



Creative approaches for reducing burnout in medical personnel

Darlene M. Brooks, PhD, MT-BC^{a,*}, Joke Bradt, PhD, MT-BC^a, Lillian Eyre, PhD, MT-BC^b,
Andrea Hunt, MMT, MT-BC^a, Cheryl Dileo, PhD, MT-BC^a

^a Temple University, 2001 North 13th Street, Philadelphia, PA 19122, United States

^b Immaculata University, 1145 King Road, Immaculata, PA 19345, United States

ARTICLE INFO

Keywords:

Burnout
Music and imagery
Mandala
Nursing
Medical personnel
Benefits

ABSTRACT

In today's healthcare environment, there is an urgent need to address job burnout because of its negative impact on medical personnel and consequently, service delivery to patients (Gray-Toft & Anderson, 1981). The purpose of this study was to investigate the effects of music-imagery on self-reported burnout, sense of coherence and job satisfaction in nursing personnel, and to examine the self-reported perceptions of nursing personnel with regards to the music-imagery experiences. Sixty-five medical personnel who had direct patient contact participated in a two-arm randomized controlled mixed-methods trial. Results revealed that there were no statistically significant differences in change scores between the control and experimental groups for self-reported burnout, sense of coherence, and job satisfaction. Qualitative results on the subjects' self-report of the interventions indicated that the music-imagery experience helped them to relax, rejuvenate, and re-focus, enabling them to complete their shifts with renewed energy. Various reasons for the differences between the qualitative and quantitative results were discussed, as well as implications for future research.

© 2010 Elsevier Inc. All rights reserved.

Introduction

One of the grim realities of current health care is the critical shortage of nurses (American Association of Colleges of Nursing, AACN, 2007). Simply put, there are not enough trained nurses to meet current patient needs within the health care system. The AACN (2007) has stated that enrollment in schools of nursing is not growing fast enough to meet the projected demand for nurses over the next 10 years. Not enough persons are entering the nursing profession, and there is an increase in burnout among the nurses who remain in the field (Sadovich, 2005). Coupled with this urgent need to address job burnout for those nurses currently practicing is the relatively high nursing attrition rates that exacerbate this shortage (AACN, 2007).

Increased patient load, extended work hours, emotional needs of patients and families and lack of support are among the causes for the prevalence of job-related stress which leads to burnout in nurses (Sadovich, 2005). There is an urgent need to address job burnout for those nurses currently practicing, as their levels of stress may negatively impact service delivery to those who need it the most (Gray-Toft & Anderson, 1981). There is also a growing concern that high levels of nurse burnout could adversely affect

job performance, quality of care and patient outcomes. In fact, Vahey, Aiken, Slane, Clarke and Vargas (2004) found a significant relationship between levels of nursing burnout and patient satisfaction, i.e., patients cared for by nurses with low levels of burnout reported the highest satisfaction ratings. Similarly, Leiter, Harvie, and Frizzell (1998) found significant positive correlations between nurses' perceptions of the meaningfulness of their work and patient satisfaction, and a positive correlation between levels of exhaustion and nurses' plans to quit with levels of patient dissatisfaction.

Dosani (2003) and Edwards and Burnard (2003) completed separate systematic reviews of more than 70 studies on the topic of stress in mental health nurses and identified the following sources of stress: workload, poor resources, role conflict, job insecurity and client issues. Other studies have examined different factors as they relate to burnout. For example, nurses in some clinical settings (i.e., acute care) have higher burnout rates than their counterparts in accident and emergency settings (Gillespie & Melby, 2003). Also, job satisfaction (Kalliath & Morris, 2002) and sense of coherence (Tselebis, Moulou, & Ilias, 2001) have been found to have both direct and indirect effects on burnout. A study by Aiken, Clarke, Sloane, Sochalski, and Silber (2002) reported that 40% of hospital nurses have burnout levels that exceed the norms for health care workers. Those authors also found that the job dissatisfaction among nurses is four times greater than the average for all US workers.

The symptoms of burnout are individual and vary with each person (NursingLink, 2008). Nevertheless, there are common characteristics which include negative emotions, emotional fatigue,

* Corresponding author.

E-mail addresses: dmbrooks@temple.edu (D.M. Brooks), jbradt@temple.edu (J. Bradt), leyre@immaculata.edu (L. Eyre), andi@andineil.com (A. Hunt), cdileo@temple.edu (C. Dileo).

depression, sense of helplessness, lack of motivation and decreased productivity. In a meta-analysis of the literature, Melchior, Bours, Schmitz, and Wittich (1997) identified three typical risk factors of burnout among nurses: the patient group, the inequity in the exchange process with patients, and the unrealistic expectations of nurses of the patients' potential for rehabilitation. Further, Duquette, Kerousac, Sandhu, and Beaudet (1994) found that the most effective predictors of nursing burnout were: role ambiguity, workload, age, lack of hardiness, active coping and social support. Stechmiller and Yardani (1993) enumerated seven variables found to influence emotional exhaustion and burnout: lack of commitment to career, inability to deal with others at work, lack of job satisfaction, health difficulties, lack of psychological hardiness, work load satisfaction, and job security.

To address this rising problem of burnout in nursing, several creative approaches have been studied with varying results. Politsky (2007) developed a program at the Fox Chase Cancer Center in Philadelphia to address burnout and compassion fatigue. She found that allowing staff the opportunity to verbalize and discuss their feelings was validating for them and also enhanced opportunities for social support through sharing with others. In this program verbalization was complimented by use of relaxation techniques, song, yoga, meditation, affirmations and therapeutic message. McElligott et al. (2003) studied the effects of touch therapy on nurses who were experiencing anxiety. While no statistical significance was found, participants reported decreased anxiety. A study done at the Veterans General Hospital in Taiwan (Sing-ling & Crockett, 1993) examined the effectiveness of relaxation training on the work stress of nurses. The findings indicated that relaxation training decreased the nurses' self-reported work stress and increased their self-reported psychophysiologic health as measured by two scales, the Chinese General Health Questionnaire (CGHQ) and the Nurse Stress Checklist (NSC). The authors concluded that even relatively brief instruction in relaxation techniques may serve to reduce stress levels. Italia, Favara-Scacco, Di Cataldo, and Russo (2008) studied art therapy as a treatment for burnout with staff in an oncology unit. They found a statistically significant decrease in the level of burnout after participation in the art therapy interventions.

Creative experiences involving music have been shown to address physical, cognitive, emotional, social and spiritual needs simultaneously (Dileo & Bradt, 2005). Repar and Patton (2007) conducted an artists-in-medicine study intended to renew the values that attracted nurses to the field. This study included the use of massage, yoga, art, music and writing. Massage with aromatherapy and music for stress reduction in nurses was studied by Cooke, Holzhauser, Jones, Davis, and Finucane (2007). The authors compared stress levels in nurses during the summer and winter seasons. Findings indicated that aromatherapy massage with music significantly reduced anxiety in both seasonal periods.

Pelletier (2004) conducted a meta-analysis on the effect of music on decreasing arousal due to stress. Results indicated that music and music assisted relaxation techniques significantly decreased arousal. Dileo and Bradt (2005) completed a meta-analysis of the research literature on music therapy and stress in non-medical populations. Forty-one studies comparing a music or music therapy experimental condition with a no-music control condition were included. The pooled estimates suggested a medium effect of music interventions on self-reported anxiety, tension, mood, and on Immunoglobulin A, an immune functioning marker. A recent study by Bittman et al. (2004) examined the effects of a six-session recreational music-making protocol on burnout and mood disturbance in nursing students. The focus was on stress reduction and group support through drumming. Statistically significant reductions of multiple burnout and mood dimensions in subjects were found. The authors highlighted the cost-effectiveness of this approach in light of nursing education and hospital costs.

As indicated by the above studies, music may be a viable treatment for burnout and stress. Moreover, music combined with imagery may also have the potential to reduce stress and burnout. A number of authors have supported music as a facilitator for imagery, healing and transformation (Toomey, 1996–97). Summer (1981) found that music and imagery could be effectively used as a means of gaining self-awareness, self-esteem and motivation. McKinney, Antoni, Kumar and Kumar (1995) studied the effects of Guided Imagery and Music (GIM) on depression. Findings indicated that after the intervention, the experimental subjects were significantly less depressed. Several authors found that the imagery stimulated by the music experience was released in creative writing (Keiser, 1979) and in the drawing of mandalas (Bonny & Kellogg, ND, cited in Toomey; Bush, 1992). There remains a need to study other innovations in the treatment of burnout among nursing personnel. Therefore, the purpose of this study was to investigate the effects of a music therapy approach with creative drawings of mandalas on various aspects of burnout in nursing personnel. Specifically, the study aims were to determine the effect of music-guided imagery on self-reported burnout, sense of coherence and job satisfaction in nursing personnel, and to examine the self-reported perceptions of nursing personnel with regards to the music-imagery and drawing experiences. The following null hypotheses were tested:

- (1) There will be no statistically significant difference in self-reported burnout between participants in the music-guided imagery group and participants in the wait-list control group.
- (2) There will be no statistically significant difference in self-reported sense of coherence between participants in the music-guided imagery group and participants in the wait-list control group.
- (3) There will be no statistically significant difference in self-reported job satisfaction between participants in the music-guided imagery group and participants in the wait-list control group.

The qualitative analysis of written journals and creative drawings of mandalas were used to provide information on the participants' self-perceptions of the music-imagery experiences.

Methods

Participants

Sixty-five medical personnel consented to participate in the study. The study was conducted in an urban university-affiliated hospital system. Participants were medical personnel recruited from cancer, cardiac and psychiatric units by flyer, email and word of mouth. Criteria for inclusion were: (1) 18 years of age or older, (2) ability to speak English, (3) responsible for direct patient contact, and (4) absence of hearing deficits.

Design

The study was a two-arm randomized controlled mixed-methods trial with a music-guided imagery group and a wait-list control group. Participants were assigned to the study groups using a table of computer-generated random numbers. Allocation concealment was achieved by the use of serially numbered opaque sealed envelopes. Blinding of participants and staff was not possible with this design and this type of intervention because participants immediately knew if they were assigned to a control or experimental group. The study was approved by the university's Institutional Review Board.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات