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**FAST FACTS AND CONCEPTS #316**

**MINDFULNESS SELF-CARE STRATEGIES FOR CLINICIANS**

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**Background**: Burnout is an alarming problem affecting clinicians throughout many fields, including hospice and palliative care (1). Research suggests that comprehensive mindfulness training may correlate with improvements in emotional exhaustion, depersonalization, and a sense of accomplishment (2). This *Fast Fact* focuses on mindfulness exercises as a self-care strategy. See *Fast Facts #167-170* for more information on the risks, consequences, and definition of clinician burnout.

**Mindfulness Definition:** "*Paying attention on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment to moment”* (3). Put another way, mindfulness is a focused state of awareness of one’s present and changing emotions, thoughts, and physical sensations.

**Supportive Evidence:** Fostering mindfulness may benefit patients, trainees, physicians and nurses.

* An uncontrolled, observation study suggested that clinicians with higher self-reported mindfulness participated in more patient-centered communication and had better patient satisfaction scores (4).
* In a matched randomized trial, medical students who underwent mindfulness training had improved empathy and spirituality scores as well a reduction in self reported psychological distress (5).
* Significant improvements in emotional exhaustion, self-compassion, and a sense of personal accomplishment were reported in experimental pilot studies on Mindfulness-Based Stress Reduction education in nurses and health care professionals (6,7).

**Learning Mindfulness:** The best studied mindfulness educational programs have robust outcomes data to support their effectiveness, but they are time intensive and likely impractical to replicate in most institutions. For example, an uncontrolled, before and after study involving mindfulness training for primary care physicians showed significant and long-lasting improvements in emotional exhaustion, depersonalization, empathy, emotional stability, and self-reported mood (2). However, the training was more than a year long and required several follow up sessions thereafter (2). Fortunately, clinicians can be taught to employ simple mindfulness exercises effectively. There are websites and mobile applications which can be accessed anytime at home or work that help to teach and promote mindfulness (8-11). Additionally, many mindfulness stress reduction programs are available and provided through local mental health services, universities, and employer health benefit programs.

**Examples of Mindfulness Exercises (2,12):**

* Body Scan: led- or self-guided meditation focused on recognizing bodily sensations and the natural reactions without trying to alter the perceptions, but rather employing unbiased concentration.
* Loving-Kindness Meditation: focused attention on warm, loving feelings for close loved ones followed by redirection of those feelings towards the self and larger circles of others.
* Walking Meditation: relaxed, leisurely gait with direct focus on the experience and feelings associated with the movement.
* Mindful Movement: disciplined, relaxing movement coupled with attention centered on the physical experience and emotional response to the actions rather than focus on the activity itself.

**Practical Real-Time Mindfulness Approaches:**

* Concentrating on the present moment by setting aside electronic devices and avoiding the distractions of multitasking.
* In the thick of a difficult situation, complete a brief breathing exercise by taking four to five long deep breaths focusing on the relaxing effects of purposeful deep breathing.
* Take the few moments during hand washing to focus attention on the sensations of the water’s temperature and scent of the soap.
* In a relaxed and comfortable position such as a desk chair in a quiet clinician workroom, mentally visualize close loved ones and the emotions associated with them. Then, perceptually transition those feelings to other family, friends, and colleagues.
* While relaxed in a chair, respite room, or in the hospital chapel, sequentially concentrate on the position and sensations of the body starting with the feet and gradually transition focus superiorly.

**Summary**: Stress and burnout are significant concerns within the healthcare community. While the most evidence-based mindfulness educational programs are comprehensive and time intensive, mindfulness activities made simple to learn and easy to access may mitigate the effects of burnout.

**REFERENCES**

1. Kamal A, Bull J, Wolf S et al. Prevalence and predictors of burnout among hospice and palliative care clinicians in the U.S. *Journal of Pain and Symptom Management*. 2015; 51:690-696.
2. Krasner M. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA*. 2009; 302(12):1284. doi:10.1001/jama.2009.1384.
3. Kabat-Zinn J. *Wherever You Go, There You Are*. New York: Hyperion; 1994.
4. Beach M, Roter D, Korthuis P et al. A multicenter study of physician mindfulness and health care quality. *The Annals of Family Medicine*. 2013; 11(5):421-428.
5. Shapiro SL, Schwartz GE, Bonner G. Effects of mindfulness-based stress reduction on medical and premedical students. SL. *Journal of Behavioral Medicine* 1998; 21:581-99.
6. Cohen-Katz, J, Wiley, SD, Capuano, T, Baker, DM, Shapiro, S. The Effects of Mindfulness-based Stress Reduction on Nurse Stress and Burnout, Part II. *Holistic Nursing Practice*. 2005;19(1):26–35.
7. Shapiro SL, Astin JA, et al. Mindfulness-based stress reduction for health care professionals: results from a randomized trial. *International Journal of Stress* Management 2005; 12:164-176.
8. The Center for Contemplative Mind in Society. 2015. Available at: http://www.contemplativemind.org/practices/recordings. Accessed February 5, 2016.
9. Mindfulness Exercises. 2015. Available at: http://www.livingwell.org.au/mindfulness-exercises-3/. Accessed February 5, 2016.
10. Mindful: Taking Time for What Matters. 2015. Available at: http://www.mindful.org/category/meditation/mindfulness-practice/. Accessed February 5, 2016.
11. Get some Headspace. *Headspace*. Available at: https://www.headspace.com/. Accessed April 28, 2016.
12. Fredrickson BL, Cohn MA, Coffey KA, Pek J, Finkel SM. Open hearts build lives: positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of personality and social psychology*. 2008;95(5):1045-1062.

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