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Is Mindfulness and Compassion Training Advisable in Alleviating Professional Burnout Among Physicians? Dilemmas and Possibilities in Healthcare System

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Abstract:

The profession of a physician is a profession of social responsibility, in which medical competence should go hand in hand with non-medical competences. Mental strain, physical fatigue and entanglement in the administrative system can result in chronic stress and contribute to professional burnout, affecting both the well-being of medical staff and the quality of medical care provided. The Author's intention is to promote mindfulness and compassion training that are considered to be protective and promoting the well-being of physicians resources in conditions of exposure to occupational stress.

The analysis was based on 197 documents retrieved from the PubMed/Medline, Science Direct/Scopus databases in years 2008–2017, referring to the impact of mindfulness and compassion training on professional burnout among physicians. Only 21 papers retrieved from the scientific bases met inclusion criteria, referring to the impact of mindfulness and compassion training on professional burnout among physicians.

Increasing concentration, improving memory, reducing the level of stress, anxiety and depression and strengthening kindness attitude are the basis for mindfulness and compassion training, which also supports the ability of unreactive responses to difficult situations, develops communication between the physician and the patient.

Keywords: burnout, mindfulness, compassion, healthcare, physicians.

Main text introduction

One of the many factors affecting human health are the conditions related to the work performed. Working in good conditions is a source of life satisfaction and positively affects the condition of employees. Unfortunately, work in a medical environment is characterized by a high psychological as well as physical load. The profession of a physician is a profession of social responsibility, in which medical competence should go hand in hand with non-medical competences, especially in interpersonal relations with patients. This profession also involves a strong sense of responsibility for the health and life of another person and for relationships with those suffering (Pawelczak & Gaszyński, 2013, pp. 19–26).

Particularly perceptible in the work of physicians – mental strain, physical fatigue and the overwhelming sense of responsibility for another person and entanglement in the administrative system may result in chronic stress, and in case of inability to deal with it, as a consequence contribute to professional burnout, affecting both the well-being medical staff, as well as the quality of medical care provided by a physician (Ilić et al., 2017, pp. 167–178).

Among the epidemiological factors causing stress and burnout in the group of physicians, the following should be taken into account: female sex, a group of residents and young professionals, low self-care, emotional profile and predisposing features (perfectionism, neuroticism, workaholism), difficult relationships with patients and their families as well as medical personnel, difficulty in maintaining a balance between work and personal life, sleep disorders, pressure of constant work and overwork, poor work organization, lack of clinical autonomy, emotional interactions (coping with death and suffering), lack of supervision of work and people responsible for managing the team, lack of qualified staff assisting in the procedures, physical conditions (noise, poor air quality, exposure to harmful substances or radiation), type of facility (city hospital vs. academic), emergency work, working in a large team and excess administrative duties (Lapa et al., 2017, p. 191).

It is justified to adopt a definition of burnout for the medical profession as a loss of strength in professional work, especially work requiring contact with

another person. According to the concepts of Maslach and Jackson (1996, pp. 191–218) and Maslach and Leiter (1997) this means a deterioration in the quality of life under the influence of chronic stress in work-related situations and can be considered a multidimensional syndrome.

The interpersonal requirements arising from the aid relationships causing emotional overload are assumed. Interpersonal contacts are difficult and constitute a significant psychological burden for aid donors (employees of social services, doctors, nurses, police officers, teachers), and the burnout syndrome appearing in these people is associated with the lack of coping skills and insufficient social support. The relations at work, such as a lack of understanding on the part of superiors and administrative bureaucracy, also play a significant role. All these elements additionally cause stress and are the causative factor of burnout, because the adaptation processes to the professional environment break down. This in turn causes malfunctioning at work and a secondary decline in occupational efficiency. A typical symptom of the burnout syndrome is a change of attitude towards the recipient from positive to negative. Then there is depersonalization, which is characterized by a lack of understanding, aversion or indifference towards the recipient. Negative perception of the recipient causes a decrease in the quality of care over him, gradually resulting in a sense of lower and lower personal achievements.

This phenomenon has a negative impact on the attitude of physicians – including on communication with the patient, the level of empathy, as well as their behavior (reduced quality of care and patients).

It should be emphasized that chronic stress related to work, in which the essence is care over other people affects 38% of primary care personnel and is associated with burnout, poor health condition, and worse quality of patient care and their sense of security. This situation reflects the imbalance between the employee and their workplace. It is a symptom of psychosocial disorder with stressful working conditions and inability to properly adapt the employee to chronic stress (Montero-Marin et al., 2015, pp. 1–8).

In this case, the burnout may develop gradually in physicians as the result of using ineffective strategies for coping with stress caused by the desire to protect themselves from interpersonal stress with clients or the organization (Maslach et al., 2001, pp. 397–422).

Individual mechanisms involved in the response to external factors are essential when dealing with the harmful effects of stress. According to Lazarus & Folkman (1984, pp. 18–19) “psychological stress is a determined interaction between the person and the environment, which is assessed by the person as imposing on his resources and threatening his well-being”.

These authors were mainly interested in individual differences in coping with stress. These differences depend on the cognitive assessment of the threat, which is a mechanism that diagnoses, realizes and interprets the event.

Numerous psychophysical troubles related to the specificity of the physician's work require the adoption of diverse coping strategies in difficult situations.

Reactions to these diverse stressful situations are very individual. They depend to a large extent on the adaptability of the system, on emotions and experiences and coping mechanisms. Long-term, significant mental strain and accompanying physical load are associated with the use of the body's immune reserves. Contemporary stress analysis is inextricably linked with the concept of coping, which is understood as human action activated in order to eliminate unpleasant emotional situations.

Coping processes are defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person)" (Lazarus & Folkman, 1984, pp. 18–19).

In this approach, coping is a deliberate effort undertaken as a result of a specific situation, assessed as stressful, and not mechanically occurring adaptive behaviors.

Referring this approach to the medical profession, it should be noted that emotional competence, defined as the ability to express and regulate emotions, plays an important role. The low level of these competences increases the risk of psychosomatic disorders. The deficit of emotional competence in physicians, especially the lack of optimism and dysfunctions of emotional control, significantly limit their capabilities and disorganize the functioning in the professional environment (Kumar, 2016, pp. 1–9).

The theory of coping with stress presented by Hobfoll (2006) consists in gaining, maintaining, protecting and promoting resources. The resources are defined by the author as all the important things for a given person, understood in the material sense as well as in the spiritual sense. In his opinion, effective coping concerns those people who have access to objects (material resources), conditions (health, work), personal characteristics, and energy resources (knowledge).

It seems to be obvious a need that healthcare professionals have to deal with the specific type of stress in the workplace and find adaptation strategies to function while working. It Often involves distancing oneself from the patient, with the intention of providing them with proper help, which can lead to depersonalization as a possible strategy of coping with emotional exhaustion. Everyday work under stressful conditions becomes an obstacle to empathic patient care (Bussing et al., 2017, pp. 1–13).

Mindfulness and compassion as factors protecting and promoting a physician's well-being

In the context of the considered issues of stress, burnout risk and coping of physicians, it is important to note that these concepts indicate the sense of identifying certain personal properties shaped in the development process that determine how a person uses various adaptive resources and how to effectively multiply and improve them.

Recently, in health psychology and prevention, attention has been drawn to the existence of resources that help people effectively confront adversity and/or traumatic experiences.

The promotion of mindfulness and compassion can be helpful in this difficult situation for physicians in response to the observed challenges in the life of both professional and personal doctors.

Mindfulness (Demarzo et al., 2014, pp. 1–8) is a complex phenomenon and can be variously defined and perceived. Perceived as a trait or mental state, is a kind of special attention, characterized by unquestioning kindness, as a technique and a basis for mind training, and finally as the opposite of distraction.

Due to mindfulness, self-awareness increases, the well-being of medical staff improves, and communication between the physician and the patient is improved, based on careful listening and greater efficiency in response to the patient's needs. A careful presence, flexibility, and recognition of one's own patterns and beliefs are absolutely necessary to provide proper care for the patient (Luchterhand et al., 2015, pp. 105–109).

Regular mental exercises based on mindfulness that are specifically addressed to three functional domains: (i) mindfulness-based attention and interception, (ii) socio-affective skills (compassion, dealing with difficult emotions, and prosocial motivation), and (iii) socio-cognitive skills (cognitive perspective-taking on self and others and metacognition) and their impact on brain structure were analyzed by Valk et al. (2017, pp. 1–11).

Attitude of mindfulness results in pro-health changes, because the tendency of the mind to respond to emerging internal and external stimuli that cause and exacerbate stress and emotional tension is reduced. As confirmed by many researchers (Radoń, 2014, pp. 711–735), this ability is characterized by a significant decrease in automatic reactions and an increase in flexibility in responding to situational factors. It is assumed that referring the non-evaluative and accepting attention to the current experience enables deeper self-knowledge and triggers self-regulatory processes of the body, which may result in the reduction

of physical and mental symptoms of stress. As a consequence, attentive people are characterized by better mental health state and general better well-being.

Pflugeisen et al. (2016, pp. 1–4) verified the effectiveness of 8-week mindfulness training, which has proved that the level of emotional exhaustion and intensity of experienced stress decreased significantly, and at the same time the level of personal achievements increased.

According to Verweij et al. (2016, pp. 99–105) mindfulness training significantly reduces the risk of occupational burnout in the group of primary care physicians, which manifests itself in lowering the rate of depersonalization and increasing involvement in work and strengthening mindfulness skills. The examined group showed greater awareness of existing non-adaptive patterns (e.g. perfectionism), assessed well their own well-being and often had a less judgmental and more kind attitude towards themselves and others.

Mindfulness promotes well-being not so much by changing experience but by changing our attitude towards it. It can be concluded that being attentive, reducing reactivity and psychological stress, by enhancing the ability to regulate emotions (Kemper et al., 2015, pp. 496–503) contributes to lowering the risk of burnout.

Emotional competence is promoted as factor significantly affecting the well-being of health professionals, including physicians. These strategies allow to change the interpretation of existing stressors, increase acceptance and attention processes, favoring the development of functional and effective ways of coping with stress, without attempting to change it (Lapa et al., 2017, pp. 191–199).

Mindfulness counters over-identification, reducing excessive fixations on negative thoughts.

Compassion as an attitude that is built on mindfulness is a deep awareness of others' suffering and the wish to alleviate it. "The compassionate caregiver echoes the sufferer's sentiment and shares in the suffering. In sharing in the other's suffering, the caregiver expresses compassion that strengthens and comforts the sufferer" (Raab, 2014, pp. 95–108).

The study findings highlighted the specific character of compassion: giving a symbolic act bridging the caregiver's responsive connection to the suffering other requires self-compassion and the ability to care for oneself.

Ironically, while compassionate ability allows one to notice the pain of others, this ability also is linked to the susceptibility to compassion fatigue.

Compassion fatigue

The concept of compassion fatigue first emerged with the work of Charles Figley (1995, pp. 1–20) who defined it as "the formal caregiver's reduced ca-

capacity or interest in being empathic or ‘bearing the suffering of clients’ and is ‘the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person’ (Figley, 1995, pp. 1–20). It is one form of burnout. Burnout is a condition that is present in many individuals under constant pressure. One of the most affected groups is physicians, as they are frequently overloaded with the demands of caring for sick patients within limited organizational resources.

Compassion fatigue, in general practice refers to ‘being exhausted emotionally’ due to frequent difficult patient encounters, associated with the need for great attention and empathic listening. Compassion stress, that is stress connected with exposure to a sufferer, may then occur.

It is suggested that instead of a complete detachment strategy, physicians need to ‘practice’ an emotional attunement that is practiced with clinical empathy. Being empathic supposes awareness of negative emotions, and requires the physician to practice self-reflection, and to accept negative feedback; these skills are resources against stress and burnout. Therefore, helping health providers to be more empathic will help to protect them from burnout (Zenasni et al., 2012, pp. 346–347).

Gilbert and Choden (2013, pp. 53–55) describes it as “a basic kindness, with a deep awareness of the suffering of oneself and others”. Neff (2003, pp. 85–101) explains that having self-compassion builds resiliency against depression and anxiety, while increasing life satisfaction, optimism, social connectedness, and happiness.

Compassion strategies focus on nurturing feelings of warmth and safety, presence, and interconnectedness (Gilbert & Choden, 2013, pp. 53–55). Loving-kindness meditation, for example, an exercise where one directs compassionate images and thoughts toward oneself and others helps to enhance positive emotions through the cultivation of lovingkindness, while remaining attentive to the present-moment (Raab, 2014, pp. 95–108).

Providing assistance and effective interventions to protect clinicians from the effects of compassion fatigue and burnout is of prime importance (Lown, 2015, pp. 613–614).

Materials and method

Analysis was based on 197 documents retrieved from the PubMed/Medline, Science Direct/Scopus databases in years 2008–2017, referring to the impact of mindfulness and compassion training on professional burnout among physicians. The Scopus/Science Direct database includes 164 items (articles) in the

last 9 years (2008–2017), which contain key words: mindfulness and compassion and physician. The Medline/Pubmed base with the same key words used showed 33 papers.

Papers with full text available were considered to be the part of this review. Papers, which did not meet the following inclusion criteria, were rejected: (a) studies language – English (excluding introduction in this paper); (b) types of study – randomized controlled trials (RCTs), cohort studies, non-experimental studies and descriptive studies; (c) types of participants – physicians of various specialties (d) types of interventions – mindfulness and compassion training in conditions of professional burnout among physicians; (e) publication date: 2008–2017.

Results

Considering inclusion criteria only 21 articles were qualified to be recognized and cited in this review (Figure 1).

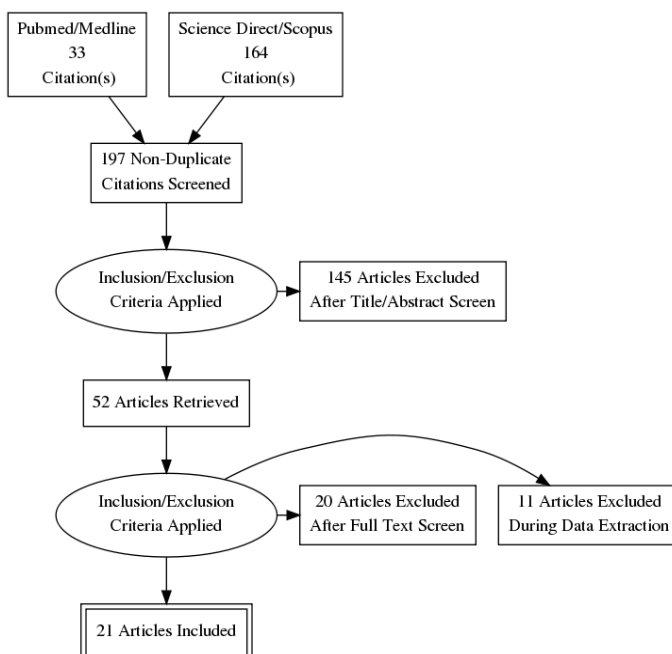


Fig. 1. Flow diagram on literature research results on impact of mindfulness and compassion training in physicians professional burnout area)

Source: Authors' study.

Discussion

In recent years, there has been increasing interest in relationships between awareness and well-being among healthcare workers (Atanes et al., 2015, pp. 1–7). Mindfulness plays a significant role here, which is a protective one. In addition, it shows a positive relationship with well-being and negative with the level of stress.

In recent years, the strategy of emotional regulation based on mindfulness has been recognized as highly effective in reducing stress and burnout in the group of physicians. Stress and burnout can lead to disturbances in the social and professional sphere. The emotional exhaustion of the staff also impairs the quality of patient care. Depersonalization results from the great responsibility for the health and life of the patient, but also from the risk of making medical mistakes. Therefore, to develop appropriate strategies for coping with stress, it is important to be aware of stressful situations. This is the first step in maintaining the “healthy” nature of professional life (Duchemin et al., 2015, pp. 393–399).

Current international research results show how important it is to prevent burnout in a group of clinicians, not only for personal reasons but also because of the repercussions that threaten patients (Lapa et al., 2017, pp. 191–199).

The ability of physicians to cope with difficult situations due to the support of mindfulness was verified by Fortney et al. (2013, pp. 412–420), who showed a significant reduction in the level of burnout, anxiety and depression. At the same time, the level of care as well as the person of physician themselves were much higher and better assessed by patients.

The goal of mindfulness is to become more aware of own processes, listen carefully, be flexible, recognize own judgment and act with compassion and empathy (Good et al., 2016, pp. 114–142).

Compassion is an ethical foundation of healthcare and a widely shared value. While the interrelations between individual motivation and social structure are complex, we can choose to act individually and collectively to remove barriers to the innate compassion that most health professionals bring to their work. This will reduce professional burnout, improve the well-being of the healthcare workforce, and facilitate our efforts to achieve the triple aim of improving patients’ experiences of care and health while lowering costs (Lown, 2015, pp. 613–614).

Mindfulness and compassion interventions are strongly correlated with each other and both are correlated with physical health, global mental health and perceived stress (Kemper et al., 2015, pp. 496–503).

There is a lack of research related to the area of prophylaxis and reduction of occupational burnout among health professionals in Poland, concerning the use of specific interventions such as mindfulness and compassion training.

The problem of occupational burnout itself in the mentioned professional group is examined, but the problem of using individual and social resources in counteracting this phenomenon, how to give help to be effective, is to a small extent recognized. Mindfulness and compassion training seem to be such a proposal. This paper is a preview of authors undertaken ongoing pilot researches in this area, verifying if that kind of intervention would be attractive, acceptable and beneficial for this environment.

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