



An On-the-Job Mindfulness-based Intervention For Pediatric ICU Nurses: A Pilot

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The feasibility of a 5-minute mindfulness meditation for PICU nurses before each work-shift to investigate change in nursing stress, burnout, self-compassion, mindfulness, and job satisfaction was explored. Thirty-eight nurses completed measures (Nursing Stress Scale, Maslach Burnout Inventory, Mindfulness Attention Awareness Scale and Self-Compassion Scale) at baseline, post-intervention and 1 month after. The intervention was found to be feasible for nurses on the PICU. A repeated measures ANOVA revealed significant decreases in stress from baseline to post intervention and maintained 1 month following the intervention. Findings may inform future interventions that support on-the-job self-care and stress-reduction within a critical care setting.

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NURSES ARE A population who are particularly vulnerable to stress and burnout (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002), with little time in their schedule to commit to self-care or intensive stress reduction programs (Milliken, Clements, & Tillman, 2007). ICU nurses in particular may encounter terminal illness and death, may encounter conflict with physicians and other healthcare professionals, endure heavy workload, and often feel inadequately prepared to deal with the emotional and spiritual needs of patients and families on a daily basis (Gray-Toft & Anderson, 1981). Job stress was found to negatively correlate with group cohesion, and job satisfaction in pediatric intensive care unit nurses (Bratt, Broome, Kelber, & Lostocco, 2000). Factors like nursing shortage, time constraints, increased paperwork, long hours, lack of

calm spaces, and physician-controlled work environments also contribute to high levels of stress (Aiken et al., 2002; Bourbonnais, Comeau, & Vézina, 1999; Kimball, 2004). Mindfulness and spiritually based interventions may be an effective method for nurses' to manage stress (Kemper et al., 2011). Few interventions have been conducted specifically for nurses. The present study examined a mindfulness-based intervention, which was designed specifically for a pediatric intensive care nursing unit at an urban academic pediatric hospital.

Nursing Mindfulness Interventions

Nurses maintain high standards of caregiving and these standards are reinforced/rewarded/expected by similar standards of care in a Western critical care environment. The high demands for quality job performance in caregiving include providing emotional support while facing intense suffering, open communication with patients and families

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and effective interrelations with coworkers (Bloomer, Endacott, O'Connor, & Cross, 2013). Striving to provide relationship-centered care in an environment where there is a high exposure to death, conflicts among staff, a heavy workload, and role ambiguity in emotionally and spiritually charged situations increase the likelihood of stress events for nurses (Gray-Toft & Anderson, 1981). Despite the fact that many studies identify high stress levels in nurses, and the need for health promoting behaviors and strategies, few studies translate this knowledge into the nursing practice in ways that develop health promoting strategies and behaviors (McElligott, Capitolo, Morris, & Click, 2010). While methods of intervention to address problems of stress are growing in numbers, interventions that effectively reduce stress in the clinical setting are still limited (Richardson & Rothstein, 2008).

To date there have been five mindfulness-based studies, two with nursing students and three with hospital-based nurses (Beddoe & Murphy, 2004; Cohen-Katz et al., 2005; Cohen-Katz, Wiley, Capuano, Baker, & Shapiro, 2004; Mackenzie, Poulin, & Seidman-Carlson, 2006; Pipe et al., 2009; Young, Bruce, Turner, VanderWal, & Linden, 2001). A more recent study designed for the nurses and nurses' aides deviated from the traditional Mindfulness-based Stress Reduction (MBSR) format by creating a brief mindfulness-based format for stress reduction (Mackenzie et al., 2006). Burnout outcomes of this study showed a significant group \times time interaction between the intervention and control participants' emotional exhaustion and depersonalization. Emotional exhaustion decreased and depersonalization showed stability in intervention group, and increased in the control group. A significant group by time interaction was found in both relaxation and life satisfaction scales, where control group scores remained stable and scoring in intervention group increased. Overall the results support the feasibility and effectiveness of a brief mindfulness intervention for reducing burnout symptoms, while increasing relaxation and life satisfaction in nurses and nurses aids.

The Present Study

The current pilot study focused on a PICU-specific modified/brief MBSR-based intervention. A brief mindfulness-based intervention facilitated on the hospital unit provides nurses time and space for daily self-care, and serves as a test for the feasibility of this spiritually-based tool for this particular population. The first aim of this pilot study was to assess the feasibility of a 5-minute mindfulness meditation for pediatric intensive care nurses in regards to participation, adherence, and completion of the self-report questionnaires. The second aim was to investigate changes in nursing stress, burnout, self-compassion, mindfulness and job satisfaction over three time periods. The third aim was to examine whether there were trait and state mindfulness group differences in stress and burnout over time. We hypothesized that bringing the intervention to the unit would increase

participation and adherence in relation to previous trials of traditional and brief MBSR studies with nurses, and that 5-minutes of facilitated mindfulness would reduce stress and burnout frequencies, and increase mindfulness, self-compassion, and job satisfaction. Previous studies had about a 1–5% attrition rate and it was estimated that this study would produce similar results. These changes would thus improve nurses' professional caregiving, career longevity and interrelations on the unit.

Method

Participants

Forty-five out of a possible 104 nurses working in the PICU at an urban pediatric academic hospital participated in the study during the month of September 2012. Thirty-eight out of these 45 nurses (84%) completed all three time points, i.e. the pre-study survey (time 1), post-study survey (time 2), and 1-month follow up survey (time 3). Reasons for this attrition rate maybe time constraints, other priorities, difficulties starting a new habit or in adjusting to a change in routine. The demographics of the sample, as seen in Table 1, consisted mostly of Caucasian female nurses under 40 years of age with less than 5 years of nursing experience.

Intervention Design

An On-the-Job Mindfulness-based Intervention was derived from a shortened version of Kabat-Zinn's (1982, 2005), traditional Mindfulness-based Stress Reduction (MBSR) model developed by Mackenzie et al. (2006). This brief design, adaptive to the time constraints of nurses, asked participants to meet weekly for a 30-minute group session and practice 10-minutes of CD-guided mindfulness at home. We considered aspects of social support modeled by spiritual/religious communities in order to design an even briefer version of Mackenzie et al. (2006) study. In that five aspects of the design changed to be: (1) conducted on the unit, (2) conducted as a group, (3) facilitated by a mindfulness meditation instructor, (4) all instruction happened during the five-minute sessions, i.e. there were no weekly introductory or group sessions/didactics, and (5) mindfulness CD's and booklets were distributed after the 1-month follow-up surveys were complete.

The approach of the current study was based on the traditional MBSR model (Kabat-Zinn, 1982, 2005). The 5-minute daily mindfulness sessions consisted of the following guided meditation practices: 1. Bring your attention to a primary object of focus, e.g. your breath. 2. Maintain a moment-to-moment awareness, e.g., the feeling of your breath entering and exiting the body. 3. When your mind naturally drifts into thinking; just notice you are thinking, and then bring your attention back to your object of focus, e.g. your breath. 4. When a strong sensation or

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