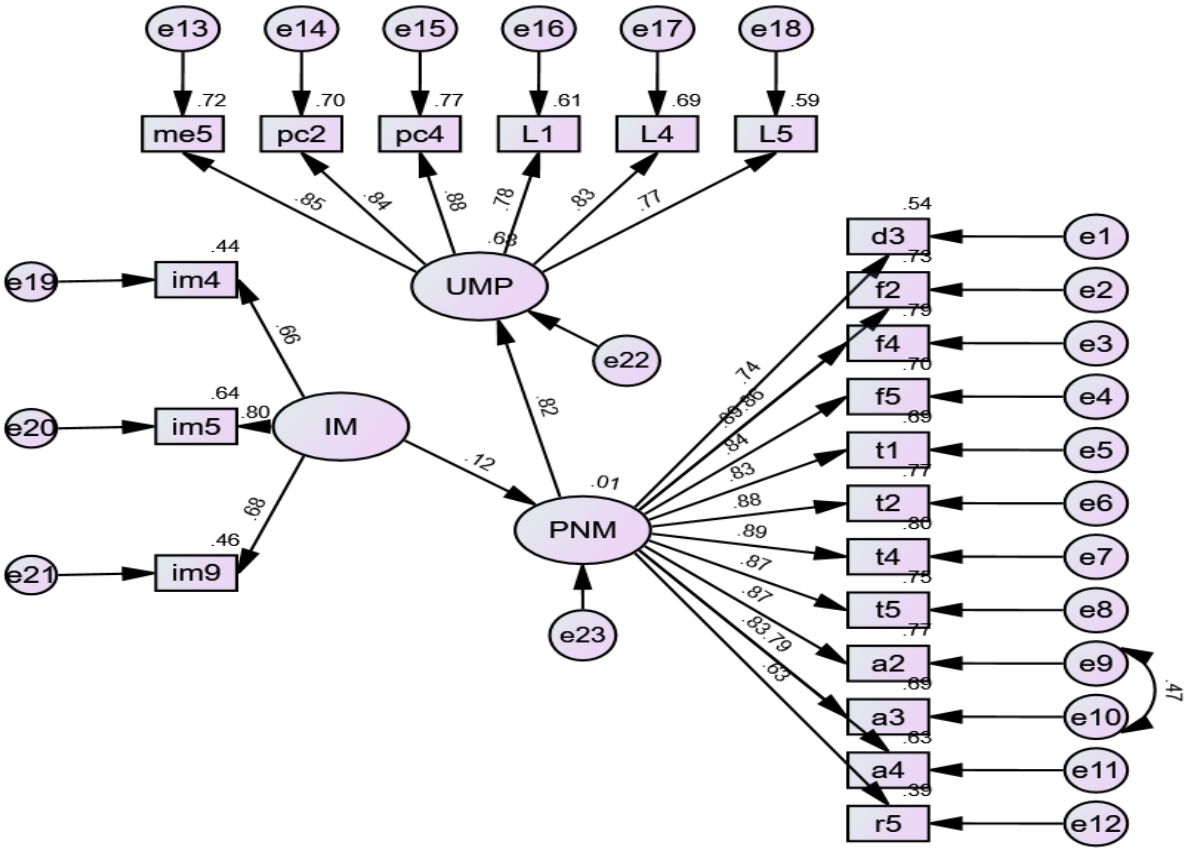


Figure 4.8: Structural model testing the impact of individual mindfulness on unit management performance

4.4.3 Model Fitness with Interpretation

The structural equation model was tested for fitness based on the criteria set by Hooper et al. (2008) and Moss (2009); findings are presented in Table 4.9. Values of fit indices obtained

(Relative Ch-Square = 1.616, RMSEA = 0.055, CFI = 0.969, IFI = 0.969, TLI = 0.965 and SRMR = 0.038, PCLOSE = 0.231), when compared with the critical values indicate that the structural model meets fitness requirements.

Table 4.9: Model fit statistics

Fit Statistic	Critical Value	Obtained Value	Model fit
Relative Chi-Square [(χ2/df)]	<5 (for n>200)	1.616	Excellent
Comparative Fit Index (CFI)	≥0.95	0.969	Excellent
Incremental Fit Index (IFI)	≥0.95	0.969	Excellent
Tucker-Lewis Index (TLI)	≥0.95	0.965	Excellent
Standard Root Mean Residual (SRMR)	<0.08	0.039	Excellent
Root Mean Square Error of Approximation (RMSEA)	<0.08	0.055	Excellent
PCLOSE	<0.05	0.231	Excellent

4.4.4 Correlation among Latent Variables

From the confirmatory factor analysis findings, the correlations among the latent variables were estimated via correlation coefficients and the findings are presented in Table 4.10. The findings (r=.823, p<0.001) indicate a significantly strong and positive correlation between professional nursing mindfulness and unit management performance. However, the findings (r=.123, p=.137) show that there is no significant association between individual mindfulness and professional nursing mindfulness. Similarly, the findings (r=.056, p=.50) show that there is no significant correlation between individual mindfulness and unit management performance.

Table 4.10: Correlation coefficients among latent variables

Correlation	Standardised estimate	Standard error	Critical ratio	P
PNM <--> UMP	0.823	0.195	7.315	***
IM <-->PNM	0.123	0.103	1.486	0.137
IM <--> UMP	0.056	0.115	0.674	0.500

****means that the p value is less than 0.001*

4.4.5 Statistical Inferences for answering Research Objectives

The quantitative analyses were done to address objectives (a) to (c) stated in Chapter One, and are here re-stated:

(a) to determine the level of individual mindfulness of professional nurses;

(b) to measure the extent to which individual mindfulness impact on professional nurses mindfulness; and

(c) to determine the effect of professional nurses mindfulness on unit management performance of professional nurses.

The findings are presented below:

4.4.5.1 Estimate of Individual Mindfulness of Professional Nurses

To estimate the individual mindfulness of professional nurses, the factor score weight feature in Amos 26 was used. The factor score weights are used for predicting a latent variable. This is estimated by the formula: where:

W = the matrix of regression weights

S = the matrix of covariances among the observed variables

B = the matrix of covariances between the unobserved and observed variables.

Following the EFA, three items were extracted for individual mindfulness (IM): im9, im5 and im4. These extracted items were found to be adequate for measuring or predicting professional nurses' individual mindfulness at $p < 0.001$ (see section 4.2.1). In Table 4.10, the mean score of the extracted items ranges from 4.26 to 4.60 on a Likert scale of 6; with standard deviation ranging from 1.461 to 1.523. The standard factor loadings (im9=.660; im5=.801; and im4=.689) indicate the extracted items are highly loaded on the latent variable (i.e., individual mindfulness) and are significant at $p<0.001$. The factor weights indicate the variation caused in IM by each of the extracted item. That is, the factor weights indicate the contribution of

extracted items to the latent variable being predicted. From Table 4.11, the sum of the factor score weights is 0.72. This implies that im9, im5 and im4 predict about 72 percent of individual mindfulness in professional nurses. So, on a scale of 6, the predicted IM will be: So, on a scale of 6, the estimated IM of 4.32 is above average; and falls within the range of 4.26 and 4.60. It should however, be noted that the statements for im9, im5 and im4 are in the negative direction (i.e., "…I lose touch with…"; "I tend not to notice…."; and "…without paying attention…"). This implies that the professional nurses are significantly and highly mindless at the individual level even though the average score is 4.65.

Table 4.11: Standardised regression weights

Extracted item	Description	Mean	Standard Deviation	Standardised factor loadings	p value	Factor score weight
im9	I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	4.26	1.523	0.660	***	0.196
im5	I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	4.38	1.452	0.801	***	0.349
im4	I tend to walk quickly to get where I'm going without paying attention to what I experience along the way	4.60	1.461	0.679	***	0.175
Total						0.72

****means that the p value is less than 0.001*

4.4.5.2 Impact of Individual mindfulness on Professional Nursing Mindfulness

The standardised regression weights were estimated to measure the impact of individual mindfulness on professional nursing mindfulness; and the findings are presented in Table 4.12. From the findings (r=.119, SE=.101, p=0.144) indicate that IM does not significantly impact on, or translate into professional nursing mindfulness. Recall that the estimation of IM suggests that professional nurses are significantly mindless at individual level; and here the findings

indicate that, this individual mindlessness does not translate into professional nursing mindfulness.

Furthermore, the squared multiple correlations (similar to R^2 in regression models) were used to estimate the amount of variation caused by IM in professional nursing mindfulness. The findings (R^2=.014) in Table 4.13 indicate that IM only translate into 1.4 percent variation in professional nursing mindfulness. This suggests that while professional nurses may be significantly mindless as individuals, they are highly professionally mindful due to factors other than their individual mindfulness. That is, individual mindfulness of nurses only translates into 1.4 percent variation in their professional nursing mindfulness while other variables (outside the scope of this study) account for 98.6 percent variation in professional nursing mindfulness.

Table 4.12: Standardised regression weights

Regression path	Standardised estimate	Standard error	Critical ratio	P
PNM <--- IM	0.119	0.101	1.461	0.144
UMP <--- PNM	0.823	0.087	10.605	***

****means that the p value is less than 0.001*

Table 4.13: Estimate of variation caused in variables by predictors

Variable	R^2	Remark
PNM	0.014	Only 1.4 percent variation in PNM is caused by its predictor (IM) as measured in the model
UMP	0.678	About 68 percent variation in UMP is caused by its predictor (majorly PNM) as measured in the model

From the EFA findings, details of the extracted items which significantly load on PNM are presented in Table 4.14. From the table, the items that loaded significantly are shown under each construct.

(a) Resourcefulness

Out of the five items used to measure resourcefulness, only one item loaded significantly (r=.626, p<0.001) on professional nursing mindfulness and that is r5 (I achieve all the goals set for each day) – achieving all daily set goals. This implies that professional nurses exhibit high professional nursing mindfulness by demonstration of resourcefulness in achieving all goals set for the day.

(b) Decisiveness

Measuring decisiveness shows that only one item d3 loaded significantly (r=.738p<0.001) (I wait for other members of the unit before I take important decisions). This depicts those professional nurses show high professional mindfulness by waiting for others in order to take important decisions – joint decision making.

(c) Flexibility

Three variables out of five loaded significantly f2, f3, f5 (I prioritise, analyse, consider alternatives and respond quickly and effectively to unexpected and rapidly changing hospital and patient's need (r=0.857 p<0.001), I take feedbacks into consideration while implementing care, (r=0.890 p<0.001), I adjust patient's care based on input from nurses and other health care professionals (r=0.837 p<0.001). This implies that nurses have high professional nursing mindfulness by prioritising, analysing, considering alternatives and respond quickly and effectively to unexpected and rapidly changing patients' needs. They also take feedbacks into consideration while implementing care and adjust patients care based on inputs from nurses and other health care professionals.

(d) Tactful communication

Four variables of tactful communication loaded significantly t1, t2, t4, t5. I outline policies and guidelines to ensure nursing staff are abreast of new developments (r=0.831 p<0.001). When I

discover issues, I talk it through with the people concerned (r=0.879 p<0.001) I give clear directives to my subordinates (0.894 p<0.001). I easily find the right words to express my needs and concern (r=0.867 p<0.001). This indicate that nurses manifest professional nursing mindfulness when they outline policies and guidelines to keep nurses abreast of new developments, when they discover issues, they talk it through with those concerned, when they give clear directives to their subordinates and the ability to get the right words to express needs and concern.

(e) Awareness of current development

Three items loaded significantly out of the five variables that were used in measuring awareness of current development. Nurses manifested awareness of current developments in the units when they have all the materials needed before any procedure in the units (r=0.875, p<0.001), when nurses prepare ahead for emergencies (r=0.834, p<0.001) and when they are aware of when procedures in the unit take place (r=0.792, p<0.001). This implies that nurses manifest professional nursing mindfulness when they have all the materials needed before all procedures, when nurses prepare ahead for emergencies and when they are aware of when procedures take place in their units.

Table 4.14: Extracted items that significantly loaded on professional nursing mindfulness

Extracted item	Description	Standardised factor loadings	P
d3	I wait for other members of the unit before I take important decisions	0.738	***
f2	I prioritise, analyse, consider alternatives and respond quickly and effectively to unexpected and rapidly changing hospital and patient's need.	0.857	***
f4	I take feedbacks into consideration while implementing care	0.890	***
f5	I adjust patient's care based on input from nurses and other health care professionals	0.837	***
t1	I outline policies and guidelines to ensure nursing staff are abreast of new developments	0.831	***
t2	When I discover issues, I talk it through with the people concerned	0.879	***
t4	I give clear directives to my subordinates	0.894	***

Extracted item	Description	Standardised factor loadings	P
t5	I easily find the right words to express my needs and concern	0.867	***
a2	I have all materials needed before any procedure in the unit	0.875	***
a3	I prepare ahead for emergencies in the unit	0.834	***
a4	I know when all procedures in the unit take place	0.792	***
r5	I achieve all the goals set for each day	0.626	***

****means that the p value is less than 0.001*

4.4.5.3 Impact of Professional Nursing Mindfulness on Unit Management Performance

Similarly, the standardised regression weights were estimated to measure the impact of professional nursing mindfulness on unit management performance; and the findings are presented in Table 4.12. The findings (r=.823, SE=.087, p<0.001) indicate that PNM significantly impact on, or translate into unit management performance. Furthermore, the squared multiple correlations were used to estimate the variation caused by PNM in unit management performance; and the findings are presented in Table 4.12. The findings (R^2=.678) in Table 4.13 indicate that PNM translate into about 68 percent variation in unit management performance. This suggests that other factors (not measured in this model) account for only 32 percent variation in UMP. Furthermore, the details of extracted items from EFA which significantly load on UMP are presented in Table 4.15. From the table, it is seen that some of the items loaded significantly as presented below under each subheading.

(a) Material and equipment management

Out of the five items used for unit management performance (UMP), only one item loaded significantly (r=.850, p<0.001) on UMP and that is me5 (I request for supplies from time to time). This implies that professional nurses demonstrate unit management performance by regularly requesting supplies so that they could achieve all goals set for the day.

(b) Patient care management

Out of the five items that measure patient care management only two items loaded significantly on UMP they are pc2 (r=0.837, p<0.001), I assign tasks to all nurses in the unit and ensure they are implemented as expected and (pc4 r=0.879, p.001), I liaise with other departments for patients care when necessary. This implies that professional nurses exhibit UMP when they assign tasks and ensure its implementation and when they link up with other departments for necessary patients care.

(c) Leadership and motivation

Out of the five items that were used to measure leadership motivation, three loaded significantly. I involve all nursing staff when developing care plans for the unit, (r=0783, p<0.001), I delegate responsibilities to my staff, when necessary (r=0.833, p<0.001), I give teaching and guidance to junior nurses (r=0.766, p=0.001). This implies that professional nurses demonstrate leadership and motivation by involving all nursing staff in the unit in care planning, delegate responsibilities to staff and they teach and provide guidance to junior nurses.

Table 4.15: Extracted items that significantly loaded on unit management performance

Extracted item	Description	Standardised factor loadings	P
me5	I request for supplies from time to time	0.850	***
pc2	I assign tasks to all nurses in the unit and ensure they are implemented as expected	0.837	***
pc4	I liaise with other departments for patients care when necessary	0.879	***
L1	I involve all nursing staff when developing care plans for the unit	0.783	***
L4	I delegate responsibilities to my staff when necessary	0.833	***
L5	I give teaching and guidance to junior nurses	0.766	***

****means that the p value is less than 0.001*

4.5 DISCUSSION OF QUANTITATIVE FINDINGS

From the findings presented in section 4.3 and 4.4, the following were articulated:

1. Nurses had prior knowledge of mindfulness.
2. Professional nurses demonstrate a significant level of individual mindlessness.

3. The individual mindfulness of professional nurses does not significantly impact on their professional nursing mindfulness as much as some other factors which are not measured in this study.
4. Professional nursing mindfulness can be measured by specific elements of resourcefulness, decisiveness, flexibility, tactful communication, awareness of current development.
5. There is a significantly strong and positive correlation between professional nursing mindfulness and unit management performance.

The benefits of mindfulness cut across every facet of life, it helps to reduce stress, enhance coping ability with adverse situations, enables work-life balance, helps one to be mentally and psychologically sound, improves attentiveness, produces self-control and self-awareness, helps in developing empathy, positive affection and compassion towards others (Raffone & Srinivasan, 2017; Raza et al., 2018).

In view of this, this section presents the discussion of the quantitative aspect of the study to elucidate how mindfulness affects nursing practice. This forms part of the situational analysis phase of Meyer and Van Niekerk (2008) programme development process. This discussion focuses on individual mindfulness, professional nursing mindfulness and unit management performance among nurses in Ondo State, Nigeria.

4.5.1 Demographic details of the participants in Ondo State

On the gender of the respondents, 160 out of the 205-sample size were females, representing 78 percent. This shows the female dominance of the nursing profession in Nigeria as indicated in the study of Wilson et al. (2018) that nursing is a female dominated profession. Also, 77%

of the female nurses fell between the ages of 25 and 45. Similarly, 65% of the male nurses were between the ages of 25 and 45. This shows the workforce is not top heavy, many of the respondents were still agile and able to work for a good length of time.

The mean length of time working as a professional nurse is 12.48 years. The minimum length of working time is one year while the maximum is 33 years. There is no statistical difference between male and female nurses in terms of length of nursing professional practice. On the length of time working in a unit, finding shows that male nurses spent more time in each unit than females. This may be because most male nurses were working in their speciality areas. They may not be posted outside their specialty areas.

4.5.2 Prior Knowledge of Mindfulness

Finding reveals that majority (76%) of respondents have had previous knowledge of mindfulness. This indicates that mindfulness is not a new concept to the nurses involved in the study. This findings however, contradicts the position of Karlin (2018a, p. 78) in a similar study conducted in New Jersey, United States of America, where he asserted that many of the Pharmacists understudied had not heard about mindfulness. Brown (2017, p. 663) also found that many people practice what they do not know, some do not have the knowledge of mindfulness but practice it, especially yoga. Many people that practice yoga do so to lose weight or make friends, it is for the same reason that many go to the gym. However, the extent to which mindfulness is known to the respondents was taken further in the qualitative aspect of the study.

4.5.3 Individual Mindfulness of Professional Nurses

The mean score of mindfulness in this study shows that nurses were mindful but when scores were subjected to factor score weight feature of Amos 26, the loading factors show that nurses in this study were significantly mindless. Nurses activities is very basic in the health system and it demands every moment's presence (Du Plessis, 2016; Philbrick, 2015; Van der Riet et al., 2015). Mindlessness is considered as lack of attention to details, it involves doing things without thinking and not being aware of one's actions. It is inattentive behaviour (Fox Lee, 2019), or relying on past experience that has been programmed in the brain in whatever one does. Thus, a mindless person has rigid mind set of sticking to the past and acting automatically without attention to the context (Pirson et al., 2018, p. 169); it does not give room for a different way of knowing (Moafian et al., 2017). Mindlessness may result in medication error (Raab, 2014, p. 101). Mindlessness in this population may be attributed to the chaotic units' environment where nurses work as shown by (Philbrick, 2015, p. 33; Sanko et al., 2016)that distraction and stress compromise the ability of nurses to be fully present when interacting with patients. Other factors like routine duties of nurses may also contribute to their mindlessness. This confirms the assertion of Vu et al. (2018) that as a result of routine activities of an organisation, employees become mindless till a problem happens.

4.5.4 Impact of Individual Mindfulness on Professional Nursing Mindfulness

Findings show that individual mindfulness of professional nurses does not significantly impact on their professional nursing mindfulness as much as some other factors which are not measured in this study. This corresponds to the claim that mindfulness should not be seen as panacea to all problems as it cannot solve all the problem of the 21st century (Purser et al., 2016). This study indicates that even though nurses did not manifest high level of individual mindfulness, it does not mean that they are not professionally mindful. It confirmed that nurses

are professionally mindful with regard to the constructs considered as professional nursing mindfulness of Wilson et al. (2011). These constructs, as revealed in this study, are discussed one after the other below:

(a) Resourcefulness

Findings from this study show that nurses are resourceful when they achieve all goals set for each day ($r=.626$, $p<0.001$). Previous study indicates that nurses that are resourceful are able to accomplish their set goals (Shirey, 2020). This indicate resilience among the nurses, the ability to continue to work till all that is planned for the day is accomplished even if they are tired (Vestphal et al., 2020). This also corresponds with the findings of Wilson et al. (2011) that nurses are mindful when they are able to maximise hospital's resources to meet patient's needs and when they accomplish set goals.

(b) Decisiveness

Decision making is a very important managerial skill which all professional nurses must possess. It is an essential part of the management process. This study shows that professional nurses exhibit high professional mindfulness by taking joint decisions. This is in line with Jooste (2018, p. 20) that decision making should not be done by the nursing unit manager alone, but all unit members should participate. Joint decisions result in good outcome; all workers are bound to buy into it because they are part of the decision-making process and they will be happy to implement it. Joint decisions bring about respect, acceptance and satisfaction (Chinweuba, 2016, p. 63). This finding is contrary to that of Gishu et al. (2019, p. 133) in their study on nursing care quality in Ethiopia where they found out that nurses were not allowed to participate at decision-making level of the hospital and general hospital governance.

(c) Flexibility

Flexibility is another important skill that is basic to management of nursing units. This attribute assist managers to change the course of action in a changing health system to get things done and move with time. A rigid person depends on how things are done in the past without considering new technologies and prevailing situations. Findings of this study show three aspects of flexibility of professional nurses: firstly, they prioritise, analyse, consider alternatives and respond quickly and effectively to unexpected and rapidly changing hospital and patient's need ($r=0.857$, $p<0.001$). The second aspect deals with the fact that they take feedbacks into consideration while implementing care ($r=0.890$, $p<0.001$), and adjust patient's care based on input from nurses and other health care professionals ($r=0.837$, $p<0.001$). All these point to the fact that they are highly flexible. This agrees with the view of Wilson et al. (2011) which identifies that nurses that are mindful plan for the unknown because there are always many adjustments to be made in the units due to the inflow and outflow of patients. Nurses that are flexible are open to other approaches to achieving solution to emerging issues in the units. Mindful nurses should anticipate unexpected changes in staffing decisions, patients' conditions and outcomes at any time during the shift. These also agree with Meyer, et al. (2015, p. 219) and Schultz et al. (2015) that the unit manager should align resources to meet patients' and employees' need. Contrarily, Baron et al. (2018) in their cross-sectional study on mindfulness and leadership flexibility found that the more mindful leaders are the more flexible they will be. This study has shown that people that are mindless can still demonstrate flexibility.

(d) Tactful Communication

Communication is the most important competence of a nurse (Clark et al., 2016). It is one of the most important indicator of decisiveness and it is a predictor of resourcefulness (Kaldjian, 2017, p.91). Findings from this study show that nurses were tactful in communication when

they outline policies and guidelines to ensure nursing staff are abreast of new developments (r=0.831 p<0.001). This is similar to Wilson et al. (2011) that nurses exhibited tactful communication when there is effective dissemination of issues going on in a unit to doctors, other nurses and co-workers. Further finding shows that when nurses discover issues, they talk it through with the people concerned (r=0.879 p<0.001).This is capable of enhancing interpersonal relationship among health care professionals; it findings in positive nursing outcomes and it can promote good decision making among health care professionals (Gracia-Gracia & Oliván-Blázquez, 2017; Li et al., 2017, p. 4720). Arnold & Boggs (2020, p. 34) also posited that there should be robust communication between the nurses, patients, relatives and other health workers to enable excellent care.

Result also shows that nurses give clear directives to subordinates (0.894 p<0.001. This is an evidence of good communication which is an effective tool in building trust and in promoting quality of care (Murray, 2017, p. 44). This agrees with the observation of Wilson et al. (2011) that Nurse Managers must be able to tactfully communicate responsibilities to staff, follow up responsibilities and ensure that jobs are being done. Nurses in this study also declared that they easily found the right words to express their needs and concerns (r=0.867 p<0.001). Getting the right words is a mark of good communication skill that promotes excellence in nursing. Good communication enables the nurse to assess patient's condition, plan and provide evidence-based care to the patient (Webb, 2020, p.4).

(e) Awareness of Current Development

This reveals the extent to which nurses manifest awareness of current developments when they have all the materials needed before any procedure takes place in their units (r=0.875 p<0.001), when nurses prepare ahead for emergencies (r=0.834 p<0.001) and their awareness of when procedures take place in the unit (r=0.792 p<0.001). This agrees with Meyer, et al. (2015, p.

295) and Wilson et al. (2011) that nurses are mindful of when they tackle any unplanned occurrence in the unit, especially in terms of changes in patients' condition. This also corresponds with the assertion of Jooste (2018, p. 101) that a Nurse Manager who is aware of the big picture is always on top of things because they are always investigating what is happening and making plans. They also do frequent rounds to check on the state of patients and staff in the unit to prepare for unexpected admissions and allocation of patients to available nurses (Jooste, 2018, p. 102). Contrary to this are previous studies in Nigeria which show that nurses have low knowledge and are not well positioned for emergency preparedness and management (Ayuba et al., 2015, p. 51; Lola et al., 2016, p. 51).

4.5.5 Professional Nursing Mindfulness is Critical to Unit Management Performance

From this study, the finding shows that professional nursing mindfulness accounts for about 68 percent variation in unit management performance, this shows the critical importance of professional nursing mindfulness in unit management. Besides, the significantly strong and positive correlation between professional nursing mindfulness and unit management performance also buttresses this fact. The four aspects of unit management that are influenced by professional nursing mindfulness measured in this study are material and equipment management, patient care management and leadership and motivation. These are discussed in the next section.

(a) Materials and Equipment Management

The Nurse Manager must ensure that all equipment and supplies are adequate to ensure the smooth running of the units. Materials and equipment show that professional nurses demonstrate UMP by regularly requesting supplies from time to time ($r=.850$, $p<0.001$). This exemplifies one of the duties of unit manager to make requisition when necessary (Meyer et

al. 2015p.115). The Nurse Manager should manage equipment and ensure adequate supplies of medical, surgical, drugs, and linen materials to be used in the unit (Jooste, 2018, p. 105).

(b) Patient Care Management

Findings show that Nurse Managers assign tasks to all nurses in the unit and ensure they are implemented as expected pc2 ($r=0.837$, $p<0.001$). This is in line with Jooste (2018, p. 102) that the Nurse Managers are to assign duties and delegate where necessary. They are to give necessary support to workers under them to ensure tasks are performed. Additionally, Nurse Managers are to supervise the staff in their units and ensure the maintenance and promotion of quality care and patients safety (Shuman et al., 2018). Nurse Managers in this study have demonstrated good leadership quality in planning of care and ensuring its implementation. This is in contrast to previous study by Agyeman-Yeboah and Korsah, (2018, p. 48) that nurses did not plan their patients' care but they merely carried out procedures they feel the patient needed.

Further findings from this study indicate that nurses liaise with other departments for patients care when necessary (pc4 $r=0.879$, p.001). This result also shows that nurses in this study can easily communicate with others in order to achieve their goals. Communication is very important to nursing (Clark et al, 2016). It enables the nurse to assess patient condition plan and provide evidence-based care to the patient (Webb, 2020, p. 4). Arnold and Boggs (2020, p. 34) posit that there should be robust communication between the nurse, patient, relatives and other health workers to enable excellent care. Similarly, Arnold and Boggs, (2020, p. 131) surmise that group communication is essential for effective collaboration among nurses to enable excellent teamwork. Communication is one of the most important indicators of resourcefulness and decisiveness (Kaldjian, 2017, p. 91; Turhan et al., 2018).

(c) Leadership and Motivation

Leadership and motivation show that leaders involve all nursing staff when developing care plans for the unit, (r=0783,p <0.001) This aligns with the assertion of Murray (2017, p. 13) that the nurse leader should possess the ability to coordinate care both at inter- and extra-professional team levels to ensure adequate care is given to patients. This is in line with Meyer, et al. (2015, p. 294) that Nurse Managers should adopt the principles of participative management to enlist the support of staff, negotiate and achieve positive outlook. When other workers participate in planning such a programme, it is sure to succeed because they will know that this is what they have indicated to do. Such decisions bring about respect, acceptance and satisfaction (Chinweuba, 2016, p. 63).

Further findings show that nurses delegate responsibilities to staff, when necessary (r=0.833, p<0.001). Delegation of duty is considered as a mark of strong leadership when the leader can identify the strengths of an employee and ensure they are given jobs based on their competencies. This will make the leader not to be bored with working alone. It ensures tasks are completed on time. Besides, delegation helps leaders to develop subordinates (K. N. Tang, 2019, p. 76). A good nursing unit manager delegates and engages in supportive supervision to guide subordinates from time to time (Jooste, 2018, p. 192). Such delegation should be based on competency, skill, and knowledge of workers (Meyer et al, 2015, p. 228).

Further findings show that nurses give teaching and guidance to junior nurses (r=0.766, p=0.001); this agrees with the functions of Nurse Managers as described by Meyer et al, (2015, p. 6). Nurse Managers are to develop those working with them, they are to collaborate with other units of the hospital to ensure younger nurses develop their career (Joostle, 2018, p. 285). They are to arrange for preceptorship and the clinical teaching of student nurses in order to

facilitate learning at the clinical areas and passing the nursing culture to the younger generation (Dlama & Umar, 2016, p. 67).

4.6 KEY FINDINGS

4.6.1 Significant Individual Mindlessness of Professional Nurses

Findings indicate that professional nurses demonstrate a significant level of individual mindlessness.

4.6.2 Other Factors that Influence Professional Nursing Mindfulness

The individual mindfulness of professional nurses does not significantly impact on their professional nursing mindfulness as much as some other factors which are not measured in this study.

4.6.3 Professional Nursing Mindfulness is Measurable by the Five Factors

The findings show that professional nursing mindfulness can be measured by:

(a) Resourcefulness (as demonstrated by nurses' ability to achieve daily set goals);

(b) Decisiveness (as demonstrated by the nurses conferring with other team members in decision-making);

(c) Flexibility (as demonstrated by prioritising, analysing, and considering alternatives and responding quickly and effectively to unexpected and rapidly changing patients' need. Flexibility is also shown by considering feedbacks during implementation of care and when patients care is adjusted based on input from nurses and other health care professionals);

(d) Tactful communication, as demonstrated by

   i. outlining policies and guidelines to keep nurses abreast of new developments,

ii. discuss and sort out issues with those concerned, give clear directives to their subordinates, and

iii. possessing the ability to get the right words to express needs and concern).

(e) Awareness of current development as demonstrated by:

i. ensuring all needed materials are available before all procedures,

ii. preparing ahead for emergencies, and

iii. being aware of when procedures take place in the units.

4.6.4 Professional Nursing Mindfulness is Critical to Unit Management Performance

The fact that professional nursing mindfulness accounts for about 68 percent variation in unit management performance underscores the critical importance of professional nursing mindfulness in unit management. Besides, the significantly strong and positive correlation between professional nursing mindfulness and unit management performance also buttresses this fact.

4.6.5 Measuring nursing unit Management Performance

This chapter demonstrates that unit management performance of professional nurses can be measured using yardsticks such as:

(a) material and equipment management, demonstrated by regular requisition for supplies;

(b) patient care management, demonstrated by task sharing, monitoring implementation and linking up with other departments for necessary patients care; and

(c) leadership and motivation, demonstrated by all-inclusive care planning, delegation, and training of junior nurses.

4.7 SUMMARY

This chapter presented the analysis, interpretation and discussion of data collected from 205 respondents. An exploratory factor analysis was conducted in order to identify the underlying relationships between measured variables. The confirmatory factor analysis was used to obtain construct, discriminant, and convergent validity. The overall analysis was conducted using the structural equation modelling to determine the relationship between individual mindfulness, professional mindfulness and unit management performance. Findings show that professional nurses exhibit mindlessness, significant level of professional mindfulness and unit management performance. This was discussed according to the construct in Wilson et al. (2011). Chapter five discusses the qualitative analysis aspect of the study.

CHAPTER FIVE

PHASE 2: QUALITATIVE FINDINGS

5.1 INTRODUCTION

This chapter discusses the findings from the qualitative data of Phase 2, the situational analysis phase of the study. Data were generated with the use of a semi-structured interview guide from five Heads of Nursing Services; and FGDs with 54 Nurse Managers in six hospitals in Ondo State, Nigeria.

Data were analysed using the inductive category formation approach described by Mayring (2014, p. 80). This was done by going through the transcribed data line by line, reducing the categories and building main categories, engaging in intra and inter-coder agreement check and getting the final findings. The categories were organised and meanings were attached to them, which gave rise to different sub-themes that were interpreted. These were compared and contrasted with related literature to explore and determine the level of mindfulness, resourcefulness, decisiveness, flexibility, tactful communication and awareness of current developments of professional nurses in unit management in Ondo State hospitals. The transcript was also given to an independent coder and the outcome is based on the consensus reached.

The main findings of the interviews with the HNSs are presented first, while the findings of FGD are presented after. The participants were coded as P1, P2 to P5, depicting Head of Nursing Services Hospital A to E, depending on the hospital where the interview took place. For the FGD it was coded as FGDH, meaning Focus Group Discussion Hospital A to F as the case may be.

5.2 FINDINGS: INDIVIDUAL SEMI-STRUCTURED INTERVIEWS WITH THE HEADS OF NURSING SERVICES.

5.2.1 Heads of Nursing Services (HNS)

The Heads of Nursing Services are the most senior nurses in the hospital. They are sometimes referred to as the 'Apex Nurse'. They are responsible for the overall coordination of nursing activities in hospitals; hence all Nurse Managers report to them daily. Five interviews were conducted in their offices. The socio-demographic information is presented followed by the main themes, sub-themes and categories that emerged from the data.

5.2.2 Socio- Demographic Data

A summary is provided in Table 5.1 of the information related to the socio-demographics of the HNSs, the place and the duration of the individual semi-structured interviews conducted by the researcher.

Table 5.1: Participant information for semi-structured interviews

Participant	Gender	Age	Highest Qualification	Place of Employment	Duration of interview	Date interviewed
P1	F	48	BNSc	HMB	30 minutes	06/7/2018
P2	F	52	BNSc	HMB	35minutes	12/7/2018
P3	F	55	BNSc	HMB	37minutes	24/8/2018
P4	F	53	RN/RM	HMB	33 minutes	01/8/2018
P5	M	55	BNSc	HMB	29 minutes	02/8/2018

All but one of the participants were females; four were above the age of 50 years. All the HNS but one had at least a first degree in nursing. Each interview took between 29 and 37 minutes. Table 5.2 below indicates six main themes, eleven sub-themes and the main categories based on the higher order analysis of the open-ended questions in the interview guide (Appendix 4).

Table 5.2: The summary of the findings of individual semi-structured interviews

Themes	Sub-themes	Categories
Mindfulness conceptualisation	Alien concept	• Total ignorance or partial knowledge
	Mindfulness context	• Mindfulness as empathy toward patients • Disposition toward patients care and clinical environment • Accomplishment of goals
Manager skills and unit control	Human resources skills	• Leadership skills • Staff welfare and motivation • Students' coordination and supervision
	Administrative prowess	• Competency • Diligence • Unit coordination
Decision making process	Weighing alternatives Getting right judgment	• Institution and professional interest • Patient's advantage
Responsive to changing condition	Team inclusion in decision making	• Discusses before decisions are made
Communication process	Information dissemination means	• Meeting • Hardcopy • Seminars
	Personal communication for issues with individuals	• In-house training • Correct appropriately
Planning for quality care	Work schedule for unit staff	• Duty roster • Leave roster
	Planning for quality nursing care	• Patients' assessment • Staff shortage • Staff competency
	Managing equipment	• Improvisation • Inventory taking • Shortage of staff • Emergencies

5.3 MINDFULNESS CONCEPTUALISATION

During the exploration of the participants' understanding of the concept of mindfulness, their responses varied from indicating 'no knowledge of mindfulness concept' to associating it with 'empathic caring for patients and nurses'. The following two sub-themes are deemed very important for the purpose of this study.

5.3.1 Theme 1: Mindfulness Conceptualisation

5.3.1.1 Sub-theme 1 Unknown concept

One participant expressed the fact that she did not know anything about the concept of mindfulness. Others relate mindfulness to their day-to-day activities in the unit.

> "I don't know anything about it" (P1).
>
> "What I know about mindfulness to the best of my knowledge is the way you treat your patients, the way you feel for your patients, the way you react to your patients, be mindful when they are in need how did you treat them? Especially when they are sick, what did you do to relieve them while they are in the hospital" (P4)?

5.3.1.2 Sub-theme: Mindfulness Context

Mindfulness was seen as empathy towards patients:

> "Mindfulness, to be mindful is to take care of or having thought of something…
>
> …kind of empathy to welcome them(patient) cheerfully, to allay fear of unknown because they are coming to a strange environment which is different from their home." (P1).
>
> "To the best of my knowledge it is the way you treat your patients, the way you feel for your patients, the way you react to your patients, be mindful when they are in need how did you treat them" (P4).

One participant expressed a broader view of mindfulness in nursing management in terms of disposition towards the patient's care and clinical environment.

> "Mindfulness is the awareness of what you are doing, your environment, your duty, the way you take care of everything around you in the hospital… The way you take care of your patients, the relatives, the hospital environment, other staff that are not even nurses,

the way you relate with them, the way you create rapport with other health workers in the hospital environment". (P3).

Another view is that it refers to the accomplishment of goals and put one's mind in something.

"Mindfulness, is a sort of thing when somebody is able to do and accomplish his goals….to take care of or having thought of something---(P4) "

The next aspect presents findings on resourcefulness in unit management.

5.4 RESOURCEFULNESS IN UNIT MANAGEMENT

Two sub-themes emerged when a question on the skills a manager needs to be able to control the unit effectively was asked; these were human resources skills and administrative prowess pointing to Nurse Managers' competence in all nursing administrative and clinical tasks for the well-being of patients.

Table 5.3: Showing resourcefulness in unit management

Themes	Sub-themes	Categories
Manager's skills and unit control	Human resources skills	• Leadership skills • Staff welfare and motivation • Students' coordination and supervision
	Administrative prowess	• Competency • Unit coordination

Find below the themes and sub-themes for resourcefulness in unit management.

5.4.1 Theme: Managers' Skill and Unit Control

Participants predominantly referred to management style and skills to manage human resources for the benefit of patient care. Two sub-themes were shown.

5.4.1.1 Sub-theme 1: Human Resources Skills

The skills a manager must have been spelt out by the participants. One of them observed that a leader should possess a leadership style that is neither autocratic nor laissez-faire. This would enable them to carry their subordinates along. They must also possess the ability to motivate and care for the staff working with them and help student nurses to learn. They should be able to correct, orientate and supervise those under them to ensure that patients get the best of care.

> "A manager should not be all that autocratic and at the same time should not allow her leadership style to be laissez faire… You must be able to combine the leadership styles in order to let your subordinate be in the same direction with you (P2)
>
> "…be able to motivate staff, take care of professionals working with her (P3).
>
> "A manager is in charge of the nurses, patients, instruments then the staff, you correct them, you give them orientation and supervise them on what to do in the ward then, you must ensure that your patient get the best treatment when they are in the ward" (P4).

Another participant talked about using her knowledge to coordinate the activities of the nurses and other health workers so that they could give adequate care to the patients.

> "I will be able to use my knowledge I acquired in my training to be able to coordinate the activities of my nurses to give adequate healthcare to the patients, and to be able to coordinate the activities among the staff and other health workers…. (P5)"

Another participant expressed the fact that a Nurse Manager must be able to tolerate both nurses and other hospital staff. Besides, a Nurse Manager should be able to assist all student nurses under training in the hospital.

> "…. She has to tolerate nurses at all times including other hospital's staff (P3)"

"She should be able to help student nurses and any other student from other professions when they are in the hospital (P3)".

5.4.1.2 Sub-theme 2: Administrative prowess

Nurses Manager must have all round competence in all nursing administrative and clinical tasks for the well-being of patients. Most of the participants relate resourcefulness to intellectual capacity, coping ability, hardworking, honesty, being able to do administrative work and meeting the needs of patients and staff.

"Very active, must be intelligent, have ability to cope at all times. She must be a senior nurse in charge of the ward, she must be punctual. She has to be sincere in his/her given activities" (P1).

"Be educated person, should be hardworking, honest, …" (P3).

"He/she should be able to do administrative work very well, taking care to minimise infection between the patient and in the ward generally, to be able to coordinate all the other health workers to achieve the same goal by giving adequate health care to the patients. The other skill is to be able to maintain the ward stability for the patient generally and meet every need of the patients and staff of the hospital" (P5).

5.5 DECISIVENESS IN UNIT MANAGEMENT

Probing on decisiveness of unit managers yielded only on theme.

5.5.1 Theme: Decision Making Process

Responses on the course of action to be followed when faced with two alternatives showed that they would weigh the alternatives before making decisions.

5.5.1.1 Sub-theme 1: Weighing alternatives and making right judgment

The participants responded by indicating that it depended on what the contexts were, the implications for patients' wellbeing and if the available resources had patients' advantage and the interests of the institution and profession are well considered.

> "I will weigh the two before taking decision, I will make sure that the one I choose will be convenient for others, for whatever steps I am going to take, and it has to be convenient for my staff and my patients" (P1).
>
> "When faced with two alternatives one will set his/her mind to know the one that really affect the profession mostly, then you have to let one go, one will be a forgone alternative temporarily, then can you face the one that will help the patients, the staff and the institution" (P2).
>
> "I will set up a priority, the priority I set up should be able to give me the one I will be able to accomplish (P5)". The next aspect shows flexibility of Nurse Managers.

5.6 FLEXIBILITY OF NURSE MANAGERS

The main theme that emerged was 'Changing Condition' as well as one sub-theme' team inclusion in decision making'.

5.6.1 Sub-theme 1: Team Inclusion in Decision Making

All the participants indicated that they would call a meeting and decide based on inputs and prioritise based on emergency and the patient's wellbeing. The participants brainstorming before decision making and prioritising based on emergency needs and patients' benefits. One of the participants stated that she would be flexible, and she would call a meeting to brainstorm, she would not take the decision alone.

"…I will call them to meeting and intimate them with the new information. We will discuss about it. I will not take decision until I have discussed with the managers and if it is a decision, I can take alone I will still tell them" (P1).

"Well, I should be flexible, I should not be rigid all the times, I should be flexible because if I have another information that can make me not to stick to my decision, I must be flexible, then, I can call others, the people next to me like my deputy, the officer in charge (OC) of the wards, those that I can call the management team to hear their own views about what is going on, I must carry them along" (P2).

All participants indicated to prioritise depending on the situation. They all indicated to change their course if there found it necessary to do so and if other conditions were favourable since such changes were scientifically determined.

"We follow the emergency one first, before you go to the other one. For example, if we have two patients one is in labour, the other is bleeding, we attend to the patient that is bleeding first to arrest the haemorrhage, and we prioritise our activities" (P4).

"Before a protocol could be changed to new one there must be scientific research that is able to proof that the new protocol is going to be beneficial to the situation than previous one. So, when there is a change like that, I have to consider the resources too, I have to consider and see if I can combine it together to make sure that all things work well" (P5).

5.7 COMMUNICATION IN UNIT MANAGEMENT

The next aspect is the findings on tactful communication in unit management

Table 5.4: Tactful communication in unit management

Themes	Sub-themes	Categories
Communication process	Information dissemination means	Meeting Hardcopy

		Seminars
	Personal communication for issues with individuals	In-house training Correct appropriately

5.7.1 Theme 1: Communication process

The main sub-theme that was developed on the dissemination of information in the unit, focused primarily on the mode of information dissemination.

5.7.1.1 Sub-theme 1: Mode of information dissemination

The result showed that information was disseminated during the meeting, likewise a hardcopy of written communication and personal communication for issues with individuals. Further exploration showed that information was being disseminated to subordinates either at weekly meetings or monthly seminars sometimes stepping down training that were attended. This is reflected in the comments below:

> "Every week, I invite the heads of units, that is, the Nurse Managers to a meeting, if there are issues, we discuss it together. When this hospital was created in November 2013, we had issues with the doctors because there were many young nurses who were newly employed. They were not tolerant. Most of the times you need to plead with them" (P5).
>
> "When there are policies either from our leaders or from the government, I will assemble them in a meeting and brief them. There was one that happened around April this year Nursing Auditing" (P1).
>
> "I attended the programme and when I came back, I called a meeting and I gave them a stepped down training and now we have started doing it here" (P5).

Written communication was reported through circulars, documents and also electronically through WhatsApp messages.

"In the hospital we don't have problem of dissemination of information because all of us are on WhatsApp group then, we send notice to every ward, we may go round, if the WhatsApp will not function very well, we send notes to each Head of Department or we inform them directly on the phone" (P5).

"Whenever there is anything, I want to pass across to my nurses or the head of department, I will issue a circular, they will pass circular round, they will read the circular and sign their signature, before they come for the meeting, I will prepare the agenda, let them know the agenda before coming" (P2).

"Information in the wards is two folds, number one, it is through documentation. Number two, is verbal, so when there is information, we make sure that the information goes round the wards and we also call meeting to discuss new information. Maybe it is on a particular patient or may be on particular procedure that needs to be done …(P5)

The result showed that matter that concerns individuals were discussed; some issues were settled before getting to the HNS while some cases were settled through mediation.

"There is no gap in communication, the way I am working, if I want to communicate with a staff, if I don't see him/her, I call the person on phone. There is no communication issue at all. If any issue happened in the wards, they would have settled it before it gets to me" (P5).

"Since I'm the head of nursing unit, before arriving at any judgment at all, I will call other officers in charge of the wards and ask from them about what is going on before I pronounce any judgment…. If there is any new topic, then we call lecturers from school or anywhere to come and teach them: so, that they will not be left out. I used to call anyone

within and outside the hospital to come and give lectures. We plan for seminars outside the state that is, the staff continuing education" (P4).

When there were conflicts or issues to settle, the HNS mediate by having one-on-one communication with the officers concerned.

"Anytime I discover issues I will call that particular person involved, I will rob mind with him/her and if there is need for me to correct, I will do the correction, and if she/he gives me his own reason for doing it, I have to make sure that the reason given is tenable, but if it is not then I will submit my own correction too" (P5).

The findings on awareness of the current developments in the units are presented in table 5.5 below:

Table 5.5: Awareness of current development in the units

Themes	**Sub-themes**	**Categories**
Planning for quality care	Work schedule for unit staff	Duty roster Leave roster
	Planning for quality nursing care	Patients' assessment Staff shortage Staff competency
	Managing equipment	Improvisation Inventory taking Shortage of staff Emergencies
	Training	Management Workshop Mindfulness

5.7.1.2 Theme: Planning for quality care

Exploring awareness of current development yielded one sub-theme, planning and promptness. This further yielded three sub-themes: work schedule planning, planning for quality nursing care, and managing equipment and training. Appropriate planning of man and material resources is vital for the successful running of a nursing unit.

5.7.1.3 Work schedule planning for unit staff

Planning of job and leave scheduling was done to avoid shortage of staff at any time in the units; procedures and unit routines were planned for on daily basis.

> "We prepare our rosters a week earlier; we plan ahead for our rosters" (P1). "There are many things to plan ahead. It is very important to do roster to cover all the three shifts, then leave roster is very important because I will not like leave to disrupt the work in the wards. So, I send out the leave roster telling them that in a month based on the personnel that we have, at least in each ward, I will not expect more than 2 nurses to go on leave. I will also tell them that no leave in December. They know that. Then I will arrange the leave from January to November. So that there won't be shortage of nurses in the ward. Then, I will also arrange people for supervisory duty to supervise people while they are doing the job. Then at times if there are wrongs, the supervisor will put it right even before coming to me at the end" (P2).
>
> "I plan for the procedures and ward routines for them to be done daily" (P5).

5.7.1.4 Sub-theme: Planning for managing quality nursing care

Some of the participants stated that they would have loved to assess patients and plan their care appropriately but for the shortage of staff in their units.

> "In time like this, you know, in the ward, I put six nurses in the wards because they run three shifts morning, afternoon and night. Their HOD is on permanent morning while others are on shift. When one is on night off, he goes off another…" (P4).

Another person commented on staff shortage which resulted in a lack of goal setting.

"Before we plan a care for the patient, first of all we examine the patient, we know the patient and the need of the patient, when we know patients' needs, we can now proceed on the treatment…. In a normal situation we supposed to set goals for each day, but now most of what we do are not normal. We don't set goals because one nurse is in charge of 5 wards the labour ward, same nurse goes to the theatre, admit patients, attend to post-natal and antenatal wards. Only one nurse. Like this situation now, we are supposed to have one nurse in each of the department but one nurse in five departments. So, it is not possible to set goals for each day" (P5).

One of the participants gave incentives by the end of the year to the staff as motivation.

"…the end of the year we gather together and give them something, if they ask for help, I quickly render it. If they want to go for any course, I go to admin section on their behalf to sponsor them to make them happy? When the new nurses come, I give them orientation, I take them round the hospital environment and hand them over to the HOD in charge of the ward to put them through, anything they lack I give it to them" (P4).

The skills and competencies of the nurse is considered before two nurses were assigned to the same shift.

"I will consider the personality of that nurse couple with her capability and her knowledge and skills" (P5).

Units are visited each every day to conduct rounds for supervision and correction of errors.

"We go to the ward every morning to do ward round, if the HOD is not available we choose an Assistant, we move round the wards to supervise and correct the nurses in case of mistakes or errors" (P5).

"I will call them and make them to realise that they are not getting things right, I will make sure there is effective cordiality between us to correct the wrong doing" (P5).

5.7.1.5 Sub-theme 3: Managing equipment resources

The participants discuss how equipment was distributed to meet the needs of the patients. It was clear that some participants were working with lack of proper functioning resources and had to improvise or even appeal to colleagues for donations to keep the unit operational. Planning for emergencies remained a priority:

"We gather them (old, dysfunctional ones) together and take them to Administration section and inform them that these ones are bad and they replace and discard the one that is faulty from the ward". The available ones, we normally make sure we manage them effectively, the instruments, we make sure we sterilise them; the ward equipment too are washed and clean them to reduce transmission of infection from one patient to the other. We also use chemical like Jik, where appropriate. Then the toilets are washed and cleaned day in, day out according to the toilet routine washing" (P5).

"We look around anything we don't see, we put them down, and then we draw our scale of preference…At present there is no light, we sent message around to help us with light. Then concerning staffing, there is shortage of staff, we employ nurses that are paid by the hospital that is, we have locally employed nurses and doctors to help us in the care of the patients because the work load is much on those that are available" (P3).

"If the patient can't afford the needs, also, I go to other patients to give the materials they are no more using to purchase by patient and if the patient does not have money, I appeal

for donation from the patients and from my staff as well. At times, we go to the management for help and they have been helping" (P5).

"We prepare for emergencies in the ward, it could be a surgical emergency or it could a medical emergency. If it is a medical emergency, all the necessary things that the patient need first we need to make them available before the relatives comes around and make additional provision and provide for all, if it is surgical emergency, we still do the same to make sure that life is not lost" (P5).

Participants reported yearly staff reshuffling and taking of inventory in one of the hospitals.

"We do change staff every year, so everything that is on the ward, we write them down in a hard cover note. If a new nurse is coming in, we take the inventory" (P5).

5.8 SUGGESTED TRAINING NEEDS FOR NURSE MANAGERS

Training programmes, workshop or seminars in management or administration were suggested for the Nurse Managers to enhance their administrative skills.

"They are supposed to go for their managerial courses, their Master's in Public Administration, training on any prevention of any outbreak of any disease that may come up" (P3).

"Training through seminars, workshops and administrative courses to make sure that I am able to perform wonderfully in dealing with my subordinates" (P5).

Summarily the findings of an interview with the five HNS with regards to their knowledge of mindfulness, resourcefulness, decisiveness, flexibility, tactful communication and awareness of current development were explored. The HNSs did not seem to have good knowledge of mindfulness; it was described with their management routines. The dynamics of their unit

management activities as it relates to them in all the hospitals were expressed. The next aspect deals with the findings of focus group discussion with the unit managers.

5.9 FINDINGS OF FOCUS GROUP DISCUSSION WITH UNIT NURSE MANAGERS

The unit Nurse Managers are the administrative heads of each unit of the hospital. They have nurses that work with them in the units. The interview took place in a conducive environment as directed by the HNSs of the hospital. The discussion took between 60 to 90 minutes. Table 5.6 shows the demographic variables of participants at the FGDs. Most of the Nurse Managers interviewed were less than 50 years old. They were mostly female and Yoruba indigenes.

Table 5.6 : Demographic variables of FGD participants

Hospital type	Sampled hospitals Interview dates	Gender	Ages	Highest qualification	Tribe
Medical Village, Ondo	Hospital A Date: 6/7/2018	Male= 1 Female=8 Total = 9	26-30 = 1 31-35 = 1 41-45 = 3 46-50 = 2 51-55 = 2	BNSC = 5 RN/RM=4	Yoruba= 8 Igbo=1
State Specialist Hospital, Ikare	Hospital B Date: 12/7/2018	Male=3 Female=4 Total = 7	31-35 = 5 36-40 = 1 56-60 = 1	BNSC = 4 RN/RPON=1 RN/ORTHO=1 RM=1	Yoruba=6 Ebira=1
State Specialist Hospital, Akure	Hospital C Date: 24/8/2018	Female=9 Total = 9	41-45 = 4 46=50 =2 51-55 = 1 56-60 = 2	BNSC = 8 RN/RAEN=1	Yoruba= 6 Igbo=1 Edo=1 Ukuwani=1
State Specialist Hospital, Okitipupa	Hospital D Date: 1/8/2018	Male=3 Female=3 Total = 6	41-45 = 2 46-50 = 1 51-55 = 2 56-60 = 1	BNSC=1 RN/RPON=2 RN/RAEN=1 RN/RM=2	Yoruba =5 Ijaw =1
General Hospital, Ore	Hospital E Date: 9/8/2018	Male=5 Female=2 Total=7	25-30 =1 41-45 =1 51-55 =2 56-60 =3	BNSC = 1 RN/RNA&E=2 RN, RPON = 1 RN/RPEAD=1 RN/RM=1 RN/ROPHT=1	Yoruba =7

Hospital type	Sampled hospitals Interview dates	Gender	Ages	Highest qualification	Tribe
General Hospital, Owo	Hospital F Date: 2/8/2018	Male = 1 Female=5 Total =6	31-35 =2 36-40 =3 41-45-=1	BNSC= 2 RN/RPON=1 RN/RPEAD. =1 RN/RM=1 RN=1	Yoruba= 6
Medical Village, Ondo (New)	Hospital A 26/11/2018	Females = 8	25-30 = 1 31-35 = 1 41-45 = 6	BNSC = 3 RPEAD =1 RN/RM=2 RM = 2	Yoruba = 8
State Specialist Hospital, Akure (New)	Hospital B 27/11/2018	Females = 10	31-35 = 3 36-40 = 4 41-45 = 1 46-50 =1 51-55 = 1	BNSC = 6 RN/RM=2 RN/PHN= 1 CRNA = 1	Yoruba = 10

Table 5.7 provides a summary of the main themes, sub-themes and categories that emerged from the analysed data from the FGD conducted with Nurse Managers who were heads of units.

Table 5.7: Summary of main themes, sub-themes and categories of FGD

Theme	Sub-theme	Categories
Understanding of mindfulness concept in Nursing	Responsibility and accountability awareness	Consciousness, Attention Conscientiousness
	Mindfulness as presence in time and space	Awareness, Attention Attitude to care
	Acknowledgement of ignorance of concept	Total ignorance
	Mindfulness enhances performance	Promotes nursing process Ensures quality care
	Compassion	Happy comforting environment Active listening
	Empathy	Supportive care
	Emotional intelligence	Behaviour regulation
	Stress relieve means	Rest Chart with patient Relaxation
	Meditation	No prior knowledge
	Overall benefits of mindfulness	Enhance total patient care Good nurse-patient interaction Job satisfaction
Skills that Nurse Managers need to be able to control the unit effectively	Relationship and communication skills	Good interpersonal relationship Assertive Tolerance Sensitive Observant
	Knowledgeable about staff and procedures	Orientation and Staff training Intelligent
	Delegation	Job allocation Competency Diligence Managerial skills
	Sensitivity for diversity	Equity
	Leadership qualities skills	
	Motivation	Incentives

Theme	Sub-theme	Categories
Selecting between alternatives	Selecting the best option	Benefits and risks Set scale of preference Available resources
	Team decision	Consultation before decision-making on alternatives
Analysing new information on patients' care, making use of the best alternative.	Information about policies and protocols	
Communication	Mode of communication	
	Method of communication	
	Communication about policies	
Planning ahead of emerging issues	Planning for human and material resources	Planning for effective functioning of units: functional equipment and other resources
		Planning for patient management and emergencies
		Planning for the training needs in management and mindfulness

The researcher only focused on the themes that facilitated enlightenment of the situation for the purpose of facilitating the selection of the content for the training programme.

5.9.1 Understanding the Concept of Mindfulness

Participant's responses indicate perceptions of management rather than understanding and application of mindfulness. Nine sub-themes emerged with various categories as summarised in Table 5.8.

Table 5.8: Themes, sub-themes and codes regarding understanding the concept of mindfulness

Theme	Sub-theme	Categories
Understanding the concept of mindfulness	Responsibility and accountability awareness	Consciousness, Attention Conscientiousness
	Mindfulness as presence in time and space	Awareness, Attention Attitude to care

	Acknowledgement of ignorance of concept	Total ignorance
	Mindfulness enhances performance	Promotes nursing process Ensures quality care
	Compassion	Happy comforting environment Active listening
	Empathy	Supportive care
	Emotional intelligence	Behaviour regulation
	Stress relieve means	Rest Chat with patient Relaxation
	Meditation	No prior knowledge
	Overall benefits of mindfulness	Enhance total patient care Good nurse-patient interaction Job satisfaction

5.9.2 Responsibility and Accountability Awareness

Participants indicate that in nursing, mindfulness refers to being conscious of the fact that nurses are being watched as they carry out their duties with a sense of accountability and responsibility:

> "In nursing profession, we have to be mindful because others are watching us, you have to be vigilant," (FGDHAP 3).
>
> "Being mindful, as a nurse when you are carrying out a procedure, you have to guide against what you are doing, we have to render it out, so that there will not be any negative thing out of it". (FGDHAP 6)

Some of the participants were able to see mindfulness as paying attention to what they do while one indicated that mindfulness is a state of awareness of the procedure one was carrying out.

> "…, you are aware, as nurses, when we talk of mindfulness, it is paying attention to what you do", (FGDHAP 5)
>
> "Paying attention to your responsibilities, for example, it may be towards the patient, the relatives you are paying attention to the way you are caring for them, even to the materials

that we use, equipment that we use you are paying rapt attention, you are being aware, paying close attention" (FGDHAP 5).

The researcher probed further to ensure they actually had the knowledge of mindfulness. She asked concerning how they thought mindfulness could be measured. None of them mentioned any scale that was used to measure mindfulness. One of the participants said:

> "One way I can measure the mindfulness of what I'm doing, if at the end of what I'm doing, the outcome is not as I'm expecting probably in the course of me carrying out whatever assignment I'm doing I was probably not being mindful of it and if along the line" (FGDHDP 2)

Another participant described it as a historical process of paying attention to the present occurrence in the environment.

> "Mindfulness is just a historical process of bringing one's attention to the present occurrence in his or her environment**.** This can be measured through what we call, thinking within yourself of the level you have gone to and people in your surroundings the way they feel in the process "(FGDHDP 3)

5.9.3 Understanding of Mindfulness

A few participants mentioned mindfulness as being personally present and attentive to self and environment.

> "… be aware of your immediate environment, take for instance, if you are attending to a patient you have to take into cognizance as well to what is happening around you at that particular time," (FGDHAP 2)

"Mindfulness is a way of creating awareness about one's environment, your thought, your behaviour, even minding the way you relate with your clients your patients and people around" (FGDHEP 1)

The above statements show that the participants did not have adequate knowledge of mindfulness. They merely thought of it as it relates to nursing procedures and not as an inner experience. Mindfulness is deeper than mere English interpretation of minding your business or focusing on what one is doing. It covers paying attention to one's inner experience without being preoccupied with either the past or future experience or being judgmental. None of the participants knew how mindfulness could be measured and none mentioned anything like meditation as a means of developing mindfulness. The responses in the following section indicate this knowledge gap.

5.9.4 Acknowledgment of Lack of Knowledge about the Concept of Mindfulness

The responses from participants from one hospital indicate ignorance about the concept.

"Well, personally, I have not heard about mindfulness in relation to nursing practice except for it being an English word". (FGDHFP 3)

"I've only heard about it from the Bible about God being mindful of human being but I've not heard it in Nursing" (FGDHFP 6)

"Literarily, I think, when the mind is full with different things … end of the day you will forget so many other things that you may want to do at a particular…" (FGDHEP 3)

All the participants in hospital F and one from E indicated that they had never heard about mindfulness before.

5.9.5 Theme 4: Mindfulness Enhances Nursing Managers' Performance

Participants reported that 'awareness of the environment' would enable managers to plan and implement appropriate interventions for quality patients' care:

5.9.5.1 Mindfulness enhances nursing process

Participants stated that mindfulness helps in the awareness of the working environment and allows for appropriate planning, intervention and evaluation of patient care:

> "It is only when you know what is going around you that you know the right report to write, for us to carry out the correct procedure, you have to know what is really happening in your environment, you have to assess correctly, so that you can have correct objective, correct intervention to enable you have correct evaluation" (NFGDH1P 7).
>
> "On how mindfulness can help in organising, you have to be aware of what is happening around you, know the problem of the patient and the nurses that can take care of the patient, you have to organise, these are the nurses that will take care of this patient, you have to know the capacity of the nurses taking care of the patient, and at the same time you are planning to meet the need of the patient" (NFGDH1P8).

Awareness of the working environment or mindfulness will enable managers to be sensitive for nurses' personal strengths, circumstances and emotional experiences in planning patients' care.

> "When you are mindful of people around you, you know what they are passing through, if you are not mindful, when you are making roster and you are not mindful of what is happening you may put two weak people together in one shift…you have to know what your staff are going through physically, emotionally or financially, may be the way they

behave before and they don't behave like that again, if there is deviation from the normal you call them and ask about what is happening" (NFGDH1P 5).

"Concerning managing a patient in the ward, as a manager, with the situation in the country, you know the situation of your patient in the ward, some are financially handicapped, and you can help them to solicit for fund. Some of them cannot feed themselves you may have to involve the social workers to solicit for money that can enhance their course" (NFGDH1P 2).

5.9.6 Theme 5: Compassion

Mindfulness gives the awareness of the working environment and will enable the Nursing Manager to demonstrate compassion for the patient's' personal circumstances and experiences. After direct prompting about how, mindfulness can contribute to nurses' ability to be compassionate, participants responded by either referring to awareness of the environment or the need for compassion and what it entails:

"For us to be compassionate with our patient, you have to be aware of your environment, one of the ways to show compassion, a patient complains I have spent a lot, like in my ward for example, at times they write some drugs for a patient and change it suddenly, even we as nurses in this present Nigeria we know how things are when we have emergencies. If the drugs are changed, you can take it to Pharmacy and explain to them that the Doctor changed the drug suddenly and help them to change the drugs for them, by the time you do something like this for them they will be happy, do whatever you can do to make your patient happy. When they needed to talk to you, you listen and talk to them also" (NFGDH1P 7).

Mindfulness was related to active listening resulting in compassion.

> "If nurses are mindful, they will listen to the people they work with, they can listen they hear them they can improve on whatever they are doing. They will be able to bring in compassion, you will be able to say I can understand you; I know what you are passing through, I can help you" (NFGDH2P 7).

5.9.7 Sub-theme 6: Empathy

A participant indicated that nurses are mindful; when they are empathetic, they will be able to help the patient better.

> "As nurses we have to show empathy, putting ourselves in the position of the patient, tell the patient you understand what they are passing through, let them know you are there for them, you are not just there to work and collect your money at the end of the month, you don't abandon your patient, if the patient complains of pain, if possible, sit by her, don't leave her in pain. Sit by her and massage her and let her feel that she is in good hand" (NFGDH1P 9).

5.9.8 Sub-theme 7: Emotional intelligence

Participants of group 2 who indicated no knowledge of mindfulness, responded about the potential benefits of mindfulness, after the interviewer has highlighted some basic principles of mindfulness:

> "With what I have learnt today I understand that when a nurse is being mindful, she will be able to pay attention in a particular way. If you are observant, you will be able to organise the staff, then you will be able to control and solve some problems in your management" (NFGDH2P 6).

"As a Nurse Manager, if you are observant, you know the capacity of each staff and will be able to appoint them to the assignment, he or she is able to do" (NFGDH2P 4).

The participants saw mindfulness as what can assist the manager to achieve good management functions. However, they seemed to lack insight into awareness of personal inner experiences and observations.

"Mindfulness will help to mind the emotional status of the nurse working with you, you will be able to know when a nurse is emotionally stable if she is psychologically disturbed this can affect her productivity, if you as a manager can observe, you will be able to know if you need to give her day off for her to rest so that it will not affect her negatively" (NFGDH2P 5).

"I believe mindfulness will help the Nurse Manager to listen well to the people they work with. If they pay attention to their workers it will help to improve their communication skill. It will sharpen their listening skill. They can easily get feedback from nurse that work with them on how they can improve their services" (NFGDH2P 7).

It is believed that mindfulness will help the manager in conflict resolution.

"It helps to resolve conflict among health care team…because if a Nurse Manager will always pay attention to the subordinate, whenever there is an issue, they will always come to her, when she is curious and she is able to listen well to them, I think she will be in the best position to resolve conflict among the unit members"

5.9.9 Sub-theme 8: Measuring Mindfulness

Participants' perceptions of the evaluation of mindfulness relate to their understanding of mindfulness as awareness of the working environment (first group only) and is focused on the outcome of nursing intervention:

> "I think mindfulness can be measured by the outcome of patient's care. If you've done what is expected of you" (NFGDH1P 5).
>
> "I think is the outcome, then you will be sure you are mindful of the situation" (NFGDH1P 10).
>
> "I think mindfulness can be measured by writing all the procedures you performed on your patient" (NFGDH1P 5).

5.9.10 Theme 9: Unawareness of Use of Mindfulness to Handle Stress

Participants reported the ways they handled stress in the workplace. In order to try to steer participants towards mindfulness on a personal level, the interviewer posed a question on personal stress handling. The responses indicate that they try to prioritise work, take rests in several forms when tired or just carrying on in spite of their situation.

> "You can alleviate stress by working on patient one after the other" (NFGDH1P 1).
>
> "Whenever I'm stressed up, I prefer to take a walk and chart with my patient for about 15 minutes" (NFGDH2P 6).
>
> "When I'm stressed out at work; I take a sip of water, If I have access to any soft drink, I take to give me energy and after some time, I continue with my work" (NFGDH2P 7).

5.9.10.1 Theme 10: Overall benefits of mindfulness in nursing care

Participants of the first group surmised that mindfulness, as they perceived it (awareness of the environment) would enhance total patient care and work satisfaction for the nurse:

> "It helps us to give holistic, qualitative care to patient" (NFGDH1P 6).
>
> "It helps us to advocate for our patient and enhance good nurse-patient relationship" (NFGDH1P 8). "It gives good job satisfaction even for the nurse" (NFGDH1P 9).

5.9.10.2 Theme 11: No previous knowledge or experience of mindful meditation or partial knowledge

All, but one, of the participants in the two groups indicated that they had no knowledge of mindful meditation. The participant who indicated having heard about mindful meditation responded as follows indicating their knowledge of meditation in general:

> "I have heard about it before. When you alone, you just sit in a place, create a 'Me' time, sitting in a place and meditate on lots of things both the spiritual and secular you and you alone" (NFGDH2P 3).

The interviewer then stimulated the discussion by introducing basic principles of mindful meditation to the second group. Six of the eight participants in the first group indicated that although they had no knowledge of the concept before, they then understood more about it after this orientation.

Theme 1: Skills that Nurse Managers need to be able to control the unit effectively

The subject of resourcefulness was elucidated with question on the skills Nurse Manager needed to control their unit effectively. Responses showed that participants were quite aware of the

importance of good verbal and non-verbal communication skills like listening, observations, tactful commands, and connecting with interrelationship skills with subordinates and patients. See Table 5.9 for a summary of the themes and subthemes.

Table 5.9:A Summary of Themes and Sub themes

Skills	Theme	Sub-theme
Skills that Nurse Managers need to be able to control the unit effectively	1. Relationship and communication skills	Good interpersonal relationship Assertiveness Tolerance Sensitive Observant
	2. Knowledgeable about staff and procedures	Orientation and Staff training Intelligent
	3. Delegation	Job allocation Competency Diligence Managerial skills
	4. Sensitivity for diversity	Equity
	5. Leadership qualities skills	Professional Good morals Integrity
	6. Motivation	Incentives

5.9.10.3 Sub-theme 1: Relationship and communication skills

Participants realised that good interpersonal relationship was necessary to manage their unit effectively. Therefore, there must be good relationship with other colleagues and patients.

> "Communication skills because you have to be good, … when you understand your subordinates, when you know what is happening to them, you will be able to gain their cooperation and you as a manager, you will be able to effectively manage the ward" (FGDHAP1).

"…have good interpersonal relationship with your colleagues with other health workers, with patients in order to know what is in their mind to know their needs and how to meet the needs" (FGDHAP5).

One participant mentioned tolerance as a skill a manager must possess in order not to be provoked to anger. The importance of assertiveness and good communication skill was also stressed.

"Be tolerant, since we know the type of patient we are dealing with, some can provoke someone if one is not careful to anger so as a good manager you must be tolerant" (FGDHAP 6).

"As a manager, for you to manage the ward effectively, you must be assertive then a good communication skill and you must lead by good example" (FGDHBP7).

The ability to observe and be sensitive is also seen as an important skill for Nurse Managers to control their unit effectively.

"A unit manager should be observant and sensitive" (FGDHBP5).

Moderation and limitation in relationship should be considered to avoid disrespect and disregard to constituted authority. The unit manager must correct her subordinates wisely and not address them with their problems.

"In relating with our subordinates, if you want to gain their cooperation, you should not be harsh on them, you should come down to their level, in coming down to their level, you should not do that to the extent that your subordinate will disrespect you" (FGDHCP6).

Equity is seen as an attribute of a resourceful Nurse Manager; exhibiting favouritism will mar her relationship with staff.

"Relating with your subordinate, you should learn that what is good for the goose is good for the gander, whatever you can do for one you should be able to do it for others. If you

favour one at the expense of the other, it will not promote good relationship between you and your subordinates" (FGDHCP2).

Apart from relationship with staff, resourcefulness includes the knowledge about staff and procedures.

5.9.10.4 Sub-theme 2: Knowledgeable about staff and procedures

Resourcefulness of managers was also related to being knowledgeable about staff, procedures and practices.

"… A manager in any department of the hospital must have sound knowledge of what is going on there, so that when he or she is on ground he or she can supervise what is going on, and when they make mistake around she will be able to correct and lead by example…there are some equipment in the hospital, she needs to master them and know how to use them, the Nurse Manager in that department must learn how to operate those things, so that when they bring new staff she is the one to train and introduce the person to the ward environment, so that the equipment or the material, anything around, whatever knowledge she possesses is only what she can impact to others, so she must be knowledgeable"(FGDHAP 3).

5.9.11 Delegation

Participants identified the managerial skill of delegation as an element of resourcefulness.

"First and foremost, the ward manager must be transparent, to perform her responsibility, she must be able to assign some roles to the subordinates" (FGDHBP 4).

"He must be flexible and must be transparent, must be faithful to allocate job to his subordinates, so that the work load will not be too much on him/her..." (FGDHBP 1)

Some participants reported what they considered when delegating: mentioning competency, diligence and managerial skills:

"We consider their competency and their ability, like in my department only midwives can work in my department, but at the same time you know that some are more skilful than others. Before you assign task to them you consider their competency" (FGDHCP3).

"We also consider their managerial skills, there are some duties that you want to assign it depends on the level of management that nurse is able to dispose to such duties (FGDH CP 1).

"We look at diligence of the person you want to assign task. If the person can carry out the task or not. Like in my department A&E we have very hardworking and diligent nurses there and not all of them are Emergency trained but we want to put them in shift we look at people that are A& E trained, and those that are not A&E trained, we want to put them in shift. We don't put two people on duty who are not A&E trained but we pair them together, those that are A&E trained and those that not A&E trained" (FGDH CP4).

5.9.11.1 Sensitivity for diversity

Resourcefulness in management of the unit according to some participants also means to demonstrate respect for diversity:

"As a ward manager, you need to study those nurses you are working with both their tribes, religion and everything, you have to study them and treat them accordingly" (FGDHCP5).

"Another thing is tribalism, which should be avoided in the place of work to foster good relationship between the ward manager and his or her subordinate, we should treat everybody equally. We should also understand one another. Some of our leaders have done it before and it did not yield good result" (FGDH CP 3).

Comportment and orderliness at handling issues in the unit is regarded as resourcefulness.

"As the manager you need to comport yourself, comportment is very, very important that will give you the opportunity to handle issues and even control the crowd in the ward. Because most of the time, patients don't need medical attention, the way you are able to encourage them, the way you move closer to them, attend to them and the way you are able to control the crowd in the ward they will feel comfortable as if they are even in their own…" (FGDHDP 3).

5.9.11.2 Leadership qualities and skills

Resourcefulness was also related to leadership skills and demonstrating acceptable professional conduct.

"…good leadership quality, people should be able to see you as a good leader, that they can take example from you, when they see you that you are doing positively very well you are being professional in the way you carry out your duties. He is not going to be a lassie fare person whereby you like one more than the other…" (FGDHAP 2)

"Must demonstrate sense of integrity, moral, physical, social and the rest, he must be a good leader, must be ready to serve and lead the subordinate as expected. Good leader must be able to hold in high esteem the professional code of conduct, he must be precise and also assertive in decision making" (FGDHEP 2).

5.9.12 Motivation

Resourceful Nurse Managers should receive and give incentives for good work and motivate subordinates.

> "It is very important, the management should be able to compensate the manager that is doing very well, it may be the department of Nursing or the hospital or facility where he or she is working" (FGDHAP 2)
>
> "As a Nurse Manager you must have spirit of motivation, must be able to motivate our colleagues and you need to plan ahead. Now that we have shortage of staff, we must be able to pat them at the back for job well done." (FGDH DP 4).

This brings us to the aspect of decision making.

5.10 Decisiveness

Decision making is paramount to good management. Participants discuss how decisions are made in the units. Two sub-themes were noted; selecting the best alternatives and team decision. Responses on how managers select between alternativeness when decision have to be made show that it depends on what the contexts were, the implications for patients, and the resources that were available.

5.10.1 Selecting between alternatives

The manager should consider the advantages of options, prioritise and ensure adequacy of resources before choosing what action to take.

> "When the manager is at a cross point, having two or many alternatives the first thing to do is that the manager has to weigh the benefits and risk attached to it, then, if the benefit

outweighs the risk, you have to go by that one, then another thing is that the manager should have scale of preference, you have to itemise and see which one takes priority just like critical thinking and choose the best one for the patient" (FGDHBP 3).

"According to Economics you use the scale of preference, that is, the one that is disadvantage then I think the leader should irrespective of what you have in mind … resources available that has to go with that more important than the other" (FGDHCP 9).

"……. where you have two options to address, I want to belief the best option to be applied should be the one that will give us immediate good result, that will be of assistance when it comes to that, and not only that, to every situation when we have two ways of approaching it or two methods, probably the old way and the new way because we keep on advancing every day, as a good leader we must not limit our knowledge to what we know how to do years back. We should try and go to the internet and browse and see how things have been done in the developed country to standardise our way of practice here in Nigeria(FGDAP8).

The manager is expected to involve others in decision making hence the need for team decision.

5.10.2 Team decision

Participants indicated that consultation with colleagues and other health care professionals was essential for effectiveness in managing a unit.

"Another way is that the manager can seek the opinions of other health team or the subordinates" (FGDHBP 6).

"That is where round table decision comes in; you don't just go directly without contacting others. Let them chip in their own ideas regarding the new information" (FGDHDP1).

"…. a good leader should not be autocratic, the decision should not be centered only on the leader, he should allow others to make contribution this will help the profession grow" (FGDHAP7).

Flexibility among nurse leaders is presented next.

5.11 Flexibility

Information sharing, policies and protocols emerged in considering flexibility of Nurse Managers.

5.11.1 Information processing

This entails analysing information on patients' care, decision on the best alternative for the patient and communication with patients.

"…. You must analyse the new information before you apply it to patient's care. What you perceived in your heart as a good care for the patient's condition, since you don't have evidence to back it up, you may not be able defend it" (FGDHBP 3).

"A good leader should not be rigid but flexible so that considering what you have on ground you want to weigh it, the advantage and the disadvantage, you consider the resources then you now know the one that will be more on the positive side that will be more advantageous" (FGDHAP 1)

"I think this is where flexibility comes in, we should not be too rigid about our decision, when there is a new information or a new idea from someone, we need to verify it, is it evidenced based, has it been practiced, what has been the effect, the outcome, is it effective, then, we compare it with the one we have already in mind, if it is better than the one, we have in mind then we go for it" (FGD BP7).

"Another thing, that is the main reason why there should be a very good relationship between the ward mangers and the patients especially all the nurses, there should be a good rapport when there is good rapport between you and the patients by the time you inform him/her of the new information the patient will trust you and whatever you tell the patient. The patient will definitely listen to your advice" (FGDHCP 7).

The next aspect discusses information about policies and protocols as obtained in the units.

5.11.2 Information about policies and protocols

The participants believe that information should be considered and should not be followed rigidly especially if it deters them from performing optimally in line with their professional competence. According to them, any piece of information that is considered beneficial to the staff and patient should be disseminated promptly.

"Concerning policies, guidelines and protocols. There are protocols in the hospital that should not be followed dogmatically, like in a situation where the hospital protocol says you cannot pass catheter and catheterisation is a nursing procedure, so do you wait for the medical officer to pass the catheter or you as a nurse that you have the right to pass the catheter, it is a nursing procedure, since it is a nursing procedure you are licensed to pass catheter so in such a situation, you don't follow policies dogmatically" (FGDHCP 6).

"Information needs to come out immediately as soon as you received it so that all in the ward must be aware of it and be prepared on what to do. The information, if it is new and we know it will be beneficial, we don't want to delay, in carrying it out. Especially if both staff and patients will benefit from the new information" (FGDHBP 1).

5.12 COMMUNICATION

Two main sub-themes emerged under mode of communication; they are manner of communication and communication about policies.

5.12.1 Mode of communication

Although unit managers haves established channels of communication, the participants indicated that documentation of information is vital, especially through the electronic media. The methods mostly used by participants include: holding a meeting, handing and taking over, good report writing and proper documentation using case notes. Below are some of the participants' responses:

> "We have the chain of communication, either from top down or from down up. If a junior officer in the department has information and want to relate it with my superior officers, she can tell the next person to me this is what she observed, then it can be passed on. If it is the HOD that has information then he can call a meeting and disseminate it to everybody or if it is a management issue, he can call the Deputy HOD" (FGDHBP 3).

> "…… that was how the management was able to save the situation, so proper report writing is very, very important" (FGDHCP 8).

> "To add to it, documentation is very vital in nursing, in carrying out procedure, then at the same time, during communication you should use the language that is best understood either by you or other person that want to receive the information and everything must be explained and written down" (FGDHCP 4).

> "There may be some communication breakdown, most of the times, what is supposed to be done is we should have an information board on the ward whereby you write your information that you want the nurses to be aware off, you paste it on the board, or better

still, you may talk to them on the phone or if it is possible to also arrange for a meeting with them so that you can get them together and communicate whatever you want to tell them, but it is always very difficult to get everybody together because of the shift duty" (FGDHAP 1).

"In addition to calling them for meetings, there is another thing we also do apart from calling them, because at times the lines will not be going, each ward create group on WhatsApp so we place the information there "Burns Ward Nurses" for example, they will read it there, so by the time you write it on the board in the ward, and you ask their friend to call them about the information, then you call for meeting, and you type it on the group then, information will go round" (FGDHAP 5).

Participants stated that sometimes there could be communication gap in the units especially with other health care professionals.

"Communication issues in the ward, because the major thing we do in the ward centres around the patient and hospital-based care being a multidisciplinary type, it is not only nurses that are taking care of patients, often times there used to be communication gap between the health care professionals between nurses and Doctors and.., but there is a common thing that we all use for the patient. The patient case note, is a good communication note, where the nurses will render care and will put it down on it, the Doctors will come and jot down whatever they want to write, the people in the diagnostic department whatever they come out with the sample or investigation that has been done can be attached to the case note, so that everybody will have access to it, the patient case note is a good communication tool and it has been helping in solving most of the communication issues we have in the clinical area. Thank you" (FGDHAP 2).

"…the case note that we use for our patient, in line with that, there is need for the Nurse Manager to make it known to the nurses that are taking over to read through the case note so that if information is written there and is not passed down to one another the information is as good as nothing so during ward round we should let them know, by the time you are handing over you should let them know the information on the case note so that they can go through the case note" (FGDHAP 6).

The next aspect expresses the manner of communication.

5.12.2 The manner of communication

Nurses are not to be judgmental but give necessary information to other health workers who may need it. Besides, they are to maintain confidentiality.

"… Don't be judgmental, so that you will be able to get the true fact… as a nurse, you are not the only one taking care of these patients, so the other health care givers, you should let them know the necessary information you have collected from patients and whatever you want to pass through because we have so many healthcare givers on a patient you have the physiotherapist, Dietician, ENT and any other area of the patient's care, so everyone that is involved must know exactly what is going on with that patient through our communication and documentation" (FGDHCP 5).

"Confidentiality is very important that is why when you want to get information from your patient you have to be with the patient alone and allow the relatives or everybody else apart from the health workers with you to step aside from your patient, that one will enhance good communication between you and your patients." (FGDHCP 2).

5.12.3 Communication about policies

The participants discussed how they handle policies that may not be in the best interest of the patients. Considering policies and guidelines, there are some policies and guidelines in hospital setting that enhance good patients' care and there are some policies that may not be acceptable to the patients.

> "Supposing there are policies that every patient coming in must have their investigation done. Like the guidelines that say all investigations must be done before attending to patients. We attend to emergencies regardless of hospital policies considering the risk that is posed to the patient" (FGDHCP 2).
>
> "We are flexible in the implementation of the hospitals' policies that will not benefit the patients" (FGDHCP 7)

The issue of policies that affect the patients' relatives are also discussed.

> "In the terms of policies and guidelines you cannot go without involving the relatives because like in my ward Male Medical ward. In terms of patient with DM (Diabetes Mellitus) before you know it, the relative would have given the patient food without insulin. You need to teach the relatives, tell them about the pros and cons of their actions. So, policies cannot be successfully implemented without the relatives to achieve your goals" (FGDHCP 8).
>
> "Every patient has the right to know the care you are giving to him. Our interaction with them and their relation will bring peace." (FGDHCP 5).

5.13 AWARENESS OF THE CURRENT DEVELOPMENTS

This refers to planning ahead for all that are essential for the smooth running of the units. The four main sub-themes that emerged are discussed below.

5.13.1 Planning Ahead

Planning ahead has to do with planning staff and equipment resources, competent staff complement, equipment and emergencies.

5.13.2 Planning for Human Resources

The need to plan for staff to cover all the shifts when some must have gone for maternity leave was expressed:

> "The management of the staff…I mean the subordinates. For example, if there are about four or five nurses pregnant in the ward of course, a Nurse Manager has anticipated… she has to plan ahead of time, the ward may not somehow not be able to manage effectively if they all deliver" (FGDHAP 2)

Annual leave and off duties should be planned to enable coverage of the unit. Where there is shortage of staff, colleagues on leave should be informed ahead of time that they could be recalled when the need for their service arises.

> "Planning for the leave and the off duties, as manager, let them know by communication that at any time when there is emergency you can recall them from leave, not only that on the area of emergency now, the training the ward leader can undergo also you need to be versatile to know about emergency responsiveness" (FGDHAP 5).

Similarly, planning should include preparation for procedures that should be carried out in the units. The manager should ensure that staff members are competent enough to handle specific procedures before they are told to do so otherwise there should be training of staff.

> "So as a good manager, before carrying out a procedure, all what you need, you must have assembled them before carrying out such thing. …should be able to train her subordinate on what to do as at when due there should be mock do, it is like let's take an emergency scene, she should be able to train and retrain her staff so that they can be competent" (FGDHAP 8).
>
> "Then the critical ones, is it the junior nurse or the experienced nurse that should take care of them" (FGDHBP 3)

There should be proper planning for staffing of the units despite the shortage of staff.

> "Another thing, as a manager, that you want to plan ahead is the welfare of your subordinates working in your department, you don't want to over work them like most of the thing that we experience in the ward where a nurse will be working on 30 patients that is overworking, which can even tell on the staff. Similarly, as a manager you have to prepare ahead to see that there is proper handing and taking over and not even one single staff is on duty, there should even be more than two or three so that your staff will not be over worked for it not to tell on their health" (FGDHBP 1).

5.13.3 Planning for Effective Functioning of the Units

The following responses shows that nurses should be skilful at knowing and utilising the equipment in the units. Responses indicate that provision should be made for effective functioning of the units.

> "And again, all the equipment that or whatever thing that we have in the ward should be well known as a good leader you have to familiarise your subordinate with them" (FGDHAP 1).

> "Make sure that water is running effectively in the wards. It is not when you finish doing dressing in the ward and you want to wash your hands and you discover there is no water, or no soap make sure the water is running, the toilet and bathroom in good condition or you want to answer natures call you discover there is no water to flush. Make sure the beds are well laid, they can bring in new patient from OPD to the ward at any time. Make sure the ward is in good condition" (FGDHAP 4).

5.13.4 Planning for Patient Management and Emergencies

Nurses are expected to plan ahead for the care they render to their patients. The use of nursing process involves appropriate planning to ensure quality care.

> "…Like in the ward if we have emergency who will fall back from the ward to rescue the people as a rescue team. All these should be taken into consideration as managers when planning for future events" (FGDHBP 3).

> "We plan ahead for emergencies, especially in my department theatre, we don't wait until emergency arises, we get our things ready, and carry all your subordinates along, we prepare the ward and all the necessary materials ahead of time" (FGDHBP1).

"We plan ahead for patient management, The nursing process and care plan comes in here, may be in the area of wound dressing whereby you have to sterilise your equipment prepare what type of wound dressing to be done may …, you need to plan ahead" (FGDHBP 6).

Duty roster scheduling is one of the important things to be planned.

"Nurse Manager must plan ahead for is duty roster so that those nurses on duty, will be able to know when they are going to resume before they go off duty" (FGDHBP.6).

The participants discussed how they plan for equipment and materials to be used on daily basis according to their various units.

"Make sure that all the necessary equipment like suctioning machine is functioning, the radiant warmer is in good condition, and delivery kits are sterilised so that at any time the patient comes in you will be able to carry out your duty" (FGDHCP 2).

"As a Nurse Manager you have to get the proper planning on how to run the ward, and you have the knowledge to improvise. If any procedure is to be carried out and if there is no equipment you should know how to go about it, know how improvise" (FGDHDP 1).

"In surgical ward we always ensured we have surgical gauze other people come to borrow gauze in my ward. We always have it sterilised. …All the instruments in my ward are sterilised and are ready for the patient at any given time" (FGDHCP 7).

"In Male Medical ward we use to make sure that our cardiac bed is alright and oxygen cylinder is filled" (FGDHCP 8).

"In my ward Accident and Emergency that is where emergency preparedness comes in, we should be prepared for anything anytime, we must have patients, either cold case or emergency, so we must be fully prepared and when we are talking about emergency, all

our gadgets must be at alert, we are always on the red alert, all our gadgets like oxygen, stretcher to bring patient in, we don't allow people to take it, and we don't allow everything to be filled up. So, that when emergency is comes, we have a stretcher to carry our patient. Then, at the same time, our suctioning machine are readily available and we ourselves, we are always ready to receive our patients" (FGDHCP 4).

"A good ward manager you have to prepare for emergency at any point in time. You don't need to wait until you have a particular patient probably you need emergency drugs like hydrocortisone and some other things, IV fluid... Do the reordering level of ward consumables and get ready for emergency at any time because you don't know who could be a patient at any particular time" (FGDHAP 2).

"In addition, emergency drugs, those drugs that we need to resuscitate patient we must have the tray ready to resuscitate patients (FGDHCP 10).

"Some other things we prepare ahead for, except if the person is in surgical ward and the patient is going for surgery the patient's consent will have to be given, the patient has to sign consent form before being taken to the theatre for surgery" (FGDHCP 6)

"The most important of all, there must be medical personnel on ground to attend to the patient…. As a Nurse Manager, we should make sure that our ward is covered that is, when we do the duty roster, we make sure there are personnel on ground not that someone will take an excuse and say her husband is sick or her child is sick, you should make sure the ward is covered" (FGDHCP 8).

The participants also discussed about how they take inventories; in some units it is taken on daily basis while some are taken quarterly.

"We take inventory from time to time because we have to make sure that our instrument is functioning and are in good condition, so that anyone that is not functioning we will know how to replace them immediately" (FGDHCP 2)

"We take over our instrument every day because we do wound dressing, there are some that are sharps, all those ones we take their inventory quarterly that is, every four months" (FGDHCP 7).

"For example, before the month ends you will have shortage of some materials, you need to plan ahead to make everything available" (FGDHDP4).

The need for goal setting on daily basis is required in managing a unit. The use of nursing care plan in caring for patients was emphasised to measure and evaluate performance.

"Every day you have to set your goal of what you want to achieve at the end of the day, making use of your nursing care plan to draw out your nursing activities, so, from there you know whether the goal is achieved or not" (FGDHDP 1).

"In order to know whether you achieved your goals, that is where evaluation comes in, at the end of every day you have to evaluate and at the end of every shift. Ok, when I resume these are the goals, I set for myself to achieve this day to know I'm able to meet up if you are able, you score yourself pass mark, if you are not able then you ask yourself what debars you from achieving those goals, so that you will be able to tackle it the next day. Evaluation is very important" (FGDHDP 3).

Participants stressed the need for the use of creativity by the unit managers both in managing equipment and human resources.

"Also, if problem arises as a Nurse Manager, you should be able to sort out things. You cannot say because sometimes you need to carry out a procedure, for instance, there when

there is shortage of staff on the ward, you cannot say because of shortage of staff, that a particular shift should not be covered. You must be able to think about how to cover the shift. You can call the subordinate and arrange them on how to do it. So, your skill of creativity is very important as a Nurse Manager for you to manage a particular ward" (FGDHDP 3).

"You need to be creative; it is this skill of creativity that is required. Creativity in the sense that, take for instance, when a particular instrument is needed to perform a procedure and is not available, as Nurse Manager you have to think you cannot because of that abandon the procedure. As a manager you have to think of other ways you can carry out the procedure by means of improvising" (FGDHDP 3)

5.13.5 Planning for the Training Needs

The participants mentioned the type of training needed by the Nurse Managers in order to be able to get relevant information and be knowledgeable far above their subordinates. Among the ones mentioned were continuing education, management courses, seminars and workshops.

"As a ward manager, she needs to upgrade herself every time with management courses in higher institutions, so as to help her in discharging his/her duty" (FGDHBP 2).

"As the ward manager implies, he is a focal person in the department by which everybody is looking up to in the ward, so this person must be above others in terms of knowledge, understanding and performance, he must give to reading, he must give to update courses, seminars and other programmes that can keep him above not at par with the subordinates, because information has to come from him…" (FGDHBP3).

One of the participants suggested training on mindfulness

"I never knew that mindfulness is a serious issue like this, I, having gone through the questionnaire the kind of question that was raised here I want to suggest if it will work, there should be a training on mindfulness for especially the Nurse Managers and nurse administrator especially at the clinical area because it will help a lot in the growth of profession" (FGDHAP5).

5.14 DISCUSSION OF THE MAIN FINDINGS SEMI-STRUCTURED INTERVIEW OF HEADS OF NURSING SERVICES

The primary focus of this section is the discussion of the mindfulness level of unit managers related to 'knowledge of mindfulness', 'professional mindfulness' and 'unit management performance' among the Heads of Nursing Services.

5.14.1 Explore and describe the mindfulness level of unit managers

5.14.1.1 Theme 1: Mindfulness Concept

This was done by exploring the understanding of the concept of mindfulness among the Heads of Nursing Services. In doing this, two sub-themes emerged, unknown concept and mindfulness context.

5.14.1.2 Sub-theme 1. Unknown Concept

The Heads of Nursing Services did not seem to have the knowledge of the concept of mindfulness. They did not see mindfulness as inner experience of an individual. One of the participants outrightly responded that she knew nothing about the concept while others described it in terms of the relationship with the patients and job description of nurses. This is in line with the study conducted by Karlin (2018a, p. 78) in insurance companies and Pharmacy Benefit Managers in

New Jersey, USA where most of the participants recruited for mindfulness-based training did not have prior knowledge of mindfulness.

Participants also perceived mindfulness as related to having empathy for patients. Relating the meaning of mindfulness to how an individual feels towards the patient and how patients' fear is allayed amounts to sheer demonstration of lack of knowledge about the concept. However, research has demonstrated that mindfulness helped nurses who participated in mindfulness programme to develop empathy towards their patients (McConville et al., 2017). Several other studies show that mindfulness inculcate empathic behaviours in the practitioners (Grégoire et al., 2015; Long, 2019, p. 78; Guillaumie et al., 2017; Reb et al., 2015; Virgili, 2015). However, it should be noted that empathy is not the same thing as mindfulness.

5.14.1.3 Sub-theme 11: Mindfulness context

Some participants believed that mindfulness referred to the awareness of the work environment, what goes on in the environment, how patients are managed, and the relationship with the patients, relatives and other hospital staff. Although, they may not understand the concept of mindfulness, they were able to enumerate what could be achieved through mindfulness in the workplace. Studies have demonstrated that mindfulness enables the practitioners to be diligent and it increased job and task performance when implemented in work-places. Mindfulness-based intervention programmes have been shown to improve employee's mental health, have positive impacts on work-life balance, work satisfaction, emotional regulation, empathy and better relationships among staff and patients, leadership developments, change management, turnover intentions and client satisfaction in hospitals (de Bruin et al., 2015; Grégoire et al., 2015; Guillaumie et al., 2017;

Reb et al., 2015). These responses from the participants imply that one may not have the knowledge of mindfulness but still know the attributes of mindfulness.

5.14.2 Resourcefulness of unit managers

This objective was considered under the theme Nurse Managers skills in unit control which was sub-divided into two sub-themes; human resources skills and administrative prowess.

5.14.2.1 Sub-theme: Human resources skills

The HNSs relate resourcefulness in nursing practice to the ability to effectively control human resources. It is believed that a good Nurse Manager should possess good leadership skill. They should combine all the leadership styles to be applied as the need arises. They should not be autocratic or lackadaisical but they should know the appropriate leadership style to adopt for every situation. This corresponds with the assertion of Tang (2018 p.12) that leaders should identify and use the leadership style that matches the situation they find themselves.

Besides, the Nurse Manager should also take care of the welfare of staff under her. This involves the ability to know the state of officers, their competencies so as to pair the more competent with the less competent ones. This is in line with Tang (2019, p. 6) who advocates that leaders should distribute jobs based on competencies. Also, the leader should be able to know those who are sick, or having domestic problems to see if there is any way they can be assisted to ameliorate such problems.

The Nurse Manager should provide incentives for deserving officers who have contributed to the promotion of health care services in the unit. This is in accordance with Tang (2019, p. 7) that

incentives should be provided for deserving workers in the organisation. It also agrees with Giddens (2018, p. 118) who posited that leaders should motivate subordinates to be dedicated to having a better future.

5.14.3 Administrative Prowess

As part of resourcefulness of the Nurse Manager, she must show some levels of competency in administration. She must be skilful at handling clinical matters to ensure things go on well in the unit. In this study, the participants relate resourcefulness to intellectual capacity. This is exemplified by being knowledgeable, coping ability, hardworking, honesty, ability to do administrative work and meeting the needs of patients and staff. These agree with the traits of a good leader – honesty, courage, intelligence, forward-looking, competence, imagination, forward-mindedness, straight-forwardness, fair-mindedness and inspired expression by Tang (2019, p. 13). It also agrees with (Murray, 2017) that a Nurse Manager should possess the ability to coordinate care both at inter- and extra-professional team levels.

5.14.4 Decisiveness in Unit Management

The researcher sought to know how decisions were made when participants were faced with two alternatives. The findings show that they would weigh the alternatives before making decisions. The interests of the patients and the staff of the institution are very paramount and should be considered before decisions are made since they are the reason for the presence of the nurse in the unit. They should be given adequate care that will lead to their quick recovery.

Other responses indicate that the good name of the nursing profession would also be considered. This shows that whatever decision Nurse Managers make in their unit, they must conform to the ethics of the profession. They should always ask themselves whether such a decision will have a positive or negative image of the nursing profession. Responses to the question on what the HNSs will do in case of change in protocol or plan of action yielded two sub-themes.

5.14.5 Decisions Based on Input

All the participants indicated that they would hold a meeting to brainstorm and take an acceptable decision. This implies that Nurse Managers are not expected to be autocratic; they should share their views with their subordinates before acting. This is in line with Meyer, et al. (2015, p. 294) who stated that a good manager should involve their followers in decision making; they should be able to manage and overcome resistance to change through participative management to enlist the support of staff, have open and honest communication, good planning, negotiating skills and putting on a positive outlook in all situations.

5.14.6 Prioritise Based on Patients' Condition

All participants indicated to prioritise depending on the situation. They all indicated to change their course if there was a need to do so and if other conditions were favourable since such changes were often scientifically determined. This is in agreement with (Jooste, 2018, p. 102) that Nurse Managers are to prioritise, assign duties and delegate where necessary.

5.14.7 Tactful Communication in Unit Management

The question on information dissemination shows that the main method of information dissemination is through weekly meetings, monthly seminars and step-down trainings. Information dissemination could be through the spoken or written medium; it is also disseminated through the social media. This is in line with Tang (2019, p. 6) that a leader must be vast in many methods of communication. Arnold and Boggs (2020, p. 131) stated that group communication is essential for effective collaboration among nurses to enable excellent teamwork. Sibiya, (2018, p.19) also reported that communication is a key to reducing medical errors, it enhances interpersonal relationship among health professionals; hence achieve positive nursing outcomes.

5.14.8 Personal Communication for Issues with Individuals

The participants indicated that they communicate with individuals when there were issues of personal concern. Some personal matters were also settled before getting to the HNS. Mediation is one of the functions of a leader. This agrees with Tang (2019, p. 7) that leaders should be able to help solve problems confronting their subordinates. Apart from this, if any deficiency is noticed, the leader should rise up to alleviating the challenge.

5.15 AWARENESS OF CURRENT DEVELOPMENT IN THE UNIT

Participants were asked about how they plan ahead in the units. The theme planning for quality care yielded four different sub-themes: work schedule planning, planning for quality nursing care, managing equipment and training.

5.15.1 Work Schedule Planning

The participants indicate job scheduling as one of the things planned for in the units. Nurses work for 24 hours; it is essential to spell out what each staff is expected to do during each shift. In places where total nursing care is carried out, patients are to be allocated to nurses or where the approach to nursing care is job allocation, each nurse is expected to know her function during the shift. This is in line with Jooste (2018, p. 102) that the Nurse Manager should prioritise, assign duties and delegate where necessary. They also do weekly scheduling of duty to enable staff know their duties at least a week ahead of time. This also agrees with Shahidin et al. (2017) Shahidin et al., (2017) who stated that timely planning of work schedules and shift duties are essential for the provision of quality care and to reduce mortality rate in the units. Another activity they planned for is annual leave. Annual leave roster is expected to be filled by all nurses early in the year so that leave time can be spread during the year to avoid many staff going on leave at the same time. This planning will enable the unit to be adequately covered for every hour of the day all through the week.

5.15.2 Planning for Quality Nursing Care

Even though the participants desired adequate planning of patients care, they could not achieve this in view of staff shortage. Shortage of staff is a global issue. The scenario painted in one of the facilities is alarming where a nurse covered up to five units. This according to them did not allow for proper goal setting. This confirms the fears of WHOB in Salami et al. (2016) that the major challenge facing health care delivery system in Nigeria is shortage of nurses. The participants stated that they gave priority to planning for emergencies in the unit.

5.15.3 Managing Equipment

This shows that equipment to use for practice is in short supply. Sometimes the Nurse Managers have to improvise or request for donations from staff or patient before appropriate equipment could be made ready for use in the unit. The equipment is cleaned and made ready for use as soon as it is used.

5.15.4 Training Needs for Nurse Managers

The participants suggested the need for training on mindfulness to enable them get support for their psychological and emotional state of mind and assist them have concentration in the place of work. It is the responsibility of the nurse leaders to recommend any training that can lead to stability in the place of work or career advancement and ensure its implementation in the workplace. Other training needs spelt out by the HNSs are seminars, workshops and administrative training which are believed to be needed by everybody. This agrees with Jooste (2018, p. 285) and Meyer, et al. (2015, p. 6) who stated that it is important for managers to engage in staff training and development.

5.16 DISCUSSION OF FINDINGS OF FGD WITH NURSE MANAGERS

This section discusses the understanding of the concept of mindfulness, i.e. resourcefulness, decisiveness, flexibility, tactful communication and awareness of current developments by the Heads of Unit in Ondo State, Nigeria.

5.16.1 Understanding the Concept of Mindfulness

The participants regarded mindfulness as being aware that people are watching them, as a result they need to be vigilant as they carry out their procedures. Hence, mindfulness is regarded as a way to make one accountable or responsible for her actions. This may be related to mindfulness at work, but they did not have the basic understanding of mindfulness as an inner experience. To determine whether they were guessing, a question on how they handle stress was posed, but none of them mentioned meditation or mindfulness. This finding is in line with Karlin's (2018a, p. 78) finding in New Jersey, USA insurance company and Pharmacy benefit managers, where most of the participants recruited for mindfulness-based training did not have prior knowledge of mindfulness.

Similarly, a question on how mindfulness can be measured was asked. The result shows that the participants do not really have the full knowledge of what mindfulness is all about. None of the participants was able to identify how mindfulness was being measured, in spite of the fact that many scales have been developed to measure mindfulness by many researchers. Baer et al. (2004) developed the Kentucky Inventory of Mindfulness Scale (KIMS); Bishop et al. (2004) developed the Toronto Mindfulness Scale which measures mindfulness after meditation as a state-like construct; Walach et al. (2006) developed Freiburg Mindfulness Inventory (FMI); Baer et al., (2006) developed the Five Facet Mindfulness Questionnaire; Cardaciotto et al. (2008) developed the Philadelphia Mindfulness Scale; while Brown and Ryan, (2003) developed a 15-item Mindfulness and Attention Awareness Scale (MAAS).

Participants relate mindfulness to being present in time and space. They saw mindfulness as paying attention and being aware of what one does at any particular point in time to ensure one is doing the right thing at the right time. This agrees with Brass (2016) that mindfulness involves consciously attending to our experiences, our thoughts, sensations, feelings, and surroundings with interest and kindness. Penprase et al. (2015) also posit that mindfulness helps nurses to develop self-awareness in the workplace. This shows that even if these nurses do not have the core knowledge of mindfulness, they had the idea of what mindfulness could be used to achieve in the workplace.

Responses shows that participants lacked knowledge of mindfulness as a concept which is consistent with Karlin's (2018b, p. 78) study in which participants had not heard about mindfulness before. Some of them saw it as a new concept which they got to know about for the first time after being prompted. One even stated that it has to do with when the mind is full and cannot accommodate any other thing, while another participant claimed that she only heard about it in the bible that God is mindful of man. This is an indication that there should be training on mindfulness in this part of the world in view of the benefits. Nursing scholars in developed countries have conducted various studies on mindfulness (Eduardo et al., 2015; Foureur et al.,au 2013; Phang et al., 2015; Van der Riet et al., 2015; Guillaumie et al., 2017;White, 2014) and have documented that it is capable of helping nurses to overcome stress, improve their skills and improve their emotional intelligence among others.

5.16.2 Mindfulness Enhances Performance

Most of the participants after the concept of mindfulness was unpacked to them saw mindfulness as something that was able to enhance their performance as unit managers. Some of them believed that mindfulness was capable of enhancing the process of planning, implementation and evaluation of nursing care thus leading to the production of quality nursing care. Several studies (Ahmadi, 2016; Good et al., 2016; Grégoire et al., 2015; Reb et al., 2015; Schultz et al., 2015; Shonin et al., 2014; Van der Riet et al., 2015) agree with this assertion. Van der Riet et al. (2018, p. 209) in an integrated literature review reiterated that mindfulness meditation enhances nurses' presence, thus making it capable of improving patient's satisfaction.

The participants also expressed the view that mindfulness would enable them to be compassionate since it made Nurse Managers to be aware of patients' needs so that adequate planning to meet their needs can be made. This agrees with NEFF (2003) who posited that self-compassion and mindfulness are intertwined, mindfulness decreases self-judgment, helps to reduce negative emotional experiences and makes it easier to see oneself and other people with kindness rather than judgment. It helps in developing positive affection and compassion towards others (Brown & Ryan, 2003; Ceravolo & Raines, 2019, p. 52). Mindfulness also helps to develop empathy (McConville et al., 2017).

5.16.3 Emotional Regulation

The participants responded that mindfulness could assist in emotional regulation. Landrum, (2016) documented that mindfulness therapeutic models have been developed to improve skills training, emotional regulation, interpersonal relationships, treatment compliance by developing a state of

self-awareness where there is a reduction in the rumination of past experiences. Similarly, Christopher et al. (2016 p.15) piloted the study on evaluation of the effectiveness of a mindfulness-based intervention on cortisol awakening response and health outcomes among law enforcement officers using multilevel models. They found significant improvement in self-reported mindfulness, resilience, perceived stress, burnout, emotional intelligence, difficulties with emotion regulation, mental health, physical health, anger, fatigue, and sleep disturbance. Mindfulness has also been documented to help in emotional regulations in stressful situations, improves nurses' general well-being and happiness (Hevezi, 2016a; van der Riet et al., 2015, p. 209). Additionally, Boyatis and Mckee (cited in Long, 2019) saw mindfulness as a way of developing emotional intelligence, capable of expanding the attention of the workers, enable better interpersonal relationship and ensuring the sense of community.

Despite the prompting by the researcher, the participants did not see mindfulness as a means of relieving stress; they explained that they handled their stress by taking some time to relax, chatting with patients and taking some time to rest. Several studies abound where nurses who participated in mindfulness programmes found it to be beneficial to reduce stress. Cerevalo and Raines (2019, p. 52), in an intervention study on the effect of mindfulness on Nurse Managers in an acute care hospital, found significant improvement in stress reduction level of participants. Similarly, Spadaro and Hunker (2016), in a descriptive study of 26 nursing students' experiences with an online meditation intervention, found a significant decrease in stress levels after the intervention. Ponte and Koppel (2015) reported stress reduction among nurses and improved nurse patient and family relationship. Gauthier et al., (2015b) studied paediatric intensive care nurses that

participated in a five-minute mindfulness class reported a significant decrease in level of stress after the programme and after a month of completing the programme.

Koren (2017), in a pilot study on mindfulness interventions for nursing students, found that the participants in the experimental group learned four mindfulness exercises: deep breathing, progressive muscle relaxation, meditation, and mantra as compared to the control group. The eight-participants MAAS scores in the experimental group increased. Ratanasiripong et al. (2015) in a randomised control study among nurses found significant changes in the mindfulness groups' scores of stresses and anxiety.

The question on how they could measure mindfulness still yielded similar result; the participant's said mindfulness is measured by the outcome of patients care. One of them stated that mindfulness was measured when you could write all the procedures you performed on the patient. This still demonstrates their level of ignorance of how mindfulness is measured.

Furthermore, the participants believe that mindfulness is beneficial to nursing. It is capable of helping the nurse to give total care to the patient. The fact that mindfulness assists in the achievement of higher levels of self-awareness among nurses in the workplace (Penprase et al., 2015) make it possible for nurses to perform their duty to patient's satisfaction. Mindfulness in health care is a good therapeutic tool in stress management and unit management (Goh, *et al.*, 2015). Thus the unit manager that practices mindfulness improves attention to details; it also enhances commitment, encourages employees and ensure they are happy with their job (Birdie,

2015, p. 434). Mindfulness training was effective in improving levels of attention and awareness, anxiety and depressive states in nursing students (Song & Lindquist, 2015).

Discussion on the knowledge of meditation by the participants shows that none of them could describe meditation as applied in mindfulness. The only person that mentioned something similar referred to it as creating a 'me' time to meditate on all sorts of things both spiritually and otherwise. Studies have shown that nurses meditate to relieve stress and anxiety and participate in all sorts of specialised training like compassionate mind training, mindfulness-based cognitive training and other brief mindfulness programmes to enhance their productivity (Gauthier et al., 2015; Grégoire et al., 2015; Levy et al., 2012; Reb et al., 2015).

5.16.4 Resourcefulness in Unit Management

Resourcefulness is the ability to use what is available to achieve expected outcomes. In the unit, nurses interact with other health workers and patients, effective communication is very important to enlist the cooperation of other workers and patients as well. Mindfulness enables improvement in communication, team collaboration, enhances the quality and safety of patient care and decreases organisational costs (Arendt et al., 2019; Myers, 2017, p. 265; Patrick et al., 2016, p. 46; Reb et al., 2015).

A resourceful manager will have good interpersonal relationship which is inherent in mindfulness models that are designed to produce good relationship in the workplace by its attribute of self-awareness and reduction in rumination on the past (Landrum, 2016). Similarly, Ponte and Koppel (2015b) reported that mindfulness significantly improves nurse-patient and family relationship.

For a nurse to be resourceful, she must be tolerant. Tolerance is the ability to allow the opinion of others even if one does not approve of it. The Nurse Manager who wishes to know and work well with their subordinates must exhibit some level of tolerance or else the environment will be chaotic. Mindfulness reduces frustration in unsupportive managerial environment, improves employees' psychological well-being at work, and helps to make adjustment when necessary (Ahmadi, 2016, p. 18; Scheick, 2011). Mindfulness assists in emotional regulation, serves as antidote against anger and sleep disturbance (Christopher et al., 2016 p. 15).

Participants stated that for a manager to be resourceful, she must be assertive. Assertiveness is the ability to stand up to a point without encroaching on other people's right (Whitehead et al., 2010). On the contrary, nurse leaders are not assertive, they prefer to keep silent instead of speaking out to avoid confrontations (Tapen in Whitehead et al., 2010, p.307). Assertiveness is very important in communication in order to drive home points and enable the nurse leaders' voice to be heard, especially when the discussion is going to yield positive outcomes (Whitehead et al., 2010, p. 405). Mindfulness improves awareness, enthusiasm, inner state of calmness; it enables good communication with colleague and patients; it enhances nurses' performance at work, making them have greater sensitivity to patient's needs, empathy (Long, 2019, p. 78), giving clearer judgments and clearer analysis of complex situations; and it helps in emotional regulations in stressful situations (Guillaumie et al., 2017). It also promotes good interpersonal relationship between co-workers, supervisors and supervisees (Long, 2019, p. 84).

The participants also responded that leaders should be observant and sensitive to the needs of their subordinates.

Another element of resourcefulness is adequacy of knowledge, the leader must possess the knowhow in order to lead skilfully; they must have knowledge and skill to handle all unit activities (Staniszewska et al., 2015, p. 5). Professional nurses are resourceful when they have knowledge of institutional procedures, patient's population, skill mix of staff in their unit, and the ability to maximise available resources to meet a hospital's goals as well as patients' needs (Wilson et al., 2011). Meyer et al. (2015, p. 6) highlighted the fact that nurse leaders must have appropriate scientific knowledge to account for all unit activities, coordinate care, provide personnel and supervise their activities, develop new approaches to identify health needs of individual patients, use evidence-based knowledge to enhance patients care and train younger nurses and students.

Proper delegation is an important aspect of resourcefulness since it is not possible for the unit manager to complete all tasks alone. Delegation is the allocation of responsibilities to subordinates (Meyer et al., p. 228). The Nurse Manager needs people that are competent enough to handle some skills so that jobs can be completed as scheduled and at the same time it affords the subordinates the opportunity to learn on the job (Tang, 2019, p. 6). Delegation is a powerful tool in achieving action plans; the nursing unit manager delegates and engages in supportive supervision to provide guidance to subordinates from time to time (Jooste, 2018, p. 192). The participants identified the qualities of officers that can be described as competent, diligent and possess managerial skills (Meyer et al., 2015, p. 228).

Resourcefulness is also related to sensitivity to diversity. This means that the Nurse Manager should be aware that workers are from different ethnic, religious and educational backgrounds. Some are weak, knowledgeable, and competent, while some are not. This should be considered in

making choices especially when pairing or grouping staff for shift duties. No matter the circumstance there must be equity in dealing with co-workers (Chinweuba, 2016, p. 78).

Participants also regarded Nurse Managers' comportment, orderly conduct and ability to control the number of relatives entering the unit as a mark of resourcefulness. The way patients and their relatives are attended to in a polite manner may be comforting to the extent that they may benefit more from encouragement than medical attention. This observation is in line with Zendrato, et al, (2019) that a leader is effective if they have positive attitude and awareness of professional ethics. Additionally, the Nurse Managers are expected to demonstrate good leadership qualities of diligence, hard work, integrity, good morals, and high level of professional conduct in the unit. Saka (2016) recommended programmes to re-orientate nurses in Nigeria to be rededicated and committed to their professional ethics and improve their attitude to practice so that they can embrace change in order to keep abreast of global best practices in professional and technological advancement.

Part of the expectations is motivation; a good unit leader must be able to give incentives to subordinates that perform well. This may not necessarily be in monetary terms; it could be a pat on the back or a good word of encouragement; such acts boost the morale of co-workers. Incentives are given in order to build workers self-esteem and encourage productivity which shows that their good performances are noticed and appreciated. Rewards for excellence are needed for employees to be more dedicated in their future endeavours (Giddens, 2018, p. 118; Jooste, 2018, p. 104). In line with this, caring and supportive leadership findings in improved health of employees, job satisfaction, workers loyalty with high commitment and retention rate (Laschinger et al., 2014, p.

5). However, Tang, (2019, p. 76) warned against favouritism in using reward; it may be counterproductive as other workers that are equally hardworking but are not rewarded may be discouraged.

5.16.5 Decisiveness

Participants' responses to choosing between two alternatives suggest that there should be prioritisation of choices using the scale of preference depending on the contexts, the benefits to the patient and the availability of resources. Decision making is an important phenomenon in leadership especially in a high precision profession like nursing where medical error can lead to loss of life. Mindful leaders make good decisions at appropriate time because they possess clarity of thoughts. As a result, they can take a balanced view of the issues under consideration (Long, 2019, p. 101). In the same vein, Meyer et al., (2015, p. 285) advises that unit managers should not be hasty in making decisions but they should gather full information and think through when making decisions. Decision making should not be done by the nursing unit manager alone, but all unit members should participate (Jooste, 2018, p. 20). However, Weldetsadik et al. (2019, p. 133), in their study on nursing care quality in Ethiopia found that nurses were not allowed to participate at the decision making level in the administration of hospitals and general hospitals in the country. Nurses form three-quarter of the health sector workforce (Larson, 2017); hence they should be involved in decision making to allow their voices to be heard.

5.16.6 Team decision

Participants respond that there it was necessary for staff members to participate in decision making in the units. This will assist the manager to enlist the support of her staff, have open and honest

communication, good planning, negotiation, and putting on positive outlook (Meyer, 2015 p.294). The leader should not impose their own ideas on others but they should involve other staff members to give them a sense of belonging and enlist their cooperation.

5.16.7 Flexibility

The participants indicated that the Nurse Managers should not be too rigid. They should look closely at whatever new information they have and see if it is based on evidence or if it is for the benefit of the patient and if the resources are available to do the needful. Leaders are counselled to be flexible; many unforeseen occurrences may erupt in an organisation that demand change of plan the leader must not be rigid at such a time or maintain traditional stance in handling issues (Tang, 2019). Baron et al. (2018), in a cross-sectional study on mindfulness and leadership flexibility, found that the more mindful leaders are, the more flexible they will be. Additionally, flexibility is highly significant in shared decision making between nurses and their patients (Truglio-Londrigan & Slyer, 2018).

Participants' response showed that that they were not expected to be dogmatic about some hospital policies or guidelines especially if they encountered a hospital policy that ran contrary to the ethics of their profession. Nurse Managers should resist such a policy. They are to be flexible in the application of policies so long as such a policy does not jeopardise their safety or the well-being of their patients. Meyer, et al. (2015, p. 6) describe the functions of the Nurse Managers as professionals who should identify new methods of identifying health needs. This shows that Nurse Managers are not to rely on routine handling of health issues alone, but they must be creative and novel in their activities in the units (Tang, 2019, p. 6).

5.16.8 Tactful Communication

Unit managers have established channels of information dissemination and communication. However, the participants indicated that documentation of information is very important especially through the electronic media. The methods mostly used to disseminate information by participants are through meetings, handing and taking over notes after each shift, good report writing and proper documentation using the case notes. Good communication is one of the most important competency expected of a nurse (Chan et al., 2017). It enables the nurse to make proper assessment, plan and provide evidence-based care to the patient (Webb et al., 2018, p. 4). It is an effective tool in building trust and in promoting quality care (Murray, 2017). Hence, there should be robust communication between the nurse, patient, relatives and other health workers to set the stage for excellent care (Arnold & Boggs, 2020, p. 34). Group communication is essential for effective collaboration among nurses to enable excellent teamwork, especially in the health sector (Arnold & Boggs, 2020, p. 131). Proper communication is an essential panacea for reducing medical errors; it enhances interpersonal relationships among health professionals and it boosts positive nursing outcomes (Sibiya, 2018, p.19).

During communication nurses should not be judgmental so that they can get all the facts needed from the patients and their relatives. This agrees with the fundamental principles of mindfulness, non-judging (Kabat-Zinn, 2005). Taking a non-judgmental stance allows leaders to be more open and flexible and better understood.

The participants discussed the policies that may not be in the best interest of the patients. Such policies are not communicated to the patients in order not to disseminate the seed of bias about the hospital. This confirms the assertions of AACN in Murray (2017, p.182), that health care policies directly or indirectly have positive or negative impact on nursing care. They state that a hospital policy that negates the well-being of patients cannot be followed rigidly. Sometimes the patient's condition may not permit all the stated guidelines to be followed to the letter in actions taken in the patient's best interest. The Nurse Manager's ingenuity will assist her to know the urgency demanded by the patient's condition and prioritise accordingly.

Participants responded that confidentiality is very essential in communication. Indeed, it is part of the oath taken on their induction to hold in confidence whatever is committed to their charge (NMCN). Information at whatever facets it appears, be it through the electronic media, written or spoken, must be treated with utmost confidentiality (American Nurses Association, 2015a, p. 9). Thus, transparency, open and honest communication is needed in matters affecting patients in the units (Meyer, et al., 2015, p. 294).

5.16.9 Awareness of Current Development

Awareness of what the Nurse Managers would do in order to forestall possible issues that may arise in the unit was explored. The result showed that they plan ahead for human and material resources, and emergencies. The participants stated that they planned to get competent nurses to cover all the shifts bearing in mind the fact that some would be on maternity and annual leave. Timely planning of work schedules and shift duties are essential for the provision of quality care and minimise risks in the units (Jooste, 2018, p. 95). The Nurse Managers are also expected to

strike the balance between the service needs of the unit and the staff needs (Meyer, et al., 2015, p. 217).

Procedures to be handled by the nurses are also planned. The number of staff to handle each patient and the particular procedure that is common for the unit. Since each unit has its own peculiarity, the leader should ensure all mandatory procedures that should be covered in a shift are accomplished (Meyer, et al., 2015, p. 220).

The equipment necessary for running the units such as: oxygen unit, suctioning machine, sterile equipment for delivery and all other materials needed for adequate nursing care are prepared ahead of time. Adequate preparation is needed to avoid unnecessary rush when the need arises. Nurse Managers are to make provision for unplanned change that may happen due to patient's condition (Meyer, et al., 2015, p. 295). The participants also discussed the taking of inventories which are done either on daily basis or quarterly depending on the sensitivity of the instruments. Inventories are essential to ensure equipment are in good working condition and adequate for use when necessary. Nurse Managers are to ensure resources to be used in the units are in good working condition and are managed in a cost-effective way (Jooste, 2018, p. 105).

The participants fingered creativity as an important trait of a good Nurse Manager (Tang, 2019, p. 6). Creativity involves the use of critical thinking to connect unrelated matters to solve a problem (Larson, 2017). It is very important in managing human and material resources. In this study, the participants relate the skills in handling shortage of staff and improvisation to creativity of the Nurse Managers. Other thing that are planned for in the unit is the training need of the staff. The

training needs planned are mostly seminars, continuing education programmes and management in order to make the Nurse Managers to be more knowledgeable than their subordinates. However, mindfulness training was suggested by the participants to help them to be psychologically and emotionally stable.

CHAPTER SIX

PHASE 2: TRIANGULATION OF DATA

The previous two chapters (chapters four and five) discussed the quantitative and qualitative data sets of Phase 2, respectively. The primary focus of this chapter is to conclude this phase of the study. the sit,ational analysis. Since the convergent mixed method approach was adopted, the primary focus of this chapter is the triangulation of the different data sets (De Vos, *et al*, 2015 p. 442).

Triangulation of mindfulness was performed by: comparing the findings from HNS's and Nurse Managers; formulating concluding statements from the quantitative data related to individual mindfulness, professional mindfulness and unit management performance; and comparing the MAAS constructs of mindfulness derived from qualitative and quantitative data.

Table 6.1 provides a summary of the concluding statements based on pertinent information obtained from the HNS's and Nurse Managers regarding knowledge of mindfulness, resourcefulness, decisiveness, flexibility, tactful communication, and awareness of current development as it relates to unit management.

Table 6.1: Summary of comparative findings Heads of Nursing Services and Nurse Managers

MAAS Domain	Heads of Nursing Services	Nurse Managers	Concluding Statements
Knowledge of mindfulness	Participants demonstrate no or partial knowledge (*P1, P4)* Mindfulness is seen as being aware that people are watching them as a result, they need to be vigilant as they carry out their procedures(P3).	The Nurse Managers displayed lack of knowledge, none have experiential knowledge or practice of mindfulness (NFGDHG2P6, FGDHFP 3, FGDHEP 3) Mindfulness is seen as paying attention and being aware of what one does at any particular time to ensure one is doing the right thing at the right time ((FGDHAP 3, FGDHAP 5) Mindfulness as awareness of environment (FGDHAP 2, (FGDHEP 1) Saw mindfulness as a concept that can help them to develop empathy, compassion and emotional regulation *(NFGDH1P 7, NFGDH2P 7, NFGDH1P 9).*	Ignorance of mindfulness concept P1, NFGDHG2P6, FGDHFP 3, FGDHFP 6) Mindfulness concept is related to awareness of what goes on in the work environment but not as an inner experience (NFGDHG2P6, FGDHFP 3, FGDHEP 3) Scale used to measure mindfulness is not known. Meditation is not known as stress relief measure. Mindfulness is described as paying attention and awareness of what one does at any moment. Mindfulness can help the nurse to develop empathy, compassion and emotional regulation.

MAAS Domain	Heads of Nursing Services	Nurse Managers	Concluding Statements
Resourcefulness	Effective control of human resources (P1, P2, P4). Ability takes care of the welfare of staff. Intellectual capacity, coping ability, hardworking, honesty, ability to do administrative work and meet the needs of patients and staff (P1, P3). Coordination of care both at inter and extra professional team levels (P5).	Good communication skill *(FGDHAP1, FGDHBP7).* Good interpersonal relationship *(FGDHAP5, FGDHCP 2).* Tolerance and assertiveness (*FGDHBP7, FGDHEP 2).* Adequate knowledge (*FGDHAP 3).* Proper delegation Sensitive to diversity (FGDHBP 4, FGDH CP 1, FGDHCP5, FGDH CP 3). Comportment and orderliness in the unit *(FGDHAP 2)* Rewards excellence *(FGDHCP 2).*	Resourcefulness is seen as been able to control human and material resources Ability to maintain good interpersonal, inter and intra-professional relationship Effective coordination of unit activities Show some levels of competency and effectiveness. Show concern for subordinates Rewards excellence
Decisiveness	Weigh the alternatives and choose the one that is to the best interest of staff, patients, institution and nursing profession (P1, P2)	Prioritisation of choices using the scale of preference depending on the contexts, the benefits to the patient and the availability of resources *(FGDHBP 3, FGDHCP 9).* Team decision making (FGDHAP 5, FGDHBP 6)	Alternatives are weighed and prioritised based on patient's condition, availability of resources or interest of the profession.
Flexibility	All the participants indicated that they will brainstorm and take an acceptable decision (P1, P2). All participants indicated to prioritise depending on the situation(P4).	Any policy which states that they (nurses) must not perform what they(nurses) have been trained to do are disregarded *(FGDHCP 6).* They are to be flexible when any	Could easily change course of action when new things are introduced.

MAAS Domain	Heads of Nursing Services	Nurse Managers	Concluding Statements
	Indicated to change them course if there is need to do so and if other conditions are favourable since such changes are often scientifically determined (P4, P5).	new thing being introduced does not affect them and the patients negatively *(FGDHCP 6)*.	
Tactful communication	Information dissemination is through weekly meetings, monthly seminars and step-down trainings. Communicate with individuals when there are issues of concern personally (P 2, P5).	Information dissemination means are through meetings, handing and taking over after each shift, good report writing and proper documentation using the case notes. Prompt information dissemination *(FGDHBP 1.)* Nurses should not be judgmental so that they can get all the facts needed from the patients and their relatives. Policies that may not be to the best interest of the patients that they do not communicate it to the patient in other not to allow the patient to be biased about the hospital *(FGDHCP 6)*. Hospital policy that negates the well-being of the patient cannot be followed rigidly *(FGDHCP 2)*. Patient conditions may not permit all the protocols that is expected to be carried out before actions are taken *(FGDHCP 2)*. Confidentiality is very essential in communication	Dissemination of information is through meetings, seminars, case notes and step-down trainings. Policies that do not promote best patient care is not followed strictly. Confidentiality is maintained in the units
Awareness of current development	Job scheduling and job prescription are planned for in the units (P1, P2, P5)	Procedures to be handled by the nurses are also planned.	Plan ahead for job scheduling, availability of staff, equipment to perform duties and equipment in readiness for emergencies.

MAAS Domain	Heads of Nursing Services	Nurse Managers	Concluding Statements
	Weekly scheduling of duty to enable staff know their duties at least a week ahead of time (P4). Annual leave roster is expected to be filled by all nurses early in the year so that leave time The participants even though desired adequate planning of patients care priority is given to planning for emergencies in the unit(P5). The equipment is cleaned and made ready for use as soon as it is used (5).	The number of staff to handle each patient and the particular procedure that is common for the unit Planning ahead for emergencies (FGDHBP1, FGDHBP 3,) The equipment necessary for running the units for instance the oxygen unit, suctioning machine, sterile equipment for delivery all other materials needed for adequate nursing care should be prepared ahead of time (FGDHCP 2, FGDHCP 4). The participants also discussed the taking of inventories which are done either on daily basis or quarterly depending on the sensitivity of the instruments (FGDHCP 2, FGDHCP 7, FGDHDP4). The training needs planned are mostly seminars, continuing education programmes, management and mindfulness training (FGDHBP 2, FGDHBP3, FGDHAP5).	Training needs are planned for in the units Desired training on management and mindfulness

Table 6:1 above compared the findings from HNS's and Nurse Managers, the next aspect deals with concluding statements from the quantitative study of Phase 2.

6.1 CONCLUDING STATEMENTS FROM QUANTITATIVE STUDY

This section discusses the concluding statements from the quantitative part of the study with focus on individual mindfulness, professional mindfulness and unit management performance.

6.1.1 Individual Mindfulness

The findings show that nurses were not mindful. I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there (r=0.196, p=0.001). I tend not to notice feelings of physical tension or discomfort until they really grab my attention (r=0.349, p=0.001). I tend to walk quickly to get where I'm going without paying attention to what I experience along the way (r=0.175, p=0.001).

6.2 Professional Mindfulness

Resourcefulness (as demonstrated by nurses' ability to achieve daily set goal (r=.626, p<0.001)); Decisiveness (as demonstrated by the nurses conferring with other team members in decision-making (r=.738, p<0.001)). Flexibility (as demonstrated by prioritising, analysing, and considering alternatives and responding quickly and effectively to unexpected and rapidly changing patients' need. (r=0.857 p<0.001) considering feedbacks during implementation of care (r=0.890 p<0.001). Patients' care is adjusted based on input from nurses and other health care professionals (r=0.837 p<0.001)). Tactful communication as demonstrated by Outlining policies and discuss guidelines to keep nurses abreast of new developments (r=0.831 p<0.001), sorting out issues with those

concerned (r=0.879 p<0.001), giving clear directives to subordinates (0.894 p<0.001) and possessing the ability to get the right words to express needs and concern (r=0.867 p<0.001).

Awareness of current development as demonstrated by ensuring all needed materials are available before all procedures (r=0.875 p<0.001). Preparing ahead for emergencies (r=0.834 p<0.001). Being aware of when procedures take place in the units (r=0.792 p<0.001).

6.2.1 Unit Management Performance

Unit management performance is demonstrated by:

Material and equipment management, demonstrated by regular requisition for supplies (r=.850, p<0.001). Patient care management, demonstrated by task sharing (r=0.837, p<0.001), monitoring implementation and linking up with other departments for necessary patients care (r=0.879, p.001). Leadership and motivation, demonstrated by all-inclusive care planning (r=0783, p<0.001), delegation of responsibilities (r=0.833, p<0.001), and training of junior nurses (r=0.766, p=0.001).

6.3 CONCLUDING STATEMENTS FROM QUALITATIVE STUDY

a) Unawareness of the concept of mindfulness: The participants have not heard about mindfulness before; those that stated they have heard about it knew it as an English word *(P1, NFGDHG2P6, FGDHFP 3, FGDHFP 6)*

b) Mindfulness is related to what goes on in the workplace not as inner experience: Participants talked about their knowledge of unit management none of them demonstrated good knowledge of mindfulness as depicted in this study *(P4, FGDHG1P 3, FGDHG1P 7, NFGDHG1P 6).*

c) Participants did not know any scale that is used to measure mindfulness: None of the various scales used in measuring mindfulness could be mentioned by any of the participants. This still shows lack of knowledge *(NFGDH1P 5, NFGDH1P 1).*

d) Meditation is not known or used as stress relief measure: None of the participants mentioned meditation as a means of stress relieve. *(NFGDH1P 1, NFGDH2P 6, NFGDH2P 7).*

e) Mindfulness can help the nurse to develop empathy, compassion and emotional regulation. Participants were only able to see mindfulness as a means to assist the nurse to develop empathy, compassion and emotional regulation after the researcher unpacked mindfulness concept to them (NFGDH2P 7, NFGDH1P 9, NFGDH2P 6, NFGDH2P 5).

f) Mindfulness is paying attention and awareness of what one does at any particular time (FGDHAP 2, FGDHEP 1).

Resourcefulness is seen as:

a) Effective communication to enlist the cooperation of other workers and patient as well *(FGDHAP1, FGDHBP7).*

b) Been able to control human and material resources *(FGDHAP 2, FGDHEP 2).*

c) Ability to maintain good interpersonal relationship (FGDHAP5, FGDHAP 6).

d) Effective coordination of unit activities- The Nurse Manager must be able to use management principles to coordinate care and human resources in the units. *(P4, P5).*

e) Adequacy of knowledge, the leader must possess the know how in order to lead skilfully *(FGDHAP 3).*

f) Effective delegation of duties (FGDHBP 4, FGDHBP 1, FGDH CP 1).

g) Demonstrate good leadership qualities of diligence, hard work, demonstrate sense of integrity, moral, physical, social and show high standard of professional conduct in the unit *(FGDHAP 2, FGDHEP 2).*

h) Able to coordinate students *(P3).*

i) Observant and sensitive to the needs of their subordinates (FGDHCP 3, FGDHBP 4).

j) Showing some levels of competency and effectiveness *(P5,* FGDHBP7*).*

k) Joint decision making *(P1, P2,* FGDHAP 5, FGDHBP 6*).*

l) Decisions are made after alternatives are weighed and prioritised based on patients on patient's condition, availability of resources or interest of the profession *(P1,* FGDHAP 1, FGDHBP 3*).*

m) Flexibility manifests by ability to change course of action when new things are introduced *(P5,* FGDHAP 1*).*

n) Tactful communication is exhibited by prompt dissemination of information through meetings, seminars, step-down trainings, electronic in form of WhatsApp, documentation in case file *(P5, FGDHBP 1,* FGDHBP 3, FGDHCP 4*).*

o) Awareness of current development is related to planning ahead for job scheduling, availability of staff, equipment and readiness for emergencies *(P2,* FGDHAP 2, FGDHAP 5, FGDHAP 8, FGDHAP 1, FGDHBP 3*).*

p) Achievement of daily goals (FGDHDP 1, FGDHDP 3).

q) Training on management and mindfulness recommended *(P3, P5,* FGDHBP 2, FGDHAP5*).*

Table 6.2 provides a summary of the concluding statements based on a comparison of mindfulness constructs derived from the qualitative and quantitative data sets regarding individual mindfulness, resourcefulness, decisiveness, flexibility, tactful communication, awareness of current development, and unit management performance.

Table 6.2: Comparison of Mindfulness (MAAS constructs)) from Qualitative and Quantitative findings

MAAS Constructs	**Quantitative**	**Qualitative**	**Concluding statements**
Individual mindfulness	Non-mindfulness -I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there (r= 0.196, p-0.001). -I tend not to notice feelings of physical tension or discomfort until they really grab my attention (r=0.349, p-0.001). -I tend to walk quickly to get where I'm going without paying attention to what I experience along the way (r=0.175, p=0.001).	Unknown concept (P1, NFGDHG2P6, FGDHFP 3) Mindfulness is not seen as inner experience (P4, FGDHG1P3, FGDHG1P7, NFGDHG1P 6) Scale used to measure mindfulness not known *(NFGDH1P 5, NFGDH1P 1).* Meditation is not known or used as stress relief measure *(NFGDH1P 1, NFGDH2P 6, NFGDH2P 7).* Mindfulness can help the nurse to develop empathy, compassion and emotional regulation *(NFGDH2P 7, NFGDH1P 9, NFGDH2P 6, NFGDH2P 5).* Mindfulness is paying attention and awareness of what one does at any particular time (FGDHAP 2, FGDHEP 1)	The participants did not know have a basic knowledge of the concept mindfulness.
Resourcefulness	Nurses' ability to achieve daily set goals (r=.626, p<0.001));	Effective communication is very important to enlist the cooperation of other workers	Effective coordination of unit activities

MAAS Constructs	Quantitative	Qualitative	Concluding statements
		and patient as well *(FGDHAP1, FGDHBP7).* Being able to control human and material resources *(FGDHAP 2, FGDHEP 2)* Ability to maintain good interpersonal relationship (FGDHAP5, FGDHAP 6) Effective coordination of unit activities *(P4, P5).* Adequacy of knowledge, the leader must possess the know how in order to lead skilfully *(FGDHAP 3).* Effective delegation of duties (FGDHBP 4, FGDHBP 1, FGDH CP 1) Demonstrate good leadership qualities of diligence, hard work, demonstrate sense of integrity, moral, physical, social and show high standard of professional conduct in the unit *(FGDHAP 2, FGDHEP 2)* Observant and sensitive to the needs of their subordinates (FGDHCP 3, FGDHBP 4) Showing some levels of competency and effectiveness *(P5,* FGDHBP7*).*	Assigns job schedules based on competencies Good interpersonal relationship Skilful in training younger nurses Reward excellent performance.
Decisiveness	Nurses conferring with other team members in decision-making (r=.738p<0.001)).	-Joint decision making *(P1, P2,* FGDHAP 5, FGDHBP 6*)* -Decisions are made after alternatives are weighed and prioritised based on patients on patient's condition, availability of resources or interest of the profession *(P1,* FGDHAP1, FGDHBP 3*).*	Consultation before decision making Team decision Adequate planning before decision making.

MAAS Constructs	Quantitative	Qualitative	Concluding statements
Flexibility	Prioritising analysing, and considering alternatives and responding quickly and effectively to unexpected and rapidly changing patients' need. (r=0.857 p<0.001) Considering feedbacks during implementation of care (r=0.890 p<0.001). Patient's care is adjusted based on input from nurses and other health professionals (r=837, p<0.001)	Nurse Managers change course of action when new things are introduced *(P5,* FGDHAP 1*)*	Maintain flexibility after receiving evidence-based information.
Tactful Communication	Outline policies and guidelines to ensure nurses are abreast of new developments (r=831, p<001) Sorting out issues with the those concerned (r=0.879 p<0.001). Giving clear directives to subordinates (0.894 p<0.001). Finding the right words to express needs and concern (r=0.867 p<0.001).	Prompt dissemination of information through meetings, seminars, step-down trainings, electronic in form of WhatsApp, documentation in case file *(P5, FGDHBP 1,* FGDHBP 3, FGDHCP 4*).*	Proper dissemination of information, guidelines, policies
Awareness of current development	Ensuring all needed materials are available before all procedures (r=0.875 p<0.001). -Preparing ahead for emergencies (r=0.834 p<0.001). -Being aware of when procedures take place in the units (r=0.792 p<0.001).	Awareness of current development is related to planning ahead for job scheduling, availability of staff, equipment and readiness for emergencies *(P2,* FGDHAP 2, FGDHAP 5, FGDHAP 8, FGDHAP 1, FGDHBP 3*).*	Plan ahead for patient's care, equipment, emergencies
Unit management performance	Material and equipment management, demonstrated by regular requisition for supplies (r=.850, p<0.001). Patient care management, demonstrated by task sharing (r=0.837, p<0.001),	Achievement of daily goals (FGDHDP 1, FGDHDP 3)	

MAAS Constructs	Quantitative	Qualitative	Concluding statements
	monitoring implementation and linking up with other departments for necessary patients care (r=0.879, p.001). • Leadership and motivation, demonstrated by all-inclusive care planning (r=0783, p<0.001). • Delegation of responsibilities (r=0.833, p<0.001) Training of junior nurses (r=0.766, p=0.001).		

It seems that the findings related to previous knowledge of mindfulness is apparently contradictory. The findings from quantitative aspect shows that 76% of the respondents had prior knowledge of mindfulness, whilst the qualitative result showed that none of the participants indicated that they knew anything about mindfulness until they were further probed.

6.4 SUMMARY

This chapter has compared the findings of qualitative and quantitative data analysis. Discussion of the findings were done in relation to the adapted Meyer and Van Niekerk (2008, p. 54) curriculum development process. The mixed data and concluding statements were formulated and the apparent contradiction in the findings was pointed out. The next chapter discusses the design of the mindfulness-based programme for professional nurses.

CHAPTER SEVEN

DESIGN OF MINDFULNESS-BASED UNIT MANAGEMENT PROGRAMME

Chapter six discussed the triangulation of the data from the quantitative and qualitative studies, while the focus of this chapter is the design and development of the mindfulness-based unit management programme. The chapter exemplifies phases 3 and 4 of the programme development model from Meyer and Van Niekerk (2008, p. 54).

7.1 PHASE 3: DESIGN OF MINDFULNESS-BASED UNIT MANAGEMENT PROGRAMME (MUMP)

The design phase is the blueprint of how the programme was fashioned (Bopape et al., 2019, p. 270). Programme design is the process of setting plan of action for a programme to be developed, it often involves conducting a research to assess the needs, consultation and fine tuning the design (McGuire, 2016, p. 5). Thus the essential components of the training programme were identified (Bopape et al., 2019, p. 270) namely, the learning theory, assumptions, vision, mission, objectives, planning of outcomes, ordering of contents, and planning of learning opportunities in the mindfulness programme.

The purpose of this phase was to synthesise data to determine the training needs using the steps outlined by Dickoff, et al (1968) as the reasoning map. Below are the prescribed steps in Dickoff et al, (1968).

7. Who or what performs the activity (agent)?
8. Who or what is the recipient of the activity (recipient)?
9. In what context is the activity performed (framework)?
10. What is the energy source for the activity (dynamics)?

11. What is the guiding procedure, technique, or protocol of the activity (procedure)?

12. What is the endpoint of the activity (terminus)?

7.1.1 The Agent

The agent is the individual who has the motivation to perform the activity (Dickoff, et al, 1968). The agent in this study is the researcher who developed the MUMP for nursing. She is an experienced nurse administrator and a licensed nurse educator, skilful at monitoring and evaluation of nursing training and practice at all levels. The agent has undergone training on mindfulness to have the requisite knowledge to develop this mindfulness programme. She was being mentored by a licensed mindfulness expert.

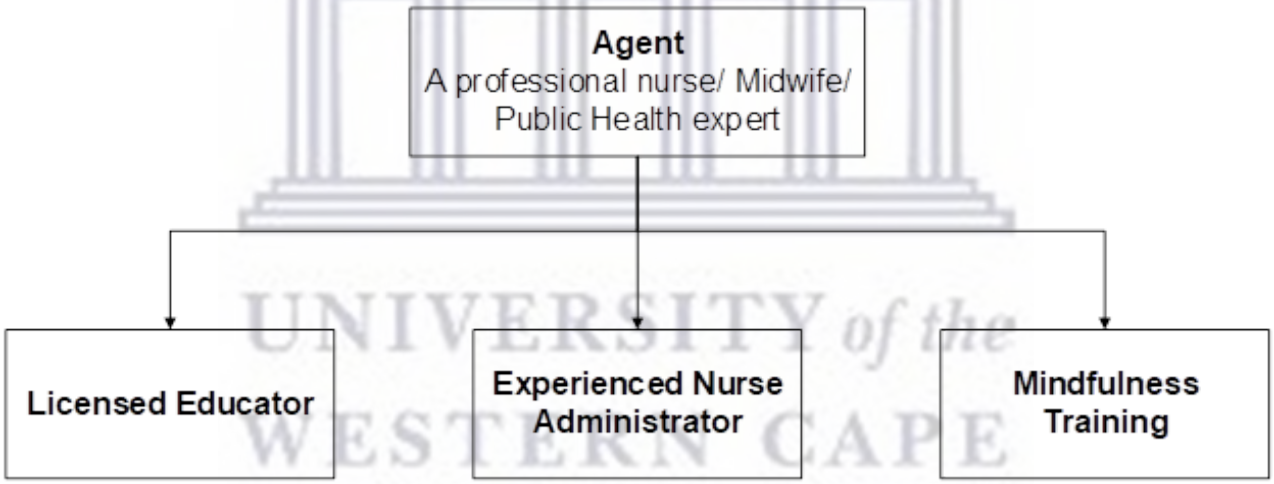


Figure 7.1 shows the agent in the development of MUMP

Figure 7.1 indicates the requisite qualification of the agent. She is a professional nurse, midwife and public health nurse. Her polyvalency afforded her the ability to work in various areas of nursing practice. She has worked at the clinical areas; she also worked in school of Midwifery and as an administrator of nursing services for more than 20 years. She had to undergo a nine-week mindfulness training to enable her develop this mindfulness-based training modules with the help

of a mentor who put her through and another online workplace mindful training. She equipped herself with books, internet resources and videos on mindfulness training.

7.1.2 The Recipients

The recipients are the beneficiaries of the mindfulness-based nursing training programme. This comprises all professional nurses and midwives especially the unit managers. This study has demonstrated that they have no knowledge of mindfulness and they exhibited mindlessness. The following quotes demonstrate lack of knowledge of mindfulness.

> "I don't know anything about it." (P1).
>
> "Well, personally, I have not heard about mindfulness in relation to nursing practice except for it being an English word". (FGDHFP 3)
>
> "I've only heard about it from the Bible about God being mindful of human being but I've not heard it in Nursing" (FGDHFP 6)
>
> "Literarily, I think, when the mind is full with different things … end of the day you will forget so many other things that you may want to do at a particular…" (FGDHEP 3).

Mindfulness training has many benefits to nurses and consumer of health care. Few of these are mentioned under the recipient shown below.

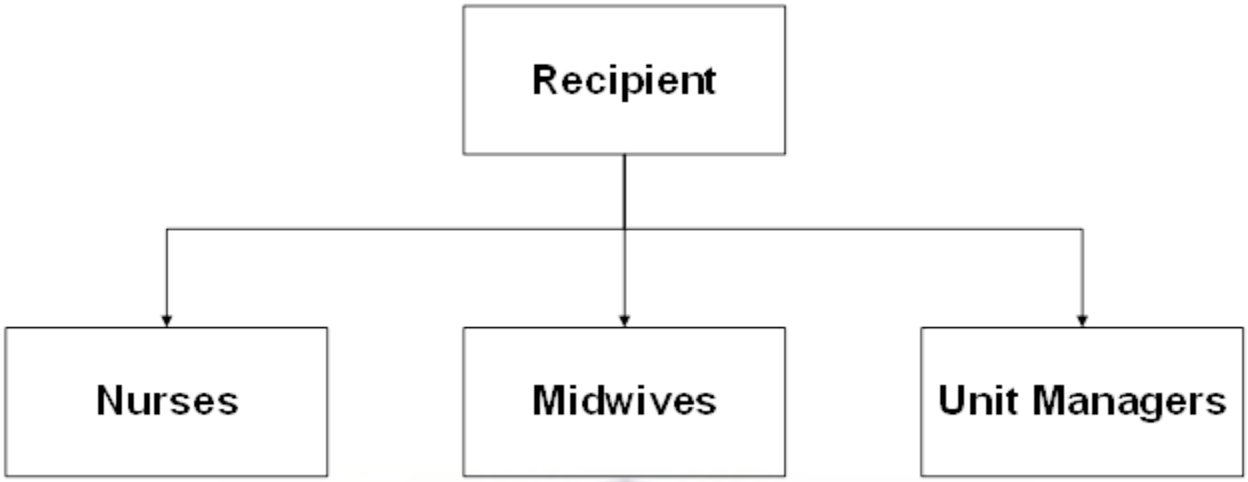


Figure 7.2 shows the recipient of the mindfulness-based unit management programme.

Findings from phase 2 suggest that it is imperative for nurses to engage in mindfulness training in view of the numerous benefits attributed to mindfulness training. Workplace mindfulness has been shown to make nurses more thoughtful, dynamic, develop empathy, improve job performance (McConville et al., 2017, Jassen, 2020, p.3495), have positive affection and compassion towards others (Ceravolo & Raines, 2019, p. 52), develop sustainable therapeutic nursing qualities (Van der Riet et al., 2015; White, 2014), attain presence and alertness in nursing practice, and have good work-life balance and reduced turnover intention (Raza, et al., 2018, p. 16). The MUMP was developed based on the outcome of this study in phase 2 to promote good leadership at the unit level and enhance the quality of care. Mindfulness also reduces burnout in Nurse Managers (Suleiman-Martos et al., 2020, p. 1135). Membrive-Jiménez et al. (2020) aver that all efforts must be put in place to avert burnout among Nurse Managers. Mindfulness was positively related to empathetic care, job performance and work. Monroe et al (2020, p. 729) in a descriptive study on moving from practice to praxis suggests that mindfulness should be built into work environment of nurses to improve well-being and enhance qualitative care delivery.

7.1.2.1 Characteristics of the Recipient

The recipients of this MUMP should exhibit some characteristics that are presented below:

(a) Communication skill

Good communication skill is paramount to achieving qualitative health care (Lateef & Mhlongo, 2020). Kwame and Petrucka (2020) in a scoping review on nurse-patient interaction in Sub-Saharan Africa shows that nurses have poor communication skills. Likewise, Lateef and Mhlongo (2020) argue that communication training should be included in all training designed for nurses. Findings from this study show that communication and relationship skills are important in describing resourcefulness by the unit managers. Clear and accurate information should be provided to patients, especially in the post-COVID-19 era (WHO, 2020).

(b) Compassion

Nurses reported the need for in-service training and upskilling programmes to better equip them in view of the advent of serious global health emergencies that has led to increased fear and anxieties on the health workforce which does not exempt nurses (Zhang et al., 2020). Compassion in leadership can help employees develop resiliency in this period of global health challenges of COVID19 pandemic which has compounded the menace of joblessness, underpayment of workers and increased stress (Oruh et al., 2021). Similarly, Lateef and Mhlongo (2020), in their study in Southwestern Nigeria on compassion fatigue among leaders posited that compassionate skills training should be incorporated into nurses training programme to alleviate compassion fatigue among nurses.

(c) Management skill

Effective management skill and authentic leadership with compassion are important in meeting employees' needs, especially in life-threatening situations as was prevalent during the COVID-19

pandemic (Rothan & Byrareddy, 2020). The researcher believes that training on mindfulness in unit management that incorporates compassionate mind training and communication will produce resonant leadership skills in Nurse Managers, hence the incorporation of compassionate mind training in this study.

7.1.3 Mindfulness

Mindfulness makes workers to be cognitively balanced to perform better in the workplace (Roche et al., 2020). This will be of prime advantage for Nigerian nurses that experience stress and burnout in the workplace (Ezenwaji et al., 2019; Nwozichi & Ojewole, 2015). Mindfulness is a way of building resilience in nurses. Mindfulness gives a sense of well-being, it enhances self-compassion, averts self-judgment (Brass, 2016), enhances creativity, and enables better concentration and decisiveness (Roche et al., 2020). Simple exercise like meditation can assist workers to develop mindfulness (Brass, 2016). Mindfulness improves employees' performance and productivity, it improves mental health and enhances well-being (Johnson et al., 2020), it enables positive group relationships (Yu & Zellmer-Bruhn, 2018). Passmore (2019), in a critical review, noted that 46 articles on mindfulness related to leadership capability. Based on the perceived benefits of mindfulness, and the fact that participants in this study demonstrated mindlessness and were unable to understand the concept of mindfulness, it is believed that this mindfulness-based unit management training programme will be beneficial to nurses in Ondo State.

7.1.4 Framework

The framework is the context where the activity takes place (Dickoff, et al, 1968). The context for the mindfulness-based training is the place where nurses work. This comprises the hospitals which includes primary, secondary and tertiary health institutions. Nurses are present from the initiation to the outcome of care at the three tiers of the Nigerian health system.

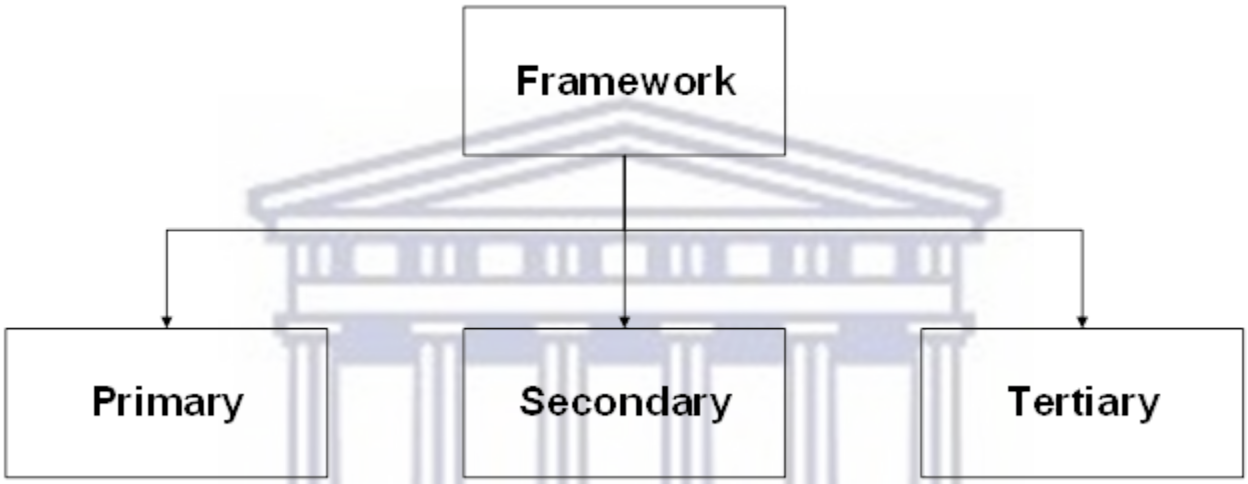


Figure 7.3 shows the framework for MUMP

7.1.4.1 Primary health institutions

The primary health institutions in Nigeria follow the principles of Primary Health Care (PHC) as in the Alma Ata declaration with the definition: “essential care based on practical, scientific sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination” (Aigbiremolen et al., 2014).

The implementation of PHC has been faulted in various parts of the nation as a result of issues arising from political will, inadequate human resources for health, poor and fragmented services, poor funding, inadequate infrastructures, parallel services among the three-tiers of health institutions (WHO, 2017). It is the place of first contact that gives preventive and health promotional services. Nurses work at primary health facilities though they prefer to work in other areas because of the rural nature of where the PHC centres are located (WHO, 2017).

Nurses are mostly involved at this level, in the treatment of minor ailments, health education, immunisation, and maternal and child health care. Findings from a systematic review on the utilisation of registered nurses in PHC in six countries, namely: Australia, New Zealand, Canada, South Africa, Spain and United States, shows that nurses in PHC are involved in patient education, case management of chronic diseases, medication, and they jostle between clinical and administrative duties (Norful et al., 2017). Findings from a study conducted in Southwestern Nigeria shows that nurses have uncaring attitude towards patient-centred care at the PHC level (Lateef & Mhlongo, 2020). Further studies show dissatisfaction with care received (Adepoju et al., 2018). Therefore, this brings to the fore the need for nurses to be trained on mindfulness in their approach to health care.

7.1.4.2 Secondary Health Institutions

Secondary health institutions serve as referral centres for primary health institutions. Majority of nurses in Ondo State work in secondary health facilities. Nurses form the highest manpower in the hospitals with expanded roles. Factors driving healthcare transformation include: fragmentation, access problems, unsustainable costs, suboptimal outcomes, and disparities. Cost and quality

concerns along with changing social and disease-type demographics created the greatest urgency for the need for change. Caring for and paying for medical treatments for patients suffering from chronic health conditions are a significant concern. The Affordable Care Act includes programmes now led by the Centres for Medicare and Medicaid Services which aim to improve quality and control costs. Greater coordination of care—across providers and across settings—will improve quality care, improve outcomes, and reduce spending, especially attributed to unnecessary hospitalisation, unnecessary emergency department utilisation, repeated diagnostic testing, repeated medical histories, multiple prescriptions, and adverse drug interactions. As a nation, we have taken incremental steps towards achieving better quality and lower costs for decades. Nurses are positioned to contribute to and lead the transformative changes that occur in healthcare by being a full contributing member of the interprofessional team as we shift from episodic, provider-based, fee-for-service care to team-based, patient-centred care across the continuum that provides seamless, affordable, and quality care. These shifts require a new or enhanced set of knowledge, skills, and attitudes around wellness and population care with a renewed focus on patient-centred care, care coordination, data analytics, and quality improvement.

Nurses require adequate knowledge, skills and competencies that can enhance their performance in their day-to-day activities in the workplace. Nurses are faced with multi-dimensional challenges which leads to frequent emotional distress. Mindfulness enhances self-awareness and self-regulation and can reduce burnout (Suleiman-Martos et al., 2020).

7.1.4.3 Tertiary Health Institutions

These are institutions where complex health problems are treated. Alkali and Bello, (2020) note that nurses in tertiary hospitals in Nigeria suffer from work overload due to shortage of manpower and poor remuneration. They lack standard equipment to work with. These hospitals are underperforming due to lack of infrastructure and administrative lapses. Akinwale and George (2020, p. 86) posit that nurses in tertiary hospitals have no job satisfaction as a result of low salary and poor condition of service. Akpan et al. (2020, p. 50) found that patients are not satisfied with the care received from nurses in a tertiary hospital in Nigeria. Nurses experience high care burden and are often overwhelmed (Mobolaji-Olajide et al., 2018, p. 922).

7.1.5 Dynamics

The dynamics is the energy source which may be physical, biological, chemical and psychological in nature that is capable of enhancing goal attainment. For the mindfulness-based programme, it includes organisational acceptance, individual acceptance, perceived benefits, mobilisation, resources and conducive environment.

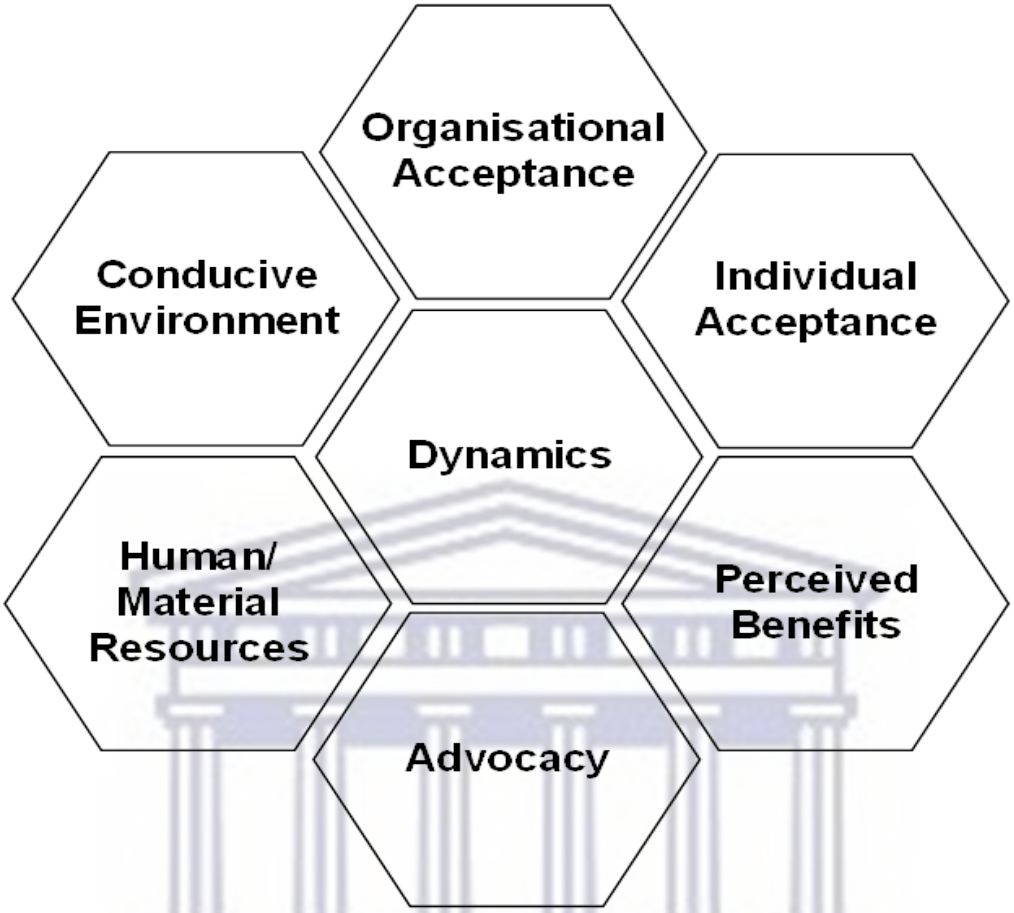


Figure 7.4: The dynamics in MUMP

7.1.5.1 Organisational acceptance

MUMP is designed for nurses working in the hospital. The planner is expected to enlist the support of the management of each hospital where training will take place. Evidence shows that organisations are committed to their staff's (Wilson et al., 2021)well-being particularly in this period of COVID-19 pandemic (WHO, 2020). When leaders show interest and support for a programme there is the likelihood of successful implementation (Wilson et al, 2021).

7.1.5.2 Perceived Benefits

Adults will uptake a programme when they have the assurance that it will be beneficial to them (Duff, 2019, p. 52). Therefore, the benefits of mindfulness should be communicated clearly to the

organisation and prospective participants from the onset of the programme (Roche et al., 2020).

7.1.5.3 Individual acceptance

Acceptability of a programme at individual level depends on individual preference. Mindfulness has been criticised by myriads of people. Non-Buddhists argue that mindfulness is not culturally and ethically sound to be secularised (Monteiro & Compson, 2019). Purser (2019) observes that mindfulness has been watered down and its purpose is defeated. Smallen (2019, p. 136) argues that it promotes oppression and inequality. All these must be considered as one plans to implement such programmes.

7.1.5.4 Advocacy

Employees need to be persuaded to participate in such a programme. Advocacy is essential both at the managerial and associational levels. This will drive both individual and organisational acceptance.

7.1.5.5 Resources

Provision should be made for all necessary materials needed for training. Trainers should be mindfulness practitioners who have previous experience of facilitation of a mindfulness programme.

7.1.5.6 Conducive environment

A conducive environment is required. The ideal place for meditation should be a serene environment with no distraction. The facilitator and the organisation where the training is to take place should map out a conducive venue within such an organisation where the training can be done.

7.1.6 Procedure

The procedure according to Dickoff, et al. (1968) is the path to follow to ensure the programme is accomplished. The procedure followed to enlist the support of stakeholders include the presentation of the draft MUMP to the Nursing and Midwifery Council of Nigeria for implementation plans (See details of workshop in chapter 8). Figure 7.5 below shows the procedure in context.

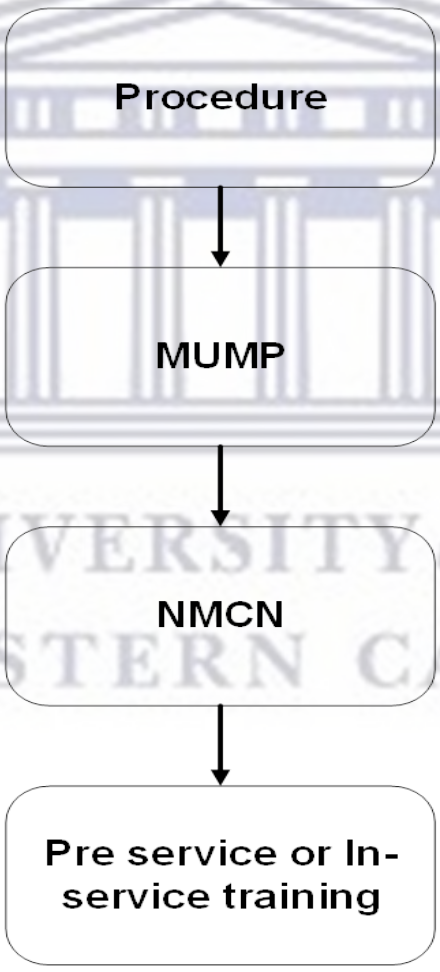


Figure 7.5: The Procedure in MUMP

7.1.6.1 Terminus

Terminus is the goal or purpose the programme was designed to achieve (Dickoff, et al. 1968). For this MUMP, the purpose is to develop resonant leaders who are mindful unit managers, resourceful, decisive, flexible, tactful in communication and aware of current development in the units. The figure below speaks to the terminus of mindfulness-based unit management programme.

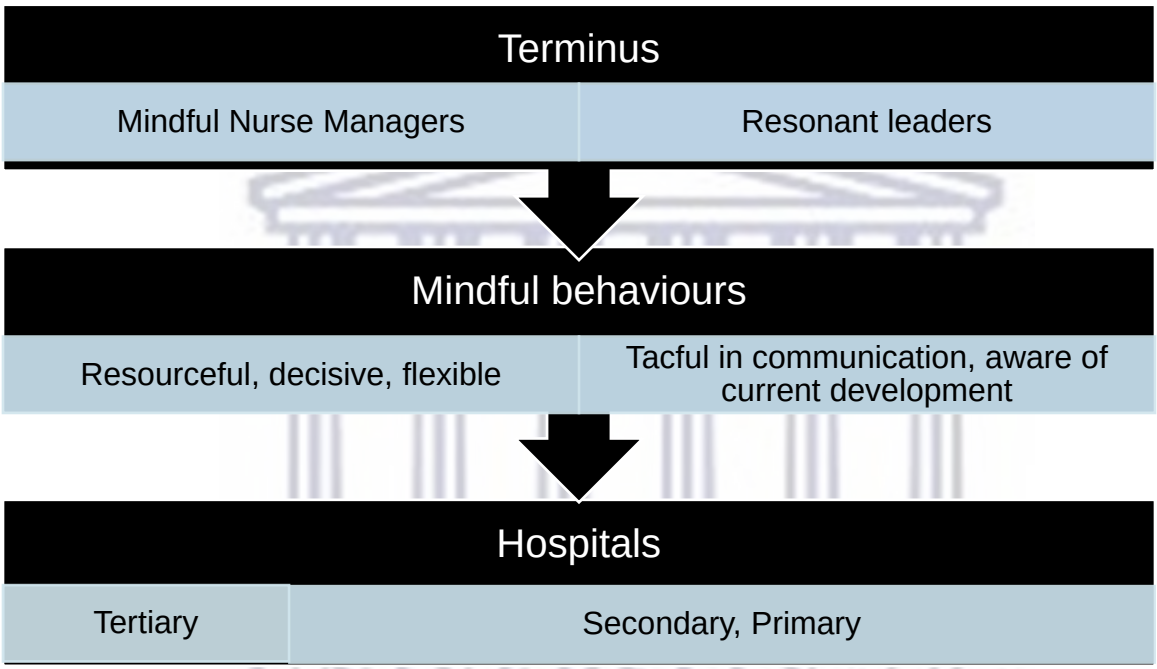


Figure 7.6: The Terminus in MUMP

The steps in Dickoff, et al. (1968) has been used to explain the design of MUMP so as to ensure proper understanding of the processes involved and the players in MUMP. In order to fulfil the objective of the MUMP, the next aspect discusses the adult learning theory bearing in mind that nurses are adults. Any training directed towards the training of adults must consider how best adults learn.

7.1.7 Adult Learning Theory

Nurses are adults and in any training designed for adults the principles of adult learning should be considered (Duff, 2019). Evidence shows that adults do not learn the same way as children (McCauley et al., 2017, p. 314). The adults have commitments to their families, communities, places of work; all these put demands on their time and they must be considered in planning training programmes for adults. To this end, Knowles andragogical adult learning theory is examined below.

Knowles andragogical adult learning theory

Knowles (1975) concentrate on self-directed learning model; he believes that adult learners are "self-directed and autonomous". In view of this, anyone facilitating adult training should consider achievement and construction of knowledge as very essential to the programme (Greene & Larsen, 2018, p. 1377).

Andragogy is defined by Knowles as "the art and science of helping adults to learn" (Loeng, 2018, p. 3). This has to do with the combination of theoretical knowledge and practical experience as a single innovative experience (Greene & Larsen, 2018, p. 1377). It is not merely getting the adult to the classroom but helping them to continue learning regardless of the setting whether formal or informal (Loeng, 2018, p. 3). This andragogical approach to learning does not contradict the usual classroom lecture, assignment and assessment methods, but it further enhances it to make students obtain skills to connect their learning resources to the setting they find themselves (McCauley et al., 2017, p. 315).

The following are the assumptions of Knowles andragogical learning theory:

1. *The self-concept*. The learners need to know and have reason for their learning needs; they need to be seen as a person capable of making decisions on whatever they are to learn rather than being compelled to learn. They expect that their multiple responsibilities should be put into consideration in the learning process (Duff, 2019). They have a clear understanding of self and can easily realise their learning needs and direct their attention to it. As a result, they are capable of setting their learning goals and take responsibility for it (Harmon et al., 2016, p. 25).

2. *Experience*. Adults have variety of experience that can affect learning. They can draw from their past personal experiences accumulated over the years. They are not being prompted by parents or guardians like children. Therefore adults have self-identity as a result of their past experiences (McCauley et al., 2017, p. 315). They should not be seen as novice, but someone who is of age to build on what they already knew. The diversity of experience should be considered as some of these experiences improve or may be inimical to learning. Thus, mindfulness must be related to participants' experience for them to have meaningful use of it (Esec & Saada, 2020, p. 81).

3. *Readiness to learn*. Adult learners are willing to learn whatever they approve of, when they know that such learning experience is needful or applicable to their present situation and can add value to their lives especially if it improves quality of life and satisfaction. If the content is of interest to them, therefore, the instructor must make the content meaningful and impactful (Esec & Saada, 2020, p. 81). However, this may be related to the timing of the learning experience (Duff, 2019, p. 52). As a result, suitable time for the training programme must be planned with the learners.

4. *Orientation to learning*. Adult learners have orientation that every difficulty they encounter provides learning opportunities. Their maturity gives them the opportunity for self-directed learning and problem solving; hence they can search for prompt application of knowledge (Purwanti, 2017, p. 34). A learner with good orientation to the content will apply the knowledge gained to improve on her skills. The learner is capable of developing good understanding through the right application of knowledge.

5. *Motivation*. The compelling force that drives adults to learn is the benefit such learning attracts. Though there could be external forces compelling adults to learn, the most compelling factors are intrinsic (Purwanti, 2017, p. 34). Externally, they may be compelled to undergo a training programme if it promises better pay or promotion. Intrinsically, adults take up learning experiences due to the desire to improve their work performance, self-esteem or job satisfaction. Maturity assists adult learners to learn. Once they are convinced of the learning needs they will be motivated to give it all it takes (Harmon et al., 2016, p. 24). Nurses in this study indicated the need to be trained in mindfulness; this eagerness will make them to have better understanding.

6. *The need to know*. Adults will take up learning efforts when they are aware of what they are to learn, the reasons for the learning and how it will affect their schedules (Duff, 2019).

Based on the above principles, the mindfulness-based training programme has been designed with a view to making the training worker-friendly. Facilitation will be done once a week; other aspects of the programme will embrace the principles of self-directed learning of the adult.

7.2 ASSUMPTIONS

The assumption of this programme development is based on Humanistic Nursing Theory. Humanistic theory has been discussed in chapter two of this study.

(a) Nursing involves two human beings entering into existential relationship with each other; hence nurses should be passionate about the well-being of others.

(b) Nurses influence others as they relate in their experience and that of others even as the unit managers operate in the unit; hence the need to engage in activities that promote good interpersonal and inter-professional relationship.

(c) Nurse Managers coexist with other professionals and they are independent and interdependent; hence the need to develop principles congruent to peaceful coexistence with each other.

(d) All nursing acts influence quality of people living or dying. Nurses need to position themselves to give compassionate care to enhance the value of life in others.

(e) A nurse is poised to accept and believe in the chaotic hospital environment envisioned by their existence as lived and experienced by each person despite their values and philosophy of life.

(f) All nursing unit activities border on the provision of quality care to patients.

(g) Human beings have the innate force that moves them to know their angular views and that of others. Hence the need for any training that can enhance their connection with their being and others.

(h) Nurses are compassionate and can easily connect with patients and others by incorporating mindfulness into their lives (Ceravolo & Raines, 2019; Dobie et al., 2016; Gauthier et al., 2015; Van der Riet et al., 2015; White, 2014).

7.3 VISION

Philosophy is the product of individual's belief towards life and the reality emanating from such belief (Jooste, 2018, p. 15). The vision an organisation holds depends on its values and philosophy. Vision must be developed and shared for everyone to understand the perspectives and focus of the organisation. A vision statement is what describes what the programme intends to achieve in future (Jantz, 2017, p. 234). The vision statement for this programme development is stated thus: "To ensure nursing units are manned by resonant managers leading with compassion, kindness and respect for humanity."

7.4 MISSION

Mission statements are written words that declare the purpose and general direction of the organisation (Macedo et al., 2016, p. 36). It spells out the principles and values of the institution and determines its uniqueness (Alegre et al., 2018, p. 456). Mission statements are communicated in a way to ensure everyone is able to comprehend and run with it. The mission statement for this training programme is thus stated: "To inspire the professional nurses to provide quality unit management based on the principles of mindfulness."

7.5 OBJECTIVES

Objectives are the set goals to be achieved in a programme stating the expected outcomes. The broad objective of the training programme is to "develop a mindfulness-based unit management programme for professional nurses in Ondo State, Nigeria." The specific objectives are embedded in each of the module.

This design phase followed the steps in Meyer and Van Nierkerk (2017, p. 54-58). This was originally applied in the development of nursing programme in South Africa but it is applicable in a wide range of programme development. It was adapted to guide the development of mindfulness training programme for nurses in Ondo State to allow for its proper implementation and verification. The authors specified six steps which are: situational analysis, planning of outcomes, selection of content, ordering of content and evaluation.

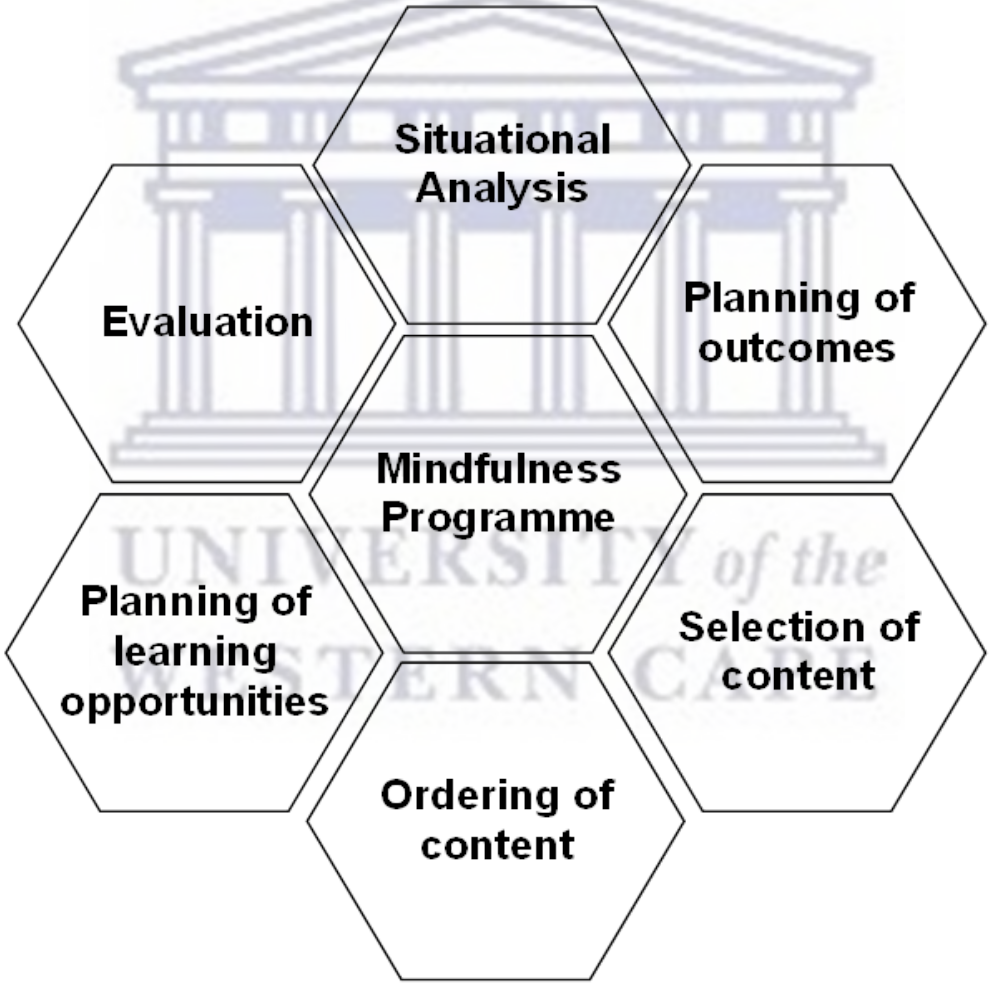


Figure 7.1: Programme development model from Meyer and Van Niekerk et al. (2017, p. 54).

7.6 SITUATIONAL ANALYSIS

The situational analysis is captured in phase one of the study. The outcome of both quantitative and qualitative study reveals the need for a mindfulness-based unit management programme for nurses in Ondo State, Nigeria. This aspect considers the current situation, learners need, the facilities available for the training, the demands of the learners, the expectation of the population they are to serve, the cost implication, the duration of course, expected number of learners and specific evaluation. All these aspects were put into consideration before the modules were developed to ensure that adequate resources will be available for the programme.

7.7 PLANNING OF OUTCOMES

The success of a training programme depends on clearly defined learning outcomes. This is vital in designing, implementing and evaluating the impact of such a programme on the learners (Wart et al., 2020, p. 6). Clear objectives are SMART, i.e., specific, measurable, achievable, realistic and time-bound. The outcomes are to cover different aspects of the programme. This should start from concrete to complex. For the mindfulness programme, the objective covers all aspects of the modules from the basic to the complex. Meyer, et al. (2017, p. 57) posit that objectives should cover all educational domains, the cognitive, affective and psychomotor. This procedure has been followed in the development of this mindfulness programme.

The content was carefully selected to meet learners' need. The literature review, quantitative and qualitative section, identified the gaps and appropriate areas to design to accomplish the learning needs. The content is selected in such a way to prevent boredom on the part of the learners. Mindfulness is experiential in nature; like any other educational learning, the learners are expected

to use the knowledge gained from the training to connect with other professionals to bring about desired change in attitude (Wart et al., 2020, p. 6). Mindfulness meditation when adequately utilised promotes nursing culture and improves task performance (Reb et al., 2017). It enhances empathy, compassion and emotional intelligence (Bimray, 2017, p. 166; Christopher et al., 2016, p. 5; McConville et al., 2017).

7.8 ORDERING OF CONTENT

The content of the mindfulness programme was formulated based on the outcome of literature search and the findings of quantitative and qualitative studies. The knowledge base of participants is very important for them to get the necessary information (McCauley et al., 2017, p. 315). For instance, someone who had not heard about mindfulness should not start with training on compassion-based therapy. Appropriate content planning was done to avoid damping the motivation of learners. The principles of continuity, sequence and integration were followed in order to ensure participants get what they need (Meyer & Van Niekerk, 2017, p. 57).

The concept of continuity depicts that participant need to learn basic things that they can build on and apply as they grow in the course of study. The participants should be introduced to basic elements of mindfulness before moving to core concepts and the application of the concepts in day-to-day life. The sequence should be from:

(a) simple to complex,

(b) complete to fragments of concepts

(c) concrete to abstract.

Integration depicts that the participants should be knowledgeable enough to translate theory to practical applications (Meyer & Van Niekerk, 2017, p. 57). The content of this mindfulness-based unit management programme was developed using topic analysis method. This method was used to analyse the contents and its components. The contents were put together based on the result of the study. Six modules were developed based on the gaps identified. References are provided for each module to identify sources of information.

7.9 PLANNING OF LEARNING OPPORTUNITIES

Purposeful planning of the learning activities was made with three different learning segments. This was done to combine multisensory learning activities in order to assist adult learners (Nurses) to learn better (Esec & Saada, 2020, p. 191). Like any other training programme, there is provision for learning the theoretical concepts and practical application of concepts (Rogers et al, 2018p.8). The first part of each module deals with the theoretical segment, followed by the practicum and the home-based assignment. These have been thoroughly described due to lack of knowledge of mindfulness expressed in the findings in phase two of this study.

7.9.1 The Theoretical Segment

In planning the theoretical aspect of the programme, the characteristics of adult learners were considered. The learning opportunities were prepared with the goal to allow participants develop themselves in critical thinking and problem-solving using principles of mindfulness. The basis of mindfulness was captured in the first hour of the programme every week.

7.9.2 The Practicum

A particular mindfulness meditation is to be practiced at the study centre to make participants conversant with it. The meditation will be repeated by each member of the class in form of demonstration and repeat demonstration. Such emphasis is required to promote learning.

7.9.3 The Home-based Assignment

Home work is given to the participants to practice at home especially with common day-to-day activities to allow for the inculcation of meditative lifestyle. Feedbacks are expected on the home-based training to ensure participants practice accordingly.

7.9.4 Instructional Materials

Selection of appropriate instructional materials is basic to learning. Lectures alone do not suffice in transferring appropriate knowledge in a programme (Akhmetshin et al., 2019, p. 10). Various instructional methods are available in this technological age that can be used to bring about good understanding of concepts in a programme of this nature which has to do with adult learning. Muke et al. (2019, p. 103) reveal that adult learners have preference for video-based content and graphics that can make them learn in a relaxed environment. Some videos (available on line) have been selected for demonstration at the study centres and at home.

7.9.5 Instructional Methods

The method of teaching recommended to facilitate this mindfulness-based training programme are lecture, discussion and demonstration methods as enunciated in NOUN (2006). If these three methods are combined the learners should be able to get the most from the training.

7.9.6 Lecture method

This is a teacher dominated approach of presenting facts, ideas and concepts. This method of teaching is considered suitable because the learners are adults and they have little or no knowledge of the subject matter.

Advantages of lecture method

- It is an efficient means of delivering vast amount of knowledge to people within a limited time.
- More people can benefit from a single lecture.
- The thinking of participants can be directed to a given direction.
- Planning for lecture is easy.
- It is cheap as not much apparatus is required.

Disadvantages of lecture method

- Learners are passive; their attitudes are not easily evaluated.
- Desired learning outcome may not be achieved.
- Learners may not be able to practice communication skills.
- It does not give room for exploratory aspects of learning.
- Rote learning may be practised.

7.9.7 Discussion method

This method rests on the philosophy that knowledge comes from within the learners, thus learners take over the subject from various points of view while the teacher moderates.

Advantages

- It arouses the interest of learners since freedom of expression is encouraged.

- Learners maintain alertness and can develop critical thinking.
- There is active participation and involvement of learners.
- Learners can engage in problem solving approach to learning.
- It encourages attitudinal change because values and views of learners may be challenged.
- It affords teachers the opportunity to discover talents and know the learners better.

Disadvantages of discussion method

- It is time wasting before conclusion are arrived at; hence the course content may not be covered.
- Some learners may not participate in the discussion because they are shy or scared.
- Some may not be interested in the topic if they have no prior knowledge.

7.9.8 Demonstration method

Demonstration method entails the teacher putting up a display while the learners watch and repeat the technique after him or her. This method is very important in facilitating mindfulness meditation.

Advantages of demonstration method

(a) Proficiency can be achieved quickly, and it reduces trial and error.

(b) It facilitates learning because it holds learners' attention.

(c) The teacher can easily assess training skills demonstrated by learners

(d) It can reduce hazards associated with such training since learners have seen it done before then.

Disadvantages

(a) It may not be able to accomplish its goal in a large class when small objects are used.

(b) Students may be denied the skills if demonstration is restricted to teachers alone.

7.10 EVALUATION

This study will not cover the evaluation phase of this mindfulness-based training programme. This will be covered at the post-doctoral level in order to assess the extent to which the goals of the programme are achieved and the extent to which participants have been able to use the workplace mindfulness programme for enhanced management performance in their respective units.

CHAPTER EIGHT

PHASE 4: DEVELOPMENT OF MINDFULNESS-BASED UNIT MANAGEMENT PROGRAMME FOR NURSES IN ONDO STATE, NIGERIA

The design of mindfulness programme for nurses was discussed in chapter seven. This chapter presents the development of mindfulness-based training modules for nurses. Six modules were developed with detailed information on each of the module.

8.1 COURSE OVERVIEW

Mindfulness is the process of paying close attention to experiences occurring in the present moment; it emphasises the importance of being fully aware of what one does in one's day-to-day activities. Mindfulness has the potential to enhance one's well-being and productivity. In contemporary Nigerian nursing practice, there is a big disconnect between patients and nurses, which may be due to inability of the nursing professionals to tap into the potentials of mindfulness to coordinate the state of mind of both their patient and themselves.

The result of the lack of mindfulness practice in the nursing profession has always caused reactions and overreactions from nurses and patients. This has made people to negatively talk about incivility among Nigerian nurses. Therefore, this course is designed to bridge the gap by providing procedures that can be incorporated into the nursing culture in Nigeria. It will also introduce and, consequently, integrate the fundamentals of mindfulness practices to Nigeria's nursing profession. It is hoped that this will enable practitioners not only to improve day to day activities with patient but to be more fully aware of every of their actions be it at work or in other places.

8.2 INTENDED LEARNING OUTCOMES

On successful completion of this training, you should be able to:

- define mindfulness;
- understand the need for mindfulness practices in Nigerian nursing profession;
- identify and analyse various means by which mindfulness act can be cultivated in day-to-day nursing profession;
- make choices and demonstrate the best mindfulness practices that can work for nurses in order to be fully present and productive in unit management and dealings with patient;
- describe the use of mindfulness in stress reduction;
- inculcate compassionate attributes to alleviate patients' suffering;
- understand mindfulness communication and non-violent communication;
- integrate mindfulness acts into unit management; and
- inculcate mindfulness practices into nursing care in Nigeria.

8.3 CONTENT OF THE MINDFULNESS PROGRAMME

Mindfulness being an experiential concept and novel to the nursing profession in Nigeria will be based on three dimensions to achieve its goals. The first part deals with discussion on topical issues on mindfulness; the second is classroom-based teaching and practice; while the third part is the home practice. The home practice also has three parts, the core, informal and professional practice.

Full participation, dedication and commitment are very essential to cultivating mindfulness. Participants will be divided into groups where they are expected to share their past experiences with each other and itemise how they feel mindfulness can be integrated to their practice at the end

of each day's lecture. The lecture will be on a specific day of the week for at least a period of three hours. The venue for the training must be spacious enough to permit demonstration and practice of mindfulness meditation. The programme will also feature both formal and informal practice during each session.

8.4 COURSE CONTENT

Module One Objective

To define mindfulness and understand the need for mindfulness in nursing practice in Nigeria.

8.4.1 Introduction to Mindfulness

Attitudes during mindfulness practice

Myths about mindfulness

Cultivating mindfulness

Benefits of mindfulness to nurses

Body scan

Home practice

Core Practice – The body scan

Short Practice – Take a breath exercise

Informal Practice – Eat one meal mindfully

Professional – Mindfully conduct bed bath.

Evaluation

8.4.2 Module Two: Mindfulness and the brain

Why is mindfulness necessary for the brain?

The fight or flight response

How the brain rewires

The breathing exercise

Home practice

Core Practice – The breathing exercise

Short Practice – The Raisin exercise

Informal Practice – Mindful walking

Professional – Serving medication mindfully

8.4.3 Module Three: The plague of stress

Turning toward

Drowning

The problem focused approach

The mindful Yoga

Home practice

Core practice – Yoga 1

Short practice – Overcoming daily work stress

Informal Practice – Mountain meditation

Professional – Vital signs

8.4.4 Module Four: Compassion Focused Training

Compassionate motivation

Distress tolerance

Non-judgment

Empathy

Compassionate mind training

Loving kindness meditation

Home practice

Core Practice – Loving kindness meditation

Short Practice – Yoga 2

Informal Practice – Take a breath

Professional – Mindful wound dressing

8.4.5 Module Five: Integrating mindfulness into Unit management

Objectives of unit management

Definition of unit management

Components of unit management

Practising mindfulness during ward round

Role of nurse managers

The sitting meditation

Home practice

Core Practice – The sitting meditation

Short Practice – The mantra prayer for patients

Informal Practice – Mindful hand washing

Professional – Conduct ward round mindfully

7.3.4 Module Six: Mindful Communication Non-Violent Communication (NVC)

Observe without judging

Identify and express your feelings

How we feel when our needs are not met

Finding out concrete actions needed to improve our lives

Formal practice

Core Practice – Yoga 11

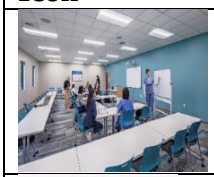
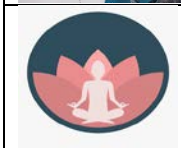
Short practice – Mindfully manage difficult meeting

Informal practice – mindful phoning

Professional – mindful e-mailing

8.5 PROGRAMME ICONS

Table 7.1: Programme Icons

Icon	Meaning
	Facilitation
	Sitting meditation
	Yoga meditation
	Body scan meditation

Icon	Meaning
	Home practice
	Group discussion
	Estimated study time
	Evaluation

Table 7.2: Summary of mindfulness-based unit management programme for nurses in Ondo State, Nigeria

Modules	Section	Content	Learning materials	Duration
Module one	Section one: Overview of mindfulness	• Auto pilot • What is mindfulness? • Model for mindfulness • The mind • The body • Attitudes during mindfulness practice • Myths About Mindfulness • Benefits of Mindfulness to Nurses	• (Alidina & Adams, 2015). *Mindfulness at Work Essentials for Dummies.* Wiley Publishing Pty Ltd. • Hunter, J. (2015). 15 Teaching managers to manage themselves: mindfulness and the inside work of management1. *Mindfulness in Organisations: Foundations, Research, and Applications,* 355. • Kabat-zinn, J. (2015). Meditation: It's Not What You Think. January 2005, 7868. • Kabat-Zinn, J. (2013). Full catastrophe living, revised edition: how to cope with stress, pain and illness using mindfulness meditation. • Kabat-Zinn (2005). Coming to our senses: Healing ourselves and the world through mindfulness. • Kabat-Zinn (2018). Meditation is not what you think: Mindfulness and why it is so important (1st ed.). Hachette. • Kabat-Zinn, J, & Hanh, T. (2009). Full catastrophe living: Using the wisdom of your body and mind	2 hours
	Section two: Meditation	• Body scan • Take a breath exercise		2 hours
	Section three: Practical demonstration	• Body scan • Take a breath exercise		2 hours

Modules	Section	Content	Learning materials	Duration
Module two	Section one: Mindfulness and the brain	• The fight or flight response • How the Brain Rewires • Cultivating Mindfulness • How mindfulness affects the brain. • Fight or flight response. • How brain rewires itself. • How to cultivate mindfulness.	• (Alidina & Adams, 2015). Mindfulness at Work Essentials for Dummies. Wiley Publishing Pty Ltd. • Hunter (2015). 15 Teaching managers to manage themselves: mindfulness and the inside work of management1. Mindfulness in Organisations: Foundations, Research, and Applications, 355. • Kabat-Zinn (2007). Meditation: It's Not What You Think. January 2005, 7868. • Kabat-Zinn (2013). Full catastrophe living, revised edition: how to cope with stress, pain and illness using mindfulness meditation. • Kabat-Zinn (2005). Coming to our senses: Healing ourselves and the world through mindfulness. • Kabat-Zinn (2018). Meditation is not what you think: Mindfulness and why it is so important (1st ed.). Hachette. • Kabat-Zinn & Hanh (2009). Full catastrophe living: Using the wisdom of your body and mind	2 hours

Modules	Section	Content	Learning materials	Duration
	Section two: Meditation Description	• The breathing exercise		2 hours
	Section three: Practical demonstration	• Breathing exercise • Mindful walking exercise • Mindful wound dressing		2 hours
Module three	Section one: The plague of stress	• Stress • Physical and emotional stressors	• (Alidina & Adams, 2015). Mindfulness at Work Essentials for Dummies. Wiley Publishing Pty Ltd. • Bartley, T. (2011). Mindfulness-Based Cognitive Therapy for Cancer. In Mindfulness-Based Cognitive Therapy for Cancer. https://doi.org/10.1002/9781119960041 • Gauthier, T., Meyer, R. M. L., Grefe, D., & Gold, J. I. (2015a). An On-the-Job Mindfulness-based Intervention for Paediatric ICU Nurses: A Pilot. Journal of Paediatric Nursing, 30(2), 402–409. https://doi.org/10.1016/j.pedn.2014.10.005 • Hunter, J. (2015). 15 Teaching managers to manage themselves: mindfulness and the inside work of management1. Mindfulness in Organisations: Foundations, Research, and Applications, 355. • Hyland, P. K., Andrew Lee, R., & Mills, M. J. (2015). Mindfulness at work: A new approach to improving individual and organisational performance. Industrial and Organisational Psychology, 8(4), 576–602. https://doi.org/10.1017/iop.2015.41 • Kabat-Zinn (2013). Full catastrophe living, revised edition: how to cope with stress, pain and illness using mindfulness meditation.	2 hours
	Section two: Meditation Description	• The mindful yoga • Managing emotions mindfully exercise		2 hours
	Section three: Practical demonstration	• Yoga exercise • Managing Emotions Mindfully Exercise • Overcoming daily stress		2 hours

Modules	Section	Content	Learning materials	Duration
			• Kabat-Zinn (2005). Coming to our senses: Healing ourselves and the world through mindfulness. • Kabat-Zinn (2018). Meditation is not what you think: Mindfulness and why it is so important (1st ed.). Hachette.	
Module four	Section one: Compassionate focused training	• The compassionate focused training • Compassionate mind training • Compassionate Motivation • Steps in creating compassionate Motivated Training	• (Alidina & Adams, 2015). Mindfulness at Work Essentials for Dummies. Wiley Publishing Pty Ltd. • Bartley, T. (2011). Mindfulness-Based Cognitive Therapy for Cancer. In Mindfulness-Based Cognitive Therapy for Cancer. https://doi.org/10.1002/9781119960041 • Hunter, J. (2015). 15 Teaching managers to manage themselves: mindfulness and the inside work of management1. Mindfulness in Organisations: Foundations, Research, and Applications, 355. • Kabat-Zinn & Hanh (2009). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness. • Kabat-Zinn (1982). Mindfulness_chronic_pains_kabatzinn_mbsr_1982.pdf (pp. 33–47). • Palouse Mindfulness available at https://palousemindfulness.com/meditations/lovingkindness.html	2 hours
	Section two: Meditation Description	• Loving kindness meditation		2 hours
	Section three: Practical demonstration	• How compassionate behaviours can be cultivated • Identify circumstances that warrants loving kindness meditation		2 hours
Module Five	Section one: Mindfulness in Unit management	• Definition of Unit Management • Components of unit management • Decision making process	• Armstrong, S. J., Rispel, L. C., & Penn-Kekana, L. (2015). The activities of hospital nursing unit managers and quality of patient care in South African hospitals: a paradox. Global Health Action, 8(26243), 103-111. • Bartley, T. (2011). Mindfulness-Based Cognitive Therapy for Cancer. In Mindfulness-Based Cognitive	2 hours

Modules	Section	Content	Learning materials	Duration
	Section two: Meditation Description	• The Sitting Meditation • three-step body check	Therapy for Cancer. https://doi.org/10.1002/9781119960041 • Bazarko, D., Cate, R. A., Azocar, F., & Kreitzer, M. J. (2013). The impact of an innovative mindfulness-based stress reduction programme on the health and well-being of nurses employed in a corporate setting. Journal of Workplace Behavioural Health, 28(2), 107–133. • Jooste, K. (2018). The principles and practice of nursing and heath care Ethos and professional practice, management, staff development and research (2nd ed.). Van Schaik. • Jooste, K., & Cairns, L. (2014). Comparing Nurse Managers and nurses' perceptions of nurses' self-leadership during capacity building. Journal of Nursing Management, 22(4), 532–539. https://doi.org/10.1111/jonm.12235 • Kabat-Zinn, J, & Hanh, T. (2009). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness. • Kabat-Zinn, Jon. (1982). Mindfulness_chronic_pains_kabatzinn_mbsr_1982.pdf (pp. 33–47). • Meyer S.M., Naude M., Shangase N.C., N. S. E. (2015). The Nursing Unit Manager: A comprehensive Guide (3rd ed.). Heinemann.	2 hours
	Section three: Practical demonstration	• Sitting meditation • Three step model		2 hours
Module six	Section one: Mindful communication	• Mindful communication • Non-violent communication	• Arendt, J. F. W., Verdorfer, A. P., & Kugler, K. G. (2019). Mindfulness and leadership: Communication as a behavioural correlate of leader mindfulness and its effect on follower satisfaction. Frontiers in Psychology, 10(MAR), 1–16. https://doi.org/10.3389/fpsyg.2019.00667	2 hours
	Section two: Meditation Description	• Mindfully manage difficult meeting • Mindful phoning		2 hours

Modules	Section	Content	Learning materials	Duration
		• Mindful emailing	• Arnold, E. C., & Boggs, K. U. (2020). Interpersonal Relationships: Professional Communication Skills for Nurse (8th ed.). Elsevier. • Bartley, T. (2011). Mindfulness-Based Cognitive Therapy for Cancer. In Mindfulness-Based Cognitive Therapy for Cancer. https://doi.org/10.1002/9781119960041 • Bazarko, D., Cate, R. A., Azocar, F., & Kreitzer, M. J. (2013). The impact of an innovative mindfulness-based stress reduction programme on the health and well-being of nurses employed in a corporate setting. Journal of Workplace Behavioural Health, 28(2), 107–133. • Kabat-Zinn, J, & Hanh, T. (2009). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness. • Kabat-Zinn, Jon. (1982). Mindfulness_chronic_pains_kabatzinn_mbsr_1982.pdf (pp. 33–47). • Rosenberg, M. B. (n.d.). A Language of Life.	
	Section three: Practical demonstration	• Mindfully managing a meeting • Mindful phoning • Mindful emailing		2 hours

Table 7.3: Mindfulness-based training for nurses in Ondo State, Nigeria time-table

TIME	ACTIVITIES	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
8:30-9:00 am		Registration -Team building -Welcome -Ground rules -Course overview	Recap	Recap	Recap	Recap	Recap
9:00-11:00 am	Teaching Session	Session 1: Introduction to mindfulness	Session 1: Mindfulness and the brain	Session 1: The plague of stress	Session 1: Compassionate Focused Training.	Session 1: Unit management training.	Session 1: Mindful Communication
11:00am-1:00pm	Description Session	Session 2: Cultivating Mindfulness-Body scan, take a breath, mindful nursing procedure.	Session 2: Breathing exercise, mindful walking, mindful wound dressing.	Session 2: Yoga 1, Overcoming daily work stress, Managing emotions mindfully exercise.	Session 2: Loving kindness meditation, Cultivation of compassionate behaviour.	Session 2: Sitting meditation Three-step body check Mindfully conduct ward round.	Session 2: Mindfully managing difficult meeting, mindful phoning, Mindful emailing
1:00-2:00pm	***LUNCH/BREAK***						
2:00-4:00pm	Practical Demonstration	Session 3: Practical Demonstration-Body scan, take a breath, mindful nursing procedure.	Session 3: Breathing exercise, mindful walking, mindful wound dressing.	Session 3: Yoga 1, Overcoming daily work stress, Managing emotions mindfully exercise.	Session 3; Loving kindness meditation. Yoga 2	Session 3: Sitting meditation Three-step body check Mindfully conduct ward round.	Session Mindfully managing difficult meeting, mindful phoning, Mindful emailing

8.6 MODULE ONE: SESSION ONE

8.6.1 Key tasks for Facilitators

8.6.1.1 Starting Out

1. Recruiting participants – Interested participants are screened through letters of invitation to the hospital authority to release participants for the workshop.
2. Meeting with the group – The facilitator introduces herself to the group and welcomes them warmly by informing them that the training is a complete package that will help them enjoy their work and quality of life as workers.
3. Let them take the Nurses Anthem.
4. Set the ground rules.
5. Let them introduce themselves presenting the ice breaker.
6. All participants to write down their expectations.
7. Let them sign the informed consent form for their participation.
8. Give them a pre-test to assess their baseline knowledge.
9. Let them fill the Mindfulness Attention and Awareness Scale.

8.6.1.2 Ice breaker

The facilitator starts the day with an ice breaking exercise tagged **"Light of my Life"**

Purpose: To introduce the participants.

Material needed: Matches

Time required: 10 minutes

Steps:

The facilitator explains to participants that the session is to get all of them to know each other better. The facilitator asks participants to pair up to interview each other for three minutes using the following guidelines:

1. Name
2. Favourite food
3. Marital status
4. Career/professional goal
5. Type of unit
6. Expectations from the training

The facilitator asks the participants to demonstrate as follows:

1. Strike a match
2. Introduce your partner while the match is burning.
3. Stop the introduction when the light goes off.
4. The other partner repeats the same.
5. The facilitator asks the participants (in pairs) to come out and introduce each other.
6. At the end of the exercise, ask participants to volunteer to recall four names.
7. After the exercise, ask each participant to write his or her name (workshop name) boldly on the name tag.
8. The name tag should be clipped conspicuously on the chest pocket.
9. Commend participants and end the session.

8.6.2 Introduction to Mindfulness

Session objectives are to:

1. equip nurses with the concept of mindfulness;
2. examine the need for mindfulness in nursing;
3. debunk the myths associated with mindfulness;
4. identify the benefits of mindfulness to nurses in Nigeria;
5. highlight how mindfulness can be cultivated; and
6. describe the body scan.

8.6.2.1 Teaching Media/aids

1 Overhead projector, laptop and pointer

2 Flip charts/markers

3 Lesson plan and notes

4 Paper and pen

5 Bells

The following discussion is facilitated.

8.6.3 The Auto Pilot

Have you discovered that you are drinking water or Coke and you do not know when it finishes from the bottle? Do you go out of the house and you can't remember whether you switched off the gas cooker? Are you using a drug for a patient and you didn't know when the drug finishes? As a manager you enter a unit and could not discover why you decided to visit that unit.

All these events point to the fact that one operates on auto pilot or one is not mindful. We often fail to listen to what our body is telling us or we destroy our system with difficult emotions blaming ourselves for our actions. Mindfulness can help us to pay attention and be aware of our moment-by-moment actions and to see situation with greater clarity, as we slow down and disengage from habitual reactions and put on a new way of responding.

This six-week programme is designed to teach nurses on mindfulness, to enable them to be present in the way they manage units, and help them in the care for their patients. Scientists make us to understand that about 60,000 thoughts pass through the mind every day. These thoughts are not real they are just mental processes. Mindfulness helps us to be aware of thoughts passing through the mind to manage our minds from diversions, thus enabling us to focus our attention on what we are doing.

Quite often people talk about incivility among nurses in Nigeria. This makes people to consider nursing as a profession with heartless and abusive people. Developing mindfulness will promote heartfulness in nursing and help to overcome emotional and physiological reactions in day- to- day events. Mindfulness produces in people good morals and brings people back to the original state of humanity. The practitioner becomes more humane, compassionate towards oneself and other people they encounter in day-to-day living.

Nurses in Nigeria have been asked where is nursing presence in the nursing process? Mindfulness is capable of producing in people the ability to slow down the mind and enable concentration on what one is doing, thus making one to be present in whatever one does. With mindfulness you can

develop the awareness of your thoughts, feelings and sensations, and live a non-judgmental and non-striving lifestyle. You can inculcate the ability to pay more attention moment-by-moment to events as they unfold and respond in a more dignified and productive manner.

Mindfulness at the hospital setting will enable nurses to behave lovingly, empathetically, and compassionately, ensuring they give the desired care to the patients. It will enable them address patients' relatives with compassion, touching lives with unforgettable encounter instead of churlish, harsh and unkind acts.

Mindfulness will help you to be aware and have good understanding of the needs of patients thereby making appropriate plans to meet their needs. Mindfulness will help nurses to focus on the present moment events; this will prevent medication errors and other errors that can have deleterious effects on the patients.

8.6.4 What is Mindfulness?

Different people have defined mindfulness in different ways

"Mindfulness is paying attention in a particular way, on purpose, in the present moment, non-striving and non-judgmentally" (Jon Kabbat-Zinn, 2013). Mindfulness means maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment, through a gentle, nurturing lens.

Mindfulness enables one to pay attention to both inner and external worlds around one non-judgmentally, with kindness and curiosity. It brings attention and awareness to what one does without judging it. The mind is always occupied with thinking of the past and the future not

focusing on what goes on in the present. Mindfulness enables one to focus on the present moment occurrence – what one is doing at that particular moment. We judge ourselves in almost everything we do. Mindfulness entails acceptance; this makes someone to pay attention to the thoughts and feelings without judging them. Mindfulness enables one to tune one's hearts to what one does in the present moment without ruminating on the past or imagining what will happen in the future. Jon Kabbat-Zinn described the model of mindfulness as follows.

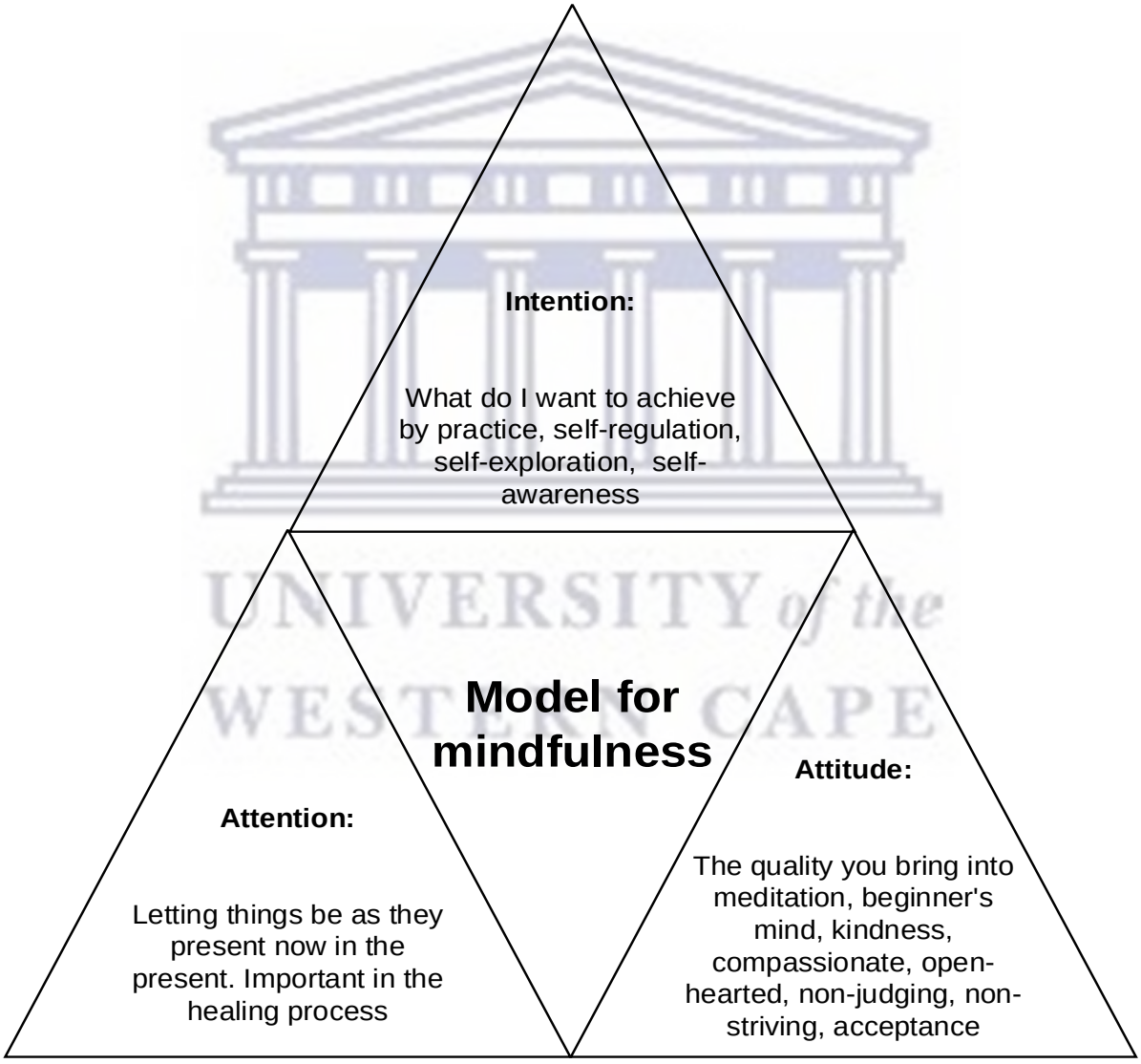


Figure 7.1: Mindfulness model adapted from Jon Kabat-Zinn.

Jon Kabat-Zinn states that mindfulness has to do with the heart, body and mind. For a mindfulness programme to be successful, the professional must focus the intention, attention and attitude they bring into meditation practice.

8.6.4.1 The Mind

The mind wanders and engages in over 60,000 thoughts per day. Often times we are 'not present' in most of our life's endeavours. We move on autopilot. We do things without being mindful of what we do; too often, we fail to notice what goes on in our body until we start having serious complaints. At times, we engage in self-criticisms blaming ourselves for what we did wrong. Through mindfulness, we are able to become more aware of our thoughts, feelings and sensations each moment without aversion, in a way that suspends judgment, delusions and self-criticism. Consequently, we are better able to respond to our thoughts in a more productive and calmer way; we are better able to focus our attention and reduce rumination.

Most nurses are used to working on autopilot, getting stuck in old ways of doing things. Several times you hear this is how we do things in this unit and that is how I want it done. The wise saying goes thus: "if you do the same thing the same way you will always get the same result". We suffer a lot when we allow thoughts of the past, habits, delusions, stories, old conditioning and patterns to dominate and rule our lives instead of being physically and psychologically responsive to our present situation.

Mindfulness helps us to break through old habits, prejudices and stories around us and helps us to live in the present moment-by-moment. Yet the habits and prejudices are still there but mindfulness helps us to see things just the way they are and not to build stories around them.

8.6.4.2 Body

The body is always with us but it is the mind that wanders and pushes the body about. If the mind comes up with the sensation of hunger, it is the body that will go out to look for food. Mindfulness helps us to befriend the body and return to the body. This helps us to slow down the mind. We also note the body sensations and take things the way they are in the present.

8.6.4.3 Awareness of the present moment

With mindfulness we are able to bring awareness into the present moment; we are better able to be aware of our internal experiences. We observe things and allow them to be, we no longer get stuck in our experiences. We accept present occurrences the way they are; we respond instead of reacting. We become more compassionate with ourselves and others; we have better interpersonal relationship with others.

8.6.4.4 Attitudes during mindfulness practice

The healing effect of mindfulness can only be achieved through the kind of attitude and commitment we put into it. If the commitment is low, one may conclude that mindfulness does not work; hence one will quit the programme. The process of learning must be followed vividly in order to develop meditative awareness. To achieve awareness, we need to pay attention and take things the way they are. We need not change anything. Acceptance and receptivity are required to get healing. One cannot receive anything by force. Consciously cultivating these attitudes, which are referred to as the seven pillars of mindfulness, is essential in getting what we need to get out of the programme. If you come with the mindset of making life better for yourself and to improve your wellbeing and productivity, you will need to commit yourself to all the sessions of the programme.

Mindfulness requires paying attention, stopping all activities and relaxing into the present moment without occupying it with anything. It requires learning how to leave the 'doing' mode to get to 'being' mode, paying attention to oneself by creating a 'me' time to slow down the mind and achieving calmness and self-acceptance.

The seven attitudes that can help one to achieve mindfulness are: non-judging, non-striving, trust, a beginner's mind, patience, acceptance and letting go.

8.6.4.5 Non-judging

In practicing mindfulness, we need to cultivate the habit of non-judging and become aware of our thoughts. We often categorise any idea that comes to our mind as likes and dislikes; hence throughout the day we read meanings to what people say, form opinions and make judgment. Such judgments rule out thoughts, makes us susceptible to fear and give room for stress. Most of the things we occupy our minds with are just thought processes that are not real. It is common when a nurse experiences a head ache to imagine that it is the result of elevated blood pressure and it might result in stroke. Or she when she has excessive urine output, she would say, "this must be diabetes"; which may not be. Then they begin to extrapolate that diabetes can lead to coma and death. All these are judgmental thoughts that bring fear and torment, thus increasing stress. In mindfulness, when judgmental thoughts come in just, one is simply aware of it. When one finds oneself judging, one does not attempt struggling with such a thought, instead one raises one's consciousness that it is a characteristic of the mind to judge. One is aware of the thought and decide to be kind to oneself.

8.6.4.6 Patience

Patience is the capacity to accept or tolerate delay, problems, suffering without becoming angry or anxious. One attribute of the mind is to wander either to the past or to the future and forget itself in thinking and judging. You need patience to accept whatever comes as they are. You may be practicing meditation and you have not seen any result you need patience to continue. Thoughts will definitely come either to rush and do some other things you must maintain the moment-by-moment experience through patience and calmness.

8.6.4.7 Beginner's Mind

This is the mind that sees things the way they are as if one is seeing it and knowing it for the first time. You need the attitude of the beginner to practice the meditation exercise otherwise you will think you know more than you actually do. As a nurse, you need to cultivate the beginners mind in your daily activities. It is the beginner's mind that will make you to see that uncooperative patient as a new man and would not want to revenge what he did yesterday. Nurses have problems with people when they begin to see people with their own thoughts and opinions which often times are mental processes and not real. You can try to see your co-workers with a new eye as from today. Try it with your chief nursing officer and other health professionals.

8.6.4.8 Trust

You need to develop trust in yourself as you practice the meditation exercise, otherwise you may overdo it, especially if you are practicing yoga and your body is telling you to stop. If you don't trust your intuition, you may harm yourself. The goals of mindfulness are to enable one build confidence in oneself and take responsibility for being the person one is.

8.6.4.9 Non-striving

In mindfulness, we allow what is to just be. You are better able to be with the current happenings when your focus is on the present moment occurrence and not agitating for what should have happened or what should be in the future. When you focus on a goal either to be calmer or to be a better nurse, it is then you disrupt the purpose of meditation. In meditation, you see and accept things the way they are in the present moment.

8.6.4.10 Acceptance

Acceptance is taking things the way they are. This does not mean that you are to just allow bad attitudes or bad habits to continue the way it is without intervention. In mindfulness you see things clearly as they are in the present; you can now think of the right thing to do. For instance, you have just lost a patient that you feel should not have died. Just accept that it has happened and it cannot be reversed. You cannot because of that be despondent that you cannot take care of other patients under your charge. In mindfulness we take each moment as it is and we are fully with it. By doing this we believe there could be change in the next moment.

8.6.4.11 Letting go

This is a special attitude to be imbibed during meditation. if one will be a successful practitioner. It is just like when you sleep, you leave everything you are doing and shut down your mind to sleep otherwise you will not be able to sleep if you hold on to your thoughts. You accept the situation the way they are and allow them to be. We are not to push off some experiences while we hold on to others but just observe our thoughts and experience and allow them to exist the way they are. We don't judge them but let them go. Human beings like to be attracted by good experience and push away bad ones but in mindfulness all experiences are expected to be taken the way they are moment-by-moment.

8.6.5 Myths about mindfulness

Myth 1: Mindfulness constitutes additional burden to my daily schedules.

Myth 2: Mindfulness does not support my religious belief.

Myth 3: Mindfulness is the same thing as meditation.

Myth 4: Mindfulness is not part of nursing procedure.

8.6.5.1 Myth 1: Mindfulness constitutes additional burden to my daily schedules

Mindfulness is a way of life that is worthy of learning due to its numerous benefits. The schedules that consume our time can be achieved in lesser hours due to the ability to focus and concentrate.

8.6.5.2 Myth 2: Mindfulness does not support my religious belief

Mindfulness is not a religion. It is not faith biased. It is scientific with many empirical evidences on how it has helped people to overcome stress, cope with pains, depression, anxiety and a host of others. It also improves well-being and work output.

8.6.5.3 Myth 3: Mindfulness is the same thing as meditation

Mindfulness and meditation are not the same. Mindfulness can be achieved through meditation practices and there are various meditation practices.

8.6.5.4 Myth 4: Mindfulness is not part of nursing procedure

Mindfulness may not be part of nursing procedure but it can help to improve work output and enhance the performance of nurses while carrying out a procedure.

8.6.6 Benefits of Mindfulness to Nurses

Through mindfulness one can achieve the following benefits.

8.6.6.1 Resiliency

Caring in nursing sometimes makes one prone to bouts of emotional disturbances. Resiliency entails the ability to bounce back and adapting after a period of adversity. Resilience is not inborn but it can be cultivated. Mindfulness can assist individual to build resiliency. Mindfulness will help you to just be aware of those emotions without judging them whether they are good or bad.

Assuming you work on a young undergraduate patient with road traffic accident, you tried your best and all the physicians have done all within their power to resuscitate the patient; you are left to monitor the patient overnight and at a point in time you discover the patient began to gasp and at last you lose the patient. As the unit manager, you are to present the case before your Head of Nursing Services who begin to blame you for what was not your fault. If you are a mindfulness practitioner you accept whatever happens to you and take it as it is at the moment; you will not fight back. Mindfulness helps you to reduce ruminative thoughts. Sometimes when you made a mistake or there is something that you did not do well, you tend to ruminate on them. All attempts to overcome it prove abortive; in such a situation, mindfulness can assist you to get over it. It helps you to face and live with challenges in the place of work rather than avoiding them.

8.6.6.2 Stress Reduction

The nursing profession is a stressful profession. Stress has been implicated in many diseases such as hypertension, peptic ulcers, psychosomatic illnesses, cancers and so on. The main aim of mindfulness is to help the individual to reduce stress and enable them to continue working without being stuck with problems associated with stress and have peace of mind. Nurses face a lot of problems in the place of work; the challenges of coping with the demands of the work, patients' relatives, other health professionals and even with unfavourable institutional policies. Nurses need

to have a way of facing these challenges and not to avoid them. Avoiding problems will not automatically solve them but it will make it accumulate and cause more damage. Sometimes you feel overwhelmed by difficulties, pressures of coping with the upsurge in the number of clients/patients to attend to; this makes you to react unadvisedly to people. The need to acquire skills that will enable nurses cope with challenges of life necessitated the development of this mindfulness programme.

8.6.6.3 Resourcefulness

A resourceful person is imaginative; they are capable of dealing with difficult situations. A lot of difficult situations abound in nursing practice especially in Nigeria. Getting necessary equipment to work with often creates barrier to nurses functioning effectively, but a resourceful nurse will find a way of working round such barrier. Mindfulness helps one to focus and have clarity of thought. This enhances creativity. Thus, the nurse is able to improvise and maximise available resources to provide necessary care to the patient and meet the hospital's needs. Furthermore, mindfulness helps one to recognise when one is at one's best and one can perform a difficult task; and when one is weak and one can perform tasks that are less demanding.

Through mindfulness, the nurse will be painstaking at studying the details of hospital procedures and ensure they are attended to. Besides, the Nurse Manager will study and have a good knowledge of skill mix of staff in their unit and plan how to cover each shift.

8.6.6.4 Decisiveness

Good decision making in the unit enhances productivity. When Nurse Managers are able to make effective decisions the work in the unit becomes easy. The nurse is saddled with the responsibility of applying the nursing process in the plan of care of the patient. This entails good decision-making

efforts to be able to do proper assessment of the patient. Finding the appropriate nursing diagnosis, planning, implementing the plans and evaluation all these processes require good decision making. It is a basic fact that good decisions can only be made when the brain is working at its best. The brain works better when it is in a relaxed mood; mindfulness enables brain to work optimally. When one is tired, weak and bored, anxious or angry, no-good decision can be made. The mindful Nurse Manager will make decisions with awareness, simplicity and wisdom at every moment and ensure that they undertake what is necessary for the period and not operate autopilot.

Most of the decision's nurses make are based on past records. For instance, in preparing the roster, sometimes pairing of personnel to work on a shift requires wisdom, otherwise, there may be crisis during the shift if two incompatible people are put together. The unit manager needs to mindfully study all the people they work with and know their capabilities. The manager should also be able to identify nurses who are susceptible to burnout and those who can work under pressure and place them accordingly.

8.6.6.5 Cognitive, emotional and behavioural flexibility

Flexibility entails the ability of nurses to quickly adjust imbalances in the changing needs of their patients, assess and reassess to ensure the immediate needs of patients are met at any point in time. A mindful Nurse Manager is flexible and not rigid about issues. She will know the problem of those she works with and make necessary adjustment to roles and responsibilities of those under her. Sometimes when rosters are prepared and the nurse is not able to cope with the work schedule, a mindful manager will not hesitate to change the roster to a more suitable time.

8.6.6.6 Self- regulation

Human beings are liable to frustrations, difficulty, hardships, trials, adversities and moments of grieving in case of death of a loved one. We need to train our minds to enable us to cope with these realities of life. As human beings, we embrace whatever gives us happiness but push away difficult situations. However, in mindfulness we are able to know that we need not try to avoid or be afraid of these emotions rather live with it and it will be over. Being grounded in mindfulness will make us to experience difficult sensations without reacting excessively. As a nurse you realise when anger is coming and have it at the back of your mind that you are emotionally intelligent; you are better able to control it.

8.6.6.7 Awareness of the big picture

The mindful unit manager is able to maintain self-awareness; they are aware of their thoughts, beliefs, and opinions about the hospital setting. They are able to see holistically the threats and opportunities; they are able to inform other senior health professionals to see to the issues that might go wrong in the hospital and in-patient acuity, and to inform the requisite authorities towards bringing about a positive change.

8.6.6.8 Tactful communication

Self-awareness is a strong attribute of mindfulness. Mindful Nurse Managers are better able to relate and communicate with their patients, relatives and co-workers. It enables one have high levels of emotional intelligence.

8.6.6.9 Improved interpersonal relationship

One of the things debasing nursing the profession in Nigeria is lack of good interpersonal relationship with patients, relatives, colleagues and other co-workers. Some patients are naughty in their behaviours but one must learn to cope with them. Sometimes one's senior colleagues may

be unduly critical, always demanding and you always try to avoid such a one because they are always unruly. You don't have a choice but to cope since you do not have the power to leave the unit of your own volition. Mindfulness improves relationship by making you to listen and pay attention to what other people are saying and the emotion that follows with the ability to respond instead or reacting. With mindfulness awareness, one is better able to listen and note the emotional signals associated with discussions and communicate well with people. Mindfulness helps someone to love and appreciate oneself as a result you can extend it to others because it is what you have that you give to others.

8.6.6.10 Happier, committed nurses

Mindful nurses are happier in their place of work and are more committed. Mindfulness practices leads to the activation of pre frontal cortex of the brain which deals with happiness (Alidina & Adams, 2015). When you are happy you become more productive at work. You want to move your unit forward.

8.6.6.11 Increased productivity

With mindfulness you will improve your concentration and focus in what you are doing. By this you can work faster and better with good sense of belonging and loyalty to the organisation.

8.7 MODULE ONE – SECTION TWO: THE BODY SCAN, TAKE A BREATH EXERCISE

The body scan, take a breath exercise

Session two comprised of the practical session. Two methods of cultivating mindfulness are discussed.

8.7.1 Objectives of the session

1. To help Nurse Managers know how mindfulness is cultivated;
2. To describe the body scan;
3. To describe the “Take a breath Exercise”; and
4. To itemise steps in mindful nursing procedures.

8.7.2 Teaching aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Lesson plan and notes
4. Body Scan CD
5. Paper and pen
6. Bells
7. Mats

8.7.3 Means of Cultivating Mindfulness

In this session the facilitator briefly describes various ways mindfulness can be cultivated. Mindfulness can be cultivated through meditation practice in form of body scan, sitting meditation, yoga. Other types of meditation include mountain meditation, rain meditation, loving kindness meditation. This week we are starting with the Body Scan meditation.

The facilitator takes them through the body scan meditation.

8.7.4 The Body Scan

The body has a lot of impact on the mind. The body scan helps you get back to the body. The mind is always wandering about but the body is where it is. Body scan will help you to slow down the mind. When practicing the body scan you bring your attention from one region of the body to

another systematically feeling the sensation in the part of the body. You are not moving the body but you bring attention to all parts of the body and you are aware of its sensation.

You can start from the toes of your left foot as if you are breathing; then you move to the whole foot including the sole of the foot, the ankle; move up to the leg, calf, shin, knee, knee cap; then move through the whole thigh, back, front, lateral part, the groin, the hip. Move your awareness to the right leg and continue the same way up to the hips again, the genital area, the abdomen, the chest region, the breasts, the rib cage and all the internal organs like lungs, the heart, and the rib cage at the back. From the shoulder; you move to the arms you may do the left and right together; you can start from the thumbs and fingers move through the palms; the back of the hands, the wrists, forearms, elbows, upper arms, armpits and the shoulder again; then move to the neck region, the throat; then the face, the nose, eyes and the head.

With the body scan, you are able to notice the physical sensations in form of numbness, prickly, shooting, shaky, stinging, throbbing, dull, sharp, cutting, achy, cutting, itchy, tingly, pulling, tight or loose, tense, relaxed, warm, cool, dry, heavy, light, vibrating and all more. There could be emotional sensations like boredom, frustration, impatience, disgust, joy, enjoyment, relaxing, fear, anger, sadness, shame, pride, surprise.

You may be thinking of the past, or imagine the future, planning, cataloguing, thinking about others, evaluating and analysing, rationalising, comparing, wishing, hoping and so on and so forth. If in the process of body scan you feel overwhelmed and have some discomfort, you can interrupt the process and take care of yourself. You may open your eyes, walk around and ensure you feel good. This shows you are being mindful.

Short Practice

8.7.5 Take a breath exercise

The facilitator discusses the “take a breath exercise”

Often times you are in the automatic pilot mode, you ruminate on non-essentials, practising “take a breath exercise” can help you to reconnect to the present moment.

Tune in to what is happening at the present moment. Check your experiences, your thoughts (what you are thinking about at present), feelings (happy, satisfied, sad, angry), physical sensations (tightening, pains, light headedness). Observe your experience and note them. Focus your attention on your breath as air flows in and out; then bring your awareness to what is happening within you and in the surrounding and the world around you. Bring this awareness to what is happening at present and to the next moment. You will respond instead of reacting. This practice assists nurses to calm down and discuss normally in the face of serious oppositions and challenges.

8.8 MODULE ONE: SESSION THREE – PRACTICAL DEMONSTRATION

8.8.1 Objectives of the session

Session objectives are to:

1. demonstrate the body scan;
2. demonstrate Take a breath exercise; and
3. demonstrate mindful Nursing procedure.

In this session the facilitator leads the practical demonstration of body scan and “take a breath exercise” and ensures everyone demonstrates it for the next 30 minutes. Participants are allowed to discuss their experiences after the exercise. She requests them to write down their experiences.

8.8.2 Teaching aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Lesson plan and notes
4. Body Scan CD
5. Paper and pen
6. Bells`
7. Mats

8.8.3 Activity

8.8.3.1 Body scan demonstration

All participants are to watch the body scan CD for 30 minutes and follow step by step as the facilitator also participates.

1. Lie down on a mat or a mattress.
2. Close your eyes.
3. Feel the touch of your body on the mattress or the mat.
4. Starting from your left toe, bring awareness to every part of your body.
5. Continue to breathe in and out as you bring awareness through different parts of the body. till you get to the crown of your head.
6. Notice your feelings.
7. Steps in “Take a Breath Exercise”.
8. Stand or sit in a comfortable place.
9. Tune in to what is happening at the present moment.
10. Tune into your present moment experiences, your thoughts and observe them.

11. Focus your attention on your breath as air flows in and out.
12. Bring your awareness to what is happening within you, your surrounding and the world around you.
13. Bring this awareness to what is happening at present and to the next moment.
14. Note what happens.

8.8.3.2 Steps in mindful nursing procedures

The following steps are to be taken in handling nursing procedures mindfully

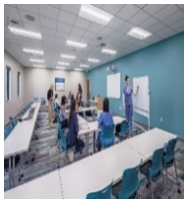
1. Take a breath for one minute this is tagged “The Golden One Minute”.
2. Gather all materials needed for the procedure and ensure they are complete.
3. Inform the patient about the procedure.
4. Take all necessary rules and conditions guiding that procedure into consideration.
5. Observe the Golden One minute again.
6. Be present as you carry out procedure with full attention and awareness and observing.
7. Document your actions.
8. Tell the patient “May you be happy and free from suffering”.
9. Leave the patient’s bedside with smiles.
10. Discard your used materials, wash or decontaminate as the case may be and return them to usual place.

8.8.4 Home Practice Week One

1. Core practice
2. The body scan
3. Short practice
4. Take a breath exercise

5. Informal practice
6. Eat one meal mindfully
7. Mindfully conduct bed bath.

Evaluation: What have I learned?



8.9 MODULE TWO: SESSION ONE

8.9.1 Mindfulness and the Brain

Module two is divided into three sessions, the first part deals with the brain, the second deals with mindfulness technique and the last practical classroom demonstration.

8.9.1.1 Mindfulness and the brain

Objectives of the session are to:

1. describe how mindfulness affects the brain;
2. understand the fight or flight response;
3. describe how brain rewires itself; and
4. explain how to cultivate mindfulness.

Teaching aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Brain model
4. Charts on Central Nervous system
5. Lesson plan and note
6. Paper and pen
7. Bells

The title of this ice breaking exercise is “Day-month birthday arrangement”.

This is an ice breaker that promotes listening and attention skills.

Time required: 10 minutes

In this situation, the following steps are adopted:

Participants form a very large circle at reasonable distance, one from another.

Participants mention their birthday month and day.

The circle is rearranged with the participant with closest day in January (say January 1) comes first in the circle while the last day in December comes next to the first person in January. (Note: The facilitator is at liberty to determine the arrangement; either clockwise from the first to the last date or anticlockwise. The birth year is not required). The facilitator, who is also in the circle, asks each participant in their standing order to mention their birthday and month once; everyone knows that the flow is actually chronological. The facilitator randomly points at participants one-by-one to mention four dates to the right and four to the left of their standing position. The winner gets a price.

The facilitator asks someone in the class to describe brief the anatomy of the brain with the use of brain model. She thereafter points to parts of the brain that are affected by mindfulness. Research studies on mindfulness meditation have shown that mindfulness affects the part of the brain that has to do with attention and awareness in mediators. These includes eight brain regions: the frontopolar cortex, which has to do with enhanced meta-awareness; the sensory cortices and insula, areas relating to body awareness; the hippocampus, a region that is involved in memory processes; and the superior longitudinal fasciculus and corpus callosum, areas related to intra- and inter-hemispherical communication, the anterior cingulate cortex (ACC), mid-cingulate cortex and orbitofrontal cortex, areas that is related to self and emotional regulation (Tang et al., 2015, p.. 215).

When you are meditating, it is as if nothing is happening because your mind wonders here and there, but brain scan shows that even one-week meditation brings changes to the part of the brain

(the prefrontal and parietal structures) that has to do with attention. In the 70s, the belief was that as you age your brain depreciates but neuroscience has made us to understand that the brain rewires itself as it is being used.

Why is mindfulness necessary for the brain? The way we think and act have effects on our health. The brain controls the entire body. Periods of crisis, disaster, worries and anxiety make the brain to pump hormones into the system to meet the demands of the moment. The world is full of problems ranging from physical, psychological, social, economic and all the rest that can have serious effects on people's lives. Some in an attempt to overcome problem commit suicide. The place of work is not immune against problems. Nurses particularly are faced with multi-dimensional problems which occur as a result of the centrality of their profession in the health sector. There are problems from the hospitals regarding unfavourable policies like bi-shifting which does not give room for flexible working hours. Others may be from the other health practitioners that don't want nurses to have a voice in the hospital's administration, problems relating to case management, cooperating boss or followers, court cases, assault by patients' relatives/patients, lack of working instruments for different procedures, and lack of a conducive working environment.

8.9.2 The Fight or Flight Response

When the brain detects a danger, it pumps adrenaline into the system which leads to increased pulse rate, blood pressure rate, muscle constriction, more oxygen goes into the lungs, the muscle constricts while those organs that has to do with body maintenance, immunity, digestive systems are shut down for a while to enable the body fight the threat. The brain at this point focuses on

how one can escapes the danger. This fight or flight response is supposed to be for a short period of time but when it is continuous, it can result in loss of focus and inability to concentrate and even in some cases depression and other serious mental problems.

Mindfulness helps us to train ourselves on what to do to overcome tension and crisis in our day-to-day life. We are able to be aware of the period of arousal, control the fight-or-flight response and acquire the skill to switch on the 'rest and relaxation' response and bring back our body to normal state. The more you practice the more the brain conditions itself to be more mindful.

The nursing profession is full of stress related to the patient, pressures from relatives, colleagues, other health workers who want to ensure that you don't have a voice in the health system. Mindfulness is one of the best coping strategies that can be employed to combat stress related to the place of work.

Many professions such as Medicine and Clinical Psychology, and Teaching in western countries have included mindfulness in their curriculum. Little is known about it in Nigeria. With this training in place, nurses will be able to combat stress, regain strength and equanimity, and enhance productivity and well-being.

8.9.3 How the Brain Rewires

The neural pathway is strengthened as you repeat an action or thoughts. The more the action the more the pathway associated with that action is strengthened. If you engage in toxic emotions like worries, anxiety, anger or self-criticism, you will have the part of the brain associated with it

exercised to be strong. Whereas if you practice love, care, compassion, the curdle hormone will be activated and your life will be characterised with blissful living. It is worthy of note that no matter how churlish you are, you can cultivate self-kindness and kindness towards others if you are given to it knowing that habits are cultivated between 21 to 64 days (Alidina & Adams, 2015, p. 73).

8.9.4 How to Cultivate Mindfulness

The five-step model of mindfulness

This 5-STEP model was developed by Vidymala Burch (2010) to enable people know the steps to take to cultivate mindfulness.

8.9.4.1 Step One, the Starting Point: Awareness

The first step is becoming aware of what goes on in your environment. It may be your breath, how the air comes in and goes out, your thoughts, body sensations (pleasant or unpleasant, relax or tense), emotions, the taste of fruit or food you are eating, the feelings – your body as you sit (are you comfortable or uncomfortable) or as you walk up and down (do you feel pain on your leg or not (Long, 2019, p. 5; Raphael-Grimm, 2014, p. 11).

8.9.4.2 Step two: Move toward the unpleasant

To move towards the unpleasant may be unimaginable but facing pain is important because many people live with pain and they try to block it or allow it to overcome them. This does not allow people to see the pain the way it is. When attention is turned towards the painful sensation, one becomes more aware of the resistance more than that of the pain sensation. One can deal with the resistance with the awareness using one's breath to focus one's awareness intensely into one's body by breathing in with the mind of awareness and out with the mind of letting go. As one continues, one ensures one does not judge the pain or make stories around it, but allows it to merely

be present. One should approach the pain with a loving and caring attitude like a mother does to the child with pains. The mother cannot take away the pain but her curdling can lessen the pain. Living in each moment at a time with the pain enables one to see that the pain may not be as intense as what one thinks about it. One can now see pain as an experience that is changing and dynamic.

8.9.4.3 Step Three: Seeking the pleasant

This third step stems out naturally of the second. If step two is properly carried out, one enjoys the pleasure that comes out of the situation and is vibrantly alive, but if one blocks off the pain or shuts it out initially, one misses out of the warmth that accompanies the experience. Everyone that has pain even in chronic or severe pain often find some sweet experience to focus on; this is a very good discovery in the practice of mindfulness as one develops the right relationship with pain. The question is what if one cannot find any pleasant experience because of the intensity of the pain? One needs to approach it with open-mindedness and curiosity, letting go of the fixed thoughts of pain and exploring a new thing.

Step four: This is the stage of broadening one's awareness to become a bigger container and cultivating equanimity. In this stage, you become aware of both the pleasant and unpleasant experience, allowing all sensations to occur each moment as they are. You do not push off an unpleasant experience or hold on the pleasant ones but be aware of every aspect of your being as it happens naturally. You assume yourself to be a small container before now with seeking pleasant and unpleasant experience separately but now a bigger one to accommodate both. This experience was related to putting a spoonful of salt in a teacup and putting it in a lake. It will be salty in the cup while you hardly can fill it in the lake. You now create enough space within you to

accommodate all experiences. This will assist you to overcome experiences of life either in adversity or in times of joy and peace.

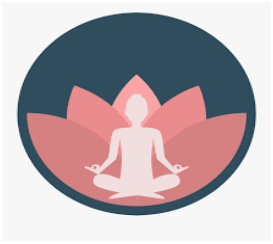
This first step gives a feeling that wholeness can help to develop a sense of connectedness with others. You may begin to be aware of how you talk to others and how they respond to you. You, therefore, have a greater ability to absorb and tolerate emotional upheavals without being drowned by them. You now can enjoy an interpersonal relationship with others. Another aspect of becoming a bigger container is that you can visualise the world around you, make more meaning out of it and enjoy it.

8.9.4.4 Step five: Choice: Learning to respond rather than react

This speaks to one's ability to make choices. One now develops enlarged heart that can accommodate many things. Rather than feel overwhelmed by circumstances, one becomes master of it and make appropriate choices (Bartley, 2011). The model was very useful in the development of the training manual for nurses in Ondo State, Nigeria. Due to the inability of the researcher to get a specific theory or model that fits perfectly for the study, a conceptual framework was developed to bring the concepts together and explain the focus of the study.

EVALUATION

8.9.5 MODULE TWO: SESSION TWO



8.9.6 Objective of the session

1. To describe the breathing exercise; and
2. To describe mindful walking.

8.9.7 Teaching aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Charts on respiratory system
4. Lesson plan and note
5. Paper and pen
6. Bells

8.9.8 Week Two Practice

8.9.8.1 The Breathing Exercise

The facilitator takes the participants through the breathing exercise. People breath right from birth, but most people do not pay attention to their breathing. Through mindfulness we know that there is power in breathing. The breath is very important in meditation as well as healing. Ordinary people who do not meditate may not know the value inherent in breathing. Focusing on our breath brings us to the level of awareness of our moment. When people are anxious or angry, the rhythmic breathing pattern may change.

The heart and lungs are fundamental to breathing; the heart pumps the oxygen-rich blood from the lungs through the arteries to smaller capillaries and to all the cells of the body, giving them the

oxygen needed for survival. Gaseous exchange takes place with the red blood cells giving up their oxygen and receiving the carbon dioxide. The carbon dioxide is, therefore, transported back to the heart through the veins where they are pumped into the lungs, and this is discharged into the atmosphere when we breathe out. Followed by another in-breath, the haemoglobin carrier molecules are oxygenated and pumped throughout the body with the next contraction of the heart.

Since breathing is always with us, it is better to use it as an anchor during meditation. Though one can as well focus on the heartbeat, one can see and feel the breathing. Breathing supports the art of awareness and it is always with us as long as we are still alive.

In practising mindfulness, it is always easier to focus on our breathing. You may wish to focus on it by watching your chest watching it expand and contract; it may be on your abdomen or the nostrils as air goes in and out. You are not to control the breathing or manipulate it but focus on it as it occurs naturally. By turning to breathing, it makes us to overcome agitation of the mind and produce calmness. Keep your attention on the full length of breathing from inhaling and exhaling. As you practice mindfulness of breathing, it may be necessary for you to close your eyes to maintain deep concentration otherwise you can choose to leave it open but pay attention.

8.9.9 Activity

8.9.9.1 Steps in breathing Exercise

1. Sit in a comfortable chair with your hands resting on your lap.
2. Breathe in and out
3. Lay your hands on your belly
4. Notice the breath as air goes in and out bring awareness into it

5. Bring back your mind anytime it goes adrift
6. Continue this for the next 30 minutes.

8.9.10 Home Practice

1. Practice breathing exercise for 30 minutes, alternate it with body scan every other day
2. Short practice
3. Mindful walking

Mindful walking has to do with being present as you walk along, you don't allow your mind to wonder aimlessly or preoccupied with thoughts of the past and that of future accomplishments. It may be practised while one walks fast or slowly focusing one's attention on present moment sensations of walking. Practise this in the place of work as you move up and down the units.

1. Mindful wound dressing.
2. Prepare your trolley.
3. Walk mindfully to the patient bedside and inform him politely.
4. Apply the screen.
5. Bring the trolley to the bedside.
6. Take a breath to enhance your presence.
7. Carry out the procedure bringing your awareness to your present moment.
8. Focus and observe the wound.
9. Cover the wound with gauze as you complete the procedure.
10. Document the procedure and your observations.
11. Ensure you are in the present throughout the period.
12. Smile at the patient and leave the bedside.

EVALUATION

What have I learnt?

8.10 MODULE TWO: SESSION THREE – PRACTICAL SESSION

8.10.1 Session objectives

1. practice the breathing exercise;
2. demonstrate mindful walking exercise; and
3. demonstrate mindful wound dressing.

Teaching method –Demonstration/ return demonstration

8.10.2 Teaching aids

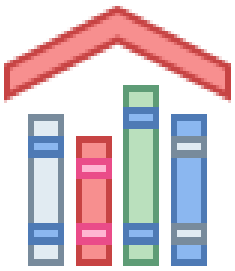
1. Overhead projector, laptop and pointer
2. CD
3. Flip Charts/markers
4. Wound dressing materials
5. Paper and pen
6. Bells

8.10.3 Activity

The participants are allowed to watch the CD downloaded at www.dummies.com/go/mawessentials

The facilitator leads them to practice the three exercises as taught in the previous session one after the other.

8.10.4 Home Practice – Week Two



1. Core practice
2. The breathing exercise
3. Short practice
4. Mindful walking
5. Informal practice
6. Eat one meal mindfully
7. Mindful wound dressing.

EVALUATION

What have I learnt?

8.11 MODULE THREE: WEEK THREE – THE PLAGUE OF STRESS

Nursing is a stressful profession. This module deals with the subject of stress and how we can minimise it with the use of mindfulness meditation. There are three sessions in the module. The first aspect discusses the subject of stress, the second deals with mindful stretches and the third is practical demonstration.

Module three: Section one

8.11.1 Stress

Session objectives

1. To define stress;
2. To discuss the effects of stress; and
3. To identify responses to physical and emotional stressors.

Teaching method – Lecture Discussion

Teaching Media/aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Lesson plan and notes
4. Paper and pen
5. Bells

Ice breaker

The title of this ice breaking exercise is: **NURSE SAYS**…

Purpose: This is an ice breaker to promote listening/attention in the course of the session.

Material needed: Chairs

Time required: 10minutes

The facilitator moderates the session.

Ask all participants to stand up

The facilitator issues a number of commands. He or she them not to obey her/him until they hear NURSE SAYS…

For example, they sit down only when they hear the command "Nurse says sit down".

Use the first instruction as a trial, after which any defaulter, either covertly or overtly, by shaking or being the last to obey instruction, comes out immediately. Those who drop out act as watchdogs to pick out others who default until the last person. The last person is rewarded with a learning material, pertinent text or something funny.

8.11.1.1 What is stress?

Stress is the individual response to a change in circumstance or situation. Whatever imposes worries on you gives you stress. Stressors are the things that bring about the life threatening or unwanted situation in ones' life. Stress is part and parcel of the nursing profession. People encounter stress for different reasons. Starting from the morning till evening, there is stress in preparing for work in the morning, the traffic congestion on the way, the nature of nurses' job, other health professionals with their rivalry antics, family and domestic crisis, the nurse is a father or mother, bread winner, uncle, aunties, son, daughter, in-laws and their troubles, all other relationships that constitute stressors on nurses abound. Most nurses these days combine jobs with domestic as well as academic work. All these pose stress on people. Job related stressors could be

in form of upsurge in the number of patients to be attended to due to the free health programme of the State Government or stress resulting from uncooperative patients and relatives.

8.11.1.2 Effects of Stress

Stress has its effects on individuals, no matter how transient the stress maybe, it has impact on someone. Stress manifest in various forms physically, emotionally, mentally, spiritually and relationally.

1. Physically – Change in appetite, constipation or diarrhoea, cold hands and feet sweating, difficulty in breathing, word loss, memory loss, over eating, violent behaviour, fatigue, teeth grinding, premature aging and so on.
2. Emotionally – Irritability, quick to anger, frustration, mood swings, grief, anger, anxiety, worries, aggression, depression, nervousness, fear, defensiveness, feeling of being overwhelmed by situations.
3. Spiritually – Doubt, feeling of emptiness, loss of meaning, loss of direction, unforgiving.
4. Mentally – Feeling of guilt, depression, difficulty with calculation, loss of concentration, loss of memory, difficulty making decisions, withdrawal, denial, overly suspicious, negative attitude, negative self-talk.

Responding to Physical and Emotional Stress

There are two major responses to physical and emotional pain: blocking and drowning.

1. Blocking – In blocking, people push away the problem convincing themselves and others that nothing has happened. By this, such sufferer takes to alcohol or self-medication. This may lead to unwarranted side effects.
2. Drowning – In drowning, the individual is overwhelmed by the circumstance, feeling of hopelessness and helplessness and judgment, sorry for oneself with questions like why me?

Sometimes, the individual moves from drowning to blocking, as they are overwhelmed; they can take to self-medication. In mindfulness, we observe the pain or discomfort and gently turn our awareness to our object of meditation. We may apply concentrative meditation or Christian cantering prayer.

3. Turning Toward – The other way of handling difficult situation is turning toward. In this situation the individual faces the challenge with open curiosity, willing to be with and explore the situation. This individual stays in contact with the problem. Realising the fact that their suffering is not them.

8.11.1.3 The problem focused approach

In this approach, identify the source of the problem, the scope with clarity independent of your feelings. Do the **S**WOT analysis. What are the **S**trengths – what do you need to accomplish? What are the **W**eaknesses – those things that brought you into the problem? What are the **O**pportunities – the internal and external resources available to tackle this problem? What are the **T**hreats – the potential obstacles that may be involved in solving this problem? You may need to utilise support from other people, seek advice, take good counsel, acquire new skills, and reduce the problem to manageable pieces. You can reframe, you see your problem, that some people have passed through worse problems before and they have overcome. This can minimise the effects of the problem. Mindfulness is very useful in times of physical and emotional stress when we feel humiliated, sad and despondent, defeated, anger, fear, panicking, aggression, experiencing a great loss, and grief. This is the time you need to be stable and resilient. Mindfulness can help you to achieve this, as the emotional pain unfolds, you approach it with acceptance, openness and kindness towards yourself moment by moment and let it go. This can help you to overcome the deepest emotional pain in your life.

The sitting meditation, body scan and yoga practice can help to accept tension and feelings we find on our ways. This teaches us not to judge or condemn ourselves but to observe and accept them the way they present themselves. This gives inner stability and resilience. This does not mean you are pushing away or invalidating the problem or suppressing it, but you are facing it, experiencing it, and not driven by inner reactivity, but dissolving the problem with creativity.

EVALUATION

What have I learned?

8.12 MODULE THREE: SECTION TWO

This session deals with mindful stretches referred to as the hatha yoga. This is a formal meditation practice in the stress clinic which is used to combat stress.

8.12.1 Session Objectives

1. To discuss the hatha yoga; and
2. To highlight the benefits of yoga.

8.12.2 Teaching Media/aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Lesson plan and notes
4. Paper and pen
5. Bells

8.12.3 The Mindful Yoga

We now understand that mindfulness can be brought into any activity we perform from day to day. Yoga means “yoke” the practice that unifies body and mind showing that they are not different entities. Hatha yoga is a practice that enables one to be in the body. It is gently stretching and strengthening exercise of parts of the body. It is usually done very slowly, with moment-by-moment awareness of breathing and body sensations as one puts the body in different postures. Awareness is the major difference between the regular anaerobic exercise and mindful hatha yoga. Constant yoga practice makes your body to be stronger and more flexible. In aerobic exercise, the focus is on your body only.

As it goes for body scan and sitting meditation, yoga is practised by taking cognisance of the seven attitudes of mindfulness which include: patience, trusting, non-striving, non-judging, and being aware of every moment as it unfolds. We are conscious to be in the 'being mode' as opposed to the doing mode which we easily find ourselves.

Yoga practice involves uniting the body and mind through the breath and at the same time paying attention to the body sensation as one stretches and pose the practitioner may or may not judge the experience. As one practices yoga each posture is synchronised with controlled use of the breath.

8.12.4 Benefits of Yoga

Yoga is beneficial to the individual in a number of ways:

1. It helps prevent disuse atrophy associated with sedentary lifestyle.
2. It helps to improve strength and flexibility of the whole body.
3. It helps individual rejuvenates after a period of exhaustion. You regain energy and can go ahead with other daily activities.
4. You can experience the unity of connectedness to the universe.
5. It gives good sense of your body flowing from one part to the other as you practice.

8.12.5 How to do yoga (An outline from Full Catastrophe Living by Jon Kabba-Zinn)

1. Lie on your back on a mat or cushion material that prevents your body from touching the floor.
2. Focus on your breath as you breath in and out.

3. Feel your body as a whole as you lie down from head to toe, feel the sensations associated with your body as it touches the floor.
4. Focus your attention on the present moment and bring it back when it wanders.
5. Try as much as possible to position yourself in the various postures taking time to focus on your breathing as you wait a little on each posture as indicated in figure 2.
6. Beware of the sensations in each of all the parts of your body, direct your attention to the place where you have the greatest complaint, continue to breathe with what you are feeling.
7. Be gentle with yourself, even though the exercise may appear gentle and healing, it may imperceptibly result in serious problems.

Yoga helps to explore oneself lovingly and gently. It should be done continuously and do not overstretch yourself. Sometimes some people want to use it to lose weight; it can come naturally but one should not be discouraged. One should stop yoga if the result is not forthcoming as expected. These two rules should be considered in yoga when you do movement that contracts the abdomen as you breathe out and the front side of your body. Then breath in as you do the one that expands the front side of your body and contract the back. For instance, if you are lying down facing front and raising up your leg, you breath out but if you are lying on your front raising your leg you breath in. Secondly, you need to stay in a posture long enough to let go into it.

Do all stretches considering your limits, note your body sensations, especially when it says it is enough and stop? There must be little discomfort with the stretches but avoid going on to the point of pain.

8.12.6 Week Three: Short Practice

Overcoming daily work Stress

Mindfulness can help the individual to cope with stress. The following can assist the nurse to cope with stress.

1. As you wake up in the morning offer your prayers (a common practice in Nigeria), ensure you have a separate time for your formal mindfulness practice; this may be in form of sitting, body scan or yoga meditation.
2. Prepare for your daily duties bringing awareness into your preparation for work. This may be in the form of cooking, washing, bathing, eating and so on.
3. Be in touch with your family members. Talk to them eyeball to eyeball. Communicate your feelings to your spouse and your children; let everyone feel loved.
4. If you are walking, do so mindfully; if it is driving, drive mindfully to work. Meditate as you go on.
5. Always remember to take a breath at every point of traffic hold up.
6. Avoid any form of tension, be composed, and demonstrate alertness and calmness.
7. Walk mindfully to your office, sit down and watch your breath for at least five minutes
8. Carry out all your procedures mindfully. Put awareness in whatever you do throughout the day.
9. Smile at every moment, be happy with yourself.
10. Enter to the nurses' lounge and be with yourself during break period take a breath for five minutes or have a body scan or stretch yourself and rejuvenate.
11. Eat your lunch mindfully.
12. Communicate mindfully with people.

13. End the day with taking a breath.

8.12.6.1 Managing emotions mindfully exercise

There are some difficult people we come across on daily basis that are ready to provoke even when one seeks to be at peace with them. The need for the Nurse Managers to learn how to manage periods of provocation or difficult emotions is paramount. This exercise will assist you to detect emotions early and take appropriate steps to quell it. Sit in upright position with your legs touching firmly on the ground and close your eyes.

Focus on your breathing as you breathe in and out; observing the breathing sensations on your chest and the skin. Note any emotions you feel at present just observe only and do nothing about it. Notice and acknowledge the noise around you. Notice all sounds within and outside you including the one in the vicinity and far away that you can hear. It could be sound of baby crying or the humming of a generator set. Make this sound the anchor for your attention. Don't do anything about it, but just observe that they are present. Carry out body scan to check how your body feels starting from your toes to the crown of your head. Check if you have any tension or stiffness. At any moment you discover any tension or stiffness, stop the body scan and try to release it. Continue with the scan till you finish. Observe your emotion again and direct your attention to your emotion with kindness. Is your emotion still the same? Note any change in emotion.

8.13 MODULE THREE: SESSION THREE – PRACTICAL DEMONSTRATION

The last session introduces participants to mindful movement, how we can manage our emotions mindfully and overcoming daily stress. This session is the practical demonstration of these three exercises.

8.13.1 Session Objectives

1. To demonstrate the yoga exercise;
2. To demonstrate managing emotions mindfully exercise; and
3. To demonstrate overcoming daily stress.

8.13.2 Teaching Media/aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Track suit and canvas
4. Mat or chair
5. Paper and pen
6. Bells

Yoga 1 Postures

8.13.2.1 Activity

All the participants were to first watch a CD on the mindful yoga by Kabbat Zinn. The facilitator leads them through the step-by-step exercise. Both facilitator and participants follow the step-by-step demonstration.

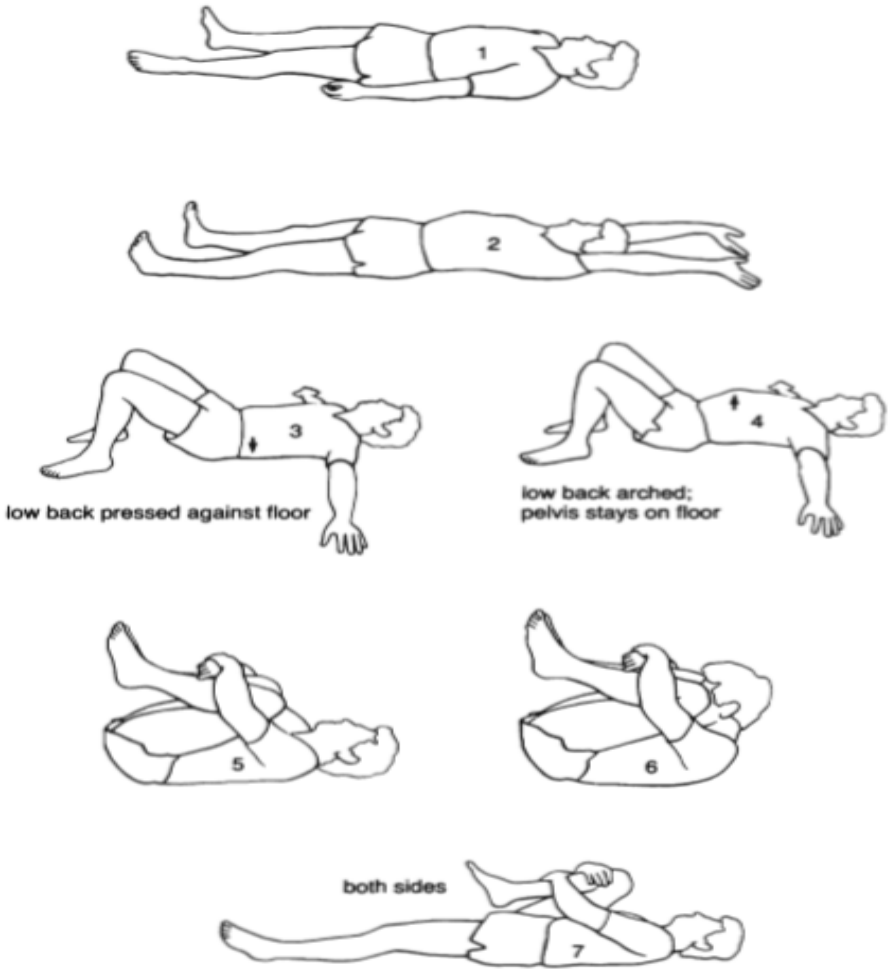


Figure 7.2: Yoga Postures (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)

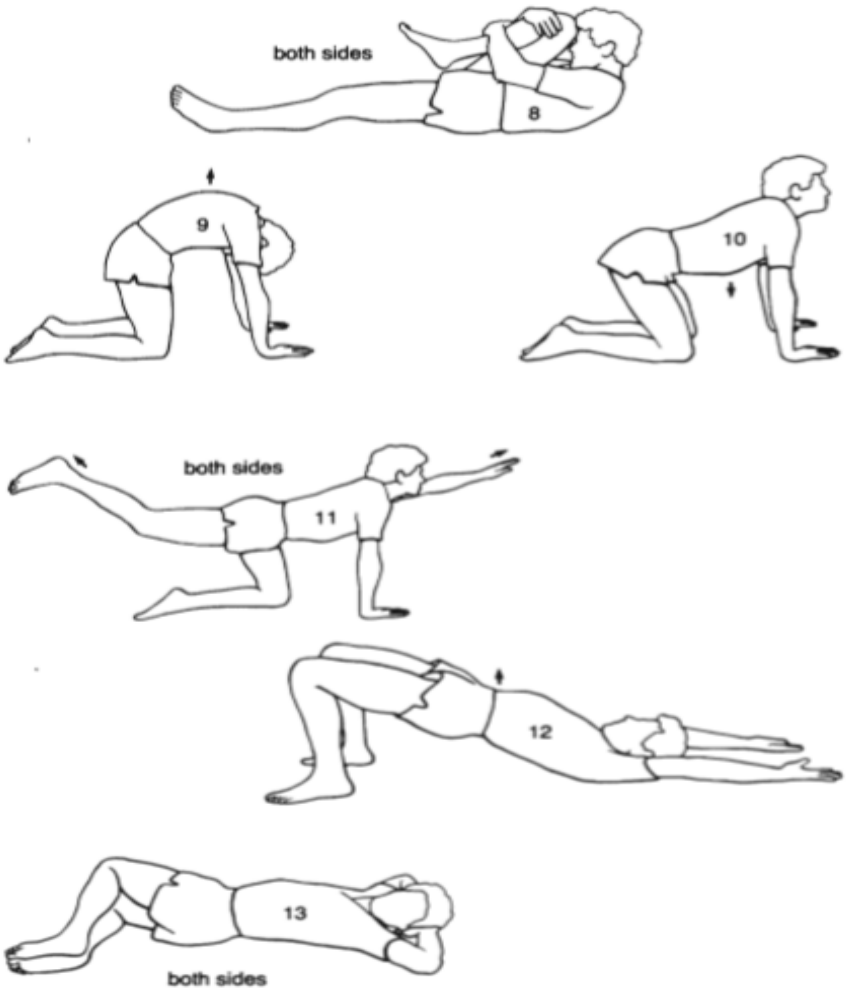


Figure 7.3: Yoga postures (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)

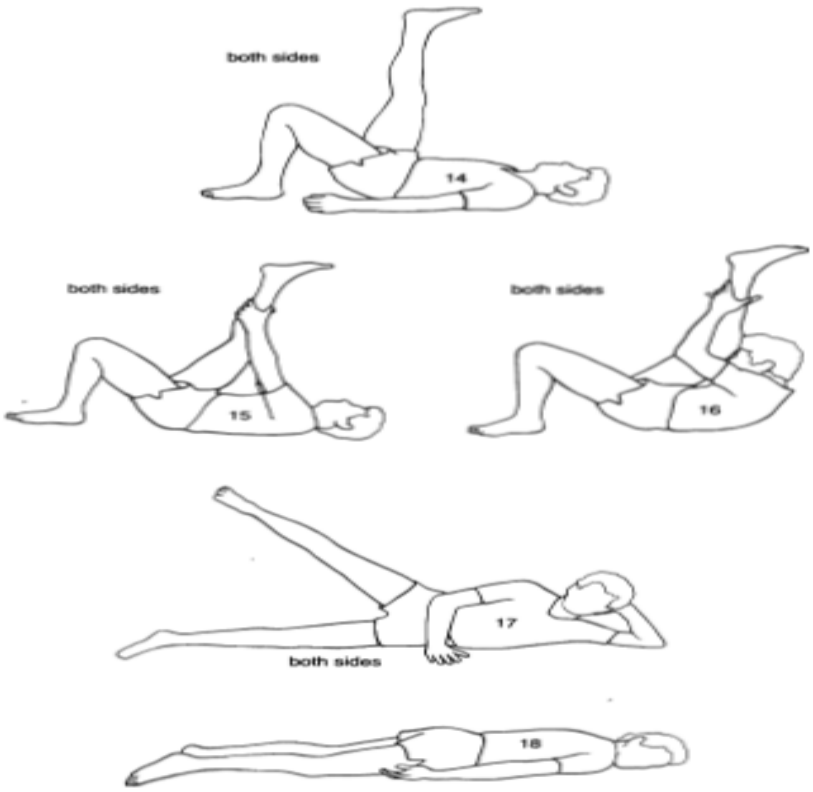


Figure 7.4: Yoga postures (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)

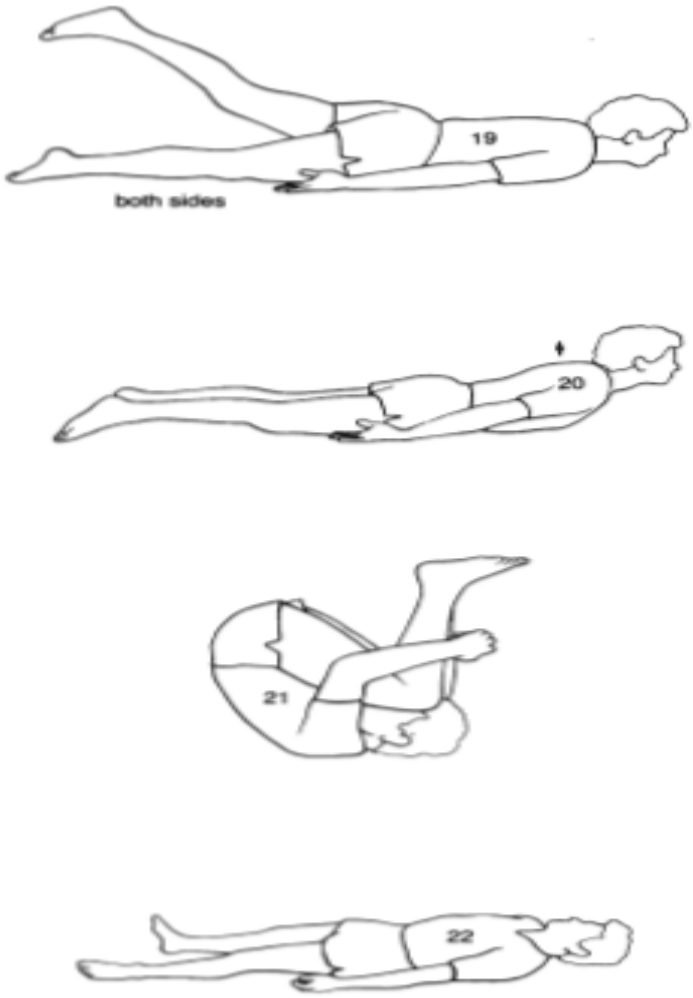


Figure 7.5: Yoga Postures (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)

YOGA 2 POSTURES

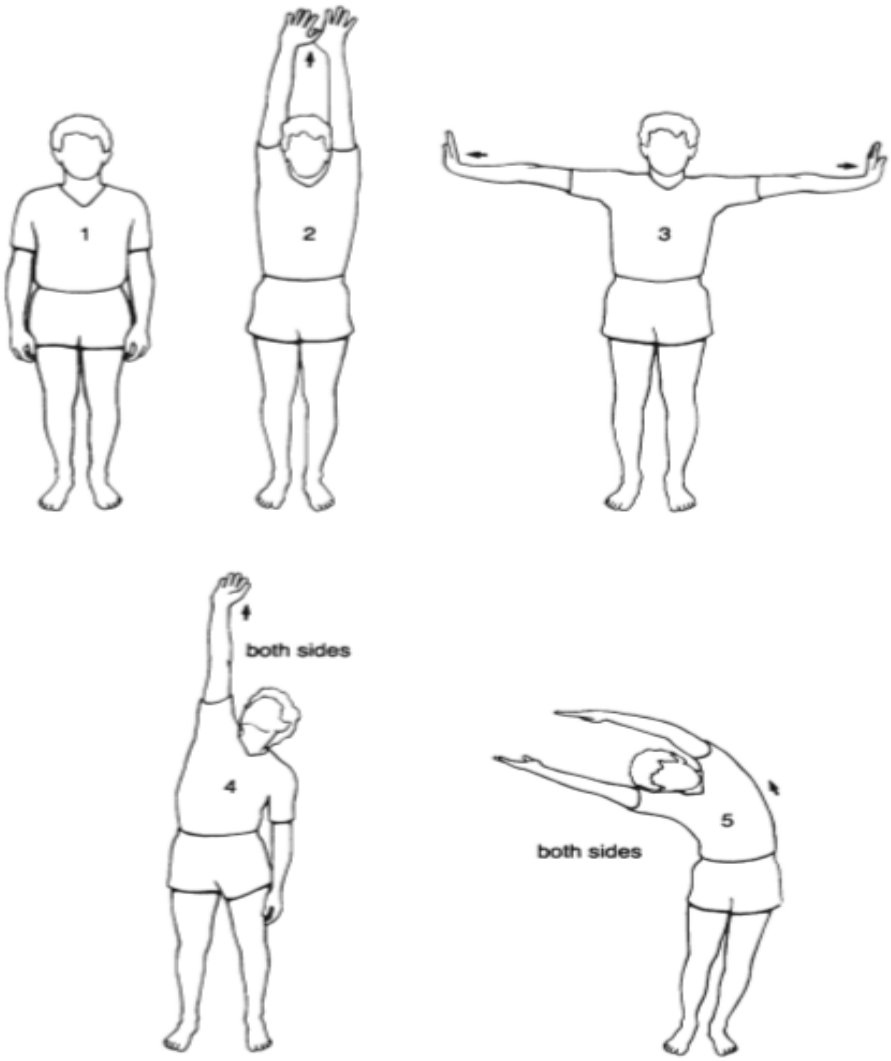
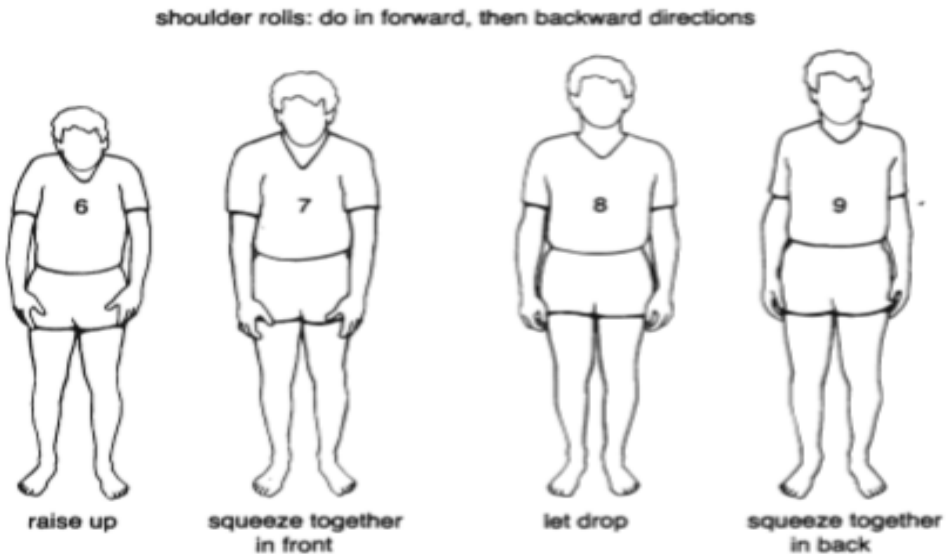


Figure 7.6: Yoga postures (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)



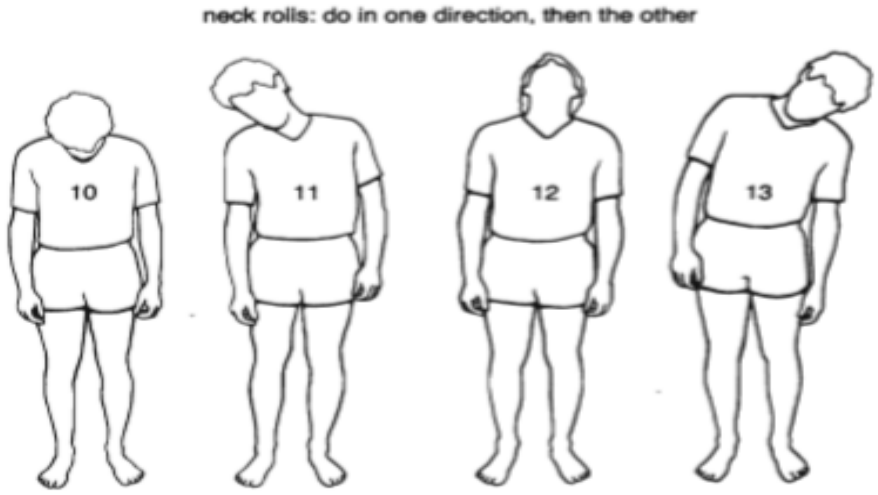


Figure 7.7: Yoga postures (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)

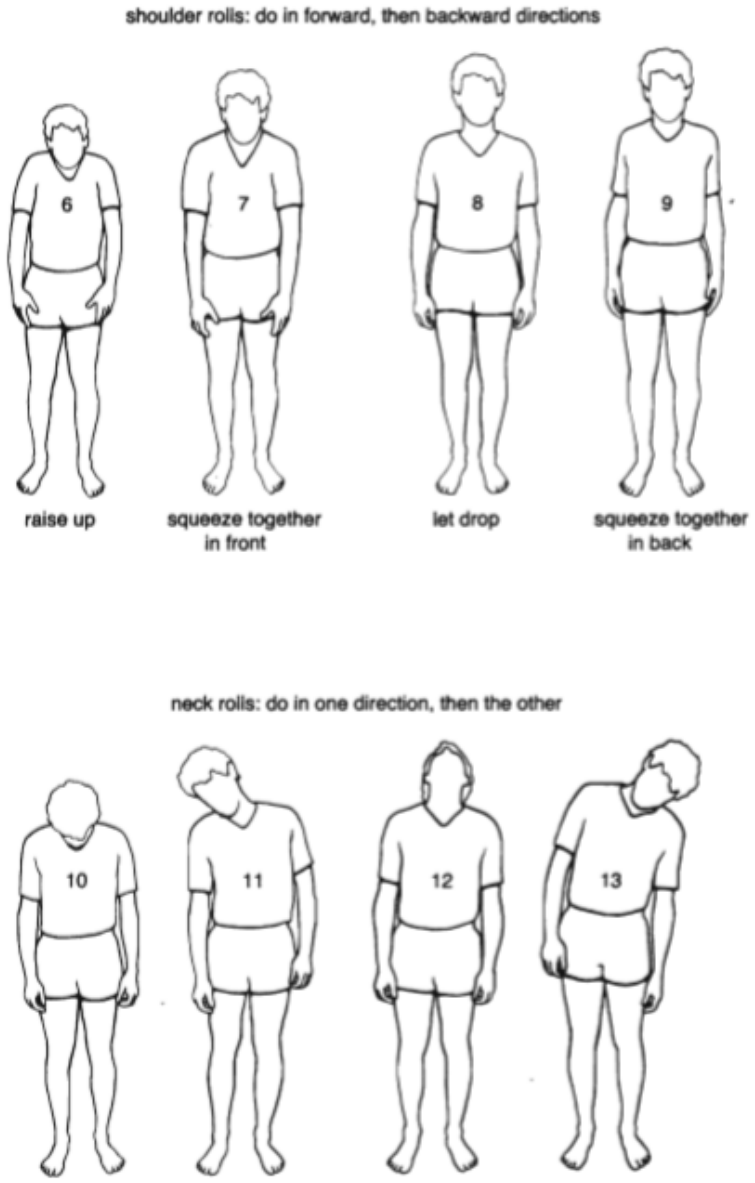


Figure 7.8: Yoga postures (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)

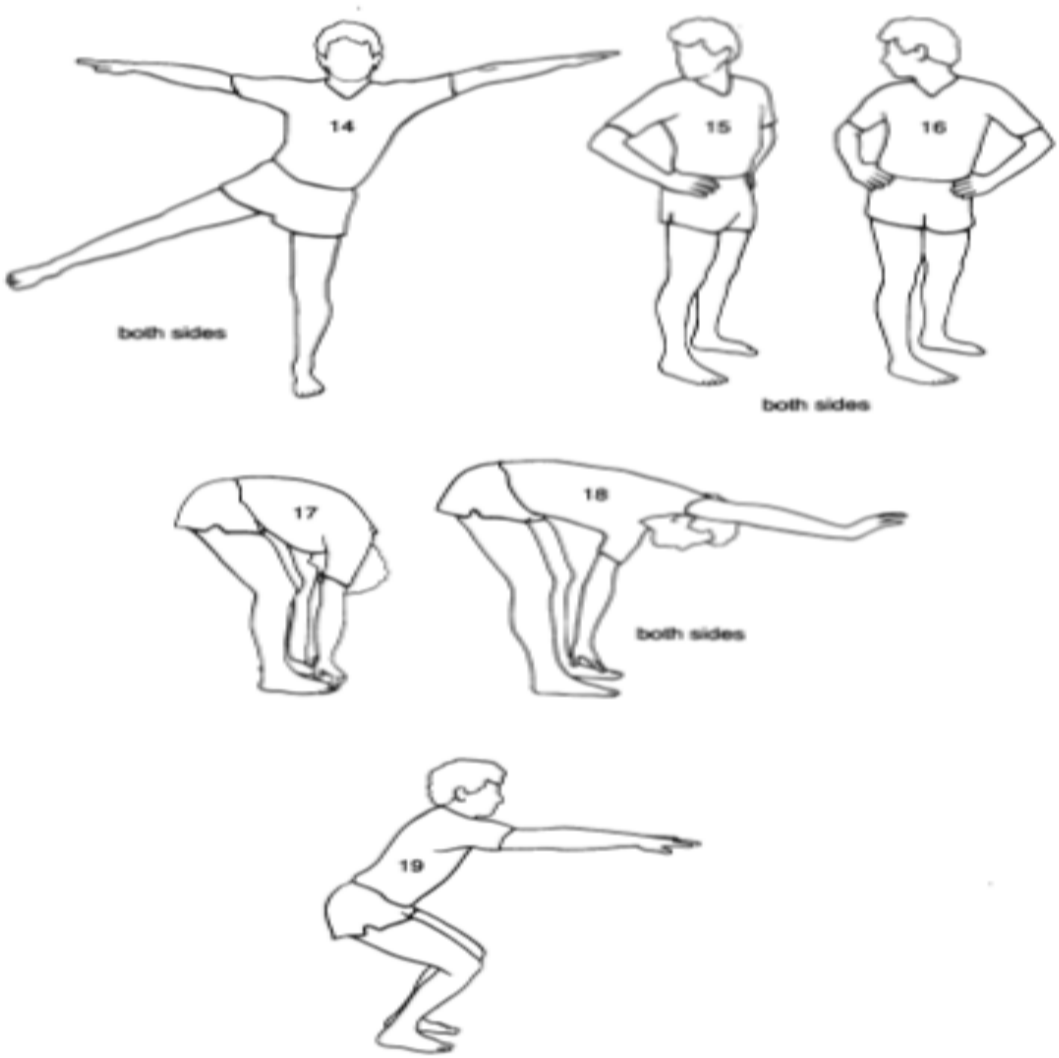


Figure 7.9: Yoga postures (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)

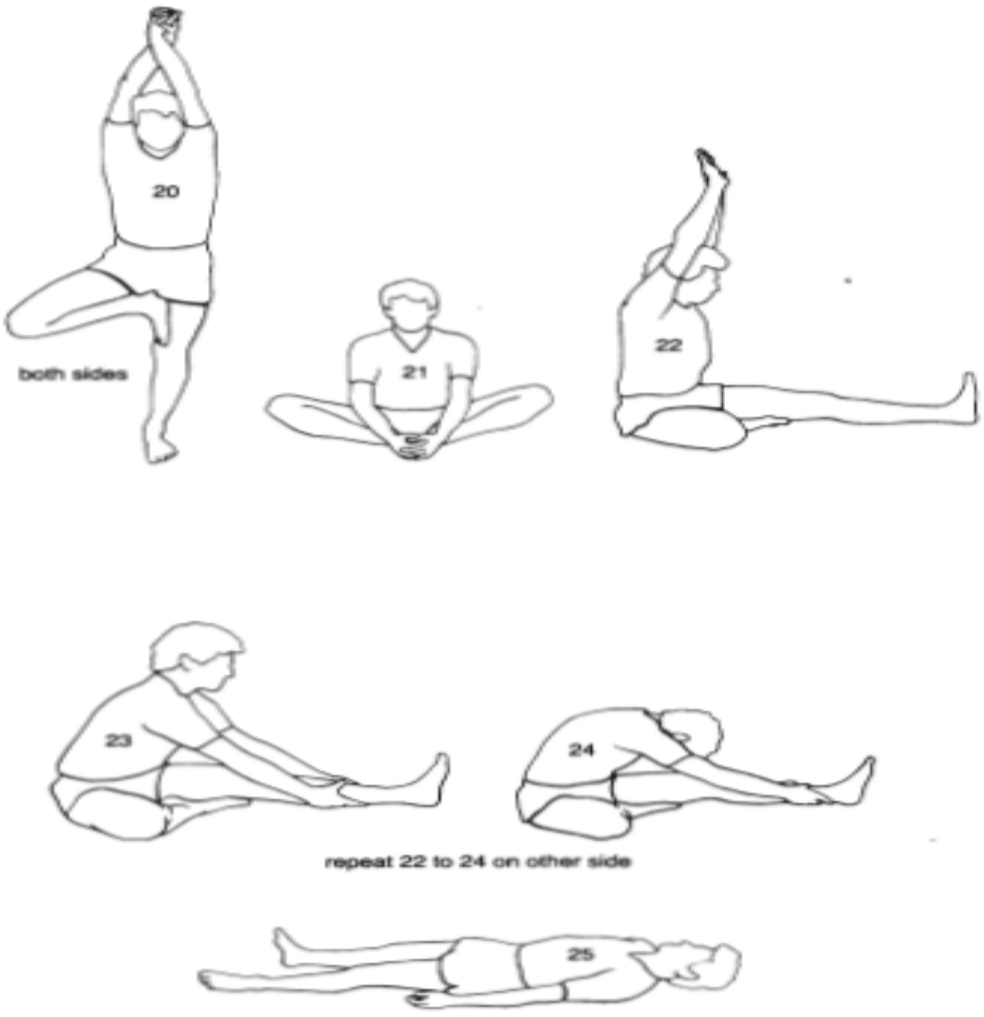


Figure 7.10: Yoga postures (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)

Home practice

Yoga

EVALUATION

What have I learnt?

8.14 MODULE FOUR: SESSION ONE – COMPASSIONATE FOCUSED TRAINING (CFT)

Session objectives

1. To explain the compassionate focused training;
2. To explain compassionate Motivation; and
3. To describe steps in creating compassionate motivated training

Teaching Media/aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Mat or chair
4. Paper and pen
5. Bells

8.14.1 Compassionate Focused Training (CFT)

Compassion according to Ressell (2016, p.34) is described as sensitivity to suffering with the attendant motivation to help lessen or prevent it. This definition emphasises the warm affection to assist people overcome their distresses. Nurses are expected to be compassionate; if they are to do this, they must be tolerant and skilful enough to arouse empathy, overcome shame, self-pity and judgment. Some of the challenges confronting the nursing profession in Nigeria include lack of good interpersonal relationship, attitudinal problems that destroy the profession's image; these two have relegated the profession to the background.

The focus of this training is to enable nurses know that there are some powerful emotions that have arisen as a result of experiences that are not their fault but guided them to self-discovery and seeing

how they can work with it. The training is targeted at helping people with emotional problems such as fear, anxiety, anger, and insecurity to discover and control their innate tendencies. Children that grew up in loving, caring and soothing environment feel secure. According to Resell (2016 p.45), compassion can be obtained through skilful training and the attributes are sensitivity, caring for well-being, sympathy, empathy, non-judgment and stress tolerance.

8.14.1.1 Sensitivity

This is the attribute of helping people to open their awareness to the suffering, pain, discomfort they are passing through so that they can intentionally attend to them instead of avoiding them.

8.14.1.2 Sympathy

This entails being moved by the suffering people pass through. This could be you or others. You are concerned and you feel for the individual. This helps the person to avoid self-criticism or criticising others.

8.14.1.3 Compassionate Motivation

The purpose of this motivation is to produce in the nurse the ability to have deep awareness of the suffering but not to be overwhelmed by it. We create in them the ability to focus on helping themselves and others instead of being consumed by the situation they find themselves.

8.14.1.4 Distress Tolerance

This is the ability to cope with pain or the discomfort to suffer long and bear the suffering, live with and work with it. The nurse would not mind the discomfort she has to pass through in identifying with the patient in distress.

8.14.1.5 Non-judgment

The nurse is expected to relate with the clients to assist them cultivate mindful awareness, instead of labelling or judging the experience but to accept and observe it as if unfolds.

8.14.1.6 Empathy

This involves understanding with the person that is involved with the suffering. The individual is made to be aware of what they are passing through at the moment. The feelings that are involved, in what way does it affect the person? In compassion we are able to notice the feelings, emotion and impact and we try to help out.

8.14.2 Compassionate Mind Training

The goal of compassionate mind training is to assist the nurse to develop skills that are required to bring humanity into nursing and connect favourably with the patient. The nurse must first of all be able to relate well with their thoughts treating thoughts as mental processes and not getting stuck in it or pushing it away. They must be able to inculcate compassionate ways of thinking (Kolts, 2016, p. 47). Kolts, (2016, p. 47) described four major ways of cultivating compassionate minds: attention and sensory focusing, Imagery, feeling and emotion, and behaviour.

8.14.2.1 Attention and sensory focusing.

Sensory focusing exercises like soothing rhythm breathing (SRB) to be used to train nurses to maintain calmness and soothe the threat emotions.

The breathing in soothing rhythm breathing is different from that of mindfulness. In mindfulness you focus on your normal breath while in SRB you intentionally slow down the breathing.

8.14.2.2 Feelings and Emotion

CFT helps deals with helping people to develop affection, kindness and warmth toward self and others unlike other mindfulness programme that helps people to deal with difficult emotions. This will definitely help nurses to develop compassionate skills that will lead to good therapeutic relationship with their patients.

8.14.2.3 Behaviour

The CFT training will assist nurses build the innate qualities of compassion and translate it into action. The nurses will be able to relate with themselves and others. This includes interacting with nurses to make them look deeply into their behaviours, and feelings that can hurt others. The mind can be trained on the type of compassionate quality the individual desires to develop either to help others, kindness, wisdom, perseverance or patience.

8.14.3 Steps in CMT

1. Take a slow, soothing rhythm to slow down the body.
2. Think of the type of compassionate behaviour to cultivate.
3. Imagine how you will feel if you have this desired quality.
4. Think about the task you would do in case you have this quality and spend ten minutes to think and feel you are doing it.
5. Try to keep yourself in that mood throughout the day.
6. Subsequently repeat the same for all the compassionate qualities you want to develop.
7. Continue to grow in it from day to day.

EVALUATION

What have I learnt?

8.15 MODULE FOUR: SESSION TWO

Session Objectives

1. To describe the loving kindness meditation;
2. To explain how compassion behaviour can be created; and
3. To discuss how CMT can be imbibed in Nursing profession.

Teaching Media/aids

1. Overhead projector, laptop, and pointer
2. Flip Charts/markers
3. Mat or chair
4. CD
5. Paper and pen
6. Bells

8.15.1 Loving Kindness Meditation

This is done by uttering some prayers for oneself, the person one loves most, those one has little affection for, those one is neutral about, and those that one has difficulties with. It will amount to heartfelt caring if a nurse gets to the unit in the morning and prays this prayer for patients or before performing any procedure on the patient. This will impact on one's connection with them. Example of such prayer:

"May you be happy and whole.

May you be free from suffering and pain.

May you be protected from fear, shame and harm.

May you be alive, joyful and comforted.

May you enjoy inner peace and tranquillity.

May the peace spread throughout the whole nation and the world."

Cultivation of a compassionate behaviour

Think of the behaviour. It may be kindness, honesty, compassion, love or any other behaviour.

Follow the steps in cultivating compassionate behaviour above.

Appreciate yourself for doing so.

8.15.2 Group discussion

8.15.2.1 Activity

Each participant is to pick a number from 1 to 5. All ones are to go be in one side, same goes for all the twos, threes and the rest. Each group is to select the team leader and secretary. The secretary presents the outcome of their presentation in five minutes.

All team leaders are to form a group to collate all the points and finetune it. This will in turn be presented to the house.

EVALUATION

What have I learnt?

8.16 MODULE FOUR: SESSION THREE – PRACTICAL DEMONSTRATION

Session Objectives

1. To demonstrate how compassionate behaviours can be cultivated; and
2. To identify circumstances that warrant the manifestation of compassionate behaviour.

Teaching Media/aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Mat or chair
4. CD
5. Paper and pen
6. Bells

8.16.1 Activity

All participants watch the metta prayer CD by Palouse Mindfulness available at https://palousemindfulness.com/meditations/lovingkindness.html (in the public domain).

All participants in turn send kindness to themselves, a loved one, a neutral person, an individual opposing them, and the world around them.

8.16.2 Home Practice

Core Practice

Loving kindness meditation

Yoga 2

Informal practice

Send kindness to all nurses in your unit

Send kindness to your patients.

Cultivate two compassionate behaviours.

EVALUATION

What have I learnt?

8.17 MODULE FIVE: SESSION ONE – UNIT MANAGEMENT TRAINING

Session Objectives

1. describe the components of unit management;
2. identify the roles of unit manager; and
3. identify how mindfulness can assist in unit management.

Teaching Media/aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Paper and pen
4. Bells

Ice breaker

8.17.1 Definition

Unit: A hospital unit or ward is a block (or area) forming a division of a hospital (or a suite of rooms) shared by patients who need a similar kind of care. It might be a large room, or combining couples of rooms or assimilation of some coop under simple management.

Management: Management can be defined in many ways, simply put, it is getting things done by others. To be specific, the successful organisation and implementation of overall care plan by nursing departments as per set rules and expectations.

8.17.2 Definition of Unit Management

This is the totality of efforts put together to harness both human and material resources of a health care unit for the achievement of the set goals of the unit. It is for the assurance of quality services, positive motivation, job satisfaction with a team spirit through effective communication and cross fertilisation of ideas and experiences. The implementation of such an overall plan for the nursing department of any health care institution provides for the establishment of a number of unit or wards. Therefore, the process of administration must be used in these units.

Objectives of unit management

Objectives of unit management are to:

a. provide highest quality nursing care for the patient
b. provide a clean, well-ventilated environment for patient and protect him/her from infection, accidents and hazards.
c. help the staff in achieving highest degree of job satisfaction.
d. provide facilities to meet the needs of patient and their attendant

Manager or in-charge: This is the person that shoulders the responsibilities of a unit. An in-charge/manager is responsible for managing the unit in their charge; hence they should follow the norms of the profession.

8.17.3 Components of unit management

The components of unit management include patient care, personnel management, ward round, supply and equipment, environmental cleanliness and interpretation of policies and procedure

Patients' care

This includes all activities necessary to provide quality nursing care such as activities concerned with the comfort and well- being of all the patients in the unit. The patient's needs must be adequately accessed and planning of care should be done using the nursing process approach. The plan of care must be flexible enough to give room for care to be directed towards change in the patients' condition.

Determine the activities concerned with carrying out of medical treatments for patients that involve the physician or carrying out procedures, including diagnostic tests that may involve the physician. Also instituting therapeutic measures, such as giving medicine, doing wound dressing, observing patients for any untoward reactions following treatment and taking necessary measures to combat them.

Activities that involve staff development aimed at upgrading knowledge of the nurse. This may be planned on-going activities of education and training for the use of new equipment and technology, new procedures or simply providing information (incidental and planned, patients and their relatives about maintaining improving their health in all settings). Overall care must be patient centred.

8.17.3.1 Personnel management

The Nurse Manager who is the head nurse takes care of all responsibilities in relation to the unit. All cadres of nurses are to be properly utilised. Pairing of nurses for shift duties should consider their competencies, strengths and weaknesses of staff. Other staff who are non-nurses like unit clerks/clerical staff, ward orderlies, attendants, cleaners and porters are to be in place.

Supervision of Staff

All staff members are to be supervised. This will keep the employees on their toes otherwise there will be negligence in the unit. Nurses are to be assigned to the patients to be cared for taking cognisance of patients' needs and the nurses' ability to provide needed care.

8.17.3.2 Preparation of Roster

The roster should be prepared according to Nurse Manager's knowledge about the personnel.

The employee's behaviour and attitudes towards work should be studied; some cannot work for a long time; some are weak and feeble; some are strong and some are interested in playing truancy especially in countries where people are not being paid per hour and the work done are not quantified.

The roster should be prepared on time to give room for adequate and appropriate planning of both the supervisors and other employees.

8.17.3.3 Ward round

Ward rounds are very essential and basic to health care of patients on admission. It is a means of understanding the patients and their problems. The round brings interdisciplinary approach to patient care as all members of the treatment team make contributions based on their knowledge of the patient. It allows for adequate care planning and implementation. During these rounds, there are opportunities for supervision, evaluation and teaching. Ward rounds may be done by the doctor or the nurse and it may be combined. Most of the time, the combined method is used.

Types of Ward Round

Four types of rounds are identified – Doctors round, Nurses round, Head of nursing round, Head of unit's round.

(a) Doctors Round

Two essential personnel at a ward round are the doctors and the Nurse Managers or Nursing Unit Head. A unit manager should not feel inferior to a doctor when he or she comes to their ward as their function is to coordinate the team for the benefit of the patients.

Preparation for Round

The ward should be prepared as follows:

- Clean and tidy up the ward.
- Relatives should not be allowed during rounds.
- Patient's treatment chart should be up to date and all relevant information should be available.
- Let all the patients be in bed before round.
- Prepare diagnostic tray ready for use.
- Rounds should not be conducted during lunch time or visiting hours.

Conducting the Round

- Instruct the staff nurse to stay on during patient's examination.
- All observations are to be reported.
- Record/get written orders by doctor.

After the ward round

- Instruct staff nurses to carry out orders and observe patient carefully.

(b) Nurses Ward Round

Head of Nursing Round: The Head of Nursing is usually seen as a confidant/adviser. She must visit patients regularly and take this opportunity to provide guidance to nurses.

Head of Unit Round: The Unit Head should conduct ward round with nurses to observe which patient is critically ill and require skilled attention, to supervise the normal routine of the ward, to

check the DDA cupboard, to have an idea of condition of stock and equipment and to note the standard of practice.

Environmental Cleanliness

Sanitation and provision of therapeutic environment involves:

- Identifying hazards in the units and planning for its elimination-radiation, thermal, chemical, bacteriological
- Ensuring good temperature regulation
- Good lighting of units
- Safe water supply
- Proper refuse disposal
- Infection control
- Dust control
- Pest and insect's control
- Provision of adequate privacy
- Control of visitors

Roles of Nurse Managers

The roles of the Nurse Managers include:

- Budgeting and aligning resources to meet needs of the unit.
- Staffing – ensuring appropriate personnel to fulfil the demands in the unit.
- Scheduling – appropriate planning of duty hours for all nurses in the unit taking note of bed occupancy and the care needs.
- Staff training – planning training needs, teaching and guidance to followers.
- Evaluation of unit's activities-identifying care deficiencies and wastages in the unit.

- Monitoring – taking inventories, requesting for supplies and services.
- Assign tasks to nurses based on expertise.
- Networking with other departments for effective patient care.
- Delegate responsibility for patient care.

8.17.4 Decision making in nursing unit

Clinical decision making is a complex process whereby the nurse uses critical thinking skills to collect information, analyse and choose the best course of action to intervene and deliver appropriate care. Making decision is central to nursing care and problem solving. Critical thinking is not a factor of abundance of information but the usefulness of the quantum of information at the nurse's disposal which increases the nurses' awareness of the enormity of the problem at stake and the capacity to act appropriately. There are various models for decision making which include the normative, prescriptive and descriptive models (Standing, 2010 p.8).

8.17.4.1 Normative model

This applies when the decision is based on evidence. There is usually research finding based on logical, scientifically proven means that can predict and explain the outcome of the decision made. Since this model is based on sound scientific knowledge error in judgment is minimised.

Prescriptive model

This model uses frameworks, algorithm or protocol that is developed to enhance decision making. It also follows the principles of scientific to guide the implementation of problem- solving approach. Example of this is the nursing process and partograph.

8.17.4.2 Descriptive model

Descriptive model recognises the use of studies that has to do with observation, description and analysis of how decisions are made in their day-to-day activities.

Decision making process

Decision making in the unit is based on the type of problem arising from health care situation. As a result problem solving and decision making usually go hand in hand in the units. Jooste (2018, p. 234) spell out the steps involved in decision making in spite of whatever model is of interest to the unit manager.

Steps involved in decision making are in sequence.

1. Identify the issues that needs the decision
2. Itemise all alternatives
3. Deliberate on each of the identified problems and implement accordingly
4. Select the best options as indicated by the group
5. Carry out necessary evaluation of the goals achieved

8.17.5 Problem Solving and Decision Making

The day-to-day implementation of unit management involves problem solving and decision making which may occur differently at times. Decision can be made without having any problem warranting a solution.

Factors that affect decision making

Various factors affect decision making

1. Political factor
2. Organisational factor
3. Situation-urgency, uniqueness

4. Inadequate information
5. Exigencies
6. Type of health system
7. Time
8. Abilities of decision makers – perception, knowledge, values, fear, preferences, opposition, confidence, trust.

Decisions should not be made by the team leader alone. Team decisions are always good in order to enhance sense of belonging and to get everyone involved in the process.

EVALUATION

What have I learnt?

8.18 MODULE FIVE: SESSION TWO

Session Objectives

- describe the sitting meditation;
- describe the three-step body check; and
- discuss how mindfulness can be incorporated into unit management.

Teaching Media/aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Mat or chair
4. CD
5. Paper and pen
6. Bells

8.18.1 The Sitting Meditation

Everyone is familiar with sitting. The difference between ordinary sitting and mindful sitting is the awareness. The sitting meditation offers one the opportunity to align in vertical position the head, neck and back. The body is relaxed, feel comfortable and has calm acceptance without doing anything. This meditation, according Kabbat-Zinn, assists us internally to cultivate alert attention, self-acceptance and self-reliance.

You can either sit on the floor, or on a chair. What is important is to keep the neck, back and head aligned in a vertical position, relax the shoulder and keep your hands as comfortably as you like. Some keep their hands on their lap while some on the knees. The posture you assume is very

important for this kind of meditation. Bring your attention to your breathing as soon as you assume a comfortable posture. Note the air coming in and out as you breathe in and out. The mind will want to wander and do something else but as it does that you just observe and bring it back to focus on the breathing. You don't react or judge it. If it wanders a hundred times gently and firmly bring it back a hundred times. By doing this you are building up your concentration.

When practicing sitting meditation, you create time for non-doing. Have a designated place for practice. Try to maintain calm acceptance in the place and ensure you fill it with nothing.
While practicing you may witness some discomfort but quickly and wisely bring your attention to the sensation of discomfort and welcome them. That is what you are facing at the present moment. Remember mindfulness is about what you are experiencing at the present moment. Thinking does not matter in mindfulness but the way you handle it, be aware of your thoughts as they come and go out. You do not need to push away your thoughts or try to stop it but let them be and return to the breath as your home base and observe and regain your focus.

8.18.2 Group Discussion

The participant takes numbers one to four and are divided into five groups to discuss how mindfulness can be incorporated into unit management. Each group is to make presentation. Two people are to serve as rapporteurs taking the key points. This is presented to the house for further discussion and ratification.

8.18.3 Home Practice

Engage in sitting meditation 30 minutes every day throughout the week

Short practices

1. Three-step body check
2. Conduct ward round mindfully
3. Eat two meals mindfully during the week
4. The three-step body check

This is a version of body scan that can be done everywhere.

Steps

1. Sit comfortably on a chair
2. Ensure there is no distraction
3. Within three minutes do a quick body scan
4. Appreciate yourself.

Steps to conduct ward round mindfully

1. Take a breath
2. Prepare all necessary materials for ward round
3. Make the ward ready
4. Move from one patient to the other listening and writing down their complaints
5. Check all necessary tests that should be carried out
6. Check the nursing care plan for outcomes of care
7. Be focused throughout the period.
8. Pay attention to details
9. Note all sensations on your leg or body as you stand without judging them
10. Stay on until the round is completed

Mindful hand washing

Steps

1. Wet your hands and feel the water either cold or lukewarm as it touches your hands.
2. Apply soap to your hands feel the odour of the soap how it ladders.
3. Rub your palms together; note how you fill as you rub your hands over each other.
4. Interlace your fingers be aware of your feelings.
5. Scrub your thumbs and note your feelings
6. Rub fingertips against palms note your feelings.
7. Rinse your hands; note the temperature of the water.
8. Dry with paper handkerchief and discard.

EVALUATION

What have I learnt?

8.19 MODULE FIVE: SESSION THREE – PRACTICAL DEMONSTRATION

Session Objectives

- demonstrate the sitting meditation
- demonstrate the three- step body check
- demonstrate mindful hand washing

Teaching Media/aids

1. Overhead projector, laptop and pointer
2. Flip Charts/markers
3. Mat or chair
4. CD
5. Paper and pen
6. Bells

8.19.1 Activity

The participants listen to the CD on sitting meditation by Palouse at https://palousemindfulness.com/meditations/sittingmeditation.html(in public domain).

The facilitator leads them to demonstrate the sitting meditation and the three step body check in succession.

EVALUATION

What have I learnt?

The sitting meditation postures

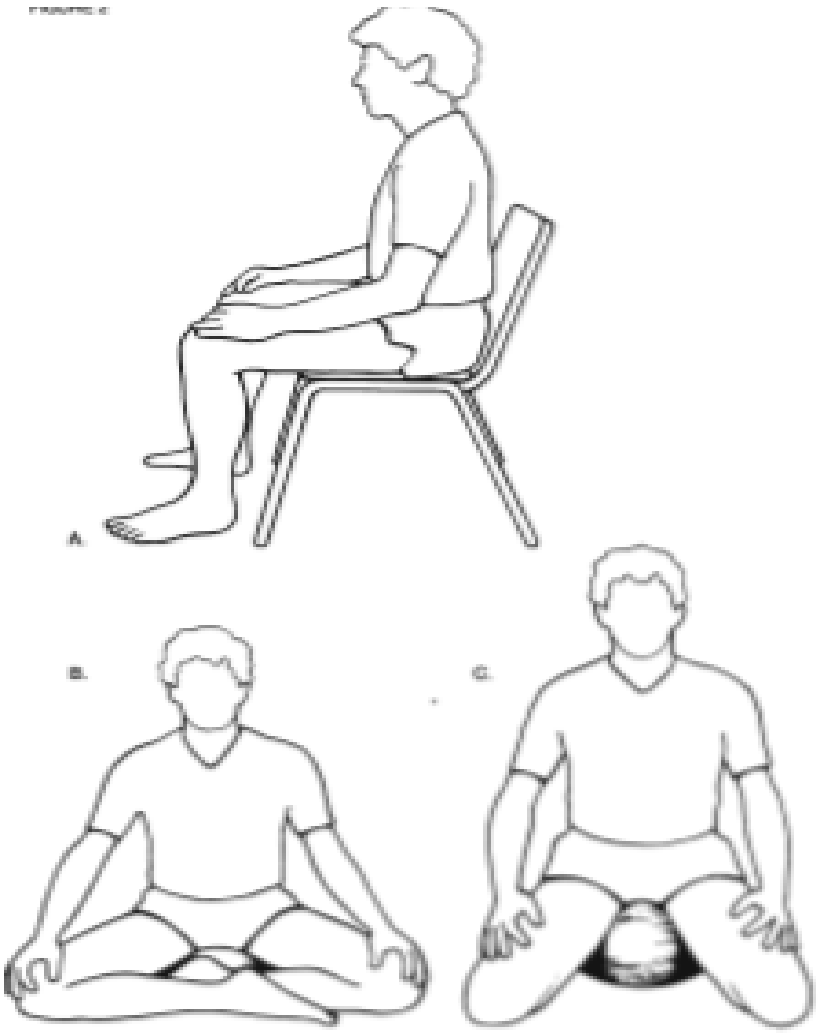


Figure 7.11: Sitting meditation (Copied online from Jon Kabbat-Zinn: Full catastrophe Living)

8.20 MODULE SIX: SESSION ONE: MINDFUL COMMUNICATION

Session Objectives

1. To describe mindful communication; and
2. To describe the process of non-violet communication

8.20.1 Mindful Communication

The facilitator introduces the concept of mindful communication and gives necessary explanations. Mindful communication is bringing higher level of conscious awareness into interacting and connecting with one another. Nurses need to understand that the way they communicate matters in therapeutic relationships. Communication is the real thing that shows the humanity in us. It is a process that goes on from time to time if you are not communicating with others you are communicating with yourself being aware of your thoughts emotions and feelings will assist you to communicate with your patient in an effective manner.

Over the years mode of communication has changed with the technological changes. People now communicate with the use` of emailing and social media such as Linked-In, WhatsApp and Twitter. This has lessened the ability inherent in face-to-face conversations but the nurse is always in contact with patients and most of the health workers at the health facility. Hence the opportunity to utilise the benefits of engaging in personal touch, getting insights through non-verbal communication, enhanced team work and successfully dealing with difficult and tricky situations. The words that we speak make us to disconnect from our compassionate being that's why you can see a nurse speaking violently to patients, relatives and colleagues in the place of work. Hence the need to acquire skills on non-violent communication.

8.20.2 Non-Violent Communication (NVC).

Non-violent communication can be achieved by expressing ourselves mindfully with kind attention, honesty, empathy, clarity and focus. Our responses are based on what we are able to see, feel, perceive at the present moment.

In NVC four areas are explored.

1. Observe without evaluation – State how you feel as you observe the action. Do you feel happy, sad, disappointed, irritated?
2. Express your feelings, that are connected to the action, the beliefs, values concern that led to the feelings.
3. Identify the needs.
4. Find out the concrete actions needed to improve your life.

8.20.2.1 Observe without judging

We are to observe what people are saying or doing that are affecting our lives positively or negatively, stirring us up or depressing us. We focus on this without judging or evaluating. What are the concrete actions that affect our well-being? When observation is combined with evaluation people expect criticism or judgment. In mindfulness we are able to get the wisdom in observing without judging.

8.20.2.2 Identify and express your feelings

Rosenberg (n.d., p. 38) stated that unexpressed feelings have a heavy cost. It is capable of damaging relationships. Some nurses repress issues of many years without expressing it. Most nurse leaders are not in harmonious relationship with each other due to what happened at one time

or the other. When we are able to express our feelings most of our communication issues will be resolved.

Most people also cannot distinguish between feelings and thoughts. It is what they think about that they see as their feelings. Building a vocabulary of feeling will help both in emotional and professional relationships. It will help us to refer to the specific emotions rather than general words. For instance, when you say you feel good. It could mean you are relieved, excited or happy.

Examples of words that express feelings are listed below:

How we feel when our needs are met according to (Rosenberg, 2005).

"Absorbed, adventurous, affectionate, alert, alive, amazed, amused, animated, appreciative, ardent, aroused, astonished, blissful, breathless, buoyant, calm, carefree, cheerful, comfortable, complacent, composed, concerned, confident, contented, cool, curious, dazzled, delighted, eager, ebullient, ecstatic, effervescent, elated, enchanted, encouraged, energetic, engrossed, enlivened, enthusiastic, excited, exhilarated, expansive, expectant, exultant, fascinated, free, friendly, fulfilled, glad, gleeful, glorious, glowing, good-humoured, grateful, gratified, happy, helpful, hopeful, inquisitive, inspired, intense, interested, intrigued, invigorated, involved, joyous, joyful jubilant, keyed-up, loving, mellow, merry, mirthful, moved, optimistic, overjoyed, overwhelmed, peaceful, perky, pleasant, pleased, proud, quiet, radiant, rapturous, refreshed, relaxed ,relieved, satisfied, secure, sensitive, serene, spellbound, splendid, stimulated, surprised, tender, thankful thrilled, touched, tranquil, trusting, upbeat, warm, wide-awake, wonderful, zestful".

How we feel when our needs are not met

"Afraid, aggravated, agitated, alarmed, aloof, angry, anguished, annoyed, anxious, apathetic, apprehensive, aroused, ashamed, beat, bewildered, bitter, blah, blue, bored, broken-hearted, chagrined, cold, concerned, confused, cool, cross, dejected, depressed, despairing, despondent, detached, disaffected, disenchanted, disappointed, discouraged, disgruntled, disgusted, disheartened, dismayed, displeased, disquieted, distressed, disturbed, downcast, downhearted, dull, edgy, embarrassed, embittered, exasperated, exhausted, fatigued, fearful, fidgety, forlorn, frightened, frustrated, furious, gloomy, guilty, harried, heavy, helpless, hesitant, horrified, horrible, hostile, hot, humdrum, hurt, impatient, indifferent, intense, irate, irked, irritated, jealous, jittery, keyed-up, lazy, leery, lethargic, listless, lonely, mad, mean, miserable, mopey, morose, mournful, nervous, nettled, numb, overwhelmed, panicky, passive, perplexed, pessimistic, puzzled, rancorous, reluctant, repelled, resentful, restless, sad, scared, sensitive, shaky, shocked, sceptical, sleepy, sorrowful, sorry, spiritless, startled, surprised, suspicious, tepid, terrified, tired, troubled, uncomfortable, unconcerned, uneasy, unglued, unhappy, unnerved, unsteady, upset, uptight, vexed, weary, wistful, withdrawn, woeful, worried, wretched".

In NVC feelings can be expressed using specific words and distinguish between real feelings from words that show our thinking, evaluations and interpretations.

Taking Responsibility for our feelings

People are to take responsibility for what they do to cause how and what they feel. Our needs and aspirations determine how we feel when we receive negative message from people. Rosenberg states that there are four options when we receive a negative message.

(a) We blame ourselves; in this situation we attribute blame to ourselves simply accepting the judgment of others at the expense of our own reputation.

(b) We blame others: We see other people as the cause of the problem. When we do this we do not help matters.

State your needs

The third aspect of NVC is to state your needs in relation to the feelings you have identified. What are the things agitating your mind that you need the intervention of other people to enable you achieve?

Specific Request

The fourth aspect is about expressing the request you need from other people. What are the things you need from people that you feel can make a difference in your life? These four areas are to be expressed either verbally or otherwise.

Other aspects of NVC includes expecting information from others the same way we receive from them. First, we relate with them by sensing what they observe, feel, need and take their request on what they need to make life easy for them.

If we can maintain this kind of communication forward and backward flow, compassion will ensue naturally. In NVC, you express honesty and receive categorically through the four components. If we can bring this into nursing practice, it will enhance therapeutic communication and relationship among health care providers as well as consumers of health care.

NVC encourages deeper listening, empathy, respect and the tendency to give from the heart. It can be used at homes, schools, in the work places even in political arena. If used conscientiously the world will become a better place to live.

EVALUATION

What have I learnt?

8.21 MODULE SIX: SESSION TWO

Session Objectives

1. describe how to mindfully manage difficult meeting;
2. describe mindful phoning; and
3. describe mindful emailing.

8.21.1 Mindfully managing difficult meeting

This kind of meeting requires adequate planning especially if it is a disciplinary committee meeting where there are diverse interests or a meeting to downsize the workforce. In this situation, having mental projections of what will happen may not help but to be in the present moment.

The following steps may be taken.

1. Plan very well for the meeting. You must ensure you have all relevant information at your disposal. The files, all reference documents especially policy documents necessary to take unbiased decisions.
2. Practice mindfulness for a short time. You can take a breath or run a quick body scan or the three-step focus break.
3. Pronounce the purpose of the meeting as you start. Make yourself clear to all the people concerned. Let them know the area of coverage and when they can ask questions.
4. Promote your being in the present moment as you operate in the approach mode throughout the period of the meeting. Examine your thoughts from time to time or tune in to a particular area of your body.
5. Permit people to express themselves and avoid taking issues personally instead see through their eyes. It is natural for people to react with strong emotions especially when they do not expect what they are witnessing.

6. Purposely pay attention to being kind to yourself. Being human you may be emotional there could be anger, fear, anxiety or even sadness all these will fade away with time.
7. Praise yourself for concluding the meeting successfully.

8.21.2 Mindful Phoning

Mindful phoning is to bring awareness to the process of communicating through the phone. The phone is a valuable means of communication in the hospital setting. You need to transfer a patient from one unit to the other, by phoning you receive quick response from the recipient.

1. Note what the receiver is saying.
2. Note to tone of voice.
3. If you are working or focusing on other things, put your phone on flight mode.
4. Turn off your phone when you are in a meeting
5. Do not pick calls when you are discussing with your boss, or you are doing some very important thing that demands your attention.

8.21.3 Mindful e-mailing

This is using email wisely in such a way as not to constitute a form of distraction to the user. Emailing is a very good means of communication in the hospital setting. All documents, tests result of a patient can be scanned and sent to another hospital and negotiations can be made with all treatment plan initiated before the patient is transferred even to another facility in foreign country. As good as emailing is, some people have abused it to the point of addition. Some check emails compulsively. One can engage in profitable emailing with the following tips.

- Determine what you want to communicate to others. Write it down and think through before you commence the write up.
- Discipline yourself on the number of times you check your emails per day to avoid distractions except if your work has to do with emailing.
- Do take a breathing exercise before sending the mail. This will help you think deep on what you've written and to be more mindful.
- Deliberately take a close look at what you have written and think of how the recipient will feel reading through the mail. You may need to modify it to what will be acceptable to the recipient.
- Deliver a positive email on daily basis to be sent to colleagues that have done well.
- Determine the number of e-mails you respond to on daily basis.
- Focus on the essentials and cultivate good email habits.

EVALUATION

What have I learnt?

8.22 MODULE SIX: PRACTICAL DEMONSTRATION

Session objectives

1. demonstrate how to mindfully manage difficult meeting;
2. demonstrate mindful phoning; and
3. demonstrate mindful emailing.

8.22.1 Activity 1: Managing Difficult Meeting

The participants are divided into four groups in the first instance to discuss how to manage difficult meeting; each group with a different scenario. At the end, presentation is made to the house. Important points are noted.

8.22.2 Activity 2: Mindful phoning

The participants are to pair up themselves while others are listening to their conversation and critiquing. All participants are to do this in turn.

8.22.3 Activity 3: Mindful emailing

Every participant takes their laptop and send an e-mail to another participant. The participant reads out the email in turn.

Home practice

Mindful emailing

Mindful phoning

EVALUATION

What have I learnt?

8.23 A DAY OF MINDFULNESS

A day of mindfulness is a day set aside for bringing all participants together to practise all they have been taught in the process of their mindfulness journey. This day is a day of turning towards, a day of maintaining silence half of the time and allowing for sharing of experiences.

The participants are taken through all mindfulness experiences step-by-step.

Objectives for the day

1. To ensure participants are able to practice all they have been taught;
2. To share individual experiences; and
3. To evaluate the programme.

Materials needed

1. Projector
2. Laptops (participants to bring their laptops)
3. Flip chart
4. Mat
5. Chair
6. Hand phone
7. Pen/papers
8. Lunch/drink/water.

8.23.1 Group Discussion

The group discussion is basically on sharing of experiences and drawing a template of mindfulness for nurses in the state.

Individual experiences

Participants are allowed to share the experiences of what they gained and exploits through the use of mindfulness principles.

8.23.2 Closing Ceremony

The Medical Director and other hospital dignitaries are to be invited for the closing ceremony. There would be demonstrations of one or two of the brief mindfulness programmes in the course of the ceremony.

The participants are enjoined to continue with the meditation they find very suitable for them to be renewed daily and to enhance their well-being throughout their lifetime.

8.24 SUMMARY

This chapter has focused on the design and development of mindfulness-based unit management programme for nurses. The design covers the adult learning theory, assumptions of the programme, vision, mission and objectives of the programme. The curriculum development model of Meyer and Van Nierkerk (2017, p. 54-58) was adapted to design the programme. The instructional methods were spelt out.

The development of the programme was informed by the findings of qualitative and quantitative study and the literature review. Six modules were developed, the training content, training materials and methods were discussed. The programme was developed in order to equip nurses with skills needed to enhance their lives. The next chapter will discuss the verification of the mindfulness-based programme.

CHAPTER NINE

PHASE 5: VERIFICATION OF THE TRAINING PROGRAMME

9.1 INTRODUCTION

Chapter seven discussed the design and the development of the mindfulness-based programme for Nurses in Ondo State, Nigeria. This chapter discusses verification of the programme with the Nursing and Midwifery Council of Nigeria. This is phase five of the adapted programme development process of Meyer and Van Niekerk, (2008, p. 54). The verification was done when the findings of the study was presented in a-day workshop with the Nursing and Midwifery Council of Nigeria for two purposes. In the first instance, to validate the content of the training programme by the Council and see how it can be incorporated into the curriculum of nursing training in Nigeria. Getting stakeholders to participate in research has been reported to result in uptake of such research endeavour (Harrison et al., 2019, p. 313; Kapiriri, 2018, p.2). This is the best strategy to use for a programme of this nature to succeed (Kapiriri, 2018, p. 2). The workshop was implemented using the APIE model.

9.2 THE APIE MODEL

APIE is an acronym that stands for planning, assessment, implementation and evaluation. It is a continuous process referred to as the nursing process (Hill, 2015). This model was first coined by Yura and Walsh (1967). This process has been used in patients' care but it can be used to guide other programme management (Andersen, 2016; Wong et al., 2019).

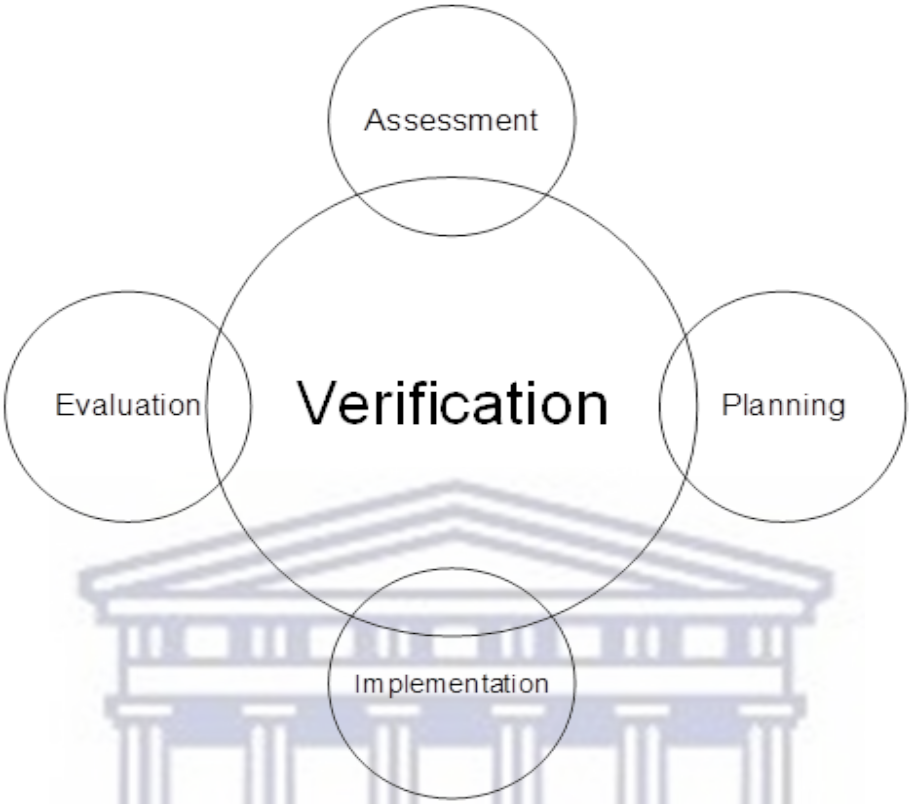


Figure 9.1: Adapted APIE model (Wong et al., 2019)

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9.2.1 Assessment Stage

Assessment is the critical appraisal of needs (Hills, 2015). The researcher visited the Nursing and Midwifery Council of Nigeria to identify facilities on ground for the workshop implementation, facilitation materials and methods of facilitation feasible for the setting.

9.2.2 Planning Stage

Permission to hold a day workshop was obtained from the Registrar, Nursing and Midwifery Council of Nigeria (NMCN); slides were prepared for presentation; interview guides and sound recorder were made ready. The NMCN board room's public address system and projector were in situ and functional.

9.2.3 Implementation Stage

The findings of the study were presented to Nursing Council officials at the workshop. It was an interactive process based on the research from phases one to four. The workshop took place at the board room of NMCN on 10th December, 2019. The purpose of the workshop was to assist the NMCN see the gap in the mindfulness research conducted in Ondo State, Nigeria. The total number of participants were nine. Demographic variables of those that were present is presented in Table 9.1.

9.2.4 Workshop content

The workshop started with the welcome address by the researcher. She introduced herself and urged all participants to do self-introduction. She presented 55 slides which consisted of introduction to mindfulness, brief literature review, and quantitative and qualitative study. Also, the content of each of the six modules were described. After this, was the focus group discussion which constituted the evaluation stage.

9.2.5 Evaluation Stage

In order to verify the MUMP for nurses in Ondo State, Nigeria, a focus group discussion session was held with the NMCN officials; pertinent questions on assessing the accuracy of the programme and how it can be incorporated into Nigeria nursing training curriculum were asked.

9.2.6 Data Collection

The participants filled the FGD consent forms. They were made to understand that they could withdraw anytime from the study if they felt uncomfortable. They were reassured that their

participation was anonymous; information collected would only be used for academic purposes; and the result may be published. None of their answers would be used against them. Permission was taken to do voice recording of the interview. Thereafter the participants were made to respond to the questions below:

i) Why do you think mindfulness training is essential for nurses in Nigeria?

ii) Which part(s) of it will be more valuable to nurses in Nigeria?

iii) In what area can it be incorporated into nursing in Nigeria?

iv) What other category of nurses should be trained apart from unit managers?

v) Who should be the implementers?

vi) What procedure may be followed to incorporate it to Nigeria context?

9.2.7 Data Analysis

The data collected from the FGD was collated and analysed using inductive category to determine the main themes (Mayring, 2014).

9.3 FINDINGS OF FOCUS GROUP DISCUSSION FOR MUMP VERIFICATION

The demographic characteristics of participants during the verification of MUMP is presented in Table 9.1. below:

Table 9.1: Demographic variables of workshop participants

Participants	Age category	Sex	Qualification	Designation
P1	50-55	F	BSc, MSc	Director
P2	36-40	F	BSc	PNO
P3	36-40	F	BSc	PNO
P4	30-35	M	BSc	SNO
P5	50-55	F	BSc, MSc, PhD	CNO
P6	36-40	F	BSc	SNO
P7	36-40	F	BSc	SNO

Participants	Age category	Sex	Qualification	Designation
P8	41-45	F	BSc	SNO
P9	41-45	F	BSc	SNO

One was of the 30-35 age category; four were of age 36-40 age category; two were in age 41-45, while two were in the 51-55 category. There was one male and eight female participants. They all had first degree and one had Master's degree in Nursing; one also had a PhD degree. One of them was a director who represented the Secretary General/Registrar, one Chief Nursing Officer, two Principal Nursing Officers and the remaining were Senior Nursing Officers.

Prior knowledge of mindfulness

None of the participants had had about mindfulness before. "I have not heard about it before" (All participants).

Need for Mindfulness-based Unit Management Programme

The main theme for their responses when questions on the need for mindfulness were asked was that it would enhance nurses' performance and patients' satisfaction with nursing care. It would reduce stress, result in attitudinal change and promote self-actualisation.

> "It will enhance patients' satisfaction as the nurses pay attention to things that will improve her performance on the care they render to the patient" (CP 3).
>
> "From the topic and objectives of the research it will enhance concentration for better performance (CP 5)".
>
> "It will help to reduce stress that affect nurses (CP 4)"
>
> "It will improve attitudinal change of nurses and promote self-actualisation" (CP 3).

Types of Mindfulness programme

Responses show that all the parts of the mindfulness-based programme were important, but two participants emphasised communication and decisiveness.

> "Every part of it is important as it applies to all human endeavours" (CP 4)
>
> "Communication part (CP1)".
>
> "The aspect of decisiveness in order to allow nurses to make decision at the appropriate time" (CP 3).

Means of Incorporating Mindfulness into Nursing

Responses show that it should be introduced at the pre-service training of nurses. It should be included in curriculum for Schools of Nursing, training should be done during orientation of newly employed nurses, workshops and seminars so that all nurses in the nation will benefit from it.

> "It is essential to introduce it very early in training to enable young nurses inculcate compassionate attitudes" (CP 3).
>
> "It will be good to introduce it as pre-service training for nurses. It should be included into the curriculum" (CP 1).
>
> "It should be introduced during the orientation programme for newly employed nurses" (CP 5).
>
> "Enlightenment of nursing audience during workshops and seminars" (CP 2)

Procedure to Incorporate Mindfulness

All participants indicated with CP1 that advocacy visit should be paid to the Board of Nursing and Midwifery Council of Nigeria so that mindfulness can be incorporated into the curriculum for school of Nursing.

"Advocacy visits to the Board of Nursing and Midwifery Council of Nigeria to ensure mindfulness training must start in all Schools of Nursing" (CP 1).

Category of nurses that need mindfulness training.

The participants believe that all nurses should be trained in mindfulness.

"All categories of nurses should be trained" (All participants)

9.4 IMPLEMENTERS OF MINDFULNESS-BASED NURSING PROGRAMME

All the participants indicated with CP1 that mindfulness experts should be involved in training others who will in turn train the rest of nurses in the country.

"Mindfulness experts. There should be master trainers who should in turn train others" (CP 1). All other participants indicated with CP1.

Suggestions

The researcher asked for suggestions from the participants. Responses include concerted efforts to introduce it into the nursing curriculum, awareness creation and training the trainers.

"There should be concerted efforts to introduce it into Schools of Nursing curriculum, create awareness during workshops, seminars, newsletters, journals, nurse's world (a nationwide nursing WhatsApp platform) and train those who will train others "(CP1).

"Disseminate to nurses and midwives during workshops and seminars "(CP 5).

9.5 DISCUSSION

In the course of presentation of this study to the participants at the Nursing and Midwifery council of Nigeria, it was discovered that none of them had heard about the concept of mindfulness. This

may be because all the participants are Christians and mindfulness was mostly practiced among the eastern religions. It was first separated to use in clinical practice for health promotion by Jon Kabbat-Zinn (Kabat-Zinn & Hanh, 2009; Kabat-Zinn, 1982). The analysis of the data used for the verification of MUMP showed that even though the participants had not previously undergone any mindfulness programme, based on evidence from other studies shown to them, they were able to point out that mindfulness enhanced nurses' performance and patients' satisfaction with nursing care. It reduces stress, findings in attitudinal change and promotes self-actualisation. This is in line with the findings from other studies where it was demonstrated that mindfulness improved employee's mental health, had positive impact on work-life balance, work satisfaction, emotional regulation, empathy and better relationships among staff and patients, leadership developments, change management, work performance, turnover intentions and client satisfaction in hospitals (Grégoire et al., 2015; Reb et al., 2017, p. 713; Guillaumie et al., 2017, p1023; Virgili, 2015, p. 333).

It has also been proven to effectively decrease stress, anxiety, depression, pain and increase affect (Daya & Hearn, 2018, p. 146; Economides et al., 2018, p. 1581). It enables nurses to free up energy to concentrate and complete their tasks (Brass, 2016, p. 23), reduces frustration in the unsupportive managerial environment, improves employee work well-being and meets their basic psychological needs at work, helps to gain autonomous support at work and work adjustment are directly affected (Afaq Ahmed et al., 2017, p. 18; Schultz et al., 2015). Similarly, Stirnaman (2019, p. 4), in a study on burnout among health professionals, state that nurses who reported a higher frequency of mindful awareness had significantly decreased emotional exhaustion and an increased sense of personal achievement.

Regarding the type of mindfulness training for Nigerian nurses, responses show that all the parts of the mindfulness-based programme are important, but two participants emphasised communication and decisiveness. Communication has been described as one of the most important competency expected of a nurse (Clark et al., 2016). It is an effective tool in building trust and in promoting the quality of care (Murray, 2017, p. 44). It enables the nurse to assess patient condition, plan and provide evidence-based care to the patient (Webb, 2020, p. 4). Communication is a key to reducing medical errors; it enhances the interpersonal relationship among health professionals and it enhances positive nursing outcomes and decision making in health care professionals (Li et al., 2017, p. 4720). Communication is one of the most important indicators of decisiveness and it is a predictor of resourcefulness (Kaldjian, 2017, p.91). Turhan et al., (2018) worked among school administrators and found that decisiveness and communication are predictors of resourcefulness. Similarly, Arnold and Boggs (2020, p. 34) posited that there should be robust communication between the nurse, patient, relatives and other health workers to enable excellent care. The decision to train nurses about mindful communication is needful for effective and efficient health care delivery.

Decisiveness is very important in unit management. A decisive leader is one who can use effective decision making models appropriately (Eduardo et al., 2015, p. 583). This is line with the of Sanko et al., (2016, p. 142) who explored the impact of mindfulness meditation training in pre-licensure and postgraduate nurses found that mindfulness improves some ethical decision making. Shapiro et al., (2015) also indicated that mindfulness enhances decision making, problem-solving and productivity of leaders.

All participants indicated that advocacy visit should be made to the Board of Nursing and Midwifery Council of Nigeria so that mindfulness can be incorporated into the curriculum of schools of Nursing in Nigeria. This will enable buy-in of the research efforts to ensure the programme is implemented (Harrison et al., 2019, p. 313; Kapiriri, 2018, p.2). The participants subscribe to the view that all nurses should be trained in mindfulness. Mindfulness is important for day-to-day activities of nurses, more so, that nursing job is mostly routine which can easily make someone mindless (Vu et al., 2018). Non-mindfulness may result in medication error, it reduces task performance (Raab, 2014; Reb et al., 2015). Mindfulness on the other hand, makes someone to become more aware of their mental processes, it enhances attentiveness, flexibility, openness, presence, improved performance and compassion (Du Plessis, 2016, p. 51; Fatemi, et al., 2016; Philbrick, 2015; Reb et al., 2017, p. 713).

The participants indicated that those to implement the mindfulness programme should be mindfulness experts who will train the trainers, and those that are trained can in turn train the remaining nurses in the country. This agrees with Roche et al. (2020, p. 4) that mindfulness trainer should be certified at a reputable accredited training institution, must be a good communicator, and able to deliver an evidence-based training programme. It is also in line with Crane et al. (2017, p. 997) who posited that those who are to train mindfulness to a particular population must be mindfulness experts with requisite theoretical principles of the discipline of the target population.

Summary of the verification exercise is presented below:

- The Mindfulness-based unit management programme will improve nurses' quality of life and enhance their performance.

- It will promote attitudinal change among nurses.
- Advocacy visit to be paid to the Board of MNCN on mindfulness.
- It should be introduced into the curriculum for schools of Nursing in Nigeria.
- It should be disseminated through seminars, workshops, print and electronic media.
- Master trainers to train others should be trained.

Based on this verification with the Nursing and Midwifery Council of Nigeria, a conceptual framework was developed for its implementation in Nigeria.

- Master trainers to train others should be trained.

- More researches to be conducted on mindfulness.

Based on this verification with the Nursing and Midwifery Council of Nigeria, a conceptual framework was developed for its implementation in Nigeria.

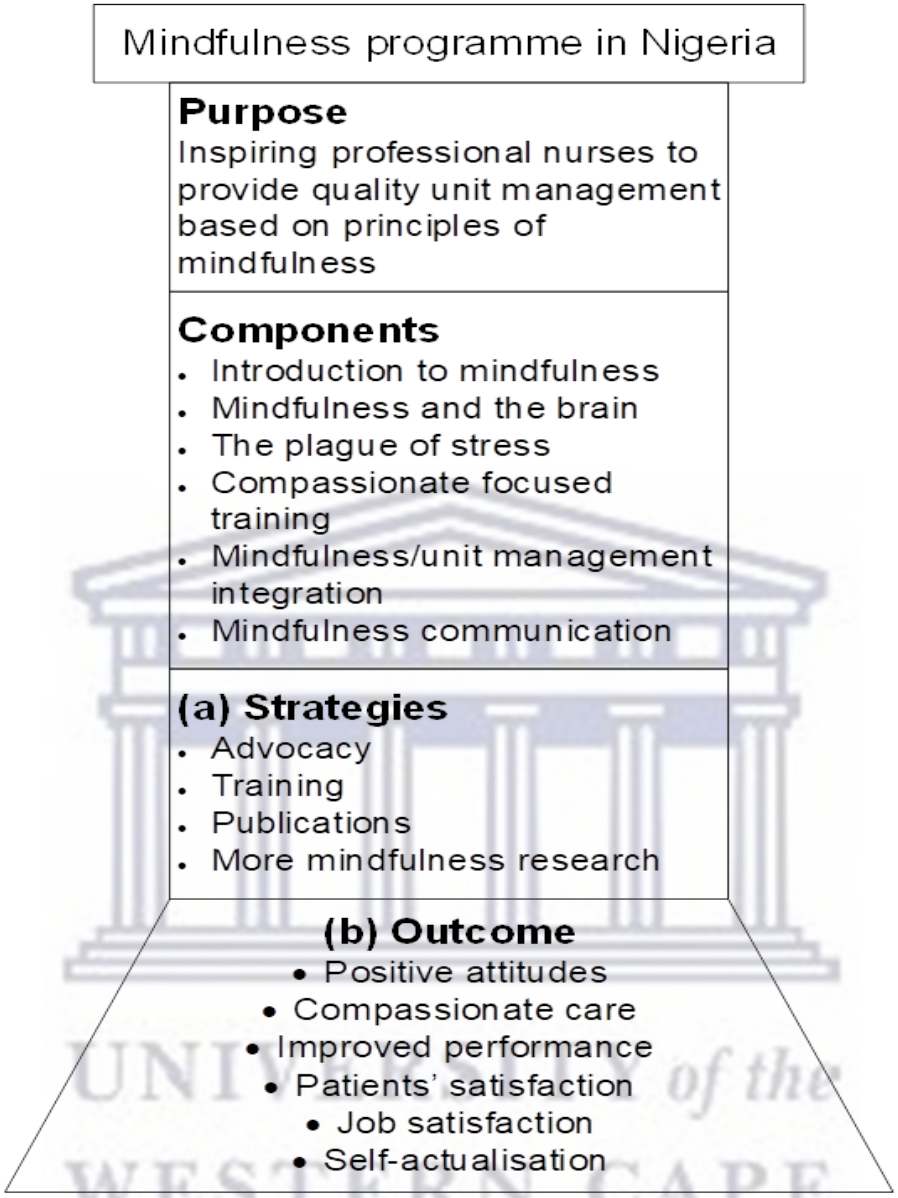

Figure 9.2: Mindfulness programme in Nigeria (Ogundele, 2021).

9.6 FRAMEWORK DESCRIPTION

Purpose

The purpose of this framework is to provide a template on how to inspire professional nurses to provide quality unit management based on principles of mindfulness. This is essential due to the benefits mindfulness provides based on evidence from various studies when mindfulness-based

trainings are applied. This includes increased work satisfaction (Steinberg et al., 2017, p. 10), enhanced performance (Reb et al., 2017), improved client satisfaction (Grégoire et al., 2015), nurses feel less overwhelmed, enables freeing up energy to concentrate and complete their tasks (Brass, 2016; van der Riet et al., 2018), helps in stress reduction (Dyess et al., 2018; Kabat-Zinn, 2013; Yang et al., 2017), and reduces frustration in the unsupportive managerial environment. It also improves employee work well-being, meets their basic psychological needs at work, helps to gain autonomous support at work and work adjustment are directly affected (Afaq Ahmed et al., 2017, p. 18; Schultz et al., 2015), helps in the development of empathy (McConville et al., 2017), and the development of positive affection and compassion towards others (Carlson & Brown, 2005; Ceravolo & Raines, 2019). All these make mindfulness essential for nurses.

Components

The component spells out the areas to be covered in the programme. These areas are carefully selected based on the outcome of this study and also with the reports arising from verification with the Nursing and Midwifery Council of Nigeria. These are:

- Introduction to Mindfulness
- Mindfulness and the brain
- The plague of stress
- Compassionate Focused Training
- Mindfulness/unit management integration
- Mindful communication

All these areas have been covered in the modules.

Strategies

The strategies for effective implementation were spelt out by the workshop participants. This includes advocacy, training, publications and more of mindfulness researches among nurses. Advocacy is an important method of getting buying-in from those in authority (Harrison et al., 2019, p. 313; Kapiriri, 2018, p.2). Training publications and researches are means of exposing professionals to a new knowledge.

Outcome

The result of the training will lead to positive attitudes among nurses, compassionate care, improved performance, patients' satisfaction, job and self-satisfaction.

Summary

This chapter focused on verification of the mindfulness-based unit management programme for nurses in Ondo State, Nigeria in order to ensure its acceptability. The APIE model was used to guide the verification exercise. The result of this study was presented in a one-day workshop with officials of the Nursing and Midwifery Council of Nigeria. This was followed by a focus group discussion. The result was analysed using thematic analysis. They were discussed in relation to literature to inform the process of implementation of the programme. Based on the result of the FGD, a conceptual framework for the implementation of the programme was developed.

i. The next chapter discusses the summary, conclusion, limitation and recommendations of the study.

CHAPTER TEN

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATION OF THE STUDY

The previous chapter dealt with the verification of the mindfulness-based unit management training programme developed in the course of the study. This chapter presents the summary, conclusions, limitation and recommendations of the study.

10.1 SUMMARY

The purpose of this study was to develop a mindfulness-based unit management programme for professional nurses in Ondo State, Nigeria. Five objectives were set for the study, which are to:

(i) determine the level of individual mindfulness of professional nurses.

(ii) measure the extent to which individual mindfulness impact on professional nurses mindfulness.

(iii) determine the effect of professional nursing mindfulness on unit management performance of professional nurses.

(iv) design a mindfulness-based unit management programme for professional nurses.

(v) verify the developed mindfulness-based unit management training programme for professional nurses.

The first three objectives which constituted phase 2 of the study were achieved by conducting quantitative and qualitative studies using the convergent mixed method approach at six purposively selected hospitals in Ondo State, Nigeria. A total of 205 professional nurses participated in the quantitative study while the qualitative aspect was conducted with five HNS

and 62 Nurse Managers in individual semi-structured interviews and FGDs, respectively. The programme development was done using the steps in Meyer and Van Nierkerk (2017:58) as a guide while the verification exercise was done at a workshop with the officials of NMCN.

The quantitative analysis showed that the mindfulness level of nurses was moderate (MAAS=4.65; SD=1.45 significance level), while 76% of professional nurses claimed to have prior knowledge of mindfulness. The qualitative study showed that HNS and Nurse Managers did not have a proper understanding of the concept. The mindfulness levels were moderate in most of the parameters investigated in professional mindfulness of Wilson, *et al*, (2011) which are resourcefulness, decisiveness, flexibility, tactful communication and awareness of current development. Of all the professional mindfulness, decisiveness has negative correlation with unit management performance. The qualitative result showed that these professional nurses demonstrate professional mindfulness in their unit management functions.

The findings from phases one and two were synthesised to develop the training programme in phase four of the study. Six modules were developed to exemplify the mindfulness-based unit management programme for nurses in Ondo State, Nigeria.

The findings of the module were presented to NMCN officials for verification and it was seen as a welcome development that is capable of improving the quality of life and performance of nurses. It was recommended that the mindfulness programme be incorporated into the curriculum for Schools of Nursing in Nigeria.

10.2 CONTRIBUTION OF MINDFULNESS-BASED PROGRAMME

The study contributes to nursing education and practice especially in preparing nurses for the chaotic health environment where they work. The major contribution of this study is the development of a mindfulness-based unit management programme for nurses in Ondo State, Nigeria being the first of its kind in Nigeria and its implementation in various hospitals will have positive impact on nurses' resourcefulness, decision making, flexibility, communication, attention and awareness of all that goes on in the units. Besides, if it is introduced into the curriculum of schools of nursing, it will amount to having psychological skills that can assist the nurse to reduce stress and enhance performance in all walks of life. The programme is unique in that if adopted, it can modify the behaviour and ameliorate incivility among Nigerian nurses. It is believed that if all nurses use these modules, it will improve their quality of life and enhance their productivity. It will also boost the image of nursing profession in the health sector.

This programme contributes to the science of nursing as it supports the integration of mindfulness meditation into unit management to empower nurses for effective and efficient management of the units.

The study also demonstrated that mindfulness should not always be studied using quantitative means alone, mere finding the mean scores on MAAS scale may not depict the mindfulness level of individuals until subjected to rigorous statistical analysis as seen in this study.

10.3 LIMITATIONS OF THIS STUDY

There was no literature relating the five mindful behaviours to unit management in Nigeria. Other studies that border on principles of mindfulness were utilised to drive home the points. The study was conducted in six hospitals in Ondo State as a result, the generalisation is limited. The sample

size of 205 nurses, 5 HNS and 62 Nurse Managers may not fully represent the interest of all the Nurses in the state. The researcher was unable to get the board members and key leaders of the NMCN to participate in the verification of the programme after many attempts to enable instant decision to include it into Nigerian schools of nursing curriculum.

10.4 DISSEMINATION PLAN

The findings of this study will be disseminated through presentations at conferences, seminars, workshops involving nurses nationally and internationally. Advocacy visit will be paid to the Board of the NMCN to include the programme into the curriculum of Nurses in Nigeria. A copy of the training programme will be sent to NMCN. It will be published in peer reviewed journals. The programme that when further developed would be tested at post-doctoral level.

10.5 RECOMMENDATIONS

The following recommendations are suggested.

10.5.1 Nursing and Midwifery Council of Nigeria

The NMCN should include the programme into the curriculum of Basic Nursing Schools as well as University Nursing education. Mindfulness should be included in Mandatory Continuing Professional Development Programme for nurses.

10.5.2 Nursing Training Institutions

All nursing training institutions should make it a compulsory course for the students and it should be taught early enough to enable maximal benefits from the programme.

10.5.3 Nursing Practice

Mindfulness-based unit management programme for nurses, if adopted will enhance well-being, improve productivity and enhance the image of nursing profession. Therefore, all professional nurses should avail themselves of the opportunity to study and practice all aspects of mindfulness training programme. They should liaise with appropriate authorities to create conducive environment for mindfulness training to take place. Mindfulness training should be part of orientation programme for newly employed nurses.

10.5.4 Health Workers

It should be part of hospital policy that all health workers should be trained in mindfulness.

10.6 CONCLUSION

Mindfulness is a concept that has been proven to be beneficial to mankind at home and at work. This study developed a mindfulness-based training programme for nurses in Ondo State, Nigeria to enhance their quality of life and performance at work. It is believed that if this training programme is implemented among nurses, it will bring about patient satisfaction with nursing care and enhance nurses' productivity.

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APPENDICES

Appendix 1

UNIVERSITY of the WESTERN CAPE

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

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South Africa
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23 April 2018

Ms AI Ogundele
School of Nursing
Faculty of Community and Health Science

Ethics Reference Number: BM17/9/2

Project Title: Development of mindfulness-based unit management training programme for professional nurses in Onde State, Nigeria.

Approval Period: 19 April 2018 – 19 April 2019

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER -130416-050

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

Appendix 2

ONDO STATE GOVERNMENT

ONDO STATE HEALTH RESEARCH ETHICS COMMITTEE (OSHREC)

MINISTRY OF HEALTH

Email:oshrec@ondostatemoh Website:www.ondostatemoh.gov.ng

Health Research Ethics Committee Assigned Number: NHREC/18/08/2016

Protocol Number : OSHREC/17/11/2017/026

RE: DEVELOPMENT OF A MINDFULNESS-BASED UNIT MANAGEMENT TRAINING PROGRAMME FOR PROFESSIONAL NURSES IN ONDO STATE, NIGERIA.

Name of Investigator: **OGUNDELE ALICE IGBEKELE**

Address of Investigator: Ministry of Health,
Alagbaka Akure, Ondo State.
Nigeria.

Date of Receipt of valid application: 17/11/2017

Notice of FULL Approval After Full Committee Review

This is to inform you that upon your request for ethical approval and the submission of your research protocol, the consent form(s) and other participant information materials, the Health Research Ethics Committee has considered your protocol and found it to be in compliance with international standards and best practices.

Therefore, I am pleased to convey to you that the proposal under its reviewed State has been granted expedited/full approval in line with the contents of the protocol. This approval dates from 29/11/2017 to 28/11/2018. If there is delay in starting the research, please inform the OSHREC so that the dates can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside these dates. All informed consent forms used in this study must carry the OSHREC assigned number and duration of SHREC approval of the study. In multiyear research, endeavour to submit your annual report to SHREC early in order to obtain renewal of your approval and avoid disruption of your research.

The Nation Code of Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the Code including ensuring that all adverse effect are reported promptly to the OSHREC. No changes are permitted in the research prior approval by the OSHREC except in circumstances outlined in the Code.

The OSHREC reserves the right to conduct compliance visit to your site without prior notification and to recall its approval if the conduct of the research deviates from the stated objectives, procedures and best practices.

Best Regards,

Dr E.T Oni
Chairman, OSHREC
04/11/17

State Secretariat, Alagbaka, Akure, Ondo State. www.oshrec@ondostatemoh.gov.ng

Appendix 3

RESEARCH QUESTIONNAIRE FOR ALL PROFESSIONAL NURSES

QUESTIONNAIRE: MINDFULNESS

Thank you for taking the time to complete this questionnaire. After you have completed all the questions, please seal the questionnaire with the consent form in the self-addressed envelope and keep it until the researcher returns to collect it from you. It will take about 30 minutes to complete.

SECTION A: Demographic Data
Please make a "√" on your choice in the shaded block.

GENDER		
1	Male	
2	Female	

AGE		
1	< 25 years old	
2	25-35 years old	
3	36-45 years old	
4	46-55 years old	
5	> 55 years old	

How long have you been working as a nurse?

NAME OF HOSPITAL

NAME OF UNIT

How long have you been working in this unit?

Have you heard about mindfulness before?		
1	Yes	
2	No	

SECTION B: INDIVIDUAL MINDFULNESS SCALE

This section includes the key statements that measure your individual general mindfulness. On a scale of 1 to 6, please indicate to what extent each statement reflects your mindfulness by ticking the relevant box. 1-Almost always, 2-very frequently, 3 -somewhat frequently, 4-somewhat infrequently, 5-very infrequently, 6-almost never

1 = Lowest rating; 6 = Highest rating		**1**	**2**	**3**	**4**	**5**	**6**
1	I could be experiencing some emotion and not be conscious of it until sometime later.						
2	I break or spill things because of carelessness, not paying attention, or thinking of something else.						
3	I find it difficult to stay focused on what's happening in the present						
4	I tend to walk quickly to get where I'm going without paying attention to what I experience along the way						
5	I tend not to notice feelings of physical tension or discomfort until they really grab my attention.						
6	I forget a person's name almost as soon as I've been told it for the first time.						
7	It seems I am "running on automatic," without much awareness of what I'm doing						
8	I rush through activities without being really attentive to them.						
9	I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.						
10	I do jobs or tasks automatically, without being aware of what I'm doing.						
11	I find myself listening to someone with one ear, doing something else at the same time						
12	I drive places on 'automatic pilot' and then wonder why I went there.						
13	I find myself preoccupied with the future or the past.						
14	I find myself doing things without paying attention.						
15	I snack without being aware that I'm eating.						

SECTION C: PROFESSIONAL NURSING MINDFULNESS SCALE

This section includes the key statements that measure your professional mindfulness. On a scale of 1 to 6, please indicate to what extent each statement reflects your mindfulness.

1 = Lowest rating; 6 = Highest rating		**1**	**2**	**3**	**4**	**5**	**6**
Resourcefulness							
16	I am well equipped with the protocols and other hospital's guidelines						
17	With or without required instruments I ensure unit activities are implemented						
18	I know the level of skills of all nurses and give them jobs accordingly						

1 = Lowest rating; 6 = Highest rating		1	2	3	4	5	6
Resourcefulness							
19	I analyse every need of patient and plan their care						
20	I achieve all the goals set for each day						

1 = Lowest rating; 6 = Highest rating		1	2	3	4	5	6
Decisiveness							
21	I take prompt decisions to avoid lapses in the unit						
22	I determine all nursing care activities in the unit						
23	I consult with other nurses before I take important decisions in the unit						
24	I am firmly in control of all units' activities						
25	I plan very well before choosing a course of action						

1 = Lowest rating; 6 = Highest rating		1	2	3	4	5	6
Flexibility							
26	I implement successful action plan after a major change in protocols						
27	I prioritize, analyse, consider alternatives and respond quickly and effectively to unexpected and rapidly changing hospital and patient's need.						
28	I realign resources to meet changing patient needs						
29	I take feedbacks into consideration while implementing care						
30	I adjust patient's care based on input from nurses and other health care professionals						

1 = Lowest rating; 6 = Highest rating		1	2	3	4	5	6
Tactful communication							
31	I outline policies and guidelines to ensure nursing staff are abreast of new developments						
32	When I discover issues, I talk it through with the people concerned						
33	I liaise with another department for effective patient care						
34	I give clear directives to my subordinates						
35	I easily find the right words to express my needs and concern						

1 = Lowest rating; 6 = Highest rating		1	2	3	4	5	6
Awareness of current occurrence							
36	I am always ready to receive patients to the unit						
37	I ensure equipment are ready before commencing any procedure in the unit						
38	I prepare ahead for emergencies in the unit						
39	I know when all procedures in the unit take place						
40	I know how to overcome challenges in the unit						

SECTION D: UNIT MANAGEMENT PERFORMANCE SCALE

This section includes the key statements that measure your mindfulness in unit management performance on a scale of 1 to 6, please indicate to what extent each statement reflects your mindfulness.

1 = Lowest rating; 6 = Highest rating		**1**	**2**	**3**	**4**	**5**	**6**
Material/Equipment Management							
41	I take inventories of all instruments from time to time						
42	I ensure all instruments are kept in good condition after use						
43	I report any faulty equipment from time to time						
44	I allow my subordinates to use hospital equipment freely for patients care						
45	I request for supplies from time to time						

1 = Lowest rating; 6 = Highest rating		**1**	**2**	**3**	**4**	**5**	**6**
Patient Care Management							
46	I plan patients care immediately they enter the unit						
47	I assign tasks to all nurses in the unit and ensure they are implemented as expected						
48	I ensure nurses use the nursing care plan to take care of their patients						
49	I liaise with other departments for patients care when necessary						
50	Patient and relatives are carried along in their care						

1 = Lowest rating; 6 = Highest rating		**1**	**2**	**3**	**4**	**5**	**6**
Leadership/Motivation							
51	I involve all nursing staff when developing care plans for the unit						
52	I ensure good interpersonal relationship with superiors and subordinate						
53	I give incentives to encourage those that perform excellently						
54	I delegate responsibilities to my staff when necessary						
55	I give teaching and guidance to junior nurses						

1 = Lowest rating; 6 = Highest rating		**1**	**2**	**3**	**4**	**5**	**6**
Roster/Duty Schedule							
56	I analyse and assign work based on the competency of the nurse						
57	I prepare weekly roster and display it at least a week before the commencement of its implementation						
58	I amend roster based on the needs of the unit and personnel						
59	I ensure allocation of patients to staff are done every shift						
60	I monitor roster to ensure strict adherence						

Appendix 4

INTERVIEW GUIDE FOR FGD AND SEMI-STRCUTURED INTERVIEWS

I am a postgraduate student of School of Nursing, University of the Western Cape, Cape Town, South Africa. I am conducting a study on Development of Workplace Mindfulness Training Program for Professional nurses in Nigeria. I am requesting that you participate in the study. Audio recording will be done to ensure important points are captured for transcription.

SECTION A:

1. Name of Hospital
2. Ward/unit
3. How long have you been in this hospital/present unit?

SECTION B: This interview is being conducted for academic purpose so please respond as factual and comprehensive as possible to the following questions:

1. **Resourcefulness:** Discuss the skills you think Nurse Managers need to be able to control the ward effectively
2. **Decisiveness:** When faced with two alternatives, how do you determine what course of action to follow?
3. **Flexibility:** What do you do to new information regarding a situation or a plan of care when you have already made up your mind about what to do?
4. **Tactful Communication:** Tell me about the dissemination of information in the ward and the communication issues that you experienced in the ward?
5. **Awareness of the big picture:** What are the main things that you need to plan ahead for in the ward? What training needs will you suggest for Nurse Managers?

Appendix 5

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592749 2 Fax: 27 21-959 1385

E-mail: 3684153@myuwc.ac.za

CONSENT FORM

Title of Research Project

Development of Mindfulness-Based Unit Management Program for Professional Nurses in Ondo State, Nigeria

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name……...

Participant's signature…….

Date……..…

Appendix 6

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2749Fax: 27 21-959 1385

E-mail: 3684153@myuwc.ac.za

INFORMATION SHEET

Project Title: ***DEVELOPMENT OF A MINDFULNESS-BASED UNIT MANAGEMENT TRAINING PROGRAM FOR PROFESSIONAL NURSES IN ONDO STATE, NIGERIA***

What is this study about?

This is a research project being conducted by Ogundele Alice Igbekele at the University of the Western Cape. We are inviting you to participate in this research project because you will bring relevant information as my study focuses on your field of work. The purpose of this research project is to: Develop a Mindfulness-Based Unit Management Training Program for Professional Nurses in Ondo State, Nigeria.

What will I be asked to do if I agree to participate?

You will be required to be informed about the details of the proposed study and requested to give informed consent should you agree to voluntarily participate. You will be asked to complete ALL the questions on the questionnaire as frankly as possible which may take 10-15 minutes.

Would my participation in this study be kept confidential?

To ensure that your identity and the information you fill in on the questionnaire remain confidential, I will take the following measures: no names will be written on the questionnaire, questionnaire will be coded so it can't be linked to a specific person's identity; no personal information or your personal identify will be mentioned in the research report, possible conference papers or publications. You will be given access to the final research report to verify that your identity was protected.

What are the risks of this research?

Minimal risk may be anticipated and therefore you are encouraged to inform me should you have any discomfort during the study. Counselling will be provided if indicated.

What are the benefits of this research?

This research is not designed to help you personally, but the findings may help to learn more about the application of mindfulness to improve nurses' performance. We hope that, in the future, other people might benefit from this study through improved understanding.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Ogundele Alice Igbekele Registered as a Doctoral student in the School of Nursing at the University of the Western Cape. If you have any question about the research study itself, please contact

Ogundele Alice Igbekele at: +2348038273171, 3684153@myuwc.ac.za

or my research supervisor Professor Hester Julie, hjulie@uwc.ac.za.

Should you have any question regarding this study and your rights as a research participant or if you wish to report any problem you have experienced related to the study, please contact:

Prof J CHIPPS
Acting Director: School of Nursing
University of the Western Cape
Private Bag X17
Bellville 7535
jchipps@uwc.ac.za

Prof A Rhoda
Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee. The reference number will be provided after ethics clearance was granted by UWC.

Appendix 7

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592749 2 Fax: 27 21-959 1385

E-mail: 3684153@myuwc.ac.za

FOCUS GROUP CONFIDENTIALITY BINDING FORM

Title of Research Project: ***Development of a mindfulness-based unit management training program for professional nurses in Ondo state, Nigeria***

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I understand that confidentiality is dependent on participants in the Focus Group maintaining confidentiality.

I hereby agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

Participant's name……

Participant's signature…….

Date……

Appendix 8

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592749 2 Fax: 27 21-959 1385

E-mail: 3684153@myuwc.ac.za

CONSENT FORM

Title of Research Project:

Development of a Mindfulness-Based Unit Management Training Program for Professional Nurses in Ondo State, Nigeria

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name……...

Participant's signature…….

Date……

Appendix 9

Susanna S Terblanche (Ph.D.)
27 Seascape,
Acacia Street
SOMERSET WEST

O218551340
0726914585

DECLARATION BY INDEPENDENT CODER

I, Susanna S. TerBlanche, confirm that I

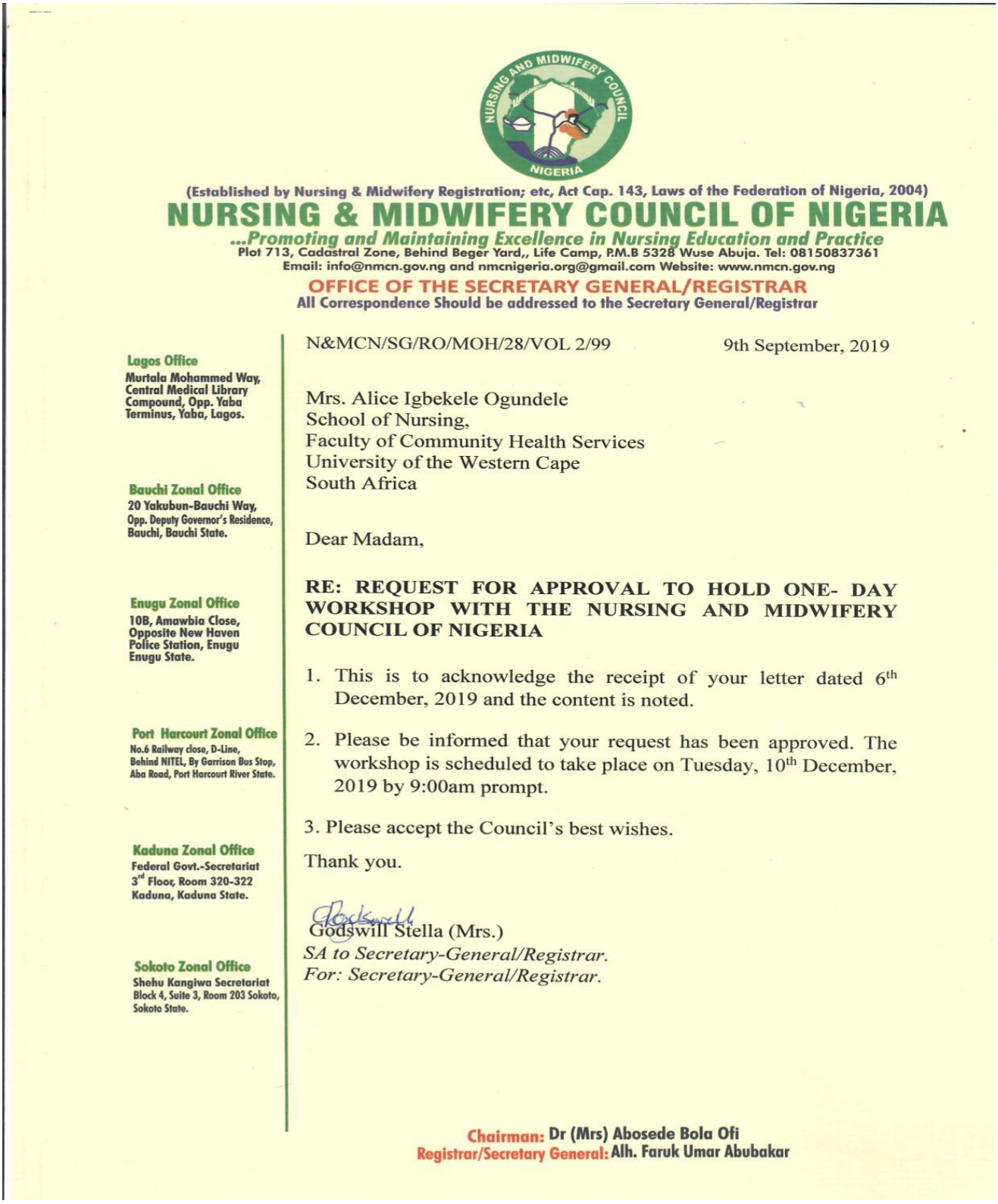
- had access to the transcripts of the data obtained through this study for the purpose of independent coding;
- did not have access to any information that could enable me to identify the participants; and that I

adhered to the research ethics of the study and especially the agreement of confidentiality relating to the data obtained.

Signed at Somerset-West on 28/9 2021
(place) (date)

Signature of independent coder
.....SeBlanche.....
Date: 28/9/2021

Appendix 10



(Established by Nursing & Midwifery Registration; etc, Act Cap. 143, Laws of the Federation of Nigeria, 2004)

NURSING & MIDWIFERY COUNCIL OF NIGERIA

...Promoting and Maintaining Excellence in Nursing Education and Practice

Plot 713, Cadastral Zone, Behind Beger Yard,, Life Camp, P.M.B 5328 Wuse Abuja. Tel: 08150837361
Email: info@nmcn.gov.ng and nmcnigeria.org@gmail.com Website: www.nmcn.gov.ng

OFFICE OF THE SECRETARY GENERAL/REGISTRAR

All Correspondence Should be addressed to the Secretary General/Registrar

Lagos Office
Murtala Mohammed Way, Central Medical Library Compound, Opp. Yaba Terminus, Yaba, Lagos.

Bauchi Zonal Office
20 Yakubun-Bauchi Way, Opp. Deputy Governor's Residence, Bauchi, Bauchi State.

Enugu Zonal Office
10B, Amawbia Close, Opposite New Haven Police Station, Enugu Enugu State.

Port Harcourt Zonal Office
No.6 Railway close, D-Line, Behind NITEL, By Garrison Bus Stop, Aba Road, Port Harcourt River State.

Kaduna Zonal Office
Federal Govt.-Secretariat 3rd Floor, Room 320-322 Kaduna, Kaduna State.

Sokoto Zonal Office
Shehu Kangiwa Secretariat Block 4, Suite 3, Room 203 Sokoto, Sokoto State.

N&MCN/SG/RO/MOH/28/VOL 2/99 9th September, 2019

Mrs. Alice Igbekele Ogundele
School of Nursing,
Faculty of Community Health Services
University of the Western Cape
South Africa

Dear Madam,

RE: REQUEST FOR APPROVAL TO HOLD ONE- DAY WORKSHOP WITH THE NURSING AND MIDWIFERY COUNCIL OF NIGERIA

1. This is to acknowledge the receipt of your letter dated 6th December, 2019 and the content is noted.
2. Please be informed that your request has been approved. The workshop is scheduled to take place on Tuesday, 10th December, 2019 by 9:00am prompt.
3. Please accept the Council's best wishes.

Thank you.

Godswill Stella (Mrs.)
SA to Secretary-General/Registrar.
For: Secretary-General/Registrar.

Chairman: Dr (Mrs) Abosede Bola Ofi
Registrar/Secretary General: Alh. Faruk Umar Abubakar

Appendix 11

Service Agreement

BR Conzult
No. 10, New GRA, Farin-Gada,
Jos, Plateau State, Nigeria
Email: info@brcozult.com
Phone: +2347039325749

Date: June 6, 20170

Ref No: 2017-0610000

Mrs Alice I. Ogundele
University of the Western Cape
Email: aogundele2@gmail.com
Phone: +234 803 827 3171

Mrs Alice I. Ogundele,

Service Agreement & Certificate

This Agreement entered into by and between **BR Conzult** (hereinafter referred to as "Consultant"), and with **Mrs Alice I. Ogundele** (hereinafter referred to as "CLIENT") on the 6th Day of June, 2017.

WHEREAS, the project contemplated by this AGREEMENT is of mutual interest and benefit to the CONSULTANT and the CLIENT and will further the mini thesis research of the CLIENT in a manner consistent with the CLIENT's statistical analysis and research objectives.

NOW, THEREFORE, the parties hereto agree as follows:

1. **SCOPE OF PROJECT:**

A. The CONSULTANT will be responsible for the following:
   (a) Template development that will guide CLIENT to improve research instrument (questionnaire)
   (b) Host Zoom meetings to provide technical guide to CLIENT for improving research instrument (questionnaire)
   (c) Design research model using a professional software
   (d) Conduct data analysis on quantitative data using structural equation model
   (e) Provide a detailed report to guide CLIENT on writing the results chapter
   (f) Provide technical editing as well formatting thesis draft
   (g) Providing consulting time up to 2 hours post service delivery as CLIENT finalises on research instrument (questionnaire)

B. The CLIENT Shall be responsible for completing the missing parts based on CLIENT's literature review; constructing statements around each proxy for all study variables; revising suggestions from CONSULTANT; and. providing additional information pursuant to research instrument design as may be required by the CONSULTANT.

2. **PERIOD OF PERFORMANCE**
   The activities of this Agreement shall be conducted for the period of time the project shall last, counting from the next working day after this agreement is signed. However, this period will be subject to modification or renewal only by mutual written agreement of the parties hereto.

3. TERMINATION

Performance under this AGREEMENT may be terminated by either party upon fifteen (15) working days written notice. Upon termination by either party, CONSULTANT will be reimbursed for all costs and noncancelable commitments incurred in performance of the PROJECT prior to the date of termination in an amount not to exceed the total commitment set forth in this AGREEMENT.

4. LIABILITY

A. The CONSULTANT shall not be liable for error of results arising from wrong data or information provided by the CLIENT; neither shall the CONSULTANT be responsible for redoing job arising from changes made to research objectives or hypotheses or questions after the signing of this AGREEMENT.

B. The CLIENT will not be liable to pay for extra hours worked or costs incurred as a result of doing the analysis based on this AGREEMENT.

5. PROPRIETARY USE OF DATA/RESULTS

All datasets provided by the CLIENT; as well as the results arising from the analysis of same done by the CONSULTANT shall be the sole proprietary of the CLIENT. CONSULTANT will not use or give to a third party to use same data or results for the purpose of publication or thesis submission. The CLIENT may however, wish to acknowledge the CONSULTANT or grant co-authorship in the event of publishing out of the analysis. Each party will use a reasonable degree of care to prevent the inadvertent, accidental, unauthorised or mistaken disclosure or use of proprietary information arising from this AGREEMENT.

6. INDEPENDENT PARTIES

For purposes of this AGREEMENT, the parties hereto shall be independent contractors and neither shall at any time be considered an agent or employee of the other. No joint venture, partnership, or like relationship is created between the parties by this AGREEMENT.

7. ENTIRE AGREEMENT

Unless otherwise specified herein, this AGREEMENT embodies the entire understanding of the parties for this project and any prior or contemporaneous representations, either oral or written, are hereby superseded. No amendments or changes to this AGREEMENT including, without limitation, changes in the activities of the project, total estimated cost, and period of performance, shall be effective unless made in writing and signed by the parties or their authorised representatives.

8. SIGNATURE

With mutual understanding of the foregoing, the parties hereby make effective, this AGREEMENT from today, the SIXTH DAY OF JUNE, 2017 by signing below.

CLIENT	**CONSULTANT**
_____	Dr Samuel Olutuase _____
Signature	*Signature*
Date: June 6, 2017	Date: June 6, 2017

Appendix 12

mindful HR CONSULTING

Mindfulness Based Stress Reduction

A certificate of attendance is presented to:

Alice Ogundele

For successfully attending the 8-week MBSR program

Karen Vipond

Facilitator

Date issued:

10 June 2019

This includes:

8 weekly, telephonic 1 hour sessions: 4 April 2019 – 6 June 2019.

Completion, revision and discussion of designated homework, reading and practise of mindfulness-based concepts, learnings and insights.

Appendix 13

OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE
DEPARTMENT OF ENGLISH

E-mail: *kayoola@oauife.edu.ng* ***Telephone:*** *+2348056342354* **Date:** 9th November, 2021

TO WHOM IT MAY CONCERN

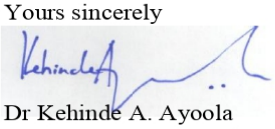
ATTESTATION TO THE EDITING OF ALICE IGBEKELE OGUNDELE'S PHD THESIS

This is to attest to the editing and correction of errors in the draft of the PhD thesis written by Alice Igbekele Ogundele titled:

DEVELOPMENT OF A MINDFULNESS-BASED UNIT MANAGEMENT TRAINING PROGRAMME FOR PROFESSIONAL NURSES IN ONDO STATE, NIGERIA

I attest that the work meets international standard in terms of language and style and it is worthy of presentation for examination.
.

Yours sincerely



Dr Kehinde A. Ayoola
Reader, Department of English