4-30-2026

Mindfulness-Based Interventions to Improve Anxiety and Depression Outcomes in Adult Patients

Eunice Onyinye Nsofor
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Eunice Onyinye Nsofor

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Barbara Barrett, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2026

Executive Summary: Staff Education Project

Mindfulness-Based Interventions to Improve Anxiety and Depression Outcomes in Adult Patients

by

Eunice Onyinye Nsofor

MS, Walden University, 2018

BSN, Western Governors University, 2014

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2026

Summary

This doctoral project is an evidence-based practice (EBP) project focused on implementing a structured staff education program on mindfulness-based interventions (MBIs) to improve care for adult patients with anxiety and depression. The identified practice problem was limited staff knowledge and inconsistent referral practices despite strong evidence supporting MBIs. This practice gap is significant in nursing practice because anxiety and depression are highly prevalent and negatively impact patient outcomes, quality of life, and healthcare utilization. Addressing this gap supports the integration of evidence-based, nonpharmacologic interventions and aligns with holistic, patient-centered care. The practice-focused question examined whether a structured staff education program on MBIs would improve staff knowledge of mindfulness as an intervention for anxiety and depression. The project aimed to enhance staff knowledge using a pretest–posttest design. Findings revealed measurable improvement in staff knowledge, with mean scores increasing from 61% on the pretest to 88% on the posttest (a 27-percentage-point increase). The greatest gains were observed in understanding appropriate patient identification and the referral process for mindfulness-based interventions. This project supports the feasibility of staff education as a strategy to improve implementation of evidence-based practices. The project also highlights opportunities for sustainability and expansion to support improved nursing practice and patient outcomes. Additionally, the project has the potential to promote positive social change by increasing access to equitable, holistic mental health care.

Background

Anxiety and depression are among the most common mental health conditions affecting adult patients and are associated with decreased quality of life, impaired functioning, and increased healthcare utilization. Within clinical practice, there is a growing emphasis on integrating nonpharmacologic, evidence-based interventions to complement traditional treatment approaches. Mindfulness-based interventions (MBIs), such as mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), have been shown to improve psychological outcomes; however, these interventions remain underutilized in many healthcare settings. A key contributor to this gap is limited staff knowledge and inconsistent referral practices, which restrict patient access to these effective therapies. Addressing this gap is essential in nursing practice to support holistic, patient-centered care and improve mental health outcomes.

The practice-focused question guiding this project was: Did staff education about using MBIs to address clients with treatment resistant depression and anxiety increase staff knowledge about mindfulness as an intervention? The purpose of this evidence-based practice (EBP) project was to implement and evaluate a structured staff education program designed to improve staff knowledge in using MBIs, thereby enhancing referral practices and patient outcomes.

Strong evidence supports the need for this practice change. A meta-analysis by Liu et al. (2023) demonstrated that MBIs significantly reduce anxiety and depressive symptoms among healthcare professionals, highlighting their effectiveness and relevance in clinical environments. Similarly, Reangsing et al. (2023) found that online MBIs significantly reduce anxiety symptoms in adults, supporting their accessibility and

scalability. Williams et al. (2024) further reported that structured mindfulness-based training resulted in substantial reductions in anxiety among individuals with generalized anxiety disorder, with increased mindfulness identified as a key mechanism for improvement. The collection and analysis of evidence were based on a review of high-quality research, including systematic reviews and meta-analyses that support the effectiveness of MBIs in reducing anxiety and depressive symptoms. Liu et al. (2023) demonstrated that MBIs significantly reduce anxiety and depression among healthcare professionals. Reangsing et al. (2023) reported that online MBIs effectively reduce anxiety symptoms in adult populations. Williams et al. (2024) found that structured mindfulness training leads to significant reductions in anxiety among individuals with generalized anxiety disorders. These sources represent strong Level I evidence and were used to guide the development of the educational content and intervention design.

Strong evidence supports the need for this practice change based on a systematic review of the literature. Databases searched included PubMed, CINAHL, and Google Scholar, using keywords such as *mindfulness-based interventions*, *anxiety*, *depression*, and *staff education*, with inclusion criteria limited to peer-reviewed studies published within the last 5 years and focused on adult populations. A total of 10 articles were selected and appraised using a standardized hierarchy of evidence, including three Level I studies, two Level II studies, and five Level V sources. The Level I evidence demonstrated consistent and significant reductions in anxiety and depressive symptoms. Specifically, Liu et al. (2023) conducted a meta-analysis of 1,056 nurses and found that MBIs significantly reduced both anxiety and depression, highlighting their relevance in healthcare settings. Reangsing et al. (2023), in a systematic review of 3,246 adults,

reported that online MBIs significantly reduced anxiety symptoms, supporting both effectiveness and accessibility. Similarly, Williams et al. (2024) found that structured mindfulness training produced large reductions in anxiety among individuals with generalized anxiety disorder, with increased mindfulness identified as a key mechanism of improvement. Level II evidence further supported these findings: Jiang et al. (2022) demonstrated that mindfulness-based cognitive therapy was noninferior to cognitive behavioral therapy in reducing anxiety symptoms, whereas Ramirez et al. (2025) showed that music-based mindfulness interventions improved psychological state and autonomic function, including heart rate variability. Level V evidence, including Sawyer (2023) and Bhattacharya and Hofmann (2023), emphasized the role of mindfulness in enhancing self-care, reducing stress, and supporting mental health outcomes. Overall, the evidence is rated as good quality with consistent findings across levels, strongly supporting the effectiveness of MBIs. However, the appraisal revealed a gap in implementation-focused research, particularly regarding the impact of structured staff education on referral practices and patient participation, reinforcing the need for this project to translate evidence into clinical practice.

Staff Education Project Development

The staff education project involved an interdisciplinary team of six participants who were actively engaged in the care of adult patients diagnosed with anxiety and depression. The participants included two nurse practitioners, one therapist, and three office staff members. This diverse representation of clinical and administrative personnel supported a collaborative learning environment and facilitated comprehensive implementation of the educational intervention across different roles within the practice

setting. Staff participation was voluntary and included staff who routinely provide care to this patient population and would directly benefit from education on MBIs. Prior to implementation, participants were informed about the purpose, procedures, and criteria for participating in the education program. Implied consent was obtained through participant completion of the pre and posttests. Confidentiality was maintained by collecting de-identified data, and no personal identifiers were included in the analysis or reporting of results. This approach ensured ethical standards were upheld while promoting staff engagement.

Procedures

The project was developed through a structured process that included identifying the practice gap, engaging stakeholders, and designing an educational intervention tailored to staff needs and workflow. The development of the educational program was guided by evidence-based studies demonstrating the effectiveness of MBIs in reducing anxiety and depressive symptoms and supporting mental health outcomes (Liu et al., 2023; Reangsing et al., 2023; Williams et al., 2024). Additional supporting evidence highlighted the role of mindfulness in promoting self-care and improving psychological well-being, which informed the content and focus of the education program. The intervention consisted of a PowerPoint-based education session covering key concepts of MBIs, including definitions, clinical benefits, patient eligibility, and referral processes. The PowerPoint presentation is included in Appendix A. The implementation procedures included obtaining leadership approval, scheduling training sessions during existing meeting times, administering a pretest to assess baseline knowledge, delivering the education session, and administering a posttest immediately after the training to evaluate

knowledge acquisition. Knowledge assessments included 10 multiple-choice and scenario-based questions that aligned with the learning objectives. Pretest data provided a baseline measure, whereas posttest results were used to evaluate immediate learning outcomes. The questions were grouped into six sections for data analysis. The pretest and posttest assessment tools are included in Appendix B. This structured educational approach ensured that the intervention was evidence-based, practical, and aligned with clinical workflow and the evaluation of staff learning outcomes.

The evaluation process assessed the participant's view of the program overall. Data collection included the pretest/posttest and the program evaluation. Data analysis focused on comparing pretest and posttest scores to determine if improvement in staff knowledge was attained.

Results

Postimplementation results included a total of 6 participants, all of whom completed the education program and both the pretest and posttest assessments. Findings demonstrated consistent increases across all content areas, indicating the effectiveness of the structured PowerPoint-based education program on MBIs. All knowledge domains showed improvement, with the greatest gains observed in patient identification (+29%) and referral processes (+30%). Patient identification refers to staff ability to recognize appropriate candidates for mindfulness-based interventions, such as adults experiencing moderate symptoms of anxiety or depression who may benefit from nonpharmacologic treatment approaches. Referral processes refer to staff understanding of the clinical workflow required to connect patients with mindfulness-based interventions, including recognizing eligibility criteria, discussing the intervention with patients, and initiating

referrals to appropriate mindfulness programs or services within the practice setting. Table 1 reflects a detailed comparison of mean pretest and posttest scores by question.

Table 1

Pretest and Posttest Knowledge Scores on Mindfulness-Based Interventions (N = 6)

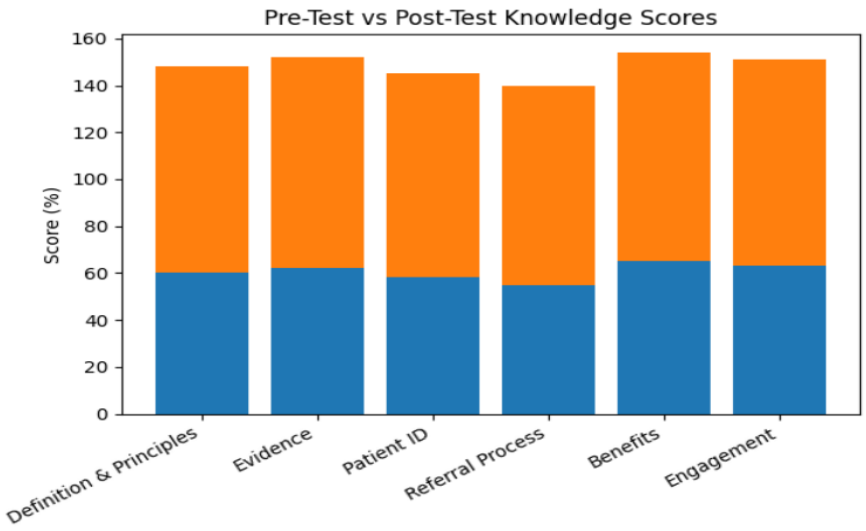
Knowledge domain	Pretest mean (%)	Posttest mean (%)	Mean improvement (percentage points)
Definition and principles of MBIs	60	88	+28
Evidence supporting MBIs	62	90	+28
Patient identification for MBIs	58	87	+29
Referral process and workflow	55	85	+30
Benefits of MBIs for anxiety and depression	65	89	+24
Patient engagement strategies	63	88	+25
Overall mean score	61	88	+27

To further illustrate these findings, Figure 1 displays a visual comparison of pretest and posttest scores across all topics, demonstrating a consistent upward trend in knowledge acquisition. The graph highlights a clear increase in posttest scores across all domains, reinforcing the effectiveness of the educational intervention. In addition to knowledge improvement, staff reported increased knowledge in identifying appropriate patients and understanding the referral processes. There is anticipated potential for increased referral activity and staff engagement based on improved knowledge scores,

suggesting that the education program may support translation of knowledge into practice during future implementation.

Figure 1

Pretest vs. Posttest Knowledge Scores



Analysis of the program evaluation data from the six participants indicated a positive response to the staff education intervention. Participants reported that the education session was clear, relevant to their clinical practice, and increased their understanding of MBIs. Feedback also reflected that the content was well-organized and appropriate for the clinical setting, and participants expressed increased knowledge in applying the information presented. Additionally, participants indicated that the training was useful for improving awareness of MBIs and their potential role in patient care. Overall, the program evaluation findings suggest that the education intervention was effective in meeting its objectives and was well received by participants.

Impact on the Organization

The impact on the organization included improved staff knowledge and enhanced awareness of nonpharmacologic mental health interventions. The education program supported increased staff understanding of MBIs and their role in clinical practice. Overall, the project demonstrates the feasibility of implementing structured staff education as a strategy to promote EBP and improve patient care. These findings suggest that the intervention may be beneficial for broader implementation across healthcare settings.

Limitations

Several limitations should be considered when interpreting the results of this project. The number of project participants was relatively small and limited to a single clinical setting, which may affect the generalizability of the findings to other populations or organizations. The evaluation relied on immediate pretest and posttest assessments, which measured short-term knowledge gains but did not assess long-term retention or sustained changes in clinical practice. Competing clinical priorities and time constraints may have also limited full staff participation and consistent application of referral practices. These factors may have influenced the extent of measurable impact and should be addressed in future implementations through larger sample sizes, longer evaluation periods, and inclusion of long-term outcomes.

Project Importance Beyond the Local Site

This project is important beyond the local site because it addresses a widespread practice gap of incorporating the integration of MBIs into routine clinical practice to address anxiety and depression despite strong supporting evidence. Many healthcare

settings face similar challenges related to limited staff knowledge, inconsistent referral practices, and underutilization of nonpharmacologic mental health interventions. By demonstrating that a structured staff education program can improve knowledge and support practice change, this project provides a scalable and adaptable model that can be implemented across diverse healthcare environments. The findings contribute to the broader evidence base for translating research into practice and support efforts to enhance mental health care delivery. Additionally, the project promotes the use of low-cost, accessible, and culturally adaptable interventions, which can improve equity in mental health care and benefit diverse patient populations. The project findings have significant implications for advancing nursing practice, improving patient outcomes, and supporting positive social change at a broader systems level.

Conclusions

This project has the potential to positively impact the organization by improving staff knowledge, and their understanding and ability to refer patients to MBIs for anxiety and depression. The structured staff education program enhanced awareness of evidence-based, nonpharmacologic treatment options and supported the integration of holistic care into routine clinical practice. These findings are consistent with evidence demonstrating that MBIs significantly reduce anxiety and depressive symptoms and improve mental health outcomes across diverse populations (Liu et al., 2023). Increased staff engagement and improved understanding of referral processes contributed to a stronger culture of EBP and aligned with organizational priorities related to patient-centered care, staff development, and mental health outcomes.

Further Recommendations

Further recommendations include sustaining staff knowledge using the education program for ongoing staff training and refresher sessions, integrating MBI education into new staff orientation, and expanding the program to additional units or departments. Incorporating long-term evaluation strategies, such as follow-up knowledge assessments and monitoring of patient outcomes, is also recommended to assess sustainability. Evidence suggests that both in-person and online MBIs are effective and scalable, supporting broader implementation across healthcare settings (Reangsing et al., 2023). Additionally, strengthening referral workflows and standardizing processes can improve consistency and utilization of MBIs in clinical practice.

Implications for Nursing Practice

The implications for nursing practice are significant, as this project supports the integration of evidence-based, nonpharmacologic interventions into care and reinforces the role of nurses in promoting holistic, patient-centered approaches. Research indicates that structured mindfulness training leads to meaningful reductions in anxiety and supports improved coping and emotional regulation (Williams et al., 2024). This project also contributes to positive social change by increasing access to low-cost, adaptable mental health interventions that can be delivered across diverse populations. By addressing gaps in access and promoting inclusive care practices, the project advances diversity, equity, and inclusion by supporting equitable access to mental health resources and improving outcomes for underserved communities.

References

Bhattacharya, S., & Hofmann, S. G. (2023). Mindfulness-based interventions for anxiety and depression. *Clinics in Integrated Care, 16*, Article 100138. https://doi.org/10.1016/j.intcar.2023.100138

Chand, R., & Sazima, G. (2024). *Mindfulness in medicine: A comprehensive guide for healthcare professionals*. Springer.

Jiang, S., Liu, X., Han, N., Zhang, H., Xie, W., Xie, Z., Lu, X., Zhou, X., Zhao, Y., Duan, A., Zhao, S., Zhang, Z., & Huang, X. (2022). Effects of group mindfulness-based cognitive therapy and group cognitive behavioural therapy on symptomatic generalized anxiety disorder: A randomized controlled noninferiority trial. *BMC Psychiatry, 22*(1), Article 481. https://doi.org/10.1186/s12888-022-04127-3

Liu, H., Kong, L., Sun, Q., & Ma, X. (2023). The effects of mindfulness-based interventions on nurses' anxiety and depression: A meta-analysis. *Nursing Open, 10*(6), 3622–3634. https://doi.org/10.1002/nop2.1610

Ramirez, C., Alayine, G. A., et al. (2025). Music mindfulness acutely modulates autonomic activity and improves psychological state in anxiety and depression. *Frontiers in Neuroscience, 19*, Article 1554156. https://doi.org/10.3389/fnins.2025.1554156

Reangsing, C., Trakooltorwong, P., Maneekunwong, K., Thepsaw, J., & Oerther, S. (2023). Effects of online mindfulness-based interventions on anxiety symptoms in adults: A systematic review and meta-analysis. *BMC Complementary Medicine and Therapies, 23*(1), Article 269. https://doi.org/10.1186/s12906-023-04102-9

Sawyer, H. (2023). Mindfulness: Strategies to implement targeted self-care. *Journal of Interprofessional Education & Practice, 31*, Article 100614. https://doi.org/10.1016/j.xjep.2023.100614

Williams, M., Honan, C., Skromanis, S., Sanderson, B., & Matthews, A. J. (2024). Psychological outcomes and mechanisms of mindfulness-based training for generalized anxiety disorder: A systematic review and meta-analysis. *Current Psychology, 43*(6), 5318–5340. https://doi.org/10.1007/s12144-023-04695-x

Appendix A

Power Point Presentation

IMPLEMENTING A STRUCTURED STAFF EDUCATION PROGRAM ON MINDFULNESS-BASED INTERVENTIONS TO IMPROVE ANXIETY AND DEPRESSION OUTCOMES IN ADULT PATIENTS

Eunice Nsofor

DNP Project

January 5, 2026

Program outline for participate

- The Introduction
- Gap in Practice
- The Problem
- program Length-60 minutes
- Objectives
- Pre-assessment: Pretest
- Delivery of Educational Program Content
- Question & Answers
- Post-assessment: Posttest
- Administer Program Evaluation/ Confidence Survey
- Program Conclusion / Next Steps

INTRODUCTION

Purpose & Objectives

Implement a structured mindfulness-based staff education program

Increase staff knowledge and awareness of mindfulness-based interventions

Improve identification and referral of eligible patients

Enhance patient participation in mindfulness-based care

Support improved anxiety and depression symptom outcomes

Promote evidence-based, holistic mental health care

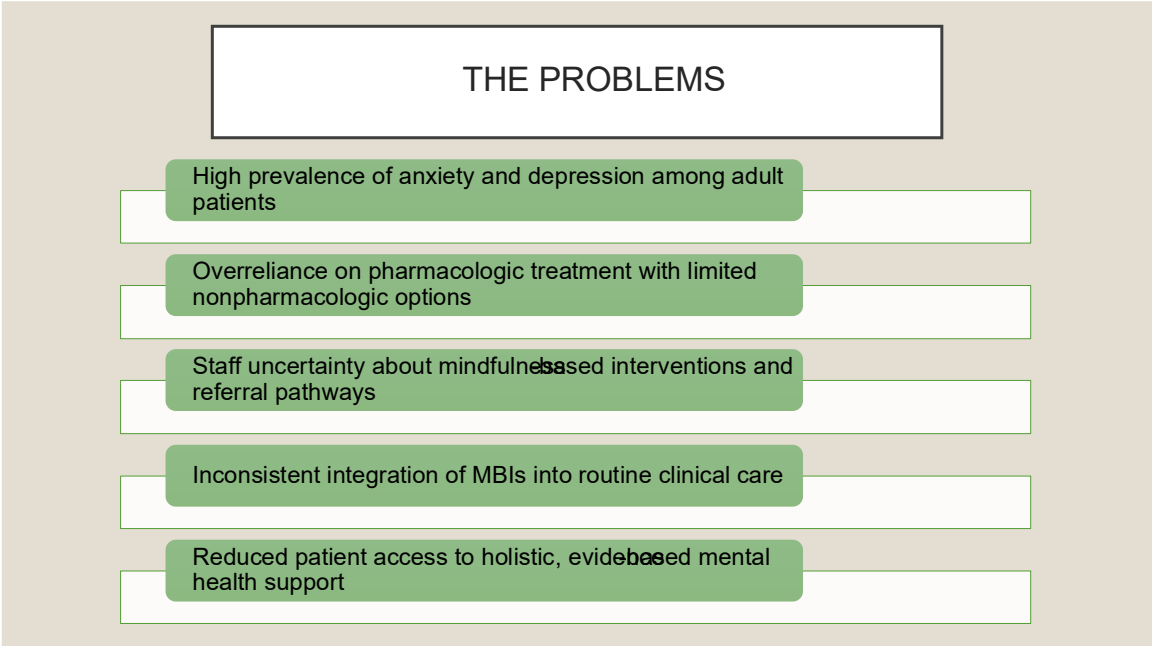
GAP IN PRACTICE

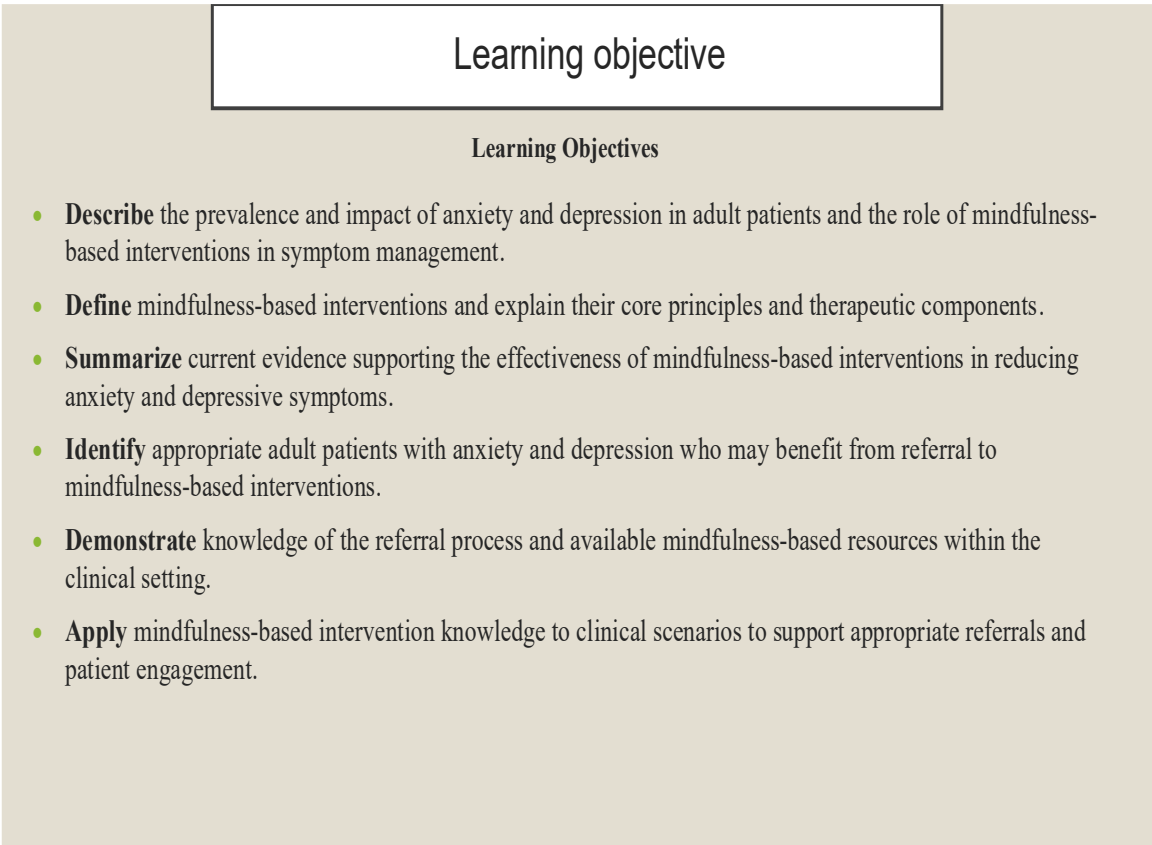
Current Issue

- High rates of anxiety and depression among adult patients
- Treatment largely pharmacologic, with limited integration of nonpharmacologic options
- Mindfulness-based interventions (MBIs) shown to reduce anxiety and depression (Reangsing et al., 2023; Williams et al., 2024)
- Inconsistent integration of MBIs into routine care
- Staff uncertainty regarding benefits and referral pathways for MBIs (Liu et al., 2023)

Significance of the Gap

- Evidence-based MBIs underused, despite proven effectiveness (Liu et al., 2023; Reangsing et al., 2023; Williams et al., 2024)
- Knowledge gaps among staff contribute to low or inconsistent referral rates
- Reduced patient access to holistic, nonpharmacologic mental health support
- Missed opportunity to improve patient engagement and symptom outcomes
- Highlights the need for structured staff education to close the gap


THE PROBLEMS
High prevalence of anxiety and depression among adult patients
Overreliance on pharmacologic treatment with limited nonpharmacologic options
Staff uncertainty about mindfulness-based interventions and referral pathways
Inconsistent integration of MBIs into routine clinical care
Reduced patient access to holistic, evidence-based mental health support


Learning objective
Learning Objectives
Describe the prevalence and impact of anxiety and depression in adult patients and the role of mindfulness-based interventions in symptom management.
Define mindfulness-based interventions and explain their core principles and therapeutic components.
Summarize current evidence supporting the effectiveness of mindfulness-based interventions in reducing anxiety and depressive symptoms.
Identify appropriate adult patients with anxiety and depression who may benefit from referral to mindfulness-based interventions.
Demonstrate knowledge of the referral process and available mindfulness-based resources within the clinical setting.
Apply mindfulness-based intervention knowledge to clinical scenarios to support appropriate referrals and patient engagement.

Pre-test

Staffs will complete pre-test before the teaching

Prevalence and Impact of Anxiety and Depression
Learning objective # 1

- Anxiety and depression are among the most common mental health disorders in adults
  - Associated with functional impairment, reduced quality of life, and increased healthcare utilization
  - High comorbidity with chronic medical conditions
- Significant public health and economic burden

What Are Mindfulness-Based Interventions (MBIs)? Learning objective # 2

- Structured, evidence-based psychological interventions
  - Focus on present-moment awareness with a nonjudgmental attitude
  - Common models include MBSR (Mindfulness-Based Stress Reduction) and MBCT (Mindfulness-Based Cognitive Therapy).
  - Used as adjunctive or standalone treatments

Core Principles and Therapeutic Components Learning objective # 3

- Present-moment awareness
  - Nonjudgmental acceptance
  - Breathing and body awareness practices
  - Formal meditation and informal daily practices
  - Psychoeducation and group discussion

Evidence Supporting Effectiveness
Learning objective # 4

- Research demonstrates reduction in anxiety and depressive symptoms
  - Comparable effectiveness to cognitive behavioral therapy in some populations
  - Improves emotional regulation and stress resilience
  - Effective for relapse prevention in recurrent depression

Patients Who May Benefit from MBIs
Learning objective # 5

- Adults with mild to moderate anxiety or depression
  - Patients with chronic stress or emotional dysregulation
  - Individuals preferring non-pharmacologic or adjunctive approaches
  - Patients with treatment-resistant symptoms when combined with standard care

Referral Process and Clinical Resources
Learning objective # 6

- Assess patient readiness and appropriateness
  - Provide education on expectations and commitment
  - Refer to in-house or community-based mindfulness programs
  - Utilize digital and telehealth mindfulness resources when available

Applying MBIs in Clinical Practice

- Incorporate mindfulness education into patient encounters
  - Use screening tools to identify appropriate candidates
  - Collaborate with interdisciplinary teams
  - Support patient engagement and follow-up

CONCLUSION AND RECOMMENDATIONS

Conclusion:

-Mindfulness-based interventions are effective, evidence-based options
-They support holistic, patient-centered mental health care
-Integration can improve outcomes for adults with anxiety and depression

Recommendations:

- Implement structured, evidence-based staff education (Liu et al., 2023)
- Use interactive learning methods for better knowledge retention and application (Reangsing et al., 2023; Williams et al., 2024)
- Provide ongoing support and refresher sessions (Williams et al., 2024; Liu et al., 2023)
- Integrate MBIs into routine care pathways
- Monitor outcomes to ensure effectiveness and continuous improvement

Question & Answer

Participate have opportunity to ask questions

Post Test

Administer Posttest assessment to participates

Administer Program evaluation

Confidence Survey

Program Conclusion

Next Step

REFERENCES

- Liu, H., Kong, L., Sun, Q., & Ma, X. (2023). The effects of mindfulness-based interventions on nurses' anxiety and depression: A meta-analysis. Nursing Open, 10(6), 3622–3634.
- Reangsing, C., et al. (2023). Effects of online mindfulness-based interventions on anxiety symptoms in adults: A systematic review and meta-analysis. BMC Complementary and Alternative Medicine, 23(1), 269.
- Williams, M., et al. (2024). Psychological Outcomes and Mechanisms of Mindfulness-Based Training for GAD: A Systematic Review & Meta-Analysis. Current Psychology, 43(6), 5318–5340

Appendix B

Pretest/Posttest

Mindfulness-based intervention Staff Knowledge Assessment

Participant Information & Instructions

The purpose of this pretest/posttest assessment is to evaluate changes in staff knowledge related to mindfulness-based interventions (MBIs) for the management of anxiety and depression in adult patients. This assessment supports the evaluation of an evidence-based staff education intervention as part of a Doctor of Nursing Practice (DNP) quality improvement project. Participation is voluntary and will not affect your employment status, role responsibilities, or performance evaluation. To protect confidentiality, do not write your name on this assessment. You will be provided with a unique identifier that will be used in place of your name for data collection and analysis purposes. Individual responses will remain confidential, and results will be reported only in aggregate. This assessment is intended to measure staff knowledge before and after the educational program and is not an evaluation of individual job performance. By completing this assessment, you acknowledge your voluntary participation in this quality improvement activity.

Please **check the best answer** for each question.

Unique Identifier: _____ Date:_____

☐ Pre-Test ☐ Post-Test

Knowledge Assessment Questions

1. Which statement best describes a mindfulness-based intervention (MBI)?
A. A medication-based treatment for anxiety
B. A technique focused on eliminating negative thoughts
C. A structured, evidence-based approach that promotes present-moment awareness
D. A relaxation technique used only during therapy sessions

2. Which mental health condition has the most substantial evidence supporting the use of MBIs?
A. Schizophrenia
B. Anxiety disorders and depression
C. Bipolar disorder
D. Substance use disorders

3. Evidence shows that mindfulness-based interventions are most effective at reducing which symptom?
A. Psychosis
B. Mania
C. Anxiety and depression
D. Cognitive decline

4. Which population has demonstrated improved outcomes following mindfulness-based interventions?
A. Only psychiatric inpatients
B. Only older adults
C. Nurses and adults with anxiety or depression
D. Children with developmental disorders

5. Which of the following is an appropriate candidate for referral to a mindfulness-based intervention?
A. An adult with acute psychosis
B. An adult with moderate anxiety/depression and interest in nonpharmacologic options
C. An adult experiencing medical instability
D. An adult refusing all behavioral interventions

6. What is the primary purpose of staff education on mindfulness-based interventions?
A. To replace pharmacologic treatment
B. To improve staff mindfulness practice only
C. To increase knowledge, confidence, and appropriate referrals
D. To eliminate the need for psychotherapy

7. Which delivery format is effective for mindfulness-based interventions?
A. In-person only
B. Online only
C. Both in-person and online formats
D. Self-directed reading only

8. Which outcome is most appropriate to evaluate the effectiveness of a staff education program on MBIs?
A. Staff age and years of experience
B. Referral rates and staff knowledge scores
C. Hospital length of stay
D. Medication prescription rates

9. A key mechanism by which mindfulness reduces anxiety/depression is:
A. Suppression of emotions
B. Increased avoidance of stressors
C. Increased trait mindfulness and awareness
D. Distraction from symptoms

10. When should the post-test be administered?
A. One week before education
B. Immediately after education
C. Six months after implementation
D. Only if staff request it

Scoring Key (For Project Evaluation Use Only)
Question Correct Answer
1 C
2 B
3 C
4 C
5 B
6 C
7 C
8 B
9 C
10 B

Total Possible Score: 100 points
Evaluation Measure: Improvement in posttest scores compared to pretest scores indicate increased staff knowledge following the educational intervention.

Appendix C

Program Evaluation

Instructions

Please indicate your level of agreement with each statement based on your experience with the education session.

Scale:

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

Section 1: Content and Relevance

1. The education session content was clear and easy to understand.
2. The information presented was relevant to my clinical practice.
3. The session improved my understanding of mindfulness-based interventions.
4. Education addressed an important clinical need.

Section 2: Knowledge and Understanding

5. The session increased my knowledge of mindfulness-based interventions.
6. I understand how mindfulness-based interventions can be used in patient care.
7. I understand the referral process for mindfulness-based interventions.

Section 3: Delivery and Organization

8. The PowerPoint presentation was well organized.

9. The length of the session was appropriate.

10. The presenter communicated the material effectively.

Section 4: Application to Practice

11. The information provided is applicable to my clinical practice.

12. This training will support improved patient care.

Section 5: Overall Satisfaction

13. Overall, I am satisfied with this education program.

Open-Ended Questions

14. What did you find most useful about this training?

---

15. What suggestions do you have for improving this education session?
