

POSITIVE EFFECTS OF A STRESS REDUCTION PROGRAM BASED ON MINDFULNESS MEDITATION IN BRAZILIAN NURSING PROFESSIONALS: QUALITATIVE AND QUANTITATIVE EVALUATION

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Context: Mindfulness meditation has been shown to effectively mitigate the negative effects of stress among nursing professionals, but in countries like Brazil, these practices are relatively unexplored.

Objective: To evaluate the effects of a Stress Reduction Program (SRP) including mindfulness and loving kindness meditation among nursing professionals working in a Brazilian hospital setting.

Design: Pilot study with a mixed model using quantitative and qualitative methods was used to evaluate a group of participants. The quantitative data were analyzed at three different time points: pre-intervention, post-intervention, and follow-up. The qualitative data were analyzed at post-intervention.

Setting: Hospital São Paulo (Brazil).

Participants: Sample 13 nursing professionals, including nurses, technicians, and nursing assistants working in a hospital.

Intervention: Participants underwent mindfulness and loving kindness meditation during a period of six weeks.

Instruments: Perceived Stress Scale (PSS), Maslach Burnout Inventory (MBI), Beck Depression Inventory (BDI), State-

Trait Anxiety Inventory (STAI), Satisfaction With Life Scale (SWLS), Self-Compassion Scale (SCS), WHOQOL-BREF quality of life assessment, and Work Stress Scale (WSS). Qualitative data were collected via a group interview following six weeks participation in the SRP.

Results: The quantitative analyses revealed a significant reduction ($P < .05$) between pre-intervention and post-intervention scores for perceived stress, burnout, depression, and anxiety (trait). These variables showed no significant differences between post-intervention and follow-up scores. The WHOQOL-BREF revealed significant increase ($P < .05$) just in the physical and psychological domains at post-intervention scores, which remained at the follow-up. Qualitative results showed improvement in the reactivity to inner experience; a more attentive perception of internal and external experiences; greater attention and awareness of actions and attitudes at every moment; and a positive influence of the SRP in nursing activities.

Key words: Mindfulness, meditation, nurse, stress, quality of life

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INTRODUCTION

The negative consequences of stress and burnout among nursing professionals are well characterized in the literature. Factors potentially triggering stress and burnout include excessive emotional burden due to the constant contact with patient and family suffering, extensive workload, feelings of powerlessness regarding job control, and a deficient hospital organization where productivity has been valued more than humanizing service.¹ In Brazil, investigations have focused on, among other factors, the lack of structure and working conditions, scarce material resources, high patient demand, and insufficient remuneration.²⁻⁷

Studies conducted with nursing staff suggest that mindfulness can be an effective and inexpensive way to reduce symptoms of stress and burnout, improve quality of life, increase self-compassion, and strengthen professional improvement and personal fulfillment, leading to a higher

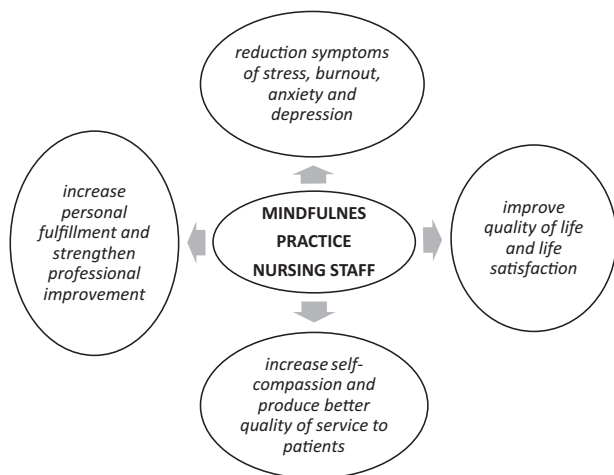


Figure 1

level of life satisfaction and a better quality of service to patients (Figure 1).^{8–13}

Empirical evidence and literature reviews on *mindfulness-based stress interventions* with health professionals have suggested that this practice might yield significant improvement in full attention; general health; mental well-being; life satisfaction; perceived stress symptoms; burnout; self-compassion; and better handling clinical assistance of mindfulness practitioners, in relation to controls.^{14–19}

Mindfulness, a concept adapted of Buddhist tradition, could be defined as a process of bringing a certain quality of awareness and attentiveness to the experience of the present moment with an attitude of curiosity, openness, and acceptance for each experience. It is a special way of being attentive to events and mental contents (perceptions, sensations, cognitions, and affects) moment-by-moment, so that the perception of reality occurs without emotional or intellectual distortions. This awareness focused on the experiences of the present moment allows for the usual automatic reactivity of one's actions to be replaced by a more careful response that allows a greater understanding of one's own self and the surrounding world. Specifically, this practice helps avoid the “autopilot” mental mode, which systematically leads the individual to useless rumination, i.e., continuous repetitive negative thoughts about themselves in the past and the future.²⁰

Recently investigated by researchers, the loving kindness meditation aims to develop an affective state of unconditional kindness to all people, using silent mental phrases to develop feelings of love and kindness toward oneself and other beings and to help the practitioner free him/herself from negative emotions.²¹ A literature review showed the effectiveness of mindfulness-based interventions and loving kindness to increase self-compassion and compassion for others, positive feelings and feelings of connectedness toward strangers, and other positive benefits for the participants.²² Fredrickson et al.²³ conducted a randomized, longitudinal field experiment ($n = 139$), with adults working using loving

kindness meditation, and revealed that this meditation practice produced increase overtime in daily experiences of positive emotions related to increase satisfaction with life and reduced depressive symptoms.

The aim of this study was to evaluate the effects of a Stress Reduction Program (SRP) involving the practices of mindfulness and loving kindness meditation on stress and burnout of nursing professionals (nurses, nursing technicians, and nursing assistants), working in a Brazilian hospital, using a design that included quantitative and qualitative analyses.

METHODS

Participants

The 13 study volunteers were professional nursing (nurses, technicians, and nursing assistants) staff at a Teaching Hospital (São Paulo, Brazil), who were recruited through emails, posters, and the Universidade Federal de São Paulo (UNIFESP) Press Office. This study was approved by the UNIFESP Research Ethics Committee under Protocol no. 1789/10 and all participants signed an informed consent form. The nursing staff managers and the hospital's humanization group supported the study, allowing the team professionals to participate in the program during their normal working hours. The groups participated in a stress reduction program based on the practice of mindfulness meditation for six weeks, four times a week, with each meeting lasting one hour.

Inclusion criteria were professional nursing staff at the Hospital São Paulo, 18 years of age or older, who did not practice meditation regularly. Exclusion criteria were symptoms of severe depression, assessed by the Beck Depression Inventory (BDI)^{24–26} scores of 30–63 alcohol and/or drug problems, suicidal ideation and paranoid thoughts, assessed by the Self-Reporting Questionnaire-23 (SRQ-23),^{27–29} or use of psychotropic medications, assessed with a sociodemographic and clinical questionnaire developed by our group and described below. Excluded candidates were referred to psychiatric and/or psychological care in the hospital's care network.

Intervention

The Stress Reduction Program (SRP) was based on the *Mindfulness-Based Stress Reduction* program by Kabat-Zinn²⁰ and *Breathworks Mindfulness* by Burch.³⁰

The SRP was an educational intervention implemented for a total of six weeks and consisted of 24 60-min group sessions, including the following practices: *attention and concentration training*—being aware of what one is doing in the present moment, such as eating, walking, or listening to music (performed at all meetings); *body scan*—focus on the body parts indicated by the instructor, moving from head to feet, focusing on bodily sensations, and bringing attention back into focus if it strays (used in the first and second weeks); *mindfulness of breathing (or breathing anchor)*—focus on the breath and the sensations associated with it, trying not to control or change the breath in any way; or think about the breath, trying to very gently experience all physical sensations

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