

# Cultivating Mindfulness to Promote Self-Care and Well-Being in Perioperative Nurses



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Nursing has long been regarded as a stress-filled profession; the perioperative environment in particular is considered especially challenging. Chronic stress and burnout may have detrimental effects not only on perioperative nurses but also on their coworkers, employers, and patients. Nurses often sacrifice their own needs to care for others. Nurses must first take care of themselves, however, to sustain their optimal ability to provide care for patients. The cultivation of mindfulness is one way that perioperative nurses may promote self-care and well-being. This article discusses mindfulness and its history, the potential benefits and applications to perioperative nursing, and suggestions for cultivating mindfulness. Mindfulness research, practice, and education and the implications of mindfulness meditation in the perioperative environment are also discussed. *AORN J* 105 (March 2017) 259-266. © AORN, Inc, 2017. <http://dx.doi.org/10.1016/j.aorn.2017.01.005>

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**D**uring the past several decades, the health care environment has increasingly become more turbulent, chaotic, unstable, and uncertain.<sup>1,2</sup> Many factors have contributed to this trend, such as changes in models of reimbursement, rising patient acuity, the public's demand for more transparent health care outcomes, and the current and projected health care workforce shortage.<sup>2</sup> Consequently, nurses' work has become more multifaceted and complex. For example, nurses are often presented with multiple stimuli, interruptions, and competing priorities; they are faced with numerous demands to make timely, accurate decisions that affect patients' lives, and the stakes of their success are extremely high. Nurses also have public accountability for providing safe care, which has become increasingly scrutinized as the public has become more empowered and inquisitive. Given the numerous responsibilities of nurses and the multiple outcomes for which they are accountable, it is no surprise that nursing is regarded as a stress-filled profession.<sup>3</sup>

## STRESS IN NURSING

Stress has been widely studied in the nursing literature and can have numerous harmful consequences. Stress is present in any practice area; however, the perioperative environment is recognized as a particularly stressful practice specialty.<sup>2-7</sup> For many years, researchers have examined factors that contribute to nurses' stress, including

- physical labor, work hours, and staffing;
- health care workforce shortages;
- patient acuity;
- rapidly changing patient conditions;
- inappropriate or unsafe delegation of tasks;
- reimbursement model changes;
- mandated public reporting of hospital performance;
- increased
  - use of technology,
  - health care costs, and

- quality of care demands that coincide with cost containment;
- interpersonal relationships;
- emotional support of patients; and
- experiences of patients' pain, loss, and traumatic illness.<sup>2-4</sup>

All of these factors increase nurses' risk for chronic stress and burnout, the consequences of which can be devastating. Chronic stress is an occupational hazard characterized by symptoms such as emotional exhaustion, reduced personal accomplishment, and depersonalization;<sup>3</sup> it is a major concern in nursing because it can affect both individuals and organizations. Chronic stress may ultimately contribute to the development of physical and mental illnesses. It has also been associated with immune suppression, compromised cognitive functioning (eg, reduced attention, memory, and concentration), degenerative changes in brain structures that store new information, interference with decision making, and diminished communication skills with patients and other health care professionals.<sup>1</sup>

Stress also may affect the nature of the caring relationship and healing environment. For example, it may interfere with nurses' ability to observe, attentively listen, understand, empathize, and connect with and advocate for their patients, which may ultimately jeopardize patient safety and decrease optimal care outcomes.<sup>1</sup> For organizations, nurses' chronic stress and burnout may contribute to absenteeism, turnover, lower productivity, and workers' compensation claims, which in turn may influence the quality of care nurses provide and affect finances by increasing organizational costs.<sup>3</sup>

## STRESS IN THE PERIOPERATIVE ENVIRONMENT

The perioperative area has been described as one of the most challenging work environments in nursing based on several factors, including

- patient acuity;
- high patient volume;
- high-stress environment;
- the production pressures of a busy OR schedule;
- the risk of physical harm (eg, exposure to bloodborne pathogens or smoke plume in the OR, musculoskeletal injuries from lifting, torque and strain injuries); and
- the hierarchical culture and isolation of the perioperative environment.<sup>5-7</sup>

The perioperative environment is complex and often filled with rapid changes, intense time constraints, fast turnovers, and numerous distractions that can result in unplanned

outcomes.<sup>8,9</sup> For example, the RN circulator role is multifaceted. These nurses must not only carry out their own responsibilities, but must also anticipate the needs of others (eg, patients, patients' families, surgeons, anesthesia professionals, scrub persons) and prioritize all these needs while simultaneously managing a multitude of other tasks. Interruptions and distractions during a procedure have been found to result in omissions of action and deviations from standard operating procedures, which can potentially cause adverse events.<sup>9</sup> Clark<sup>8</sup> surveyed 20 RN circulators to identify perceived or potential distractions in practice to establish their perceptions of critical phases of circulating. The nurses identified nine critical phases:

- room setup and preprocedure counts,
- anesthesia induction,
- patient positioning,
- skin preparation,
- final time out,
- closing count,
- any event that disrupts normal processes,
- emergence from anesthesia, and
- hand over at the patient's destination.<sup>8</sup>

They also reported distractions that might occur during these phases that could lead to error, ranging from simple (eg, a printer being out of paper or ink, limited physical space) to more complex (eg, excessive noise, multiple requests of the nurse's attention during critical periods).<sup>8</sup>

Additional sources of stress for perioperative nurses are bullying, disrespect, harassment, verbal abuse, and demeaning comments.<sup>6-8</sup> Although the incidences of these types of incivility have decreased during the past few years and perioperative nurses and organizations have gradually become less tolerant of bullying, incivility is still far too common. If not adequately addressed or resolved, incivility can cause nurses physical, psychological, and emotional harm as well as jeopardize patient safety. For example, perioperative nurses may fear assertively speaking up because they believe it may inconvenience someone of importance (eg, surgeon, experienced nurse) or result in reprimand or intimidation. They may also hesitate or be unwilling to announce a team member's mistake, especially if that person is perceived as more powerful.<sup>5,10</sup>

The intensely stressful perioperative environment is fertile ground for numerous undesirable outcomes, such as

- surgical site infections;
- medication dosing errors;

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