

# Feasibility evaluation of a mindfulness-based intervention for primary care professionals: Proposal of an evaluative model

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## ABSTRACT

A critical issue in the contemporary field of public health is the organizational stress experienced by healthcare professionals. An integrative and complementary therapy that research has shown as efficacious in helping healthcare professionals to cope with stress is mindfulness meditation. An intervention, however, can't merely be efficacious, it also needs to be feasible to be implemented in a specific political and organizational context. This paper proposes a theoretical logical model and evaluation matrix of the feasibility of a mindfulness-based stress reduction program for primary care professionals. The literature review about the topic was the source for the construction of the theoretical logical model and evaluation matrix, and the validation of those was given by consensus methods, gathering data from experts in the field.

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## 1. Introduction

A critical issue in the contemporary field of public health is the organizational stress experienced by healthcare professionals. Among all professional categories, there are reasons why healthcare professionals often present prevalent organizational stress as a result of their job. In their day-to-day work activities, by having contact with patients, they witness disease, pain, and many times death. The recurrent contact with patients' suffering, over time, can become itself a source of stress. In the last few years, there has been an increase in the interest in organizational stress experienced by those who work specifically in primary care [1–4]. An intervention that constitutes an integrative and complementary therapy, which robust research data has demonstrated as efficacious in stress reduction, are mindfulness-based programs. Although there is an increase in the number of studies that show the benefits of mindfulness-based interventions (MBIs) for healthcare professionals, there are few studies which investigate the feasibility of the implementation of MBIs in large scale, as in the national health systems [5–7]. The type of study that aims to evaluate the level which an intervention is feasible in a real-world context is called

feasibility evaluation. A feasibility evaluation has the primary goal of identifying different components, in the program or in the system, in which modifications are required for an adequate execution and implementation [8].

The main objective of this paper is to propose an evaluative model of the feasibility of a mindfulness-based stress reduction program for primary care professionals. The study also has the specific objective of discussing the factors that can influence the feasibility of mindfulness-based interventions in the primary care context.

## 2. Methods

The present study was composed of two stages. The first stage was a literature review about the following topics: organizational stress, organizational stress experienced by primary care professionals, mindfulness-based interventions for healthcare professionals and the feasibility of mindfulness-based interventions. The search strategy contained national and international bibliographic databases such as MEDLINE (Pubmed), PubMed Central, LILACS, CAPES' thesis and dissertations portal, SciELO, and included

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search mechanisms such as Google Scholar.

The second stage, using as a foundation the evidence obtained through the literature review, was the construction of a theoretical logic model and evaluative matrix. The theoretical logic model is an idealization of reality aiming to make explicit the relations that are established between the components of the program, as well as the relations between the program and the context where it will be executed.

The theoretical logic model was used subsequently as a reference to guide the elaboration of the evaluation matrix. The factors which determine the feasibility of the mindfulness meditation program became the dimensions and sub-dimensions of the evaluation matrix. The evaluation matrix is composed of indicators, measures, and parameters. The indicators are essential to perform the evaluation because to reach a *value judgment* about the *feasibility levels* of the components of the program it is necessary to compare the results obtained through the measures with their respective parameters. Finally, once the evaluative matrix was created, it was constructed the judgmental matrix, also known as the final matrix of the evaluation.

The judgmental matrix displays, besides value judgments for each parameter level, how to synthesize the indicators results and obtain the value judgments for the subdimensions, the dimensions, and the overall program. The significance of the creation of an evaluative matrix is that, if it is applied in a real-world healthcare setting, it will be able to indicate the feasibility levels of each component of the mindfulness-based program and inform the required modifications for its implementation.

The validation of the theoretical logic model, the evaluation matrix, and the judgmental matrix was carried out through consensus methods in a traditional committee meeting [9], gathering data from three experts in the fields of health evaluation, workers' health and mindfulness meditation. The context validity was analyzed, and modifications were suggested and applied, such

as the rewriting of indicators to ensure clarity, the creation of new measures and the collapsing of parameters categories.

### 3. Results and discussion

The results of this study are the theoretical logic model, the evaluation matrix, and the judgmental matrix. The theoretical logic model is presented in Fig. 1.

The theoretical logic model describes the flow of the feasibility of implementing a mindfulness-based program for stress reduction in the context of primary care. The center of the theoretical logic model shows the mindfulness-based stress reduction program, which is the object of the evaluation. The theoretical conceptualization of organizational stress as a result of the relation between work environment and the professionals [10] is illustrated in the model by means of the double arrow. In the left side of the model, it is shown how organizational factors of this specific health care level and the nature of the work of healthcare professionals, in general, conform the work environment of primary care professionals and, consequently, their respective demands. In the upper right side of the model, it is illustrated the factors which determine the feasibility of a mindfulness meditation program. The factors which determine the feasibility were aggregated in two dimensions, the **Organizational Context Dimension** and the **Stakeholders' Perspective Dimension** [11].

The Organizational Context Dimension contains aspects that can be divided into three subdimensions: the **Practicality Subdimension**, the **Adaptation Subdimension**, and the **Integration Subdimension**. The Practicality Subdimension comprehends the extension which a program can be executed and implemented by using the already available resources, without the need for external intervention<sup>[11]</sup>. The importance of available resources is because, if there is a shortage of resources or perception of scarcity, the participants in the process of implementation can create expectations

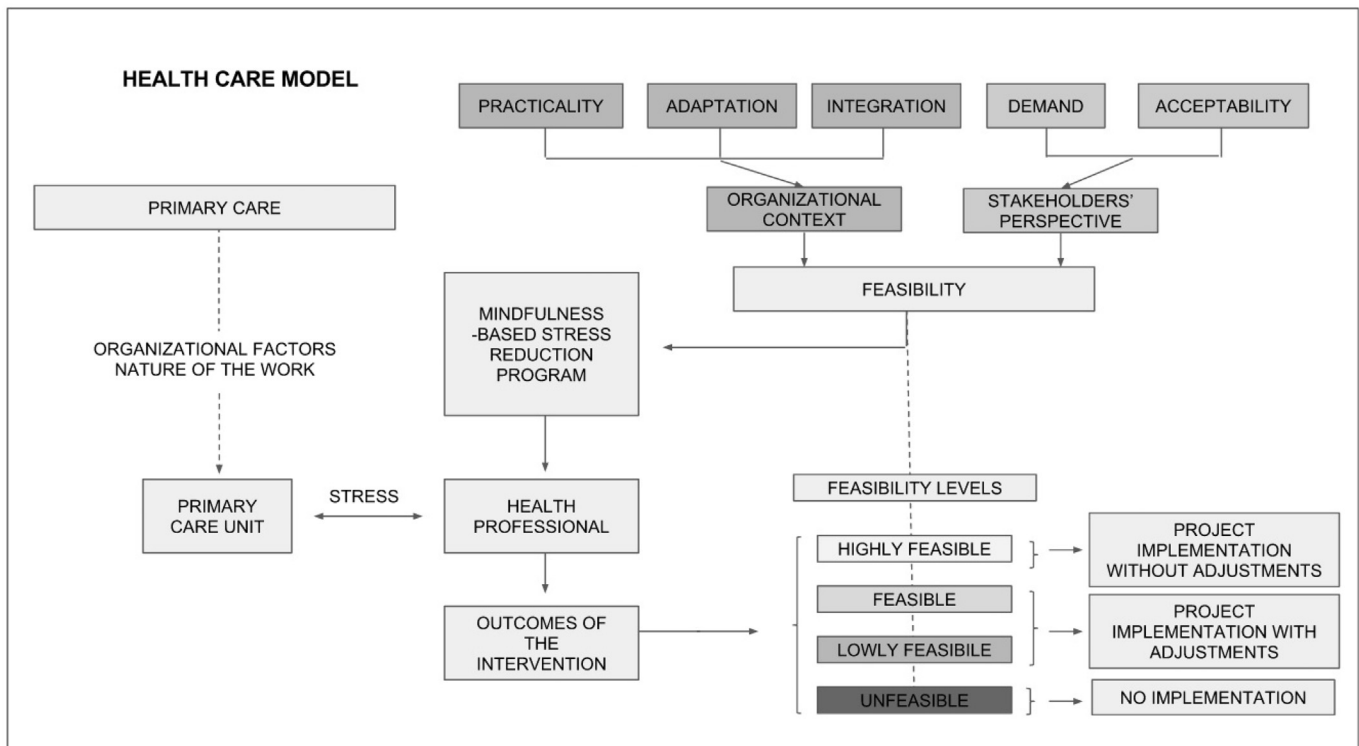


Fig. 1. Theoretical logic model of the feasibility of a mindfulness-based stress reduction program for primary care professionals.

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