

Hospice and Palliative Care Provider Experiences With Meditation Using Mobile Applications

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PURPOSE: Healthcare providers who are involved in the care of patients at the end of life are at risk of developing compassion fatigue, a condition characterized by emotional exhaustion and reduced professional engagement. Research has shown that development of a meditation practice can modify stress perceptions and promote quality of life. This study aimed to evaluate perceived benefits, challenges, and recommendations following participation in a workplace mobile application- and email-based meditation research program.

PARTICIPANTS & SETTING: 11 healthcare providers who participated in the feasibility pilot were recruited from Sparrow Health System in Lansing, Michigan.

METHODOLOGIC APPROACH: Three focus groups and one in-depth interview were conducted. Data were analyzed using qualitative methodology.

FINDINGS: Major themes included program advantages and limitations, challenges that affected adherence, and support for caregivers.

IMPLICATIONS FOR NURSING: Findings support further evaluation of a technology-mediated meditation program for professional caregivers to reduce perceived stress associated with the work environment.

KEYWORDS palliative and hospice care; meditation; compassion fatigue; caregivers; mobile app

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Excellence in palliative and end-of-life care for patients with cancer is dependent on resilient and motivated healthcare providers (HCPs). In the face of high patient acuity and demanding assignments, time-effective organizational strategies are needed to strengthen HCP capacity to manage increasingly complex and stressful challenges associated with delivering care (Gómez-Urquiza et al., 2016). A focus group study was conducted to evaluate palliative and end-of-life care providers' experiences following participation in a six-week stress management mobile application (app)- and email-based meditation pilot program that was developed to combat compassion fatigue and improve professional quality of life. The study purpose was to evaluate perceived benefits and challenges, as well as any user recommendations to incorporate before progression to a larger-scale efficacy trial.

Background and Significance

Occupational demands generated by ongoing contact with distressed patients and families, complex assignments, limited autonomy, and personal work-life conflicts can lead to the development of compassion fatigue (Breen, O'Connor, Hewitt, & Lobb, 2014; Gómez-Urquiza et al., 2016; Zeller & Levin, 2013). Compassion fatigue is a condition characterized by malaise and psychological enervation that is attributed to reactions to patient and family suffering (Crowe, 2015). Unresolved compassion fatigue may have a deleterious effect on health and is associated with a broad range of psychological and physical symptoms, negative health behaviors (e.g., substance abuse), and diminished work-related productivity (Gómez-Urquiza et al., 2016). Supportive and uniquely tailored workplace programs that provide training in self-regulation and stress management strategies are