

Commentary:

**COMBINING MINDFULNESS AND RESILIENCE TRAINING
TO ADDRESS OCCUPATIONAL BURNOUT**

Marylie W. Gerson, Ph.D.
California Lutheran University, USA

Abstract

Considerable research has demonstrated the helpfulness of mindfulness-based interventions in reducing distress and improving well-being in both healthy and disordered populations. Becker et al. (2020; see this present issue of JISS) tested whether an 8-week Mindfulness-Based Stress Reduction program could significantly reduce occupational burnout, perceived stress, and psychological distress in a small sample of university employees. While mindfulness scores increased over time, and perceived stress and psychological distress improved, burnout did not change. In this paper, burnout is discussed as a complex phenomenon, which includes elements related to self-efficacy. Resilience training involves building a personal control mindset, focused on searching for ways to improve one's own skills and behaviors when confronted by stressful situations. It may be helpful to address burnout with a combination of mindfulness and resilience training—mindfulness training to cultivate an open attitude, to facilitate insight and provide protection from non-productive rumination and worry, and resilience training to build an attitude that promotes mastery.

Keywords: burnout, resilience training, mindfulness, mindfulness-based stress reduction, self-efficacy, personal control explanatory style

AUTHOR NOTE: Please address all correspondence to: Dr. Marylie W. Gerson, Department of Psychology, California Lutheran University, 60 West Olsen Road #3800, Thousand Oaks, CA 91360, USA. Email: mgerson@calclutheran.edu

COMMENTARY

Since its introduction to mainstream western medicine in the late 1970s (Kabat-Zinn, 1990), mindfulness and its practical applications have received considerable scholarly attention. Higher levels of mindfulness are associated with a variety of positive psychological outcomes, including lower levels of worry, depression, anxiety, and anger (Baer, 2003; Brown et al., 2007; Greeson & Brantley, 2008; Grossman et al., 2004), and higher levels of happiness (Drake et al., 2008), gratitude, hope, and vitality (Baer et al., 2006; Brown & Ryan, 2003; Cardaciotto et al., 2008; Feldman et al., 2007; Walach et al., 2006). A number of studies aiming to explore the mechanisms that underlie mindfulness have also found evidence for improvement in such processes as self-regulation, executive functioning, impulsivity, and memory (Fetterman et al., 2010). Numerous meta-analytic studies have also confirmed the effectiveness of mindfulness-based interventions in reducing distress and improving well-being in healthy populations (Chiesa & Serretti, 2009; Khoury et al., 2015), as well as for a variety of mental and somatic disorders (Abbott et al., 2014; Bohlmeijer et al., 2010; Chiesa & Serretti, 2011; Cramer et al., 2012; Klainin-Yobas et al., 2012; Lauche et al., 2013; Ledesma & Kumano, 2009; McCarney et al., 2012; Piet & Hougaard, 2011; Piet et al., 2012; Spijkerman et al., 2016; Strauss et al., 2014; Veehof et al., 2011; Vøllestad et al., 2012; Zainal et al., 2013).

Becker et al. (2020; see this present issue of JISS) conducted a study to test the impact of an 8-week Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982) program on university employees. The program included 2-hour weekly sessions in a classroom setting, a 5-hour retreat midway through the program, and daily home practice. The researchers predicted that the program would significantly reduce occupational burnout as assessed by the Maslach Burnout Inventory-General Survey (MBI-GS), perceived stress as assessed by the Perceived Stress Scale (PSS), and psychological distress as assessed by the Brief Symptom Inventory-18 (BSI-18).

Becker et al.'s application of the training to a non-clinical sample of university personnel is a welcome addition to the field of research, as is their interest in exploring the phenomenon of occupational burnout. The importance of well-being in the workplace is recognized by the World Health Organization, which has added detail to the definition of the term "burn-out" in the 11th Revision of the International Classification of Diseases (ICD-11) (World Health Organization, 2019).

The effectiveness of Becker et al.'s intervention was supported by a significant increase in two measures of mindfulness (Five Facet Mindfulness Questionnaire and Mindful Attention Awareness Scale Trait Version) from pre-test to post-test, and participants scored significantly lower on both perceived stress and psychological distress at the end of the program. Burnout did not improve significantly, however.

It is not surprising that burnout did not improve; in fact, it is remarkable and encouraging that the program was so successful. There was no comparison group to rule out possible confounds, the sample was small (ending with only 11 participants), pretest

scores on the measures do not appear to have been very high, the trainings were held in a campus classroom (which may not have felt especially relaxing), and possible improvements were assessed only within an 8-week period. Occupational burnout may also be a more complex and specific factor than may be easily addressed with mindfulness alone. As noted by the ICD-11, burnout is an occupational phenomenon “...resulting from chronic workplace stress that has not been *successfully managed* [emphasis added]” (ICD-11, 2018, as cited in World Health Organization, 2019, para. 4). The ICD-11 indicates that “burn-out refers specifically to phenomena in the occupational context and should not be applied to experiences in other areas of life” (ICD-11, 2018, as cited in World Health Organization, 2019, para. 5). An important aspect of burnout may involve difficulties with managing specific aspects of one’s job. These difficulties may lead to rumination about the past and/or worry about the future—both elements that can be benefitted by mindfulness-based interventions. But burnout may also reflect difficulties related to self-efficacy.

I have long been interested in the field of resilience and the strategies that best predict successful coping with stressful situations. Among the many factors that may facilitate an adaptive response to adverse events is a mindset of persisting in the face of adversity and of considering how one may be able to improve a situation. The dangers of rumination and worry derived from characterological self-blame (i.e., blaming aspects of oneself that cannot change) have long been documented (e.g., Abramson et al., 1978; Seligman et al., 1979). If stressors are overwhelming and beyond one’s control (e.g., Bennett et al., 2005; Koss & Figueredo, 2004; O’Neill & Kerig, 2000), moving away from ruminating and worrying about them may be beneficial and helped by mindfulness meditation. But if managing a stressor is not outside the realm of possibility—as may be the case in many job settings—adopting a mindset focused first on actively seeking out and taking charge of factors within one’s control may be important for long-term well-being. People often get “stuck” on blaming aspects of themselves that cannot be changed (i.e., characterological self-blame), in blaming external factors (i.e., adopting an external attributional/explanatory style), or on feeling helplessly at the mercy of unpredictable or uncontrollable factors. In contrast, looking at ways that one can improve their skills or change their behaviors (i.e., adopting a *personal control explanatory style*) has been found to predict resilience, and developing a personal control explanatory style can be taught effectively to adults (Gerson & Fernandez, 2013).

As I look at Becker et al.’s scores for the MBI-GS’s three subscales—cynicism, exhaustion, and professional efficacy—I see that the first two scores were quite low at both pre-test and post-test (averaging 11.55 and 11.00, respectively, with a possible range of 0 to 30 for each). Scores on the professional efficacy subscale, on the other hand, began and ended above the midpoint for the scale (averaging 27.05, with a possible range of 0 to 36). Resilience training to build a mindset focused on developing the behaviors needed to maximize success may be helpful in boosting one’s professional efficacy. Perhaps resilience training, to build a mindset focused on searching for strategies to manage a job’s

problematic elements, could have improved the professional efficacy score. Perhaps such an intervention could be combined with mindfulness training, to build mastery as well as skills to reduce rumination and worry when it is counterproductive.

Successful use of mindfulness is about balance. Problems occur when a realistic balance between goal-directedness and non-judgmental acceptance has been lost. Cultivating an open attitude and acceptance of thoughts and feelings can also provide a person with insights about them; mindfulness can help one both become aware of and break away from thoughts and behavior patterns that are counterproductive. But mindfulness alone may not effectively target occupational burnout. Mindfulness is “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 145). As stated by Siegel (2007), “...by reflecting on the mind we are enabled to make choices and thus change becomes possible” (p. 5). Learning how to build strategies to effect change where it is possible may also be an important element in preventing or reducing occupational burnout.

Becker et al.’s study provides a good beginning for exploring the important issue of occupational burnout. Burnout involves more than feelings of stress, anxiety, or depression; it also has an element related to low self-efficacy. Burnout may take time to address successfully and it may require more than non-judgmental self-acceptance. Perhaps future research on burnout would benefit from combining trainings to build both a resilient coping style and mindful acceptance.

REFERENCES

- Abbott, R. A., Whear, R., Rodgers, L. R., Bethel, A., Thompson Coon, J., Kuyken, W., Stein, K., & Dickens, C. (2014). Effectiveness of mindfulness-based stress reduction and mindfulness based cognitive therapy in vascular disease: A systematic review and meta-analysis of randomised controlled trials. *Journal of Psychosomatic Research*, 76, 341–351. <https://doi.org/10.1016/j.jpsychores.2014.02.012>
- Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87, 49-74. <https://doi.org/10.1037/0021-843X.87.1.49>
- Baer, R. A. (2003). Mindfulness training as clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 125–143. <https://doi.org/10.1093/clipsy.bpg015>

- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27–45. <https://doi.org/10.1177/1073191105283504>
- Becker, M., Bartalotta, A., Morton, M., Helminen, E., Clawson, A., & Felver, J. (2020). The effects of mindfulness-based stress reduction in the higher education workplace: A pilot study. *Journal of Integrated Social Sciences 10*(1), 136-154.
- Bennett, K. K., Compas, B. E., Beckjord, E., & Glinder, J. G. (2005). Self-blame and distress among women with newly diagnosed breast cancer. *Journal of Behavioral Medicine, 28*(4), 313-323. <https://doi.org/10.1007/s10865-005-9000-0>
- Bohlmeijer, E., Prenger, R., Taal, E., & Cuijpers, P. (2010). The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: a meta-analysis. *Journal of Psychosomatic Research, 68*(6), 539–544. <https://doi.org/10.1016/j.jpsychores.2009.10.005>
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*, 822-848. <https://doi.org/10.1037/0022-3514.84.4.822>
- Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry, 18*, 272–281. <https://doi.org/10.1080/10478400701598298>
- Cardaciotto, L., Herbert, J. D., Forman, E. M., Moitra, E., & Farrow, V. (2008). The assessment of present-moment awareness and acceptance: The Philadelphia Mindfulness Scale. *Assessment, 15*, 204–223. <https://doi.org/10.1177/1073191107311467>
- Chiesa, A., & Serretti, A. (2009). Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis. *Journal of Alternative and Complementary Medicine, 15*, 593–600. <https://doi.org/10.1089/acm.2008.0495>
- Chiesa, A., & Serretti, A. (2011). Mindfulness-based cognitive therapy for psychiatric disorders: A systematic review and meta-analysis. *Psychiatry Research, 187*(3), 441–453. <https://doi.org/10.1016/j.psychres.2010.08.011>
- Cramer, H., Lauche, R., Paul, A., & Dobos, G. (2012). Mindfulness-based stress reduction for breast cancer: A systematic review and meta-analysis. *Current Oncology, 19*, e343–e352. <https://doi.org/10.3747/co.19.1016>
- Drake, L., Duncan, E., Sutherland, F., Abernethy, C., & Henry, C. (2008). Time perspective and correlates of well-being. *Time and Society, 17*, 47–61. <https://doi.org/10.1177/0961463X07086304>
- Feldman, G., Hayes, A., Kumar, S., Greeson, J., & Laurenceau, J. (2007). Mindfulness and emotion regulation: The development and initial validation of the Cognitive and Affective Mindfulness Scale-Revised (CAMS-R). *Journal of Psychopathology and Behavioral Assessment, 29*, 177–190. <https://doi.org/10.1007/s10862-006-9035-8>

- Fetterman, A. K., Robinson, M. D., Ode, S., et al. (2010). Neuroticism as a risk factor for behavioral dysregulation: A mindfulness mediation perspective. *Journal of Social and Clinical Psychology, 29*, 301-321. <https://doi.org/10.1521/jscp.2010.29.3.301>
- Gerson, M. W., & Fernandez, N. (2013). PATH: a program to build resilience and thriving in undergraduates. *Journal of Applied Social Psychology, 43*, 2169-2184. <https://doi.org/10.1111/jasp.12168>
- Greenson, J., & Brantley, J. (2008). Mindfulness and anxiety disorders: Developing a wise relationship with the inner experience of fear. In: F. Didonna (Ed.). *Clinical handbook of mindfulness* (pp. 171-188). New York: Springer. https://doi.org/10.1007/978-0-387-09593-6_11
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research, 57*, 35-43. [https://doi.org/10.1016/S0022-3999\(03\)00573-7](https://doi.org/10.1016/S0022-3999(03)00573-7)
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry, 4*(1), 33-47. [https://doi.org/10.1016/0163-8343\(82\)90026-3](https://doi.org/10.1016/0163-8343(82)90026-3)
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. Delacorte.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2). <https://doi.org/10.1093/clipsy.bpg016>
- Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. *Journal of Psychosomatic Research, 78*, 519-528. <https://doi.org/10.1016/j.jpsychores.2015.03.009>
- Klainin-Yobas, P., Cho, M. A., & Creedy, D. (2012). Efficacy of mindfulness-based interventions on depressive symptoms among people with mental disorders: A meta-analysis. *International Journal of Nursing Studies, 49*, 109-121. <https://doi.org/10.1016/j.ijnurstu.2011.08.014>
- Koss, M. P., & Figueredo, A. J. (2004). Change in cognitive mediators of rape's impact on psychology health across 2 years of recovery. *Journal of Consulting and Clinical Psychology, 72*(6), 1063-1072. <https://doi.org/10.1037/0022-006X.72.6.1063>
- Lauche, R., Cramer, H., Dobos, G., Langhorst, J., & Schmidt, S. (2013). A systematic review and meta-analysis of mindfulness-based stress reduction for the fibromyalgia syndrome. *Journal of Psychosomatic Research, 75*, 500-510. <https://doi.org/10.1016/j.jpsychores.2013.10.010>
- Ledesma, D., & Kumano, H. (2009). Mindfulness-based stress reduction and cancer: A meta-analysis. *Psycho-Oncology, 18*, 571-579. <https://doi.org/10.1002/pon.1400>

- McCarney, R. W., Schulz, J., & Grey, A. R. (2012). Effectiveness of mindfulness-based therapies in reducing symptoms of depression: A meta-analysis. *European Journal of Psychotherapy & Counselling, 14*, 279–299. <https://doi.org/10.1080/13642537.2012.713186>
- O’Neill, M. L., & Kerig, P. K. (2000). Attributions of self-blame and perceived control as moderators of adjustment in battered women. *Journal of Interpersonal Violence, 15*(10), 1036-1049. <https://doi.org/10.1177/088626000015010002>
- Piet, J., & Hougaard, E. (2011). The effect of mindfulness-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: A systematic review and meta-analysis. *Clinical Psychology Review, 31*, 1032–1040. <https://doi.org/10.1016/j.cpr.2011.05.002>
- Piet, J., Würtzen, H., & Zachariae, R. (2012). The effect of mindfulness-based therapy on symptoms of anxiety and depression in adult cancer patients and survivors: A systematic review and meta-analysis. *Journal of Consulting and Clinical Psychology, 80*, 1007–1020. <https://doi.org/10.1037/a0028329>
- Seligman, M. E. P., Abramson, L. Y., Semmel, A., & von Baeyer, C. (1979). Depressive attributional style. *Journal of Abnormal Psychology, 88*, 242-247. <https://doi.org/10.1037/0021-843X.88.3.242>
- Siegel, D. J. (2007). *The mindful brain*. W. W. Norton & Company.
- Spijkerman, M. P. J., Pots, W. T. M., & Bohlmeijer, E. T. (2016). Effectiveness of online mindfulness-based interventions in improving mental health: A review and meta-analysis of randomized controlled trials. *Clinical Psychology Review, 45*, 102-114. <http://dx.doi.org/10.1016/j.cpr.2016.03.009>
- Strauss, C., Cavanagh, K., Oliver, A., & Pettman, D. (2014). Mindfulness-based interventions for people diagnosed with a current episode of an anxiety or depressive disorder: A meta-analysis of randomised controlled trials. *PloS One, 9*, e96110. <https://doi.org/10.1371/journal.pone.0096110>
- Veehof, M. M., Oskam, M. J., Schreurs, K. M., & Bohlmeijer, E. T. (2011). Acceptance-based interventions for the treatment of chronic pain: A systematic review and metaanalysis. *Pain, 152*, 533–542. <https://doi.org/10.1016/j.pain.2010.11.002>
- Vøllestad, J., Nielsen, M. B., & Nielsen, G. H. (2012). Mindfulness- and acceptance-based interventions for anxiety disorders: A systematic review and meta-analysis. *British Journal of Clinical Psychology, 51*, 239–260. <https://doi.org/10.1111/j.2044-8260.2011.02024.x>
- Walach, H., Buchheld, N., Butenmuller, V., Kleinknecht, N., & Schmidt, S. (2006). Measuring mindfulness: The Freiburg Mindfulness Inventory (FMI). *Personality and Individual Differences, 40*, 1543–1555. <https://doi.org/10.1016/j.paid.2005.11.025>
- World Health Organization. (2019, May 28). *Burn-out an “occupational phenomenon”*: *International Classification of Diseases*.

https://www.who.int/mental_health/evidence/burn-out/en/

Zainal, N. Z., Booth, S., & Huppert, F. A. (2013). The efficacy of mindfulness-based stress reduction on mental health of breast cancer patients: A meta-analysis. *Psycho-Oncology*, 22, 1457–1465. <https://doi.org/10.1002/pon.3171>

AUTHOR INFORMATION:

Marylie W. Gerson is a Professor of Psychology at California Lutheran University. She is both a licensed clinical psychologist and an experimental social psychologist. Her current research interests include identity development, mindfulness, and resilience.

Address: Dr. Marylie W. Gerson, Department of Psychology, California Lutheran University, 60 West Olsen Road #3800, Thousand Oaks, CA 91360, USA.

Email: mgeron@callutheran.edu