DEVELOPMENT AND INITIAL VALIDATION OF THE MINDFUL HEALTHCARE SCALE

- a new measure of psychological flexibility for helping professionals.

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Working in health and social care

- Demanding (Mann, 2004)

- Stressful (Kangas & Shapiro, 2011)

- And can lead to a range of problems (Hooper et al., 2010)

Psychological flexibility is…

- Negatively associated with burnout in healthcare professionals (Hall, 2016, Unpublished)

- Mediates the improvements in emotional exhaustion in worksite stress interventions (Lloyd, Bond & Flaxman, 2013)

- PF can be enhanced through training health professionals in ACT (Pakenham, 2015)

Measurement of Psychological Flexibility

- Context sensitive (specific) measures can give more nuanced predictions

- Work AAQ versus AAQII (Lloyd, Bond and Guenole, 2013)

- AAQII versus CPAQ (McCracken & Zhao-O'Brien, 2010)

'Scientizing ACT Training'

- We 'know' the benefits of ACT training

- And we need to demonstrate that

- How do we measure what changes?

Knowledge & Concepts

Skills & Techniques

Psychological Flexibility
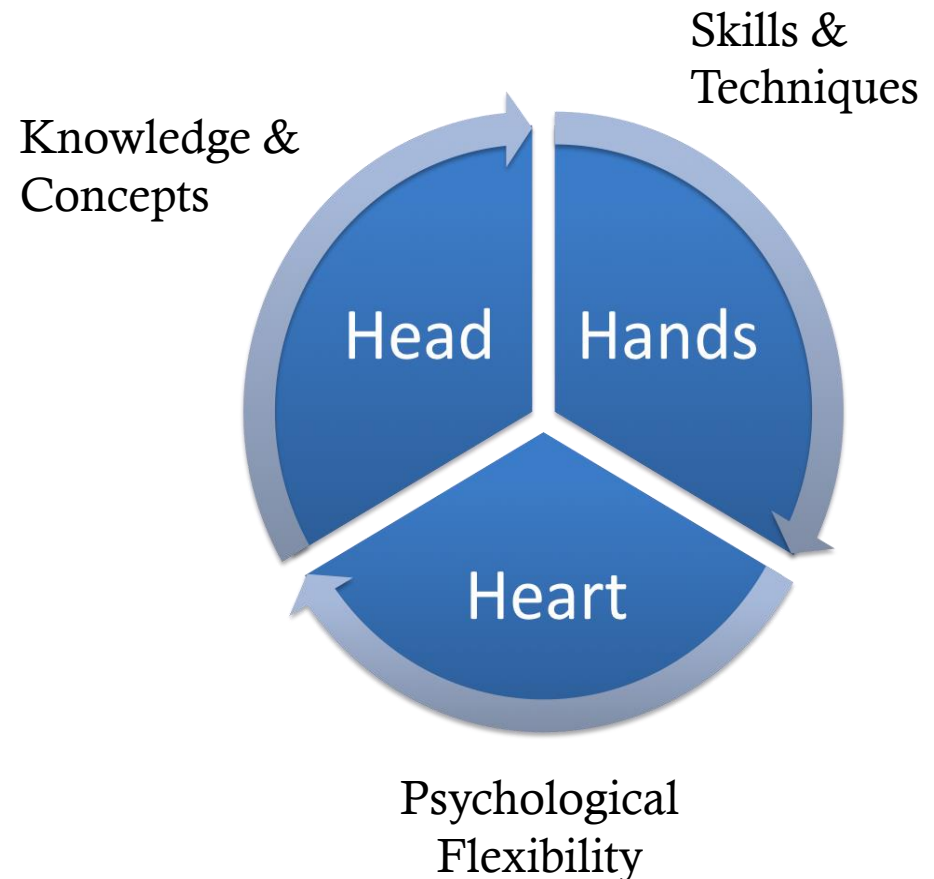
Conceptualizing PF in the helping professional context

Awareness of thoughts and
feelings when with patients

Open to internal
experiences, rather
than avoiding them

Guided by the
value and qualities
of helping

Psychological
Flexibility

Stepping back from
negative
evaluations of self
or patient

Committed actions
towards Values

Flexible perspective taking on
stories and rigid rules

The Mindful Healthcare Scale - Item Development

- Initial item pool of 154 items

- Operationalizing all six processes with positive and negative wording

- Likert response scale 1 "never true" to 6 "always true"

- ACT Peer reviewed trainers asked to rate the items for

  representativeness

- 8 trainers rated items on a 1 – 4 scale (4 = highly representative)

The Mindful Healthcare Scale - Item Development

- Items with a modal rating of 4 were retained (96 items)

- Any of these that more than one trainer had rated 1 were removed (12)

- The remaining 84 items were put into groups according to process

- The highest 8 rated items in each group were retained (48 items)

- Trainer qualitative feedback was used to reword or tweak the items

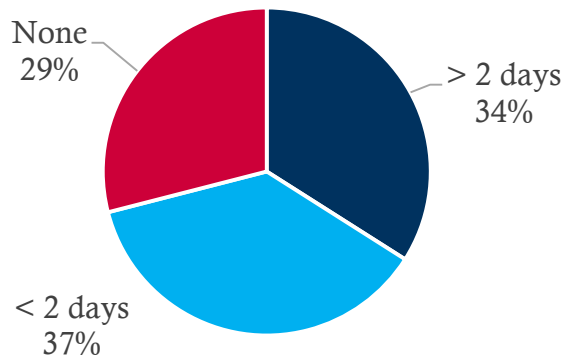- One item was reworded to create 24 negative and 24 positive keyed items

Study 1: Sampling & Recruitment

- Online survey

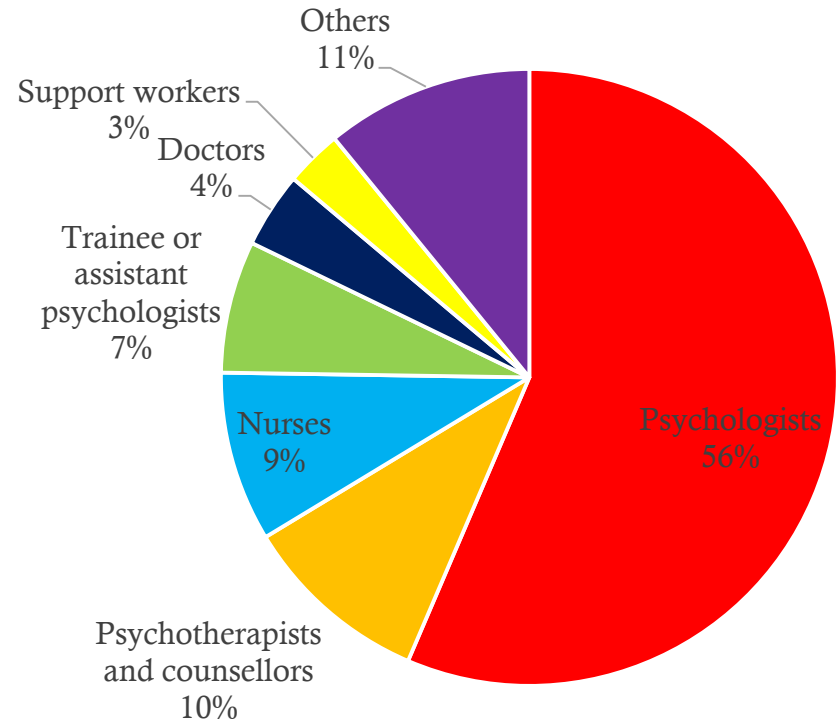- Social media and several health professional list serves

Sample 1

- 480 participants
- 81% female
- Mean age of 39.5 years
- (SD 9.5; range 18 – 75)

ACT Training

None
29%

> 2 days
34%

< 2 days
37%

Professions

Others
11%

Support workers
3%

Doctors
4%

Trainee or
assistant
psychologists
7%

Nurses
9%

Psychologists
56%

Psychotherapists
and counsellors
10%

Exploratory Factor Analysis

- Iterative process of parallel analysis, EFA, restricting solution, increasingly stringent item loadings

- 22 initial items

- Three factor solution

Factor structure

- Engaged Scale   (α = .74)
  - *I know what motivates me in my work with clients*

- Awareness Scale   (α = .71)
  - *If I have a bad day at work, I can step back and see the bigger picture*

- Defusion Scale   (α = .74)
  - *I am able to move on from negative thoughts about my therapeutic work*

- Total scale   (α = .79)

The Items

I know what I value in my work with clients.

It is harmful to have negative thoughts about a client.

I feel little sense of purpose in my job.

I don't get much from my role as a helping professional.

I get caught up in trying to "rescue" or being overprotective of my clients.

When working with clients, I pay attention to what is occurring in the moment between us.

I know what motivates me in my work with clients.

The Items

If I have a bad day at work, I can step back and see the bigger picture.

I try hard to avoid negative thoughts about my therapeutic work.

Worries about my abilities as a helping professional get in the way of my work.

If an unpleasant thought about a client comes into my head, I try to get rid of it.

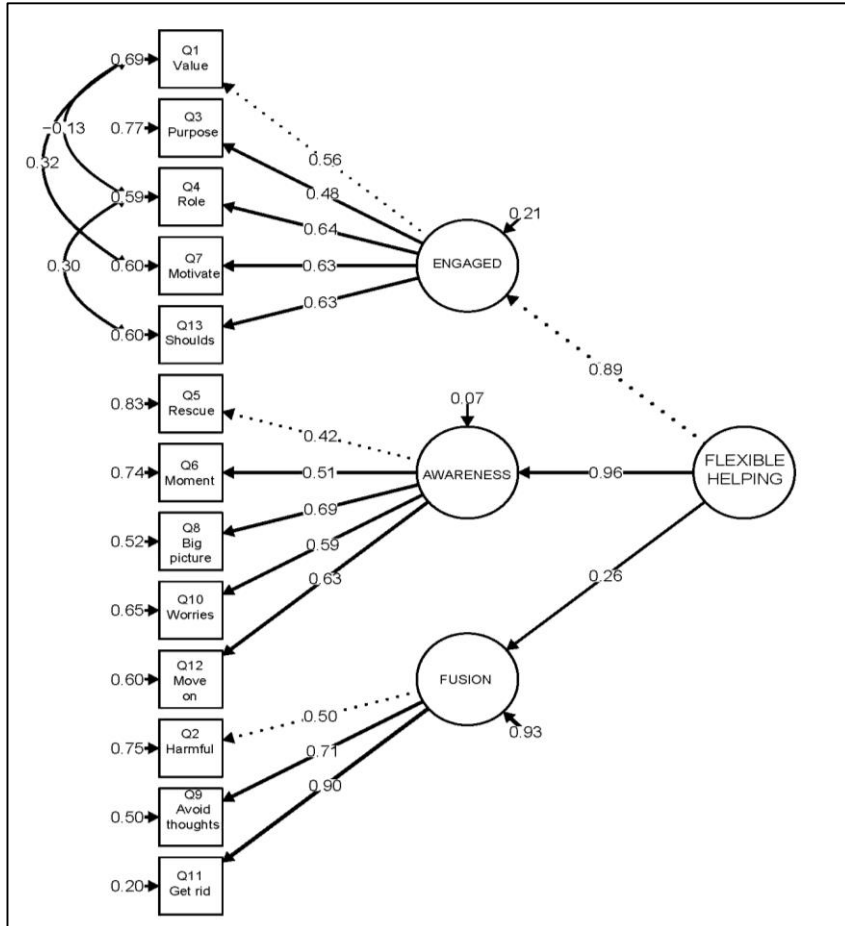I am able to move on from negative thoughts about my therapeutic work.

My job feels like something I "should" do, rather than something I "want" to do.

Sample 2

- 196 participants

- Similar recruitment, similar sample characteristics

- Confirmatory Factor Analysis and correlation with other constructs

Confirmatory Factor Analysis

χ^2	df	p	NC	CFI	IFI	RMSEA	SRMR
71.96	59	.12	1.22	.98	.98	.03	.05

- Further item reduction to 13 items

- Strong hierarchical factor structure

- Correlated errors (method effect)

  "I know what I value in my work with clients"

  "I know what motivates me in my work with clients"

Correlations

MHS	CompACT	Self Compassion	Burnout
Engaged	.57**	.43**	-.66**
Aware	.59**	.53**	-.50**
Defusion	.32**	.30**	-.15*
Total MHS	.68**	.58**	-.62**

$N = 196, *p<.05, **p<.01$

Next steps

- Longitudinal study (Shaun Fisher)
  - Palliative care professionals
  - Prediction of burnout
  - Test- retest reliability

- Sensitivity to training…

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