

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

Situation/Target Population/Participants: Support and address the needs of a broad sampling of clinical and nonclinical hospital healthcare workers at a local hospital (physicians, nurses, technicians, medical assistants, food service, housekeeping/janitorial, and patient transport workers, etc.) who suffer Secondary Traumatic Stress (STS) and burnout due to the demands of their workplace, with the objective to enhance their Quality of Life so they may better serve patients.

Inputs/Resources	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<p>In-house Staff coordinators – full-time director + additional personnel</p> <p>Partnerships with MBSR, Qigong, and acupuncture professionals</p> <p>Funding</p> <p>Infrastructure: -Laptop computers -Online platform (website, email) for content creation -On-site Physical Space for group MBSR, Qigong, and acupuncture treatment -Acupuncture supplies -Offices supplies Time allocated for program</p> <p>External, professional, unbiased evaluation consultant</p>	<p>Planning: Obtain baseline data & needs assessment -Articulate vision, share program goals & activities with staff Develop communication strategy -Create printed & online information tools -Hold education & recruiting workshops -Identify and prep physical program space -Develop a timeline for Staff & practice partners to coordinate & roll out program</p> <p>Activities: -In-person and/or online meditation & Qigong practice 2x/week for 8 weeks + in-person auricular acupuncture tx. at least once/week for 8 weeks -External consultants conduct on-going surveys and interviews: are participants more aware of stress and burnout & how burnout impacts their well-being? is participation consistent & engaging? any reduction in burnout symptoms? improved QOL? family life? real benefits?</p> <p>Post program: Conduct outcome evaluation</p>	<p>Train 4 internal staff to coordinate practice partners and recruit participants</p> <p>Hire 1-2 MBSR partner instructors</p> <p>Hire 1-2 Qigong partner instructors</p> <p>Hire 2 licensed acupuncturists</p> <p>Recruit at least 100 clinical and nonclinical workers to utilize the 3 modalities</p> <p>Prepare 2 weekly lessons for each of the 8 weeks for MBSR and qigong practice (some lessons may repeat)</p> <p>Offer acupuncture sessions 3-5 days/week at appropriate times, according to workers' schedules</p> <p>Complete program evaluation</p>	<p>Clinical and non-clinical workers will:</p> <p>-develop an awareness of their level of workplace stress and burnout</p> <p>-understand how workplace stress and burnout impacts their wellbeing and that of their family</p> <p>-understand the benefits of simple, mind-body practices like meditation, Qigong, and auricular acupuncture and how easy and accessible they are to adopt</p> <p>-some early participants become role models</p>	<p>Clinical and non-clinical workers will:</p> <p>-consistently participate in mindfulness-based stress reduction (MBSR), a mind-body practice offered by the hospital that reduces stress and burnout symptoms and leads to better quality of life.</p> <p>-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.</p> <p>-receive auricular acupuncture treatment provided on-site at least once/week, a mind-body practice that reduces stress and burnout symptoms and leads to better quality of life.</p> <p>-obtain UCLA management buy-in to sustain program</p>	<p>Reduce the reported rates of STS, anxiety, and burnout symptoms among clinical and non-clinical workers by 15%, 6 months after completion of program. (Measure using Maslach Burnout Inventory or ProQOL)</p> <p>Improve clinical and non-clinical staff retention by 10% by the end of the one-year program.</p> <p>Improve clinical and non-clinical staff satisfaction by 10% 6 months following completion of the program.</p> <p>Institutional implementation - Program is implemented across all UCLA hospital settings.</p>

Assumptions

Education, ethnic, gender, social norms, and socioeconomic diversity will impact participants' ability to achieve learning objectives and reach long term health outcomes. Modalities and benefits are likely unfamiliar. Education, making participation fun, interesting, and engaging, & building trust will be essential.

External Factors

Workers' time, finances, access to technology, the Internet, transportation, childcare, and other family responsibilities, cultural knowledge, attitudes, beliefs, peer, and family pressure may present barriers. Hospital must commit and sustain funding, train hospital HR staff, & engage new professional partners.