

ABSTRACT

Many nurses are reporting increasing levels of burnout in the workplace.¹ Nursing is a demanding occupation, and the stress it puts on caregivers can lead to cardiovascular disease, endocrine disorders, chronic pain disorders, and poor mental health.^{2,3,4} Errors are more likely to occur when nurses operate under stress.^{4,5} Additionally, the cost of nursing turnover ranges up to \$82,000 for each nurse replaced.⁶ A variety of literature demonstrates that stress related issues are improved with the implementation of mindfulness exercises. This project proposes an 8-week mindfulness program for nurses on the endoscopy lab at LDS Hospital. It is anticipated that these interventions will relieve self-reported burnout on the unit and contribute to the literature on using mindfulness to address burnout in the nursing profession.

PICO QUESTION

For nurses working at LDS Hospital endoscopy, how does a mindfulness program, as opposed to no intervention, effect self-reported burnout?

LITERATURE REVIEW

Mindfulness is the ability to engage one's attention to the present moment, finding respite from the worries of past or future events.⁷

Research on Mindfulness-Based Stress Reduction (MBSR) has shown empirical improvements in these common themes:

- Burnout
- Stress
- Anxiety and Depression

MBSR includes education on the concept of mindfulness, as well as activities that practice breathing exercises, stretching and yoga, mindful eating, and meditation.

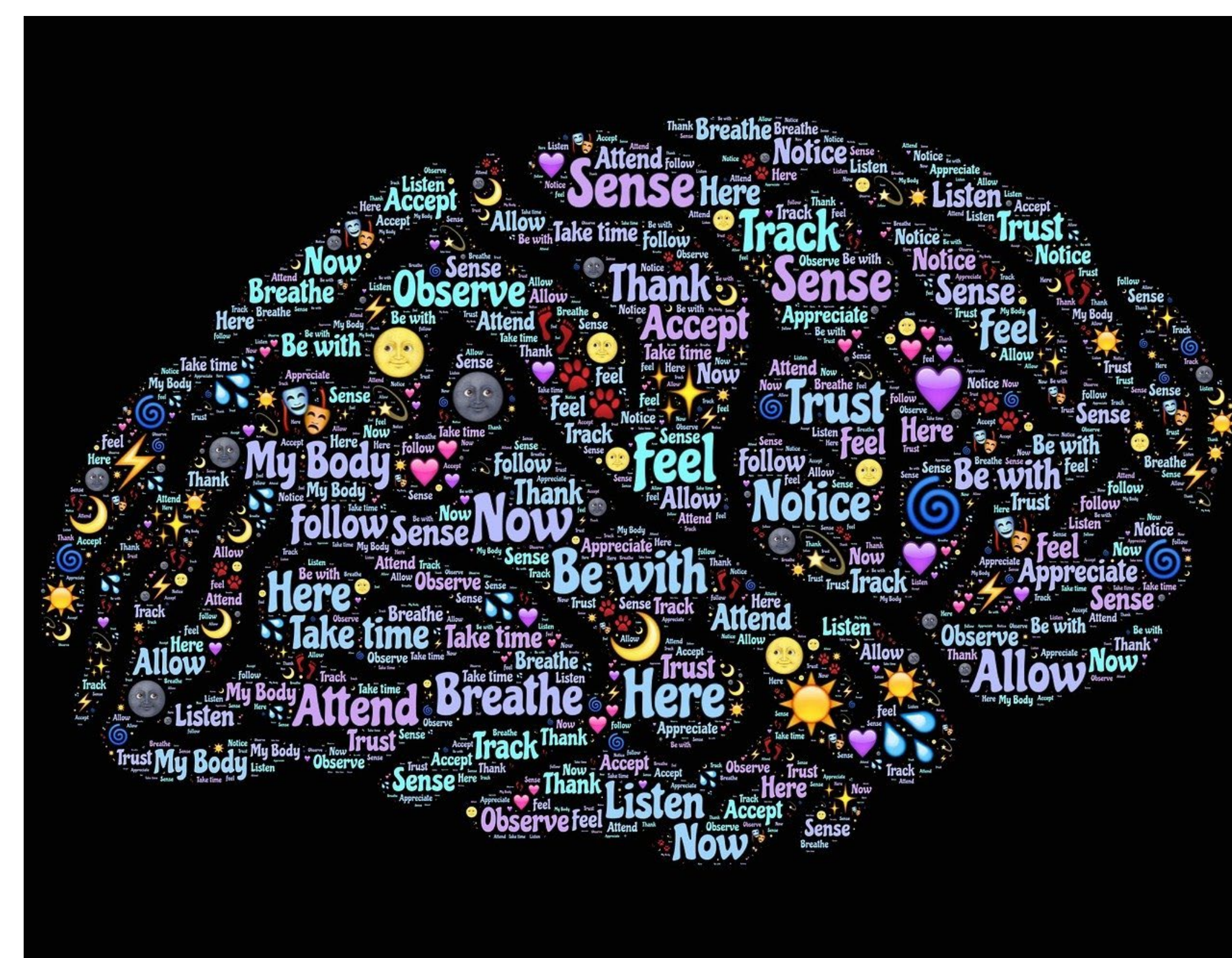
Mindfulness for Nurses: Using Mindfulness to Combat Burnout

Kimberly Nielsen, BSN, RN, MSN Student

PROJECT METHODOLOGY

This program is fashioned after the mindfulness-based stress reduction programs observed in the literature. The recommended timing is 8-weeks with a minimum of 1.5 hours of practice per week. Nurses are least likely to participate in initiatives that occur outside of working hours, so a daily meditation is scheduled during morning huddle. Because of time constraints, some participation should be relegated to personal hours, and a small incentive provided to encourage participants to use the meditation app at home and log their time.

Each weekly meditation is based on a selected theme, and an introductory presentation and pamphlet will be delivered to participants to explain various mindfulness exercises that can be practiced at home and documented. Surveys to assess current burnout levels and knowledge of mindfulness practices will be administered prior to the program, and again at its completion, and results will be published and disseminated to all relevant stakeholders.

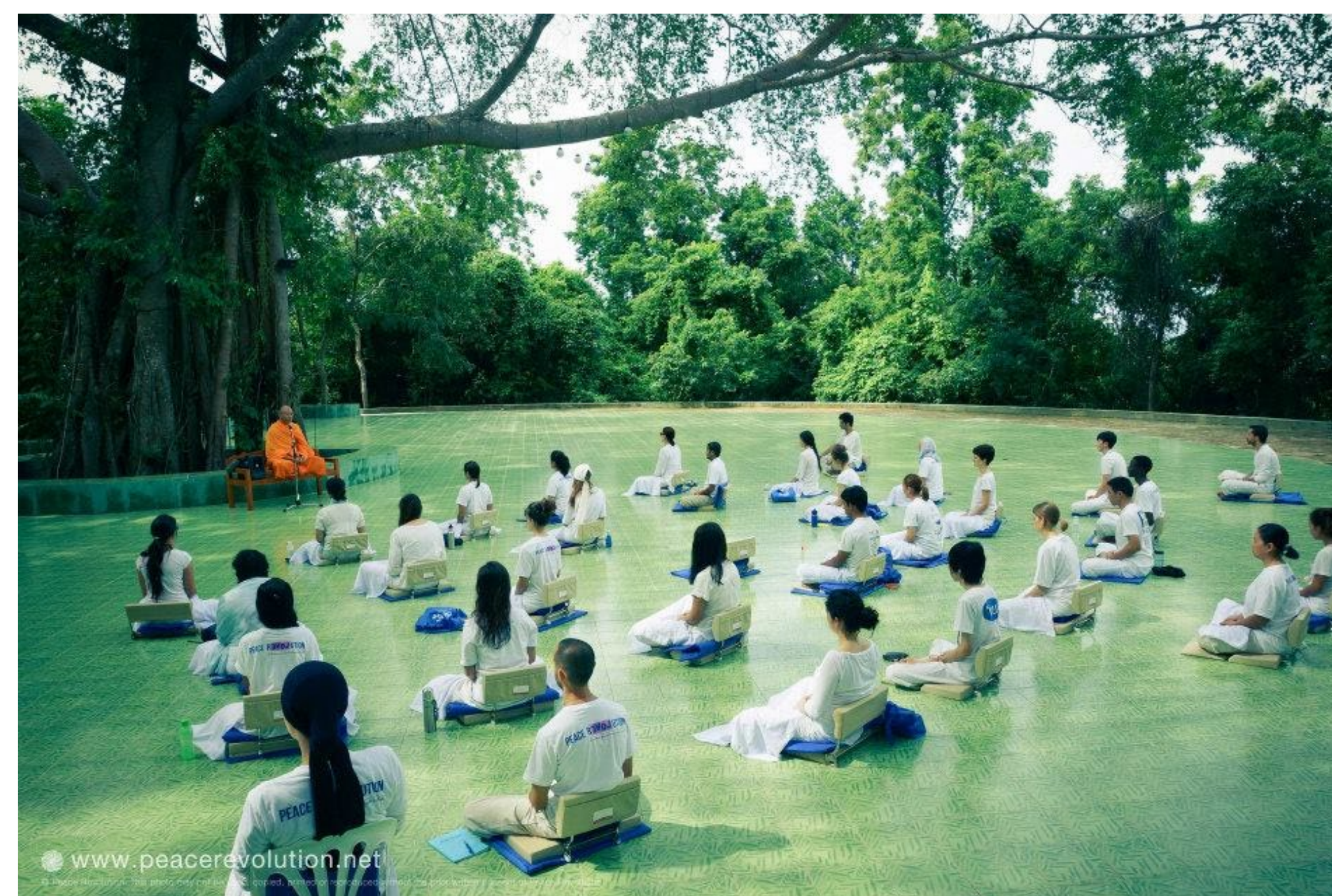


Timeline

- Recruitment
- Survey for burnout and mindfulness knowledge
- 1-hour introductory presentation
- 10-minute meditation at morning huddle x 8 weeks
- Home practice with meditation app
- Survey again at program completion

Materials

- Instructional pamphlet
- Meditation App
- Activity time log
- 8 meditation scripts
- \$5 gift card incentive
- Mindfulness survey
- Burnout survey



THEORETICAL FRAMEWORK

The three parts to the John's Hopkins Nursing Evidence Based Practice model are:

- Practice Question
- Evidence
- Translation

These steps provided guidance as the PICO question was refined, literature searched and appraised, and interventions were crafted accordingly. Outcomes will be evaluated and disseminated to stakeholders and via publication.

CONCLUSIONS

Burnout poses many risks to nurses' mental and physical wellbeing and leads many to leave the profession altogether. Mindfulness has an empirically positive impact on stress, and this has been shown to reduce burnout in the nursing population. Introducing the endoscopy nurses of LDS Hospital to an 8-week mindfulness program is likely to:

- Decrease prevalence of stress
- Reduce the likelihood of anxiety and depression
- Improve rates of burnout

REFERENCES

1. Duarte J, Pinto-Gouveia J. Effectiveness of a mindfulness-based intervention on oncology nurses' burnout and compassion fatigue symptoms: a non-randomized study. *International journal of nursing studies*. 2016;64:98-107. <https://doi.org/10.1016/j.ijnurstu.2016.10.002>
2. Cañadas-De la Fuente GA, Vargas C, San Luis C, et al. Risk factors and prevalence of burnout syndrome in the nursing profession. *International journal of nursing studies*. 2015; 52(1): 240-249. <https://doi.org/10.1016/j.ijnurstu.2014.07.001>
3. Dyrbye LN, Shanafelt TD, Sinsky CA, et al. Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. *NAM perspectives*. 2017. https://iuhcpe.org/file_manager/1501524077-Burnout-Among-Health-Care-Professionals-A-Call-to-Explore-and-Address-This-Underrecognized-Threat.pdf
4. Xie C, Zeng Y, Lv Y, et al. Educational intervention versus mindfulness-based intervention for ICU nurses with occupational burnout: A parallel, controlled trial. *Complementary Therapies in Medicine*. 2020; 52: 102485. <https://doi.org/10.1016/j.ctim.2020.102485>
5. Privitera MR. Addressing human factors in burnout and the delivery of healthcare: quality & safety imperative of the quadruple aim. *Health*. 2018; 10(5): 629-644. doi: 10.4236/health.2018.105049
6. Dang D, Rohde J, & Sufliata J. Johns Hopkins nursing professional practice model: Strategies to advance nursing excellence. Indianapolis, IN: *Sigma Theta Tau International*. 2017 <https://web-b-ebshost-com.hal.weber.edu/ehost/ebookviewer/ebook/ZTAYNXhuYV9FTUwNTE5M9fQU41?sid=8ceef53c-9151-4c34-be61-f1a3513ac1c5@pd-c-v-sessmgr06&vid=0&format=EB&rid=1>
7. Creswell JD. Mindfulness interventions. *Annual review of psychology*. 2017; 68: 491-516. <https://doi.org/10.1146/annurev-psych-042716-051139>