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<http://hdl.handle.net/10950/2773>

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Mindfulness-Based Intervention Program for Nurses

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In Partial Fulfillment of

NURS 5382: Capstone

December 6, 2020

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Acknowledgements

I would like to take a moment to thank everyone that has encouraged, listened, and offered advice along this journey. UT Tyler faculty, thank you for providing and creating an environment that has allowed me to grow and thrive. To my family, thank you for your support, always being there, and pushing me to follow my dreams. Most importantly, I want to thank God who is the source of my strength. Through him everything is possible.

Executive Summary

Currently, in most health care facilities across the country, they are experiencing a shortage of nurses. Nurses are taking on heavy loads of patients that are only getting sicker. Many nurses are experiencing symptoms of burnout such as depression and anxiety. Many are also contemplating leaving the bedside because they are unable to cope with the stress they are experiencing.

Although most organizations have employee assistance programs for support, they are not being utilized. Implementing a mindfulness-based program will give nurses the tools they need at a moment's notice when they need it. Giving nurses the tool to properly take care of themselves will make them more efficient, effective, and aware of emergent situations. Mindfulness

techniques will help nurses be more aware of their feelings and emotions and process them appropriately.

1. Rationale for the Project

Nurses are on the front lines taking care of patients consistently while neglecting their families and themselves. During these times, nurses experience high levels of stress that leads to frustration, depression, anxiety, exhaustion, and a loss of compassion. When these symptoms and situations continue to build, it ultimately leads to burnout. When nurses experience this, their ultimate decision is to leave the bedside and then a profession completely. Implementing a mindfulness program will give the nurse the tools to identify the signs of burnout early on and seek further education is needed. Nurses will also be able to remain at the bedside longer because they will have the tools to de-stress during any situation. The program will offer support to nurses to help them develop healthy and effective coping skills.

1.1 Projects Goals

For this benchmark study, the goal is to create a mindfulness-based intervention that will help nurses improve their mental health. The program will be designed to help nurses and program administrators identify those that are experiencing signs of burnout and decreased these occurrences. Identifying the signs early, will help the nurse identify stressors early on and finds ways to intervene before it progresses to debilitating levels. Being able to address the stressors in a healthy manner, will increase on the job satisfaction and help create a work life balance that is appropriate for them. Implementing the program will ultimately allow the nurse to grow into a well-rounded and nurturing care provider.

2. Literature Discussion

A review of the literature show that mindfulness-based training can significantly reduce stress and burnout. A systematic review completed by Suleimam-Martos et al., (2020) showed that when mindfulness techniques are used it can reduce the feelings of emotional burden and enhance positive cognitive retraining. Ghawadra, Abdullah, Choo, & Phang, (2019) also completed a systematic review that found that psychological distress can be reduced by using mindfulness techniques. Both studies reported reduction in stress levels and anxiety.

In a cross-sectional study conducted by Zhao et al. (2019), mindfulness training helped Chinese nurses to act with awareness therefore reducing emotional exhaustion. Being able to act and not react in difficult situations helps to conserve mental and physical energy. Mindfulness training will also allow nurses to examine the actual and perceived stress they are experiencing. It is also beneficial an increasing memory, concentration, and self-esteem (Santos, et al. 2016).

Muri & Keim-Malpass (2020) conducted a pilot study that showed the changes in predictors of burnout in ER nurses. The nurses received education once a month for three months and completed two 5-minute meditation sessions a week. The study concluded that after undergoing mindfulness training and active practice, reduced burnout syndrome and showed an increase in resilience and overall well-being.

In a randomized controlled trial completed by Verwejj et al.,(2018), medical residents completed an 8 week mindfulness based stress reduction program consisting of 2.5 hour sessions and one six hour silent date. The study found that participants that were experiencing high levels of emotional exhaustion had improvements in self compassion perspective taking and personal accomplishment.

3. Project Stakeholders

Obtaining support and buy-in from those directly related to his outcome will allow for its implementation and the program success. Stakeholders include the Chief Nursing Officer, nurse managers, educators, and staff nurses. The Chief Nursing Officer's support is vital to the implementation and success of the program. They have the power to accept or deny they implementation. Buy-in from the nurse managers and educators is also important because they are responsible for making sure program requirements are met and holding the nurses accountable nurses for completion. Nurses are the most important stakeholders. Gaining their support will allow for the program to be successful and allows for continuation after implementation and future whole health programs and education.

4. Proposed Outcomes

Given the current reality that nurses face with the pandemic, nurses are experiencing high levels of stress, anxiety, and depression. They are overwhelmed, exhausted, and burnout. Although many organizations have employee assistance programs, they are rarely used. This program will give nurses the tools to practice mindful techniques as they need them. The program outcomes include: 1. Decrease burnout; 2. Develop tools/skills to de-stress during difficult situations; 3. Improve job satisfaction; 4. Improve overall mental health .

5. Evaluation Design

Evaluating the implementation of the mindfulness-based intervention is crucial to its success. The success of this program would also allow for the implementation of other whole health interventions for nurses in the future. The best way to gather this information would be through the use of two reliable surveys. The surveys that will be used are the Maslach Burnout Inventory – Human Services Survey for Medical Personnel (MBI-HSS MP) and the Copenhagen Burnout

Inventory (CBI). The MBI-HSS MP is a 22 item survey that measures emotional exhaustion, depersonalization, and personal accomplishment(2020). Fauzia, Erika, & Irwan (2019) found that the survey produced a Cronbach alpha > 0.70 in several countries. The CBI is 19 item survey that measures burnout in 3 areas including personal, work, and client- related areas. Item scores range from 0-100 (2020) and Cronbach's α for each item respectively was 0.892, 0.868, 0.836 among university professors (Sestili et al., 2018). The surveys would be administered before and after completion of the program and again at 3 months.

6. Timetable/Flowchart

Implementation of the program will take place in three phases. Phase One consists of weeks one through four. During this time, a meeting will be set up with the Chief Nursing Officer for approval of the program. Once approval has been granted, the available mindfulness education materials will be revamped to meet the nurse's needs . An optional space to develop a therapeutic milieu would be designated to allow for meditation during working hours. Phase Two consists of weeks five through 10. The six-week program will start at the top of week five until completion. Design of the therapeutic milieu should also be underway. Phase Three consists of week 11 and beyond. The first six-week program will be completed. Data collected will be evaluated determine if the program has helped to decrease burnout and increased nurse performance. If the program proves to be beneficial, it will be added to nursing orientation and annual competence.

7. Data Collection Methods

For this benchmark study, data was reviewed from previous studies and a review of the literature discussing the effects of mindfulness interventions. Once the program has been

approved for implementation, data will be collected from pre and post surveys that are delivered throughout the program. This data will be analyzed for any significant changes that may have improved or declined.

8. Discussion and Evaluation

The mindfulness-based program is waiting to be reviewed and discussed with the Chief Nursing Officer. The current nurse manager of the Mental Health Department has expressed great interest in this project and believes that it would be a great benefit to the staff. She also believes that upper level management will offer their full support.

9. Cost/Benefit

The cost of funding this project was based on current organizational salaries, educational materials required, and day-to-day necessities. To compensate the educators for the six-week program averaged \$480. That consisted of two hours per week for six weeks. Support staff would average \$360.00 for the same amount of time. Current mindfulness materials would be revamped to meet nurses' needs along with snacks and lunch which averaged \$500. The optional therapeutic milieu averaged \$5000 which included space reconstruction, design, and furniture. The total cost averaged \$6340.

The benefit of implementation outweighs the cost. Giving nurses the tools to stay at the bedside, reduces the amount you would spend hiring new nurses or agency staff. It also shows the nurse that you care about their well-being. No dollar amount can replace that.

Conclusion/Recommendations

Mindfulness-based interventions have been proven to be an effective tool for reducing burnout. It is very much need to help nurses cope with stress and difficult situations in a healthy manner. Using mindfulness techniques will help the nurse be more mentally prepared and increase overall well-being. Giving back to those that have already given so much of themselves is much need today. With the current pandemic, it is important that we check-in on those that are on the front lines providing the necessary care for the patient, but struggling to survive the day. Implementing a mindfulness-based program could potentially save a nurse's life.

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Appendix

Appendix A. Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to assess the risk of burnout which was developed by Christina Maslach (1981). The validity and reliability study of this inventory made by Ergin (1993) in Turkey. _____

Maslach C, Jackson SE. The measurement of experienced burnout. *J Organ Behav.*, 1981;2:99–113.

Ergin C. Adaptation and Validity of MBI for Measuring Burnout Among Turkish Physicians and Nurses, 7th National Psychology Congress, Bayraktar R (ed.), Turkish Psychologists Association: Ankara D. İ., 1993; 143–154. (in Turkish).

Maslach Burnout Inventory (MBI)

The inventory consists of 22 questions which have five graded Likert-type answers. To determine the risk of burnout, the MBI explores three sub-scales: emotional exhaustion, depersonalization and personal accomplishment.

A high score in the first and third sections and a low score in the second section may indicate burnout.

Questions	Never	Rarely	Sometimes	Frequently	Always
I. Emotional Exhaustion					
I feel emotionally drained from my work	0	1	2	3	4
I feel used up at the end of the workday	0	1	2	3	4
I feel fatigued when I get up in the morning and have to face another day on the job	0	1	2	3	4
Working with people all day is really a strain for me	0	1	2	3	4
I feel burned out from my work	0	1	2	3	4
I feel frustrated by my job	0	1	2	3	4
I feel I'm working too hard on my job	0	1	2	3	4
Working with people directly puts too much stress on me	0	1	2	3	4
I feel like I'm at the end of my rope	0	1	2	3	4
II. Personal Accomplishment					
I can easily understand how my recipients feel about things	0	1	2	3	4
I deal very effectively with the problems of my recipients	0	1	2	3	4
I feel I'm positively influencing other people's lives through my work	0	1	2	3	4
I feel very energetic	0	1	2	3	4
I can easily create a relaxed atmosphere with my recipients	0	1	2	3	4

I feel exhilarated after working closely with my recipients	0	1	2	3	4
I have accomplished many worthwhile things in this job	0	1	2	3	4
In my work, I deal with emotional problems very calmly	0	1	2	3	4
III. Depersonalization					
I feel I treat some recipients as if they were impersonal 'objects'	0	1	2	3	4
I've become more callous toward people since I took this job	0	1	2	3	4
I worry that this job is hardening me emotionally	0	1	2	3	4
I don't really care what happens to some recipients	0	1	2	3	4
I feel recipients blame me for some of their problems	0	1	2	3	4

Appendix B Copenhagen Burnout Inventory (English version) used in the PUMA study

NB: The questions of the CBI are not being printed in the questionnaire in the same order as shown here. In fact, the questions are mixed with questions on other topics. This is recommended in order to avoid stereotyped response patterns.

Part one: Personal burnout

Definition: Personal burnout is a state of prolonged physical and psychological exhaustion.

Questions:

1. How often do you feel tired?

2. How often are you physically exhausted?

3. How often are you emotionally exhausted?
4. How often do you think: "I can't take it anymore"?
5. How often do you feel worn out?
6. How often do you feel weak and susceptible to illness?

Response categories: Always, Often, Sometimes, Seldom, Never/almost never.

Scoring: Always: 100. Often: 75. Sometimes: 50. Seldom: 25. Never/almost never: 0.
Total score on the scale is the average of the scores on the items.

If less than three questions have been answered, the respondent is classified as non-responder.

Part two: Work-related burnout

Definition: Work-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.

Questions:

1. Is your work emotionally exhausting?
2. Do you feel burnt out because of your work?
3. Does your work frustrate you?

4. Do you feel worn out at the end of the working day?
5. Are you exhausted in the morning at the thought of another day at work?
6. Do you feel that every working hour is tiring for you?
7. Do you have enough energy for family and friends during leisure time?

Response categories:

Three first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

Last four questions: Always, Often, Sometimes, Seldom, Never/almost never. Reversed score for last question.

Scoring as for the first scale. If less than four questions have been answered, the respondent is classified as non-responder.

Part three: Client-related burnout

Definition: Client-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work with clients*.

***Clients, patients, social service recipients, elderly citizens, or inmates.**

Questions:

1. Do you find it hard to work with clients?

2. Do you find it frustrating to work with clients?
3. Does it drain your energy to work with clients?
4. Do you feel that you give more than you get back when you work with clients?
5. Are you tired of working with clients?
6. Do you sometimes wonder how long you will be able to continue working with clients?

Response categories:

The four first questions: To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

The two last questions: Always, Often, Sometimes, Seldom, Never/almost never.

Scoring as for the first two scales. If less than three questions have been answered, the respondent is classified as non-responder.