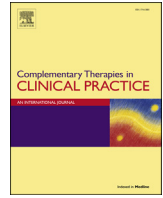


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## Barriers and facilitators of the use of mind-body therapies by healthcare providers and clinicians to care for themselves



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### A B S T R A C T

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Healthcare providers may experience a high level of stress, fatigue, and anxiety originating from different factors. Mind-body therapies, which include many interventions, have been proposed to alleviate these conditions. These interventions have been reported to decrease the level of stress, and the negative outcomes associated with these factors: high burnout rate, and poor quality of care for patients. Although research validating the effectiveness of healthcare providers' use of mind-body therapies to care for themselves is emerging, there is little focus on barriers and facilitators that healthcare providers encounter with these mind-body practices, thereby questioning the feasibility and sustainability of these interventions. As such, this systematic review examined the barriers preventing healthcare providers from using mind-body interventions to care for themselves and ways that it has been facilitated. Overall, 12 studies addressed the research question with a limited focus on the facilitators and barriers of the use of mind-body therapies.

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In the past 30 years, there has been significant recognition of the work-related stress that healthcare providers experience [3]. These work-related psychological issues have numerous causes that include increased acuity of patients and healthcare provider shortages, to name a few [3,13,18]. Most of these issues are not only experienced by healthcare providers providing direct patient care, but also are experienced by faculty members and students in the healthcare profession. With healthcare professionals handling situations whereby an individual's health can easily deteriorate, the consequences of these work related issues is very concerning for patients, healthcare providers and the healthcare institution [13]. The outcome of work-related stress relating to the healthcare profession includes high burnout rate, low job satisfaction, worse patient outcomes, high mortality and many more [3,5,18]. With the outcomes of these work-related stressors having such a high impact, numerous interventions such as mind-body therapies are being used to address this issue.

Mind-body therapies, including modalities such as meditation, yoga, biofield therapies, mindfulness and many more interventions, are used by healthcare providers dealing with work-related psychological issues. These interventions, which have been used since

ancient times under different forms, have unknown mechanisms of actions; however, it is hypothesized that they work at the sympathoadrenal system, hypothalamic pituitary adrenal axis, metabolic system and also on the inflammatory system [1]. With the mechanism of mind-body therapies not that well understood, the National Center for Complementary and Alternative Medicine (NCCAM) defines mind-body therapies as those that “focus on the interactions among the brain, mind, body, and behavior, with the intent to use the mind to affect physical functioning and promote health” [16]. According to NCCAM, these therapies include acupuncture, breathing practices, meditation, tai chi, guided imagery, progressive relaxation, yoga, spinal manipulation, massage therapy, Feldenkrais method, Alexander technique, Pilates, hypnosis, Trager psychophysical integration, Reiki, Healing Touch, qi gong, craniosacral therapy, and reflexology [15]. Some of these interventions have been used to address work-related stress among healthcare providers and have been found to be effective. Among the interventions found to be effective are massage, mindfulness, yoga, and Reiki, with the most frequently used therapy being MBSR. Mindfulness-Based Stress Reduction (MBSR) is a program by Jon Kabat-Zinn that enhances present-moment awareness and has been associated with reduced distress, depression, anxiety and increased resilience [6,14,17].

Although these practices have been found to be effective in helping healthcare providers deal with stress, not all healthcare

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providers use mind-body therapies. In order to better understand what promotes or inhibits the practice of mind-body therapies, a systematic review of the literature was conducted to identify facilitators and barriers to the use of mind-body therapies.

## 1. Methods

### 1.1. Data sources

Three electronic databases were used for the search to find articles and studies related to the research question: CINAHL, Ovid Medline, and PsychINFO. Terms used while searching CINAHL were “resilience or mindfulness”, and “mind body techniques or mind body therapies.” Terms used in PsychINFO included “Nursing students”, “Mind body therapies”, “Nurses” and “stress.” As for Ovid Medline, the actual interventions of mind-body therapies were listed (“acupuncture”, “breath practices”, “meditation”, “guided imagery”, “progressive relaxation”, “tai chi”, “yoga”, “spinal manipulation”, “massage therapy”, “Feldenkrais method”, “Alexander technique”, “Pilates”, “hypnosis”, “Trager psychophysical integration”, “Reiki”, “Healing Touch”, “qi gong”, “craniosacral therapy”, “reflexology” or “mindfulness”) with other terms such as “stress, psychological or exp resilience psychological” or “Nurses or nursing students or healthcare providers” and “resilience or mindfulness.” Operator codes were used to enhance the search process for example, exp was used to explode resilience. Additionally, the references of relevant articles were reviewed for pertinent studies.

For this systematic review, mind-body interventions were limited to those described by the NCCAM and listed previously. In terms of exclusion criteria, there were two stages. During the first stage, articles and studies were excluded if these were related to patients or children, in a foreign language, not a research article, related to medical students, were more than 10 years old, did not address healthcare providers, focused on a specific race, or related to healthy individuals. Additionally, systematic reviews and dissertations were excluded. The exclusion criterion for the second stage was articles not addressing facilitators or barriers of healthcare providers' self-use of mind-body therapies. Articles were assessed based on title, abstract and/or reading the full text.

### 1.2. Data extraction and quality assessment

One reviewer retrieved articles and received assistance from researchers as to the selection of articles. Information related to these studies were stored in Refworks and the quality of the articles were assessed using a modified Jadad Score. This score, which has been used in other reviews related to mind-body therapies awards a total of five points for methods relating to the research [1]. One point was awarded each for randomization, randomizing appropriately, a controlled study design, blinding the evaluator and finally, description of withdrawals and dropouts. Study outcomes were extracted and are displayed in Table 1.

## 2. Results

### 2.1. Study description

The search of the database resulted in 102 potentially relevant articles, with 85 articles being excluded in the first stage and five articles being excluded in the second stage of the review. These five articles excluded in the second stage did not address facilitators and barriers of healthcare providers' self-use of mind-body therapies; however, these articles did provide findings supporting the

effectiveness of mind-body therapies for providers' self-use [2,8,9,11]. A flow chart outlining article selection is shown in Fig. 1.

### 2.2. Quantitative studies

There were seven quantitative studies. The first study by [3] was a randomized controlled trial that sought to determine the effect of massage therapy in reducing stress in nurses working at hospitals. This study had a sample of 60 nurses with the group being divided into an experimental group and a control group. The experimental group received massage therapy while the control group did not receive any intervention. Outcomes measured stress finding that there was a decrease ( $P = .006$ ) in stress for the experimental group. The study identified providing therapy at a reduced cost as a facilitator. The researchers acknowledged a need for additional evidence. The second quantitative study which was conducted by [4] determined if computer guided meditation helped nurses reduce stress. The study had 11 participants, all of whom were nurses. These nurses were involved in a program that used computer sessions to reinforce training. This study measured stress, anxiety and quality of life and found that improvements in stress and anxiety were statistically significant: STAI ( $p = .03$ ), LASA stress ( $p = .01$ ) and LASA anxiety ( $p = .01$ ). Also, the nurses were satisfied with the program. Barriers that were encountered by the practitioners included high work demands, time constraints and also, overwhelming personal and professional challenges. [5] et al. evaluated the effectiveness of an abbreviated mind-body therapy. The study had a sample of 30 with the participants belonging to different healthcare specialties from family medicine, internal medicine and pediatrics. These participants did receive a modified MBSR program that included guided sitting, and walking mindfulness practices. After the interventions, the participants responded to four surveys, at different times through emails. The outcome of the study showed that an abbreviated mindfulness intervention improved accomplishment ( $p = .001$ ), decreased stress ( $p = .002$ ), depression ( $p = .001$ ), burnout ( $p = .009$ ) and anxiety levels ( $p = .006$ ). A facilitator in this study was an affordable and time-efficient intervention can increase usage.

Ref. [12] conducted a cross sectional on-line survey study that sought to understand factors that influenced the form of training that nurses chose to receive mind-body interventions. The method of this study was a cross-sectional on-line survey of nurses in different specialty areas through email. The study had a sample of 342 nurses that was diverse in race, gender and level of education. Information obtained in the survey included health conditions, stress levels, experiences with mind-body practices and expected health benefits. Outcome measured many factors and found that time whether in completing training (58%) or daily practice (60%) and self-guidance (58%) affected the choice of mind-body therapy that nurses used. Facilitators that were somewhat important in this study included knowing the instructor and their professional qualifications. Another quantitative study in this literature review was done by [13]. This study focused on finding effective ways for nurses to decrease stress. This study which was a controlled, randomized pilot study found that mind-body interventions helped decrease emotional exhaustion while at the same time increasing job-related accomplishment and general wellbeing. There were 30 participants in this study comprised of nurses and nurse aides. The study found that there was a positive influence on personal accomplishment ( $p = .06$ ), improvement in perceived sense of coherence (effect size = .09) and a statistically significant improvement in job-related accomplishments ( $p = .04$ ). A barrier to clinicians self-use of mind-body therapies included time restraint and intensity of the intervention. A facilitator was the use of a shortened MBSR that is suitable for the hectic schedule of healthcare providers. The next

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