

The educational intervention “Focusing” as a strategy to stress reduction among health care workers: a pilot study in an Italian teaching hospital

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Parole chiave: Focusing, auto-empatia, gestione dello stress, educazione per adulti, operatori sanitari

Abstract

Background. An educational intervention for stress management of healthcare workers based on a mindfulness approach called Focusing in an Italian teaching hospital.

Methods. In 2017 a pilot mandatory training on stress management targeted to healthcare workers was organized in the 447 bed teaching hospital Sant'Andrea in Rome. We implemented a mindfulness intervention called Focusing. Training with an adult learning approach was adopted. A mixed model using quantitative and qualitative methods was used to evaluate the course's effects on stress reduction. Quantitative data were collected with the Perceived Stress Scale and data were analyzed at two different time points: pre-intervention and post-intervention. Qualitative data were collected via a focus group interview at the end of the course.

Results. A total of 20 healthcare workers participated in the course and was divided in 2 groups: 7 physicians and 13 nurses. 15 (75%) were women and ages ranged from 31 to 56 (median age 46,5 years). 5 (25%) were men and ages ranged from 39 to 54 (median age 47 years). Perceived stress decreased with significant change ($P=,0195$) from 21,4 +/- 4,4 at baseline to 17,5 +/- 6.18 at the end of the course. The major changes the participants noted in their focus group were a greater sense of calmness, enhanced emotional self-regulation, improved coping, increased mental clarity and a sense of empowerment in dealing with the fear, anxiety, and other issues related to their work.

Conclusions. Our initial aim was to investigate whether the course, based on improve of self-empathy by Focusing, could help healthcare workers face the negative effects of stress. There was a significant reduction in perceived stress and qualitative results showed an improvement in reactivity to inner experience and a more attentive perception of internal and external experiences.

Introduction

Healthcare workers (HCWs) are particularly vulnerable to stress overload and burnout, i.e. feeling emotionally

overwhelmed by the demands of their work (1). Potential triggers for stress and burnout include excessive emotional burden derived from the constant contact with patients and their family, excessive workload, frustration

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due to lack of control and a deficient hospital organization, where productivity is valued above all (2). Other factors that increase HCWs distress include difficulties managing relationships and finances, poor self-care, general life stressors, and poor coping abilities (3).

Results of emerging research show that HCWs' stress, fatigue, burnout, depression, or general psychological distress negatively affects health-care systems and patient care (4). Stress has been shown to diminish HCWs' attention, concentration, decision-making skills, effective communication increasing diagnostic errors and job dissatisfaction (3, 5). Furthermore, staff burnout has been associated with decreased patient satisfaction and suboptimal patient care, as well as longer recovery times, as reported by patients (5).

Thus when workers in the health care sector are unwell, the performance of the health-care system is affected. HCWs wellness not only benefits the individual HCW, but is also vital for the delivery of high-quality healthcare (4).

Increasing HCWs' stress and burnout have generated growing public interest in the development of interventions. A few pilot studies have investigated these interventions and demonstrated a significant decrease in perceived stress and anxiety, as well as an improvement in resilience and quality of life in the active arm, compared to the control arm (3).

The most commonly studied interventions have involved mindfulness, stress management, and small group discussions; the results suggest that these strategies can be effective to reduce burnout domain scores (1).

In the present paper, in order to maintain consistency with previous research, we will define mindfulness as a moment-to-moment awareness of one's experiences without judgment. Pioneered by Kabat-Zinn in the early 1980s, mindfulness

based stress reduction (MBSR) programs were designed to help individuals cope with pain, and psychological distress, through meditation and focused breathing (6). Mindfulness programs have been developed to help healthy individuals experiencing severe stress or burnout. Workplace-based mindfulness programs have been shown to reduce symptoms of burnout in nurses and physicians and reduce stress in otherwise healthy adults and medical students (7). Research suggests that mindfulness interventions, particularly those with an added lovingkindness component, have the potential to increase self-empathy among health care workers. Developing self-empathy using MBSR and other mindfulness interventions for healthcare workers holds promise for reducing perceived stress and increasing effectiveness of clinical care (5).

We implemented a mindfulness interventions called Focusing. Similarly to MBSR interventions, previous studies of body-based Focusing interventions have demonstrated improvement in psychological function and a reduction in stress symptoms (8). Nevertheless, Focusing is quite different from other mindfulness techniques, because it enables people to have access to personal meanings, carried in the body, inaccessible to conscious awareness. Focusing is a body-oriented process of attending to subtle inner cues that successful therapy clients naturally use. Developed by Eugene Gendlin in the 1960s, it is a method that teaches to recognize and listen to bodily perceived signals (9, 10). Gendlin demonstrated that success in psychotherapy depended upon the way in which clients attended to and verbalized their inner experience. Those who made progress paid attention, in a non biased way, to a concretely felt, but conceptually vague, sensation in their body, related to the problem. Words or images emerged and explain newly felt meanings. The emerged meanings provided missing pieces

to unresolved issues in a non analytical way and enabled individuals to move out of a constricted perception of themselves or the problem. In addition, the emerged new meanings bring physical relaxation and release intense emotions connected to the problem. This concretely felt, but conceptually vague body sensation about the problem is called a “felt sense” (11).

Focusing is the ability to stay with the felt sense as it develops, to look at it with curiosity, without judging. Focusing is the ability to welcome what comes, to maintain a friendly attitude to whatever is inside you. Focusing is the ability to listen to that place that is trying to tell you something and to be ready to be surprised (12). Here, we remembered some of the attitudes learned in Focusing:

- To be available to receive and to listen;
- To be in inner silence;
- To be open to allowing ourselves to feel whatever we feel when we are with other people;
- To welcome and be present with the felt sense, without trying to change it;
- To describe, without judgment, lived experiences and behaviours;
- To warmly and respectfully welcome people as well as their lived experiences.

Our training focused on the first step in Focusing (“Clearing a Space”) who also can be used as a freestanding stress-reduction method (13-16). When people are overwhelmed by emotion, have a negative self-talk, or the crisis nature of their situation, “Clearing a Space” opens up a perspective that is wider than the intense emotional experience. When Clearing a Space is used as the first step in Focusing, the trainer invites the client to notice the predominant issue for him or her, as these issues are felt in his or her body. Once the client notes what concerns him/her, he or she is asked to imagine placing them at a distance from him or herself, and then to notice what the inner

“cleared space” is like. When the concerns are placed outside the body clients report an automatic release of bodily tension. When clients observe the inner, cleared space, they often experience a larger sense of the whole of their lives, as well as a sense of well-being and a sense of how they would feel if their lives were going forward in a positive way. The experiences people report are not only cognitive ones, but also involve powerful bodily sensations. Clearing a Space is often the catalyst for clients to identify specific steps they would like to take to improve their lives. Clients often find that it is surprisingly easy to follow through on these steps. Thus, Clearing a Space may be especially helpful when illness strikes because it provides a way to transform intense emotional reactions into newly discovered positive meanings. This enables the individual to generate and perform important self-care behaviours (11).

Our aim was to investigate whether the course, based on improve of self-empathy by Focusing, could help healthcare workers face the negative effects of stress.

Materials and methods

During 2017 a training course took place in the 447-bed teaching hospital Sant’ Andrea in Rome, a tertiary referral centre with 37 clinical units and approximately 24,000 inpatient discharges per year and 1,790 employees, out of whom 472 are medical doctors and 738 nurses.

Training with an adult learning approach was adopted. The course included several focusing exercises (es. body-scan-focusing – trying to listen body’s inner sensations and welcome what comes, to maintain a friendly attitude) with the principle aim to improve reactivity to inner experience (i.e. disidentifying from partial-selves, self-empathy, friendly attitudes towards oneself and the bodily knowledge that arises,

without judging, even when it involves suffering or seemingly “negative” things). The course included also narratives about meaningful clinical experiences, didactic material and presentations, group discussion, appreciative inquiry, role-play and theatre techniques inspired from the Theatre of the Oppressed (2).

Moreover, a guideline document was given to participants in order to support the practice of self-empathy in everyday life. We created this document based on the “first focusing step - Clearing a Space” of the Gendlin model (16, 17), and the Inner Relationship Focusing model, created by Ann Weiser Cornell and Barbara Mc Gavin (18).

This course was part of continuous medical education for the hospital HCWs. The participation was based on a voluntary choice. It was divided in five week sessions (4 hours each per week) and was conducted in 2 groups: physicians and nurses.

The course was led by a Focusing trainer who has completed professional training through the International Focusing Institute and by another public health physician.

A mixed model using quantitative and qualitative methods was used to evaluate the course’s effects on stress reduction. The quantitative data were analyzed at two different time points: pre-intervention and post-intervention. The qualitative data were analyzed at post-intervention.

Quantitative data were collected with the Perceived Stress Scale (PSS) - the most widely used psychological instrument for measuring the perception of stress - who refers to the thoughts, feelings, and stressful situations experienced by professionals in the previous month, regardless of whether they occurred in the workplace. We used the shorter, validated 10-item version that provides a global measure of perceived stress. Responses range on a 5-point scale from “never” (0) to “very often” (4). A higher score indicates greater stress.

The PSS correlates well with life-events stress measures and social anxiety and has adequate reliability (19, 20).

We used Wilcoxon matched-pairs signed rank test to evaluate changes in stress and significance was assessed at the 0.05 level.

Qualitative data were collected via a focus group interview at the end of the course. This technique allows to know the opinions and behaviour of each member of the group, in a psychosocial context in which individuals informally share their perceptions on the intervention performed. We chose this technique due to its low cost, its wealth of data, and the fact that the moderator stimulates the participants, informally to reveal important details on their perception of interest in, and significance of the intervention (20).

All professionals (7 physicians for the first group; 13 nurses for the second one) participated in this phase of the study.

The focus group was led by a Focusing trainer, while a second trainer observed the behaviour and made audio recording of the opinions of each member of the group. The focus group was guided by only one guiding question, which opened up new testimonies: “Did the course change anything in your life and/or in your work?”. The interviewer continued the session asking the participants about these testimonies, enriching the prospection of feelings and perceptions. Each opinion was transcribed verbatim and audio recording was reviewed for this purpose.

Result

A total of 20 HCWs participated in the course and were divided in 2 groups: 7 physicians and 13 nurses; 15 (75%) were females and ages ranged from 31 to 56 (median age 46.5 years), 5 (25%) were males and ages ranged from 39 to 54 (median age 47.0 years) (Table 1).

Table 1 - Characteristics of participants

	Number of participants (n=20)
Course	
First edition	7
Second edition	13
HCW distribution	
physicians	7
nurses	13
Sex	
Females	15 (75%)
Males	5 (25%)
Age	
Females	46.5 (range 31-56)
Males	47 (range 39-54)

There was a significant reduction in perceived stress ($P=.0195$), from baseline (21.4 +/- 4.4) to the end of the course (17.5 +/- 6.18) (Table 2).

The major changes the participants found in their focus group were a greater sense of calmness, enhanced emotional self-regulation, improved coping, increased mental clarity and a sense of empowerment in dealing with the fear, anxiety, and other issues related to their work.

The qualitative data show that the course helped HCWs to achieve critical insights in the following two main areas:

- Increasing self-awareness;
- Improving reactivity to inner experience.

Increasing self-awareness

The majority of HCWs spoke about the most attentive perception of internal and external experiences, such as sensations, cognitions and emotions. As many participants suggested, these attitudes were incorporated

into their lives as they worked with them through the course process. They spoke about slowing down, tuning into their own needs, and becoming more reflective and present, as the following examples demonstrate:

“I am more able to be self-aware. What’s happening to me is very clear now”

“I try to listen to my emerging emotions and to welcome these emotions in stressful condition; when tension gets less, then I face the specific situation with means at my disposal in that moment”

“I use stress reduction techniques and I reflect on what I live, trying to have different points of view about a situation, I emphasize and I have relationship approaches based on listening to others”

“I try to find out a better mental status”

“I think about what happens more than in the past and I try to accept the malaise due to this situation”

Improving reactivity to inner experience

Most participants reported improvement in their reactivity to inner experience, which is the tendency to allow oneself to experience sensations, feelings and thoughts with greater responsiveness and openness, without being affected by them. In this way, the course could offer some HCWs new tools for coping with and preventing stress.

“My ability to react in a more conscious way has changed. I have a different attitude towards various stressful situations. I now welcome better what comes and I manage to see specific situations from another point of view, seeing them as normal and acceptable and taken as a positive event that help me to live better and to do things better”.

Table 2 - Focusing Pilot Results

	Score Range	Baseline	End of the course	
		Mean (SD)	Mean (SD)	P
Measures of stress (PSS)	0-40	21,4 (4,4)	17,5 (6,18)	,0195

“In general, I am a person who responds with an immediate counter-reaction, both with others and with myself. If one thing happens, I have to react. This has always been my way of behaving. With this training I focused that the answer is often too much (or excessive) compared to the stimulus that generates it. I realized that, trying to change approach to this makes me feel better, because the impulsive response that made myself feel well in the past, is consuming in the long term. I realized this, indeed”.

“Now I try to look at a specific situation from another point of view and to act in order to have a dialogue and not to have an aggressive communication”.

“In stressful situations I can better manage my reactions and my emotions.”

“I am now less impulsive and I have learned to listen to my emotions and to welcome my anxiety.”

“Now try to take time, to analyze everything, and try to solve the problem, possibly without raising nervousness or stress.”

“I am less instinctive and I take time to welcome what comes.”

Discussion and conclusions

Our initial aim was to investigate whether the course, based on improvement of self-empathy by Focusing, could help HCWs to face the negative effects of stress. There was a significant reduction in perceived stress and qualitative results showed an improvement in reactivity to inner experience and a more attentive perception of internal and external experiences.

Our results pointed out that an increased awareness of the importance of HCWs wellness, both individually and organisationally is needed. To achieve this goal it is necessary a shift in the culture of care and wellness of HCWs (4). Despite considerable evidence demonstrating the benefits of HCWs' empathy for patients,

empathy is at a lower than ideal level in the medical environment. Studies indicate that HCWs often overlook or miss empathic opportunities during patient encounters, and tend to spend significantly more time and energy on biomedical inquiry and offering medical explanations to patients (21).

Furthermore, professionals reported that the course positively influenced their work, by improving the activities and human relationships in the hospital environment. Participants suggested to continue offering this program in the Hospital. For this reason a new course has been scheduled for 2018.

To our knowledge, in Italy this is the first study that has tested the effectiveness of HCWs' Focusing training on stress management.

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Riassunto

L'insegnamento del Focusing come strategia per la riduzione dello stress negli operatori della salute: uno studio pilota in un ospedale universitario italiano

Introduzione. Intervento di formazione sulla gestione dello stress attraverso l'insegnamento di un approccio di mindfulness chiamato Focusing presso un ospedale universitario romano.

Metodi. Nel 2017 è stato organizzato un corso di formazione sperimentale sulla gestione dello stress per gli operatori sanitari (medici e infermieri) presso l'ospedale universitario Sant'Andrea di Roma, il quale ha 447 posti letto. Il corso si è basato sull'insegnamento di un approccio di mindfulness chiamato Focusing. L'approccio metodologico utilizzato per l'insegnamento è stato quello della 'formazione per adulti'. Per valutare l'efficacia del corso rispetto alla gestione dello stress sono stati utilizzati degli strumenti di valutazione qualitativi. La valutazione quantitativa è avvenuta con la somministrazione del questionario PSS (Scala per lo stress percepito) sia all'inizio che alla fine del corso. La valutazione qualitativa, è avvenuta conducendo un focus group alla fine del corso.

Risultati. In tutto, hanno preso parte alle due edizioni del corso 20 operatori sanitari, così suddivisi: 7 medici alla prima edizione e 13 infermieri alla seconda. Rispetto al sesso, su 20 partecipanti 15 (75%) erano donne e 5 (25%) uomini. Le donne avevano un'età compresa tra 31 e 56 anni (mediana 46,5 anni) e gli uomini tra 39 e 54 (mediana 47 anni). I risultati del questionario PSS hanno mostrato che lo stress percepito dai partecipanti alla fine del corso è risultato essere inferiore rispetto al suo inizio in maniera statisticamente significativa ($P=,0195$), passando da 21,4 +/- 4,4 a 17,5 +/- 6,18. Durante il focus group i partecipanti hanno riportato che grazie al corso sono riusciti a sperimentare un maggior senso di calma, miglioramento dell'autoregolamentazione emotive e del coping, aumento della chiarezza mentale e un senso di *empowerment* nel trattare con la paura, l'ansia e altre questioni legate al loro lavoro.

Conclusioni. La valutazione dell'efficacia del Focusing nell'aiutare gli operatori della salute a gestire lo stress, ha dimostrato la sua utilità nel ridurre lo stress percepito da parte di quest'ultimi. Inoltre, i dati qualitativi hanno evidenziato un'accresciuta capacità da parte degli operatori di far fronte all'esperienza interiore e di essere più attenti alle esperienze interne ed esterne.

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