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Los Angeles

Utilizing Meditation to Decrease Nurse Leader Stress and Burnout

A dissertation submitted in partial satisfaction of the
requirements for the degree
Doctor of Nursing Practice

by

Rabya Choudhry Khalid

2021

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ABSTRACT OF THE DISSERTATION

Utilizing Meditation to Decrease Nurse Leader Stress and Burnout

by

Rabya Choudhry Khalid

Doctor of Nursing Practice

University of California, Los Angeles

Professor Eufemia Jacob, Co-Chair

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Background: It is estimated that 30% of nursing leaders leave their position due to burnout and being overwhelmed with the demands of their roles. Sixty percent of healthcare workers report feeling stress ‘most of the time.’ Meditation has been shown to be a successful way to handle stress. The objective of this quality improvement (QI) project was to explore the effect of a meditation practice on stress levels of nursing leaders. **Objectives:** The purpose of this QI project was to examine the impact of meditation on the stress levels, and burnout in nursing leaders. **Methods:** This quasi-experimental study will be done with nursing leaders (i.e., nurse managers, and above) within a 400-bed single public academic medical center, located in

Southern California. The mindfulness intervention will consist of an introduction to mindfulness and the UCLA Mindfulness Application (app), a daily meditation using the app. Stress and burnout amongst participants will be measured at baseline using the Perceived Stress Scale (PSS) and the Professional Quality of Life (ProQOL) Scale, and again six weeks following the intervention. Statistical analyses will include descriptive statistics, and t-tests for independent means, and the Mann-Whitney tests to assess for differences in stress between the two time points. **Results:** The results were not significant at the $p < .05$ level using either the t test or the Mann-Whitney test. However, due to the exploratory nature of the study, Spearman correlations (r_s) were included as a measure of the strength of the relationship between the outcome variable and the group as well as to suggest possible avenues for future research given a larger sample. Moderate strength correlations were found between stress level with group ($r_s = .37$) as well as for secondary traumatic stress with group ($r_s = .32$). For both these comparisons, posttest scores were lower than pretest scores. **Conclusion:** Meditation is a powerful tool which can help to decrease nurse leader stress and burnout, if practiced on a regular basis.

The dissertation of Rabya Khalid is approved.

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2021

This dissertation is dedicated to my family. Thank you for always supporting me wholeheartedly in all of my endeavors. I strive to make you guys proud and am where I am today because of your love and support.

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CHAPTER ONE: INTRODUCTION

Healthy nursing leadership is vital for patients, staff, and hospital organizations. Administrative positions involve a wide range of demands that subsequently are placed on the nurse leader: budgets, staffing, productivity, patient outcome metrics, and managing work environments including the personal needs of staff (Bowers & Goodyear, 2019). The pressure to meet these demands has been shown to be overwhelming, as leaders are continuously trying to manage the needs of their workplace while also trying to balance a personal life (Harms et al., 2017). The constant attempt to manage the various demands leads to a continuum of stress for nursing leaders (Harms et al., 2017). Stress in this context relates to any negative physiological or psychological responses to perceived threats experienced by the individual, and in which the individual exhausts all resources to bring about resolution (Harms et al., 2017). As stated by Pipe et al. (2009), stress is capable of having an effect at the cellular level in the body, which negatively impacts immune function, and the overall well-being of an individual. Increased amounts of stress contribute to high rates of burnout, staff and leader turnover, and decreased satisfaction amongst nursing leaders (Kelly et al., 2019). Burnout and decreased satisfaction with positions in nursing leadership consequently leads to high turnover rates, becoming costly to institutions (Labrague et al., 2018). It is estimated that 30% of nursing leaders leave their positions due to burnout and feeling overwhelmed with the demands of work (Kelly et al., 2019). Lomas et al. (2017) state that 60% of healthcare workers report feelings of stress most of the time, further validating the need for an effective way of managing stress levels.

Meditation is a practice that has been shown to reduce stress levels (Lomas et al., 2017). Meditation describes a broad range of techniques. Components that are common to most of these techniques include sitting calmly for a period of several minutes, paying attention to some aspect

in the present (breathing for example), and observing one's own thoughts without judgement (Guardino et al., 2013). Mindfulness is one term applied to a subset of non-spiritual meditation practices, and mindfulness research is commonly studied in the health context. Mindfulness meditation has been found to correlate with positive emotions, higher value of self, better psychological health, reduced stress, and overall well-being of the individual (Lomas et al., 2017). Practices such as meditation can be used to reduce stress levels and burnout for nursing leaders (Pipe et al., 2009).

Problem Statement

It is estimated that 25% of nurse leaders who are hired into an organization either leave their position or transfer to another role within or after their first year, due to burnout. It is explained by Kelly et al. (2019) that because of experiencing high stress levels and burnout in the nurse leader population, there is a resultant decrease in job satisfaction and a higher intent to leave. Turnover is costly to institutions contributing to a growing concern among organizational leaders (Kelly et al., 2019). There is an exploration by these institutions to identify different mechanisms in order to decrease administrative burnout, thereby, increasing retention rates. It is estimated that about 72% of nurse managers verbalize an intent to leave their current position in the next five years, with burnout being the leading cause (Warshawsky & Havens, 2014). Furthermore, it is predicted that psychological empowerment can help increase job satisfaction, and hence have an influence on whether or not a leader leaves their current position (Warshawsky & Havens, 2014). Meditation is shown to empower individuals psychologically, as well as emotionally, and therefore can be utilized as a tool to decrease stress and burnout (Pipe et al., 2009).

The DNP essentials are imperative to draw upon in order to carry out this evidence-based quality improvement (QI) project. Organizational and Systems Leadership for Quality Improvement and Systems Thinking, DNP essential II, is most applicable to this QI project. Essential II places an emphasis on identifying a systems issue, developing and implementing a change based on scientific and evidence-based knowledge, leading a quality improvement initiative to change practice, and continuous monitoring for effectiveness (*DNP Essentials*, n.d.). In order to lead an efficient QI project, interdisciplinary practice is essential for collaboration, implementation, and utilization of available resources. Interdisciplinary practice requires the DNP leader to be creative and involve other expertise in order to gain different perspectives, leading to a well-rounded solution.

PICOT Question

The PICOT question that was explored in this project is as follows: In a population of nurse leaders (P), do those who meditate daily (I) compared to those who do not (C) show lower stress levels (O), after a six-week period (T)? The significance of this project was to bring awareness to the impact of a daily meditation practice on the stress levels of nursing leaders.

CHAPTER TWO: THEORETICAL FRAMEWORK

Jean Watson's Caring Science Theory was utilized as the conceptual framework for this DNP evidence-based project. The foundations of Caring Science Theory are philosophical, moral, spiritual, and ethical values. The construct of Transpersonal Caring underlies this theory and is defined as looking directly at the soul level of another individual with authenticity and wholeness, thus, looking directly at their spirit in the present moment (Sitzman, 2013). Furthermore, it is explained by Watson (2020) that within the profession of nursing, the heart lies in taking care of others through love, kindness, and compassion, which also necessitates taking

care of one's own self in order to heal from the day-to-day stresses. If an individual is carrying out the acts of caring and love towards others, then the same acts must be exhibited internally towards oneself (Sitzman, 2013).

The 10 Caritas processes, established by Jean Watson, are a core aspect of the Caring Science Theory. These are seen to be the structural aspects that make up the core of Caring Science theory. These processes were founded to counteract the medical model that places a focus on only pursuing cures, rather than caring for the whole human being, including the mental, spiritual, and emotional needs (Watson, 2007). The Caritas processes embody principles such as love, kindness, compassion, caring for oneself, nurturance, forgiveness, openness, and balance (Watson, 2020). These processes highlight the importance of the nursing model and facilitate healing, honoring the whole being, and fostering forgiveness of oneself and others (Watson, 2008). Furthermore, nurturing of one's own self is embedded throughout the Caritas processes, making the theory applicable to this evidence-based QI project.

Caring Science theory emphasizes a focus on the art of promoting healing not only for the patient, but also for the individual itself (Watson, 2008, p. 17). Watson (2008) describes that within the Caritas processes, there is an emphasis on the nurse being the healing environment for her own self (p. 34), and by doing so, there is attention placed on achieving inner peace despite the external circumstances (p. 17). Nurses have to treat themselves with love, kindness, compassion, and grace, creating the mental strength to handle the outside stressors (Watson, 2008, p. 41). Through utilizing a daily meditation practice, the concepts of love and kindness can positively influence the administrators' ability to work more effectively, lessening the impact of stress. Nurse leaders will become proponents of bringing forth love, nurturing, and humanity into daily interactions.

CHAPTER THREE: REVIEW OF LITERATURE

The term mindfulness is an umbrella term that encompasses meditation as a practice within it. Meditation is the state in which attention is paid to the present moment, without judgement, training the self to regulate attention and awareness (Lomas et al., 2017). Furthermore, meditation involves being opened to letting thoughts pass by (Lomas et al., 2017). Guardina et al. (2013) state that a meditation practice can aid in relaxation by training an individual to not get entangled in emotional reactions, but rather be observant as unpleasant emotions and thoughts pass by in the mind.

The term stress is defined by Harms et al. (2017) to show the negative physical and psychological responses in the body resulting from increased demands placed on the individual. Although some forms of stress can be beneficial to an individual's cognition, prolonged exposure to unmanaged stress can lead to an impaired immune function, degenerative changes in the brain structure, cellular aging, and impairment of cognitive skills such as memory and attention (Harms et al., 2017). Stress within the workplace can take on two forms: job-related and interpersonal. Job-related stress results from the nature of the role, having a heavy workload, and the actual working conditions (Harms et al., 2017). Harms et al. (2017) go on to explain that interpersonal stress occurs when there is a conflict with others, or there is a feeling of meeting unrealistic demands of others. Being exposed to continuous stress over a long period of time ultimately leads to burnout (Guardino et al., 2013). The symptoms of burnout include being overwhelmed by one's work, disengagement from the workplace and job role, and decreased productivity (Harms et al., 2017). Furthermore, stress eventually leads to decreased job satisfaction and performance, thus, causing burnout and high turnover (Harms et al., 2017).

Unmanaged stress has negative consequences on the nurse leader, as well as the those in the surrounding environment. Harms et al., (2017) explain that high stress levels over a long period of time cause a decrease in the cognitive and decision-making capability of the leader, causing an inability to make objective judgements. There is an increased tendency to make bad decisions that are self-focused, along with displaying aggressive behaviors, abusive leadership, and an inability to handle crisis (Harms et al., 2017). Over a period of time, stress has the capability of creating a negative work culture, being led by a leader who is being drained mentally, physically, and emotionally (Harms et al., 2017).

In a systematic review done by Lomas et al. (2017), 81 studies were explored in order to review the effects of mindfulness, specifically meditation, on the well-being of healthcare professionals. Links between meditation interventions and its effects on areas of awareness, anxiety, burnout, depression, stress, and other well-being outcomes were explored. Overall, the mindfulness-based interventions had a positive effect on all areas of well-being, especially stress and anxiety. This systematic review is significant since Lomas et al. (2017) highlight inverse correlations between the utilization of a meditation practice and reduction in anxiety and stress levels amongst healthcare professionals. Other areas such as anger, quality of well-being in relationships, resilience, and emotional intelligence also showed improvements, further validating that enhancement in work outcomes of job satisfaction and performance can occur in relation to these constructs (Lomas et al., 2017).

In an experimental study using a two-group design, Yong et al. (2010) examined the effects of a 5-week spirituality training program on charge nurses and unit managers, using a 90-minute group education per week. Yong et al., (2010) defined meditation as a form of spiritual practice. The control group received no informational sessions. Outcomes were measured

through five realms that have established validity and reliability, such as: spiritual well-being, spiritual integrity, burnout, leadership practice, and job satisfaction. Descriptive data analysis was done to define the characteristics of the participants, along with the *t* test and chi-square to designate background variation. Cronbach's alpha was used to determine the reliability of instruments used. Analysis of covariance, along with *t* tests were used to show differences in the three variables of spiritual well-being, integrity, and burnout, along with the effects of the program in the experimental and control group (Yong et al., 2010). Participants in the experimental group showed higher levels of spiritual well-being, integrity, and leadership practice along with decreased levels of burnout (Yong et al., 2010). This study highlighted the fact that a spiritual practice, such as meditation, aids in creating a healing environment internally and externally, promoting effective leadership styles, and decreasing nurse leader burnout (Yong et al., 2010).

Foureur et al. (2013) conducted a randomized control pilot study with a pre and post-test design in order to examine the effectiveness of a mindfulness-based stress reduction program (MBSR) on the mental health of nurses and midwives. Twenty midwives and 20 nurses were recruited via convenience sampling to take part in a one-day workshop that taught mindfulness-based stress reduction, along with receiving a pre-recorded CD that included a 20-minute meditation they were encouraged to participate in daily, over an eight-week period (Foureur et al., 2013). The tools used were the General Health Questionnaire (GHQ-12), the Sense of Coherence (SOC)-orientation to life, and the Depression Anxiety Stress Scale (DASS), in order to measure anxiety, sleep disturbance, stress, and health maintenance (Foureur et al., 2013). The SPSS system was used to analyze the quantitative data, along with the Wilcoxon signed-ranked tests to compare the pre- and post-intervention scores (Foureur et al., 2013). Results

demonstrated a positive improvement in overall general health and quality of life, and decreased stress levels of the participants after utilizing the MBSR program (Foureur et al., 2013). This study highlighted that by practicing a mindfulness intervention over a period of time, stress reduction can be accomplished along with a better quality of life (Foureur et al., 2013).

Dyess et al. (2017) conducted a pilot study using a repeated measures intervention with pre and posttest design, and mixed methods that included both qualitative and quantitative test results, to examine the impact of a meditation practice on the stress levels of nurse leaders. After a 2-hour instructional workshop, twenty-two nurse leaders were instructed to meditate daily. The instruments utilized included the Perceived Stress Scale (PSS) to measure the perception of stress, the Locus of Control Scale (LCS) to measure the focus of control, and the Rosenberg Self Esteem Scale to measure self-worth (Dyess et al., 2017). These survey tools were given out at baseline, 6 weeks, and then at 12 weeks. SPSS and the ANOVA test were used to measure any changes within the three measures. Focus groups were also conducted post-intervention in order to collect the qualitative findings. A decrease was seen in stress levels amongst nursing leaders after utilizing a daily meditation practice over a 12-week period (Dyess et al., 2017). Qualitative findings reflected themes including the existence of extreme stress in nurse leaders with increased workloads, but by incorporating a self-routine such as meditation into their daily life, a reduction in stress was achieved (Dyess et al., 2017).

Pipe et al. (2009) conducted a longitudinal randomized control pilot study, using a pre and posttest design, over the course of four weeks to examine the effects of a condensed version of the mindfulness-based stress reduction (MBSR) program on stress, depression, anxiety, and caring efficacy. Thirty-three nurse leaders were randomly assigned to the experimental and control group. The experimental group received MBSR tools in a two-hour workshop over the

span of five weeks and committed to practicing mindfulness 30 minutes a day. Tools used were the Symptom Checklist 90-Revised (SCL-90-R), Positive Symptom Distress Index (PSDI), and the Caring Efficacy Scale (Pipe et al., 2009). There was a statistically significant reduction in stress, anxiety, and depression levels post-intervention (Pipe et al., 2009). The intervention was so successful in the experimental group that the control group was removed at 4 weeks into the study and the same treatment was given to those participants as well.

Kelly et al. (2019) carried out a mixed methods study with qualitative and quantitative data to explore burnout, stress, and compassion satisfaction in multiple levels of nursing leadership. The Professional Quality of Life (ProQOL) was used to measure burnout, stress, and compassion satisfaction. Six hundred seventy-two nurse leaders, across 29 hospitals were sent out an electronic survey with three parts to evaluate demographics, results of the ProQOL, and questions regarding work satisfaction (Kelly et al., 2019). A phone interview was also scheduled with nurse leaders for the qualitative portion of the study, to inquire about organizational satisfaction, satisfaction with work, satisfaction with their work life balance, and recognition. The results showed that the overall job satisfaction increased with each level of nursing leadership, with directors demonstrating the least amount of burnout and stress, proposed to be due to the possibility of skill-attainment by the experience of being in leadership over an extended period of time (Kelly et al., 2019). Clinical nurse managers showed the highest levels of stress and burnout with those having the least amount of experience being higher than others (Kelly et al., 2019). It was demonstrated that the role of managing individuals was associated with emotional drain leading to compassion fatigue, and that a work-life balance was crucial to effective leadership (Kelly et al., 2019).

Synthesis of Literature Review

Research elaborates on the significance of stress for nurses in leadership positions, supporting the advantage of using a meditation practice in order to decrease stress in leaders. Lomas et al. (2017) define the meaning of meditation as a practice in which close attention is paid to the present moment without judgement of the unfolding of experience. This is done through various methods, but as stated by Lomas et al. (2017) the most common is to concentrate on one's own breathing. Studies led by Pipe et al. (2009), Yong et al. (2010), Foureur et al. (2013), and Dyess et al. (2017) all utilized a form of meditation in order to investigate its effect on stress levels.

It is important to highlight the existence of stress in leadership positions as shown in the literature (Dyess et al., 2017; Harms et al., (2017); Kelly et al., 2019; Pipe et al., 2009). Stress has been shown to have negative physical responses in the body resulting from increased demands placed on the individual (Harms et al., 2017) and that being constantly exposed to an environment of stress ultimately leads to burnout (Kelly et al., 2019). Burnout is defined as a response to chronic emotional, and interpersonal stressors that results in hopelessness and indifferences (Harms et al., 2017; Kelly et al., 2019). Further extrapolated by Harms et al. (2017), burnout causes extreme overwhelm to the point that the individual is no longer able to cope with work, personal, or emotional demands. Too much stress can be detrimental to an individual since it can have massive physical and psychological consequences, such as anxiety, depression, high blood pressure, and stroke (Harms et al., 2017). Hence, continuous exposure to stress is linked to burnout in leaders contributing to decreased job satisfaction and increased turnover rates (Harms et al., 2017; Kelly et al., 2019). Pipe et al. (2009) elaborate that in terms of the nursing profession, stress has a huge impact on personal and organizational performance,

interpersonal communication, nurse retention, and recruitment. Furthermore, supported by Lomas et al. (2017), nurse leaders are affected by stress because it negatively impacts performance, inhibits communication skills, decreases memory retention, and impairs decision making abilities.

The systematic review by Lomas et al. (2017) links meditative practices to reducing the stress levels of nursing leaders. This point is further made by the argument that nurse leader stress can be positively influenced by holding a meditation practice for a period of time (Dyess et al., 2017; Foureur et al., 2013; Pipe et al., 2009; Yong et al., 2010).

Research by Pipe et al. (2009) demonstrates that meditation specifically helps to decrease stress while Kelly et al. (2019) also highlight work life balance, compassion satisfaction, as well as overall satisfaction with work as important factors for decreasing stress. Foureur et al. (2013) showed a correlation between mindfulness and cognition, emotions, and behavior, and also highlighted that resilience is built in nurses who apply a daily meditation in high stress environments. Although Dyess et al. (2017) correlated a positive effect of a daily self-care routine in relation to decreasing stress levels of nursing leaders, there remains a gap in demonstrating a correlation between a daily meditation practice, specifically, and the effect on nurse leader stress.

CHAPTER FOUR: METHODS

Project Design

This was a quasi-experimental one-group pretest-posttest design taking place over a 6-week period. The independent variable was meditation practice, and the dependent variables were stress levels, and burnout of nursing leaders. The dependent variables of stress and burnout were examined prior to the implementation of the project via pretest and after self-governed

meditation practice via posttest. Prior to the implementation date, detailed instructions were sent out via email to participants that included directions on how to complete the demographic data survey, along with the pre-tests (Appendix E). Along with Appendix E, instructions were sent to participants explaining how to download the UCLA Mindful app for iPhone and Android phones (Appendix F and G). For validity purposes, if a nurse leader had a prior established practice of meditation, they were excluded from the project.

There was also a qualitative portion to the project design in order to investigate if nurse leaders felt this practice was beneficial versus viewing it as another task they had to complete in their day-to-day lives (Appendix B). 3 questions were asked in this portion, in order to elicit if the participants found this to be beneficial, how often they practiced the meditation, and if they found ease of usage with the UCLA mindfulness app. After the six-week time period, instructions were sent out to participants via email as a prompt to complete the post-surveys for the PSS and ProQOL (Appendix I).

Since this was a QI project, the need for an institutional review board (IRB) was not warranted. There was no identifying or extraction of data taking place that would have necessitated the approval since there was no risk of harm to human subjects. However, in order to proceed with publication of this QI project, an expedited review was requested to receive an exemption, and was granted.

Sample and Setting

Nurse leaders were recruited within a 400-bed single public academic medical center, located in Southern California, through the process of convenience sampling. Sampling of nursing leaders included those at the manager level and above, as well as house supervisors, since they are also seen to be leaders in the clinical setting. A total of 12 nurse leaders

participated. One of the 12 participants met the exclusion criteria. Table 1 displays the frequency counts for this sample of Nurse leaders. Amongst the 11 respondents, there were more females (72.7%) than males (27.3%). Most (81.8%) were over 45 years old. Seventy-three percent of the sample had master's degrees. All but one (90.9%) were married or lived with a domestic partner. Years of nursing experienced ranged from 10 to 19 years (27.3%) to 30 to 39 years (45.4%) with the median level of experience being $Mdn = 24.50$ years. Most common institutional role was unit manager (45.5%). Leadership experience ranged from less than five years (18.2%) to over 20 years (9.1%) with the median years of leadership experience being $Mdn = 7.50$ years (see Table 1).

Leadership meetings and calls were utilized in order to recruit the sample for this project. Project proposal was presented in detail at several meetings prior to the expected implementation date in order to recruit nurse leaders. Colleagues were encouraged to participate for the benefit of the DNP project, advancement of nursing knowledge, and in alignment with the organizational goals to support furthering of nursing education.

Demographic data on this sample was collected through an email survey using the program Qualtrics, which was sent out to the participants prior to implementation (Appendix A). Through this survey, participants were asked to provide information regarding their age, gender, ethnicity, role, highest level of education, years as a nurse, and years as a nursing leader. Participants were also asked whether or not they had a current meditation practice. This question was used to establish exclusion criteria.

Instrument

The Perceived Stress Scale (PSS) was utilized for assessment of stress in nursing leaders (Appendix C). This tool was developed by Cohen and colleagues in 1983, to measure the degree

to which an individual perceives a certain situation to be stressful (Wang et al., 2011). The PSS is proven to be reliable and valid having been tested in different clinical settings and cultures; and is translated into multiple languages (Wang et al., 2011). The PSS is a 10-item Likert scale, with scores ranging from 0 to 4, where 0 equates to never and a 4 means very often (Maroufizadeh et al., 2018). The higher scores resulting from the PSS equate to increased amounts of stress (Cohen et al., 1983).

In terms of generalizability, the PSS was designed to be understood by those with a junior-high school level of education, and the questions are applicable to the general population rather than subgroups (Cohen et al., 1983; Maroufizadeh et al., 2018). It is important to highlight that the PSS specifically asks about the events within the past month, rather than a longer period of time. This is imperative because it highlights the respondent still feeling some level of stress to a particular event when answering the survey, making the results objective to that specific stress causing factor (Cohen et al., 1983). Another factor to note is that the PSS is predictive of stress levels for four to twelve weeks after administration (Cohen et al., 1983), which would be feasible in this project since the duration would be within that time frame.

The Professional Quality of Life measure (ProQOL) was the second tool that was utilized in this QI project (Appendix D). The ProQOL measure has been found to be instrumental in measuring compassion satisfaction, compassion fatigue, burnout and secondary trauma (*Professional Quality of Life Measure*, n.d.). Stamm (2010) states that this tool was originally called the Compassion Fatigue Self-Test, developed by Charles Figley in the 1980s. In 1988, Beth Hudnall Stamm started working with Charles Figley and added the concept of compassion satisfaction to the measure, changing the name to the Compassion Satisfaction and Fatigue Test (Stamm, 2010). In the 1990s Beth Hudnall completely took over the scale and renamed it to the

Professional Quality of Life Scale (Stamm, 2010). This measure is currently on its 5th version and has been translated into 26 languages (*Professional Quality of Life Measure*, n.d.).

In the context of this measure, compassion satisfaction was defined to be the gratification one gets from being able to do their work well (Stamm, 2010). Compassion fatigue is split into two parts consisting of burnout and the concept of secondary trauma (*Professional Quality of Life Measure*, n.d.). Stamm (2010) describes the term burnout to be one of the negative consequences of compassion fatigue, and as a feeling of hopelessness that leads to difficulties in doing ones job well, or dealing with work. The symptoms of exhaustion, frustration, anger and depression are associated with burnout (Stamm, 2010). Stamm (2010) defines secondary trauma to be a negative feeling that is reflective of the fear of work or a trauma that is associated with work. Symptoms of secondary trauma are described to be sleeping difficulties, avoidance, or obtrusive memories (Stamm, 2010). The ProQOL is a 30-item likert scale that has good construct validity. The measure has been used in over 200 published articles (Stamm, 2010).

Implementation

Through the utilization of the PSS and ProQOL, stress, compassion satisfaction, secondary traumatic stress, and burnout were measured in nursing leaders at baseline, and at completion of the project. During the implementation phase, the UCLA mindfulness app was used in order to help leaders meditate once a day. A tip sheet was sent out to all the participants during the pre-implementation phase in order to explain how the app was to be downloaded, and which introductory videos were to be watched that would provide insight as to what meditation is, how to do it, and what its benefits are (Appendix E). The reason for the usage of this specific app, amongst others, was the need to deliver standardization to the project since the meditations offered are provided by the UCLA Mindful Awareness Research Center (MARC). The MARC

center has taken the initiative in conducting a wide variety of research in the realm of mindfulness and its impact on stress providing valid and reliable stress-reduction meditations (*UCLA Mindful Awareness Research Center, 2020*). The UCLA Mindful app is free to download, easy to use, and provides a wide assortment of meditations, supplying the user with ease of usage, and a variety of selection—including meditations that are of different lengths of time.

The leaders were given the option of practicing a daily meditation at the convenience of their own time. This freedom was given in an attempt to foster adherence to the meditation, as it would allow them to incorporate it into their schedules as willed. Additionally, in order to promote adherence, nursing leaders were sent weekly reminders by the project lead through work email. The participants also kept a calendar, which was provided by project lead, in which they were to keep track of doing the meditation daily (Appendix H). After the 6-week period, results from the PSS and ProQOL were compared in order to analyze whether or not there was a reduction in stress and burnout for participants.

Analysis

Results were analyzed utilizing the SPSS software, and compared using both the *t* test for independent means as well as the Mann-Whitney test. The Mann-Whitney test was included for statistical verification purposes due to the small sample size ($N = 19$). Descriptive statistics were also used in order to investigate the demographic data for participants.

To analyze the qualitative survey data for themes, patterns, and relationships from the two open-ended questions, an outside rater was utilized to code the categories manually and to perform content analysis on the open-ended responses from the eight participants. From the qualitative content analysis, themes materialized for each open-ended question. This ensured

qualitative research methodology was followed throughout the process of data analysis for the two open-ended survey questions. The survey questions are provided in Appendix B.

CHAPTER FIVE: RESULTS

The purpose of this QI project was to examine the impact of a daily meditation practice on stress, and burnout within nurse leaders. A total of 11 nursing leaders participated in this study. The PICOT question that was explored in this project was as follows: In a population of nurse leaders (P), do those who meditate daily (I) compared to those who do not (C) show lower stress levels (O), after a six-week period (T)? The significance of this project was to bring awareness to the impact of a daily meditation practice on the stress levels of nursing leaders.

Table 1 displays the frequency counts for selected variables. Table 2 displays the psychometric characteristics for the four scales. To answer the PICOT question, Table 3 displays the pretest and posttest comparisons using *t* tests for independent means and Mann-Whitney tests.

Table 1: *Frequency Counts for Demographic Variables*

Variable	Category	<i>n</i>	%
Gender	Male	3	27.3
	Female	8	72.7
Age Group	< 35 to 45 years	2	18.2
	> 45 years	9	81.8
Education	Bachelor's degree (BA, BS)	3	27.3
	Master's degree (MA, MS, MEd)	8	72.7
Marital Status	Married, or in a domestic partnership	10	90.9
	Divorced	1	9.1

Current Employment Status	Employed full time	11	100.0
Years of RN Experience ^a	10 to 19 years	3	27.3
	20 to 29 years	3	27.3
	30 to 39 years	5	45.4
	Institutional Role		
	Unit Manager	5	45.5
	Department Director	3	27.3
	House Supervisor	3	27.3
Leadership Experience ^b	< 5 years	2	18.2
	> 5 to 10 years	4	36.4
	11 to 20 years	4	36.4
	> 20 years	1	9.1

Note. $N = 11$.

^a Years of RN experience: $Mdn = 24.50$ years.

^b Years of leadership experience: $Mdn = 7.50$ years.

Table 2: Psychometric Characteristics for the Scale Scores

Scale Score	Items	M	SD	Low	High	α
Compassion Satisfaction	10	40.79	5.73	33.00	50.00	.93
Burnout	10	20.47	6.71	10.00	32.00	.89
Secondary Traumatic Stress	10	20.89	6.32	13.00	37.00	.88
Stress	10	2.41	0.84	1.00	3.70	.95

Table 3: Pretest and Posttest Comparisons for Selected Variables Using t Tests and Mann-Whitney Tests

Mann-

Outcome Variable	Group	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i> Test			Whitney	
					<i>t</i>	<i>p</i>	<i>r_s</i>	<i>z</i>	<i>p</i>
Stress	Pretest	10	2.71	0.73	1.77	.09	.37	1.55	.12
	Posttest	9	2.07	0.85					
Compassion Satisfaction	Pretest	10	39.80	4.78	0.79	.44	.16	0.70	.49
	Posttest	9	41.89	6.75					
Burnout	Pretest	10	21.50	6.52	0.69	.50	.22	0.94	.35
	Posttest	9	19.33	7.12					
Secondary Traumatic Stress	Pretest	10	22.80	7.33	1.42	.17	.32	1.35	.18
	Posttest	9	18.78	4.47					

Note. Pretest and posttest respondents were treated as separate groups and not repeated measurements of the same person.

Note. r_s = Spearman correlation between the outcome variable and the group variable. Used as a measure of the strength of the relationship and effect size.

Descriptive Statistics

Table 1 displays the frequency counts for selected variables. Amongst the 11 respondents, there were more female nurses (72.7%) than male nurses (27.3%). Most (81.8%) were over 45 years old. Seventy-three percent of the sample had master's degrees. All but one (90.9%) were married or lived with a domestic partner. Years of nursing experienced ranged from 10 to 19 years (27.3%) to 30 to 39 years (45.4%) with the median level of experience being $Mdn = 24.50$ years. Most common institutional role was of the unit manager (45.5%). Leadership experience ranged from less than five years (18.2%) to over 20 years (9.1%) with the median years of leadership experience being $Mdn = 7.50$ years (see Table 1).

Table 2 displays the psychometric characteristics for the four scale scores. All Cronbach alpha reliability coefficients were greater than $\alpha = .85$. This suggested that all scales had acceptable levels of internal reliability (Heavey, 2019) (See Table 2).

Table 3 displays the pretest and posttest comparisons for the four outcome variables using both t tests for independent means as well as Mann-Whitney tests. As stated above, the Mann-Whitney test was included for statistical verification purposes due to the small sample size ($N = 19$). Inspection of the table found none of the comparisons to be significant at the $p < .05$ level using either the t test or the Mann-Whitney test.

However, due to the exploratory nature of the study, Spearman correlations (r_s) were included as a measure of the strength of the relationship between the outcome variable and the group as well as to suggest possible avenues for future research given a larger sample. Moderate strength correlations were found between stress level with group ($r_s = .37$), as well as for secondary traumatic stress with group ($r_s = .32$). For both these comparisons, posttest scores were lower than pretest scores (see Table 3).

In summary, this QI project used the responses from 11 nursing leaders to examine the impact of a meditation practice on stress and burnout within nurse leaders. The PICOT question for this study (meditation practice reduces stress) found no findings that were significant at the $p < .05$ level (see Table 3). However, moderate sized effects were noted as declines in the stress score as well as in the secondary traumatic stress score. These findings would suggest possible avenues for future research. In the final chapter, these findings will be compared to the literature, conclusions and implications will be drawn, and a series of recommendations will be suggested.

Qualitative Results

Table 4 displays the frequency counts for selected variables in the study. The participants ($N = 10$) reported using the UCLA mediation app between one (10.0%) and six times (10.0%) per week, with a median of 3 times per week and modes of two (20.0%) and three (20.0%) times per week. The number of minutes meditated each time ranged from 2.5 minutes (10.0%) to 17.5 minutes (10.0%) with a median of 10 minutes and modes of 10 minutes (20.0%) and 12 minutes (20.0%) per week. When asked if they would continue using meditation after the study, nine participants answered affirmatively (90.0%), and one said “Maybe” (10.0%) (see Table 4).

Table 4: *Frequency Counts for Selected Variables*

Variable and category	<i>n</i>	%
How often did you meditate using the UCLA Meditation app during the six-week period? ^a		
1 – 2.5 times per week	4	40.0
3 – 3.5 times per week	3	30.0
4.5 – 6 times per week	3	30.0
How long did you meditate each time? ^b		
2.5 – 7 minutes	3	30.0
7.5 – 11 minutes	4	40.0
12 – 17.5 minutes	3	30.0
Would you continue to use meditation?		
Yes	9	90.0
Maybe	1	10.0

Note. $N = 10$.

^a $Mdn = 3$ times per week. ^b $Mdn = 10$ minutes.

Table 5 displays the frequency counts for the themes identified in the responses for the benefits of meditation using the UCLA meditation app for the six-week period. The most frequently mentioned themes were relax (50.0%), disconnect from daily stress (37.5%), mind reset or refresh (37.5%), and better focus (25.0%). An example of a response for the themes of disconnect from daily stress and relax, was “Being able to relax and take my mind off of everything.” Another example of a response for the themes of relax, mind-body awareness, and lower blood pressure, was “I was a little more relaxed and more aware of how my body felt. My blood pressure was lower after meditating and deep breathing for just a few minutes.” A notable response for the themes of disconnect from daily stress, mind reset or refresh, rests the eyes, and better focus, was “It did force me to stop and focus my mind away from work. Usually, I don't stop work for a break and often work through lunch or eat during a ZOOM mtg. Even this small break was restful for the eyes, mind, and body.”

Table 5: *Frequency Counts for Themes for Benefits of Meditation Using the UCLA Meditation App for the Six-Week Period*

Theme	n	%
Relax	4	50.0
Disconnect from daily stress	3	37.5
Mind reset or refresh	3	37.5
Better focus	2	25.0
No benefit	1	12.5
Helps before bedtime/sleep habits	1	12.5
Mind-body awareness	1	12.5

Theme	<i>n</i>	%
Lower blood pressure	1	12.5
Rests the eyes	1	12.5

Note. *N* = 8.

Table 6 displays the frequency counts for the themes identified in the responses for whether meditating was an added task in daily life as nurse leader. Most of the participants answered affirmatively that mediating was an added task (62.5%), with the rest answering that meditating was not an added task (37.5%). The most frequently mentioned themes were that meditating had great benefits or was worth doing (50.0%), was a daily activity (37.5%), that down-time was needed (25.0%), and feeling busy during work (25.0%). An example of a response for the themes of not an added task, down-time needed, and busy during work, was “I wouldn't say it is an added task. I think my institution needs to allow for down time. You are needed all hours of your shift every week.” Another example of a response for the themes of not an added task, gift to self, and great benefits or worth doing, was “It did not feel like a task; it felt like I was giving myself a gift.” A notable response for the themes of added task, down-time needed, daily activity (to-do list), great benefits or worth doing, and busy during work, was “Yes, it was an added task. I am busy at work, and I am busy in another organization. When I get off work, I feel that I do not have time to do much. However, I think it is important for my health and well-being to incorporate daily meditation. I am learning to add meditation to my daily tasks.”

Table 6: *Frequency Counts for Themes and Responses for Meditating as an Added Task in Daily Life as Nurse Leader*

Theme and response	<i>n</i>	%
Added task	5	62.5
Great benefits or worth doing	4	50.0
Not added task	3	37.5
Daily activity (to-do list)	3	37.5
Down-time needed	2	25.0
Busy during work	2	25.0
Gift to self	1	12.5

Note. *N* = 8.

CHAPTER SIX: DISCUSSION

This QI project will be sustainable in the long-term due to its necessity, ease of usage, and long-term impact on not only the nurse leaders, but also the staff. Even though the test for significance was low, results showed a decrease in nurse leader stress and burnout after doing a daily meditation practice for six weeks, and hence resembled that this is a needed intervention to effectively manage stress. It is also pertinent to note that this exploratory project was done towards the end of a large surge from the COVID-19 pandemic in which this specific institution was greatly affected and hence the nursing leaders may have felt some added stress due to the circumstances. It is also important to note that towards the end of the project implementation, the institution went through a CMS survey, which added an extra layer of stress to the participants.

It is also important to notice that even despite a small sample size, 90% of the participants stated that they would continue to use a daily meditation. This is an imperative statistic that demonstrates that the meditation practice was not only beneficial to these nurse

leaders, but that they also saw and felt the value of incorporating it into their daily schedule beyond this project.

Limitations

Limitations of the project included the inability of subjects to integrate mindfulness practice into hectic schedules. This could have led to misleading results on the PSS. Personal bias or beliefs towards meditation along with a lack of enthusiasm may have also interfered with participation. Previous exposure and experiences of meditation could also have had an influence on the results. The small sample size of leaders can also be considered a determinant in data collection and interpretation of results, as a small sample size of nurse leaders does affect the validity of data. Uncontrollable outside stress in the personal lives of leaders could also have affected the perception of stress, therefore affecting the reporting of stress levels.

In this exploratory project, participants were not linked between their pre- and post-survey results. For future studies, it would be extremely beneficial if data is paired between the pre- and post-surveys for each leader, so the effects on stress levels are explored specifically for each participant. Furthermore, by linking pre- and post-survey data for each participant, the results can be stratified to show the effects on each level of nurse leader, such as nurse managers, and nursing directors. For future research, it would also be beneficial to utilize other tools that measure resiliency, quality of life, and intent to leave, so that a broader visualization of the effects of a daily meditation practice can be demonstrated. It is important to note that during this QI project, participants were not able to do a daily meditation. 30% of the participants stated that they meditated 4.5-6 times a week, and another 30% said that they practiced a meditation 3-3.5 times a week. For future research, it would be beneficial to implement a method that would require participants to meditate daily.

Implications for Practice

Nurse leaders can continue to utilize meditation as a daily practice, while also teaching staff members this tool to lower their stress levels, knowing that it is an effective practice. By having nurse leaders and staff follow a meditation practice, an environment can be fostered where the focus is on kindness, compassion, and mindfulness. By adopting positive work environments, the effects ultimately trickle down to better patient outcomes (Watson, 2008). One of the important results of this QI project were the themes that emerged from nurse leaders stating their realizations as to how important it was to take time out of their day to practice meditation.

CONCLUSION

Effective nursing leadership is shown to be vital within the hospital setting. The various demands placed on this role are apparent and create a substantial amount of stress for the nurse administrator. It has been shown that there are numerous negative consequences of unmanaged stress over a period of time. Furthermore, exposure to chronic stress, that is unmanaged, leads to burnout. There is a need to utilize an effective method to deal with stress, so it does not ultimately result in burnout. Meditation can be employed as a simple and effective method of managing stress for the nurse leader. By using a meditation practice, nurse leaders can proactively manage stress, focus their attention on the workload the position requires, and be an example for colleagues to follow, creating a nurturing environment for themselves and others.

APPENDICES

Appendix A

Demographic Data

Age <35 to 45 years
 > 45 years

Sex Male
 Female

Ethnicity

Caucasian
 African American
 Hispanic
 Other: _____

Role Unit Director
 Unit Manager
 Other, please state: _____

Highest Level of Education

High School
 College (no degree)
 Bachelors (BA/BS)
 MASTERD (MS, MBA, MPH, etc.)
 Doctorate (DNP, PhD, etc.)

RN Experience in years

Experience in Leadership in years

<5
 ≥5 to 10 years
 11 to 20 years
 >20 years

Do you have a current meditation practice?

Yes How often? _____ How long?
 No

Appendix B

Post Survey Questionnaire

- How often did you meditate using the UCLA Meditation app during the six-week period?
- How long did you meditate each time?
- In a few words, what were the benefits of meditation for you, using the UCLA Meditation app during the six-week period?
- What were the benefits of meditation for you, using the UCLA Meditation app during the six-week period?
- Would you continue to use meditation?
_____ Yes _____ No _____ Maybe

Appendix C

PERCEIVED STRESS SCALE

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

Name _____ Date _____

Age _____ Gender (*Circle*): **M** **F** Other _____

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

- | | | | | | |
|----------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly? | 0 | 1 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 3. In the last month, how often have you felt nervous and "stressed"? | 0 | 1 | 2 | 3 | 4 |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems? | 0 | 1 | 2 | 3 | 4 |
| 5. In the last month, how often have you felt that things were going your way? | 0 | 1 | 2 | 3 | 4 |
| 6. In the last month, how often have you found that you could not cope with all the things that you had to do? | 0 | 1 | 2 | 3 | 4 |
| 7. In the last month, how often have you been able to control irritations in your life? | 0 | 1 | 2 | 3 | 4 |
| 8. In the last month, how often have you felt that you were on top of things? | 0 | 1 | 2 | 3 | 4 |
| 9. In the last month, how often have you been angered because of things that were outside of your control? | 0 | 1 | 2 | 3 | 4 |
| 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

Appendix D

Professional Quality of Life Scale (ProQOL)

*Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)*

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
---------	----------	-------------	---------	--------------

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

Appendix E

1. Please take the **Demographic Questionnaire** prior to the start of the project here:

- a. https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_cGbvVtzvtW8XEWO



2. Please complete the **Perceived Stress Survey** prior to the start of the project, here:

- a. https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_b3pyaOmubbzSg3I



3. Please complete the **PROQOL tool** prior to the start of the project:

- a. https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_eJV4Dkb9xk5xn0y



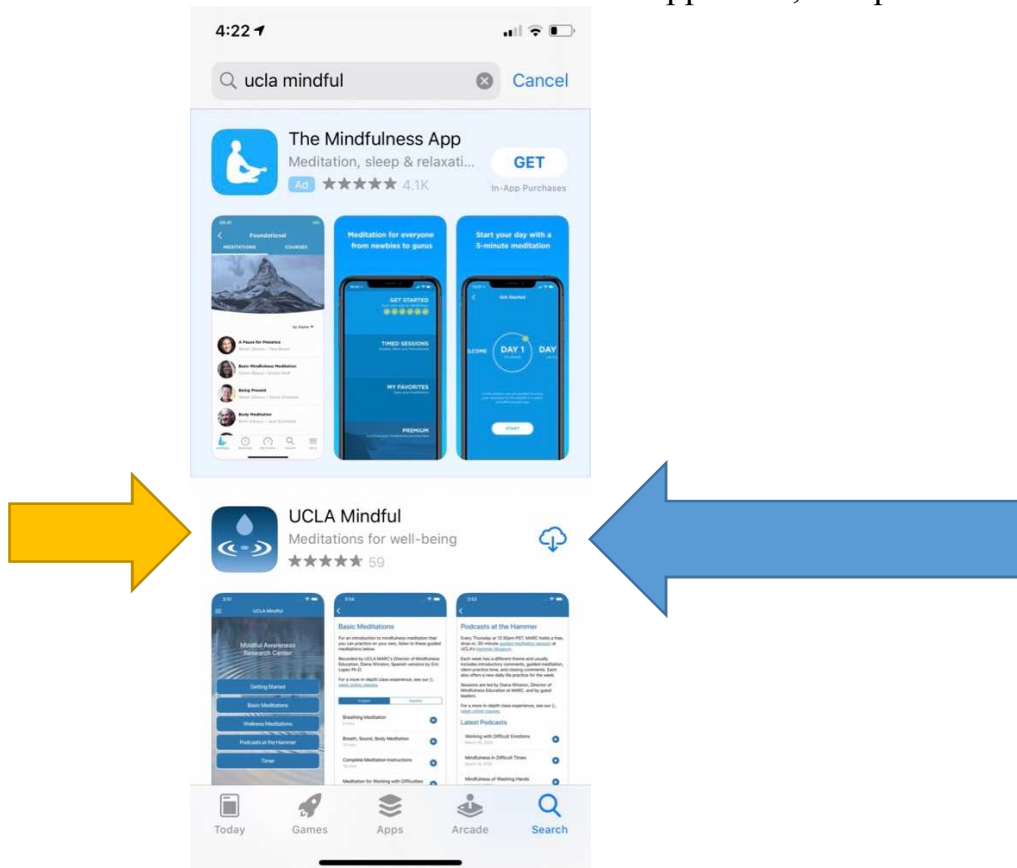
4. **Download** the “UCLA mindful” app. If you need help with downloading, please see attached instructions for android and iPhone users.
5. Please see attached document on how to navigate the app
6. Meditate every day at the convenience of your own time. Please print out the attached March and April calendars, and **check off** each day that you meditate.
7. I will send out **weekly reminders** to ensure that you guys are meditating 😊
8. For any questions or concerns, I can be reached on **my cell phone: 5167375333**. I am more than happy to get in touch with you in order to help!

Appendix F

1. Go to the App Store:

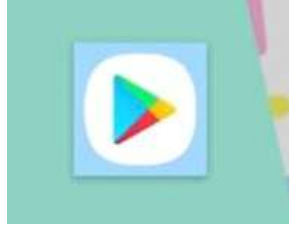


2. Search for “UCLA Mindful” in the App Store, and press download:

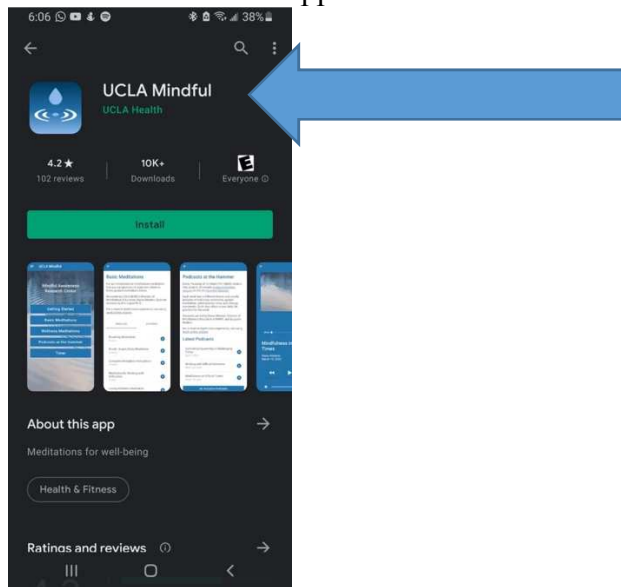


Appendix G

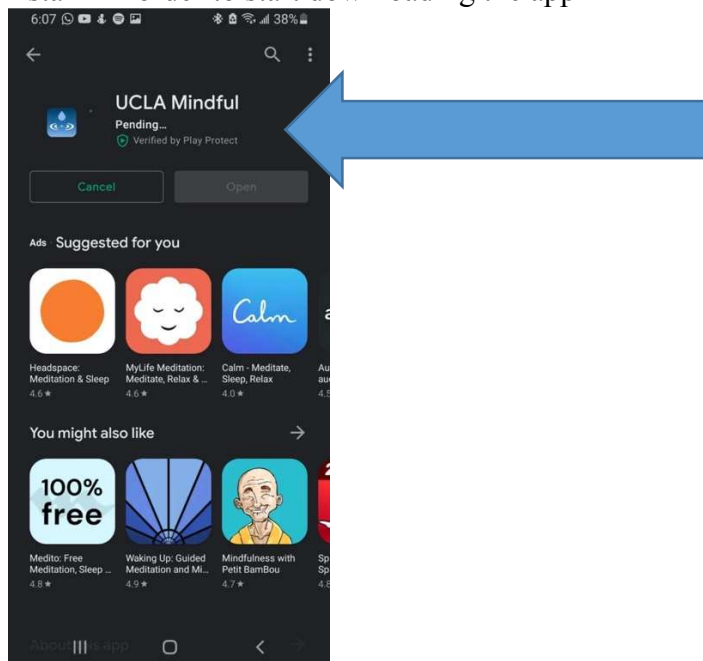
1. Please go to “Play Store.” This is what the icon looks like:



2. Search for “UCLA Mindful” app



3. Press “Install” in order to start downloading the app



Appendix H

March							2021
Title		Subtitle					
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
WEEK 1	Day 1	16	17	18	19	20	
WEEK 2	22	23	24	25	26	27	
WEEK 3	29	30	31				

April

2021

Title

Subtitle

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
WEEK 3				1	2	3
4 WEEK 4	5	6	7	8	9	10
11 WEEK 5	12	13	14	15	16	17
18 WEEK 6	19	20	21	22	23	24
25 LAST DAY	26	27	28	29	30	

Appendix I

1. Please take the **Post Survey Questions**:

https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_bP1hP8fOWxzzFog



2. Please complete the **Perceived Stress Survey** here:

a. https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_cUdlaIoucSrc0my



3. Please complete the **PROQOL tool** here:

a. https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_803aKiuGprQChAq



TABLE OF EVIDENCE

CITATION	PURPOSE	SAMPLE/SETTING	METHODS (Design, Interventions, Measures)	RESULTS	DISCUSSION, INTERPRETATION, LIMITATIONS
<p>Dyess, S. M., Prestia, A. S., Marquit, D. E., & Newman, D. (2017). Self-care for nurse leaders in acute care environment reduces perceived stress: A mixed-methods pilot study merits further investigation. <i>Journal of Holistic Nursing</i>, 36(1), 79-90. https://doi.org/10.1177/0898010116685655</p>	<p>To examine the impact of a simple meditation self-care practice on stress and mindfulness within nurse leaders</p>	<p><u>Sample:</u> 22 nurse leaders, (2 males and 19 females), in a nurse director role</p> <p><u>Setting:</u> Two acute care hospitals of a for-profit health care organization in the United States</p>	<p>Pilot study using a repeated measures intervention, mixed methods (qualitative and quantitative) with a pre and posttest. Data was collected at baseline, 6 weeks, and 12 weeks. A meditation practice was taught to nurse leaders in a 2-hour session before the pretest. Practiced daily meditation.</p> <p>Tools used were the Perceived Stress Scale (PSS), Locus of Control Scale, The Rosenberg Self Esteem Scale, and the Mindful Attention and Awareness Scale (MAAS)</p> <p>For the qualitative part, focus groups were recorded and transcribed, with independent coding of transcripts by two nurse researchers.</p>	<p><u>Quantitative:</u> Within the PSS, there was a significant decrease from the pretest (16.86) to posttest (12.27). No statistically significant changes in the locus of control and mindfulness instruments. There is a large effect size in this study and hence further investigations with larger sample sizes are needed</p> <p><u>Qualitative:</u> Themes of acknowledging stress, thriving on challenges, and incorporating self-care outcomes emerged.</p>	<p>Stress is associated with leadership. Some leaders thrive on challenges. Meditation helped to bring a sense of calm to their lives. Leaders saw meditation as a useful tool to incorporate into professional routine.</p> <p><u>Limitations:</u> Small population size. Small incentive for participation, no tool to measure daily meditation</p> <p>Impact for future studies would be to elaborate on the findings on this study, have a bigger sample size.</p>

<p>Foureur, M., Besley, K., Burton, G., Yu, N., & Crisp, J. (2013). Enhancing the Resilience of Nurses and Midwives: Pilot of A Mindfulness-Based Program for Increased Health, Sense of Coherence and Decreased Depression, Anxiety and Stress. <i>Contemporary Nurse</i>, 45(1), 112-125. doi.org/10.5172/conu.2013.45.1.114</p>	<p>To examine the effects of a mindfulness-based stress reduction intervention on the mental health of nurses and midwives</p>	<p><u>Sample and Setting:</u> 20 midwives and 20 nurses from two metropolitan teaching hospitals in New South Wales, England.</p>	<p>This was a pilot study with a pre and posttest design. Convenience sampling was used to recruit participants. The intervention was a one-day mindfulness-based stress reduction workshop that involved teaching by a psychologist.</p> <p>A CD was recorded by the primary workshop facilitator for daily mindfulness practice sessions of 20 minutes for an 8-week period.</p> <p>Three questionnaires were completed before the workshops and then again at 4-8 weeks after the intervention. The questionnaires were: The short form of the General Health Questionnaire (GHQ-12), The Sense of Coherence (SOC)-Orientation to Life, and the Depression Anxiety Stress Scale (DASS).</p> <p>After the interventions, the participants were also invited to attend a focus group for individual interviews to describe their experience of mindfulness. The interviews averaged 20 minutes. Quantitative data was entered into SPSS and transcribed.</p>	<p>Quantitative results showed a positive relationship for general health, orientation to life, and lower stress levels. There was a difference that was statistically significant on all the survey results in the direction of better health, positive orientation to life, and decreased stress levels.</p> <p>Qualitative results gained from focus groups showed participants feelings more relaxed, calm, and focused on their day-to-day interactions, even in stressful situations. Participants also saw the importance of prioritizing self-care and being able to control their thoughts in order to reduce stress.</p>	<p>The study showed a correlation of mindfulness on cognition, emotions, and behavior. The study supported the development of mindfulness program development. Furthermore, it supported the notion that by practicing mindfulness, resilience is built amongst nurses and midwives in high stress environments. Through focus groups, it was identified that the in-person workshop was highly effective.</p> <p>Limitations involved a small sample size. Future implications for practice include more studies on resilience with focus on overall well-being.</p>
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<p>Kelly, L. A., Lefton, C., Fischer, S. A. (2019). Nurse leader burnout, satisfaction, and work-life balance. 49(9), 404-419. DOI:10.1097/NNA.0000000000000784</p>	<p>To report burnout, secondary traumatic stress, and compassion satisfaction in different hierarchies of nurse leadership, and to explore how these leaders recognize compassion fatigue and promote compassion satisfaction.</p>	<p><u>Sample:</u>1118 RN leaders with titles of clinical managers, senior clinical managers, or directors. For the qualitative part from the two hospitals selected: 16 nurse leaders were selected: 6 clinical managers, 6 senior clinical managers, and 4 directors.</p> <p><u>Setting:</u> Data was collected from 29 hospitals in a single nonprofit health system. 10 of the hospitals are located in rural geographic locations in the Western region</p>	<p>Leaders were sent an email from executive nurse leader to participate. The survey was open for one month, with reminder emails sent out every week. For the qualitative portion, nurse leaders were recruited through leadership meetings. Leaders scheduled a phone interview with coinvestigator. Each interview lasted approximately 30 minutes, where the participant answered scripted questions, with needed follow-up.</p> <p>For the quantitative part: a 3-part electronic survey was used to collect data measuring: demographics, burnout along with secondary traumatic stress and compassion satisfaction, and lastly: 4 questions about work satisfaction. In order to measure nurse leader satisfaction, they were asked 4 questions relating to organizational satisfaction, overall satisfaction, satisfaction with work life balance, recognition, and perceived collaboration in their work. A scale was used to rate where 1 resembled very dissatisfied and 5 meant very satisfied. Analysis was done with emerging themes.</p>	<p>672 leaders participated in the survey. There was no difference between the groups in terms of burnout and secondary traumatic stress, however a post hoc analysis did show a higher rate in compassion satisfaction amongst the director group. Overall satisfaction increased with each level of leadership.</p> <p>Through regression modeling, it was shown that there as higher burnout in nurse leaders with the lowest experience. Furthermore, it was seen that if nurse leaders had higher work life balance and overall satisfaction, they showed significantly less burnout. It was also shown that lower collaboration</p>	<p>Overall satisfaction increased with each level of leadership, perhaps since they are able to manage workload better as a possible reason. Higher burnout in nurse leaders with less experience in leaderships, probably because they are not yet equipped with tools that can help them. Higher overall satisfaction and work-life balance predicted lower burnout. Emotional drain was a common theme associated with managing people, leading to compassion fatigue. Work life balance was crucial to effective leadership. Burnout from work resulted from inability to “turn off” work at the end of the day.</p> <p>Implications for practice include recognizing signs of leader burnout, and for organizations to institute</p>
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		<p>of the United States. 19 hospitals are located in an urban setting.</p>	<p>The ProQOL scale was used to measure burnout, secondary traumatic stress, and compassion satisfaction. The tool has been used multiple times in research related to burnout and hence has been deemed reliable.</p>	<p>predicted higher levels of burnout.</p> <p>The correlations between satisfaction questions and compassion satisfaction ranged from 0.400 to 0.583, and the multicollinearity diagnostics did not show variance inflation values higher than 2.05.</p> <p>Qualitative findings demonstrated that emotional drain was very common and likely to accumulate, leading to compassion fatigue.</p>	<p>joy at work. Future studies can gain more insight into comparing compassion fatigue in nursing and charge nurse in comparison to leadership.</p>
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<p>Pipe, T.B., Bortz, J.J., Dueck, A. (2009). Nurse Leader Mindfulness Meditation Program for Stress Management. <i>Journal of Nursing Administration</i>, 39(3), 130-137. doi:10.1097/NNA.0b013e31819894a0.</p>	<p>To examine the results of a condensed 4-week stress management program for nurse leaders</p>	<p>Sample of 33 nurse leaders from a healthcare system in southwest United States.</p> <p>The sample was recruited through an email that was sent out to leaders in the supervisory position or higher up.</p>	<p>Nursing leaders were randomly assigned to the Mindfulness Meditation Course (MMC) and the control group. Participants completed a baseline rating scale and one at the end of the intervention period. The intervention period was 4 weeks.</p> <p>The course had instructor led and supervised techniques, that required 30 minutes of daily dedicated practice. The course had a total of five 2-hour sessions.</p> <p>The control group had teachings based on advance principles of stress and leadership strategies.</p> <p>The Symptom Checklist 90-Revised was used. The Caring Efficacy Scale was modified in order to reveal the caring behavior of nurse leaders towards their employees. There is a high reliability and validity to the scale proven by expert nurse judges. It has been widely used and translated into many languages.</p> <p>The analysis scores from post-intervention at week 4 were compared to those from the pre-</p>	<p>The hypothesis that the interventions would improve stress, anxiety, and mood was supported by the data collected. The participants with the MMC intervention showed improvements in depression, anxiety, and positive mood, when compared to the control group. In the mmc participants, the mean showed a statistically significant change. Caring efficacy also increased in both groups over the 4 weeks. No statistical difference from baseline in caring efficacy between both groups.</p>	<p>Nurse leaders have a higher-than-average amount of stress than the general population understood. Through mindfulness, the focus is on the perception of stress rather than the existence of stress, thus altering that perception which ultimately decreases the stress. Practices that are self-nurturing will help leaders in the long run to become more resilient and effective.</p> <p>This was a randomized control trial, which gave it more validity.</p> <p>Limitation of the study was the inability to monitor the frequency and duration of the meditative practice, and a small sample size. Implication for future research would be to try a longer meditative program, and for a bigger sample size.</p>
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			intervention using univariate analysis of covariance.		This study was important in the sense that it linked leadership to developing a spiritual practice. The researchers talked about the fact that one of the participants unit went on to win an award for being the kindest unit in the hospital.
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<p>Yong, J., Kim, J., Park, J., Seo, I., Swinton, J. (2011). Effects of a Spirituality Training Program On the Spiritual and Psychosocial Well-Being of Hospital Middle Manager Nurses in Korea. <i>The Journal of Continuing Education in Nursing</i>, 42(6), 280-287. doi: 10.3928/00220124-20101201-04</p>	<p>To examine the effect of a spiritual training program on 4 factors relating to charge RN's and nurse managers (Spiritual well-being, spiritual integrity, leadership practice, job satisfaction, and burnout)</p>	<p>51 female participants that were charge RN's or unit managers</p> <p>Control group: n=24 Experimental group: n=27</p> <p><u>Setting:</u> University-affiliated hospital in Seoul, South Korea.</p>	<p>This was 2 group experimental vs. control design, over a 5-week period, with 90 mins per week of group education. The control group did not get this education.</p> <p>The spirituality program was developed using two books as described in the literature. Each session had a different education topic regarding spirituality (described in the article). Each of the 90 mins session included a 45 min lecture and a than a group discussion.</p> <p>Participants were given a homework assignment after each training session to write in their journal and reflections. They were also given weekly spiritual readings.</p> <p>Results were analyzed in 5 different categories: spiritual well-being, spiritual integrity, burnout, leadership practice, and job satisfaction. Internal consistency reliability was determined for each category through using Cronbach's alpha.</p>	<p>Statistically significant differences were found in 4 variables. When comparing the two groups, the experimental group showed higher scores in spiritual well-being, spiritual integrity, leadership practice, and lower scores in burnout.</p> <p>There was also improvement in leadership that was seen in the experimental group. Nurse manager burnout decreased significantly through the implementation of a spiritual practice.</p>	<p>Although the variable of patient satisfaction was not measured in this study, the patient satisfaction scores also went up for the participants in the experimental group. Thus, emphasizing that having a spiritual practice trickles down to patients.</p> <p>The study found a direct link with having a spiritual practice for leaders and positive effects on the staff as well as the unit.</p> <p>The study was also pretty significant in Korea because it was the first of its type to be done in a hospital setting with this population.</p> <p>One limitation was that the participants were all female. Further research is needed in order to prove the reliability of the spirituality</p>
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			<p>Data was collected at week 1 (pre-intervention) and week 5 (after the intervention). Descriptive data analysis was used to describe the participant's characteristics. The <i>t</i> test and chi-square test were also conducted in order to compare their background and variables. There were proven tools of validity and reliability.</p>		<p>integration tool, as well as to generalize the findings to other populations. There is also a need to develop more instruments in order to measure the realm of "spirituality."</p>
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