The Mindfulness Minute EBP Project

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You rarely ever do research/EBP alone: Here is the Mindfulness Minute TEAM!!

- Mentor: Dr. Trisha Saul, PhD, RN, PMGT-BC
- Rev. Paul White, Spiritual Care Manager South Bay
- Father Peter and the Chaplains at PLCMT

Acknowledgements
The wellbeing of caregivers in a hospital setting have been challenged over the past two years.

Research shows that the COVID pandemic has created an unprecedented amount of stress and burnout on caregivers in a hospital setting due to staffing shortages, fear for their families and unprecedented work environments.

Additionally, research has shown that mindfulness practices have an impact on stress levels by activating the parasympathetic nervous system.

Given the limited education resources, we felt that addressing the stress levels on the floor—in real time—would be the best approach. The Mindfulness Minute Project will provide a tool for nurses to utilize whenever they are feeling stressed, which interrupts the fight or flight mechanism.
## Literature Review

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<td>Meta Analysis</td>
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<td>Brief Mindfulness Practice Course for Healthcare Providers</td>
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<td>The Effect of Mindfulness-Based Training on Stress, Anxiety, Depression and Job Satisfaction Among Hospital Nurses</td>
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Purpose/Aim

Purpose

• The purpose of the EBP project is to create a unit culture where mindfulness can be part of daily practice during an employee’s shift.

Aims

• Aim 1: To test the feasibility of an evidence-based mindfulness minute intervention
• Aim 2: Decrease stress and burnout, and increase well-being by implementing a mindfulness minute
• **Design:** Evidence Based Project, Pre-Post Intervention

• **Sample:** Members of the “Nursing Team” (nurses, nursing assistants and Patient Service Technicians) on four medical, surgical, and telemetry units.

**Methods/Approach**

**Week 1**
- Education on the floor
- Flyers with QR codes
- Huddling x 1 week

**Week 2-4**
- Spiritual Care rang a singing bowl at 11a.m. & 2:30pm
  - This was an indicator to the caregivers to practice one minute of mindfulness
  - They would scan the QR code which would lead them through a one-minute practice

**Week 5**
- Rounded on units
- Sent out emails asking caregivers to take post-survey
Methods/Approach

Flier distributed to units:

**THE MINDFULNESS MINUTE PROJECT**

**MARCH 7TH - APRIL 1ST**

Bell Rings @ 11:00 am and 2:30pm

Evidence has shown that a mindfulness practice can reduce the stress experienced by caregivers in a hospital setting. Please join us as we take one minute, twice a day to interrupt the fight or flight response and reconnect with our wellbeing.

Intro:
What is the Mindfulness Minute?

**Practice:**
Mindfulness Minute

QR Code
Launching March 7th

Education and rounding
Begins March 2nd

Questions: veronica.silva@providence.org
Methods/Approach continued: Intervention & Surveys

Pre-Project Survey:
• WHO-5
• Oldenburg Burnout
• Stress Level

Pre-Mindfulness minute Intervention:
• Scan QR Code
• 0-10 Stress Scale

Mindfulness Intervention:
• Click on the audio guided one minute Mindfulness Practice.

Immediately post-mindfulness minute:
• Scan QR Code
• 0-10 Stress Scale

Post-Project Survey:
• WHO-5
• Oldenburg Burnout
• Stress Level
Data was collected in three ways:

- Who-5 Wellbeing Survey
- Oldenburg Burnout Survey
- Stress Level 0-10
Results: Demographics

Mean age: 40.1
91% Female
Mean years of experience: 9

34.9% White
25.6% Hispanic
18.6% Asian
9.3% Pacific Islander
7% African Amer/Black

84% Nurse
7% Nurses Aid
9% Other

n = 43
Results: Pre & Post Intervention Long Survey Results

**Oldenburg Burnout Inventory (OLBI)**

**Disengagement Subscale:** No statistical difference found in disengagement items.

**Exhaustion Subscale:** “I can tolerate the pressure of my work very well.” (p = 0.011)

**WHO-5-Wellbeing Index**

“I have felt calm and relaxed” (p = 0.034)
Results: Immediate Pre/Post Intervention Stress Scale

On a Scale of 1-10 how would you rate your current stress

Pre-Stress: 6.8
Post-Stress: 4.4

p = 0.044
Conclusion

Conclusion:

Based on the research studies, implementing a mindfulness practice seemed to be an effective strategy to reduce stress and burnout in our caregivers.

Although the short survey 0-10 Stress Survey did show statistical significance in pre and post stress scores which shows short term stress reduction, the long surveys did not show a post intervention statistically significant change in stress or burnout levels.

This was mainly due to the lack of consistent practice of the intervention on a continuous basis. Caregivers only reported practicing a few times over the three week period.
Implication for practice

• I noticed that many caregivers did not have time to take one minute for themselves. They are so busy on the floor with its many demands. It didn’t seem feasible to stop and breath for one minute out of the 720 minutes an average floor caregiver works. This is the culture of our floor caregivers.

How can we make ourselves important enough to stop the fight or flight…the very physiological process that causes stress and all of the diseases associated with stress…how can we make ourselves important enough to take a mindfulness minute, improve our wellbeing and “give care” to ourselves, one minute at a time.
The Practice:
References

Brief Mindfulness Practice Course for Healthcare Providers.
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Effects of Mindfulness-Based Interventions on Mental Health in Nurses: A Meta-Analysis of Randomized Controlled Trials.
Kang MJ, Myung SK.
PMTID: 34292840

The Effects of Mindfulness Meditation on Stress and Burnout in Nurses.
Green AA, Kinchen EV.
PMTID: 33998935

Implementation of a Mindfulness-Based Crisis Intervention for Frontline Healthcare Workers During the COVID-19 Outbreak in a Public General Hospital in Madrid, Spain.
PMTID: 33329103

Effects of mindfulness meditation on chronic pain: a randomized controlled trial
Peter la Cour J, Marián Petersen
Center for Functional Diseases, Mental Health Center, Copenhagen Multidisciplinary Pain Center, Rigshospitalet, Copenhagen, Denmark.
PMTID: 25376753

Prevalence and correlates of Stress and Burnout amongst US healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study
PMID: 34041456
Questions?

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