

## Feasibility and Acceptability of Modified Mindfulness-Based Stress Reduction for Health Care Workers in Acute Stress during the COVID-19 Pandemic

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**Abstract :** During the rise of the COVID-19 pandemic, healthcare workers needed an intervention that could address their profound acute stress. Mindfulness-based stress reduction (MBSR) is a program that has long established effectiveness for mental and physical health outcomes. In recent years, MBSR has been modified such that the duration of both class time and number of sessions has been abbreviated, and its delivery has been adapted for online dissemination, thus increasing the likelihood that individuals who could most benefit from the program would do so. We sought to investigate whether a brief, online version of MBSR could be feasible and acceptable for health care workers (HCW) in acute stress in response to the COVID-19 pandemic. Participants were recruited via an email sent to all hospital employees, which spans residents, physicians, nurses, housekeeping, lab technicians, administrators, and others. Participating HCW were asked about their previous experience with mindfulness and asked to commit to a minimum of 3 sessions. They were then provided with four weekly 1-hour sessions online that included the major mindfulness exercises taught during traditional MBSR programs (i.e., body scan, sitting meditation, mindful eating, and yoga). Participants were provided with supporting slides, videos, demonstrations and asked to track their practice. Hospital staff enrolled in the program; by the end of the first day of recruitment, 40 had applied; by the start date, about 100 were enrolled, and n attended a minimum of 3 sessions, supporting feasibility. Hospital staff also participated and practiced the mindfulness exercises (n=42), thus supporting acceptability. Participants reported that the program was logical, successful, and worth recommending both before starting the program and after completing it (M= 22.02 and M=21.76, respectively, possible range 0-27). There was a slight decline in the belief in improvement in health and well-being due to the program (ES=.37, p=.021). Secondary hypotheses regarding participants' self-reported stress and levels of mindfulness were also supported, such that participants reported improvements in perceived stress (ES=.45, p=.006), compassion satisfaction, burnout, and secondary traumatic stress (ES=.41, ES=.31, ES=.35, respectively, p<.05). Participants reported significant improvements in the describing facet of mindfulness (ES=.49, p=.004), while all other facets (observing, acting with awareness, nonjudging of inner experience, nonreactivity to inner experience) remained unchanged pre- to post-program. Results from this study suggest that an abridged, online version of MBSR is feasible and accessible to health care workers in acute stress and provides benefits expected from traditional MBSR programs. The lack of a randomized control group limits generalizability. We intend to provide a structure, framework, and lessons learned to hospital administrators and clinical staff seeking to support their employees in acute stress.

**Keywords :** acute stress, health care workers, mindfulness, online interventions

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