WORK-RELATED STRESS AND HEALTH PROMOTION: INTRODUCING THE MBSR PROGRAM AMONG ITALIAN NHS HOSPITAL PERSONNEL

Massimo Turato[1], Francesca Barile[2], Michele Augusto Riva[1], Giovanni De Vito[1], Raffaele Latocca[3], Tiziano Furlanetto[4, 5], Fabio Giommi[5]

[1]*Specialization School in Occupational Medicine, University of Milano-Bicocca, Milan, Italy*
[2]*Clinical Psychology Unit, San Gerardo Hospital, Monza, Italy*
[3]*Occupational Health Unit, San Gerardo Hospital, Monza, Italy*
[4]*University of Turin, Turin, Italy*
[5]*AIM - Italian Association for Mindfulness, Milan, Italy*

Background and Objectives
About half of workers consider the problem with work-related stress to be common in their workplace, and the field of occupational medicine is struggling to find effective solutions to address the problem. Mindfulness-based interventions have already been successfully implemented in reducing burnout among physicians. Aim of our study was to introduce mindfulness among the health-care workers (HCWs) of a large Italian university hospital, as sponsored by the department of Occupational Medicine in the context of a health promotion program.

Methods
After a series of informative seminars, a group of HCWs underwent the Mindfulness-Based Stress Reduction (MBSR) program, in-hospital and with a certified instructor, in the last quarter of 2017. To evaluate the intervention, participants were asked to fill a series of psychometric questionnaires pre-post MBSR: General Health Questionnaire (GHQ-12), Perceived Stress Scale (PSS), Maslach Burnout Inventory (MBI), Mindful Attention Awareness Scale (MAAS), and Five Facet Mindfulness Questionnaire (FFMQ). PSS and MAAS were also assessed mid-course. Participants' practice was tracked via weekly home practice logs. We applied Wilcoxon signed-rank test for statistical inference. A significance level of 5% was adopted.

Results
A group of 18 workers completed the program. All participants were females, mostly nurses (67%) and physicians (22%). Following MBSR, we found significant improvements in GHQ-12 ($p < 0.01$), MAAS ($p < 0.05$), and FFMQ scores (Observing, Describing, and Acting subscales; $p < 0.05$). Regarding multiple time comparisons, the increase in MAAS was significantly greater in the first half of the program, while PSS showed a significant reduction in the second half ($p < 0.05$). The intervention was very highly appreciated, with a mean rating of 4.93 out of 5.

Conclusion
Screening devices for short-term minor psychiatric disorders (GHQ-12) showed a significant improvement following MBSR. Perceived Stress was not significantly different pre-post intervention, but did experience a significant decrease in the second half of the program.
As our first experience in introducing Mindfulness in the hospital, this pilot study has its major limitations in the small sample size and the absence of a control group. Nonetheless, the suggestive benefits, along with the highly positive reception, lay the groundwork for further implementations.