

# The Effects of Mindful Self-Compassion (MSC) Training on Increasing Self-Compassion in Healthcare 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 elevated expectations to deliver service in a fast-paced and performance-driven context. Chronic exposure to stress, and barriers to the therapeutic relationship between a 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 MSC training, an empirically supported, psychoeducational course facilitated by an occupational therapist and certified MSC teacher. Research questions included (1) "Does 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 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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