Mindfulness-Based Stress Reduction and Workplace Burnout: A Literature Review

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Objective

To evaluate the PICO question: Do healthcare workers who practice mindfulness-based stress reduction (MBSR) in the workplace report a lesser rate of burnout as compared to healthcare workers who do not employ MBSR?

Methodology

A review of the literature was conducted to explore current evidence on the impact of MBSR on healthcare worker burnout. The search strategy involved collecting research articles from the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), SUMSearch, and PubMed. The following search terms were used: "mindfulness AND burnout", "mindfulness-based stress reduction AND nurse", "healthcare worker AND burnout", "workplace" with a date limit of the past 5 years. Research studies that included nurses and MBSR or a similar mindfulness technique were included.

Results

Of the six research studies included, one was a randomized controlled trial (Asuero et al., 2014), two were quasi-experimental designs (Duarte & Pinto-Gouveia, 2016; Mahon et al., 2017), and three used nonexperimental designs (dos Santos et al, 2016; Vaclavik et al., 2018; Westphal et al., 2015). Interventions varied in duration from 6 to 8 weeks. Most mindfulness courses were held weekly with the weekly sessions ranging from 1 to 2.5 hours in length. One study provided the intervention several days during the week within a six-week period (dos Santos et al, 2016). Additionally, participants in several studies were instructed to practice mindfulness principles throughout the week.

Components of MBSR such as meditation and self-compassion training provided the tools necessary to enhance nurses’ compassion, increase engagement, and reduce perceived stress. MBSR is a practical tool that can be provided to staff to effectively reduce stress, improve overall well-being, and decrease burnout among nurses. The literature review revealed that the majority of participants receiving the MBSR intervention reported an increase in both physiologic and psychological well-being, an increase in work satisfaction, as well as an improvement in overall life satisfaction after completion and implementation of MBSR.

The evidence supports the effectiveness of MBSR in reducing burnout. Additional benefits of MBSR included decreased depression, anxiety, distress, and compassion fatigue.

Conclusion

Nurse burnout is a significant issue in health care (Aiken et al, 2002). MBSR has been introduced as an intervention that brings about awareness and attentiveness to an experience (Halm, 2017). MBSR training enables the user to learn strategies that are aimed at decreasing anxiety and stress, ultimately resulting in a decrease in burnout rate (Halm, 2017; Smith, 2014). MBSR helps the user focus on the present moment by implementing healthier ways to respond to stressors.

Within the framework of MBSR, the user becomes amenable to purposefully accepting the present moment. Attentiveness of the present moment cultivates alleviation of stress through emotional adaptation (Halm, 2017). MBSR promotes self-awareness by embracing the raw emotion and experience for its accurate significance without judgment in the moments as they occur.

The MBSR-related outcomes evaluated included burnout (Asuero et al., 2014; dos Santos et al, 2016; Duarte & Pinto-Gouveia, 2016; Westphal et al., 2015); stress (dos Santos et al, 2016; Mahon et al., 2017); distress (Vaclavik et al., 2018); anxiety (dos Santos et al, 2016; Westphal et al., 2015); depression (dos Santos et al, 2016; Westphal et al., 2015); and compassion/compassion fatigue (Duarte & Pinto-Gouveia, 2016; Mahon et al., 2017). All studies supported the effectiveness of a stress reduction program based on mindfulness meditation in Brazilian nursing professionals: Qualitative and quantitative evidence, Journal of the Indian Association of Critical Care Nursing, 22(4), 344-348. Positive effects of a stress reduction program based on mindfulness meditation in Brazilian nursing professionals: Qualitative and quantitative evidence, Journal of the Indian Association of Critical Care Nursing, 22(4), 344-348.

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