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IMPLEMENTATING A MINDFULNESS TRAINING PROGRAM FOR HEALTHCARE PROFESSIONALS AT RADIOLOGY DEPARTMENT OF A TERTIARY HOSPITAL: A BRAZILIAN EXPERIENCE

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Introduction

Healthcare professionals play a crucial role in patient care, and they are susceptible to job-related stress and burnout.



Several research studies have indicated a potential connection between mindfulness practice and heightened levels of self-compassion and compassion towards others. This relationship is believed to be fostered as individuals become more adept at embracing the present moment without harsh judgment, leading to a more realistic understanding of situations. Moreover, it is thought to enhance skills like decision-making and interpersonal communication.

Objectives

The primary goal of this study was to evaluate the compliance and effectiveness of an eight-week mindfulness training program within the radiology department of a private tertiary hospital in Brazil, involving healthcare professionals.





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Methods



Source: Sirio Libanês Hospital

Participants who opted to join the program completed various standardized forms and instruments, such as the Informed Consent Form, a sociodemographic questionnaire, and other general information sheets. Additionally, well-being assessments were conducted using the Conscientious Attention Awareness Scale (MAAS) and the Perceived Stress Scale (PSS10). The study employed a pre-and-post design to measure changes in well-being outcomes.

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A workshop was conducted to showcase mindfulness techniques and provide an overview of the associated theoretical concepts. An initial meeting was organized for 44 participants, allowing them to decide whether they wished to commit to eight weeks of practice following this introductory session

Perceived Stress Scale

A more precise measure of personal stress can be determined by using a variety of instruments that have been designed to help measure individual stress levels. The first of these is called the **Perceived Stress Scale**.

The Perceived Stress Scale (PSS) is a classic stress assessment instrument. The tool, while originally developed in 1983, remains a popular choice for helping us understand how different situations affect our feelings and our perceived stress. The questions in this scale ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate.

For each question choose from the following alternatives:
 0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

- In the last month, how often have you been upset because of something that happened unexpectedly?
- In the last month, how often have you felt that you were unable to control the important things in your life?
- In the last month, how often have you felt nervous and stressed?
- In the last month, how often have you felt confident about your ability to handle your personal problems?
- In the last month, how often have you felt that things were going your way?
- In the last month, how often have you found that you could not cope with all the things that you had to do?
- In the last month, how often have you been able to control irritations in your life?
- In the last month, how often have you felt that you were on top of things?
- In the last month, how often have you been angered because of things that happened that were outside of your control?
- In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

PSS10

Day-to-Day Experiences

Instructions: Below is a collection of statements about your everyday experience. Using the 6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what *really* reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

	1 Almost Always	2 Very Frequently	3 Somewhat Frequently	4 Somewhat Infrequently	5 Very Infrequently	6 Almost Never
I could be experiencing some emotion and not be conscious of it until some time later.				1	2	3 4 5 6
I break or spill things because of carelessness, not paying attention, or thinking of something else.				1	2	3 4 5 6
I find it difficult to stay focused on what's happening in the present.				1	2	3 4 5 6
I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.				1	2	3 4 5 6
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.				1	2	3 4 5 6
I forget a person's name almost as soon as I've been told it for the first time.				1	2	3 4 5 6
It seems I am "running on automatic," without much awareness of what I'm doing.				1	2	3 4 5 6
I rush through activities without being really attentive to them.				1	2	3 4 5 6
I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.				1	2	3 4 5 6
I do jobs or tasks automatically, without being aware of what I'm doing.				1	2	3 4 5 6
I find myself listening to someone with one ear, doing something else at the same time.				1	2	3 4 5 6

1

	1 Almost Always	2 Very Frequently	3 Somewhat Frequently	4 Somewhat Infrequently	5 Very Infrequently	6 Almost Never
I drive places on 'automatic pilot' and then wonder why I went there.				1	2	3 4 5 6
I find myself preoccupied with the future or the past.				1	2	3 4 5 6
I find myself doing things without paying attention.				1	2	3 4 5 6
I snack without being aware that I'm eating.				1	2	3 4 5 6

MAAS

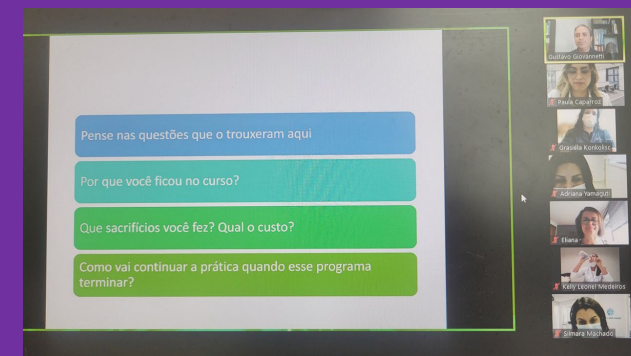
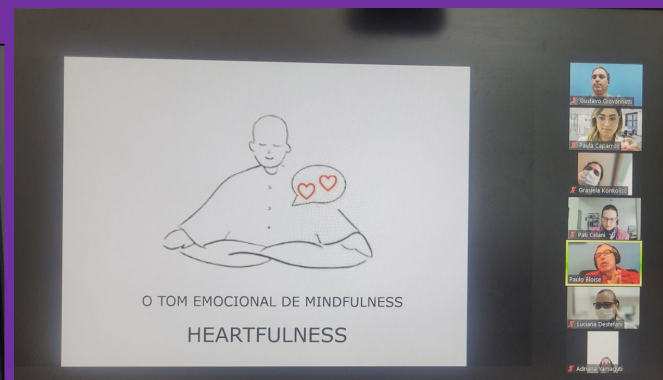
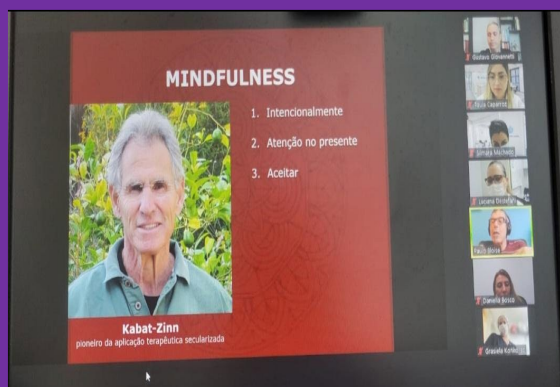
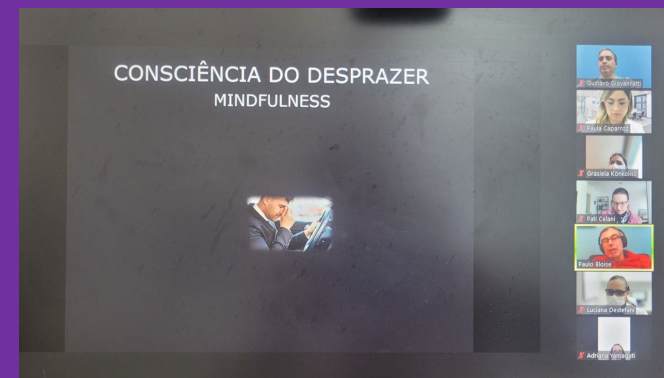
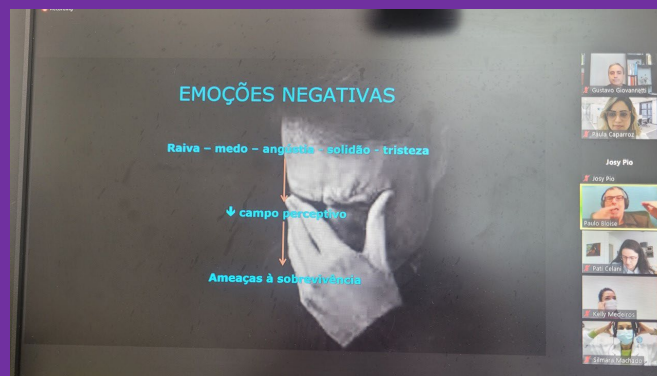
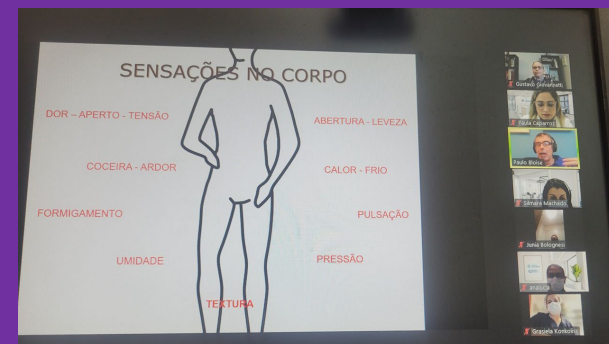
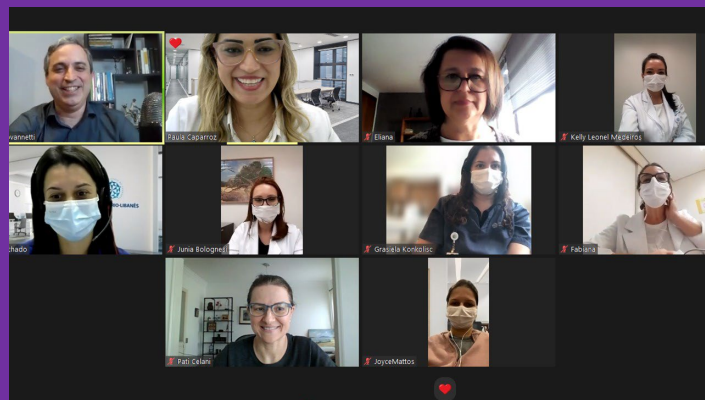


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Methods

Between June and July 2022, a series of eight workshop sessions were held, and voluntary involvement was encouraged among the intended participants. Daily meditation exercises were shared, and discussion forums were established to provide a platform for addressing any questions or concerns.

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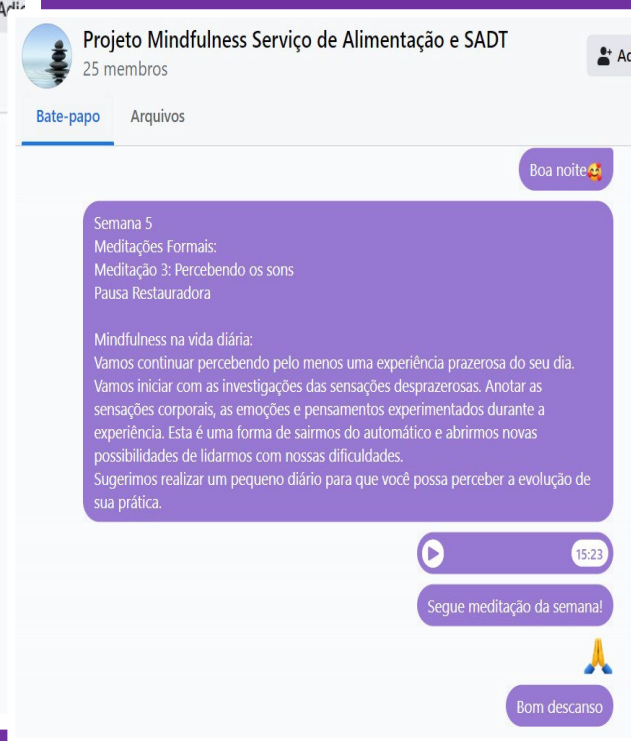
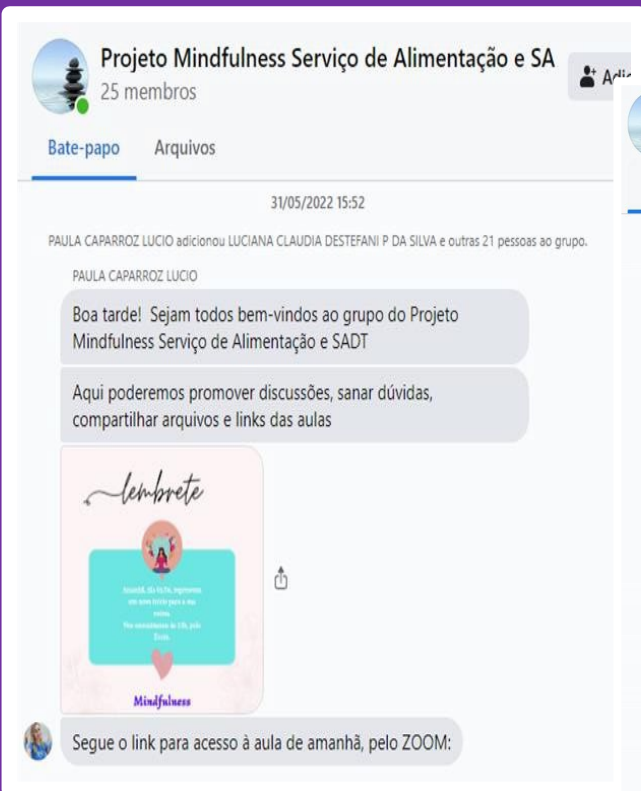


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Methods

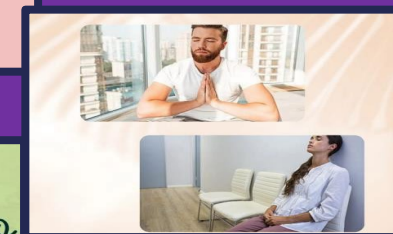
Digital folders with motivational content were established as a proactive measure to address the anticipated challenge of project abandonment resulting from the prioritization of other tasks and the occurrence of demanding or stressful events.

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Encouraging and friendly messages, along with meditation files, were distributed within the exclusive participant group to provide support for their daily mindfulness practices.

Recordings of the classes were made and shared within the group for employees who couldn't participate in real-time.



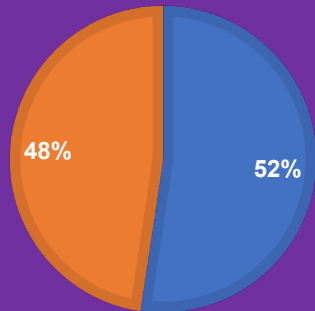


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Results

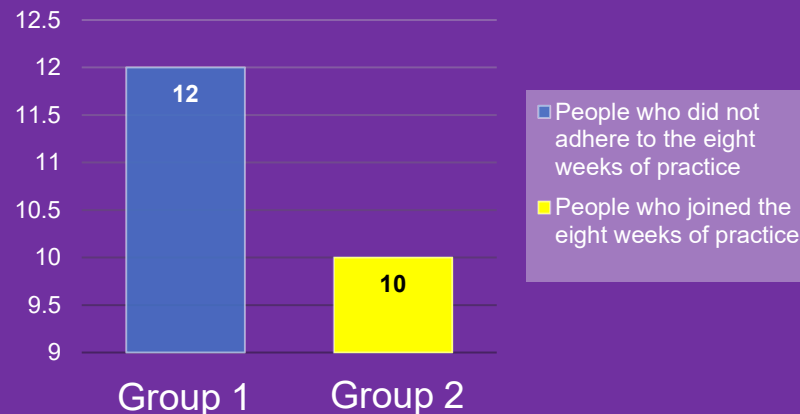
Participation on the mindfulness program

- People who agreed to participate in the Program
- People who did not accept to participate in the Program

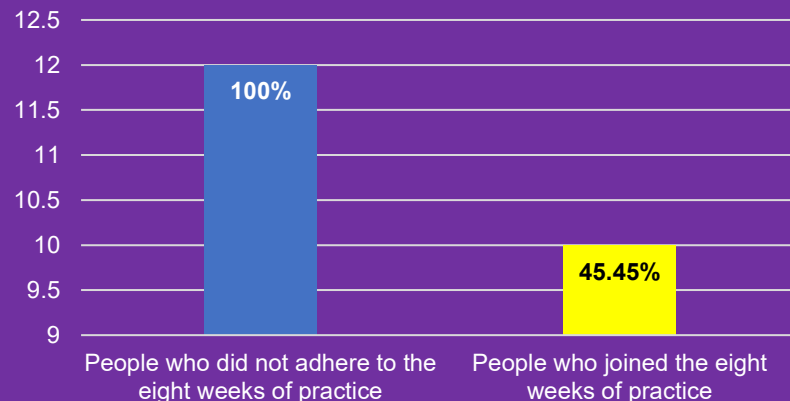


The final sample was composed of 22 health professionals (mostly nurses and biomedical scientists) that volunteered to participate, and ten professionals (45%) fully adhered to the training (group 1).

Employee adherence (N)



Employee adherence (%)



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Before the intervention

PSS10



“Have you been thinking about the things you should do?”

After the intervention

MAAS

All participants (group 1 and group 2) reached a consensus on those questions:

“I tend to walk fast to reach my destination, without paying attention to what I experience on the way”

“I am worried about the future and the past”

The group 2 had higher response scores, when compared to the group 1, for the following question:

“I don't usually notice pain or physical discomfort until they really call my attention”



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Discussion

To enhance participant engagement in the Mindfulness Program, a variety of strategies were employed.

These included implementing reminders, providing access to class recordings and guided meditation audio files to encourage daily practice. However, it was crucial to establish prior communication and alignment with managers to ensure that participants' practice times could be safeguarded within their schedules without negatively impacting clinical responsibilities.

There were instances when adherence to the practices was challenging due to the demands of regular patient care routines. In such cases, ongoing support from managers was essential. Project leaders played a vital role in monitoring participation and assisting individuals who utilized the recorded materials to ensure that they were able to engage in daily practices as instructed by the experienced psychiatrists leading the program.





Conclusions

The intervention described showed a connection to shifts in how participants perceived pain and physical discomfort, irrespective of their ability to commit to the full eight weeks of practice.

Following the intervention, both groups displayed increased mindfulness in the present moment and reduced preoccupation with future events, indicating potential benefits in terms of self-awareness and attention.

These findings imply that the intervention was successful in enhancing the well-being of participants, even if they didn't fully adhere to the practice. It's worth noting that individuals who completed the full eight weeks of practice scored higher in their self-perception of pain or discomfort.



Take home message



Securing the emotional well-being of healthcare professionals leads to enhanced performance, ultimately elevating the standard of patient care.

Institutions must recognize their obligation to foster well-being among their caregivers. Beyond enhancing decision-making, focus, and communication, mindfulness practices, including meditation techniques, can contribute to both personal and professional satisfaction and well-being, fostering a compassionate and humane work environment.



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