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RESEARCH: A MINDFUL SELF-CARE INTERVENTION FOR HEALTHCARE PROFESSIONALS DURING COVID-19... AND BEYOND

Challenges faced by healthcare professionals (HCPs) can be detrimental to both their psychological and physical health. Compared to other professions, HCPs are likely to experience anxiety, depression, stress and burnout much more acutely. The healthcare demands presented by the Covid-19 pandemic have critically impacted the health and wellbeing of HCPs globally, in terms of workload and psychosocial stressors, and those in emergency departments are now at even greater risk of stress and burnout.

As mindfulness facilitators with an interest in compassionate self-care for healthcare professionals, we were initially approached by

Professor Tanya Heyns of the Department of Nursing, University of Pretoria, to conduct a mindfulness intervention for the post-graduate students enrolled for the emergency nursing programme. The students expressed experiencing high levels of stress in balancing their studies and their work, home life and other commitments. Simultaneously in March 2020 the first cases of Covid-19 were diagnosed in South Africa. In response, hospitals and HCPs began gearing up for the expected trauma in the months ahead, altering the dynamics and demands of emergency healthcare overnight. This meant these

students were experiencing vicarious trauma with onerous working hours whilst continuing their postgraduate studies.

As part of her department's response, Professor Heyns wanted the post-graduate nursing students to be compassionately held and supported and approached us as mindfulness facilitators to assist. We sensed the value a mindfulness-based self-care intervention could offer the students. A pilot study was developed to determine such an intervention's efficacy for these students and other HCPs. We were also approached by

Professor Keymanthri Moodley of Stellenbosch University's Tygerberg Hospital and Dr Naleena Vidhanandh Lutchminarain of General Justice Gizenga Mpanza Regional Hospital in Stanger KZN, to offer similar programmes to HCPs (not only nurses, but doctors and specialists) at these institutions. These students and HCPs also indicated they required support due to the impact of Covid-19 on their work environment and procedural dynamics.

MINDFULNESS

Mindfulness is an integrated mind-body approach that develops the capacity for present moment awareness through bringing intentional, non-judgmental awareness to both inner and outer experiences. Research over the past four decades has indicated the regular practice of mindfulness, including consciously turning attention to sensations, thoughts and emotions that arise in each moment, and approaching them with interest, acceptance, curiosity and kindness, may facilitate a shift in the experience of and response to stressful and difficult circumstances. Research amongst HCPs suggests various forms of mindfulness practice may be effective to reduce symptoms of stress, anxiety, burnout and secondary trauma, and improving wellbeing, resilience, compassion and a sense of calm and ease.

The field of mindfulness-based self-compassion highlights the therapeutic and transformational advantages of a regular practice of mindful selfcare, including specific practices supporting the inner experience of the practitioner as well changing how the practitioner engages with others in their environment. Self-compassion practices can increase not only compassion towards ourselves, but towards others. While relevant to everyone during Covid-19, it's especially pertinent for frontline healthcare practitioners, in managing the challenges of work and the other demands of their lives.

THE DIGITAL PLATFORM: WHATSAPP™

Before Covid-19, most mindfulness-based group initiatives – in particular Mindfulness-Based Stress Reduction (MBSR) pro-

grammes – were facilitated in person. The country-wide mandatory lockdowns meant face-to-face support was not an option. With participating HCPs already stretched beyond capacity with very different working hours, we needed alternative implementation methods. We identified the possibility of offering mindfulness intervention via a smartphone platform which would make the dissemination of information globally very efficient with research showing its success with mindfulness applications and training.

Despite audience diversity and uncertainty around participant engagement and effective learning, evidence suggests value in the intersection of mindfulness and technology.

In searching for studies focusing specifically on digital mindfulness-based self-care interventions for HCPs and/or nurses, we found no evidence on which to build our programme. With WhatsApp™ being such a widely used and versatile medium of communication, we considered it could be a useful platform for the initiative. Again, turning to the research, we found only one programme that used WhatsApp™ as its delivery platform, but then only for live, on-line sessions with participants.

After careful consideration and discussion, the WhatsApp™ platform was selected as the most appropriate digital medium to use for the mindfulness-based pilot intervention for emergency post-graduate emergency nursing students at UP, as well as the two other pilot groups. One of the key

advantages of WhatsApp™ is its accessibility and if participants have access to free wifi, no additional cost. Also practices and other material can be downloaded accessing free wifi and then used when they have time. This means practices and other material can be used in participants' own time, without committing to specific timeslots, when a live on-line programme was offered. WhatsApp™ allows for both audio and video practices, as well as written material and visuals, and messaging, with unlimited group size. Sending a "direct message" means participants can privately message facilitators to discuss further, or if they're experiencing difficulties. This makes it easy to include a psychologist on the platform for additional support where needed.

THE INTERVENTION

In keeping with the attitudinal qualities of mindfulness as outlined by Dr Jon Kabat-Zinn in his seminal book "Full Catastrophe Living", which describes his Mindfulness-based Stress Reduction (MBSR), the intervention runs over six weeks with an attitudinal quality of mindfulness forming the overarching theme each week. All mindfulness practices, including the movement elements, were grounded in current research relating to what's most supportive for health care workers. The practices were directed towards compassionate self-care and the themes were 1) beginner's mind, 2) non-striving, 3) patience, 4) trust, 5) non-judgement, and 6) loving-kindness and compassion. Each week offered of a range of mindfulness practic-





es, including formal mindfulness practices (i.e., specific time for practices such as breath awareness, bodyscan, mindful walking or mindful movement/yoga) as well as informal opportunities to weave mindfulness into ordinary daily activities such as washing dishes or eating mindfully. Some practices were specifically developed for use during Covid-19, for example hand washing. All practices were offered in English and ranged from just under three minutes to 10 minutes. Participants were encouraged to do practice daily and offer feedback regarding their experiences.

Additional inspiration was through the medium of poetry specific to the attitudinal quality of the week. Each week a didactic article on current research pertaining to the value of mindfulness-based self-care for nurses and/or HCPs provided academic grounding to the practices, for example "Mindfulness, Self-Compassion, and Empathy Among Health Care Professionals: A Review of the Literature" by Kelly Raab (2014) and "Coronavirus Disease 2019 (COVID-19) and Beyond: Micropractices for Burnout Prevention and Emotional Wellbeing" by David Fessell and Cary Cherniss (2020). Small visual elements relating to the science of mindfulness, as well as mindful self-compassion and self-care, were also interspersed. Each week would close with inspirational words and an invitation to reflect

and share feedback of participants' experience(s) and/or to contact facilitators privately for further support.

FINDINGS AND KEY LEARNING

As facilitators, our experience and findings from the three pilot groups were very similar. While engagement was in general both minimal and sporadic, each group indicated they were stretched beyond capacity, with no time for themselves, needing a break and fearful for their lives. They also expressed they valued the offering and found it supportive. The mindfulness practices offered them a small space of 'time-out' from their relentless schedules.

The major challenges were the absence of in-person sessions and lack of substantial feedback - meaning it was often difficult to know how materials were being received. This could have been because participants found it difficult to respond or comment anonymously, due to the nature of WhatsAppTM - and digital communication. Participants used private messaging to communicate with facilitators on personal matters. We also sensed some "digital fatigue" with so much information flooding into a smartphone daily from online platforms.

We learned that WhatsAppTM offers an affordable, accessible and efficient platform to run a digital mindfulness-based intervention.

Going forward, it could be valuable to include live one-on-one audios or video calls before the programmes, to connect with participants, and offer an opportunity for them to raise any personal queries or concerns. In addition, a Zoom session (or similar) would be supportive in terms for the facilitators to outline ethical issues, particularly regarding confidentiality, and to create a safe space for sharing. There is also potentially a need to explore - in the context of the WhatsAppTM platform - how to establish the creation of a "safe container" for participation, considering the nature of and high levels of trauma in South Africa. It's important to stress the essential value of having a psychologist on the facilitation team, or that facilitators are supervised and supported by a psychologist.

As part of laying the pre-programme groundwork, it would be valuable to obtain agreement from participants to offer regular feedback, possibly at the end of each practice, or end of each week, as well as providing more detailed feedback at the end of the intervention, and six months/one year after to establish if and how they carried the practices forward in their lives. It would be useful to conduct a study on what HCPs themselves perceive as their support needs, and then design mindfulness-based practices meeting these needs. We feel there is a need to further consider ethical issues regarding facilitating a programme on the WhatsAppTM platform.

CONCLUSION

While there's plenty of scope for further research and much work to be done, it's clear from the pilot projects that there is potential in using WhatsAppTM-based mindfulness interventions, both for HCPs as well as within other arenas. Based on the feedback, challenges experienced and lessons learnt, we look forward to conducting formal research using similar (or refining) interventions to expand this field of knowledge. It's our sincere hope that those who engaged in the pilot initiatives have been able to find a means to meet their daily challenges, especially their work, with greater acceptance and kindness, and step into each day with a greater sense of well-being.