

Digital Appendix Systematic Cochrane Review and Meta-Analysis on Psychological Interventions to Foster Resilience in Healthcare Professionals

Appendix D8 Detailed Characteristics of Ongoing Studies

Table D8.1

ACTRN12617000290392

Category	Extracted data
Study name	Public title: Doctors working well: a study evaluating an online stress management program for doctors Scientific title: A randomized controlled trial of an online intervention on resiliency, occupational stress, and burnout among junior medical doctors
Methods	Study design: two-arm RCT Study grouping: parallel assignment Unit of randomization: individuals Power (power sample size calculation, level of power achieved): not specified Imputation of missing data: not specified
Participants	Country: Australia Setting: online, self-guided intervention Age: see inclusion criteria; age not specified Sample size (randomized): 60 (targeted) Sex: not specified Comorbidity (mean (SD) of respective measures in indicated, if available) at baseline: not specified Population description: registered junior medical doctors Inclusion criteria: 1) registered junior medical doctors (in this study, defined as being an intern, junior house, or senior house doctor); 2) practicing in the West Moreton Hospital and Health Service district (Queensland, Australia); 3) aged 18 years or older Exclusion criteria: 1) aged younger than 18 years; 2) not a medical doctor; 3) practicing outside the West Moreton Hospital and Health Service area Attrition (withdrawals and exclusions): not specified Reasons for missing data: not specified
Interventions	Intervention: Doctors Working Well (n not specified) <ul style="list-style-type: none"> • <i>delivery</i>: online program/online modules; individual setting; each module including mixture of didactic and interactive learning activities (e.g., readings, quizzes, videos, personal reflections) • <i>providers</i>: <ul style="list-style-type: none"> ○ self-guided ○ automated email reminders (see compliance) ○ program developed by clinical psychologist with six years treatment experience, with input received from two other research team members (both psychologists) • <i>duration of treatment period and timing</i>: six 30- to 45-minute modules over six weeks (i.e., participants have access to one module per week) • <i>description</i>: <ul style="list-style-type: none"> ○ modules focus on stress management techniques, emotion monitoring and regulation techniques, and self-care ○ designed to target occupational stress and burnout ○ at start of each module, participants are asked small number of questions relating to their mood and engagement with skills learnt in previous module

Category	Extracted data
	<ul style="list-style-type: none"> • <i>compliance</i>: <ul style="list-style-type: none"> ○ intervention adherence not assessed as program content is delivered consistently across participants, due to electronic intervention format ○ participant adherence to the intervention will be assessed through examination of number of log ins, time spent using program, modules completed, and activities completed within each module ○ automated email upon completion of each module to increase participant adherence, commending effort and completion; automated reminder email also if module hasn't been completed within two days of becoming available on weekly cycle • <i>integrity of delivery</i>: not specified • <i>economic information</i>: not specified • <i>theoretical basis</i>: not specified <p>Control: active control (n not specified)</p> <ul style="list-style-type: none"> • 1 hour per week of protected individual study time over six-week study period; access to online program after 3-month follow-up
Outcomes	<p>Outcomes collected and reported:</p> <ul style="list-style-type: none"> • stress - stress subscale of Depression Anxiety Stress Scales (DASS-21) • burnout - Copenhagen Burnout Inventory • depression - depression subscale of DASS-21 • anxiety - anxiety subscale of DASS-21 • resilience - Brief Resilience Scale • affect - Positive and Negative Affect Scales • psychological distress - Kessler-10 scale • mindfulness - Cognitive and Affective Mindfulness Scale-Revised • self-care - Mindful Self-Care Scale • stigma - Stigma of Occupational Stress Scale for Doctors • satisfaction with program - Client Satisfaction Questionnaire <p>Outcomes reported not specified</p> <p>Time points measured and reported: 1) pre-intervention; 2) postintervention; 3) 3-month follow-up (exception: satisfaction with program only at postintervention); time points reported not specified</p> <p>Adverse events: not specified</p>
Starting date	Study start/end date: March 2017 (date of first enrolment) to July 2018 (anticipated date of last data collection); not yet recruiting according to trial registration
Contact information	<p>Principal investigator: Dr Bonnie Clough (according to trial registration); new contact since Dr Clough changed position: Dr Michael Ireland</p> <p>Address: School of Psychology and Counselling; University of Southern Queensland, Springfield Campus; 37 Sinnathamby Boulevard, Springfield Central, Queensland, 4300 Country Australia</p> <p>Email: Michael.Ireland@usq.edu.au</p> <p>Telephone: not specified</p>
Notes	<p>Contact with authors: We contacted the authors to get the information about the trial status. According to the authors, the trial is still ongoing and there are no results yet (Ireland, 2019).</p> <p>Funding source: University of Southern Queensland; West Moreton Hospital and Health Service</p> <p>Declaration of interest: not specified</p> <p>Ethical approval needed/obtained for study: approved by West Moreton Hospital and Health Service Human Research Ethics Committee (HREC/16/QWMS/519) and University of Southern Queensland Human Research Ethics Committee (H17REA025)</p> <p>Comments by study authors: not specified</p> <p>Miscellaneous outcomes by the review authors: trial registration number: ACTRN12617000290392 (assigned 24 February 2017)</p>

Table D8.2

JPRN UMIN000031435

Category	Extracted data
Study name	Public title: Mindfulness for health professionals building resilience and compassion (MHALO program) - randomized control trial Scientific title: Mindfulness for health professionals building resilience and compassion (MHALO program) - randomized control trial
Methods	Study design: two-arm RCT Study grouping: parallel assignment Unit of randomization: individuals Power (power sample size calculation, level of power achieved): not specified Imputation of missing data: not specified
Participants	Country: Japan Setting: medical professionals; training setting not specified Age: see inclusion criteria; age not specified Sample size (randomized): 70 (targeted) Sex: not specified Comorbidity (mean (SD) of respective measures in indicated, if available) at baseline: not specified Population description: medical professionals in the field of oncology and/or palliative care Inclusion criteria: 1) age 20 years to 65 years (male and female); 2) medical professionals who work in the field of oncology and/or palliative care; 3) those who will be able to participate/commit in the whole program; 4) those who feels psychological distress or difficulty; 5) no history of psychiatric illness (including with more than two years of remission); 6) submission of written informed consent Exclusion criteria: 1) who are unable to be followed up for three months; 2) past experience of formal mindfulness-based intervention; 3) serious physical illness; 4) judged by the research team as ineligible Attrition (withdrawals and exclusions): not specified Reasons for missing data: not specified
Interventions	Intervention: Mindfulness for health professionals building resilience and compassion (MHALO program) (n not specified) <ul style="list-style-type: none"> • <i>delivery</i>: not specified • <i>provider</i>: not specified • <i>duration of treatment period and timing</i>: 2-day workshop and 2 half-day follow-up sessions after 4 and 8 weeks • <i>description</i>: not specified • <i>compliance</i>: not specified • <i>integrity of delivery</i>: not specified • <i>economic information</i>: not specified • <i>theoretical basis</i>: mindfulness-based program Control: no intervention (n not specified)
Outcomes	Outcomes collected and reported: <ul style="list-style-type: none"> • perceived stress - Perceived Stress Scale • burnout - Maslach Burnout Inventory • mindfulness - Five Facet Mindfulness Questionnaire • resilience - Connor-Davidson Resilience Scale • self-compassion - Self-Compassion Scale • life satisfaction - Satisfaction With Life Scale • mood - Profile of Mood States • interoceptive awareness - Multidimensional Assessment of Interoceptive Awareness

Category	Extracted data
	<ul style="list-style-type: none"> health performance - Health Performance Questionnaire <p>Outcomes reported not specified Time points measured and reported: not specified Adverse events: not specified</p>
Starting date	Study start/end date: February 2018 (23 February 2018 date of first enrolment); end date not specified; recruiting according to trial registration
Contact information	Principal investigator: Daisuke Fujisawa Address: Department of Neuropsychiatry, School of Medicine, Keio University, 35 Shinano-machi, Shinjuku, Tokyo Email: dai_fujisawa@yhoo.co.jp Telephone: 03-3353-1211
Notes	<p>Contact with authors: We contacted the authors to get the information about the trial status. According to the authors, the MHALO program is currently in the final observation period and results will be published in several months (Fujisawa, 2019).</p> <p>Funding source: Keio University Declaration of interest: not specified Ethical approval needed/obtained for study: not specified Comments by study authors: not specified Miscellaneous outcomes by the review authors: trial registration number: JPRN-UMIN000031435 (assigned 23 February 2018)</p>

Table D8.3

NCT03518359

Category	Extracted data
Study name	Public title: Enhanced Stress Resilience Training for Residents (ESRT-R) Scientific title: Enhanced resilience training to improve mental health, stress and performance in resident physicians
Methods	Study design: two-arm RCT Study grouping: parallel assignment Unit of randomization: individuals Power (power sample size calculation, level of power achieved): not specified Imputation of missing data: not specified
Participants	Country: USA Setting: Emergency Medicine, Internal Medicine, Pediatrics, Family Practice, Obstetrics and Gynecology (OBGYN) and Surgery Departments of University of California San Francisco Age: see inclusion criteria; age not specified Sample size (randomized): 45 (actual enrolment) Sex: not specified Comorbidity (mean (SD) of respective measures in indicated, if available) at baseline: not specified, but participants with lifetime history of organic mental illness excluded Population description: resident physicians/medical interns Inclusion criteria: 1) any consented medical intern from Emergency Medicine, Internal Medicine, Pediatrics, Family Practice, OBGYN and Surgery Departments in-coming to University of California San Francisco in the study year; 2) aged 18-64 years Exclusion criteria: 1) current personal mindfulness practice, once a week or more frequent; 2) use of medications with Central Nervous System effects; 3) lifetime history of an organic mental illness; 4) acute or chronic immune or inflammatory disorders; 5) pregnancy Attrition (withdrawals and exclusions): not specified Reasons for missing data: not specified
Interventions	Intervention: Enhanced Stress Resilience Training (ESRT) (n not specified) <ul style="list-style-type: none"> <i>delivery</i>: face-to-face, compact discs (CDs) and videos; group sessions <i>providers</i>: not specified <i>duration of treatment period and timing</i>: six weekly 90-minute classes (weekly teaching sessions on workday morning protected time; guided meditation CDs, videos of movement-based practice) + single 2- to 4-hour retreat + 20 minutes daily homework) <i>description</i>: <ul style="list-style-type: none"> mental training for residents CLASSES: focus on developing mindfulness skills (i.e., sustained attention, open monitoring, emotional regulation, meta-cognition) in the context of skills and concepts for managing stress, particularly in practicing medicine DAILY HOMEWORK: mindfulness exercises following guided meditation CDs or videos of movement-based practice (practice reported periodically by text) RETREAT: 3h outdoor retreat at week 6 central exercises of ESRT: body scan, sitting meditation, chi gong, yoga <i>compliance</i>: not specified <i>integrity of delivery</i>: not specified <i>economic information</i>: not specified <i>theoretical basis</i>: modified form of Mindfulness-based Stress Reduction (MBSR) Control: active control (n not specified) <ul style="list-style-type: none"> <i>delivery</i>: face-to-face; group sessions

Category	Extracted data
	<ul style="list-style-type: none"> • <i>providers</i>: not specified • <i>duration of treatment period and timing</i>: six weekly 90-minute classes + 20 minutes daily homework • <i>description</i>: <ul style="list-style-type: none"> ○ externalized attention via “shared reading and listening” model ○ CLASSES: focus on stress management through rest and exercise, with equivalent protected time and small group bonding but without the use of contemplative practices ○ Topics include: history of surgery, patient perspective, the physician personality, technical mastery, fallibility and limits, balancing compassion and detachment, knowing when not to operate ○ DAILY PRACTICE: participants asked to devote 20 minutes per day to stress management through rest and exercise (reported daily by text) • <i>compliance</i>: not specified • <i>integrity of delivery</i>: not specified • <i>economic information</i>: not specified • <i>theoretical basis</i>: “shared reading and listening” model, stress management
Outcomes	<p>Outcomes collected and reported:</p> <ul style="list-style-type: none"> • executive function - National Institutes of Health Executive Abilities (NIH EXAMINER) battery • psychological well-being - Mental Health Continuum • perceived stress - Perceived Stress Scale • burnout - 2-item Maslach Burnout Inventory • anxiety - Spielberger’s State Trait Anxiety index • depression and suicidal ideation - Patient Health Questionnaire • mindfulness - Cognitive and Affective Mindfulness Scale-Revised • alcohol misuse - Alcohol Use Disorder Identification Scale (Alcohol Consumption Questions) • functional neuroanatomic changes - fMRI Blood-oxygen-level-dependent imaging (BOLD) and Diffusion Tensor Imaging (DTI) brain scans • motor skills - Fundamentals of Laparoscopic Surgery modules • mind-wandering - Mind-Wandering Questionnaire • change in emotional regulation: decentering - Experiences Questionnaire • consultation and relational empathy - Consultation and Relational Empathy Measure • change in performance: patient experience - Patient Enablement Instrument <p>Outcomes reported not specified</p> <p>Time points measured and reported: 1) pre-intervention; 2) postintervention (9-10 weeks after baseline); 3) 6-month follow-up; time points reported not specified</p> <p>Adverse events: not specified</p>
Starting date	<p>Study start/end date: June 2018; estimated primary completion date: June 2021; estimated study completion date: June 2022; active, not recruiting according to trial registration</p>
Contact information	<p>Principal investigator: Carter K Lebares, MD; Ekaterina V Guvva, BS</p> <p>Address: University of California, San Francisco, California, United States, 94143</p> <p>Email: carter.lebares@ucsf.edu; ekaterina.guvva@ucsf.edu</p> <p>Telephone: 415-502-5588</p>
Notes	<p>Contact with authors: We contacted the authors to get the information about the trial status. According to the authors, the recruitment for study is closed and the results will be published in the next six months (Guvva, 2019).</p> <p>Funding source: University of California, San Francisco</p> <p>Declaration of interest: not specified</p> <p>Ethical approval needed/obtained for study: not specified</p> <p>Comments by study authors: not specified</p>

Category	Extracted data
	Miscellaneous outcomes by the review authors: trial registration number: NCT03518359 (assigned 8 May 2018)

Table D8.4

NCT03645512

Category	Extracted data
Study name	Public title: Resilience intervention for critical care nurses Scientific title: A randomized controlled trial of a resilience intervention for critical care nurses
Methods	Study design: two-arm RCT Study grouping: parallel assignment Unit of randomization: individuals Power (power sample size calculation, level of power achieved): not specified Imputation of missing data: not specified
Participants	Country: USA Setting: Florida Hospital (adult intensive care unit (ICU), pediatric intensive care unit (PICU), pediatric cardiac congenital intensive care (PCVICU), or Level 3 neonatal intensive care unit (NICU) at the Altamonte, Orlando, or Winter Park campus) Age: see inclusion criteria; age not specified Sample size (randomized): 108 (actual enrolment) Sex: not specified Comorbidity (mean (SD) of respective measures in indicated, if available) at baseline: not specified, but participants with high score on emotional exhaustion or depersonalization of Maslach Burnout Inventory excluded Population description: critical care nurses Inclusion criteria: 1) adult ≥ 18 years old; 2) employed as a critical care nurse at Florida Hospital in an adult ICU, PICU, PCVICU, or Level 3 NICU at the Altamonte, Orlando, or Winter Park campus; 3) able to speak, read, and understand English fluently; 4) able to provide informed consent; 5) meet ≥ 2 stress experience level parameters on the Stress Mindset Measure - General (SMM-G); 6) meet ≤ 4.3 on the Brief Resilience Scale (BRS); 7) willing to attend a full-day training program at Human Performance Institute (HPI) on the designated training date; 8) willing and able to comply with all study procedures and requirements for the duration of the study Exclusion criteria: 1) meet < 2 stress experience level parameters on the SMM-G; 2) meet > 4.3 on the BRS; 3) receive a high score of ≥ 27 on the Emotional Exhaustion domain and/or a high score of ≥ 13 on the Depersonalization domain of the Maslach Burnout Inventory Human Services Survey (MBI-HSS) for Medical Personnel (MP) Attrition (withdrawals and exclusions): not specified Reasons for missing data: not specified
Interventions	Intervention: Corporate Athlete® Resilience (CAR) Training Program (n not specified) <ul style="list-style-type: none"> <i>delivery</i>: not specified <i>providers</i>: not specified <i>duration of treatment period and timing</i>: 1-day training program <i>description</i>: developed by the HPI, which uses a holistic approach that focuses on moving between stress and strategic recovery to help build resilience and enable higher performance <i>compliance</i>: not specified <i>integrity of delivery</i>: not specified <i>economic information</i>: not specified <i>theoretical basis</i>: holistic approach Control: wait-list control (n not specified; 3-month waiting period)
Outcomes	Outcomes collected and reported: <ul style="list-style-type: none"> stress - SMM-G perceived stress - Perceived Stress Scale resilience - BRS burnout - MBI-HSS for MP

Category	Extracted data
	<ul style="list-style-type: none"> • perception of personal well-being and satisfaction - Public Health Surveillance - Wellbeing Scale • sleep patterns - RAND Medial Outcomes Study Sleep Scale Survey • health ratings and perceived impact of one's health on a variety of daily activities - RAND 36-Item Short Form Health Survey • absenteeism and presentism - absenteeism and presentism items of World Health Organization's Health and Work Performance Questionnaire • perceived effect of personal health problems on one's ability to work or perform activities - Work Productivity and Activity Impairment Questionnaire • engagement in various activities - Energy Management Behaviors Questionnaire <p>Outcomes reported not specified Time points measured and reported: 1) pre-intervention; 2) 6-month follow-up (change from baseline score at 6-months post CAR training); time points reported not specified Adverse events: not specified</p>
Starting date	Study start/end date: October 2018; estimated study completion date: June 2019; active, not recruiting according to trial registration (i.e., study is ongoing, and participants are receiving an intervention or being examined, but potential participants are not currently being recruited or enrolled; last update posted: March 2019)
Contact information	Principal investigator: Amanda T Sawyer, PhD Address: Florida Hospital; AdventHealth Research Institute, 301 E Princeton St., Orlando, Florida 32804, USA Email: Amanda.Sawyer@adventhealth.com Telephone: not specified
Notes	Contact with authors: We contacted the authors to get the information about the trial status, but received no response. Funding source: Florida Hospital Declaration of interest: not specified Ethical approval needed/obtained for study: not specified Comments by study authors: not specified Miscellaneous outcomes by the review authors: trial registration number: NCT03645512 (assigned 24 August 2018)

Table D8.5

NCT03759795

Category	Extracted data
Study name	Public title: Bournemouth University Resilience Training for Surgeons (BURTS) Scientific title: Ameliorating the impact of complications and errors on surgeons: Resilience Training for Surgeons For more details, see study protocol: https://clinicaltrials.gov/ProvidedDocs/95/NCT03759795/Prot_001.pdf
Methods	Study design: two-arm RCT Study grouping: parallel assignment Unit of randomization: individuals Power (power sample size calculation, level of power achieved): not specified; 100 intended to recruit to allow for some attrition and still have approximately 45 participants per condition Imputation of missing data: not specified
Participants	Country: United Kingdom Setting: local hospitals (initially Royal Bournemouth Hospital in Bournemouth, Dorset, and Poole Hospital in Poole, Dorset; later: John Radcliffe Hospital, Oxford, Southampton General Hospital, Southampton, and Portsmouth General Hospital) Age: see inclusion criteria; age not specified Sample size (randomized): 100 (estimated enrolment) Sex: not specified Comorbidity (mean (SD) of respective measures in indicated, if available) at baseline: not specified Population description: trainee surgeons and consultant surgeons Inclusion criteria: 1) trainee surgeons and consultant surgeons; 2) 21 years to 75 years Exclusion criteria: none Attrition (withdrawals and exclusions): not specified Reasons for missing data: not specified
Interventions	Intervention: Acceptance and Commitment Training (ACTr) (n not specified) <ul style="list-style-type: none"> <i>delivery</i>: face-to-face; group sessions <i>providers</i>: not specified <i>duration of treatment period and timing</i>: 3 training sessions over 8 weeks (did not receive only one treatment, but followed maximum of three 8-week intervention periods); (session 2: 4 weeks after session 1; session 3: 4 weeks after session 2) <i>description</i>: <ul style="list-style-type: none"> TRAINING SESSION 1: <ul style="list-style-type: none"> aims: develop a rapport with individuals and create a climate of safety and warmth; describe the basic format, content and aim of the training; instill hope that training has the potential to be unusual, interesting and effective; range of empirically supported ACT exercises as per Flaxman et al. (2013) such as those outlined below content & intervention: 1. welcome and introduction: mindfulness or values warm-up exercise; 2. overview of the training: presentation of two skills organizing diagram; 3. introduction to mindfulness: raisin exercise; brief mindfulness of body and breath; 4. introduction to values-based action: values card sort; 5. introduction to values-based action (continued): compass metaphor; 6. presentation of rationale for the program: two sheets of paper technique; 7. discussion of home practice assignments: home practice handouts; environmental reminders: coaching around effective goals setting –

Category	Extracted data
	<p>worksheet; 3 valued based actions; 10-minute mindfulness of breath</p> <ul style="list-style-type: none"> ○ TRAINING SESSION 2 (4 weeks after session 1): <ul style="list-style-type: none"> ▪ aims: reduce excessive entanglement with unhelpful thought content; undermine experiential avoidance; cultivate acceptance skills; range of empirically supported ACT exercises as per Flaxman et al. (2013) such as those outlined below ▪ content & intervention: 1. opening mindfulness practice and brief review: mindfulness of breath; noticing thoughts and feelings and allowing them to come and go; 2. home practice review: discussion; 3. presentation of training rationale: passengers on the bus metaphor; 4. untangling from thought barriers to valued action: hand in the face metaphor; old film metaphor; self-reflection on unhelpful thought content; thoughts on screen exercise; 2 of 4 options?; 5. Mindfulness of mood/emotion: brief mindfulness of stressful event or thought – locating in the body; physical exercise; 6. defining values and value-based goal and action planning: construction of four week values-based goal plan and action plan; 6. discussion of home practice assignments: home practice handout; environmental reminders; public commitment to one value-based goal ○ TRAINING SESSION 3 (4 weeks after session 2): <ul style="list-style-type: none"> ▪ aims: booster session; further rehearsal of exercises; basic mindfulness training, physical exercise, diffusion, mindfulness of thought, value-based goal and action planning; range of empirically supported ACT exercises as per Flaxman et al. (2013) such as those outlined below ▪ content & intervention: 1. welcome back: two-skills diagram; 2. opening mindfulness practice: mindfulness of body and breath; 3. home practice review: discussion; 4. assessing value consistency: self-reflection on value-consistent and inconsistent actions over past 2 weeks; 5. mindfulness of thought and feeling: thoughts on clouds exercise, contacting the resilient 'observer' perspective; 6. values-based goal and action planning: short-term, medium term and long term values-based goal-setting exercise; values-based action map; 7. recommendation for continued practice: home practice handout; top tips for building a valued life; 8. final personal reflections on the training: discussion <ul style="list-style-type: none"> • <i>compliance</i>: not specified • <i>integrity of delivery</i>: <ul style="list-style-type: none"> ○ training sessions are recorded as a further safeguard and assessment tool ○ The only purpose of recording the sessions is to ensure the ACTr process is being delivered accurately and correctly ○ randomly selected sessions will be assessed by an independent ACTr assessor (Dr Bolderston will source the assessor and this will be kept on file) to rate fidelity to the established ACTr protocol ○ If, a randomly selected recording identifies the participant or anyone else, it will NOT be forwarded to the independent assessor, and another recording will be randomly selected. • <i>economic information</i>: not specified • <i>theoretical basis</i>: <ul style="list-style-type: none"> ○ ACT

Category	Extracted data
	<ul style="list-style-type: none"> ○ Flaxman et al. (2013) devised a workplace training program which forms the basis of this training protocol ○ ACT as a workplace training has been supported by numerous studies (e.g., Finnes et al., 2019; Lappalainen et al., 2007). A recent manual (Flaxman et al., 2013) will be utilized for this study, with a bespoke tailoring to the surgeons' population <p>Control: wait-list control (n not specified; same ACTr sessions offered once current study has ended)</p>
Outcomes	<p>Outcomes collected and reported:</p> <ul style="list-style-type: none"> • resilience - Brief Resilience Scale • general health - General Health Questionnaire • vulnerability to burnout - Copenhagen Burnout Inventory • depression, anxiety and stress - Depression Anxiety and Stress Scale • valuing - Value Living Questionnaire • work-related psychological flexibility - Work related Acceptance and Action Questionnaire • general psychological inflexibility - Acceptance and Action Questionnaire • self-compassion - Self-Compassion Scale • preparedness for potential future events - Sense of Preparedness Scale <p>Outcomes reported not specified</p> <p>Time points measured and reported: 1) 2 weeks before training session 1; 2) immediately before training session 2; 3) immediately before training session 3; 4) postintervention (within 2 weeks after completion of training session 3); 5) 3-month follow-up (12 weeks after training session 3); time points reported not specified</p> <p>Adverse events: not specified</p>
Starting date	Study start/end date: December 2018; estimated study completion date: August 2020; recruiting according to trial registration (last update posted: January 2020)
Contact information	<p>Principal investigator: Dr Helen Bolderston</p> <p>Address: Bournemouth University, Poole House P252, Talbot Campus, Fern Barrow, Poole, BH12 5BB, UK</p> <p>Email: hbolderston@bournemouth.ac.uk</p> <p>Telephone: not specified</p>
Notes	<p>Contact with authors: no contact with authors needed</p> <p>Funding source: see study protocol:</p> <ul style="list-style-type: none"> • funders: Bournemouth University and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust • sponsor: Bournemouth University <p>Declaration of interest: not specified</p> <p>Ethical approval needed/obtained for study: ethical approval sought from the university ethics team and the Integrated Research Application System</p> <p>Comments by study authors: not specified</p> <p>Miscellaneous outcomes by the review authors: trial registration number: NCT03759795 (assigned 30 November 2018)</p>

Note (for Table D8.1 to D8.5). AAQ = Acceptance and Action Questionnaire; BRS = Brief Resilience Scale; CAMS-R = Cognitive and Affective Mindfulness Scale - Revised; CBI = Copenhagen Burnout Inventory; CD = compact disc; CD-RISC = Connor-Davidson Resilience Scale; CG = control group; DASS = Depression Anxiety Stress Scale; e.g. = for example; EMBQ = Energy Management Behaviors Questionnaire; FFMQ = Five-Facet Mindfulness Questionnaire; GHQ = General Health Questionnaire; HPQ = Health Performance Questionnaire; IG = intervention group; MBI = Maslach Burnout Inventory; MBI-HSS = MBI - Human Services Survey; MBSR = Mindfulness-based Stress Reduction; n = sample size (e.g., in respective study group); NICU = Neonatal Intensive Care Unit; PHQ = Patient Health Questionnaire; PICU = Paediatric Intensive Care Unit; POMS = Profile of Moods States; PSS = Perceived Stress Scale; RCT = randomised controlled trial; SCS = Self-Compassion Scale; SD = standard deviation; Spielberger's STAI = Spielberger's State Trait Anxiety Inventory; SWLS = Satisfaction with Life Scale; VLQ = Value Living Questionnaire; WAAQ = Work-related Acceptance and Action Questionnaire.

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