Development of a Mindfulness-Based Stress Reduction Tool for Reducing Burnout and Increasing Resiliency Among Nurses

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Motivation: Nursing burnout is a grave concern in the face of an existing and likely growing shortage of nurses. The Health Resources and Services Administration (HRSA) has acknowledged the nursing shortage and predicted that it will continue to grow during the next 20 years if current trends continue (Gambino, 2010) potentially impacting patient outcomes in addition to job satisfaction of nurses. The factors that contribute to nursing burnout are complex and many; changing workplace dynamic due to the increasing complexity of practicing medicine, the increased demands on nurses, workload, shift-work. This is in addition to the demographic factors that are changing the age structure of the nursing profession with many experienced nurses retiring en masse at a time when baby boomers are aging and needing more nursing care. Furthermore, individual experience of burnout is dependent on the personal experience of the nurse, the environment within which they are practicing (Bogaert, Kowalski, Weeks, Heusden, & Clarke, 2013) and their own psychological capital (Laschinger, & Grau, 2012). The perception of stress, existing coping strategies, personal history with stress, and resiliency all influence the degree to which an environment impacts an individual nurse. Workload, management and leadership styles, flexibility with regards to work schedule, as well as the stress associated with caring for people as a job are all factors that have been identified as contributing to stressful work environments.

Problem Statement: Quality Improvement Project: Does a Mindfulness-based Stress Reduction (MBSR) psycho-educational training program increase resiliency in bedside nurses to deal with burnout as evidenced by self-reported capacity to cope with negative workplace stressors and increased ability to perform self-care activities compared to nurses who are not given such an intervention.

Intervention: This proposed project involves using a Mindfulness-based Stress Reduction (MBSR) psycho-educational training program aimed at increasing individual resiliency and coping strategies to deal with stressors commonly associated with burnout with nurses on medical-surgical floors at the Veterans Affairs Hospital in Salt Lake City.

Theoretical Model: The Neuman Systems Model (NSM), is a theoretical model based on Neuman’s theory, which has been in use by nurses since the 1970s, takes a holistic approach on the wellness of individuals, examining the causes of stress within the context of the wider environment within which the stress occurs. This includes considering the multiple ways in which stress can impact and individual; physiological, psychological, sociological, sociocultural, developmental, and cultural, all of which are interdependent and variable. NSM considers the way in which an individual reacts to stress due to factors that could make them vulnerable or resilient to stressors, for example their support group, or personal factors such as prior experience with stress. NSM provides a framework to organize findings on environmental and external stressors and the impact they have on an individual, while underlining the importance of recognizing the various inter, intra and extra personal factors that are also occurring in the wider system within which they are constantly interacting (Skalski, Digerolamo, & Gigliotti, 2006).

NSM works well within the 5 stages of the nursing process; assessment, diagnosis, planning, implementing, and evaluation making it a good fit for research into modern nursing practice. NSM was developed with the aim to help develop nursing interventions that could focus on relieving and reducing stress in clients’ or patients’ lives via interventions that sought to strengthen their lines of defense at the primary, secondary or tertiary level (Turner, & Kaylor, 2015). Lines of defense serve as buffers that protect the individual from stressors in their environment and are not fixed but rather fluid. Interventions aimed at strengthening resiliency in the face of stressors is aimed at these lines of defense. Primary
interventions involve the identification of stressors and prevention of their occurrence, which requires awareness of stressors within the environment. Secondary interventions involve helping the client to work on their own resiliency to prevent the stressor from becoming problematic. Tertiary interventions involve addressing the stressor after it has already caused stress and helping the client to reframe the problem and build their lines of defense and work on resilience to cope with the stressor in a more productive manner.

**Population:** Nurses on medical-surgical Floors at the Veterans Affairs Hospital Salt Lake City who are willing participants and able to commit to the time needed to complete the necessary components of the MBSR intervention. All levels of experience and full and part time employees will be invited to join the project.

**Methodology:** The cohort will be evaluated using pre- and post-intervention self-administered surveys consisting of adapted versions of the Maslach Burnout Inventory (MBI), the Compassion Fatigue Short Scale (CFSS), and The Resiliency Scale (RS). RS has been shown to demonstrate validity in terms of measuring resilience, self-esteem and self-efficacy and negative correlation between high resiliency scores and experiences of PTSD (van der Meer, Brake, van der Aa, Dashtgard, Bakker, & Olff 2018). These will ascertain what the level of burnout, risk for compassion fatigue the nurses face, their intent to leave, as well as their baseline level of resiliency. Data from Human Resources will provide information as to the level of staff turnover in the past three years on the medical-surgical floors at the VA, where the nurses work. The nurses will then be given the opportunity to participate in a 4 lesson Mindfulness Based Stress Reduction (MBSR) program aimed at increasing their resiliency and self-care abilities. Koen, van Eden & Wissing (2011) state that “resilient individuals have the potential not only to return to previous levels of functioning after experiencing adversity, but manifest gains in self-esteem, self-efficacy, autonomy and a change in life perspective that serve to make them stronger than they were before”. Activities from the learning interventions will provide qualitative data for the project. The Intervention will be a combination of take-home assignments as well as short classroom-based format with support via text and email, it will take approximately 4-6 hours to complete. They will be given post-surveys after the intervention is completed to determine the usefulness of the intervention. The surveys will be administered at the VA to nurses before and after shifts, per the RN's convenience in September, the intervention will begin in October and post surveys will be administered in November.

**Results:** The data will be collated and anonymity will be maintained as the RNs will be assigned an identification number. The data will be quantitative, from the surveys, and qualitative, from the classroom based activities, and will be analyzed using descriptive statistics and logistic regression modelling for data gathered via Likert scales. Data on absenteeism, turnover and staffing levels for the units will be gathered via HR and not linked to individual nurses. The information will be considered in light of the Neuman Systems Model of nursing burnout, examining the individual nurses’ relationships with stress and their reactions to it as a dynamic and flexible situation, rather than a discrete and concrete concept. Previous work with MBSR has normally involved a longer intervention of 8 weeks and has taken place in the corporate sector (Bazarko, Cate, Azocar, & Kreitzer, 2013), however given the financial pressures facing the VA, a publicly funded health system, if a streamlined 4 hour intervention yields success, it is more likely to be considered for adoption by managers who are under pressure to produce outcomes with reduced input. This project aims to highlight the experience of burnout of nurses within this setting as well as offer a potential and reproducible solution.

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Keywords:
Mindfulness-Based Stress Reduction (MBSR), burnout and resilience

References:


Abstract Summary:
The purpose of this project is to assess the usefulness of a Mindfulness Based Stress Reduction (MBSR) educational tool in helping bedside nurses develop self-care skills to build resiliency protecting them from external stressors associated with burnout and its ramifications.

Content Outline:

Nursing burnout is a grave concern with regards to retention of nurses in the face of an existing and likely growing shortage of nurses. The Health Resources and Services Administration (HRSA) has acknowledged the nursing shortage and predicted that it will continue to grow during the next 20 years if current trends continue (Gambino, 2010). This has consequences for patient outcomes as well as directly impacting job satisfaction for the nurses affected. Dimattio, Roe-Prior, & Carpenter, (2010) found that out of baccalaureate educated nurses 40% had left the bedside by 6.4 years and of those remaining a further 26.9% intended to leave within the next 3-5 years. Burnout is strongly associated with increased dissatisfaction and intent to leave the job for nurses but it isn't just the potential impact on the workforce that is concerning, burnout is also associated with depression and a state of chronic stress which taxes the HPA axis and has physiological mal effects for the sufferer including but not limited to an increased risk for developing hypertension, and diabetes type 2 (Orosz, Federspiel, Haisch, Seeher, Dierks, & Cattapan, 2017). The factors that contribute to nursing burnout are complex and many; changing workplace dynamic due to the increasing complexity of practicing medicine, the increased demands on nurses, workload, shift work, as well as demographic factors that are changing the age structure of the nursing profession with many experienced nurses retiring en masse at a time when baby boomers are aging and needing more nursing care, all shape the current crisis in nursing retention. Furthermore, individual experience of burnout is going to be dependent on the personal experience of the nurse as well as the environment within which they are practicing (Bogaert, Kowalski, Weeks, Heusden, & Clarke, 2013) as well as their own psychological capital (Laschinger, & Grau, 2012). The perception of stress, existing coping strategies, personal history with stress, and resiliency all influence the degree to which an environment impacts an individual nurse.

This proposed project involves using a Mindfulness-based Stress Reduction (MBSR) psycho-educational training program aimed at increasing individual resiliency and coping strategies to deal with stressors commonly associated with burnout with nurses on medical-surgical floors at the Veterans Affairs Hospital in Salt Lake City. The cohort will be evaluated using pre- and post-intervention self-administered surveys consisting of adapted versions of the Maslach Burnout Inventory (MBI), the Compassion Fatigue Short Scale (CFSS), and The Resiliency Scale (RS). These will ascertain what the level of burnout, risk for compassion fatigue the nurses face, their intent to leave, as well as their baseline level of resiliency. Data from Human Resources will provide information as to the level of staff turnover in the past three years on the medical-surgical floors at the VA, where the nurses work, in order to provide a background of data to understand the environment within which the nurses are working. The nurses will be given the opportunity to participate in a 4 lesson Mindfulness Based Stress Reduction (MBSR) psycho-educational program aimed at increasing their resiliency and self-care abilities. In person and self-directed learning activities from the intervention will provide qualitative data for the project, identify stressors the nurses are experiencing and build tools to cope with them, improving their ability to self-care and hopefully improve their own perceived resiliency. They will be given post-surveys after the intervention is completed to determine the usefulness of the intervention. The surveys will be administered at the VA to nurses before and after shifts, per the RN's convenience in September, the intervention will begin in October and post surveys will be administered in November.

The project will be evaluated using the Neuman Systems Model (NSM), a theoretical model based on Neuman’s theory, which has been in use by nurses since the 1970s, which takes a holistic approach on the wellness of individuals, examining the causes of stress within the context of the wider environment within which the stress occurs. This includes considering the multiple ways in which stress can impact and individual; physiological, psychological, sociological, sociocultural, developmental, and cultural, all of
which are interdependent and variable. NSM considers the way in which an individual reacts to stress due to factors that could make them vulnerable or resilient to stressors, for example their support group, or personal factors such as prior experience with stress. NSM provides a framework to organize findings on environmental and external stressors and the impact they have on an individual, while underlining the importance of recognizing the various inter, intra and extra personal factors that are also occurring in the wider system within which they are constantly interacting (Skalski, Digerolamo, & Gigliotti, 2006).

The data will be collated and anonymity will be maintained as the RNs will be assigned an identification number. The data will be quantitative, from the surveys, and qualitative, from the classroom based activities, and will be analyzed using descriptive statistics and logistic regression modelling for data gathered via Likert scales. Data on absenteeism, turnover and staffing levels for the units will be gathered via HR and not linked to individual nurses. The project will aim to develop an intervention that can be delivered consistently to nurses within the hospital in order to help build resiliency and reduce reported staff burnout, thereby reducing turnover and positively impact patient care. It will also highlight the issue of burnout among nurses within this setting to upper management and could form the basis for staff wellness initiatives that management may launch in the future.

References:


First Primary Presenting Author

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