



Embedding a mindfulness practice into our healthcare workplace

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Note: This template is written with a physician focus. It can easily be translated to have an alternative or broader health profession (or whole-of-team) focus.



1. Executive summary

Physician (or any healthcare worker) Wellness is increasingly recognised as an entity which is facing acute and chronic challenges and which requires acknowledgement and support. Existing programs to address this tend to be impersonal, generic, separate from work environments, externally provided, and organization-driven. They also tend to focus on “fixing a problem when it arises” (reactive).

We propose to embed a Wellness program into the immediate workplace. One facet of this program is Mindfulness practice, selected for its proven benefits for Wellness as well as Performance.

This approach works at individual and team level, is modified to suit the local environment, is designed to be embedded into daily tasks, and is created and driven by front-line staff, for front-line staff. Its framework is “Creating a work environment where all staff can thrive” (proactive).

2. Purpose

To cultivate a functional and effective healthcare workplace, whereby staff feel supported and enabled in their own self-care, co-worker relationships are positive, and a cohesive approach is taken to delivering high quality patient care.

3. Objectives

To embed a Wellness program (based on Mindfulness practice) into the workplace.

To utilize validated strategies to enhance staff self-awareness and response to situations. To adopt these strategies at individual as well as group/team level.

The primary outcome is that staff recognize that the organization/department makes an overt statement about prioritizing Wellness in staff. That staff can engage in a dialogue with each other about their wellbeing, their interactions and their working relationships. That workplaces become overtly supportive, nourishing and functional. That, via enhanced leadership, communication and empathy, this translates into high quality patient care.

Tangible outcomes are difficult to measure, due to multiple system confounders. It is difficult to make the statement: Because we introduced a Wellness program, staff sick leave and attrition decreased, and patient satisfaction scores increased.

The proof of value of the project will be staff willingness to sustain it.



Achievability will be dependent upon:

- Leadership/enabement
- Champions
- Perseverance

In order to be effective and sustainable, practices must be embedded into day-to-day tasks. Staff cannot be expected to be removed from their tasks in order to engage in activities. Practices must be clearly optional and not enforced.

We propose a one-month trial of activity, and then a survey to gauge response and interest.

4. Strategy (and justification)

Current situation:

Physician (and health care worker) wellness is an increasingly discussed, debated and publicized issue internationally.

In Australia, there is an increasing recognition of the importance of issues such as burnout, compassion fatigue and mental health issues including suicidality on the one hand, and of concepts such as resilience and wellbeing on the other.

At one extreme, there are well publicised cases of physician suicide, and the impact of this upon individuals, families, the medical profession and the community. Also on the spectrum is a large cohort of physicians, trainees and students who struggle more insidiously with subacute or chronic stressors, personal and/or professional. These struggles are largely unacknowledged, unrecognized and unsupported.

The consequence of this is not only compromised Wellness, but compromised Performance. It is asserted that Wellness enhances Professionalism (and traits related to Emotional Intelligence: leadership, communication, teamwork), and that Professionalism in turn enhances Performance.

Current organisational strategies and resources for addressing these issues are largely:

- dependant on the individual initiating input/support
- focused on “fixing a problem” or “helping someone who is struggling/failing”
- a generic approach to resolving specific, variable individual issues
- sourcing an external provider



This could arguably be improved by:

- changing the focus of a Staff Wellness program to “cultivating an environment where all can thrive”, so that all staff, well and otherwise, are engaged
- seeking and encouraging group/team-level engagement
- normalizing the conversation on staff Wellness
- developing an in-house program designed by staff

Best Practices/Justification:

The neuroscientific evidence for the benefits of Mindfulness is increasingly compelling. The purported benefits can be considered in terms of *anatomical/physiological benefits* (ie those demonstrated by enhancement of neural structures or connections that are linked with wellbeing and performance), and *functional benefits* (ie translation of Mindfulness practice into emotions, traits and behaviours that are linked with enhanced wellbeing and performance).

Two main studies provide evidence for these effects.

1. **Mindfulness practice leads to increases in regional brain gray matter density.** Britta K, Sara W. Lazar et al. *Psychiatry Res.* 2011 January 30; 191(1): 36–43. doi:10.1016/j.pscychresns.2010.08.006
 - In meditators, functional MRI studies showed increased grey matter volume in the Pre-frontal Cortex (involved in planning, problem solving and emotional regulation), the Hippocampus (learning and memory). In concert with this, there was decrease in Amygdala size (responsible for anxious and fearful emotion).

Furthermore, connections between the amygdala and the pre-frontal cortex were weakened. This typically allows for less reactivity, and also paves the way for connections between areas associated with higher order brain functions to be strengthened (i.e. attention, concentration, etc.).

2. **Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians** *JAMA.* 2009 Sep 23;302(12):1284-93. doi: 10.1001/jama.2009.1384.
 - After participating in a Mindfulness program, family physicians scored better in areas such as stress, burn out, emotional exhaustion and depersonalization. They reported improved mood, relationships and resilience.

In summary, the modified emotions and behaviours include:

1. Performance perspective
 - a. Improved focus/attention: Maintaining performance in stressful situation



- b. Creating the space between trigger and response – improved relationships and conflict resolution, which in turn improves wellness, job satisfaction
- c. Increased empathy
- d. Slows down body and mind which makes one more effective (“slow is smooth, smooth is fast”)

2. Emotional well-being/wellness perspective

- a. Improved awareness and understanding of our emotions which make up our internal ‘navigation / guidance system’. Emotional intelligence (Emotional intelligence skills support collaboration, more open communication)
- b. Improved transparency and less posturing, less ego, and more people working for the greater good and for the purpose of the organization succeeding- shared goals / agenda, sharing within the team and with patients
- c. Acceptance – which in turn increases contentment
- d. Improves ability to be non judgmental

In addition to this, several authors have described the benefits of Mindfulness when undertaken at corporate level ie when workplaces commit to Mindfulness practice at a team level. Google and Harvard are among the high-profile workplaces that have embraced this approach. Audits conducted in these companies generally show significant reductions in staff reported levels of stress and increased sense of effectivity and fulfillment from work. (<http://searchinsideyourself.com.au>, <https://www.businessinsider.com.au/search-inside-yourself-googles-life-changing-mindfulness-course-2014-8?r=US&IR=T>)

Scope:

The target recipients of this program will likely initially be a specific group eg clinicians (doctors, nurses, allied health staff).

Ideally, it should include all members of the team: administrative staff, ancillary staff (eg portage, cleaners, catering), even volunteers. This approach embraces the whole-of-team philosophy to creating an environment which is supportive, nourishing, functional and effective.

Benefits:

Normalising the conversation and activity around staff Wellness removes the stigma for those who might struggle at times. This is the main barrier to accessing help and support.

The conversation also gives “permission to struggle” to co-workers, and encourages them to verbalise issues, seek support, and to perpetuate the conversation.

Ultimately, these conversations become “business as usual” and an inherent and accepted part of working in a health care environment.



In addition to the obvious benefits related to Wellness, it is expected that there will be enhanced Performance, on individual and team level, and that this translates ultimately to high quality patient care delivery.

Expansion:

Once established, the whole-of-team philosophy may be expanded further: from intra-department to organization-wide to broader for a (state/national/international).

5. Resources

This is largely a low-cost undertaking, as multiple free-access resources exist already. The main resource required initially is time for key staff to prepare, coordinate and deliver practice.

Increased resources will be required for maintenance or expansion of the program, or if audits are to be conducted around the program.

Engagement and endorsement by senior leadership, clinical and administrative, is critical.

It is incumbent upon senior clinicians and health leaders to initiate, influence and sustain the discourse and action in this sphere. (S Braganza)