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## Breaking Burnout: How daily mindfulness can break the cycle of clinician burnout and restore passion within the pediatric treatment environment.

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Breaking Burnout:

How daily mindfulness can break the cycle of clinician burnout and restore passion  
within the pediatric treatment environment.

By

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Child Life: Advanced Standing

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## Abstract

Caregiver burnout is a common condition that impacts clinicians, patients, and institutions, across all healthcare service lines. Caregivers who serve patients and families directly, including Child Life Specialists, have been found to hold a greater risk of burnout, due to the increased stress and potential for vicarious trauma that exists in the daily responsibilities this position demands (Moody, 2014). Clinicians just entering the Child Life profession, as well as those with only a few short years in the field, have been identified as being especially susceptible to experiencing burnout (Kemper).

Despite the common nature of burnout, complex and long-held cultural barriers within the healthcare profession deter many clinicians from seeking support (Lewis-Hatheway, 2018). Yet, some high-reliability healthcare systems have begun to recognize and respond to this need; both for the well-being of their clinicians, as well as for that of their patients and the institution as a whole. Many of these systems have found positive outcomes from the incorporation of mindfulness strategies as a therapeutic intervention to alleviate caregiver burnout and support healing (Gilmartin, Goyal, Hamati, Mann, Saint, & Chopra, 2017, p. 4).

Of the mindfulness interventions provided by healthcare systems to their clinicians currently, most contain additional barriers for use, such as time, complexity of concept, required equipment, and affordability. This investigation proposes a simple alternative mindfulness strategy to support caregivers; one that is available for use immediately and can be engaged with independently during a clinician's workday.

*Keywords:* clinician burnout, mindfulness

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The words “medicine” and “meditation” share the same Latin origin; “mederi,” meaning “to heal” (Hofert & Khan ). It is no wonder then, how mindfulness meditation has begun to blend into the halls of westernized healthcare systems. Utilized first as a patient-centered intervention to promote treatment recovery and diagnostic healing, mindfulness is now beginning to show tremendous benefits as a clinician-focused strategy to ease caregiver burnout (Moody, 2014). With regular use of mindfulness practices, it is anticipated that healthcare system clinicians, including those within the Child Life profession, will experience both personal and professional wellness benefits, and will establish greater resiliency towards their own experience of caregiver burnout (Sekol & Kim, 2014, p. 116).

### **The Basics of Burnout**

In the most recent publication of the ACLP (Association of Child Life Professionals) Bulletin, author and practicing Certified Child Life Specialist M. Dumas, shared research citing burnout as “emotional and physical exhaustion displayed by some human service workers in health care agencies” (2018). An additional article published by the ACLP just a year prior further identifies burnout as a “prolonged response to chronic emotional and interpersonal stressors on the job” (Krog, 2017). Not limited to the scope of the Child Life practice only, caregiver burnout is a condition experienced by many healthcare professionals that can be characterized by feelings of emotional exhaustion, depersonalization, and a pervasive lack of accomplishment (Munn, Barber, & Fritz, 1996, p. 73). Clinicians experiencing caregiver burnout have also reported symptoms such as a diminished sense of personal control and autonomy, as well as an

inability to cope effectively in response to simple daily stressors (Kemper). These symptoms mimic those of persons diagnosed with post traumatic stress syndrome; a significant and at times debilitating mental health condition (Moody, 2014).

But where do these symptoms of caregiver burnout originate? As clinicians move through their day, serving patients, family members, and their interdisciplinary teams, certain job-related stressors present. Due to an evolutionary bias, the human body is formatted to respond to these daily stressors through a rush of adrenaline-fueled actions within the sympathetic nervous system (Broad, 2012, p. 90). For most caregivers, and especially for those experiencing burnout, this cascade of input information between the perceived external stressor, the brain, and the body leads to an innate ‘fight, flight or freeze’ reaction, rather than a conscious, mindful response. In a statement surrounding this type of stress response, the National Institute for the Clinical Application of Behavioral Medicine identifies ‘fight, flight or freeze’ dysregulation as consisting of two states; (1) hyperarousal, when a clinician may feel anxious, angry, out of control, or overwhelmed, and (2) hypoarousal, wherein a clinician may experience symptoms such as feeling emotionally numb and disconnected (Buczynski, 2017).

### **Clinician Risk Factors**

Within the healthcare system, strong, adrenalin-fueled reactions are an often times necessary characteristic of trauma and high patient acuity treatment areas. In these environments, caregivers rely on this innate rush of adrenalin in order to respond quickly and effectively in crisis and to withstand extensive physical demands. Researchers looking into caregiver burnout as an identifiable syndrome among healthcare providers

around the globe, have found the caregiver clinician population to be a “particularly vulnerable group for experiencing burnout” as they are “exposed to high levels of stress while practicing their profession” (Abd EL Latief, Mahfouz, Ewis, & Seedhom, 2018, p. 22). Not only are clinicians routinely exposed to increased amounts of situational stress, but they are also exposed to higher levels of personal and interpersonal suffering, as well as to higher levels of secondary physical and emotional distress from the patients and families they care for (Moody, 2014).

In the book *Real Happiness at Work*, author and leading mindfulness teacher, Sharon Salzberg, highlights research from the John Templeton Foundation, stating that Americans, especially those working long hours and those with little control, are less likely to feel or express gratitude at work than any other place else in their lives (Salzberg, 2014, p. 8). Even for those in the healing professions, this research remains true. In the area of pediatric oncology, a healthcare service line which relies strongly upon the work of Child Life Specialists, research has found that more than 40 percent of actively serving nurses experience high levels of burnout, while 78 percent of physicians experience moderate levels of burnout, and 100 percent of the pediatric oncology multidisciplinary team, including Child Life Specialists, experiences some form of caregiver burnout in their professional practice (Moody, 2014).

While the stressors of direct patient care certainly influence caregiver burnout strongly, other situational and institutional norms contribute as well. Although not the case within all healthcare systems, a certain majority stigma does exist against admitting job-related stress. Rather than the workplace environment allowing for a supportive

expression of caregiver burnout to be acknowledged, healthcare clinicians fear negative consequences from both colleagues and supervisors, should such disclosures be made (Lewis-Hatheway, 2018). In a workplace culture where “business” is glorified through caregivers routinely missing lunch breaks and even bathroom breaks due to high patient demands, and where unexpected extensions of already lengthy work shifts are the norm, clinicians are not only *not* encouraged to speak up about their own needs, but they all too often do not feel fundamentally safe doing so. Added to this healthcare culture where high-action reigns supreme, is an embedded male-dominated hierarchical structure and problem-focused norm, which requires clinicians of all disciplines to “prove their value” through stoicism and intellect, at the expense of authenticity and emotional intelligence (Katz & Johnson, 2006, p. 159). When clinicians are not permitted to express emotion or engage in the daily self-care practices they are entitled to out of fear that these actions would be considered unprofessional, caregivers can quickly become detached and burdened by stress (Salzberg, 2014, p. 122). Furthermore, should a clinician come forward in requesting support for their symptoms of burnout, this expression is likely to be viewed as the individual failing in their own professional responsibility to balance self-care needs effectively, rather than a failing of any part by the healthcare system (Krog, 2017).

The clinician population most predisposed to experiencing caregiver burnout includes women, those in the frontline of care, and those who are younger in age or are new to their profession (Kemper). Taken collectively, this list of traits represents a gross majority of Child Life Specialists, within this relatively new and vastly growing



profession, and is especially cautionary for current Child Life students. Additional research has also identified those with less experience as clinicians to be especially vulnerable to burnout, citing that “stress among trainees in the healthcare professions are roughly twice as high than in the general adult population” (Lomas, Medina, Ivtzan & Rupprechet, 2017, p. 2). A study shared by Rady Children’s Hospital confirmed these findings, further identifying that one-fifth of healthcare clinicians have “displayed symptoms of post traumatic stress disorder after their first three months at bedside” (Sekol & Kim, 2014, p. 116). Additionally, clinicians entering the Child Life profession with an all too common idealistic perspective related to their service, as well as those who experience personal loss as a result of necessary employment relocation due to limited opportunities, suffer additional risk factors associated with burnout (Moody, 2014). In fact, a 2012 study found that 47 percent of Certified Child Life Specialists were at high risk for developing symptoms of burnout (Krog, 2017).

In addition to these personal risk factors, a variety of professional risk factors are especially relevant to the field of Child Life. Researchers E. Munn, from The Johns Hopkins Children’s Center, and C. Barber and J. Fritz, of Colorado State University, identified the role of child life specialists as inherently containing “considerable risk for experiencing threats to professional well-being” as the result of deep and consistent emotional labor required to perform daily job responsibilities (1996, p. 71). These job responsibilities include providing direct social and emotional care to young trauma survivors, to youth undergoing painful or frightening medical procedures, to young patients with life-limiting chronic conditions, to dying children, and to their grieving

families. Skillful Child Life Specialists are able to facilitate coping for those they serve through establishing quick rapport and empathizing with the often times intense and complex feelings expressed by patients and their family members, yet doing so could also become a burden for the clinician (Katz & Johnson, 2006, p. 158). Theorist Sigmund Freud examined this type of clinical burden, which he labeled “countertransference,” to describe the natural potential patients and families have to imprint their unique feelings and behaviors related to a crisis experience onto a caregiver (Thompson, 2009, p. 69). In addition to the direct exposure to trauma and loss that is so intricately woven into the role of the Child Life profession, a certain amount of role ambiguity also remains; creating additional job role demands and further straining the already overburdened Child Life Specialist (Munn, Barber, & Fitz, 1996, p. 71).

### **Impacts of Burnout**

When burnout strikes, the impacts are felt not only by the individual clinician, but throughout the healthcare system as well. To the individual, the ramifications of caregiver burnout include personal symptoms that carry well beyond professional roles; such as increased anxiety, anger, and depression, as well as an increased reliance on alcohol, drugs, or other items of consumption in attempts to manage stress through numbing (Toren, Yalon, Golan, Goldstein, Teman, & Kreidler, 2016, p. 72). Additional personal consequences can include feelings of exhaustion, prolonged periods of insomnia, and family or relationship instability (Moody, 2014). Within the professional role, clinicians experiencing caregiver burnout are also more likely to display cynicism, alienate themselves from those they serve, engage in higher rates of absenteeism, and

cost organizations thousands of dollars, as a result of frequent employee turnover (Sekol & Kim, 2014, p. 116). Ultimately, reducing caregiver burnout has become “essential to providing patients with quality care,” as the impacts of burnout within the healthcare system have been directly linked to increased rates of hospital-acquired infections, increased clinician errors, and poor patient outcomes overall (White, 2013).

### **Managing Burnout with Mindfulness**

Mindfulness can be defined as “a state in which one is highly aware of and focused on the reality of the present moment; accepting and acknowledging it” without any emotional attachment to its outcome (Moody, 2014). This non-religious, universally accepting practice is devoid of physical barriers to all individuals who wish to participate and is cognitively accessible to all healthcare clinicians. The exercises of mindfulness rest primarily on the practice of introspective meditation and breath awareness, and can be made highly adaptable, depending upon the practitioner's needs or intentions. The practice of mindfulness was first introduced to the United States primarily through the work of Jon Kabat-Zinn, who in the 1970’s began utilizing these methods within his own clinical practice at the University of Massachusetts Medical Center (Siegel, 2007, p. 17).

The work of mindfulness, and the benefits it produces, centers primarily on the function and change of neurons within the brain. Research has identified stress as being a “strong external stimulus that evokes neuroplastic changes,” demonstrating that, for better or for worse, the adult brain is capable of continuous growth throughout an individual’s lifetime (Fuchs & Flugge, 2014, p. 1). When this growth is spawned by symptoms of burnout rather than by actions of self-care, neural connections related to the

survival spheres of the brain become stronger. The area of the brain that becomes especially overactive in response to stress is the hippocampus, which serves as the ‘fight, flight, or freeze’ control center; flooding the body with reactive cortisol and sending the individual into physical and emotional dysregulation (Buczynski, 2017). In the meantime, the prefrontal cortex area of the brain, the zone responsible for decision-making, emotional regulation, and abstract thought, becomes neurologically underactive (Fuchs & Flugge, 2014, p. 1).

### **Clinician Benefits of Mindfulness**

The critical take-away from this complex brain response system is that just as *undesirable* neurological change will occur during times of caregiver stress and burnout, the reverse is also true. The neuroplastic nature of the adult brain allows for new connections and growth to occur during times of self-care and positive coping as well. Neuroscientist Dr. Richard Davidson explains, “Emotions, and happiness in particular, should be thought of in the same way as a motor skill. Our emotions can be trained.” (Salzberg, 2014, p. 10). This training as it relates to mindfulness, involves pausing to focus one’s attention in specific ways that promote coping. Through this purposeful focusing, neural synapses linked to areas within a clinician’s brain associated with ease, acceptance, and understanding become stronger, while areas of the brain responsible for reactivity begin to regulate (Seigel, 2007, p. 31). In this way, mindful meditation closes the door to one’s innate stress response cycle, reducing the flood of cortisol that sends clinicians into dysregulation and widening the caregiver’s window of tolerance towards future stressors (Buczynski, 2017).

From this more stress-tolerant brain space, research has found mindfulness practitioners to experience greater immune function, faster healing, and improved social relationships (Siegel, 2007, p. 6). Mindfulness training for healthcare professionals specifically, has also been shown to “improve well-being and self-compassion, decrease self-reported stress, anxiety, and depression, enhance empathy, relaxation, and life satisfaction, and reduce burnout” (Moody, 2014). Additional workplace mindfulness studies have confirmed these findings, adding “employees tended to remember what they loved about their work in the first place and had an increased ability to get in touch with that momentum again” (Salzberg, 2014, p. 15).

### **Institutional Outcomes**

The benefits of a simple daily mindfulness practice not only impact the individual clinician, but have tremendous outcomes for the healthcare system as well. Research shared by the Riley Hospital for Children, found a correlation between clinicians practicing mindfulness and improved patient outcomes; identifying that with the use of mindfulness techniques, increases in the effectiveness of both compassion and communication occurred (Moody, 2014). Additional research has found clinician mindfulness to result in greater self-awareness and role satisfaction, as well as reduced burnout amongst pediatric clinicians specifically (Sekol & Kim, 2014, p. 116). With these benefits to both practicing clinicians and the institutions they serve, research has also found lower turnover rates, improved quality of care, and enhanced safety for the high-reliability organizations that have begun incorporating mindfulness into their healthcare system culture (Gilmartin, Goyal, Hamati, Mann, Saint, & Chopra, 2017, p. 4).

### **Mindfulness in Pediatric Medicine**

Although limited, the movement towards mindfulness-based practices within the clinical care environment has recently become more robust. This movement began in the 1970's, with Jon Kabat-Zinn's patient-centered intervention of Mindfulness-Based Stress Reduction (MBSR) to support patients whose health could "no longer be helped by conventional medicine" (Siegel, 2007, p.17). Despite the bleak medical prognosis these patients were given, this very first study into mindfulness in the healthcare system was able to demonstrate that this training could reduce suffering, improve immune function, accelerate healing, nurture interpersonal relationships, and enhance well-being (Siegel, 2007, p.17). Since that time, mindfulness practices have become a standard interventional methodology for many types of pediatric clinicians, including Child Life Specialists. Clinicians in the field of Child Life are trained to engage their young patients in guided mindfulness practices for the purposes of promoting relaxation and for teaching medical concepts in a non-threatening way (Dumas, 2018). These interventions are then used to provide direct procedural support, to help minimize treatment-related symptoms of pain or nausea, and can serve as a supportive measure in reducing a patient's experience of anxiety and depression.

### **Current Trends in Clinician Wellness**

Recently, healthcare systems have begun developing ways for their clinicians to engage in mindfulness self-care as well. Hospitals across the nation, including UW Health, Penn Medicine, and Swedish Medical Center are offering diverse mindfulness training options to their caregivers, including meditation retreats, drop-in classes,

committed training programs, special events, and even mindfulness-based mentoring (White, 2013). Additional healthcare systems, including Johns Hopkins Hospital, have focused on environmental changes that promote mindfulness engagement. These changes include the construction of rooms specifically reserved for meditation and self-care, citing that “environments that support privacy and staff collaboration will indirectly benefit patients by supporting the psychological state of caregivers” (Rollins, Bolig, & Mahan, 2005, p. 330).

### **Clinical Barriers that Remain**

Although mindfulness is becoming a more accessible and accepted self-care strategy within the healthcare system, clinical barriers do remain. A report by the Journal of Community Medicine & Health Education found the set time requirement of many organized mindfulness training programs to be a barrier for clinician participation (Pflugeisen, Mundell, Ebersol, Drummond, & Chun, 2016, p. 1). A similar study in The American Journal of Medicine also found the unpredictable nature of the healthcare environment and the lengthy shift norms many clinicians follow to further prevent caregivers from actively participating in structured mindfulness programming (Gilmartin, Goyal, Hamati, Saint, & Chopra, 2017, p. 4). In addition to scheduling barriers, clinicians may also be burdened by the cost of participating in these types of mindfulness-based training programs, may find that the program they are interested in is not accepting additional students, or may miss out on these opportunities because of limited in-person events in their area. For those that do have the opportunity to participate, research has found that maintenance of these new skills requires substantial

effort and clinicians would especially benefit from “frequent refreshers” involving “continuous investment” (Toren, Yalon, Golan, Goldstein, Temam, & Kreitler, 2016, p. 73).

To relieve some of these barriers, independent methods to coping mindfully with caregiver burnout have gained popularity. These methods include the use of smartphone applications, such as Insight Timer and Headspace, which offer both paid and unpaid guided meditations. While these resources can greatly support a clinician’s independent mindfulness practice, they also require additional technology and internet connectivity, which may not always be available in the workplace environment. A low-tech option that exists on the market currently, includes a variety of mindfulness-prompting card decks, some of which are designed specifically to ease caregiver burnout. While these resources, again, may serve as a supportive measure in a clinician’s independent mindfulness practice, they are resources that commonly include anywhere from 30-100 cards per pack; a potentially intimidating and confusing practice that is not easily carried with a caregiver throughout their workday.

### **The “Self-care Cards” Intervention**

Unlike the strategies currently being utilized within the healthcare system, the “Self-Care Cards” proposed here (Appendix A), offer a discreet and easily accessible platform for clinicians to engage in mindfulness during their scheduled workday. These lightweight cards, two in total, can be printed and easily attached to a caregiver’s workplace identification badge; offering tremendous ease of access throughout a clinician’s workday, as the simple, guiding resources are always available to them. When



printed and attached to an employee badge, these cards provide two distinct intentions for a caregiver's mindfulness practice; one being to relax stress-response energies, and the other being to refocus burnout symptoms of overwhelm or detachment. The cards are accompanied by a detailed instructional guide, which can be reviewed in advance by the participating clinician. The cards themselves contain only three prompts each; one specific to a modified breathing practice, one to a related hand posture, and one which offers a silent, repeating phrase. Taken together, these simple, self-directed strategies allow caregivers to settle into their present moment, become more aware of the physical and emotional sensation that moment contains, then actively alter it through deliberate concentration and a subtle physical response (Broad, 2012, p.88).

To achieve these results, it is recommended that clinicians reserve 10 minutes of their employer-provided and state mandated break period to dedicate solely to this independent mindfulness practice. Developing the habit to engage in the daily self-care ritual of ensuring a workplace break can be a challenging, yet deeply rewarding, professional accomplishment. In fact, research has shown that perpetual busyness does not translate into greater productivity, but rather a condition of "cerebral congestion" that limits workplace performance (Jabr. 2013). This information can be utilized by those dedicated to their caregiver service as compelling motivation to ensure a formal daily mindfulness break is taken each workday, as a means to bring greater effectiveness to their work supporting patient and family needs.

### **Proposed use by Institutions**

Healthcare systems and individual hospitals can support their caregivers in accessing the “Self-care Cards” resource by making the document available to all employees both at the time of their initial clinical orientation, and as a tool that remains available through the institution’s online education or employee wellness platforms. Ultimately, the greatest responsibility healthcare systems have is in shifting the clinical cultural norms to one that encourages and expects all clinicians to engage in responsible self-care, including abiding by daily work break requirements (Beckman, Mooney, Krasner, Quill, Suchman, & Epstein, 2012). Leadership can make managing break times possible for clinical staff by ensuring that there is enough coverage for managing patient needs. This may include reducing a clinician’s patient census load, hiring additional caregivers, and simplifying job roles or sharing responsibilities for non-patient related tasks. This form of mindful leadership would also include the support of a direct supervisor for each clinical area who is trained in responding to caregiver burnout and is able to support staff in coping with job related stress (Wilson, Palms, & Skinner, 2006, p. 53). Although these efforts would require advanced changes made by healthcare system leadership, research has found that clinical environments which support practicing self-care and have high levels of managerial support lead to greater group cohesion overall; a tremendous benefit for improving unit-based morale and accelerating the growth of a modern, high-accountability workplace culture (Krog, 2017).

## **Anticipated Results**

Through the simple strategies outlined in the clinician “Self-care Cards,” including minimizing distractions, pausing to turn one’s attention inward, and focusing on the breath, daily mindfulness breaks will provide an avenue for clinicians to bring their awareness to the true present circumstance; pulling oneself from the storytelling nature of the stress response cycle and into a space of greater emotional regulation (Siegel, 2007, p. 97). It is anticipated that participating clinicians will benefit from the same results a daily general mindfulness practice has been proven to provide, and will greatly reduce their risk of experiencing caregiver burnout.

## **Limitations**

As is the case with other independently-accessed mindfulness based resources, some limitation may exist in caregivers understanding the concepts of a mindfulness practice. While these “Self-care Cards” resources were designed with the intent of simplicity, the instruction may still feel unapproachable to those without any prior exposure to mindful meditation. As an independent practice, freedom of access to this resource is a benefit, although it comes at the cost of group connection and accountability. Even the most well intentioned clinicians may find it difficult to engage in a short, 10 minute mindfulness break within their workday without the support of colleagues. Additionally, even practitioners of an independent practice such as the one presented here, would benefit from the shared connection of knowing others are engaging in a similar self-care commitment too. This interventional model is also limited by the unavailability of research based on its specific intervention. Further research is needed to

test usability and clinician outcomes related to relieving symptoms of burnout related to implementing a daily “Self-care Cards” caregiver break within the healthcare system.

### **Conclusion**

Although workplace stress may be considered a component of many professional environments, the consistent stress accumulation by those in the caregiver field has been identified as being directly related to experiences of caregiver burnout. As research has shown, it is not enough for clinicians, including Child Life Specialists, to consistently prioritize their service to others; they must also engage in daily service to themselves. From this mental space of mindful emotional awareness, practitioners are then able to lay the foundation for great professional coping through single-pointed concentration efforts, including the proposed “Self-care Cards” intervention to be presented here. Through these methods of mindful clinician self-care, individuals will benefit from restored well-being, patient care will improve, and healthcare systems will experience less employee turnover. Ultimately, to create a caregiving system that provides true and consistent healing, caregivers must be empowered to engage in their own healing as well.

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## Appendix A

### Self-care Cards: A Mindfulness-based Interventional Device for Pediatric Clinicians

A full-page interventional resource can be found on the page that follows.

## WHY MINDFULNESS?

### BENEFITS:

- Pause with purpose to increase your clinical focus & energy.
- De-stress intentionally by turning your care practice inward.
- Beat burnout fatigue & keep your workplace passion alive.

### TO USE:

- Print document.
- Cut out cards along the dotted line.
- Fold card evenly along wide solid line.
- Place folded card into a 3"x2" plastic badge sheath or laminate.
- Secure card to employee badge.
- Read practice descriptions in advance.
- Choose just one lesson to focus on for each session.
- Carve out 10 minutes each workday. Enjoy!

# Self-care Cards

A MINDFUL WORK BREAK FOR PEDIATRIC CLINICIANS

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## Option 1: Re-Focus and Re-Energize



1. Settle into a comfortable, upright position. Rest hands in lap, with gaze low or eyes closed.
2. Create a "peace sign" position with fingers, with index and middle fingers long and together.
3. Consider the progress you have achieved in this day. Consider your goal upon returning to work.
4. Inhale for the count of 3, silently stating "I am here." Retain breath for the count of 2.
5. Exhale for the count of 3, silently stating "I am now." Pause breath for the count of 2.
6. Repeat pattern for 5 minutes, then allow breath to return to normal.
7. Release hand position and return gaze back into the room. End practice with one full exhale.

## Option 2: Relax and Release



1. Settle into a comfortable, upright position. Rest hands in lap, with gaze low or eyes closed.
2. Bring palms to rest one over the other on chest. At any point, hands may return to resting in lap.
3. Feel the fullness of care that you shared today. Feel that caring fullness begin to find its way back to you now.
4. Inhale fully, yet gently for the count of 3, then subtly pause at the top of your in breath.
5. Exhale gently and completely for the count of 4, then subtly pause at the bottom of your out breath.
6. Repeat this pattern 5 times, counting silently to establish rhythm.
7. Continue breathing pattern, as you silently engage the mantra; giving each single line space to fill an entire in breath or an out breath. Repeat twice, then replace "I" with "you" as you consider this mantra for a co-worker, loved one, patient, or other. Repeat twice. Finally, repeat this series for a final set of three with the word "we" as you consider the workplace, community, or global impact.
8. Allow breath to return to normal. Release hand position and return gaze back into the room.
9. End your practice with one full exhale.



### Re-Focus and Re-Energize

Breath	Mudra	Mantra
		<p>Identify 1 goal for the remainder of your workday.</p> <hr/> <p>On inhaled: I am here.</p> <p>On exhaled: I am now.</p>

### Relax and Release



Breath	Mudra	Mantra
		<p>May I be filled with loving kindness. May I be peaceful &amp; at ease. May I be healthy in mind &amp; in body. May I be truly happy &amp; free. Replace I with YOU &amp; WE</p>