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Highlights by
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Interventions

Articles testing the applied science and implementation of mindfulness-based interventions

Errazuriz, A., Schmidt, K., Undurraga, E. A.,...Figueroa, R. A. (2020). **Effects of MBSR on psychological distress in health workers: A three-arm parallel randomized controlled trial.** *Journal of Psychiatric Research.* [\[link\]](#)

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Adamoli, A. N., Razzera, B. N., Ranheiri, M. F.,...da Silva de Oliveira, M. (2020). **Mindfulness-Based Intervention Performed During Hemodialysis: An Experience Report.** *Trends in Psychology.* [\[link\]](#)

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Engagement. *Archives of Suicide Research.*
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(2020). **Results from a pre-post,
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based program for early elementary school
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Avalos, L. A., Aghaee, S., Kurtovich, E., Jr, C. Q.,...Kubo, A. (2020). **A Mobile Health Mindfulness Intervention for Women With Moderate to Moderately Severe Postpartum Depressive Symptoms: Feasibility Study.** *JMIR Mental Health.* [\[link\]](#)

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Puzia, M., Laird, B., Green, J., Huberty, J. (2020). **Parents' Perceptions of Their Children's Engagement in a Consumer-Based Meditation Mobile App: Cross-Sectional Survey Study.** *JMIR Pediatrics and Parenting*. [\[link\]](#)

Tement, S., Zorjan, S., Lavrič, M.,...Plohl, N. (2020). **A RCT to improve psychological detachment from work and well-being among employees: A study protocol comparing online CBT-based and mindfulness interventions.** *BMC Public Health*. [\[link\]](#)

Waedel, L., Daubmann, A., Zapf, A., Reis, O. (2020). **Effectiveness of a mindfulness-oriented substance use prevention program for boys with mild to borderline intellectual disabilities: Study protocol for a RCT.** *BMC Public Health*. [\[link\]](#)

Reviews

Articles reviewing content areas of mindfulness or conducting meta-analyses of published research

Marchand, W. R., Sandoval, K., Lackner, R.,...Butler, J. (2020). **Mindfulness-based Interventions for Military Veterans: A Systematic Review and Analysis of the Literature.** *Complementary Therapies in Clinical Practice*. [\[link\]](#)

Matis, J., Svetlak, M., Slezackova, A.,...Šumec, R. (2020). **Mindfulness-Based Programs for Patients With Cancer via eHealth and Mobile Health: Systematic Review and**

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Trials

Research studies newly funded by the National Institutes of Health (Nov 2020)

None reported.

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Highlights

*A summary of select studies from the issue,
providing a snapshot of some of the latest research*

Work-related stress is a major cause of employee dissatisfaction, absenteeism, turnover, and ill-health. Hospital healthcare workers face a number of significant work-related stresses including the physical, cognitive, and emotional demands of caring for seriously ill people. Hospitals can benefit from interventions designed to reduce occupational stress, retain personnel, and prevent burnout.

Errazuriz et al. [Journal of Psychiatric Research] tested the efficacy of a mindfulness intervention on hospital healthcare worker distress when compared to a stress management course or waitlist control.

The researchers randomly assigned 105 Chilean non-physician hospital healthcare workers (average age = 40 years; 98% female) to Mindfulness Based Stress Reduction (MBSR), a stress management course, or a waitlist control. Twenty-three percent of participants met the pretest cut-off criteria for being psychologically distressed.

MBSR and stress management groups met in 2-hour weekly group sessions for 8 weeks. The MBSR intervention followed the usual MBSR protocol minus the all-day retreat. The stress management course was a pre-existing hospital program comprised of lectures, interpersonal support and experiential activities on topics such as visualizing strengths, relaxation, self-care, resilience, and seeking social support.

Participants were assessed at baseline, after intervention, and at 4-month follow-up on self-report measures of general and occupational psychological distress, job satisfaction, perceived stress, and mindfulness (Five Facet Mindfulness Questionnaire, FFMQ). Cortisol in saliva, a stress hormone, was collected three times over the course of a single day at baseline and

post-intervention. Participant attrition was high, with 73% completing at least one measure at post-intervention, and 50% completing at least one measure at follow-up.

Immediate post-intervention results showed the MBSR group had significantly less distress and reported higher job satisfaction than the stress management and waitlist groups. The MBSR group also scored significantly higher on FFMQ “describing” and “acting with awareness” facets than stress management group.



For the physiological marker, the MBSR group had a significantly smaller increase in cortisol during the first 45 minutes after morning awakening relative to the comparison groups.

There were no significant differences between stress management and waitlist controls on any measure. At 4-month follow-up, the MBSR group showed significantly less social role dysfunction and significantly higher FFMQ “observing” compared to the stress management group.

The study shows MBSR is more effective than a hospital-delivered stress management course in reducing short-term distress and increasing short-term work satisfaction in Chilean hospital healthcare workers. Most of these effects did not persist on 4-month follow-up, suggesting the need for continued practice to maintain gains. The study is limited by its small sample size and high rate of attrition.

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Delivering bad news to patients is one of the many challenges physicians face. The exchange can be emotionally taxing for both the physician and patient, and if communicated poorly, can lead to misunderstanding, emotional devastation, and low treatment compliance. Cultivating a mindful state before delivering bad news may potentially help physicians communicate bad news more skillfully.

Mengin et al. [Journal of Surgical Education] conducted a pilot study to test if a brief guided mindfulness meditation could improve bad news communication skills in medical residents.

The researchers randomized 53 French ear, nose, and throat (ENT) residents to a brief mindfulness meditation and a control condition. Participants in both conditions attended a 45-minute lecture on how to communicate bad news to patients. After the lecture they completed self-report measures of anxiety, fear of evaluation, and mindfulness (Mindful Attention Awareness Scale, MAAS).

The residents completed a bad news consultation training session that consisted of preparation, simulation, and post-simulation phases. The preparation phase included having residents self-rate their stress and self-confidence and then listen to either a 5-minute guided mindfulness meditation audio track or an information-only control audio track on the definition of atoms. After listening to the audio tracks, residents again rated their stress and self-confidence.

In the simulation phase, residents engaged in an 8-minute simulated consultation in which they disclosed a diagnosis of laryngeal cancer to a person acting as a patient.

A psychiatrist and ENT specialist blind to the resident's study group rated each resident on skill performance. Ratings were made for respect, efficacy, knowledge, communication, and overall impression. The evaluators also passed or failed each resident based on their

belief that the resident was now ready to perform bad news consultations independently. In the post-simulation phase residents again rated their stress, self-confidence, and empathy. The patient actors also rated resident empathy.



The results showed that the mindfulness group performed significantly better overall in the simulated bad news consultation (Cohen's $d=0.67$) compared to controls, and this effect was driven, in part, by significantly higher scores on knowledge and communication skills. Only 4% of residents in the mindfulness group failed their simulated consultation, while 30% of the controls failed. There were no between-group differences in either self-rated empathy or empathy as perceived by the patient actor. In addition, there were no differences in perceived stress before and after the mindfulness meditation.

The study shows that a brief mindfulness meditation immediately prior to a simulated bad news consultation significantly improves resident bad news communication. Based on medical specialist evaluator reports, residents who briefly meditate communicate better, appear more knowledgeable, and are less likely to fail a communication task.

The meditation proved effective even though it did not affect residents' perceived stress or empathy. The fact that the meditation enhanced performance in the absence of prior extensive training suggests that physicians could use mindfulness as a stand-alone technique prior to engaging in bad news delivery to patients. The study is limited by use of a simulation performance rating scale not previously validated.