



Effectiveness of a mindfulness-based intervention on oncology nurses' burnout and compassion fatigue symptoms: A non-randomized study



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ABSTRACT

Background: Job stress and burnout are highly frequent in healthcare professionals, and prevalence in nurses can be as high as 40%. Mindfulness-based interventions have been shown to be effective in reducing stress and increasing well-being in a wide range of populations and contexts. However, controlled studies with healthcare professionals, and especially nurses, are scarce.

Objectives, design and setting: The aim of this study was to explore the effectiveness of an on-site, abbreviated mindfulness-based intervention for nurses, using a nonrandomized, wait-list comparison design. The effectiveness of the intervention was measured through several validated self-report measures that participants completed before and after the intervention, assessing burnout, compassion fatigue, psychological symptoms, mindfulness, self-compassion, experiential avoidances, rumination, and satisfaction with life.

Participants: A sample of 94 oncology nurses agreed to participate in the study and self-selected into an experimental ($n = 45$) and comparison condition ($n = 48$). Complete data was obtained for 48 of the initial 94 participants, mainly due to poor follow-up data rather than high drop-out rate.

Results: Statistical analyses included a series of 2×2 ANOVAs and ANCOVAs. Results indicated that nurses in the intervention reported significant decreases in compassion fatigue, burnout, stress, experiential avoidance, and increases in satisfaction with life, mindfulness and self-compassion, with medium to large effect sizes. Nurses in the comparison group didn't present significant changes in these variables. Results also pointed to a high degree of acceptability of the intervention.

Conclusions: This study provides preliminary evidence that mindfulness-based interventions may be efficacious in reducing oncology nurses' psychological symptoms and improving their overall well-being, and thus may be worthy of further study in this population.

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What is already known about the topic

- High prevalence of burnout, compassion fatigue and stress in oncology nurses.
- Mindfulness-based interventions are effective in reducing stress in a wide range of contexts.
- Few studies suggest that mindfulness-based interventions may be useful for nurses.

What this paper adds

- A mindfulness-based intervention is efficacious in reducing burnout and other psychological symptoms in oncology nurses.
- A mindfulness-based intervention helps reduce compassion fatigue.

- Oncology nurses show a high degree of acceptability regarding a mindfulness-based intervention.

1. Introduction

Job stress and burnout are highly frequent in healthcare professionals (e.g., McCray et al., 2008) and prevalence in nurses can be as high as 40% (Dominguez-Gomez and Rutledge, 2009; Sermeus et al., 2011; Vahey et al., 2004). Several studies have reported that stress and burnout in healthcare professionals are associated with several physical and mental health problems, such as fatigue, insomnia, hypertension, depression, and anxiety (e.g., Maslach et al., 2011; Schulz et al., 2011). Stress and burnout also impact on professional effectiveness and have been associated with suboptimal patient care (Shanafelt et al., 2002) and self-reported medical errors (West et al., 2006). In addition to the impact on healthcare professionals and patients' well-being,

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stress and burnout have potential economic costs to the organizations. It is estimated that stressed workers can be 46% more costly than non-stressed workers, and this number can be as high as 147% if workers are also depressed (Goetzl et al., 1998).

Oncology nursing is one of the areas most affected by occupational stress and burnout (Barnard et al., 2006; Potter et al., 2010). Oncology nursing involves the management of complex pathologies with poor prognosis, close and constant contact with patients who are in severe pain, distress and approaching death, and difficult patient and family situations, which poses an additional challenge to these professionals and further contributes to job dissatisfaction, stress and burnout (Barrett and Yates, 2002; Potter et al., 2010). In addition, oncology nursing is one area that has been particularly affected by the nursing shortage (e.g., Buerhaus et al., 2001; Glaus, 2007), which significantly contributes to the job dissatisfaction, stress and burnout in oncology nurses, and increased intent to leave the profession (Toh et al., 2012).

In contrast to the large body of research examining stress and burnout in healthcare professionals, little attention has been paid towards preventive interventions and the promotion of health and well-being. Among the most frequently identified and empirically-validated interventions to help address stress in several contexts are mindfulness-based interventions.

Mindfulness-based interventions (MBIs) are designed to teach participants to become more aware of thoughts, feelings and body sensations, while approaching these internal states with a non-judgmental curiosity. Mindfulness practice allows for greater awareness of the present moment, and helps cultivate healthier and adaptive ways of responding to stress, rather than habitual and often maladaptive reactions. The cultivation of concentration, attention, and non-judgemental acceptance of whatever is being experienced in the present moment is central to the practice of mindfulness (Kabat-Zinn, 1990; Bishop et al., 2004).

A meta-analysis of 20 studies in a wide-range of clinical populations found consistent improvements in depression, anxiety, coping style, and quality-of-life measures following Mindfulness-Based Stress Reduction (MBSR; Grossman et al., 2004). Recently, a meta-analysis concluded that MBSR is effective in reducing stress, depression, anxiety and distress and in ameliorating the quality of life, in nonclinical populations (Khoury et al., 2015). A recent review also outlined evidence to support the impact of mindfulness meditation on many stress-related medical conditions including psoriasis, type 2 diabetes, fibromyalgia, rheumatoid arthritis, and chronic low back pain, as well as reducing stress among individuals with chronic illness (Greeson, 2009).

Specific to the healthcare field, a systematic review and meta-analysis of 8 studies of the impact of MBIs on healthcare professionals' health and wellness found that participation in an MBI can have benefits for healthcare professionals in the domains of general and mental health, such as reduced stress, depression, anxiety, burnout, and improve self-compassion, mindfulness, physician empathy, sense of coherence and satisfaction with life (Burton et al., 2016).

Although research on the impact of MBIs with nurses separate from other healthcare professionals is scarce, some studies have found significant improvements in burnout and psychological distress among nurses participating in a MBI compared to control groups (Cohen-Katz et al., 2005; Mackenzie et al., 2006).

Traditional MBSR programs involve a serious time commitment: eight 2.5-h classes, one full-day retreat, and 45 min of meditation practice per day. As a result, recent studies have started to analyse the effects of adapted mindfulness interventions. In the healthcare field, for example, Mackenzie et al. (2006) found significant effects for burnout, relaxation, and life satisfaction in

nursing students after a 4-week mindfulness intervention. Similarly, Fortney et al. (2013) found that an abbreviated mindfulness training course adapted for primary care clinicians was associated with reductions in indicators of job burnout, depression, anxiety, and stress.

Despite these promising findings, there is still a paucity of evidence-based studies that focus specifically on MBIs as an effective intervention for burnout, especially in nurses. Also, only one study to our knowledge explored the effectiveness of a MBI in a sample oncology nurses (paediatric; Moody et al., 2013). In addition, no studies to our knowledge explored the impact of a mindfulness intervention in reducing compassion fatigue. There is evidence to suggest that although related, burnout and compassion fatigue have different causes and symptoms (Bride et al., 2007). The term compassion fatigue has emerged in the literature in recent years and has been used interchangeably with secondary traumatic stress and vicarious trauma, because it is used to describe secondary stress reactions (e.g., re-experiencing the traumatic events, avoidance/numbing of reminders, and persistent arousal) related to the provision of care to people who experienced some form of trauma or severe stress (Figley, 1995; Stamm, 2010). Oncology nurses may be especially vulnerable to compassion fatigue given the constant exposure to the suffering and trauma of their patients (Najjar et al., 2009). It has been suggested that without emotion regulatory skills, the repeated exposure to trauma, pain and suffering of others could be associated with adverse consequences such as distress and compassion fatigue (Decety et al., 2010), and impact on the ability to treat. Several studies elucidating the mechanisms of change associated with mindfulness training have suggested that meditation has an effect on brain areas associated with emotion regulation (see Chiesa et al., 2013 for a review) and improves emotional adaptation through attention regulation (Desbordes et al., 2012). In addition, some studies have provided evidence that mindfulness interventions may be helpful in treating trauma-related symptoms (Bhatnagar et al., 2013; Nyklíček et al., 2013). Thus, we speculate that nurses undergoing mindfulness training develop better emotion regulation skills, which in turn may help them regulate their interpersonal sensitivity and negative arousal and protect against compassion fatigue.

This study aims to explore the effectiveness of an on-site mindfulness-based intervention on oncology nurses' psychological outcomes. It is hypothesised that, compared to a wait-list comparison group, participants receiving the MBI would experience decreases in symptoms of burnout, compassion fatigue, depression, anxiety and stress, and increases in satisfaction with life. Moreover, we hypothesized that the intervention would promote increases in trait mindfulness and self-compassion, and decreases in rumination and experiential avoidance.

2. Method

2.1. Participants

Participants were recruited from two major oncology hospitals, located in the north and centre regions of Portugal, between 2013 and 2015. Individuals in this study were nurses who worked in direct contact with patients in their services. A total of 94 participants agreed to take part in the study. From these, one participant dropped-out before the intervention due to inconvenience. Participants who agreed to take part in the study were assigned to the experimental ($n = 45$) and waiting-list comparison conditions ($n = 48$). Full data were obtained from 48 of these initial 93, representing 52% of participants initially recruited (29 in the experimental group and 19 in the waiting-list comparison group). The reason for the high level of attrition was failure to complete

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