

# A randomised control trial to evaluate the Mindful Practice program for reducing burnout and stress of healthcare workers

<b>Submission date</b> 11/03/2018	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 19/04/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 04/04/2018	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Doctors and nurses report having high burnout. It can not only damage their own well-being, but also quality of patient care and teamwork in providing the healthcare services. A recent study confirmed that a mindfulness-based intervention program developed in the United States, called Mindful Practice (MP), was useful to reduce burnout of healthcare workers in Hong Kong (HK). This led to a localized MP program being developed in Chinese.

This study aims to examine the effectiveness of the Chinese MP program to reduce burnout, perceived stress and number of sick leave days, improve job engagement, quality of life, well-being and interpersonal communication skills of healthcare workers in Hong Kong.

### Who can participate?

Adult hospital staff experiencing burnout or perceived stress

### What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group receive an eight week Mindful Practice program, with a total of 27 contact hours. Participants are also encouraged to complete home-based mindful exercise or stretching each day as well as apply mindfulness at work. Participants are assessed using different inventories and scales before and after the program and after three months.

Those in the second group are invited to undertake the program after the first group have finished follow up.

### What are the possible benefits and risks of participating?

Participants may benefit from a reduction in burnout and perceived stress, improving quality of life. There are no direct risks for participants.

### Where is the study run from?

Oasis- Center for Personal Growth and Crisis Intervention (Hong Kong)

When is the study starting and how long is it expected to run for?

January 2014 – August 2017

Who is funding the study?

Oasis - Center for Personal Growth and Crisis Intervention (Hong Kong)

Who is the main contact?

Ms Wacy Wai Sze Lui (Scientific)

## Contact information

### Type(s)

Scientific

### Contact name

Ms Wacy Wai Sze Lui

### Contact details

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## Additional identifiers

### Protocol serial number

MP210

## Study information

### Scientific Title

RCT on Mindful Practice to alleviate burnout and perceived stress of health care workers

### Study objectives

Mindful practice (MP) can alleviate burnout and perceived stress. It can also improve job engagement, quality of life, wellbeing, interpersonal communication and number of sick leave days.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Hospital Authority Hong Kong Kowloon East/Kowloon Central Cluster Research Ethics Committee, 25/08/2014, ref: LC/KE-14-0-0160/ER-2

### Study design

Randomised single centre waitlist controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Burnout and perceived stress

## **Interventions**

All enrolled participants are invited to fill in the screening tools on burnout and perceived stress to assess their eligibility for the program. Those with burnout or perceived stress are then randomly assigned to the experimental and control groups, using the computer-generated procedures. Participants are informed of the assignment by the executive assistant and they are blinded of the research hypothesis.

All participants (both experimental and control groups) attend briefing sessions. Then, the participants of the experimental groups first join the 8-week manual Mindful Practice (MP) intervention (total 27 contact hours). Apart from the class-based learning, participants of the experimental groups are invited to do home practice during the program, which involves around 1 hour of formal mindful exercise or stretching per day, as well as application of mindfulness at work.

Participants in the control group do not undertake this program during this time, but upon completion of 3-month follow-up, participants in the waitlist control groups are also invited to join the MP program.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

Burnout (emotional exhaustion, depersonalization, and personal accomplishment) is measured using the Chinese Maslach Burnout Inventory pre-intervention, post-intervention and at 3 month follow up.

## **Key secondary outcome(s)**

1. Stress is measured using the Perceived Stress Scale
2. Work engagement is measured using the Utrecht Work Engagement Scale (UWES)
3. Health status is assessed using the Short term Health Survey (SF-12)
4. Current mental wellbeing is assessed using the World Health Organization Well-being Index
5. Communication competency is measured using the Interpersonal Communication Assessment Scale (ICAS)

All outcomes are assessed pre-intervention, post-intervention and at 3 month follow up.

## **Completion date**

01/08/2017

## **Eligibility**

### **Key inclusion criteria**

1. Existing staff of Hospital Authority
2. Aged 18-65 years
3. Report having burnout or perceived stress
4. Committed to attend all MP classes and have mindful practice an hour a day between classes
5. No previous mindfulness experience

**Participant type(s)**

Health professional

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

65 years

**Sex**

All

**Key exclusion criteria**

1. No burnout or perceived stress
2. Not able to attend both treatment and control groups for randomization
3. Currently have psychosis, substance abuse, active suicidal ideation and plan
4. Receiving any active psychological and psychiatric treatment

**Date of first enrolment**

01/09/2014

**Date of final enrolment**

01/01/2017

**Locations****Countries of recruitment**

Hong Kong

**Study participating centre**

**Oasis Center for Personal Growth and Crisis Intervention**

Hospital Authority Hong Kong

Hong Kong

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# Sponsor information

## Organisation

Oasis - Center for Personal Growth and Crisis Intervention

## Funder(s)

### Funder type

Hospital/treatment centre

### Funder Name

Oasis - Center for Personal Growth and Crisis Intervention

# Results and Publications

## Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date

## IPD sharing plan summary

Data sharing statement to be made available at a later date