45th Biennial Convention 16-20 November 2019
Compassion Cultivation Training for Oncology Nurses: A Feasibility Study

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This research was supported by Cancer Support Services, Psychiatry and Behavioral Sciences, University of Miami Sylvester Comprehensive Cancer Center
Background and Problem

- Oncology nurses report higher rates of work-related distress, burnout, compassion fatigue, and lower quality of life relative to other nursing specialties.
- Oncology nurses are at greater risks of medical errors that impact patients’ quality of care and are highly costly to hospitals.
- Stress management programs for nurses often lack vital mindfulness-training practices and intervention efficacy is limited.
- Programs with practices based in meditation, such as mindfulness and compassion, can help cultivate attention, awareness, and emotional regulation with a favorable impact in quality of life.
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Study Purpose and Objectives

1. To evaluate the feasibility of implementing a compassion-based cultivation training program for oncology nurses.

2. To explore its effect on perceived stress, work-related burnout, and coping skills.
Study Hypotheses

1. If drop-out rate or missed-session rate exceeds 25%, revisions to the intervention may be required.

2. Compassion-based training course will result in improved: Perceived Stress, Self-Efficacy, Burnout, Mindfulness (Present-Moment Awareness and Acceptance), and Distress Tolerance.
What is Compassion Cultivation Training?

- Developed at Stanford University
- Combines traditional contemplative practices with contemporary psychology and scientific research on compassion.
- Compassion Cultivation Training (CCT)
  - 8-week educational program designed to help improve resilience and feel more connected to others – which leads to an overall sense of well-being.
- Classes meet weekly for 2 hours and daily guided meditation home practice is assigned
- Through instruction, daily meditation, mindfulness, and in-class interaction the qualities of compassion, empathy, and kindness are strengthened
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Methods

- Protection of the Human Subjects
  - IRB approval was obtained from the University of Miami.
  - Study invitations were sent via e-mail to 100+ potential participants.
  - The study took place from January, 2018 through July 31, 2018.
  - Informed Consent was obtained.
  - RedCap surveys were used to collect data.
  - Only de-identified data was used.
  - Only investigators had access to password protected data.
  - Incentive offered: Participants received 16 nursing continuing education units and a $15 Amazon gift card after completing the post assessment.
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Methods

- Participants attended 8 weekly 2-hour sessions that involved:
  - didactics on stress management
  - group discussions
  - guided meditations
  - interactive exercises
  - home meditation practices
- Assessment data was collected at pre-and-post

- Perceived distress (Perceived-Stress Scale),
- Self-efficacy (Self-Efficacy Scale),
- Mindfulness (Philadelphia-Mindfulness Scale),
- Burnout (Maslach-Burnout Inventory), and
- Cognitive failures (Cognitive-Failures Questionnaire)
Statistical Analysis

- IBM SPSS Version 24 software was used for data analysis.
- Pearson Correlations.
- Multiple Regression statistical analyses to answer the research questions.
- Three-way Analysis of Variances (ANOVA) were calculated to address the hypotheses.
- Cronbach’s alpha coefficients were used to examine the reliability of the study measures.
- Descriptive statistics were used to describe the demographic data.
## Results

### Demographics Descriptive Characteristics (N = 15)

<table>
<thead>
<tr>
<th>Variables</th>
<th>M ± SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years old)</td>
<td>43.47 ± 12.36</td>
<td>28 to 67</td>
</tr>
<tr>
<td>Years as RN</td>
<td>16.40 ± 12.98</td>
<td>2 to 45</td>
</tr>
<tr>
<td>Years in Oncology</td>
<td>7.27 ± 6.96</td>
<td>1 to 27</td>
</tr>
<tr>
<td>Hours Worked per Week</td>
<td>42.69 ± 6.40</td>
<td>31 to 52</td>
</tr>
</tbody>
</table>
## Results

Demographic Characteristics Continued (N = 15)

<table>
<thead>
<tr>
<th>Variables</th>
<th>f (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
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<tr>
<td>Female</td>
<td>15 (100)</td>
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<tr>
<td>Credential</td>
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<tr>
<td>RN</td>
<td>11 (73.3)</td>
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<tr>
<td>APRN</td>
<td>4 (26.7)</td>
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<tr>
<td>Practice Location</td>
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</tr>
<tr>
<td>Inpatient</td>
<td>1 (6.7)</td>
</tr>
<tr>
<td>Outpatient</td>
<td>4 (26.7)</td>
</tr>
<tr>
<td>Both</td>
<td>3 (20.0)</td>
</tr>
<tr>
<td>Other</td>
<td>7 (46.7)</td>
</tr>
</tbody>
</table>
Results

• Intervention was feasible with an attrition rate of 11.76%.

• High attendance rate (82.5%) and all participants’ made-up missed sessions by examining video recordings.

• Intervention resulted in:
  – reduced perceived stress ($p=0.004$),
  – improved social self-efficacy ($p=0.028$),
  – reduced emotional exhaustion ($p=0.021$),
  – improved energy ($p=0.014$), and increased mindfulness awareness and acceptance ($p=0.028$)

• Participants reported less cognitive failures ($p=0.013$).
Results

What was the impact from a participants’ perspective?
Results

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Results

What was the impact from a participants’ (nursing) perspective?

- Mindful Leadership
- Mindful Awareness
- Mindful Practice
• Findings indicate:
  • A compassion cultivation training program based in mindfulness practice:
    • Is feasible
    • May be effective in reducing stress, burnout, and improving coping skills in oncology nurses.
Future Implications

• Future studies should examine intervention efficacy in a larger sample and identify whether objective measures of job performance, nurses’ quality of life and patient outcomes are influenced.

• Other studies should examine the sustained effect of Mindfulness-based vs Cognitive Behavioral Stress Management training courses over 3, 5, and 10 years.

• Replication Issues for consideration: This study was a pilot and relied heavily on the ability of the facilitator to adequately follow and implement the course structure with an enthusiastic cohort.
Reference

- Compassion Cultivation Training (CCT) retrieved from: http://ccare.stanford.edu/education/about-compassion-cultivation-training-cct/
Thank you!