TAKING CARE OF THOSE WHO

Care

REDUCING THE STRESS OF ANTI-VIOLENCE WORK

Research Team

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Why is this important?

- Health and human service work has high stress and burnout rates [1,2].

- Anti-violence work can be challenging, and is under-studied [3,4].

- Depression and burnout are among main causes of disability claims in Canada [5].

- Atira has made organizational changes to reduce worker stress and burnout, and help workers return to work; these have not been formally assessed.

Organizational-level changes

- Decreased work week (9-day fortnight)
- Pay increases (highest paid in province)
- Policies – breaks, leaving work on time
- Paid trainings
- Clinical debriefing for specialized programs
- Organization-wide feedback/infosessions
- Extended health benefits, including Employee Assistance Program counselling
- Physical improvements to shelters

Intervening at multiple levels

- Recent meta-analysis of interventions to reduce stress and burnout suggests a combination of organizational changes and individual-level stress management interventions is most effective [6].

- Majority of stress reduction programs do not adopt this dual approach [6].

What did we want to know?

- Level of implementation of and satisfaction with organization-level changes.

- Their potential impact on absenteeism rates.

- The effectiveness of introducing an individual-level stress management intervention.

Mindfulness-Based Stress Reduction (MBSR)

- Modeled after Dr. Jon Kabat-Zinn's program at the University of Massachusetts Medical Center [7].

- Shown to have benefits with health-care and human service workers [8-13].

- Eight 2-hour sessions (1 session per week):
  - Meditation (lying down, sitting, walking)
  - Gentle yoga stretching and movement
  - Teaching and discussion
  - Understanding the stress response cycle
 - Daily homework (30 minutes)

What did we do?

- 8-week Mindfulness-Based Stress Reduction group
- Two groups: Intervention (n=21) and Waitlist Control (n=21)
- Time 1 and Time 2 surveys:
  - Depression (SCL-90; [14])
  - Physical symptoms (SCL-90)
  - Burnout (Maslach Burnout Inventory; [15])
    - 3 scales: emotional exhaustion, cynicism, professional efficacy

- Intervention (n=10): T1----(MBSR group)----T2
- Control (n=8):   T1------------------------T2---(MBSR group)
- Evaluation of MBSR and organization-level interventions
- Interviews and focus groups (n=28)
- Absenteeism rates: 2005 to 2009

What did we learn?

- On average, participants reported average levels of physical, depressive and burnout symptoms compared to published norms. However:
  - 22.2% reported high levels of emotional exhaustion, 38.9% had average to high levels of cynicism, and 22.2% had low professional efficacy.
  - 29.2% of participants had high levels of physical symptoms, with an additional 16.7% reporting above average symptoms, such as headaches, chest pains and dizziness.
  - 16.7% of participants had high levels of depressive symptoms, with an additional 27.7% having above average symptoms.

- We found a significant Time x Group interaction for three out of five outcomes: *physical symptoms*, *depressive symptoms* and *emotional exhaustion*. The Time x Group interaction for *professional efficacy* approached significance.
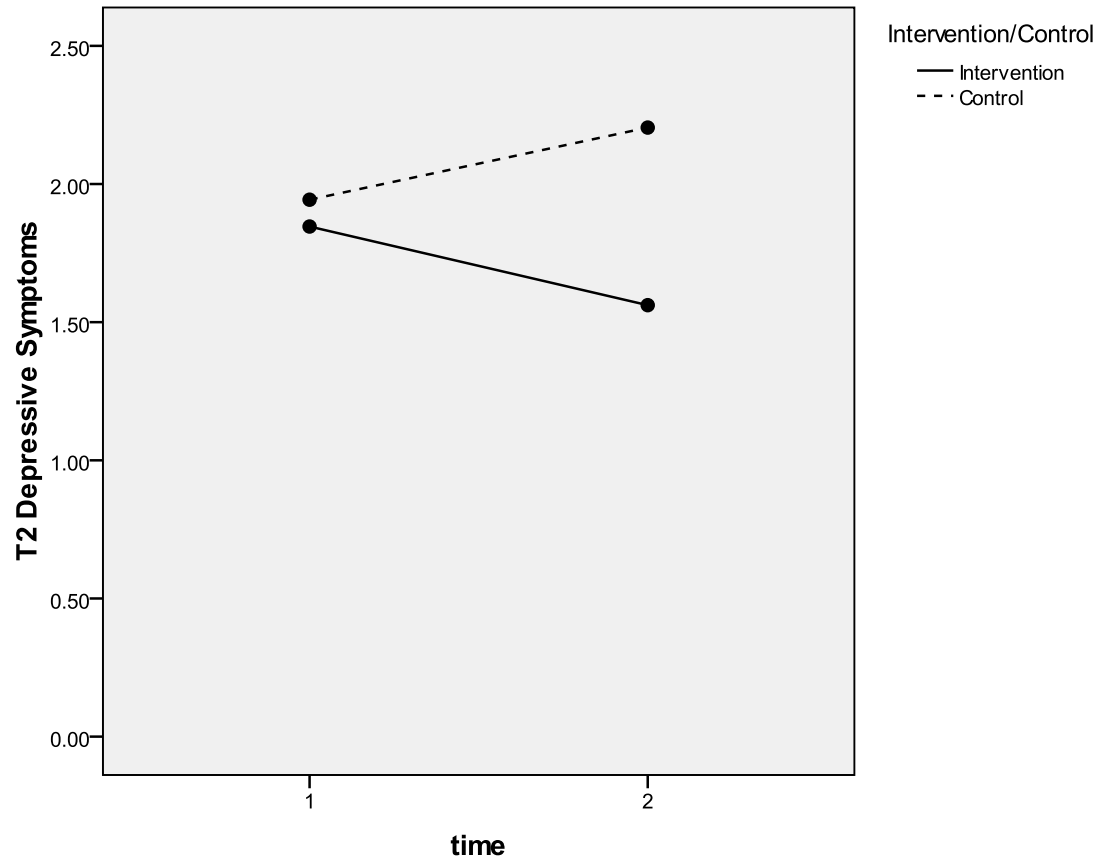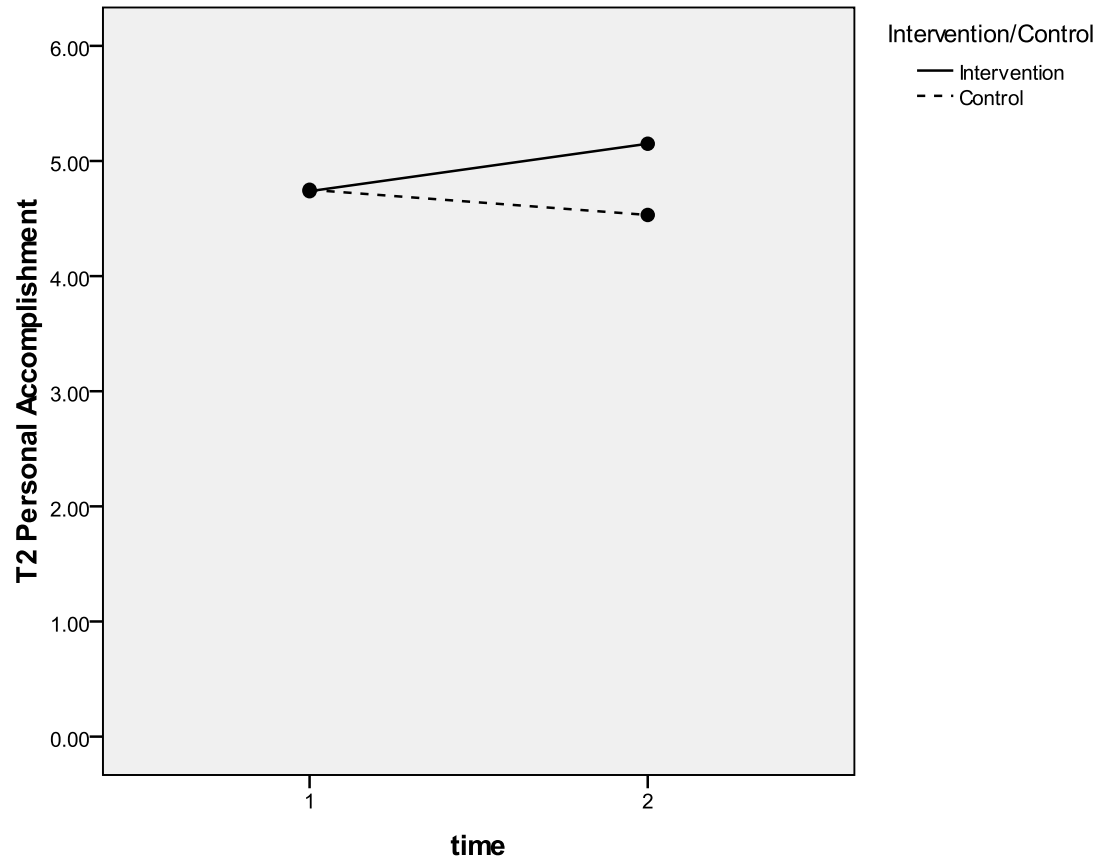
Physical Symptoms
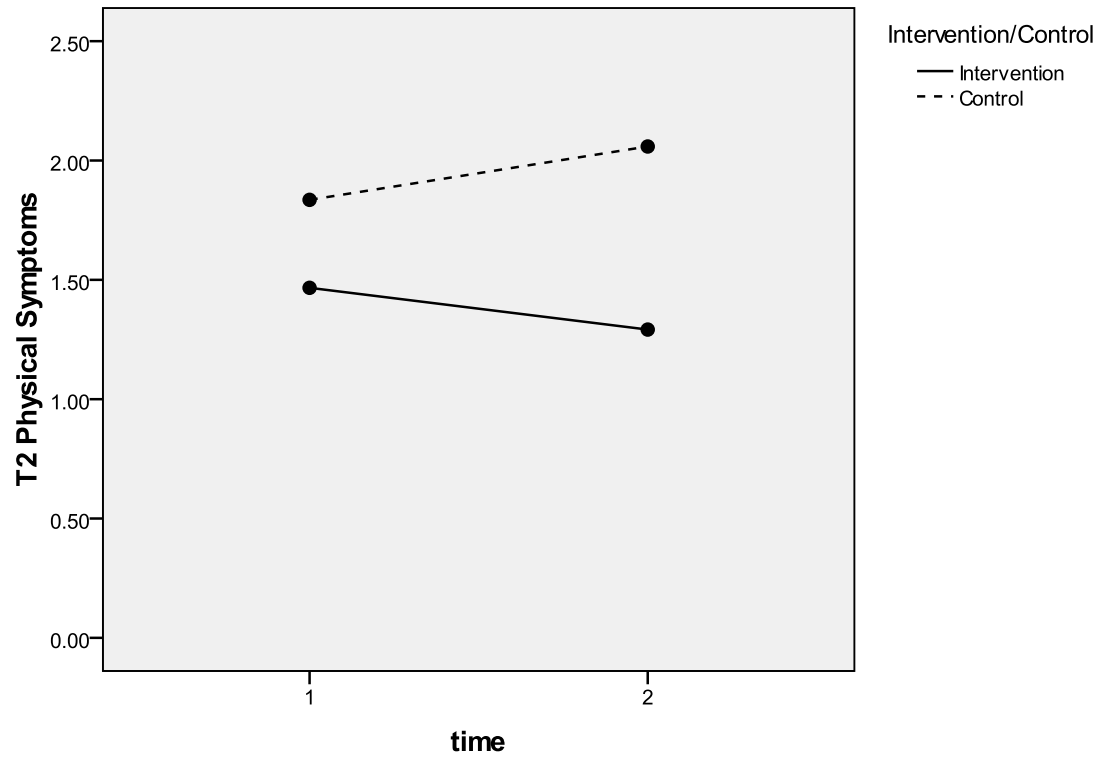
Emotional Exhaustion
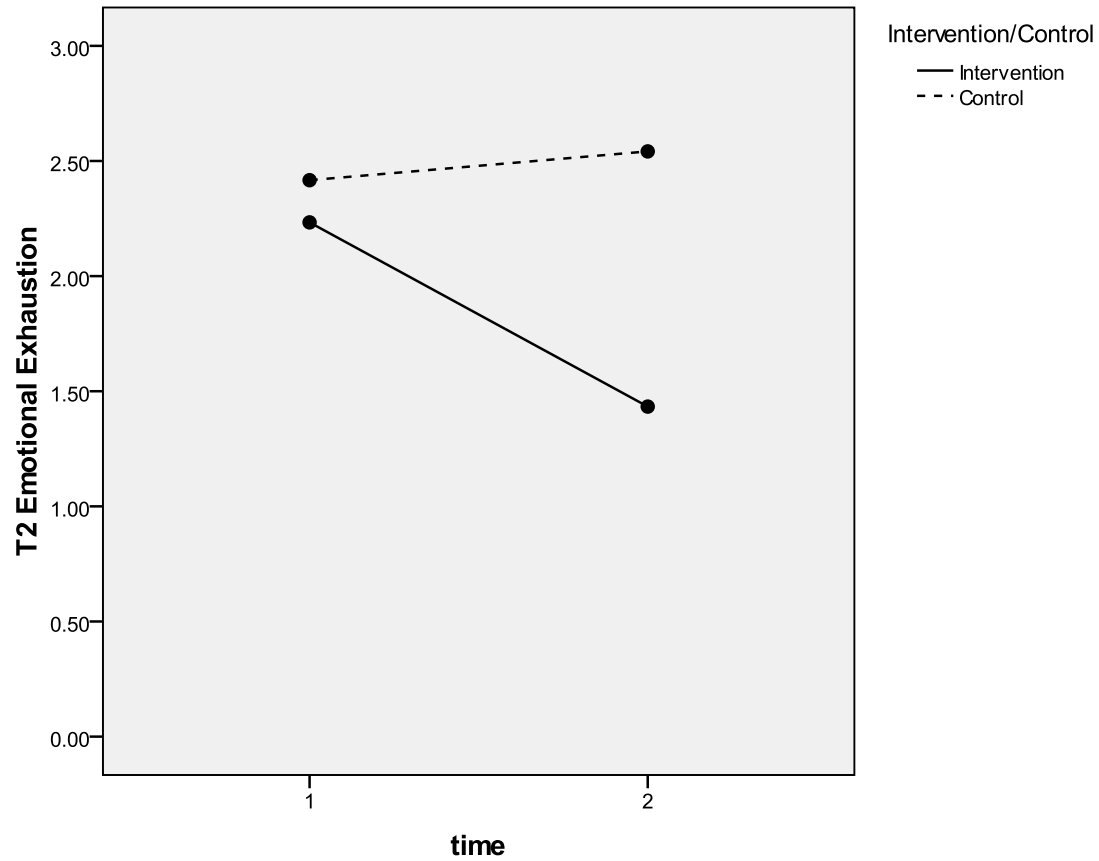
Depressive Symptoms

Professional Efficacy

What did we learn?

o *"I do believe that [it's changed me]. When I'm starting to feel a little bit of stress, I'm able to take it back and calm my breathing down, and broaden my view, my perspective of things and be able to come back and deal with things in a more calm manner".*

o For those who chose not to participate in the intervention or the wait-list control group, the time commitment involved was a major factor.

Organizational changes

- Staff generally satisfied
 - Average >3 out of 4 for each change
- Pay increases
  - Glad well paid, whole field should be higher
- 9-day fortnight
  - Happy to have day off, good balance with wages
- Policies on lunch/breaks, leaving work
  - Enforced, plays role in coping with work
- Extended health benefits
  - Appreciative, contributes to stress reduction
- Debriefing
  - Effective, need for all programs & managers

Organizational changes

- Physical improvements to shelters
  - Nicer setting helpful to state of mind
- Paid trainings
  - Appreciate, would like regular re-training
  - Difficult for overnight staff
  - Mechanism to ask staff what they want to learn
- Organization-wide feedback/infosessions
  - Made good changes from feedback
  - Learn about programs/meet other staff
  - Can improve feedback process

Absenteeism rates

Figure 5. Absenteeism Rates vs. Organization Size
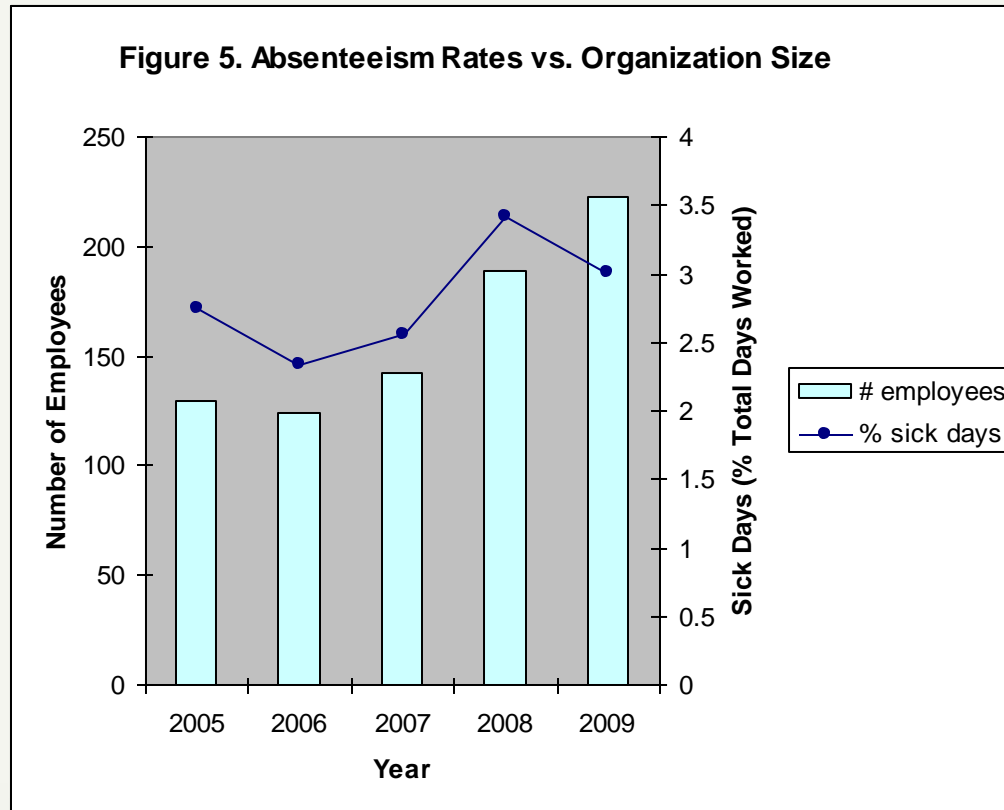
What does it mean?

- A focus on reducing workers' stress, at both organization and individual levels, can have positive impacts on workers' health and well-being, as well as decrease absenteeism.

What's next?

- Larger sample size – more anti-violence workers across the province (and beyond)

- Other fields/populations

- Randomized control trial

- Longer term studies – follow up

- Briefer MBSR intervention

- Continue to monitor organization growth and absenteeism rates

issues talk helpful place skills sessions sure idea first
woman programs getting management see able give lunch hours
week feel debriefing manager want women good self-care back
help stress time different opportunity new every right tough
manager difficult leave clear hard relief support everybody
Atira know staff mindfulness health
hour process managers needs best group stressful necessarily changes try Management
got overtime policy job paid way
day program organization meeting maybe important experience plan
need thought much life feeling shifts vacation relax
Relax around never office times person
little great now together training

References

1. Gilmour, H. & Patten, S. (2007). *Depression and Work Impairment.* Health Reports, 18(1). Statistics Canada. Catalogue 82-003

2. Wilkins, K. (2007). Work stress among health care providers. *Health Reports* (Statistics Canada Catalogue no. 82-003), *18*(4), 33-36.

3. Ullman, S.E. & Townsend, S.M. (2007). *Barriers to Working With Sexual Assault Survivors: A Qualitative Study of Rape Crisis Center Workers.* Violence Against Women, Vol. 13, No. 4, 412-443.

4. Baker, L. M. and Salahuddin, N.M. (2007). *Are shelter workers burned out?: An examination of stress, social support and coping.* Journal of Family Violence, 22, 465-474.

5. Brun, J-P., & Lamarche, C. (2006). Assessing the costs of work stress. Research Report. http://www.cgsst.com/stock/eng/doc272-806.pdf

6. Richardson, K. M. & Rothstein, H. R. (2008). *Effects of Occupational Stress Management Intervention Programs: A Meta-Analysis.* Journal of Occupational Health Psychology,13 (1), 69–93.

7. Kabat-Zinn, J., Massion, A. O., Kristeller, J., Peterson, L. G., Fletcher, K. E., & Pbert, L. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry, 149*, 936-943.

8. Rosenzweig, S., Reibel, D. K., Greeson, J. M., Brainard, G. C., & Hojat, M. (2003). Mindfulness-based stress reduction lowers psychological distress in medical students. *Teaching and Learning in Medicine, 15*, 88-92.

References

8. Bruce, A., Young, L., Turner, L., Vander Wal, R., & Linden, W. (2002). Meditation-based stress reduction: Holistic practice in nursing education. In L. Young & E. Virginia (Eds.), *Transforming health promotion practice: Concepts, issues, and applications* (pp. 241-252). Victoria, Canada: F. A. Davis.

9. Shapiro, S., Schwartz, G., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine, 21*, 581-599.

10. Shapiro, S.L., Astin, J.A., Bishop, S.R., & M. Cordova (2005). *Mindfulness-Based Stress Reduction for Health Care Professionals: Results From a Randomized Trial.* International Journal of Stress Management, 12 (2), 164–176.

11. Shapiro, S.L., Brown, K.W. & G.M. Biegel (2007). *Teaching Self-Care to Caregivers: Effects of Mindfulness-Based Stress Reduction on the Mental Health of Therapists in Training.* Training and Education in Professional Psychology. 1 (2), 105–115.

12. Astin, J. A. (1997). *Stress reduction through mindfulness meditation. Effects on psychological symptomatology, sense of control, and spiritual experiences.* Psychotherapy and Psychosomatics, 66, 97-106.

13. Derogatis, L. R. (1983). SCL-90-R: Administration, scoring and procedures manual-II (2nd ed.).Baltimore: Clinical Psychometric Research

14. Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3rd ed.). Mountain View, CA: Consulting Psychologists Press.