RESULTS

MIEA

A total of 19 participants completed pre- testing. Of this, 11 participants identified as OTD year 1, 2 as OTD year 2, 4 as OTD year 3, and 3 post-professional masters. A total of 15 participants completed post-testing qualitative testing, and 14 participants participated in post-testing quantitative testing.

When asked about previous experience in mindfulness, 8 participants indicated no prior experience, 2 indicated using a website/app, 4 indicated participation through educational institutions, 2 participants indicated independent practice, 1 participant indicated involvement through camp, and 1 participant indicated participating due to a recommendation from a mental health provider.

A paired samples t-test was performed to evaluate whether there was a difference in the scores on the Cognitive Affective Mindfulness Scale-Revised between pre- and post- MIEA sessions. The results indicate that the CAMS-R scores of participants after MIEA sessions (*M* = [28.79], *SD* = [3.468]) was significantly higher than before taking MIEA sessions (*M* = [24.86], *SD* = [2.797]), *t*[13] = [-4.780], p = <.001, Cohen's d = 3.075.

A paired samples t-test was performed to evaluate whether there was a difference in scores on the Mindfulness Attention & Awareness Scale between pre- and post- MIEA sessions. The results indicate that the MAAS scores of participants after MIEA sessions (*M* = [3.618], *SD* = [.786]) was significantly higher than before MIEA sessions (*M* = [3.162], *SD* = [.928]), *t*(13) = [-2.778], *p* = .008, Cohen's d = .615.

A paired samples t-test was performed to evaluate whether there was a difference in scores on the Perceived Stress Scale between pre- and post- MIEA sessions. The results indicate that the PSS scores of participants after MIEA sessions (*M* = [14.54], *SD* = [3.382]) was significantly lower than before MIEA sessions (*M* = [19.00], *SD* = [3.136]), *t*(12) = [2.839], *p* = .007, Cohen's d = 5.666.

A paired samples t-test was performed to evaluate whether there was a difference in scores on the Self-Compassion Scale between pre- and post- MIEA sessions. The results indicate that the SCS total score of participants who attended MIEA sessions (*M* = [3.50121], *SD* = [.665520]) were significantly higher than before MIEA sessions (*M* = [2.80929], SD = [.595940]), *t*(13) = [-4.180], *p* = <.001, Cohen's d = .619.

When asked if participants achieved their established goal, 67% of participants indicated meeting their goal, and 33% of participants indicated progression towards meeting their

goal. This indicates participant satisfaction in MIEA course completion in meeting their anticipated outcomes of the course.

Of goals established, a thematic analysis of the pre- responses indicated 12 goals for mental health and 19 for well-being. A thematic analysis on post-responses indicated 14 responses for mental health and 19 for well-being. Some participants set multiple goals, and all goals set were factored into the thematic analysis.

Participants were asked to identified mindfulness skills and techniques used most often outside of formal MIEA sessions, selecting as many techniques as applied. 9 participants selected breath awareness, 5 participants selected belly breathing, 6 participants selected dynamic breathing, 6 participants selected body scan, 2 participants selected walking meditation, 9 participants selected Gatha, 8 participants selected guided imagery, 3 participants selected labeling thoughts, 0 participants selected eating, 3 participants selected labeling feelings, and 4 participants selected gratitude. These results indicate participants used multiple techniques in their informal mindfulness practice.

Barriers to Mindfulness

28 participants completed the barriers to mindfulness survey. Not all participants completed all answers of the survey. Of the 28 participants, 10 identified as OTD year 1, 7 as OTD year 2, and 11 as OTD year 3.

28 participants completed the question regarding employment status. Of these participants, 14 indicated working part-time outside of Tufts, 5 indicated working part-time both within and outside of Tufts, and 9 participants indicated not being employed.

20 participants indicted the top three stressors in their lives. Of these participants, 14 indicated money/finances, 13 indicated school, 5 indicated time restraints, 5 indicated relationships, 4 indicated work, 4 indicated health, 2 indicated the future, 2 indicated politics/current events, and 1 indicated housing.

20 participants completed the question asking how stress impacts their daily engagement. Of these responses, 4 themes emerged from a thematic analysis. Some participants indicated multiple ways stress impacts daily engagement, and all responses were coded accordingly. 5 responses indicated mental health impacts, 14 responses indicated occupational deprivation, 4 participants rated the perceived impact, and 6 responses indicated a well-being impact.

20 participants completed the question of how they perceive mindfulness. Of these responses, 3 themes emerged from a thematic analysis. Some participants indicated

multiple perceptions, and all responses were coded accordingly. The themes that emerged were benefits of practice with 5 responses, self-improvement tool with 7 responses, and description of practice with 18 responses. Of the theme description of practice, 7 responses indicated being present, 2 indicated breathing, 3 compared to other practices, 1 described as non-based movement, 3 indicated it as a reflective practice, and 2 indicated it to refocus thinking.

20 participants completed the question regarding perception of mindfulness benefits. Of these responses, 6 themes emerged from a thematic analysis. Some participants indicated multiple perceptions, and all responses were coded accordingly. 9 participants indicated "Not Aware" of benefits, 5 indicated well-being benefits, 2 provided technique examples, 1 indicated improved relationships, and 4 indicated benefits for individuals with clinical diagnoses.

17 participants completed the question on barriers to participate in Tufts OT MIEA programming. Of these responses, 4 themes emerged from a thematic analysis. Some participants indicated multiple barriers, and all responses were coded accordingly. 4 participants reported being unaware of programming, 4 indicated not interested/beneficial, 12 indicated time restraints, and 2 indicated stress/anxiety as a barrier.

15 participants completed the question on ideas to make programming more accessible. Of these responses, 3 indicated programming to be accessible enough, 3 indicated offing different time/location of sessions, 4 indicated incorporating into OT curriculum, 2 indicated decreasing the time commitment, 2 indicated making session asynchronous, and 2 indicated increasing advertising.

DISCUSSION

The MIEA paired t-tests and goal attainment results indicate MIEA programming increases the mental health and well-being of the Tufts OT students who participate, supporting this study's hypothesis.

A significant difference in post-test scores on the Cognitive Affective Mindfulness Scale-Revised indicate there is an increase of students' understanding of mindfulness after participation in MIEA. A significant difference in post-test scores on the Perceived Stress Scale indicate a decrease in students' perceived stress after participation in MIEA. A significant difference in post-test scores on the Mindfulness Attention and Awareness Scale indicate an increase in students' level of present moment awareness after participation in MIEA. A significant difference in post-test scores on the Self-Compassion Scale total

Student goals fell into two themes, mental health goals and wellbeing goals. These themes directly align with the hypothesis of this study. 100% of students indicate meeting or progressing towards their goal, indicating satisfaction in goal attainment on improving their mental health and/or well-being.

The survey conducted to determine mindfulness barriers reveals a gap in knowledge on the practice and benefits of mindfulness for Tufts OT students. This survey also reveals a more accessible MIEA program would benefit Tufts OT students.

A majority of students indicate finances and school to be a top stressor in their lives. A majority of students also report working part-time employment. A majority of students report stress causes occupational deprivation in their lives. When asked about barriers to attending the MIEA program, 12 students reported time restraints to be a major barrier. When asked how to make the MIEA program more accessible, 4 students indicated incorporating it into OT curriculum and 2 indicated making the program asynchronous. These results indicate students stress regarding school and finances creates time restrictions, leading to perceived occupational deprivation that makes students hesitant to add more to their schedule.

Regarding perceived benefits of mindfulness, nine students reported “not aware” of benefits, and four students reported benefits only for individuals with mental health conditions. Also, when asked about barriers to attending the MIEA program, 4 students indicated being unaware of the program, and 2 students indicated stress/anxiety to be a barrier. These results indicate a gap in knowledge on the benefits of mindfulness in Tufts OT students. Similarly, four students indicated being unaware of the MIEA program, indicating a need to further advertise and educate students on the program.

CONCLUSION

The results of this study reveal that an MIEA program increases the mental health and well-being of student, but a lack of education and time restraints barre students from participating in the program.

The increase in mental health and well-being in participating Tufts OT graduate students indicates a need to continue the MIEA program. If continued, future cohorts will benefit from a free resource to improve their mental health and well-being, which in turn helps students succeed in OT graduate school.

Further research is needed regarding how mindfulness education can benefit Tufts OT graduate students. Misconceptions of time commitments and perceived benefits cause barriers for participation. While commitments to employment and school curriculum cannot change, education on the program structure and benefits of practice may help

students better fit mindfulness into their schedules, thus increasing their mental health and well-being.