Implementing Holistic Staff Support:

A Quality Improvement Project

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Author Note

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Abstract

Health care organizations are becoming increasingly aware of the impact of patient care on those who provide it. Regular exposure to trauma and stress has both a mental and physical impact on the human body. This exposure is an inherent risk associated with working in the health care field, and an even more common experience when looking at the mental health field. This project uses mindfulness and relaxation tools implemented during the work day to address this stress and trauma that staff experience. The perceived stress on the unit was assessed with the use of the Mental Health Professionals Stress Scale. The mindfulness of staff was assessed using the Mindful Attention Awareness Scale both before intervention and post intervention. Eight staff participated in the project and expressed gratitude for the tools being available at work. Scores on the Mindful Attention Awareness Scale were not impacted. Future steps to improve mindfulness on the unit would include increasing awareness of the mindfulness tools and creating educational material on the impact of mindfulness.

Keywords: mindfulness, relaxation, trauma, psychiatry, mental health

Introduction

Working in the medical field comes with inherent risk, risk of exposure to infectious diseases, risk of exposure to treatments or screenings that could be harmful to the medical professional, especially repeated exposure over an entire career. Arguably, the most critical and universal risk in the medical field is chronic stress and secondary trauma. Whether you are a surgeon in a critical care unit or a nurse on a psychiatric unit, the exposure to extreme pain and suffering takes its toll. In order to proactively address these issues, ‘self care’ has become a universal buzzword for taking time at home to process your experiences and reduce the stress and tension one may be holding. There is one curious piece to this idea -- the word ‘self'. Using the word ‘self’ suggests that it is an individual problem, something done in the privacy of your own home on your own time. This further suggests that perhaps it is a problem with ‘you’, perhaps there are those who don’t need to engage in ‘self care’ which then insinuates some hierarchy of strength versus weakness.

Research tells us that health care professionals across all units and specialties experience burnout and psychological distress, with a higher rate among mental health, oncology, and emergency department providers. Research also tells us that in order for staff to effectively cope with these high stress and at times emotionally demanding environments, healing must be done at work in addition to at home. In order to improve quality of life for our healthcare workers, we need to reorganize where the responsibility lies, moving away from the focus on individual self-care to a collaborative approach where the workplace is responsible for providing holistic support within the work day to support their staff. Inpatient psychiatric units are in a unique position for implementing

this holistic support to their staff as they are exposed to both physically and emotionally volatile scenarios on a daily basis.

Literature Review

Literature search was conducted using databases CINAHL, PubMed, and Google Scholar. The search words "Code Lavender", "nurses+trauma", "nurses+PTSD", "health care providers compassion fatigue" were used to find research on the psychiatric impact of acute care medical work for the providers and more specifically on mental health care workers. Extensive research was reviewed regarding provider burnout but the majority of these articles were not relevant to this review as the impact on a provider's mental health was not directly addressed, instead the focus was on system change around electronic health records. The articles included below represent the most recent and relevant information regarding the psychiatric impact of providers in the health care system.

Stress in the healthcare field.

Health care workers, from Certified Nursing Assistants to Nurses and Doctors, are often witness to the worst day(s) of a person's life. Being told about a cancer diagnosis or notifying a family that their loved one has passed away, witnessing sadness, fear, and loss is an inherent part of the job. Research suggests that this job related stress can lead to provider burnout and compassion fatigue which in turn leads to provider turnover and impaired ability to provide care in a safe and kind manner (Dominguez-Gomez & Rutledge, 2009; Garcia et al, 2016; Salyers et al., 2016; Wood et al., 2017).

Around 7% of professionals who work with patients who have experienced trauma also exhibit emotional responses similar to symptoms of Post Traumatic Stress

Disorder (Dominguez-Gomez & Rutledge, 2009; Thomas & Wilson, 2004). These can include hypervigilance and avoidance of anything that is reminiscent of a previously traumatic event. One study found that 85% of emergency department nurses surveyed had symptoms related to their trauma experiences (Dominguez-Gomez & Rutledge, 2009).

As a result of working in high stress, high trauma environments, Garcia et al. (2016) found that 77% of respondents reported emotional distress which directly impacted their care with patients. This report also showed high levels of exhaustion and cynicism (47-50%) with only 12% of respondents believing it lead to low work efficacy. Emotional distress and emotional exhaustion are common factors of burnout. Burnout is described by high levels of emotional exhaustion, cynical attitudes, and a diminished sense of personal accomplishment at work (Salyers et al., 2016). Greater burnout is connected to poorer quality of healthcare and reduced safety (Garcia et al., 2016). Burnout is often described as being connected to the amount of control the employee has over their work and the leadership of the unit. However, perhaps more importantly, is the impact of emotional exhaustion and its origin. Emotional exhaustion has the strongest relationship to provider burnout (Salyers et al., 2016).

Stress and trauma as a psychiatric provider.

Stress and trauma plays a unique role in mental health work. On the surface level is the trauma providers experience from hearing the stories of their patients or participating in the use of restraints or seclusions in order to maintain safety. These are examples of the outward, visible experiences of trauma and stress that can be experienced by health care providers in a wide variety of settings. The unique stress of mental health

work that separates it from other health care settings is the emphasis on relationship building (Skovholt & Trotter-Mathison, 2011). In mental health care, the providers at every level focus on using empathy to built rapport with patients. They provide support and often find themselves in situations without adequate training on how to support others without getting attached to the outcome. In mental health, the road to recovery is rarely a straight line, and motivation can be especially difficult for patients. These relationship based stressors further complicate the stress and trauma innately involved in health care and add to the high rates of burnout in mental health (Skovholt & Trotter-Mathison, 2011).

The prevalence of burnout among mental health professionals is reported to be as high as 67% (Morse et al., 2012). Burnout is associated to higher rates of depression, anxiety, sleep problems, impaired physical health, increased substance use, and impaired memory (Morse et al., 2012). Mental health workers are also at risk for compassion fatigue which is characterized by "a gradual lessening of compassion over time, resulting from a combination of burnout and secondary traumatic stress related to vicarious traumatization from repeated exposure to traumatic material" (Wood et al., 2017, p. 452). Compassion fatigue reduces providers ability to show empathy and provide appropriate support. With less empathy and therapeutic alliance, there is less engagement in care which can lead to poorer outcomes and higher rates of hospitalization (Wood et al., 2017).

The benefits of self care when implemented in the work place.

Different types of interventions are helpful in managing the different aspects of work-related stress and burnout (Dreison et al., 2016). For example a meta-analysis

found that person-directed interventions were most effective for reducing emotional exhaustion (Dreison et al., 2016). Person directed interventions include coping skills, relaxation techniques and increasing social support. The Johnson Foundation (2016), through a workgroup focused on reducing provider burnout, suggests creating a healthy practice climate which includes practicing mindfulness, patience, and encouraging sleep, exercise, and healthy diet. Other studies looking at health professionals posit more broadly the need to emphasize personal time and relief of emotional exhaustion in order to improve quality of care and decrease costs (Neumann et al., 2016).

Skovholt & Trotter-Mathison (2011) researched resiliency and burnout throughout the mental health field and found the following four components to be crucial to improving resiliency of providers. First, ensuring mentor and peer support is available and a positive experience. This allows providers to feel challenged while also feeling supported, thus encouraging autonomy and risk taking. Second, the availability of positive peer relationships that are ongoing in the work place. Third is allowing providers to play multiple roles in the workplace, whether it involves playing a role in deciding their patient case load for the day or getting involved in additional job duties, this perception of control over their practice shows improved ability to manage the daily stressors. Lastly, they found that overall health-promoting work environments were critical to increasing provider resilience to the high stress work of mental health care practitioners. The common factors of each recommendation are the emphasis on addressing the whole person and putting the onus back on the workplace. The responsibility for maintaining resilient and empathetic providers lies on both the provider and the employer. No longer can self care be limited to what the provider does at home.

Self care and resilience involves ongoing education, support, and holistic employee wellness that is incorporated into the work day.

Current practices.

In recent years, companies have begun to take notice of the research and are attempting to make an impact on the rate of secondary trauma experienced by providers. One specific program highlights an important example of how to change a culture of a hospital to focus on improving provider resiliency, it is called Code Lavender. Teachers of Code Lavender are clear in defining it is not a tool that directly reduces rates of burnout but is instead a form of crisis intervention. One of the leading hospitals using Code Lavender is the Cleveland Clinic. The move to add this service came from the success of their nursing employee support program which provided touch therapy including Reiki and healing touch (Cleveland Clinic, 2009). The addition of Code Lavender allowed staff to call a 'code' after a difficult situation with a patient or a difficult day and the Code Lavender Team would arrive on the unit and provide massage, healing touch, spiritual support, counseling, snacks, and other techniques to support the providers, patients, and families. Although staff surveys report positive impact of these services, there is not currently any objective data to validate these services impacting the overall mental health and wellbeing of the staff. In addition, Code Lavender is a trademarked term that requires the use of the Experience Innovation Network in order for it to be implemented. Aside from Code Lavender, research shows no other methods are currently being used in an acute inpatient setting -- or perhaps a more accurate statement is there is no research to suggest the use of other methods that have the main goal of

implementing techniques at work to reduce provider compassion fatigue and improve overall mental well being.

Project Rationale

When comparing the research on compassion fatigue and symptoms of Post Traumatic Stress Disorder in acute care workers with the actual implementation of programs aimed at reducing these impacts -- there is a gaping hole. One study after the next highlights the impact on providers of witnessing trauma and providing empathetic care day after day, specifically in the context of mental health. And one study after the next discusses means to reduce these impacts. Yet little is being done on the unit, or by hospital administrators, to proactively target these hugely impactful negative effects of acute care work.

Research tells us that practicing mindfulness, building meaningful relationships with coworkers, and practicing healthy and holistic stress reducing techniques can be substantially beneficial to the mental health of the staff and in turn impact the care of the patients (Burgess, Beach, & Saha, 2017; Dreison et al., 2016; Neumann et al., 2016; Skovholt & Trotter-Mathison, 2011). The prevailing emphasis, however, is being placed on the staff member to complete these activities outside of their work duties. As is clear through the extensive research mentioned in previous sections, the mental health impacts providers experience is a direct result from the work they do. So, as with any work related impact that directly effects providers, patients, and the bottom line, changes need to be made within the system, within the units. In a fashion similar to the Code Lavender example, hospitals need to be reaching for new ways to foster mindfulness and encourage resiliency within the work day. Once more units begin to prioritize implementation of

these holistic staff support methods, research and data can be gathered to begin to determine what is effective at improving resiliency of providers and thus improving care to patients.

The skills, training, and work flow of health care workers is constantly being changed and refined based on updated research in order to improve patient care. In this same vein, without mindful, resilient workers patient care is impacted and there is a higher rate of turnover and burnout. The health care industry must take note of the research and begin to address provider mental health within the workplace. The responsibility must lie both on the schools and the employers to change the status quo from an expectation of managing the trauma at home, to one that embraces the impact of the work and provides tools and a support system for providers to heal and move forward together. This is the only sustainable future.

Project Aims

This project aimed to improve self reports of stress by staff and provide additional data to the current body of work on the impact of self-care tools provided within the work day. Through the use of validated tools the aim was to measure this impact in a method that could provide information that could be easily compared with future quality improvement studies. An important consideration throughout this project creation and implementation was also to be as least intrusive as possible so no additional stress would be put onto the staff through the implementation of this project.

Project Implementation

The project took place on the Child and Adolescent Psychiatric Unit at a hospital in a town outside a major city in the Northwest United States. As one of two adolescent

units in the state and the only child unit, the patients come from throughout the state. According to the Census, 19% of residents in this Pacific Northwest state are in rural areas and 99% of the land in this state is rural (US Census, 2012). Rural patients are at a higher risk for experiencing trauma with decreased access to care (Handley, et al., 2015). As the primary child and adolescent mental health inpatient unit for these rural patients, providers are exposed to increased risk for job related stress and secondary trauma, compounding the already high rates of secondary trauma associated with mental health work.

This hospital system, and particular unit, seemed to be in a state of readiness for change as similar mindfulness based programs have been implemented in nearby clinics within the same healthcare system. In addition, this unit has undergone major administrative changes recently causing a lack of leadership which has led to burnout and poor retention. Informal conversations with staff suggest a high degree of stress and a perception of minimal support or outlets for this stress.

Participants

Nurses, Mental Health Associates, and Mental Health Professionals on the Child and Adolescent Psychiatric Unit were recruited for the project. Recruitment occurred through word of mouth and frequent email reminders. Participants responses to survey questions were completed online and were completely anonymous. The only inclusion criteria that needed to be met was being an employee on this unit. There was no exclusion criteria.

Model

Using the Plan, Do, Study, Act (PDSA) model this project examined the impact of unit provided relaxation tools on staff's self report of mindfulness (IHI, 2018). The PDSA model is commonly used to assess change and supports the idea that successful and lasting change requires constant reassessment of the intervention and necessary modifications. The first step is to develop a Plan to assess the implemented change, then the plan for this assessment is done (Do) and the results from that assessment are reviewed to determine benefits or unintended consequences (Study) and alterations are made to the intervention if needed to improve the efficacy of the change (Act) and the PDSA cycle is then complete and another cycle can begin.

The initial PDSA cycle of this project included gathering information from the staff through the use of questionnaires to assess for stress in the workplace and their current state of mindfulness. A box was then created using the basic principles of the Code Lavender Project at the Cleveland Clinic (2009). After the implementation of the intervention, follow up mindfulness surveys were completed to assess for change in mindfulness. Based on those results, and written and verbal feedback gained from staff, changes would be made to the boxes to improve access and success of the tools.

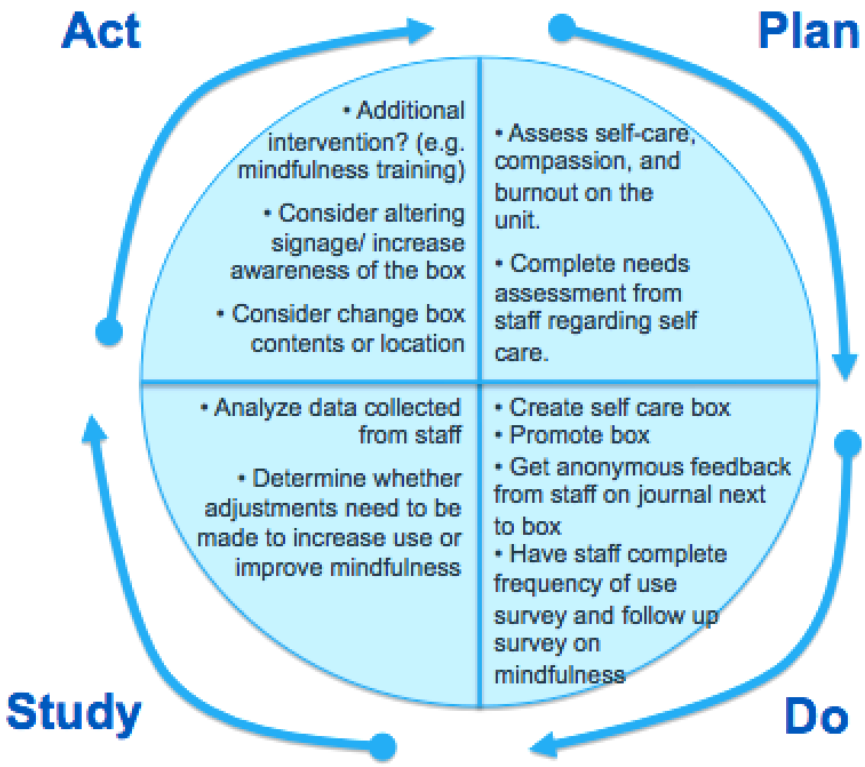

Figure 1. Initial PDSA Cycle.

Intervention

Staff were introduced to "Balance Boxes" (2 total) which were available for use in the staff lounge. Information pulled from the literature guided the decision for the contents of the box (Cleveland Clinic, 2009; Dreison et al., 2016). These boxes contained noise cancelling headphones, an MP3 device preloaded with meditation music (Asian Meditation Music) and guided mindfulness meditations (Guided Mindfulness Meditation, Series 2, by Jon Kabat-Zinn), stress toys, and a neck wrap that could be put in the microwave and heated. The boxes were black and had the words 'Balance Box' written on them in silver and gold to draw attention.

Measures

Participants completed the Mental Health Professionals Stress Scale (MHPSS) (Cushway & Tyler, 1996) and Mindful Attention Awareness Scale (MAAS) (Brown, K.W., & Ryan, R.M., 2003; Gauthier, et al., 2015) prior to the use of the "Balance Box". During the "Do" phase of the PDSA cycle, the participants completed the Mindful Attention Awareness Scale along with a survey on frequency of use of the Balance Box. Demographic information including age, sex, length of time working in mental health, length of time working on this unit were all collected at the onset of the project. Frequency of use was collected at the conclusion of the first PDSA cycle which included how often the box was used by each participant and what items in particular were used by each person. There was also an open text box provided in the follow up survey to allow for anonymous feedback on the balance boxes.

Analysis

The results of the MHPSS were used to assess the level of stress experienced in the work environment. Word of mouth reports of stress were also collected, however a measure such as the MHPSS may allow for more honest and accurate reporting as it uses a 5-point likert scale. The mean score of the baseline and follow-up MAAS surveys were compared against each other and against the 'normative values' found by Brown and Ryan (2003) for mindful attention of community adults. The MAAS uses a 6-point likert scale with higher numbers correlating with more mindfulness.

This information combined with informal feedback received from staff determined what changes/improvements needed to be made to the boxes for the next PDSA cycle.

Outcomes

Participation in the surveys and use of the balance boxes was relatively low. Out of 79 total staff on the unit, 28 people started the survey, while only 8 completed it. That is a completion rate of 28.6% for those who started the survey, and a 1% participation rate of all staff. Of those eight people who completed the initial surveys, all eight people used the Balance Box at least once over the two month period with one person reporting they used the box once a week, the most frequent use of all the participants. There was a 75% completion rate for the follow-up survey with 6/8 staff completing it. The follow-up survey had one open text question to allow for feedback and 3/4 responses commented on the usefulness of the heated neck wraps with one person commenting that they went out and bought one to use at home.

The mean normative value for mindful attention in 'community adults', as explored by Brown & Ryan (2003) is 4.20. The mean score for each question was calculated to create an overall mean value for the entire 15 question survey (See Appendix F & G). The baseline value for the eight participants in this project was 4.10, suggesting this group was less mindful than other community adults. The follow-up value for the six participants in this project was 3.94, suggesting that after the intervention the mindful attention of these six staff continued to be lower than the 'community adults'. The baseline and follow-up scores are not able to be compared to each other given the loss of two participants and the inability to exclude their results from the baseline survey.

The Mental Health Professionals Stress Scale showed a variety of areas of stress within the work day, related to both the perception of management support as well as the difficulty of the patient work on the unit. See appendix F for specific results. Given the

low response rate (1%) from staff, no inferences can be made regarding the working environment on this unit.

Limitations

Initially, the project was going to include at least two full PDSA cycles that would allow for improvements to increase the usefulness of the Balance Boxes. However, recruitment and follow through for completion of the surveys and use of the boxes became a major concern and the project therefore morphed into a focus on how to get staff involved in the use of these mindfulness tools during their work day and how to get staff to complete the survey. Several follow up emails were sent to the staff to encourage participation in the project. The nurse manager volunteered to show people how to use the boxes whenever he was in the staff lounge and a large poster was hung in the lounge that referenced the project and asked for anonymous feedback regarding suggested methods to encourage participation (e.g. "Would you be more likely to complete the survey if it was printed out?"). Unfortunately there was only one response to the poster and it said "send email again, I forgot".

The amount of changes and increased stress of the unit was mentioned previously as an indication that the unit may be in an ideal spot for accepting self care interventions during the work day. The fear that staff may view this project as just another thing on their to-do list was also taken into consideration which is why outreach was done via email, with the hope that the anonymity of who decided to participate would relieve some stress. What was not taken into consideration, however, was the mouthpiece for which these emails came from. Unfortunately, unforeseen circumstances led to a change in access to the unit. Since visiting the unit was no longer a weekly occurrence, contact

with staff had to come from the nurse manager. Emails regarding the project were dispersed through the new nurse manager who was eager and willing to get people involved in these self care tools. However, upon reflection with staff, many nurses voiced conflict and concerns with the new nurse manager and report feeling unsupported by him. Therefore, what was initially thought of as a sign of unit support by having the nurse manager send the emails, actually may have had the unintended consequence of possibly diverting people from engaging in these self care tools.

Another modification ended up being the method for which the information received from the surveys was analyzed. Initially, it was thought that anonymity and simplicity was of utmost importance in order to get participation and honest responses regarding their work environment. However, an unintended consequence arose when the final results from the baseline and follow up surveys were different sample sizes. This made the use of a paired t-test not available as there was no method to determine which results to exclude in order to make the two samples equal. In addition, it may have been interesting to be able to compare age, gender, and length of time working on the unit with the mindful attention responses. Unfortunately, since the data was not identifiable, this was not possible.

Summary and Next Steps

Future projects using these similar protocols may want to consider assigning generic codes to each participant in order to more accurately track that those who completed the surveys were the ones using the box and to more thoroughly compare results from the baseline surveys to the follow-up surveys, particularly if not all participants complete the follow up survey, as occurred in this project. Additionally, as

mentioned above, it may be beneficial to be able to look at the frequency of use, age, and time working on the unit and compare those to any changes in mindfulness.

Given more time, it may be useful to periodically include the MHPSS in follow up surveys to assess for changes in stress in the workday and compare it with improvement in mindfulness and any other changes that may have been made on the unit in the interim. This information could be used to hypothesize about whether changes in mindful attention impact the perception of stress on the unit.

The use of the heated neck wraps appeared to be the most useful tool so far, so in future PDSA cycles it could be beneficial to add additional wraps to increase the amount of staff that could participate during one shift. In addition, involving the charge nurses in the discussion around self care at work could encourage staff participation. Charge nurses could discuss the Balance Boxes during shift change and be role models for using the tools regularly. Lastly, a major assumption was made regarding the staff's knowledge around the usefulness of mindfulness in reducing stress. Perhaps future PDSA cycles could include educational material to be presented at staff meetings regarding the evidence-based benefits of mindfulness.

In summary, a lot can be learned from this initial PDSA cycle. In terms of making change within a unit, one entire PDSA cycle could have been education on how to reduce stress in the workplace through mindfulness. Another could be getting information out about the idea of Balance Boxes and gathering feedback on who would use it. Change is slow and perhaps even slower on a unit that has just undergone so much administrative and structural change. Involving more key stakeholders in this project may have helped keep those assumptions in check. The unit will keep the Balance

Boxes in the staff lounge and be able to adjust and improve them as they see fit. In the next year a new graduate student in nursing will be starting her project on mindfulness on the unit and will be using this project as guidance.

Although no inferences can be made from the data collected in this project as the sample size of 1% was too small, feedback from four of the staff who used the boxes was positive. One could infer that those four people benefitted from the Balance Boxes, even if for only five minutes one day at work they were able to relax, and regroup. Sometimes it is enough just to know the tools are there if you need them.

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Appendix A

Communication to Staff

Initial Email:

Hello fabulous [removed for anonymity of site] staff,

My name is Molly Goddard and I am an OHSU student in my final year of my Doctorate in Nursing. For my final project I am focusing on bringing self-care and mindfulness into the work place to allow staff to engage in these practices at work — as you may know, the research tells us that the use of mindfulness and self-care for healthcare providers leads to increased resilience and reduced burnout.

I chose the [removed for anonymity of site] for my project for two reasons, one is that I believe mental health workers are not well supported in our culture. Second, as an RN on the unit, I watched you all face difficult days with such grace and such compassion - I would love the opportunity to provide something to 'ease your way'. In the next few days you will find two black boxes in the staff lounge that contain several items (MP3 player, heated neck wrap, etc) to be used throughout your workday to assist with finding some internal balance in what is often a chaotic environment. Please feel free to use them as often as you'd like. Within the boxes there is also an area to mark each time you use it (for data collection purposes) and an area to provide feedback so that these boxes can continue to improve to meet your needs. Below you will find a link to a questionnaire that will provide me with some baseline data regarding the stress you all feel in this work and the degree to which you are able to be mindful in your daily life. None of your answers are linked back to you so please feel free to be completely honest in your answers.

*** Participation is completely optional ***

[Survey link was here]

Thank you so much for your time. Please feel free to email me with any questions or concerns.

Best,

Molly Goddard, MA, RN, PMHNP
[email was provided]

Reminder emails:
Hey [removed for anonymity of site] Staff,

I just wanted to send a little reminder about the Balance Boxes located in the staff lounge. If you find a spare moment, go check them out! And if you notice anything missing or that would be more helpful please don't hesitate to email me. I've included the survey link below in case you haven't had a chance to complete it or maybe got started but were pulled away before you could finish. The average time it is taking people to complete it is less than 5 minutes.

[Link to survey provided here]

Thanks for your time and participation.

Best,
Molly Goddard, MA, RN, PMHNP
[contact information provided here]

Email for follow-up survey:
Hey fabulous [removed for anonymity of site] staff,

I am finishing up my mindfulness project for my doctorate in nursing and would love some final feedback from those of you who used the balance boxes. If you got a chance to use the balance box please click on the following link and complete the survey - it shouldn't take more than 5 minutes. [Link to survey provided here]

Thank you everyone for your time and participation. These boxes are [removed for anonymity of site] property so feel free to keep using them and for those of you who haven't used them yet, please take a second to check them out, that way when you're having a stressful day you know exactly where to go to find some relief. There's calming music, guided meditations by Jon Kabat-Zinn, stress toys, and warming neck wraps.

Thanks again!

Best,
Molly Goddard, MA, MSN, PMHNP

Appendix B

Baseline Survey

Welcome page: Hello and thank you for taking the time to participate in this quality improvement project. As mentioned in the email, the goal is to provide tools for "self-care" to be done at work. The following questions are meant to help me understand the environment of your work in order to better improve it. Your answers are in no way connected to your name. Participation is completely optional. However, if you think you may use the self-care tools please complete this first. Thank you!

1. Age:
    - Under 20
    - 20-29
    - 30-39
    - 40-49
    - 50-59
    - 60+

2. Gender
    - Male
    - Female
    - None of the above

3. Length of time working in the mental health field
    - Less than 1 year
    - 1-3 years
    - 3-5 years
    - 5-10 years
    - more than 10 years

4. Length of time working on the unit.
    - Less than 1 year
    - 1-3 years
    - 3-5 years
    - 5-10 years
    - more than 10 year

**Remember, your answers are not linked to you in any way. This data will only be looked at in combination with everyone else's answers.

Mental Health Professional Stress Scale. (See Appendix D)

Mindful Attention Awareness Scale (See Appendix E)

Thank you so much for taking the time to complete these questionnaires. Please feel free to use the balance boxes and leave notes for any suggestions on how we can improve

them. Keep an eye out for future emails as we continue to track the impact of these self-care tools.

Appendix C

Follow-up Survey

Welcome page: Hello and thank you again for taking the time to participate in this quality improvement project. This is a short follow up survey looking at how you used the balance boxes and then assessing for mindfulness.

1. Frequency of use of balance box:
    - I've used it once
    - I've used it "a few times"
    - Once a week
    - A few times a week
    - Every shift

2. What items did I use (select all that apply)
    - Music
    - Just headphones without music
    - Warm wrap
    - Stress toys

3. Please feel free to write any feedback you have for me on the balance boxes (free text)

**Remember, your answers are not linked to you in any way. This data will only be looked at in combination with everyone else's answers.

Mindful Attention Awareness Scale (See Appendix E)

Thank you again for taking the time to complete these questionnaires and for trying out the balance boxes. Please feel free to keep using the balance boxes and leave notes for any suggestions on how we can improve them.

Appendix D
Mental Health Professionals Stress Scale (MHPSS)

Mental Health Professionals Stress Scale (MHPSS)

Sources of Pressure at Work

The following have been found to be sources of pressure at work in health care. Please response by circling the numbers which represent the extent to which each item applies to you (i.e. represents a source of pressure at work for you)

	Does not apply to me			Does apply to me
1. Too much work to do	0	1	2	3
2. Ending treatment with clients/patients	0	1	2	3
3. Lack of support from management	0	1	2	3
4. Conflict with other professionals e.g. doctor, nurse	0	1	2	3
5. Lack of adequate staffing	0	1	2	3
6. Feeling inadequately skilled for dealing with emotional needs of clients/patients	0	1	2	3
7. Not enough time with family	0	1	2	3
8. Too many different things to do	0	1	2	3
9. Dealing with death or suffering	0	1	2	3
10. Relationship with line manager	0	1	2	3
11. Conflicting roles with other professionals	0	1	2	3
12. Lack of financial resources for training courses/workshops	0	1	2	3
13. Uncertainty about own capabilities	0	1	2	3
14. Inability to separate personal from professional role	0	1	2	3
15. Not enough time to complete all tasks satisfactorily	0	1	2	3
16. No change or slowness of change in clients/patients	0	1	2	3
17. Communication and flow of information at work	0	1	2	3

18. Working in a multidisciplinary team	0	1	2	3
19. Shortage of adequate equipment/supplies	0	1	2	3
20. Feeling inadequately skilled for working with difficult clients/patients	0	1	2	3
21. Taking work home	0	1	2	3
22. Too many clients/patients	0	1	2	3
23. Difficult and/or demanding clients or patients	0	1	2	3
24. Poor management and supervision	0	1	2	3
25. Criticism by other professional e.g. doctor, nurse	0	1	2	3
26. Lack of adequate cover in potentially dangerous environment	0	1	2	3
27. Doubt about the efficacy of therapeutic endeavors	0	1	2	3
28. Relationship with spouse/partner affects work	0	1	2	3
29. Working too long hours	0	1	2	3
30. Physically threatening clients/patients	0	1	2	3
31. The way conflicts are resolved in the organization	0	1	2	3
32. Lack of emotional support from colleagues	0	1	2	3
33. Inadequate clerical/technical back-up	0	1	2	3
34. Keeping professional/clinical skills up to date	0	1	2	3
35. Work emphasizes feelings of emptiness and/or isolation	0	1	2	3
36. Not enough time for recreation	0	1	2	3
37. Managing therapeutic relationships	0	1	2	3
38. Organizational structure and policies	0	1	2	3
39. Difficulty of working with certain colleagues	0	1	2	3

40. Poor physical working conditions	0	1	2	3
41. Fear of making a mistake over a client/patient's treatment	0	1	2	3
42. Inadequate time for friendships/social relationships	0	1	2	3

Appendix E
Mindful Attention and Awareness Scale

Day-to-Day Experiences

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 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	2	3	4	5	6
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	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 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

Appendix F
Baseline Survey Results

General report - Balance Box Baseline [redacted]

Age

8 out of 8 people answered this question

1	20-29	3 / **38%**
2	30-39	3 / **38%**
3	40-49	1 / **13%**
4	50-59	1 / **13%**
5	60+	0 / **0%**
6	Under 20	0 / **0%**

Gender

8 out of 8 people answered this question

1	Female	5 / **63%**
2	Male	3 / **38%**

Length of time working in the Mental Health field

8 out of 8 people answered this question

1	5-10 years	4 / **50%**
2	more than 10 years	2 / **25%**
3	1-3 years	1 / **13%**
4	3-5 years	1 / **13%**
5	Less than 1 year	0 / **0%**

Length of time working on the CAPU

8 out of 8 people answered this question

1	3-5 years	4 / **50%**

General report - Balance Box Baseline [redacted]

2	1-3 years	2 / **25%**
3	Less than 1 year	2 / **25%**
4	5-10 years	0 / **0%**
5	more than 10 year	0 / **0%**

Mental Health Professionals Stress Scale:

Too much work to do

8 out of 8 people answered this question

Average: 2.25

1	2	3	4	5

Does not apply to me — Does apply to me

3		4 / **50%**
1		2 / **25%**
2		2 / **25%**

Ending treatment with clients/patients

8 out of 8 people answered this question

Average: 2.00

1	2	3	4	5

Does not apply to me — Does apply to me

1		3 / **38%**
3		3 / **38%**
2		2 / **25%**

Lack of support from management

8 out of 8 people answered this question

Average: 3.88

1	2	3	4	5

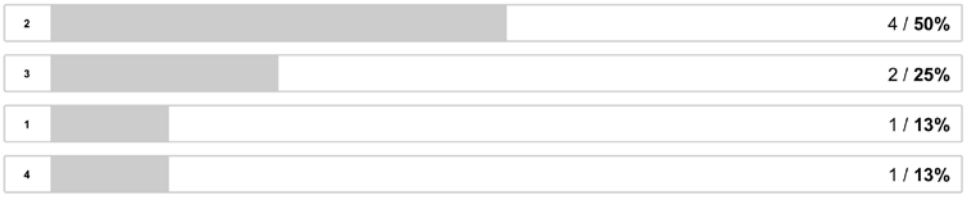
General report - Balance Box Baseline [redacted]

General report - Balance Box Baseline [redacted]

8 out of 8 people answered this question

Average: 2.38

Does not apply to me — Does apply to me

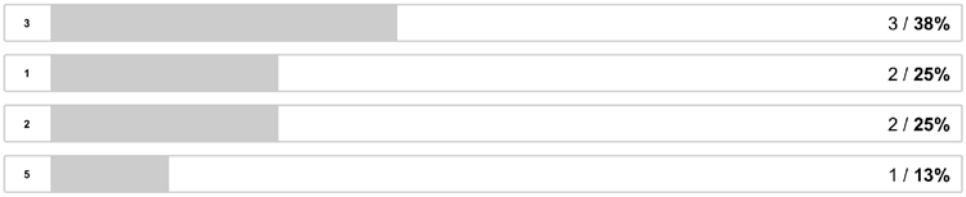


Dealing with death or suffering

8 out of 8 people answered this question

Average: 2.50

Does not apply to me — Does apply to me



Relationship with line manager

8 out of 8 people answered this question

Average: 2.50

Does not apply to me — Does apply to me

3	2 / **25%**
4	2 / **25%**

Conflicting roles with other professionals

8 out of 8 people answered this question

Average: 2.13

1	2	3	4	5

Does not apply to me — Does apply to me

2	3 / **38%**
3	3 / **38%**
1	2 / **25%**

Lack of financial resources for training courses/workshops

8 out of 8 people answered this question

Average: 2.75

1	2	3	4	5

Does not apply to me — Does apply to me

2	3 / **38%**
3	2 / **25%**
1	1 / **13%**
4	1 / **13%**
5	1 / **13%**

Uncertainty about own capabilities

8 out of 8 people answered this question

Average: 2.25

1	2	3	4	5

Does not apply to me Does apply to me

2	4 / **50%**
1	2 / **25%**
4	2 / **25%**

Inability to separate personal from professional role

8 out of 8 people answered this question

Average: 1.88

1	2	3	4	5

Does not apply to me Does apply to me

1	3 / **38%**
2	3 / **38%**
3	2 / **25%**

Not enough time to complete all tasks satisfactorily

8 out of 8 people answered this question

Average: 2.13

1	2	3	4	5

Does not apply to me Does apply to me

2	5 / **63%**
3	2 / **25%**
1	1 / **13%**

No change or slowness of change in clients/patients

8 out of 8 people answered this question

Average: 2.88

General report - Balance Box Baseline [redacted]

Does not apply to me Does apply to me

1	2 / **25%**
3	2 / **25%**
4	2 / **25%**
2	1 / **13%**
5	1 / **13%**

Communications and flow of information at work

8 out of 8 people answered this question

Average: 3.50

1	2	3	4	5

Does not apply to me Does apply to me

2	3 / **38%**
4	3 / **38%**
5	2 / **25%**

General report - Balance Box Baseline [redacted]

Working in a multidisciplinary team

8 out of 8 people answered this question

Average: 2.00

1	2	3	4	5

Does not apply to me — Does apply to me

1	3 / **38%**
3	3 / **38%**
2	2 / **25%**

Shortage of adequate equipment/supplies

8 out of 8 people answered this question

Average: 2.13

1	2	3	4	5

Does not apply to me — Does apply to me

2	4 / **50%**
1	2 / **25%**
3	1 / **13%**
4	1 / **13%**

Feeling inadequately skilled for working with difficult clients/patients

8 out of 8 people answered this question

Average: 2.25

1	2	3	4	5

Does not apply to me — Does apply to me

2	6 / **75%**
1	1 / **13%**

2	1-3 years	2 / **25%**
3	Less than 1 year	2 / **25%**
4	5-10 years	0 / **0%**
5	more than 10 year	0 / **0%**

Mental Health Professionals Stress Scale:

Too much work to do

8 out of 8 people answered this question

Average: 2.25

1	2	3	4	5

Does not apply to me — Does apply to me

3		4 / **50%**
1		2 / **25%**
2		2 / **25%**

Ending treatment with clients/patients

8 out of 8 people answered this question

Average: 2.00

1	2	3	4	5

Does not apply to me — Does apply to me

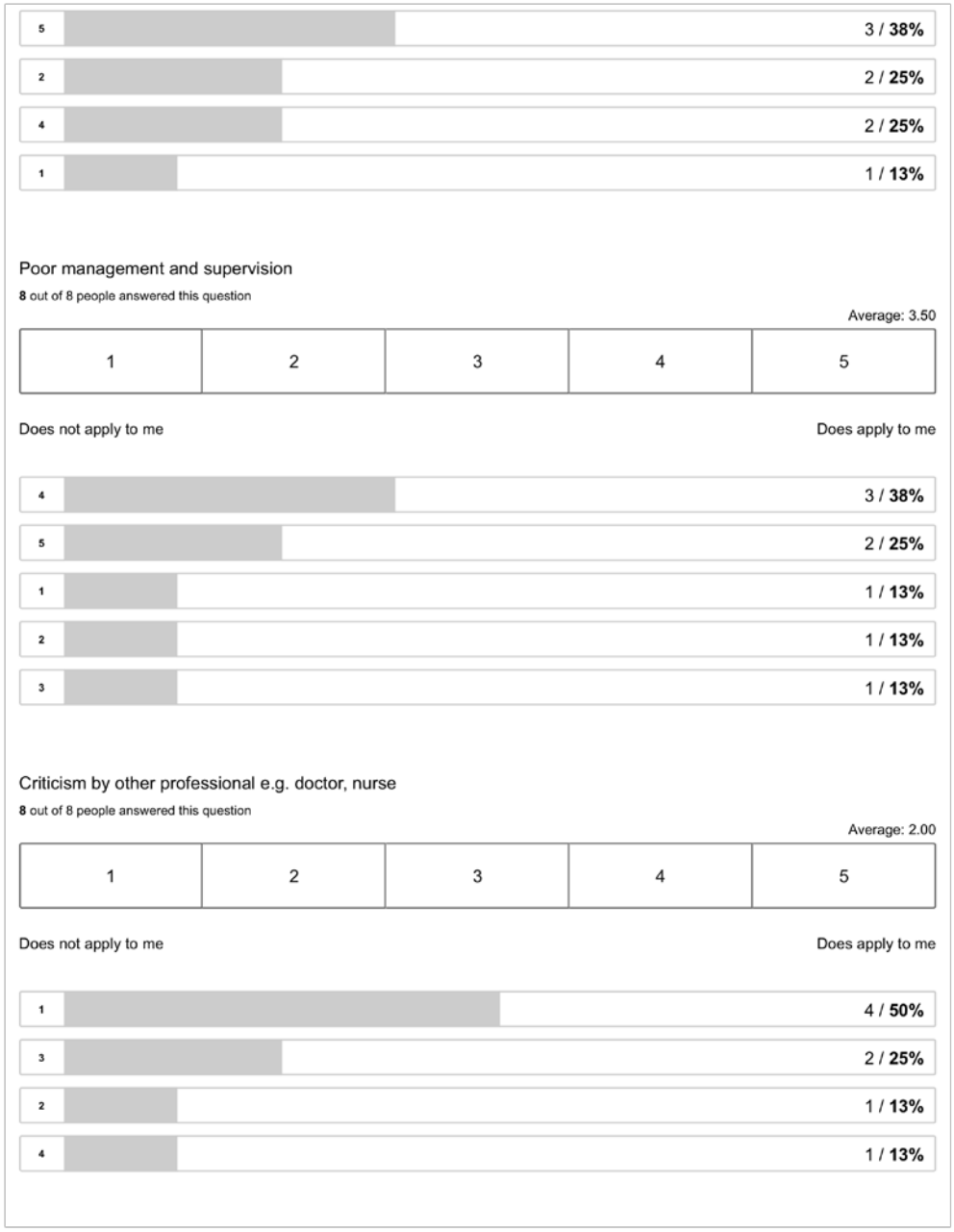
1		3 / **38%**
3		3 / **38%**
2		2 / **25%**

Lack of support from management

8 out of 8 people answered this question

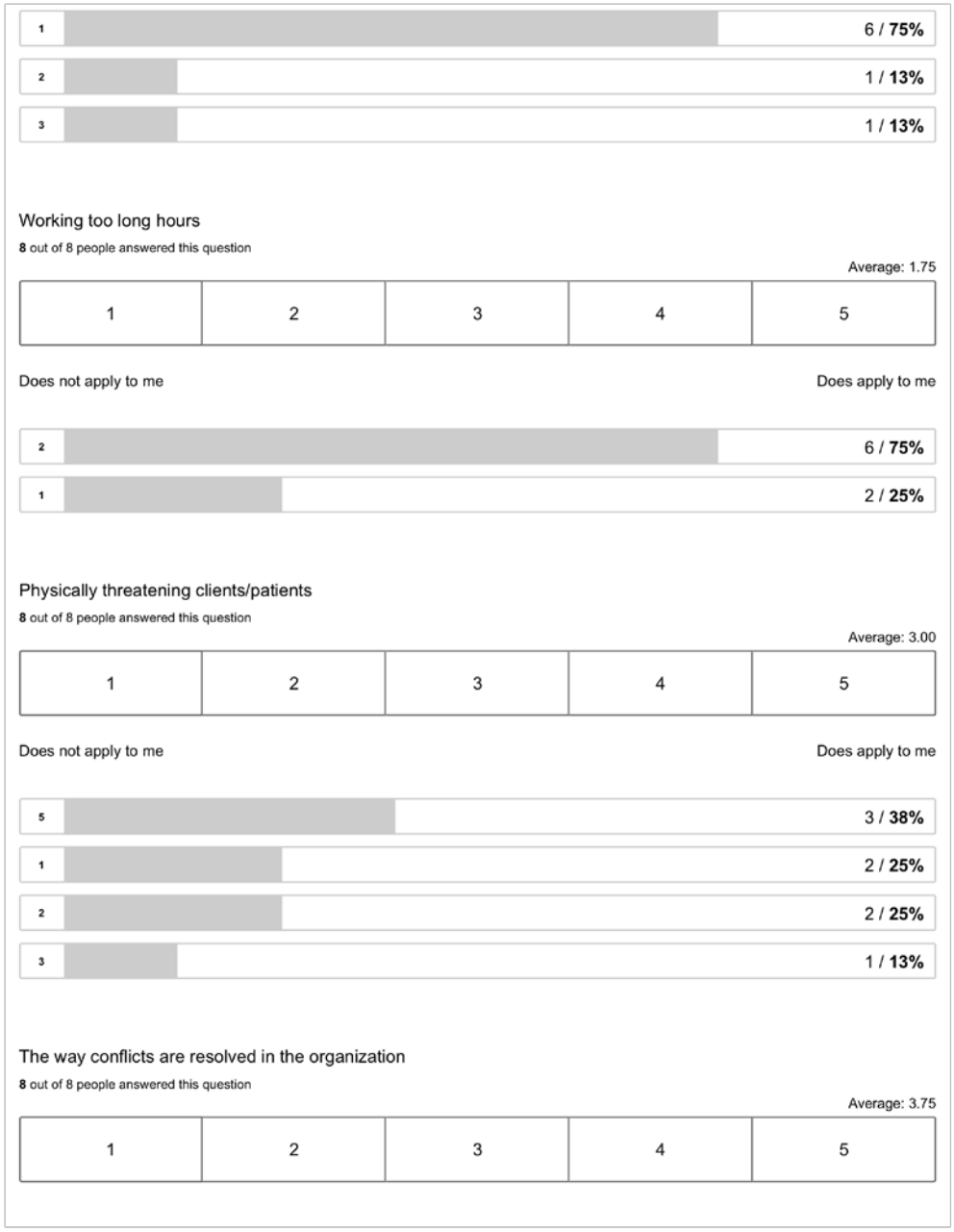
Average: 3.88

1	2	3		


5 3 / 38%
2 2 / 25%
4 2 / 25%
1 1 / 13%
Poor management and supervision
8 out of 8 people answered this question
Average: 3.50
1 2 3 4 5
Does not apply to me
Does apply to me
4 3 / 38%
5 2 / 25%
1 1 / 13%
2 1 / 13%
3 1 / 13%
Criticism by other professional e.g. doctor, nurse
8 out of 8 people answered this question
Average: 2.00
1 2 3 4 5
Does not apply to me
Does apply to me
1 4 / 50%
3 2 / 25%
2 1 / 13%
4 1 / 13%

General report - Balance Box Baseline [redacted]

 [redacted]



Working too long hours

8 out of 8 people answered this question

Average: 1.75

1	2	3	4	5

Does not apply to me — Does apply to me

Physically threatening clients/patients

8 out of 8 people answered this question

Average: 3.00

1	2	3	4	5

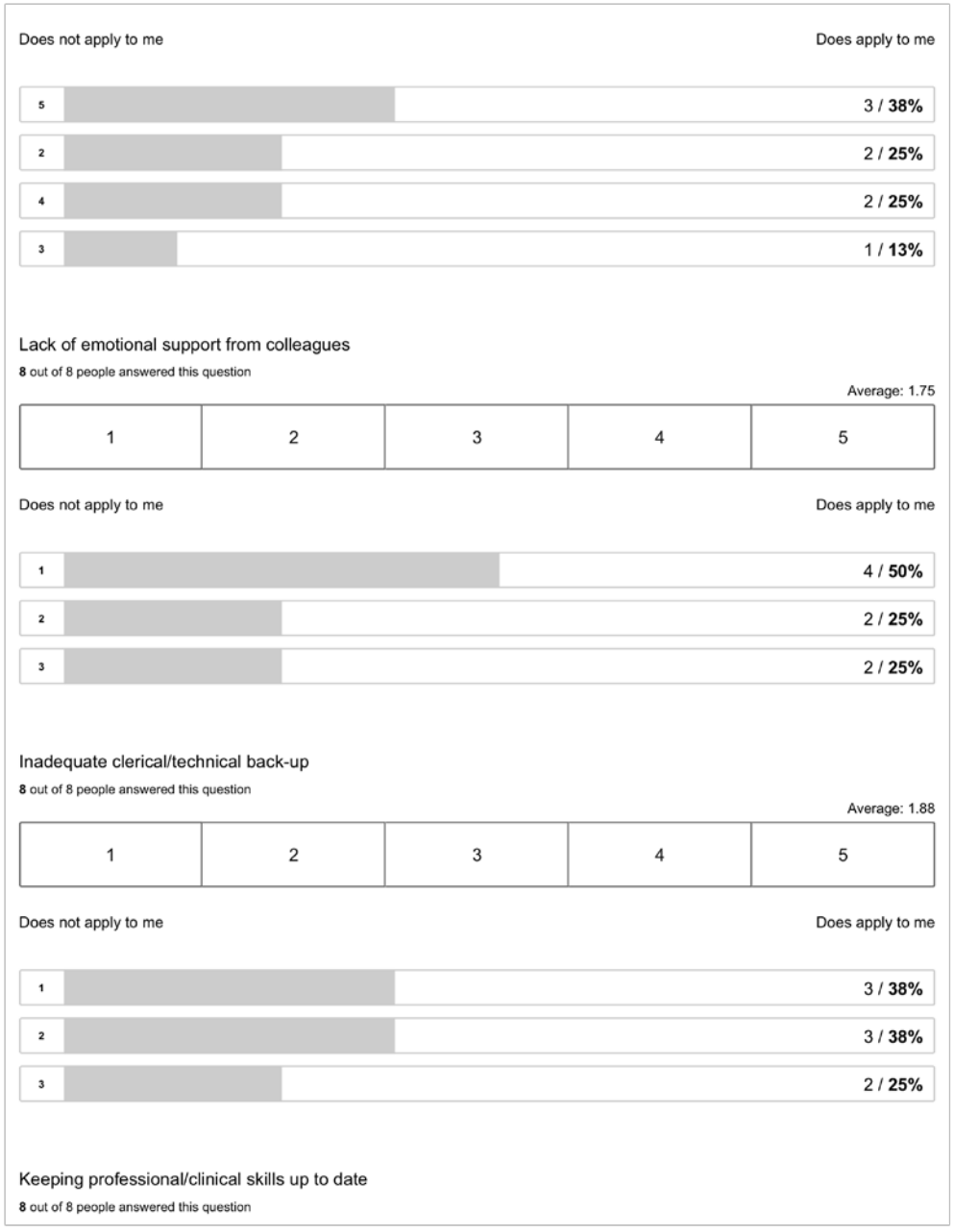
Does not apply to me — Does apply to me

The way conflicts are resolved in the organization

8 out of 8 people answered this question

Average: 3.75

1	2	3	4	5



Lack of emotional support from colleagues

8 out of 8 people answered this question

Average: 1.75

1	2	3	4	5

Inadequate clerical/technical back-up

8 out of 8 people answered this question

Average: 1.88

1	2	3	4	5

Keeping professional/clinical skills up to date

8 out of 8 people answered this question

Average: 1.88

1	2	3	4	5

Does not apply to me — Does apply to me

1	3 / **38%**
2	3 / **38%**
3	2 / **25%**

Work emphasizes feelings of emptiness and/or isolation

8 out of 8 people answered this question

Average: 2.13

1	2	3	4	5

Does not apply to me — Does apply to me

1	3 / **38%**
2	2 / **25%**
3	2 / **25%**
4	1 / **13%**

Not enough time for recreation

8 out of 8 people answered this question

Average: 2.88

1	2	3	4	5

Does not apply to me — Does apply to me

3	5 / **63%**
2	2 / **25%**
4	1 / **13%**

Managing therapeutic relationships

8 out of 8 people answered this question

Average: 2.25

1	2	3	4	5

Does not apply to me — Does apply to me

2	3 / **38%**
1	2 / **25%**
3	2 / **25%**
4	1 / **13%**

Organizational structure and policies

8 out of 8 people answered this question

Average: 3.13

1	2	3	4	5

Does not apply to me — Does apply to me

4	5 / **63%**
2	2 / **25%**
1	1 / **13%**

Difficulty of working with certain colleagues

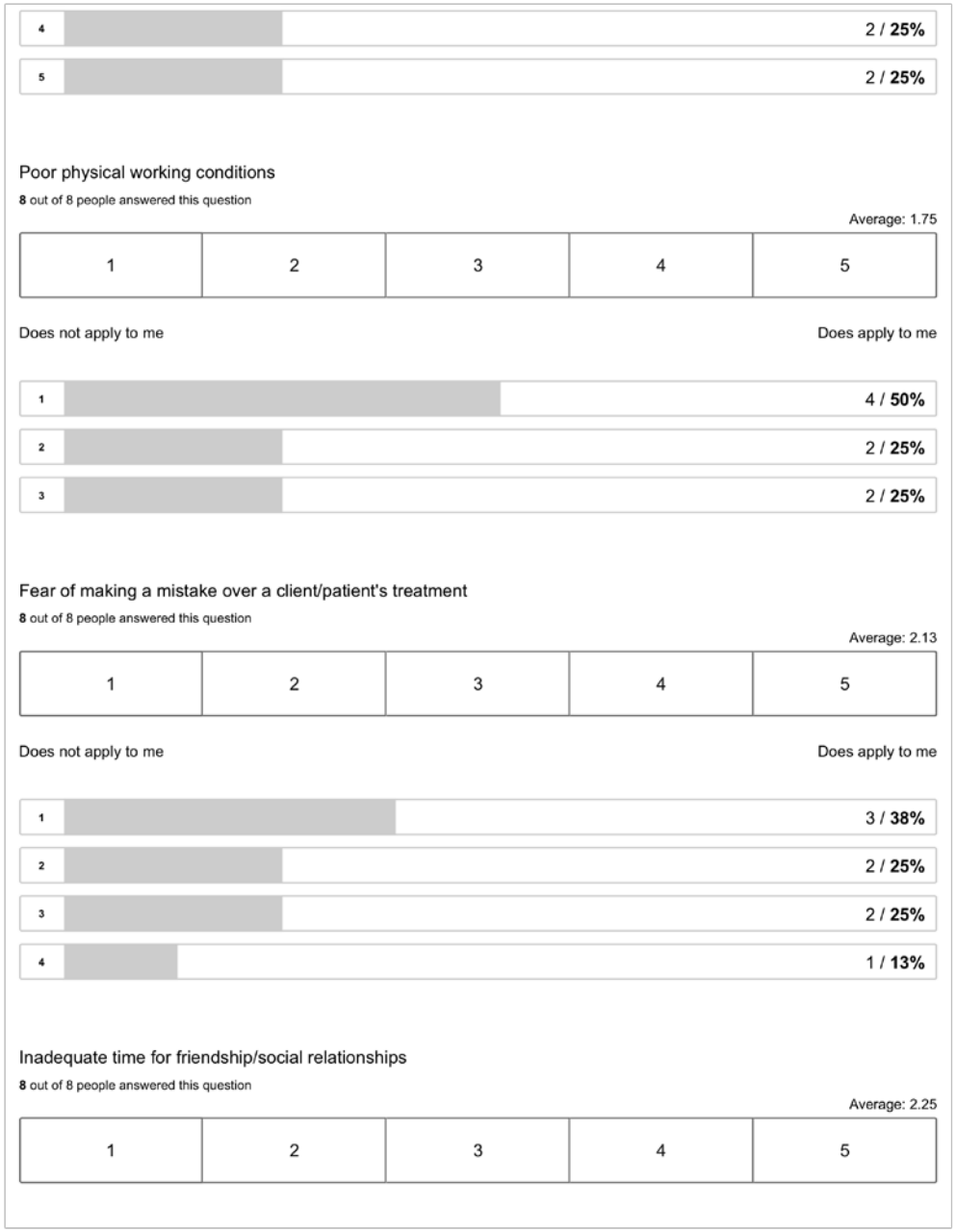
8 out of 8 people answered this question

Average: 3.25

1	2	3	4	5

Does not apply to me — Does apply to me

1	2 / **25%**
3	2 / **25%**


4 2 / 25%
5 2 / 25%
Poor physical working conditions
8 out of 8 people answered this question
Average: 1.75
1 2 3 4 5
Does not apply to me
Does apply to me
1 4 / 50%
2 2 / 25%
3 2 / 25%
Fear of making a mistake over a client/patient's treatment
8 out of 8 people answered this question
Average: 2.13
1 2 3 4 5
Does not apply to me
Does apply to me
1 3 / 38%
2 2 / 25%
3 2 / 25%
4 1 / 13%
Inadequate time for friendship/social relationships
8 out of 8 people answered this question
Average: 2.25
1 2 3 4 5

Does not apply to me — Does apply to me

2	4 / **50%**
3	3 / **38%**
1	1 / **13%**

Mindful Attention Awareness Scale:

I could be experiencing some emotion and not be conscious of it until some time later

8 out of 8 people answered this question

Average: 3.50

1	2	3	4	5	6

Almost always — Almost never

3	3 / **38%**
4	3 / **38%**
2	1 / **13%**
5	1 / **13%**

I break or spill things because of carelessness, not paying attention, or thinking of something else

8 out of 8 people answered this question

Average: 4.50

1	2	3	4	5	6

Almost always — Almost never

3	2 / **25%**
4	2 / **25%**
5	2 / **25%**
6	2 / **25%**

General report - Balance Box Baseline [redacted]

I find it difficult to stay focused on what's happening in the present

8 out of 8 people answered this question

Average: 3.63

1	2	3	4	5	6

Almost always — Almost never

3	3 / **38%**
4	3 / **38%**
2	1 / **13%**
6	1 / **13%**

I tend to walk quickly to get where I'm going without paying attention to what I experience along the way

8 out of 8 people answered this question

Average: 3.50

1	2	3	4	5	6

Almost always — Almost never

2	2 / **25%**
5	2 / **25%**
1	1 / **13%**
3	1 / **13%**
4	1 / **13%**
6	1 / **13%**

I tend not to notice feelings of physical tension or discomfort until they really grab my attention

8 out of 8 people answered this question

Average: 3.75

1	2	3	4	5	6

Almost always Almost never

4	2 / **25%**
5	2 / **25%**
1	1 / **13%**
2	1 / **13%**
3	1 / **13%**
6	1 / **13%**

I forget a person's name almost as soon as I've been told it for the first

8 out of 8 people answered this question

Average: 3.13

1	2	3	4	5	6

Almost always Almost never

2	3 / **38%**
4	2 / **25%**
5	2 / **25%**
1	1 / **13%**

It seems I am 'running on automatic,' without much awareness of what I'm doing

8 out of 8 people answered this question

Average: 4.13

1	2	3	4	5	6

Almost always Almost never

3	2 / **25%**
4	2 / **25%**

6	2 / **25%**
2	1 / **13%**
5	1 / **13%**

I rush through activities without being really attentive to them

8 out of 8 people answered this question

Average: 4.50

1	2	3	4	5	6

Almost always Almost never

4	4 / **50%**
6	2 / **25%**
3	1 / **13%**
5	1 / **13%**

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

8 out of 8 people answered this question

Average: 4.50

1	2	3	4	5	6

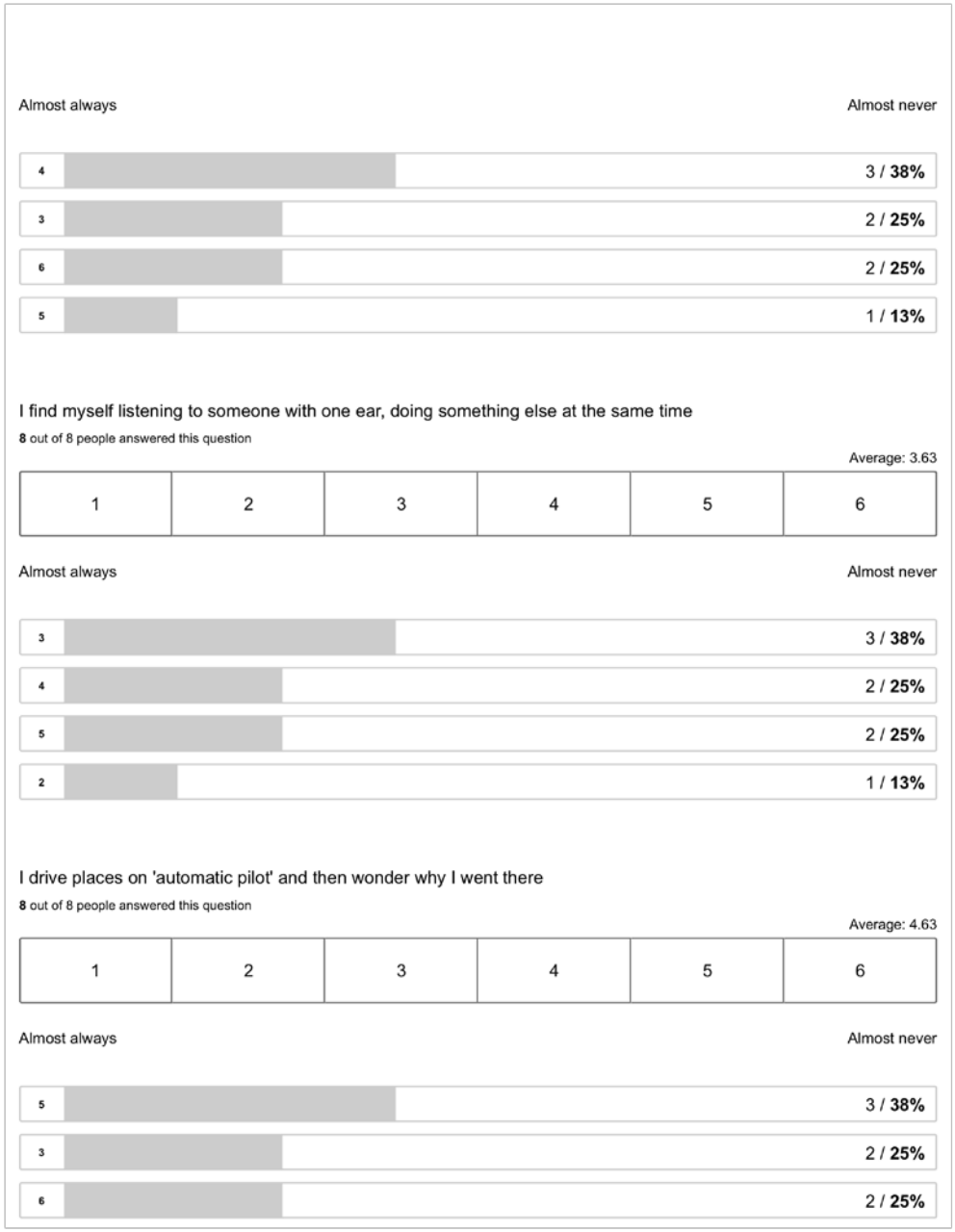
Almost always Almost never

4	3 / **38%**
5	3 / **38%**
3	1 / **13%**
6	1 / **13%**

I do jobs or tasks automatically, without being aware of what I'm doing

8 out of 8 people answered this question

Average: 4.38



I find myself listening to someone with one ear, doing something else at the same time

8 out of 8 people answered this question

Average: 3.63

1	2	3	4	5	6

I drive places on 'automatic pilot' and then wonder why I went there

8 out of 8 people answered this question

Average: 4.63

1	2	3	4	5	6

4	1 / **13%**

I find myself preoccupied with the future or the past

8 out of 8 people answered this question

Average: 3.75

1	2	3	4	5	6

Almost always — Almost never

3	3 / **38%**
4	2 / **25%**
2	1 / **13%**
5	1 / **13%**
6	1 / **13%**

I find myself doing things without paying attention

8 out of 8 people answered this question

Average: 4.00

1	2	3	4	5	6

Almost always — Almost never

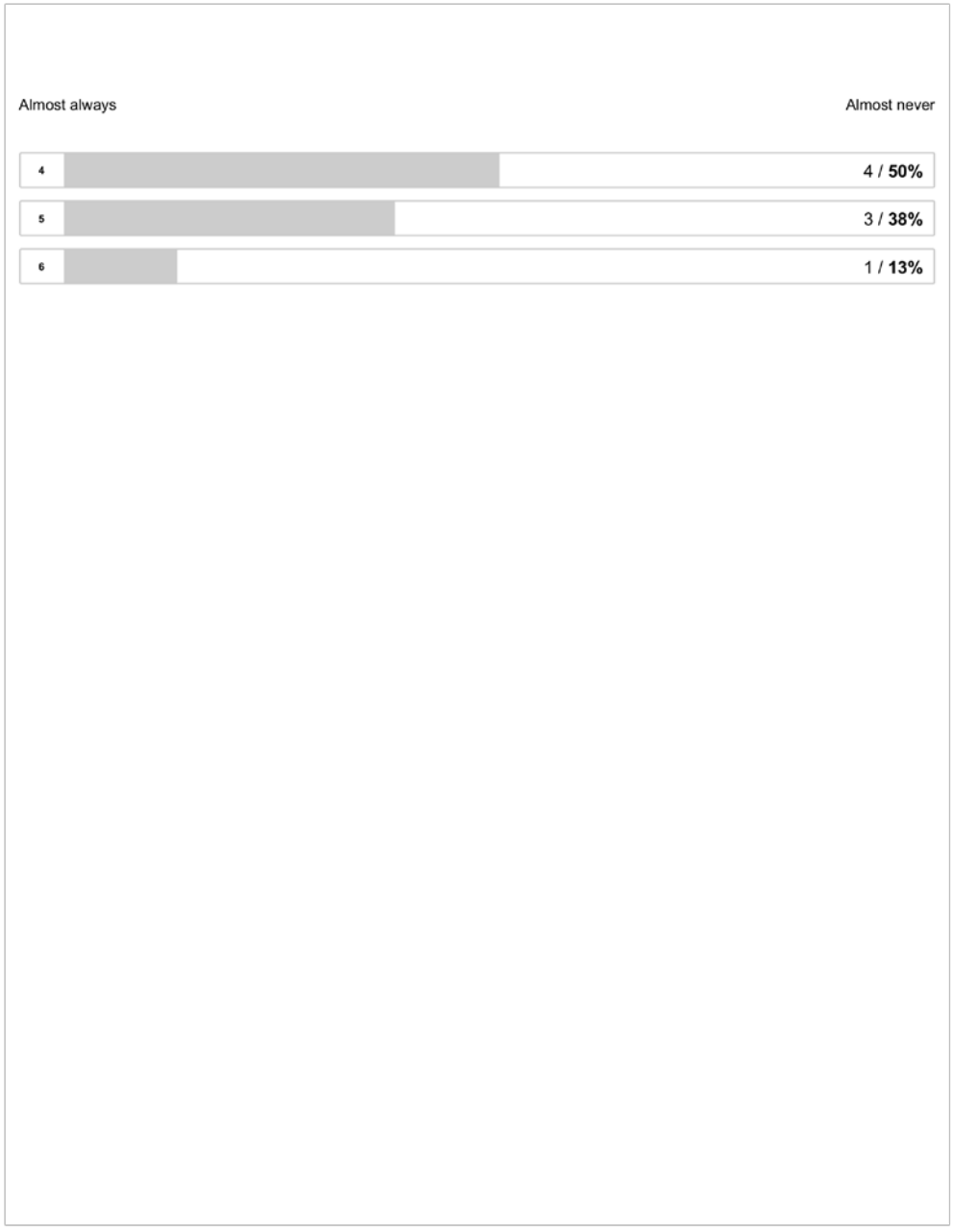
4	4 / **50%**
2	1 / **13%**
3	1 / **13%**
5	1 / **13%**
6	1 / **13%**

I snack without being aware that I'm eating

8 out of 8 people answered this question

Average: 4.63

General report - Balance Box Baseline [redacted]



 [redacted]

Appendix G
Follow-Up Survey Results

General report - Balance Box Follow Up [redacted]

Frequency of Use of Balance Box

6 out of 6 people answered this question

1	I've used it once	3 / **50%**
2	I've used it "a few times"	2 / **33%**
3	Once a week	1 / **17%**
4	A few times a week	0 / **0%**
5	Every shift	0 / **0%**

What items did I use (select all that apply)

5 out of 6 people answered this question

1	Stress toys	3 / **60%**
2	Warm wrap	3 / **60%**
3	Just headphones without music	1 / **20%**
4	Music	1 / **20%**

Mindful Attention Awareness Scale:

I could be experiencing some emotion and not be conscious of it until some time later

6 out of 6 people answered this question

Average: 3.50

1	2	3	4	5	6

Almost always — Almost never

3		2 / **33%**
4		2 / **33%**
2		1 / **17%**
5		1 / **17%**

 [redacted]

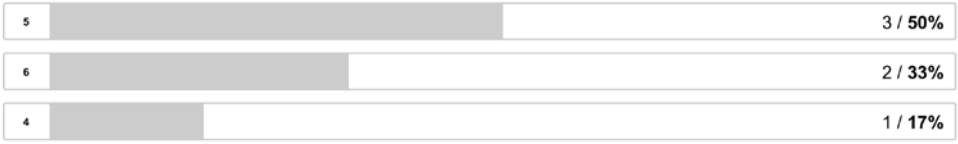
General report - Balance Box Follow Up [redacted]

I break or spill things because of carelessness, not paying attention, or thinking of something else

6 out of 6 people answered this question

Average: 5.17

Almost always Almost never



I find it difficult to stay focused on what's happening in the present

6 out of 6 people answered this question

Average: 4.33

Almost always Almost never

I tend to walk quickly to get where I'm going without paying attention to what I experience along the way

6 out of 6 people answered this question

Average: 3.17

Almost always Almost never

4	1 / **17%**

I tend not to notice feelings of physical tension or discomfort until they really grab my attention

6 out of 6 people answered this question

Average: 3.50

1	2	3	4	5	6

Almost always — Almost never

1	1 / **17%**
2	1 / **17%**
3	1 / **17%**
4	1 / **17%**
5	1 / **17%**
6	1 / **17%**

I forget a person's name almost as soon as I've been told it for the first

6 out of 6 people answered this question

Average: 2.83

1	2	3	4	5	6

Almost always — Almost never

3	2 / **33%**
4	2 / **33%**
1	1 / **17%**
2	1 / **17%**

It seems I am 'running on automatic,' without much awareness of what I'm doing

6 out of 6 people answered this question

Average: 4.33

General report - Balance Box Follow Up [redacted]

Almost always Almost never

3	2 / **33%**
5	2 / **33%**
4	1 / **17%**
6	1 / **17%**

I rush through activities without being really attentive to them

6 out of 6 people answered this question

Average: 4.33

1	2	3	4	5	6

Almost always Almost never

4	3 / **50%**
3	1 / **17%**
5	1 / **17%**
6	1 / **17%**

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

6 out of 6 people answered this question

Average: 4.17

1	2	3	4	5	6

Almost always Almost never

4	3 / **50%**
2	1 / **17%**
5	1 / **17%**

6	1 / **17%**

I do jobs or tasks automatically, without being aware of what I'm doing

6 out of 6 people answered this question

Average: 4.33

1	2	3	4	5	6

Almost always — Almost never

4	3 / **50%**
3	1 / **17%**
5	1 / **17%**
6	1 / **17%**

I find myself listening to someone with one ear, doing something else at the same time

6 out of 6 people answered this question

Average: 3.00

1	2	3	4	5	6

Almost always — Almost never

3	4 / **67%**
2	1 / **17%**
4	1 / **17%**

I drive places on 'automatic pilot' and then wonder why I went there

6 out of 6 people answered this question

Average: 4.33

1	2	3	4	5	6

Almost always — Almost never

6	2 / **33%**
2	1 / **17%**
3	1 / **17%**
4	1 / **17%**
5	1 / **17%**

I find myself preoccupied with the future or the past

6 out of 6 people answered this question

Average: 3.00

1	2	3	4	5	6

Almost always Almost never

3	2 / **33%**
1	1 / **17%**
2	1 / **17%**
4	1 / **17%**
5	1 / **17%**

I find myself doing things without paying attention

6 out of 6 people answered this question

Average: 4.00

1	2	3	4	5	6

Almost always Almost never

4	3 / **50%**
3	2 / **33%**
6	1 / **17%**

I snack without being aware that I'm eating

6 out of 6 people answered this question

Average: 5.17

1	2	3	4	5	6

Almost always — Almost never

5		5 / **83%**
6		1 / **17%**