

## Creating Healthy Work Environments 2019

### A Mindfulness Intervention to Promote Leadership Effectiveness and Well-Being Among Nurse Managers

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#### Background

Acute care hospitals are complex, unpredictable and challenging work environments. The position of nurse manager, with 24/7 responsibility, is often viewed as one of the most demanding positions in the hospital setting. Schwarzkopf, et al. (2007) observed the behaviors of nurse leaders and pointed out, “If you observe and listen to these professionals, you’ll hear talk about taking care of patients and their families, staff members, physicians, hospital co-workers, and their own families. In most cases, by the time they get a chance to think about themselves, they are too exhausted to care about anything” (p. 35). Nursing department managers within an organization can become depleted emotionally and cognitively when faced with these competing demands for their time and attention. The demands of the nurse manager duties place the incumbent at high risk for burnout, stress, and mal-adaptive coping which may impact personal health and well-being as well as professional relationships and job productivity. The nurse manager position includes multifaceted responsibilities and responding to diverse constituencies. Acknowledging the demands and providing knowledge and skill to support these individuals is key to having strong and productive leaders. With the long-term goal of supporting the nurse managers and promoting the organizations’ focus on person-centered care, a series of Mindfulness workshops were developed and offered to the nurse managers in an acute care hospital system. The practice of mindfulness encourages a person to “check in” with their own humanity and to better understand their personal strengths, weaknesses, and best contributions (Pipe, Fitzpatrick, Doucette, Cotton & Arnow, 2016).

#### Research Purpose and Questions

The purpose of this research was to explore if the initiative to offer a series of sessions on mindfulness to the nurse managers, effect the professional quality of life, risk for burnout and perceived wellness of nurse managers? The research questions were:

- Do participants’ scores on Professional Quality of Life (ProQOL), Burnout (CBI), and Perceived wellness change before and after participating in an 8-week mindfulness practice intervention?
- Do participants’ scores on Professional Quality of Life (ProQOL), Burnout (CBI), and Perceived wellness change after participating in an 8-week mindfulness practice intervention and three months following the completion of the intervention?

#### Method

A quantitative approach with a pre/post intervention design was used to measure the impact of a series of mindfulness workshops on nurse managers’ perception of professional quality of life, burnout and perceived wellness. The study included three data collection points: prior to the intervention (T-1), at the conclusion of the 8-week intervention (T-2) and a 3-month follow-up (T-3). The study was approved by the Institutional Review Board (IRB). As approved by the IRB, the participant’s completion of the data collection packet was their consent to participate.

The study was implemented at an acute care hospital with two campuses. Both campuses have adult intensive care, emergency, and operating room services, the urban campus has a level III perinatal

service and the community campus has an ambulatory surgical center. At the time this study was conducted there were thirteen nurse managers between the two campuses.

The intervention was a weekly 60-minute group session lead by a mindfulness expert. The sessions were held on the same day and time for the 8-week series. Each session was held in a room away from the clinical units and a tranquil environment was created. The sessions were based on the principles and exercises of Mindfulness-Based Stress Reduction (Kabat-Zinn, 2003). Each session included a didactic introduction, experiential activities, reflection, and discussion. The organization's administration brought in a nursing supervisor to provide additional coverage during the time of the mindfulness group session. This allowed the nurse managers to participate in the sessions without fielding calls from the unit or leaving to respond to unit needs. The goal was to immerse the participants for 60-minutes.

### **Procedure:**

Using an invitation approved by the IRB, the nurse managers were invited to participate in the research component by completing the pre-intervention data collection tool prior to the first workshop. The data collection tool was a paper and pencil questionnaire consisting of 85 Likert scale items using three established tools to measure stress, burnout and perceived wellness. The ProQOL is a 30 items tool referring to the past 30 days. It consists of three subscales which measure compassion satisfaction, secondary traumatization, and risk for burnout, with a reported Cronbach's alpha between 0.84 and 0.90 (Stamm, 2015). The sub-scales are defined as compassion satisfaction, the risk for burnout, and compassion fatigue. The Copenhagen Burnout Inventory (CBI) consists of 19-items with three sub-scales focused on personal, work-related and client related burnout. The Copenhagen Burnout inventory has been used across populations with consistent Cronbach's alpha values greater than 0.80 (Kristensen, Borritz, Villadsen, & Christensen, 2005). The Perceived Wellness Scale is a 36 item survey to measure a person's degree of wellness and has a Cronbach's alpha coefficient of 0.87 (Kaveh, Ostovarfar, Keshavarzi, & Ghahramani, 2016). Items on all three instrument are responded to using a 5-point Likert scale.

Data analysis was completed using SPSS (Version 21.0). Basic descriptive analysis, correlations and paired t-tests were computed to explore for changes in measures from pre-intervention to post-intervention and from post-intervention to 3-months following the intervention.

### **Findings**

The results examined a change in all three areas following the intervention. On the 3-month post-intervention survey, while the scores on all scales were improved from the pre-intervention measures, they were not as high as the scores on the post-intervention survey and most were trending towards to pre-intervention scores.

On the ProQOL instrument, the biggest score changes, before and after the intervention were in the compassion satisfaction ( $p=.002$ ) and risk of burnout sub-scales ( $p=.016$ ). Similarly, there were changes in the participant's score on the CBI sub-scales, specifically the personal ( $p=.023$ ) and work-related ( $p=.029$ ) sub-scale were statistically significant in the change in score. Not unexpectedly the overall scores on the burnout scale and the ProQOL risk of burnout sub-scale were strongly correlated ( $r=0.72$ ,  $p=0.035$ ). The remaining scores on the ProQOL, (compassion fatigue sub-scale and on the CBI (client-related sub-scale showed minimal change as a result of the intervention and the change was not statistically significant. Finally, there was a negligible change in the scores on the perceived wellness scale, before and after the intervention.

At the 3-months post-intervention (T-3) data collection point, the participant's scores on each measure were close to the score on the measure at the immediate post-intervention data collection point. None of the score changes were statistically significant at the 3-month follow-up data collection point.

## Conclusions/Implications

These findings indicate that the mindfulness workshops had a positive impact, but the impact decreased over time. These findings support the need for on-going activities focused on mindfulness and self-care in the work environment.

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### Title:

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### Keywords:

Manager, Mindfulness and Self-care

### References:

#### Recommended references

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### **Content Outline:**

#### 1. Background

1. The environment – acute care hospital
2. The role – nurse manager
3. The risk – competing demands and constituencies
4. The existing literature
  1. Nurses care for others first
  2. Mindfulness encourages better understand of self
5. The research
  1. Purpose: To explore if the initiative to offer a series of sessions on mindfulness to the nurse managers, effect the professional quality of life, risk for burnout and perceived wellness of nurse managers?
  2. Design: Quantitative, longitudinal design with three data collection points
  3. Intervention: weekly 60-minute group sessions based on mindfulness-based stress reduction
  4. Participants: Nurse managers
  5. Data Collection tools:
    1. Professional quality of life
    2. The Copenhagen Burnout Inventory
    3. Perceived Wellness Scale
  6. Data analysis: descriptive statistics and paired t-tests

#### 3. Results

1. Pre-and post-intervention: Significant findings
  1. compassion satisfaction (p=.002)
  2. risk of burnout sub-scales (p=.016).
  3. personal burnout (p=.023)
  4. work-related burnout (p=.029)
2. three-month follow-up: None of the score changes were statistically significant at the 3-month follow-up data collection point.

#### 4. Implications

1. the mindfulness workshops had a positive immediate impact
2. the impact of the workshops decreased over time.
3. These findings support the need for on-going activities focused on mindfulness and self-care in the work environment.

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