

Research Article

THE EFFECTIVENESS OF TRAINING BASED ON ACCEPTANCE AND COMMITMENT TO REDUCING OCCUPATIONAL STRESS AND BURNOUT AMONG NURSES

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ABSTRACT

A satisfying job may in time become a source of dissatisfaction and leads a person to an occupational burnout. The aim of the present study is the effectiveness of training based on acceptance and commitment to reducing occupational stress and burnout among nurses in Tehran. For this purpose, 60 night shift nurses of Shohadaye Tajrish Hospital in Tehran were selected and were all divided randomly into two groups of 30 each; one of which was the control group and the other was the experimental. Maslach questionnaire and Stay Metz's burnout Inventory was performed as a pre-test and post-test on both groups. The experimental group received 8 sessions of 90 minute acceptance and commitment therapy (ACT) but the control group received no intervention. The results of analysis of covariance showed that the treatment is effective in reducing burnout and stress and ACT can be used as an independent method to reduce job stress and burnout.

Keywords: Treatment based on Acceptance and Commitment, Burnout, Job Stress

INTRODUCTION

A satisfying job may in time become a source of dissatisfaction and leads a person to an occupational burnout (Lee *et al.*, 2005). One of the areas of stress and occupational stress is in a working environment. Many environmental factors are involved in the development of occupational stress. According to various studies of Furnham (1983), Friedman (1991), Haines and Ellmann (1994), Bakker and Schaufli (2000) Bruc *et al.*, (2002) show that factors such as the nature of the job, relations ruling the work place, the role of the individual or his career in organizations and the pressures of career development, space and structure of the organization and the problems caused by the interaction of an organization and the outside world, like working out versus working at home, are the main sources of occupational stress and there is a relation between the level of stress and burnout (Parkes, 2005). Due to incidence and spread of this strain in the workplace, especially in recent decades, researchers have prompted extensive analysis of this issue and its impact on the organization's performance (Chan, 2003). Occupational burnout occurs more in jobs that a large number of people work in close contact with other people (Sheesly, 2000; as quoted by Lee *et al.*, 2005). Occupational burnout is a reduced compatibility with stressors and a combined physical and emotional fatigue syndrome resulting in a negative self-concept and attitude to work and lack of communication with clients at work (Arulmani *et al.*, 2004).

From Schaufli *et al.*, view, Psychological symptoms of burnout include emotional exhaustion, a personality transformation and reduced sense of accomplishment. They believe that burnout decreases the quality of providing service and leads to abandonment of employment, absence from work or demoralization. It is believed that the burnout syndrome, is not a mental disorder, but slowly spreads and can be converted into a mental disability (Wisersman, 2002). In addition to all of the factors causing stress, Level of stress that a person experiences a lot of it depends on the coping abilities of a person and his perception and judgment of these factors (Wang and Patten, 2002). In the meantime, there are different approaches that leads to reduced stress and burnout and approach based on acceptance and

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commitment is one of these effective interventions. Structure and basic concepts of the ACT is created by avoiding the pain and psychological reflections of experiences, Cognitive fusion, failure to meet the needs of conduct and lack of harmony with the fundamental values. ACT therapist's goal is not to reduce symptoms but this is something that is achieved as a byproduct in the therapeutic process. The ACT, changes the relationship between problematic thoughts and feelings so people do not understand them as symptoms and even learn to recognize them as harmless (Even if they are uncomfortable and unpleasant). Hayes et al., believe that the main message in ACT admission is acceptance of what is out of the person's control and commitment to do whatever is in control of the individual (Hayes, 2008). The therapeutic relationship is formed through 6 main processes that include: Acceptance, cognitive diffusion, self as context, contact with present moment, Values and committed action. As a result of the 6 main themes we will reach to psychological flexibility. The ACT is a contextual approach that challenges the patient to admit his/her thoughts and feelings and to undertake the necessary changes. The core change in the ACT, is changes in internal and external of verbal behavior. ACT believes that getting involved with emotions aggravate them (Hayes, 2006). Research has shown that treatment based on acceptance and commitment is effective in various fields such as Depression (Kanter *et al.*, 2006), antipsychotics (Batch and Hayes, 2002), substance abuse (Guildford and Kohlberg, 2004), burnout (Bund and Bunch, 2003) and pain relief (Kuo *et al.*, 2005). According to what was said, the present study sought to examine the impact of ACT treatment in reducing occupational stress, emotional exhaustion and job burnout in nurses.

MATERIALS AND METHODS

Populations, Sample and Sampling

The population of this study is nurses of Shohadaye Tajrish Hospital in Tehran which in 2014 there were 125 of them on the night shift. Of this number, 60 were randomly selected and divided into two experimental and control groups; each consist of 30 patients. The experimental group received 8 sessions of 90 minutes under the treatment of training based on acceptance and commitment but the control group did not receive any training.

Tools

Stay Metz's Job Stress Questionnaire

The questionnaire was developed in 1977 by Stay Metz and consists of 36 words about the situation of tension and work environment. It also investigates on the circumstances of the individual in relation to the nature of work colleagues (quoted from Dehbashi, 2004). Baraheni *et al.*, (1995) have normalized this questionnaire in Iran and the reliability and validity were reported respectively 0.72 and 0.77 (quoted by Rezaei, 1999).

Maslach Burnout Inventory

The questionnaire was developed by Maslach and colleagues in 1981 and consists of 22 scale and 3 subscales such as emotional exhaustion, personality change and reduced sense of accomplishment. The questionnaire was taken on teachers and instructors from various fields about their psychometric characteristics and has a high validity. According to Badri Gargari, the internal consistency of emotional exhaustion, Personality change and sense of competence, is respectively, 0.84, 0.75 and 0.74. Internal consistency of emotional exhaustion has been reported 0.82, personality change is 0.71 and reduced sense of accomplishment is reported to be 0.77.

Performing Protocols of ACT Sessions

First session: Orientation of members of the group and therapist and members expressing reasons for coming to this meeting. Introducing laws which compliance of them are necessary including being on time-having no absences (punctuality) and doing homework, Expressing principle of confidentiality and mutual respect of group members for one another. Expression of research topics and objectives and overall presentation of educational materials about the commitment and acceptance and its results, performing pre-test

Second session: Explanation of the principle about what is the stress and anxiety caused by cancer and other similar matters in life? And why they felt the need for psychological interventions? Creating hope

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and expectation of treatment to reduce these pressures, expressing main acceptance and understanding patient's thoughts and feelings about the problems, consciousness in a field to accepting thoughts as thoughts, feelings as feelings, and memories as memories, presenting the task in the field of self-acceptance and feelings emergent from patients.

Third session: Reviewing previous homework sessions, talking about the feelings and thoughts of the members, educating the members to accept good or bad, without judgment about their thoughts and feelings.

Educating and cognition of emotions and their difference with thoughts and feelings, presenting homework about how much we see ourselves and our feelings along with others and their feelings.

Fourth session: Reviewing assignments, providing a focus on breathing techniques and mindfulness, presenting technique of being in the present moment and stop thought technique, reaffirming the principle of accepting the cognition of emotions and thoughts.

Homework: Having a different way of looking at disturbing life events and assuming cancer as a disease nothing more or less.

Fifth session: Reviewing assignments, training and awareness to recognize the difference between acceptance and giving up and becoming aware of the fact to accept the things we cannot change. Cognition of judgment and encouraging members into not judging their feelings. Representing these techniques with mindfulness and getting aware of the feelings, just looking at them without judging them, presenting mindfulness homework along with acceptance without judgment.

Sixth session: Providing feedback and short survey of the teaching process. Asking members for the catharsis of their feelings and emotions regarding the homework of the first session. Providing the necessary training and commitment and their necessity during the treatment procedure (Commitment training in action means choosing a valuable and true path in order to achieve peace or accept any events in life), presenting selective attention technique for increased relaxation due to the influx of negative automatic thoughts, practicing mindfulness along the body scan

Seventh session: Providing feedback and exploring unresolved issues in group members, Identifying patterns of behavior in respect to the accepted deeds and commitment to act on them, creating the ability to choose among different options which is more appropriate rather than operative.

Eighth session: Reviewing assignments; wrapping the subjects up, obtaining commitment from members to do tasks after the end of the period, providing feedback to team members, and acknowledgments of their participation in meetings; performing post-test.

RESULTS AND DISCUSSION

Results

Findings

To evaluate the effect of treatment on the scores, the scores of the groups were compared before and after treatment (Table 1).

Wilks Lambda statistics (24.139) on occupational stress among the pre-test and post-test in experimental group and pre-test and post-test in control group, was significant with the error of 0.01. It can be concluded that there was a significant difference between the occupational stresses of pre and post-test in experimental group and pre-test and post-test in control group.

As such, Wilks Lambda statistics (31.210) engage in occupational stress of pre-test and post- test in experimental group and control groups was significant with the error of 0.01.

It can be concluded that there was a significant difference between occupational stress of pre-test in experimental and control groups and post-test in experimental and control groups.

As you can see, according to the study of Multifactor mixed ANOVA assumptions, Wilks Lambda statistics (7.619), in the emotional exhaustion of the pre-test and post-test in experimental group and pre-test and post-test in control group was significant with the error of 0.01. It can be concluded that there is a significant difference between pre-test and post-test of emotional exhaustion in experimental group and pre-test and post-test in control group.

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Table 1: Multivariate tests (Wilks Lambda statistics) to evaluate the effect of therapy

Variable	Effect amount	F	Assumed	df	Alpha Error	df
Occupational Stress	Time (pretest-posttest)	0.699	24.139	1	56	0.0001
Interaction	Time and group	0.642	31.210	1	56	0.0001
Emotional Exhaustion	Time (pretest-posttest)	0.880	7.619	1	56	0.008
Interaction	Time and group	0.915	5.219	1	56	0.026
Personality Change	Time (pretest-posttest)	0.779	15.918	1	56	0.0001
Interaction	Time and group	0.856	9.419	1	56	0.003
Feeling of Inadequacy	Time (pretest-posttest)	0.779	15.877	1	56	0.0001
	Time and group Interaction	0.779	15.877	1	56	0.0001

Wilks Lambda statistics (5.219) engage in emotional exhaustion of pre-test and post-test in experimental and control groups was significant with the error of 0.01. It can be concluded that there is a significant difference between the emotional exhaustion of pretest-posttest in control and experimental groups. In addition, according to the study of Multifactor mixed ANOVA assumptions, Wilks Lambda statistics (15.918) in the Personality change, between the pre-test and post-test of both experimental and control groups was significant with the error of 0.01. It can be concluded that there is a significant difference between pre-test and post-test of personality change in both experimental and control groups. Wilks Lambda statistics (9.419) on interacting personality change of pre-test and post-test in experimental group and control group was significant with the error of 0.01. It can be concluded that there is a significant difference between personality change of the pre-test and post-test on both experimental and control groups.

Discussion

Industrial and post-industrial world, has brought great difficulties and people worry about the social problems, state of the economy, and other needs, expectations of the employee, the advancement of technology and concerns of the old data and information, all cause constant stress and various emotions in a person from the moment of awakening to going to sleep. These issues have led to the incensement of job stress and can cause physical and mental illnesses. Naturally, such problems force society and the individual to look for preventative methods; therefore research and training activities are essential. According to the results obtained in this study, it can be seen that during the 8 sessions of training defensive changes has occurred in occupational stress, emotional exhaustion, and personality change and job burnout of the participants. The results are consistent with other findings (Kanter *et al.*, 2006; Bond and Bunch, 2003). To explain this finding it can be said that ACT targets the core of problems and its overall goal is to increase psychological flexibility. Also an almost complete ability to connect with the present moment and change behavior for practicing of values (Hayes, 2006). In this approach, the form and frequency of internal events is not directly addressed, but acceptance and willingness to adverse

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experiences such as anxiety, negative thoughts and memories of life is facilitated in the service of value-oriented life. Hayes believes that many of the conflicts and human suffering is due to denial of pain. When we feel fear, anxiety, depression or other negative emotions or when we think we are not content with our job and lifestyle, as a matter of fact we're trying to get into the experience and we start struggling with inner experiences. In conclusion human life is depleted over the years through fruitless efforts and destructive behaviors. Stress and burnout in nurses is more of a mental and cognitive trait and within ACT, the person is taught to have a different look in the techniques of recognition and acceptance of what she/he cannot change, presence and awareness of the present moment and acceptance of body emotions to deal with issues and problems in their professional judgment and to be committed to the acceptance. The ACT treatment as an independent approach is effective in reducing burnout, job stress and increase of job satisfaction.

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