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

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No conflicts of interest to disclose

This study was approved by the IRB
Purpose:

To examine the impact of a mindfulness intervention on nurse managers in an acute care hospital.
The Nurse Manager

Clinical expert
Technology advocate
Economic steward
Personnel Supervisor
Compassionate Mentor

Staffing
Patient Satisfaction
Fiscal accountability
Hiring/retaining staff
Resource allocation

Reassuring Presence
The Acute Care Environment

Complex
Unpredictable
Challenging
Demanding

“by the time they get a chance to think about themselves, they are too exhausted to care about anything”
(Schwarzkopf et al 2013)
Background

• 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).

• Mindfulness practices may result in a deeper sense of self-compassion and forgiveness of self and that subsequently extends more naturally to colleagues.

• Modelled after Dr. Cynthia Brown’s work in South Florida
Intervention

• Leaders picked the time
• Directors and supervisors supported “pagers off”.
• Bag lunch provided
• Facilitator: Mindfulness Meditation Teacher
• Space away from the nursing unit
  • Aromatherapy, soft music, a singing bowl, and other enhancements were brought into the room to create a tranquil environment and to model mindfulness practices.
  • Each session included a didactic introduction, experiential activities, reflection, and discussion
Weekly Sessions

Week I  Overview of mindfulness and centering
Week II  Accessing compassionate presence
Week III Creating sacred space
Week IV  Metta meditation, kindness & compassion training
Week V  Understanding suffering; mindfulness in the body
Week VI  Contemplative communications
Week VII  Walking meditation
Week VIII Mindfulness practice and closing ceremony
Research Questions:

• 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:

Design: Pre/Post interventions

\[ O_1 \rightarrow \text{intervention} \rightarrow O_2 \rightarrow O_3 \]

Setting: 2- campus hospital
- 290 beds: level III perinatal center
- 123 adult beds
  - Both campuses have adult intensive care, emergency, and operating room services.
- Thirteen nurse managers between the two campuses
Results:
## Pre and post intervention measures:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-intervention</th>
<th>Post-intervention</th>
<th>t-test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ProQOL (30 items): 1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compassion satisfaction (10 items)</td>
<td>3.9 .52</td>
<td>4.5 .24</td>
<td>t=3.35</td>
<td>0.002</td>
</tr>
<tr>
<td>Compassion fatigue (10 items)</td>
<td>1.9 .32</td>
<td>1.8 .40</td>
<td>t=0.19</td>
<td>0.847</td>
</tr>
<tr>
<td>Risk for burnout (10 items)</td>
<td>3.4 .61</td>
<td>2.8 .51</td>
<td>t=2.61</td>
<td>0.016</td>
</tr>
<tr>
<td>Perceived Wellness (36 items): 1=Very Strongly Disagree and 5=Very Strongly Agree</td>
<td>3.9 .62</td>
<td>4.1 .57</td>
<td>t=0.70</td>
<td>0.488</td>
</tr>
<tr>
<td>Copenhagen Burnout Inventory (19 items)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal burnout (6 items)</td>
<td>4.2 .36</td>
<td>3.8 .44</td>
<td>t=2.44</td>
<td>0.023</td>
</tr>
<tr>
<td>Work related burnout (7 items)</td>
<td>4.0 .51</td>
<td>3.5 .54</td>
<td>t=2.33</td>
<td>0.029</td>
</tr>
<tr>
<td>Client related burnout (6 items)</td>
<td>2.1 .40</td>
<td>2.0 .48</td>
<td>t=0.55</td>
<td>0.585</td>
</tr>
</tbody>
</table>
Graphic representation of change in measures over time
What was the primary take-away from the experience?

- Take time to breathe and focus
- Calm the mind, focus on the good person that I am.
- Importance of self-care

What did you learn?

- Breathing and meditation, diversion techniques to create peaceful/positive thoughts and to be present in the moment
- Training my mind not to wander but to focus on my inner candle.

What behavior will you modify with the knowledge/skills shared?

- When dealing with angry people I will say to myself “May you be happy, may you be well”
- I stopped listening to my radio on the way to work. I ride in silence. I take a few minutes to breathe/focus to start the day.
- I will not react because someone else is escalating during a conversation
Conclusions:

- Community site embraced the opportunity.
- Younger managers, did not embrace the concept
  - 1 manager did not finish the sessions
- Those that finished all sessions said they felt it had been helpful.
- Community site said it also made them a better team.
The Impact of a Mindfulness Intervention for Nurse Managers

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Purpose: To examine the impact of a mindfulness intervention on nurse managers in an acute care hospital. Design: A pre/post intervention design with three data collection points: prior to, at the conclusion of, and at 3 months following the intervention. Method: A survey to measure the impact of a mindfulness workshops on nurse managers’ perception of professional quality of life, burnout, and perceived wellness. Findings: There were significant changes in the scores on the compassion satisfaction (T-1 mean 3.9, T-2 mean 4.5, p = .002) and burnout subscales (T-1 mean 3.4, T-2 mean 2.8, p = .016) of the Professional Quality of Life scale, and on personal burnout (T-1 mean 4.2, T-2 mean 3.8, p = .023) and work-related burnout (T-1 mean 4.0, T-2 mean 3.5, p = .029) on the Copenhagen Burnout Inventory scale, following the mindfulness intervention. The 3-month follow-up scores on compassion satisfaction were higher but not statistically significant (p = .810). Scores on the burnout scales, while lower than the preintervention levels, were higher at the 3-month follow-up than immediately following the intervention. Conclusions: These findings suggest that mindfulness practices need to be reinforced. Without continuous reinforcement, it may become a self-care practice moved to the bottom of the list of things to be done among the activities of a busy day.

Thank You!

TODAY I WILL LIVE IN THE MOMENT

UNLESS THE MOMENT IS UNPLEASANT, IN WHICH CASE I WILL EAT A COOKIE

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