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Mindful Self-Compassion Training for Nursing Assistants in Long-Term Care: Challenges and Future Directions



Certified nursing assistants (CNAs) play a critical role in the care of more than 1.4 million nursing home (NH) residents, and demand for their services is projected to grow.¹ Yet the CNA workforce has long been in crisis. Challenging work-related factors—including low wages, heavy workloads, and inadequate training—contribute to CNA burnout, high job turnover rates, and compromised resident care.¹ In addition, more than 90% of CNAs are women, and approximately half identify as racial and ethnic minorities and are from low-income households.¹ Thus, CNAs' work challenges may be compounded by socioeconomic adversity and race and gender disparities.

To date, CNA interventions have focused on improving job-related skills, benefits, and the environment.² One additional promising approach is mindfulness-based training, but it has not yet been studied in this context. Mindfulness-based interventions have been successful in decreasing stress, mental health symptoms, and burnout in other health care workers, including physicians and nurses.³ Moreover, emerging evidence suggests that mindfulness training may be compatible with the experiences and preferences

of minority communities,⁴ although minorities remain underrepresented in mindfulness research.⁵

To explore these issues, we recently conducted a single-arm pilot test of a standardized Mindful Self-Compassion training program⁶ for 30 CNAs (97% female, 97% racial minority) within 3 NHs. In 1 home we provided a full curriculum format (8 weekly 2.5-hour group classes) and in 2 we provided a more concentrated format (6 weekly 1-hour group classes). The classes were co-led by 2 certified instructors and held either before or after the CNAs' work shift in private rooms in the NH. Both formats included discussions, didactics, and practices in 3 areas: (1) *self-kindness* (learning how to notice and actively soothe distress), (2) *common humanity* (remembering that all people experience emotional difficulties at one time or another), and (3) *mindfulness* (skills for emotional awareness, acceptance, and balance). Importantly, participants learned “in the moment” tools to cultivate self-support and self-appreciation regardless of external circumstances.

Implementation findings were highly encouraging, with evidence that on-site mindful self-compassion training is both feasible and acceptable. Once enrolled, attrition rates among the 30 CNAs were very low, with more than 90% of participants missing no more than 1 session. Moreover, 100% of participants agreed (the majority “strongly” agreed) that the course made a difference in their personal and work lives and they would recommend the course to others. During focus group discussions, CNAs reported feeling more connected with coworkers, more cared for by their administration, and more self-confident because they had tools to take care of themselves. Given that typical worksite trainings focus on resident needs, participants found it validating to have *their own needs* acknowledged.

However, we also encountered several challenges. We had hoped to enroll CNAs with the highest stress (based on a screening tool), but those with higher stress had the most difficulty participating during off-work hours. The brief format and on-site location appeared to alleviate some, but not all, of this challenge. Additionally, some CNAs were skeptical of worksite initiatives and therefore more hesitant to participate.

Sustainability was another challenge. Offering new skills to promote emotional health may be helpful in the short term but may leave CNAs feeling abandoned postintervention without proper long-term support. Collaboration with stakeholders to identify barriers and solutions for long-term sustainability will therefore be important. Potential sustainability strategies include garnering administrative support, involving CNA participants as coleaders and experts in their own self-care needs, and developing protocols for integration of self-compassion practices within daily work routines.⁷ There are also a limited number of certified instructors who currently facilitate self-compassion training, which is important for widespread reach.

Finally, although follow-up data collection is ongoing, we found that postintervention, participants reported *increased* intent to leave their job than before the training. It is possible that the trainings' positive impact on CNA well-being motivated thoughts about career advancement. On the other hand, given that NHs where CNAs feel supported and valued have higher CNA retention,⁸ self-compassion that is integrated within NHs' values and routines may ultimately have a job stabilizing effect. Larger, long-term studies are needed to investigate these issues.

Despite these gaps and challenges, our findings suggest that self-compassion can be a valuable part of the CNA skillset. As policy makers work toward strengthening CNA training standards, we offer that self-compassion training may act synergistically with other core competencies, such as person-centered care practices. CNAs who are empowered with the skills to support *themselves* may be better equipped to be supportive, compassionate, and committed colleagues and caregivers.

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