ABSTRACTS

Hospital Personal and Organizational Quality Assessment Entry Data 2003-2012: The Case for Coherence Contagion

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Key Words

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Background: HeartMath heart coherence training (HCT) in hospitals helps staff to reduce stress while building a culture for genuine, heartfelt care for patients. A set of validated scales, the Personal and Organizational Quality Assessment (POQA-R4) is used to assess factors at baseline (pre-HCT) and again after practicing coherence techniques for 2 to 4 weeks.

HCT is posited to transmit a sense of positive affect to other workers via (1) shifts toward more heart-centered communication and (2) nonverbal transmission via the electromagnetic field of the heart. Two questions were addressed: (1) Is there a trend for improvement in baseline POQA-R4 scores over time (indicating “coherence contagion”) even when taking into account other trends affecting hospital environment? And (2) Are program implementation factors associated with variation in trends per hospital?

Method: Mean POQA-R4 scale scores for personal (eg, positive outlook, fatigue) and organizational (eg, commitment, intention to quit) factors were assessed for participants in hospitals who adopted HeartMath training. Data across 12 hospitals participating for 3 or more years (total n = 4862; 89% female, median income, \$40,000-\$49,000) were examined for overall and individual hospital trends. The overall recession-related decline leading into 2008 and overall steady increases after the recession were taken into account. In addition, data for national scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) were examined for indicators of a secular trend in the hospital environments. Factors associated with program implementation were indexed for each hospital, including level of initiation/ sponsorship and expectations and support to attend.

Results: Four hospitals showed steady, moderate to large improvements (8% to 20% changes) in baseline scores for “positive attitude,” “depression,” “fatigue,” “anxiety,” and “calmness”; four showed minimal improvements (1% to 5%); and four showed steady declines. HCAHPS scores showed a small but steady increase in the years captured, 2007 to 2012 (eg, 73% increasing to 78% “always” for nurse communication ratings). The best hospital scores were associated with (1) a high level of initiation/sponsorship, and (2) indications that either high-level managers or supervisors sponsored workgroups to attend as a whole (ostensibly creating a high level of saturation of workgroups receiving HCT and practicing heart rhythm coherence). Hospitals with minimal improvement had sporadic patterns of implementation. Hospitals with declining scores had either an open enrollment method of implementation or a combination of open enrollment and hospital-wide groups attending but with little information on level of saturation of groups.

Conclusions: The differing patterns for personal POQA-R4 score improvements or declines over the years suggest that there may be an advantage to implementing with strong leadership and by workgroup. Sponsoring workgroups to attend in larger proportions and maximizing exposure to “contagion” appears to make a difference in baseline personal stress-related measures over time. This pattern is stronger than would be expected with the secular trends of the recession (decrease in 2008, then steady increases), and HCAHPS trends. Next steps would be to more specifically measure implementation/sponsorship factors and document the percent of workgroups attending (as well as practicing) over time and examine correlations of these with changes in baseline POQA-R4 scores.