**Abstract**

**Introduction:** Diagnostic radiographers working in oncology will have frequent contact with the same patients over a prolonged period. This can be mentally exhausting for the radiographer. Compassion fatigue (CF) occurs after repeated exposure to stressful situations and it can become overwhelming, leading to irritability and decreased empathy. CF has been known to affect many healthcare professions, however few studies have examined diagnostic radiographers, nor if the current support systems are suitable.

**Methods:** An exploratory study was conducted as part of a local quality improvement project. An anonymised questionnaire was sent to all radiographers in a single oncology hospital within the UK to assess if the support provided met their needs.

**Results:** Sixty percent of those questioned responded. Almost half found their work affected their mental wellbeing, but they felt they could manage this stress at work. Almost all felt that some sort of support should be offered to the radiographers. The most popular options were already provided by the hospital, however many felt they were not accessible for a variety of reasons. When discussed further, it was found that the timings were prohibitive as most were held when they could not attend.

**Conclusion:** Diagnostic radiographers working in oncology settings are at risk of CF. Although support structures are in place, they may not currently meet the needs of this staff group and at times are inaccessible.

**Implications for practice:** Providing specific, accessible support for diagnostic radiographers will help reduce the potential effects of CF, reduce stress-related sickness and ultimate improve the service for patients.

**Introduction**

Oncology patients are frequent attendees for imaging and this leads to a high level of contact with diagnostic radiographers. Contacts can range from a few minutes to an hour depending on the type of examination. Each patient has their own specific needs and requirements which they expect to be met. It can be mentally exhausting for the radiographer to meet the individual needs of each patient. Healthcare professionals are expected to always act with compassion but there will, however, be times where this becomes difficult.

Compassion can be difficult to quantify1,2 but is generally defined as a feeling of empathy and sympathy for another person’s suffering, and a willingness to help that person3,4. If practitioners are found to lack this ability, then it may be assumed that they have become fatigued. C*ompassion fatigue* (CF) was first introduced by Joinson in 19925 and later by Figley6,7. Although this term is widely used, there are many components to this umbrella term, such as emotional exhaustion8,9, burnout2,10, and vicarious trauma7,11. There are many effects reported as a result of CF, with Figley7 describing exhaustion, irritability and a lack of enthusiasm as such outcomes. Such traits can have an impact on a person’s mental and physical health, and this can lead to a risk of mistakes and accidents occurring during work. Further, these symptoms can lead to a loss of empathy, and poor practitioner-patient relationships12 with ultimately a potential loss of job satisfaction, resulting in sickness and attrition from a profession12. CF is found to be a linear breakdown13 of the various components, and occurs alongside a decrease in compassion satisfaction, the feeling that a practitioner is making a substantial difference in their work13.

A range of systematic reviews and meta-analyses2,8,10,11,13,14 have been undertaken in recent years to investigate the extent of CF, most of these reports however focus on the nursing profession. If the issues identified are systemic within all oncology professions, then it can be inferred that there are similar issues for diagnostic radiographers. One of the first studies to look at this issue within radiography was published by Murray and Stanton in 199815. Their work discusses the difficulties in dealing with oncology patients, especially those who were angry and depressed, and the lack of skills radiographers typically had to deal with such situations. A more recent publication investigated occupational stress in radiographers16. This identified radiographers had difficulties communicating with patients and dealing with individuals who were anxious or in discomfort. The gap between these publications15,16 could suggest that little has changed. Recently, there has been an increasing number of studies relating to these issues, and many have included radiographers. Within radiotherapy, there has been a greater focus on the issues of emotional exhaustion, and CF17–21. By contrast, studies on diagnostic radiographers have tended to focus on burnout linked to organisational and work pattern issues22–24. It could be argued that there is some crossover between studies, and some deal with the subject of compassion for all radiographers1 but these are less common. Even studies which claim to look at the multi-disciplinary team in oncology have included radiotherapy in their work, but not specifically diagnostic staff25.

One of the biggest studies evaluating occupational burnout in radiographers was undertaken in Australia and New Zealand23. This study acknowledged the issues existing in radiotherapy and further sought to investigate similar trends in diagnostic colleagues. Using the Maslach Burnout Inventory26 they reported that there were higher than average levels of emotional exhaustion and burnout in the profession. This was coupled with a low sense of accomplishment and feelings of subordination and being underappreciated. This adds to the evidence that diagnostic radiographers are a profession with similar susceptibilities towards CF.

Within the National Health Service (NHS) in England, there have been moves to provide support to staff to try and help mitigate some of the effects attributed to CF. Published reviews2,11,13,14 confirm that interventions are required. Providing support may not be enough, radiographers were identified as a group who were not good at promoting self-care, and seeking help when it is required15. Although, radiographers were identified in this regard it was also a feature of other health care professions too27.

Evidence suggests that there may be an issue of CF for diagnostic radiographers and although support structures may be in place from local hospitals, they may not be effective. For this reason, this exploratory study aimed to investigate whether the support structures in place for diagnostic radiographers working in oncology were suitable.

**Methods**

An exploratory study was conducted as a local Quality Improvement Project (QIP) and as such formal ethics committee approval was not required. A questionnaire was sent to all diagnostic radiographers at a large, specialist oncology centre in the United Kingdom (UK). This institution specifically dealt with oncology patients across two different sites. All radiographers were employed on NHS Agenda for Change (AfC) Bands 6, 7 or 8. No newly qualified radiographers were included as they were not employed within the institution. A single Wellbeing Service operated across both sites, which offered psychology and staff support services. This included a wide range of services including individual one-to-one counselling, mindfulness sessions, yoga and Pilates and open access Schwartz rounds, to enable free and frank discussions on learning points on a theme.

The questionnaire was designed to gain responses from staff across a range of questions about different aspects of their work and how it affects them personally, and their ability to undertake their work. There was also a range of options for staff to choose from as to what support they feel they need, taken directly from services already offered, as well as several other possibilities. Questionnaire design was based on a review of the literature and discussion within the research team.

The questionnaire was piloted using five people (three radiographers and two non-radiographers) to check for readability and reliability. These responses were not included in the study results. No changes were required following the pilot. The questionnaire was administered electronically using Microsoft Forms (Microsoft Inc, Redmond, USA), and staff were given two weeks to complete the task with frequent reminders sent by email. Results were collated into an Excel spreadsheet (Microsoft Inc, Redmond, USA) with analyses including individual and group responses for each question. Nominal and ordinal data were reported as frequencies, together with their corresponding percentage values. Free text responses were analysed using thematic analysis. Data, were appropriate, were also presented as a series of bar charts.

**Results**

Eighty-three staff members were eligible to complete the questionnaire and responses were received from 50 (60.2%). All respondents were only employed to work in diagnostic imaging departments, exclusively with oncology patients. Respondents had previously worked in general healthcare institutions, and many (46, [92%]) found that working in a dedicated oncology centre was different to working in other hospitals (**Table 1**). Despite this, only 26% found the workload *often* or *frequently* overwhelming, and very few (3, [6%]) found it *often* or *frequently* difficult to face another day at work. The vast majority (39, [78%]) found it *rarely* or *never* difficult to emotionally empathise with their patients and almost all (48, [96%]) felt they had made a positive difference at the end of their shift at least sometimes.

When questioned on the effects that their work had on them, 48% stated that the stress of the job *often* or *very often* affected their mental wellbeing (**Figure 1**), slightly less (44%) stated the same in regards to their physical wellbeing. Evidence that staff did not find their work overwhelming was also reported by almost half of respondents (24, [48%]). Respondents stated they can manage their emotional stress at work (**Figure 2**), but almost as many (19, [38%]) did not state any feelings about this one way or another. There was a lot of support indicating that radiographers should be offered emotional support at work (**Figure 3**), with only three (6%) respondents outright disagreeing that this should be available. However, alongside this strong support, it is noted that not all of those in favour stated they would be likely to attend them.

The final section of the questionnaire asked respondents about which types of sessions they felt would be useful and how they want them delivered. There were some clear preferences in this respect, highlighted in **Tables 2** & **3**. The majority of these interventions were already provided by the study institution, and further questions attempted to identify the reasons why people did not or could not attend (**Table 4** & **5**). Two themes were identified, one suggestion was for radiographer only discussion groups, and for discussions to be in smaller numbers (**Table 3**). This contrasts with the already provided Schwartz Rounds in place, which were not favoured by the respondents.

**Discussion**

It is clear from the literature that the symptoms of CF can affect a wide variety of healthcare professionals, however, the paucity of literature on diagnostic radiographers is concerning. This exploratory study set out to find if the same issues exist within the profession. CF is the endpoint of a series of events leading to several different issues, affecting radiographer health and potentially patient care.

All participant had experience of working in general imaging environments, however most respondents strongly felt that working purely in an oncology environment was different. Although the data collected does not indicate whether this this is a positive or negative factor, it correlates with the earlier studies15 where radiographers indicated the need for additional support. Working in an oncology setting was identified as being positive, with a high number of respondents feeling that they make a positive difference at the end of their shift. These data provide a good indication that levels of compassion satisfaction are high.

There are different types of conversations between staff and patients, with an unburdening of the patient onto the radiographer, especially as they are often the first clinical staff members, they encounter outside of their outpatient clinics. The patient will often bring their fears and questions to the radiographers, away from the outpatient consultation, looking for reassurance and advice which the radiographer may not feel able to give. This can add pressure to staff, as they must appear to be genuine in their empathetic responses to the patient. This links in with previous findings17 where the lack of time to build a rapport with patients, and deal with them appropriately, was a cause of stress to radiographers. This unburdening of the patient onto the staff can cause vicarious trauma, a precursor to CF, if not dealt with6.

The results of this study have demonstrated that around half of the respondents indicated their work had an effect on their mental and physical wellbeing. When this is taken in context with the 2019 NHS staff survey28 where over 40% of staff reported feeling unwell due to stress, we need to understand that this is a serious, and potentially underreported issue. These results highlight the importance of managing the causes of stress, in whatever form they occur, before they become serious health issues.

The most requested wellbeing services in this study correlate with those offered by the institution. Responses also map well with the Health and Wellbeing Framework published by NHS Employers in England29. Given the high incidence in wellbeing issues, it is important to understand why these services are not being used effectively. While staff are mostly aware of how to access these services, the timings for them are not felt to be appropriate. Most sessions were held at lunchtime, often running for longer than the staff had available as well as them not allowing time to eat their lunch. These sessions can also be run after the perceived ‘end of the day’ at 5pm, which is not suitable for a cohort of staff working extended days. The Framework29 states that it is incumbent on each institution to ensure that that their Wellbeing Services match the needs of their staff and there should be frequent evaluations. However, it is unclear how this institution undertakes these evaluations and at what frequency. There appears to be an expectation that these sessions should always be undertaken in one’s own time, be that lunchtime or otherwise, as the pressure to maintain clinical services often supersedes the need for staff to have personal wellbeing time. However, further studies should be undertaken to investigate if these feelings are real or simply perceived.

Data presented in this study demonstrates that staff members want the services to be offered but not all would be willing to attend. If the right services were offered, they would be attended by a significant proportion of the radiographic staff. Change in numbers willing to attend may be down to a ‘third person’ effect in answering that they definitely want it offered for others, but not for themselves. It may take time to develop the most appropriate service which radiographers would be willing to attend, this could also be dynamic and would need to respond to changes with time.

Part of any evaluation should include looking at how the services should be delivered. Radiographers prefer smaller, profession-specific wellbeing sessions rather than wider sessions including many different professional disciplines. The idea of a discussion group is popular, especially when compared to a Schwartz Round which is a similar concept. Schwartz Rounds are a form of a multi-disciplinary discussion group where emotional or difficult issues can be discussed in an open, no-blame forum30. These can often be large meetings with senior clinicians and hospital management present, for some this creates an intimidating atmosphere. It appears that the need to keep groups radiographer-specific is important for radiographers, they would feel more comfortable discussing their issues amongst their peer group in a controlled environment. Looking back to the 1998 study15 it does highlight that interventions are not a new idea and although institutions may be developing support services they are not being adopted by radiographers. Again, further research in this area is warranted.

The current literature which deals with the acknowledged symptoms of CF may be too focussed on organisational issues when it comes to diagnostic radiographers, and not those which manifest from the actuality of dealing with patients. Diagnostic radiographers may be perceived to have too little contact with patients to have these effects, but there is evidence to suggest otherwise, and results presented in this study support previous publications. CF does not appear to be an issue which is close to being dealt with by the radiography profession. Although this study only questioned oncology radiographers, such levels of patient interaction happen in every department, every day and it is likely the same issues are experienced by all radiographers.

**Limitations of the study**

There has been a worrying lack of studies investigating the issues of CF for diagnostic radiographers. This was a small scale, exploratory study designed to find areas which would benefit from further investigation. A more comprehensive study, involving multiple centres and an appropriately validated questionnaire, would be warranted. This could be undertaken in a conjunction with a professional body such as the College of Radiographers or European Federation of Radiographer Societies.

**Conclusion**

This exploratory study has shown that diagnostic radiographers may be at risk of the effects of CF, especially those who work exclusively within an oncology setting. There are emotional and physical effects on radiographers, and staff members should have access to appropriate wellbeing services, such as mindfulness, yoga and Pilates. These sessions, however, need to happen at times when staff can make full use of them. There is also evidence to suggest that a more targeted discussion session may be of benefit to radiographers, to allow them to discuss and work through the issues in a setting where they feel more comfortable. This may take time to develop and there may be benefit from further research in this area. Healthcare institutions should also be mindful of the needs of their whole staff pool, this would help ensure services are accessible, as there is little point spending money and resources on services which staff are not able to take advantage of.

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**References**

1. Bleiker J, Knapp KM, Hopkins S, Johnston G. Compassionate care in radiography recruitment, education and training: A post-Francis Report review of the current literature and patient perspectives. *Radiography*. 2016;22(3):257-262. doi:10.1016/j.radi.2015.12.008

2. Sinclair S, Raffin-Bouchal S, Venturato L, Mijovic-Kondejewski J, Smith-MacDonald L. Compassion fatigue: A meta-narrative review of the healthcare literature. *Int J Nurs Stud*. 2017;69:9-24. doi:10.1016/j.ijnurstu.2017.01.003

3. Perez-Bret E, Altisent R, Rocafort J. Definition of compassion in healthcare: a systematic literature review. *Int J Palliat Nurs*. 2016;22(12):599-606. doi:10.12968/ijpn.2016.22.12.599

4. NHS England. Compassion In Practice - One Year On. Published online November 26, 2013.

5. Joinson C. Coping With Compassion Fatigue. *Nursing (Lond)*. 1992;22(4):116-120.

6. Figley CR, ed. *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatised*. Routledge; 1995.

7. Figley CR, Abendroth M. Compassion Fatigue in Nursing. In: *Current Issues in Nursing*. 8th ed.

8. Nolte AG, Downing C, Temane A, Hastings-Tolsma M. Compassion fatigue in nurses: A metasynthesis. *J Clin Nurs*. 2017;26(23-24):4364-4378. doi:10.1111/jocn.13766

9. Jarrad RA, Hammad S. Oncology nurses’ compassion fatigue, burn out and compassion satisfaction. *Ann Gen Psychiatry*. 2020;19(1):22. doi:10.1186/s12991-020-00272-9

10. Peters E. Compassion fatigue in nursing: A concept analysis. *Nurs Forum (Auckl)*. 2018;53(4):466-480. doi:10.1111/nuf.12274

11. Cocker F, Joss N. Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review. *Int J Environ Res Public Health*. 2016;13(6):618. doi:10.3390/ijerph13060618

12. Khoo, Erwin J., Aldubai, Sami, Ganasegeran, Kurubaran, Lee, Bernice X.E., Zakari, Nurul A., Tan, Kah K. Emotional exhaustion is associated with work related stressors: a cross-sectional multicenter study in Malaysian public hospitals. *Arch Argent Pediatr*. 2017;115(03). doi:10.5546/aap.2017.eng.212

13. Zhang Y-Y, Han W-L, Qin W, et al. Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. *J Nurs Manag*. 2018;26(7):810-819. doi:10.1111/jonm.12589

14. Wentzel D, Brysiewicz P. Integrative Review of Facility Interventions to Manage Compassion Fatigue in Oncology Nurses. *Oncol Nurs Forum*. 2017;44(3):E124-E140. doi:10.1188/17.ONF.E124-E140

15. Murray N, Stanton M. Communication and counselling oncology patients—are diagnostic radiographers adequately supported in this role? *Radiography*. 1998;4(3):173-182. doi:10.1016/S1078-8174(98)80043-6

16. Rutter DR, Lovegrove MJ. Occupational stress and its predictors in radiographers. *Radiography*. 2008;14(2):138-143. doi:10.1016/j.radi.2006.09.008

17. Sarra A, Feuz C. Examining the Prevalence of Compassion Fatigue and Burnout in Radiation Therapists Caring for Palliative Cancer Patients. *J Med Imaging Radiat Sci*. 2018;49(1):49-55. doi:10.1016/j.jmir.2017.10.008

18. Probst H, Griffiths S. Job satisfaction of therapy radiographers in the UK: Results of a phase I qualitative study. *Radiography*. 2009;15(2):146-157. doi:10.1016/j.radi.2008.02.003

19. Hutton D., Beardmore C., Patel I., Massey J., Wong H., Probst H. Audit of the job satisfaction levels of the UK radiography and physics workforce in UK radiotherapy centres 2012. *Br J Radiol*. 2014;87(1039):20130742. doi:10.1259/bjr.20130742

20. Sehlen S, Vordermark D, Schäfer C, et al. Job stress and job satisfaction of physicians, radiographers, nurses and physicists working in radiotherapy: a multicenter analysis by the DEGRO Quality of Life Work Group. *Radiat Oncol*. 2009;4(1):6. doi:10.1186/1748-717X-4-6

21. Probst H, Griffiths S, Adams R, Hill C. Burnout in therapy radiographers in the UK. *Br J Radiol*. 2012;85(1017):e760-5. doi:10.1259/bjr/16840236

22. Verrier W, Harvey J. An investigation into work related stressors on diagnostic radiographers in a local district hospital. *Radiography*. 2010;16(2):115-124. doi:10.1016/j.radi.2009.09.005

23. Singh N, Knight K, Wright C, et al. Occupational burnout among radiographers, sonographers and radiologists in Australia and New Zealand: Findings from a national survey. *J Med Imaging Radiat Oncol*. 2017;61(3):304-310. doi:10.1111/1754-9485.12547

24. Ashong GGNA, Rogers H, Botwe BO, Anim-Sampong S. Effects of occupational stress and coping mechanisms adopted by radiographers in Ghana. *Radiography*. 2016;22(2):112-117. doi:10.1016/j.radi.2015.09.002

25. Jones MC, Wells M, Gao C, Cassidy B, Davie J. Work stress and well-being in oncology settings: a multidisciplinary study of health care professionals: Work stress and well-being in oncology staff. *Psychooncology*. 2013;22(1):46-53. doi:10.1002/pon.2055

26. Maslach C, Jackson S, Leiter MP. *Maslach Burnout Inventory Manual*. 4th ed. Mind Garden Inc; 1996.

27. Reiser, Victoria L., Gonzalez, Judith F.Zedreck. Confronting compassion fatigue in oncology nurses. *Nursing (Lond)*. 2020;50(5):54-60.

28. NHS England. NHS Staff Survey 2019: National Results Briefing. Published online February 2020. Accessed September 22, 2020. https://www.nhsstaffsurveys.com/Caches/Files/ST19\_National%20briefing\_FINAL%20V2.pdf

29. NHS Employers. NHS Workforce Health & Wellbeing Framework. Published online 2018. https://www.nhsemployers.org/case-studies-and-resources/2018/05/nhs-health-and-wellbeing-framework

30. Goodrich J. Schwartz Center Rounds: evaluation of the UK pilots. Published online 2011. Accessed September 22, 2020. https://www.kingsfund.org.uk/sites/default/files/field/field\_publication\_file/schwartz-center-rounds-pilot-evaluation-jun11.pdf

**Tables and Figures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 1**: Participant responses to questions on emotional effects on their work. | | | | | |
|  |  |  | **n (%)** |  |  |
| **Study Question** | **Never** | **Rarely** | **Sometimes** | **Often** | **Frequently** |
| I find working here different emotionally than other hospitals I have worked in | 2 (4) | 2 (4) | 15 (30) | 24 (48) | 7 (14) |
| I feel emotionally drained at the end of my shift | 3 (6) | 10 (20) | 26 (52) | 9 (18) | 2 (4) |
| I feel overwhelmed by my workload | 2 (4) | 20 (40) | 15 (30) | 8 (16) | 5 (10) |
| I find it difficult to emotionally empathise with patients | 12 (24) | 27 (54) | 10 (20) | 1 (2) | 0 (0) |
| I find it difficult to face another day at work | 13 (26) | 21 (42) | 13 (26) | 2 (4) | 1 (2) |
| I feel I have made a positive difference at the end of my shift | 0 (0) | 2 (4) | 21 (42) | 18(36) | 9 (18) |

**Figure 1.** A bar chart illustrating participant responses to the question “Does work-related stress impact negatively on you mentally or physically?”

**Figure 2**. A bar chart illustrating participant responses to the statement “I can effectively manage emotional stress at work”

**Figure 3**. A bar chart illustrating participant responses around “Offering emotional support sessions to radiographers”.

|  |  |
| --- | --- |
| **Table 2**. Participant responses to the question “Which of these staff wellbeing sessions would you find useful?” | |
| **Wellbeing type** | **Would Want - n (%)** |
| Mindfulness | 29 (58) |
| Counselling | 22 (44) |
| Discussion group (radiographers only) | 27 (54) |
| Discussion group (all staff groups) | 8 (16) |
| Yoga & Pilates | 31 (62) |
| Schwartz round | 12 (24) |
| None of these | 0 (0) |
| I don't feel I need any support | 4 (8) |
| Other | 3 (6) |

|  |  |
| --- | --- |
| **Table 3**. Participant responses to the question “Which of these ways would you be interested in receiving support?” | |
| **Delivery Method** | **Would Prefer – n (%)** |
| 1-1 Session | 26 (52) |
| Small group session | 32 (64) |
| Large group session | 4 (8) |
| Online session | 16 (32) |
| General training session | 11 (22) |
| None of these | 0 (0) |
| I don't feel that I need any support | 7 (14) |
| Other | 1 (2) |

|  |  |
| --- | --- |
| **Table 4**. Participant responses to the question “What factors may prevent you from attending wellbeing session” | |
| **What factors prevent you from attending support sessions** | **Number (%)** |
| Pressure from colleagues to prioritise workload over self-care | 27 (54) |
| Apprehension to discuss your issues | 26 (52) |
| Don't feel that these sessions would meet your needs | 8 (16) |
| Don't feel that you need these sessions | 7 (14) |
| Unsure how to access wellbeing sessions | 12 (24) |
| Other | 4 (8) |

|  |  |
| --- | --- |
| **Table 5**. Selected respondent ‘free text’ comments discussing reasons for not accessing provided support. | |
| Study ID | Response |
| 10 | I get 45 min lunch that I work through (so how am I supposed to attend an hour Pilates session?) - I have no time to attend classes through the day as work comes first. |
| 26 | Sessions are often in a lunch break which I feel defeats the point of a well-being session as you miss out on lunch and have to use your unpaid time for work related workshops. |
| 28 | I would not partake in any group sessions due to a need to upkeep professional appearances. I would not like to discuss my personal matters in a professional environment unless on one to one. |
| 30 | I worry that it would be hard to attend any support sessions when the department is short staffed, and the worklists are fully booked. I would like the same priority placed on support sessions as is put with mandatory training courses |
| 38 | we are always too busy to be allowed to attend the ones put on by staff health |
| 47 | I have participated at a mindfulness course at Sutton and found that this helped. The sessions were mornings before work that ran into work time so it was difficult to attend the whole session. |
| 50 | Yoga is currently offered at lunchtime at [institution]. It is difficult to attend as you do not know what lunch you will be having and you only have 45 mins lunch... I feel it is not accessible. |