Mindfulness for Stress Reduction in the Workplace

Improving Leadership for Health Professionals

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ABSTRACT

Research has shown that patient outcomes and clinical judgment improve in caring-healing environments. Current trends are for healthcare facilities to provide stress reduction activities for their employees to improve self-care, the work environment, and ultimately patient care. Mindfulness is a technique that supports the humanistic and holistic caring paradigm developed by dominant nursing theorists, Dossey and Watson. Mindfulness implies paying attention to one’s present moment unfolding of experience—can be cultivated, sustained, and integrated everyday throughout daily routine, fueled by the ongoing discipline of meditation practice. Its central aim is the freedom from stress, the relief of suffering, and the uncovering of our essential nature. Mindfulness-Based Stress Reduction (MBSR), developed at the University of Massachusetts Medical School, is an expression of mindfulness tailored to health care personnel. Mindfulness is a universal human capacity—a way of paying attention to one’s present moment unfolding of experience—that can be cultivated, sustained, and integrated everyday throughout daily routine, fueled by the ongoing discipline of meditation practice. Its central aim is the freedom from stress, the relief of suffering, and the uncovering of our essential nature. Mindfulness-Based Stress Reduction (MBSR), developed at the University of Massachusetts Medical School, is an expression of mindfulness tailored to health care personnel.

MINDFULNESS BASED INTERVENTIONS

According to research, mindful practices reduce stress, increase coping, and improve empathy among healthcare professionals (Prasain, 2008). Fruinold, Lindquist and McAlpine’s (2012) qualitative study exploring the effects of mindfulness-based stress reduction with medical residents revealed that this type of education strengthened interpersonal communication, increased personal awareness, and improved the ability to manage stress and improved life balance. Goodman and Scholring (2012) discovered that mindfulness-based stress reduction education for healthcare providers, including nurses, psychologists and social workers, helped to diminish burnout and improve well-being.

Program Intervention Specifics

1. Two eight-week, nine session (20 contact hours per program) MBSR Programs were administered to employees of a large non-profit health center in Chicago. The programs were delivered from December 2010 through January 2011.

2. Pre and post survey results were conducted for participants of the 8 week MBSR program. Qualitative methods included individual pre and post - self - assessment of employee workplace stress and burnout. Quantitative method used was the PSS-10, an instrument utilized to measure stress and burnout.

3. A one hour presentation with continuing education credit was conducted at the local hospital community on January 16, 2013. The program was open to all hospital clinicians, and offered via the center’s wellness committee. The program was attended by approximately 60 employees. The presenter provided both didactic and experiential content on stress in the workplace.

MINDFULNESS BASED REDUCTION PROGRAM (MBSR)

MBSR participants and their interventions were evaluated three times: (1) pre-MBSR program; (2) post-MBSR program; and (3) six months after the MBSR program. Pre and post quantitative stress surveys were scored according to Solloway’s Mindfulness Survey, pre and post qualitative assessment included self-report with ‘Yes, I will practice.’ and ‘I will definitely have a better idea of the meaning of mindfulness. I feel I have some tools to help me reduce stress which I did not have before.’

RESULTS & CONCLUSIONS

MBSR Program Outcomes

Thirty employees registered for the MBSR program. Of the 30 enrolled participants, 18 completed the program. Completion of the program was determined by 60% participation. Pre and post quantitative and qualitative assessments were collected during the first and last class. Post quantitative assessments were partially completed in the last class. The balance of the PSS-10 instruments was collected through email. Of the 18 who completed the program, post qualitative program assessments utilizing the PSS-10 were returned.

Qualitative Results

Pre-Program Assessment: In the pre program qualitative assessment, participants self-reported ways they currently manage stress that included: "none,” ‘leave work,’ ‘sleep,’ ‘eat,’ ‘think of other things,” and ‘do a hobby.' Post program assessment revealed participants job as one of the most stressful aspects of their life. Examples of target goals for participants were wanting to: "manage work related stress better,” ‘find the use of daily self-care,” ‘be able to sleep through the night,” and ‘not worry so much.’

Post-Program Assessment: In the post program qualitative assessment, participants reported methods learned to manage stress that included: "being able to identify new skills to cope with stress and help me to know what to do in times of high stress,” ‘being still for a moment is beneficial to my health,” ‘I learned to stop and breathe things when get crazy,” ‘I get less worried up from stressors,” and ‘to handle stressors without adding to them.”

When participants were asked about the most important target goals were met, the self report included: “definitely, many tools and opportunities to practice”; ‘Yes, I can do this on my own, I can be stress free’; ‘Yes, I will be taking with me the knowledge of simple exercises to wake up my body and focus my mind’; ‘Yes (I learned) how to control myself, how to slow down, how to relax my muscles,’ and ‘I definitely have a better idea of the meaning of mindfulness. I feel I have some tools to help me reduce stress which I did not have before.’

Quantitative Results

Among the sub-group that completed the program and who provided questionnaires at both baseline and 8 weeks (n=11), two different statistically significant changes were observed between time points. First, participants’ confidence in their ability to handle personal problems was significantly higher following the class (p<.05), and participants’ perceptions that they were unable to overcome mounting difficulties were significantly lower (p<.01).

The median number of sessions completed was six (range = 2-9), which was not significantly different by gender or racial status. Baseline perceived stress scores were not significantly different between those who completed six or more sessions (n=18) compared with those who completed five or less (n=12).

Mindfulness for Stress Reduction in the Workplace – Outcomes

Fifty-five attendees submitted their surveys; however, only 44 completed both the pre and post surveys. The data from those 44 surveys were analyzed using version 8.0 for analysis and paired samples t-tests were performed. Data analysis showed there were statistically significant increases in the mean scores for each survey item as well as the total survey score pre and post education, except for the item "I am aware of the feelings in my body." The mean score for that item did increase, however, the increase was not statistically significant. This program has shown to be quite successful, despite it being only one hour long.

REFERENCES

Center for Mindfulness in Medicine, Health Care, and Society. The University of Massachusetts Medical School. Department of Medicine. (2009). Widening the Circle. DVD.


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