

Effects of Mindful Self-Compassion Training on Increasing Self-Compassion in Health Care Professionals

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PURPOSE: Zeman and Harvison (2017) call for mindful self-care protocols as a work-wellness platform. The healthcare professional role involves elevate expectations to deliver service in a fast-paced and performance-driven context. Chronic exposure to stress, and barriers to the therapeutic relationship between healthcare professional and patient are common among healthcare professionals and can lead to a diminished ability to carry out occupational roles. potentially resulting in harm to others or oneself (Zeman & Harvison, 2017). As a trainable self-care skill, self-compassion may support coping with difficulty and the fulfillment of occupational needs, as well as prevent or reverse harm (Neff & Germer, 2013; Ziviani, 2015). Self-compassion has been associated with health and well-being in adults (Neff & Germer, 2013). However, an evidence gap exists as to the effect of MSC on improving self-compassion in healthcare professionals (Delaney, 2018). The purpose of this study was to evaluate the effectiveness of Mindful Self-Compassion (MSC) training, an empirically supported, psychoeducational course facilitated by an occupational therapist and certified MSC teacher. Research questions included (1) 'Does Mindful Self-Compassion (MSC) training increase self-compassion in healthcare professionals?' and (2) 'Do training participants integrate any aspects of MSC into their daily lives?'

DESIGN: A single group, pre- and post-intervention, prescriptive research design was used. A convenience sample of healthcare professionals, aged 18 years and older, from a community non-profit healthcare system was recruited via email sent to those who registered for a MSC training course.

METHOD: The Self-Compassion Scale (SCS) measure was administered to participants two weeks pre-intervention and three weeks post-intervention. The intervention consisted of eight sessions lasting 2.5 hours, content included building one's inner resources for self-compassion as a response to emotional suffering (Neff & Germer, 2013). An open-ended question was included on the post-intervention survey to add context and understanding to the quantitative findings. Self-report demographic data on gender, age, occupation, and previous training was anonymously gathered. A dependent groups, paired t-test was performed to compare means on subscale and total SCS pre- and post-intervention scores ($N = 29$; M age = 52.48 years, age range: 21-68 years, 93% female, 66% clinical and 34% operational staff).

RESULTS: SCS overall self-compassion, and subscale scores (self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification) significantly improved ($p < .05$) following MSC training. Content analysis of the open ended question supported the quantitative findings. Participants' reported assimilation of self-compassion in their lives and enhanced positive mind states.

CONCLUSION: This study suggests that the MSC training can have a significant effect on increasing self-compassion healthcare professionals. This study has limitations due to small sample and lack of a control group, thus more research is warranted. MSC training offers occupational therapists a novel and timely intervention to support healthcare professionals to more effectively manage their work roles, optimize occupational engagement and outcomes, and improve health and well-being. As negative consequences, such as stress and burnout, in healthcare professionals come to light, it is important to seek and study ways to mitigate those consequences.

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