Program Planning Framework

Program: *"Caring for Those Who Care for Us" - A Mind-Body Pilot Program Addressing the Crisis in Health Care Worker Stress and Burnout*

Curriculum Outline & Proposed Content – Topics and Methods of Instruction

Prior to introducing the target audience to the 3 program modalities (interventions)--an abbreviated form of Mindfulness Based Stress Reduction (MBSR) i.e. mindfulness-meditation, Qigong practice, and auricular acupuncture or acupressure—the wellness team will hold educational/information sessions using supportive marketing materials (print and digital) to explore the following topics:

1. The purpose and goals of the wellness program
2. The specific, serious health issue of secondary traumatic stress (STS) and burnout in the context of healthcare workers' existing knowledge, behaviors, and attitudes, the possible serious risks and repercussions to their individual health, their ability to function at a high level within the workplace, and the impact on their families.
3. Highlights of the US Surgeon General's 2022 Advisory
4. Relevant neuroscientific findings including:
    a. Neuroplasticity and the science of behavior change
    b. The distinction between a stressor and the stress cycle as outlined in *"Burnout: The Secret to Unlocking the Stress Cycle"* by Emily and Amelia Nagoski. Concepts include specific steps to complete the stress cycle and reduce burnout.
    c. Cognitive Neuroscientist, Amishi Jha's concepts about attention and her abridged MBSR (mindfulness meditation) self-care practice as outlined in her book*, "Peak Mind: Find Your Focus, Own Your Attention, Invest 12 Minutes a Day"*.

Next, each modality will be introduced live and in-person, led by a professional partner, or via video, along with relevant evidence-based research findings indicating their effectiveness in similar hospital settings. Auricular acupuncture using the NADA protocol will be provided on-site by qualified, licensed acupuncturists. Alternatively, a "Self-Acupressure for Stress (SAS)" intervention will be offered (Abbott, et al., 2023). All sessions will include time for question-and-answer periods.

Description of Proposed Primary Audience:

The full range of direct-care/clinical staff: physicians, nurses, nurse practitioners, physician assistants, physical and occupational therapists, dieticians, case managers, behavioral health technicians, etc. and non-clinical support staff: administrators, medical billers and coders, transcriptionists, receptionists, HR and IT executives, biomedical technicians, administrative assistants, food service, housekeeping, janitorial, patient transfer workers, etc., all of whom suffer Secondary Traumatic Stress (STS) and burnout due to the demands of their workplace.

Method(s) for Assessing Primary Audience's Existing Knowledge, Behaviors, Attitudes (KBA's), and Needs (from a Holistic Perspective):

Hospital administrators and HR will be involved from the outset to identify and align outcome priorities and ensure that the program is accountable for the changes in participants' KBA's and health outcomes. Prior to program launch the wellness team will build in summative evaluations. At the initial education sessions, the team will conduct a pre-test survey using a questionnaire to quantify participants' existing awareness of

workplace stress, its impact on their wellbeing, their current knowledge, behaviors, attitudes, and their participation in self-care practices.

KBA's will be measured at baseline (at the initial information session), at two mid-points (after 3 months and 6 months), at the end of the one-year pilot program, and 6 months after the program ends. (Ideally, the program will be instituted as part of employees' ongoing benefits, free of charge, and will continue indefinitely.)

To ascertain the rate of participation for each staff member in each modality, easy to fill out practice logs will be created for participants to maintain. They will be asked to share/upload these logs to program administrators weekly or monthly, indicating their ongoing participation in the program. These logs will include notes that can also be evaluated.

Program Mission Statement:

To educate, support, and empower clinical and non-clinical hospital healthcare workers to reduce their stress and burnout, improve their resilience, health related quality of life, and well-being by providing integrative wellness practices and creating a culture dedicated to wellness and healing.

SMART Program Goals and Objectives

Program Goals Statement:

- Reduce the rate of burnout and secondary traumatic stress among clinical and non-clinical workers at a metropolitan hospital, support and improve their quality of life, stabilize the workforce, and enhance patient care and overall hospital operations.
- Promote resilience and improve the general well-being of clinical and non-clinical staff at a metropolitan hospital through participation in mind-body practices.

SMART Objectives (Specific, Measurable, Achievable, Relevant, & Time Bound):

<u>Behavioral:</u>

- Within 12 months of introducing a multi-faceted self-care program based on mindfulness-based stress reduction (MBSR), simple Qigong practice that includes stretching, physical exercise, deep breathing, self-massage, mindfulness and relaxation techniques, and auricular acupuncture using the National Acupuncture Detoxification Association (NADA) or a self-acupressure protocol for stress reduction and to improve mental health, 10% of all hospital workers will incorporate well-being and self-care on a regular, if not daily basis.

<u>Social:</u>

- 15% of all hospital workers will understand and prioritize the importance of daily well-being and self-care practice.
- 10% of healthcare workers will experience a greater sense of teamwork, empathy, and camaraderie, recognizing that they're all in this together and *all* subject to stress and burnout in the hospital environment.

<u>Organizational:</u>

- 25% of hospital leadership will buy-in to the importance of demonstrating to workers their understanding of the unique challenges posed by the hospital workplace and that they value and appreciate each member of the hospital team.
- 25% of hospital leadership will support and participate in activities and programs that encourage and facilitate workers' access to wellness and self-care practices at work.

Communication Objectives:

Primary Audience (Hospital Workers):

- Educate, raise awareness, and shift 15% of workers' attitudes to value and recognize the benefits of developing regular well-being and self-care practices.
- Introduce, teach, and encourage adoption of the program's wellness and daily self-care practices and activities (MBSR, Qigong, and auricular acupuncture), securing an overall 10% participation rate.

Secondary Audience (Hospital Leadership & Hospital Worker Families):

Hospital Leadership:

- Raise awareness, support, and create urgency among 25% of hospital leadership for introducing our proposed well-being and self-care pilot program as a means of addressing the crisis of hospital worker burnout.

Hospital Worker Families:

- Introduce 20% of hospital workers' families to the new program, expressing hospital leadership's commitment to enhance worker quality of life, and engaging them to encourage their family members to participate.

Program Preparation: Incorporating Culturally Competent Strategies

The PRECEDE-PROCEED framework is a comprehensive planning model that provides an approach for this program's preparation and data collection that seems extremely well-suited to this pilot program. From the outset it takes a broad perspective on health, is founded on the premise that health promotion is largely voluntary, emphasizes a participatory process involving all stakeholders, and addresses the needs of a community, which is what a hospital represents.

This strategy examines individuals in the target populations with respect to various factors that impact their ability for behavior change. These include: ***Predisposing factors*** prior to intervention— their knowledge, attitudes, behavior, beliefs, and values that affect their willingness to change. ***Enabling factors***, which include factors in the target's community and environment that facilitate or present barriers to change. And last, ***Reinforcing factors***, which are the positive or negative effects of adopting the behavior change, including social support that can impact sustained change.

The 4 phases of PRECEDE provide a strong framework for program development, establish a logical process for implementation, and include three steps of evaluation.

Desired Outcomes for Participants, Partners, and Stakeholders

SMART Health Outcome #1:

Reduce the reported rates of secondary traumatic stress, anxiety, and burnout symptoms among clinical and non-clinical workers by 15%, 6 months after completion of program.

SMART Health Outcome #2:

Improve clinical and non-clinical staff retention by 10% by the end of the one-year program.

SMART Attitudinal Outcome #3:

Improve clinical and non-clinical staff satisfaction by 10% 6 months following completion of the program.

Learning Objectives: Upon completion of the one-year program, clinical and non-clinical hospital staff will:

1. develop an awareness of their workplace stress and burnout.

2. understand how workplace stress and burnout impact their wellbeing.

3. consistently participate in mindfulness-meditation, a mind-body practice offered by the hospital that reduces stress and burnout symptoms and leads to better quality of life.

4. consistently participate in Qigong exercise, a mind-body practice offered by the hospital that reduces stress and burnout symptoms and leads to better quality of life.

5. receive auricular acupuncture on-site at least once/week or practice self-acupressure twice a day, mind-body practices that reduce stress and burnout symptoms and leads to better quality of life.

6. understand both the benefits of simple, mind-body self-care practices like meditation-meditation and Qigong and how easy and accessible they are to adopt.

Health Behavior Models and Adherence Strategies

Three behavioral change models will help guide the pilot program's implementation. These are:

1. Stages of Change, from the Transtheoretical Model, which acknowledges that behavior change is a process and that individual hospital workers will necessarily hold different levels of motivation and readiness to change.

2. Since research has shown that healthcare workers generally are resistant to self-care and well-being practices, hospital workers will need to be educated about the risks of avoiding self-care and the simple, accessible behaviors that minimize those risks. Since this program will necessarily be voluntary, not coercive, the Health Belief Model (HBM) will help address individuals' apparent reluctance to acknowledge the physical, emotional, and psychological risks they face at work and just how imperiled they are.

3. Finally, since mindfulness/meditation, Qigong, and auricular acupuncture/acupressure are likely to be new to most workers, regardless of their background, the wellness team will employ the Diffusion of Innovations Theory to ascertain which approaches will be most effective in educating and spreading these new practices across the organization. Like the Stages of Change model, this theory also is based on the premise that behavior change happens over time. It identifies five subgroups of an audience with respect to their adoption of new habits: innovators, early adopters, early majority, late majority, and laggards (Schiavo, 2014, pg. 370.) and outlines stages of change: awareness, knowledge and interest, decision, trial or implementation, and confirmation or rejection of behavior. Identifying and engaging innovators and early adopters from various segments of the target population may prove pivotal to increasing participation rates.

Together, these three health behavior models will enable the wellness team to support workers by:

- determining and responding appropriately to their levels of interest, motivation, and readiness to change,
- thoughtfully educating them about the workplace risks they may be reluctant to admit,
- identifying which subgroup participants fall into and their specific stages of change, and
- effectively communicating with them based on evolving KBA's.