

## Mindfulness and compassion training for clinicians: a qualitative study

Clémence Brun, Alexis Akinyemi, Laurène Houtin, Claire Mizzi, Thierry Cardoso, Corinne Isnard Bagnis

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## Hopital Mindfulness and compassion training for clinicians: a qualitative study



Clémence Brun ab, Alexis Akinyemi b, Laurène Houtin b, Claire Mizzi c, Thierry Cardoso d & Corinne Isnard Bagnis c contact: corinne.bagnis@aphp.fr

> <sup>a</sup> Univ. Grenoble Alpes - Laboratoire Translational Innovation in Medicine and Complexity <sup>b</sup> AD-HOC Lab, <sup>c</sup> APHP Sorbonne University, <sup>d</sup> Santé Publique France

Compassion is considered a key factor in providing quality care to patients in need (Adams et al., 2006; Figley, 1995, 2002; Kret, 2011). However, caregivers are currently amongst the professionals most vulnerable to compassion fatigue and stress overload (Raab, 2014).

We know that **ENCOURAGING CAREGIVERS TO DEVELOP** 

A PATIENT-CENTRED CARE RELATIONSHIP HAS BENEFICIAL EFFECTS FOR BOTH THE PATIENTS AND THEIR CAREGIVERS (Dobkin, 2016). The literature suggests that CAREGIVERS' COMPASSION AND SELF-COMPASSION CAN BE INCREASED WITH THE PRACTICE OF MINDFULNESS, more particularly through caregiving-focused mindfulness training programmes (Birnie et al., 2010; Hick & Bien, 2008; Neff, 2003). Those programmes are particularly relevant for caregivers, who have a greater risk for professional burnout due to the high level of involvement required.

We hypothesised that a MINDFULNESS TRAINING PROGRAMME SPECIFICALLY FOCUSED ON SITUATIONS THAT ARE RELEVANT FOR CAREGIVERS COULD IMPROVE PATIENT-CAREGIVER RELATIONSHIPS. AND ULTIMATELY, THE CARE PROVIDED.

· The training had an OVERALL POSITIVE IMPACT on the caregivers' ability to take care of themselves, particularly through the ability to 'take a step back'.

· CARING LISTENING seemed to be one of the main skills that the programme helped the caregivers to develop



· Participants seemed to use mainly informal practices in their workplace (i.e., taking time during the day to refocus on the present)

EMOTIONS WERE BETTER ACCEPTED—especially negative ones. Participants also seemed to be able to change their perspective. They were more attentive to their patients and their

· The majority considered themselves MORE EMPATHETIC and thought they could perceive their patients' suffering without feeling it.

> · Participants were BETTER ABLE TO ACCEPT THE DIFFICULT EXPERIENCES they encountered in the workplace or those reported to them by

· The MB CARE programme is ar AUTO-COMPASSION TRAINING PROGRAMME **DEDICATED TO CAREGIVERS.** It integrates three themes: mindfulness, compassion and self-compassion. IT DIRECTLY ADAPTS THE PRACTICE OF MINDFULNESS TO PROFESSIONAL SITUATIONS that are relevant for caregivers.

 We conducted interviews with 10 CAREGIVERS WHO HAD COMPLETED THE MB CARE PROGRAMME to explore the perceived psychological consequences of such training programmes for caregivers who experience mindfulness training

- · Our objective was TO EVALUATE THE IMPACT OF THIS TRAINING THROUGH THE STUDY OF THE CAPACITY OF CAREGIVERS TO APPLY ITS METHODS IN THEIR DAILY PRACTICE.
- · We used Kirkpatrick's model to asses the quality of the programme.
- · We focused on (1) the experience of the training (i.e., satisfaction and potential improvements); (2) how caregivers took care of themselves (i.e., what were their stressors and support systems); and (3) how the programme had impacted their practice.

Overall, the caregivers considered the program to be a PERSONAL DEVELOPMENT PROGRAM THAT CAN HAVE POSITIVE INDIRECT CONSEQUENCES FOR THE CAREGIVER-PATIENT RELATIONSHIP.



- · The MB CARE program can ENABLE CAREGIVERS TO BETTER COPE WITH THEIR PRACTICE AND PROTECT THEMSELVES from problems related to personal exhaustion and lack of consideration for their
- · These results are very encouraging insofar as caregivers are able to see the value of the program for their professional practice and for the majority of them to use those teachings for the benefit of their caregiver-patient relationships.
- · Future studies should assess if professional mindfulness and compassion training programs could effectively be operational levers for institutions aiming to foster a more compassionate caregiver-patient relationship and improve care global efficiency.