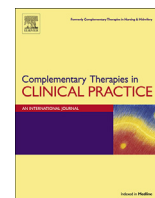




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## Complementary Therapies in Clinical Practice

journal homepage: [www.elsevier.com/locate/ctcp](http://www.elsevier.com/locate/ctcp)

# “Awareness is the first step”: An interprofessional course on mindfulness & mindful-movement for healthcare professionals and students



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## ARTICLE INFO

## Article history:

Received 6 May 2016

Received in revised form

15 July 2016

Accepted 1 August 2016

## Keywords:

Mindful movement

Healthcare professionals

Stress

Burnout

## ABSTRACT

High levels of stress and related burnout in healthcare professionals (HCPs) are prevalent and costly conditions. Mindfulness training has received recent attention as a possible prevention/intervention strategy to enhance resilience to stress and reduce risk of burnout in HCPs. The purpose of this mixed-methods pilot study was to evaluate the preliminary feasibility, acceptability, and preliminary effects of an 8-week mindfulness curriculum for interprofessional HCPs and trainees ( $n = 27$ ). Qualitative findings supported feasibility and acceptability of the course for a wide variety of HCP disciplines, including nursing, dentistry, medicine, pharmacy, social work, mental health, and clinical research. Despite being limited by a small sample size, there were statistically significant reductions in perceived stress, anxiety, and specific aspects of burnout from pre- to post-intervention and there was a trend in an enhanced sense of personal accomplishment over time.

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## 1. Introduction

High levels of stress and related burnout in healthcare professionals (HCPs) are prevalent and costly conditions. Although definitions vary, burnout is typically considered to be the combination of emotional, physical, and mental exhaustion accompanied by disengagement with work activities and decreased work-related effectiveness, all of which occur as a result to prolonged stress exposure [1–4]. Stress and burnout are associated with poor job-related performance including sub-optimal patient care, decreased patient satisfaction, and errors in patient care. Further, high levels of stress and burnout carry negative sequelae for HCPs' personal mental and physical health as well as for effective functioning within the healthcare team and system. From the perspective of a patient or a provider, these sequelae are

unacceptable because of the individual health impact. Further, from a health systems' perspective, these sequelae can be hugely detrimental to effective and financially-viable functioning of a system which depends upon cost control and effective use of limited resources.

Burnout is experienced by HCPs of all types, including professionals and trainees in nursing, medical, dental, and other allied health fields. Studies suggest that up to 70% of nurses experience burnout and/or compassion fatigue (feelings of helplessness or anger in response to patient-related stressors) at some point [5–8]. Dentistry and oral and maxillofacial surgery, in particular, have also been identified as health care fields to be at particularly high risk of burnout [9,10], and often this is considered to be related to a decreased satisfaction from their work often triggering early retirement [11,12]. Likewise, burnout in mental health professionals have been documented in the average to moderate ranges, with high levels documented in students/trainees [13–15].

Burnout occurs most often because HCPs experience high levels of stress which may exceed the personal or system resources

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available to manage that stress. An extensive literature describes potential causes of HCP stress, from heavy workload and difficult patients, to moral distress, to personal stressors, to system-level issues, to length of time in a position, and more [1,16–19]. No matter the cause, prolonged exposure to high levels of stress can cause allostatic overload, or the cumulative wear and tear that is induced by dysregulated physiological stress management reactions, leading to degradations in mental and physical health [20,21]. The degree to which an individual perceives that stress to be significant and whether s/he has perceived control over the situation is highly relevant to whether negative sequelae occur [22]. Hence, in order to prevent adverse sequelae, interventions must impact an individual's perceptions of available coping abilities [23].

## 2. Background

Enhancing HCPs' resilience to stress is of utmost priority in order to prevent negative sequelae of stress and burnout. Prevention/intervention strategies for this prevalent and costly condition warrant close attention. Because burnout does not typically develop acutely but rather develops over a prolonged period of stress-exposure, there are multiple opportunities to prevent/intervene in order to enhance HCPs' resilience to stress and ultimately prevent burnout. Rates of burnout are correlated with working conditions on clinical units and higher performing clinical areas tend to be more collaborative [24,25]. It is imperative that interprofessional research identifies ways for HCPs to strengthen their internal environment, and thus their resilience and adaptation to the stressful world around them. Suggested prevention/intervention strategies for HCP stress and burnout include those which impact both individual-level and organization-level stress management, such as integrated approaches which normalize the experience of stress among all HCPs and create a culture of openness and understanding [26].

Mindfulness training has received recent attention as one such prevention/intervention strategy for clinical populations and HCPs to enhance resilience [27–29]. Mindfulness is typically defined as non-judgmental present-focused awareness [30] and has been linked to reflective practice by clinicians [31]. Mindfulness is practiced by focusing on a specific present-moment stimulus, often the breath, guided imagery, mantra, or sound/word repetition, or through gentle body movements (e.g., yoga, Tai Chi). Mindfulness appears to be highly correlated with resilience [32]. Mindfulness curricula, such as mindfulness-based stress reduction, has received attention for its moderate effects on stress, depression, anxiety, and quality of life in healthy populations [33]. Several studies preliminarily support the use of mindfulness training to improve resiliency and decrease burnout in healthcare providers both at the training level and in practicing clinicians [34–36]. Mindfulness is conceptualized as a phenomenological state in which the practitioner is able to direct attention – inhibiting attention on past or future thought processes (e.g., ruminations and worries), by bringing attention to the object of focus. Theoretically, this self-regulation ability is thought to improve resiliency by reducing depressive rumination and anxious worrying, thereby leading to positive downstream effects, such as more cognitive resources for task attention, positive regulatory processes, and improvements in self-efficacy and motivation [37]. In addition, the practice of mindfulness may increase resiliency by improving the biological responses to stress [38]. Specifically, mindfulness training may lead to decreases in markers of physiological arousal (e.g., cortisol) in response to stress and may return the practitioner to baseline more quickly following a stressor, therefore reducing the negative effects of chronic stress [39–41]. Finally, mindfulness training has multiple clinical applications [42], hence clinicians may wish to learn

applications of mindfulness not only for personal wellness but also to apply in clinical settings with patients.

In particular, mindful movement may be particularly helpful in improving resiliency in novice practitioners and highly stressed populations. It has been theorized that yoga, as an example of mindful-movement, has positive effects by way of integrating bottom up and top down stress-regulation via bidirectional feedback and interoceptive (i.e. both physical and emotional/cognitive) processes [40,43]. Specifically, the incorporation of rhythmic breathing practices, gentle movements, and guided relaxation with the practice of seated meditation may lead to greater interoceptive awareness and control (bottom-up regulation), and the practice of movement in particular may lead to greater physical awareness and self-efficacy (top-down regulation) [40,43]. These influences may produce synergistic effects as self-regulatory processes integrate, improving physiological and psychological health. There is compelling evidence in support of mindful-movement interventions for reducing stress and stress related outcomes [29,42,44]. Of note, recent studies have investigated the effects of a mindful-movement intervention on measures of burnout in medical students [45] and nurses [46]. While these interventions were similar to the current intervention, they did not include didactic on the application of mindfulness to specific stressors faced by clinicians, nor were they tailored to an interprofessional group of HCPs. However, those previous studies provide compelling evidence to suggest that a mindful-movement intervention specifically tailored to HCPs and HCP trainees may have positive effects on HCP-specific burnout. With a limited but promising evidence based for interventions related to mindful practice, further careful study is needed to define the content, dose, timing, and format of effective interventions.

The purpose of this study was to evaluate the preliminary feasibility, acceptability, and effects of an 8-week mindfulness curriculum for interprofessional HCPs and trainees. Using interprofessional education competencies and based upon foundational mindfulness and yoga literature, we have developed a course on mindfulness combined with mindful-movement for HCPs and trainees. The course was purposefully designed to use an interprofessional approach to enhancing mindfulness and stress resilience, given that most HCPs practice in an interprofessional environment. This study evaluates the following research aims [1]: explore the feasibility and acceptability of a mindfulness class for HCPs and HCP trainees; and [2] evaluate levels of and changes in psychological measures including depression severity, stress, anxiety, ruminations, emotional exhaustion, burnout, and perceived personal accomplishment in those who participated in the mindfulness for HCPs course.

## 3. Methods

### 3.1. Methodology/research design and ethical considerations

This study used a within-group repeated measures design to investigate the effects of a newly developed 8-week mindful-movement based intervention for HCPs and HCP trainees. Following approval by the Virginia Commonwealth University Institutional Review Board, data was collected from HCPs and HCP trainees who participated in the author-led 8-week mindfulness course at some point between September 2014 to May 2016. All participants were told that their participation was completely voluntary and provided informed consent. The intervention course was offered in an 8-week session, meeting once per week for 2 h. Intervention sessions were held in university rooms and participants were asked to bring a yoga mat to each session.

With regards to intervention development, our interprofessional team (PK: PhD-prepared nurse scientist; GD: oral-maxillofacial

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