Mindfulness for Healthcare Staff

With Direct Patient Care

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Submitted to the faculty of Western Theological Seminary
in partial fulfillment of the requirements
for the degree Doctor of Ministry

Holland, Michigan
2019
Abstract

As a chaplain, I work in the context of healthcare with staff who provides direct patient care in the midst of burnout and compassion fatigue. I experience firsthand their stress and anxiousness which results in high staff turnover and highly emotional reactions. Reaching a place of engaged separation allows one to be involved compassionately and fully in the care and concern of another without being lost in the storyline of the other’s personal history. In an increasingly more anxious and violent society, we need healthcare staff practicing mindfulness to embody well-being and personal health. When the staff is stressed and anxious, so are those under their care – an observation applicable to the home, church, and other areas of life outside the hospital walls.

In my particular context of Memorial Hospital in South Bend, Indiana, I examined the factors that lead to burnout and compassion fatigue as well as the history of contemplation as it translates into our current practices of mindfulness. I researched and articulated five mindful practices that seem to be the most effective for the least amount of effort. Ten of the CVICU1 staff at Memorial Hospital were asked to participate in mindfulness engagements to attempt to measure the effectiveness of mindfulness in mitigating the stress and burnout.

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1 CVICU refers to the cardio-vascular intensive care unit; at Memorial Hospital the intensive care unit and open heart recovery unit are connected and staff is cross-trained to work in both areas. In many other hospitals these two units are separate.
The study results were sparse; however, they point to mindfulness requiring both time and energy to truly become a helpful practice for managing stress.
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Chapter 1. Introduction to a Context Needing Mindfulness

Mindfulness, contemplation, and heath can be ambiguous terms so a glossary of terms is included at the end of this chapter. The context addressed specifically in this dissertation is that of Memorial Hospital in South Bend, Indiana. I also describe the assumptions that I bring to this study on the contributions of mindfulness as well as my research methodology.

Mindfulness in Healthcare

God’s preferred future for those in the healthcare profession is for each to be a wounded healer. Henri Nouwen describes a wounded healer; “One who must look after his own wounds but at the same time be prepared to heal the wounds of others.” For healthcare chaplains, the concept of a wounded healer is familiar. To become board certified, a chaplain must do a residency year and complete four units of clinical pastoral education (CPE). During CPE, chaplains are given space to explore their own tender spots, wounds, and growing edges. I discovered underlying anger, attachments to accomplishments and recognition as self-worth, and an urge to please people during my residency – all valuable pieces of awareness as I extend care to others. While CPE and the residency year do not smooth out all the rough edges, chaplains get a start on their lifelong journey of looking after their own wounds.

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What is true for chaplains is also true for other hospital staff; we all come with our own baggage and wounds that need to be tended. Our personal and professional lives weave together with the differing roles we each have. I am a wife, mom, daughter, chaplain, child of God, and much more. The intersectionality of our many roles requires self-awareness of the accompanying dynamic relationships. While CPE helps chaplains grow in this awareness, all healthcare professionals make healing more possible when they are functioning as wounded healers. Healthcare staff come with a certain set of knowledge and skills towards healing that were learned through books, lectures, and practice. Yet this knowledge and skill can never be fully used without the healing of the healers themselves. The learned, practical academic knowledge must become and internalized heart awareness.

The brokenness and violence of the world has been and will continue to be overwhelming without the hope and healing of Jesus Christ. Nouwen writes, “It is undeniably clear that changing the human heart and changing human society are not separate tasks, but are interconnected as the two beams of the cross.” Contemplation, a mindful practice that has been part of the Christian tradition since Jesus’ first retreat to the mountaintop, brings us back to the

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3 I describe my own struggles and woundedness more clearly under the “My Own Assumptions” section.

present moment and reminds us of the Hope that we have in the midst of our own struggles and wounds.

The prophet in Isaiah wrote, “a bruised reed I will not break; a smoldering wick I will not snuff out.” The first hearers of Isaiah, as well as readers today, needed the assurance of those words. The prophets, as wounded healers, were in the thick of it doing ministry, feeling compassion fatigue, and burning out; drawing near to God is what carried them through. Elijah, after three and a half years of drought and hiding, expected the people to finally revolt against Jezebel after seeing God act so powerfully on Mt. Carmel. Yet a revolt did not happen which left Elijah on the run, burnt out, and wanting to die. Moses was fatigued and frustrated with the endless demands of his ‘congregation’ and said “kill me now.” Jeremiah was not celebrated and encouraged by those hearing his preaching; instead, he was beaten and put in stocks.

These are just three examples pulled from the many Biblical men and women in the helping profession of judges and prophets who were smoldering and bruised…and in need of some mindful self-care. Just as the early helping professions of leading, encouraging, and ministering were filled with wounded

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5 Isaiah 42:3, NIV.
7 See Numbers 11:15.
8 See Jeremiah 20:1-2.
healers, the helping professionals today are wounded individuals who are providing care to others not out of their exceptional personal health, but out of their own broken lives.

My own ecclesiastical tradition of the Reformed Church in America (RCA) recognizes the woundedness of those called to the helping professions, and the RCA affirms that we are broken people living in a broken world. However, often I find the RCA lacking some imagination in the ways that Christians could become more present in their faith. Differing ways of participating in one’s faith such as through mindfulness, yoga and other meditative movements, and through present moment awareness are not fully accepted within the RCA and especially not within my particular RCA classis.

As a chaplain in a secular healthcare setting, I am already more removed from my ecclesiastical roots since chaplains, by definition, are to encourage others in their particular spiritual (or religious) tradition. While the RCA formed my ecclesiastical history, the RCA is not the sole ecclesiastical tradition currently informing my work. Rather, I find glimmers and shadows in the Divine in some practices related to Buddhism and to authors like Brené Brown, Kristen Neff, and Richard Rohr. I don’t locate myself ecclesiastically in one particular tradition. Rather, from a Christian perspective, I believe the practice of contemplation can
refine and strengthen one’s faith and endurance through difficult and strenuous times.

**The Healthcare Context and Memorial Hospital**

A national study conducted in 2017 found that 20% of intensive care (ICU) nurses showed high levels of depersonalization and 40% felt a low sense of personal accomplishment. And yet, despite showing signs of burn-out, two thirds of ICU staff nationally work in intensive care settings until retirement. As hospital budgets get tighter and reimbursements from Medicaid and Medicare shrink, healthcare staff is moving away from the ‘my job is a calling’ mindset to the ‘in it for the paycheck’ mindset. This shift in staff’s sense of purpose has distinct burnout indicators according to the Maslach Burnout Inventory.

Healthcare professionals have a unique situation: complex settings of public-facing jobs with high-risk decisions. This setting of high stress and constant scrutiny contributes to the anxiety as there are no ‘quiet mistakes’. In the United Kingdom, over 30% of absences of healthcare staff are estimated to be stress-related and that percentage is thought to be even higher in the United

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10 The Maslach Burnout Inventory is an internationally recognized measure of staff burnout that 10 developed in response to chronic emotional strain. “Maslach Burnout Inventory (MBI),” Statistic Solutions: Advancement Through Clarity, accessed November 24, 2016, http://www.statisticssolutions.com/maslachburnout-inventory-mbi/.
The stress of healthcare, economic pressures, and an uptick in violence combine to create a context for burnout, compassion fatigue, and an overall lack of well-being for staff.

Staff well-being is becoming a growing topic of interest as nursing programs like caritas expand. Hospitals are creating Zen rooms to give staff space for self-care. One of Memorial’s Zen rooms is located just outside of the CVICU doors, yet often staff does not have time to utilize the space due to their

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12 Caritas is a nursing best practice that was initiated by Dr. Jean Watson as a philosophical, moral, and ethical foundation for professional nursing. Caritas gives a framework that “intersects with art, science, humanities, spirituality, and new dimensions of mind-body-spirit medicine.” The 10 Caritas Processes are:
1. Sustaining humanistic-altruistic values by practice of loving kindness, compassion, and equanimity with self/others.
2. Being authentically present, enabling faith/hope/belief system; honoring subjective inner, life-world of self/others.
3. Being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence.
4. Developing and sustaining loving, trusting-caring relationships.
5. Allowing for expression of positive and negative feelings – authentically listening to another person’s story.
6. Creatively problem-solving-‘solution-seeking’ through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing/being/doing/becoming.
7. Engaging in transpersonal teaching and learning within context of caring relationship; staying within other’s frame of reference – shift toward coaching model for expanded health/wellness.
8. Creating a healing environment at all levels; subtle environment for energetic authentic caring presence.
9. Reverentially assisting with basic needs as sacred acts, touching mind-body-spirit of spirit of other; sustaining human dignity.
10. Opening to spiritual, mystery, unknowns – allowing for miracles.

workload. The establishment of Zen rooms and the hospital’s eagerness to incorporate caritas practices demonstrate awareness of the need for emotional and spiritual wellness. Hospital administration across the nation is becoming more aware of the need for good self-care as patient acuity increases and staff retention decreases.

In April 2018, The Business Insider reported on the 40 most violent cities in the United States; South Bend, Indiana ranked number 20 with 46.1 violent crimes per every 10,000 residents. Dr. Scott Thomas, Chief of Trauma Services at Memorial Hospital, observed that the hospital’s rate of penetrating trauma has increased by 11% in the first quarter of 2018. What does this uptick in violence mean for staff? Many of the trauma patients, if they survive, end up in the intensive care for five to seven days, and a lengthy ICU stay that means staff gets more personally connected to the patients and their families. How does staff maintain a sense of engaged separation where they are involved in the care of those around them and not buried in the circumstances of the trauma?


14 Penetrating trauma includes any assault done by a weapon or resulting in a gunshot wound. Penetrating trauma does not include any type of fall, motor vehicle accident, or industrial accident, though non-penetrating trauma does activate the trauma medical team response.
Mindfulness Contributions to Healthcare Staff

Healthcare staff with direct patient contact experience stress, burnout, and vicarious trauma that lead to a decrease in staff wellness, low staff retention rates, and, ultimately, poorer patient outcomes.15 The hospital environment is becoming more intense with greater illness acuity and a push for quicker discharges. The effectiveness of mindful practices for managing healthcare staff stress and burnout is a quickly growing field of interest in light of the growing intensity.16

A contributor to www.mindfulness.org, Jennifer Wolkin, wrote, “by charting new pathways in the brain, mindfulness can change the banter inside our heads from chaotic to calm.”17 The practice of mindfulness has the capacity to shape and rewire our brains which can then impact our functioning. The hospital environment is a breeding ground for excessive banter and chaotic mental clutter. As Wolkin goes on to describe,

The impact that mindfulness exerts on our brain is born from routine: a slow, steady, and consistent reckoning of our realities, and the ability to


take a step back, become more aware, more accepting, less judgmental, and less reactive. Just as playing the piano over and over again over time strengthens and supports brain networks involved with playing music, mindfulness over time can make the brain, and thus, us, more efficient regulators, with a penchant for pausing to respond to our worlds instead of mindlessly reacting.18

Although patterns of reactivity may be well-established and influential, we are not stuck in those patterns; our brains have the capacity to change and be responsive versus reactive.19

My Own Assumptions

This project - even in the research stage – was a personal challenge. I have a very full and wonderful life that means I cannot do everything perfectly and, frankly, a lack of mindfulness is reflected in my own woundedness. I work in a caring profession for countless families, patients and staff. I come home to three children under seven and a husband who recently took on the role of stay-at-home parent. All too often my family gets the leftovers of caregiving and the hospital gets the main course.

When I started my doctorate of ministry three years ago, it seemed like a perfect context for mindfulness because I realized my own lack of contemplative growth and well-being. I believe the practice of contemplation can refine and

18 Wolkin, “How the Brain Changes When You Meditate.”

strengthen one’s faith and endurance through difficult times. I genuinely believe this statement…but I don’t live as if I believe it. When I started this journey to a doctorate, I was not knowledgeable enough about mindfulness and contemplation to fully realize that my faith and well-being was being harmed by my lack of mindfulness. While the practice of contemplation can strengthen one’s faith and personal well-being, a lack of contemplation can weaken strength and well-being; I did not fully realize this until I began to explore the benefits of contemplation.

Since beginning this course of study, I have realized that my own lack of mindfulness has bred anxiety in my heart and thoughts. Jennifer Senior wrote about how multi-tasking parents can feel like there is always a pot about to boil over somewhere even when all seems to be going well – that describes the anxious tension that I feel. During the last three years I have added increased responsibility at work as I became department coordinator, a third child (when I started my studies David was 4 and Becca was 6 months – now David is 7, Becca is 4, and Rachel is 1), a difficult diagnosis as David was diagnosed with ADHD, and, most recently, a house fire.

Hence, there are reasons that tension levels in my life have increased; however, my unhealthy thought patterns – that Second Arrow that Buddhism refers to – are making the situation worse and not better. As responsibilities and
life changes have increased, my contemplative practice has ebbed and flowed. During the first year, I grew in contemplation as part of my study hours were spent journaling with the prompts in *The Presence Project*. I was assigned to be more mindful and, in my task-oriented, full speed ahead brain, I thrived on an assignment. However, it quickly became evident that I needed to grow in contemplation and that growth in this area would reap benefits in all areas of my life, work, and family.

Looking back, I think my personal mindfulness practice was strongest during my first year and lowest during my second year. Interestingly, at the end of my second year of study, I presented CVICU staff with the opportunity to be part of the two mindful engagements that would constitute my research. Hence, I was promoting a mindfulness project while at my lowest point of personal mindfulness and growth. John Neafsey wrote, “Our true calling is not to more work, or better work, or different work, but to a reordering of our priorities and a more balanced life.” As I look back on year two, I can see how my priorities got out of balance and did not get a needed reset until the beginning of year

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20 In later chapters, I write more on the juxtaposition of starting a mindfulness research project with healthcare staff while being at my lowest personal level of mindful, contemplative practice. I make some observations about the effects of my personal lack of mindfulness on my research outcomes.

three. Perhaps it was the realization with staff that mindful practice requires a commitment of time and energy – for me and for them – to develop into more contemplative people.

I am rediscovering the balance in my life through developing my own mindful practice over the past months which has solidified my callings as a wife, mother, and chaplain. However, I am continually challenged to grow in engaged separation so I can be more present to my husband, children and work. I am called to be a wounded healer as I sort out and heal my own tender edges. Finding engaged separation means finding a healthy balance and well-being.

Methodology

My methodology is participatory action research done in the arena of the Adult Intensive Care Unit at Memorial Hospital in South Bend, Indiana. Action research seeks to describe and understand, rather than to predict and control. As a qualitative method, participatory action research focuses on the whole of human experiences and “the meanings ascribed by individuals living the experience” with the intent of gaining broader understanding and insight into a

22 I add more details to my current mindfulness practices at the conclusion of this study.

particular behavior. I chose participatory action research as a methodology in order to better understand the lived experiences of staff with direct patient contact.

Participatory action research recognizes that “multiple or shared realities exist” and in order for there to be sustainable growth, people must participate meaningfully in the process of finding their own solutions. My intention was for the CVICU staff to have a meaningful connection to their own mindful growth and practice. Prior to talking with individual staff, I had meetings with both the CVICU director and manager about the two engagements. To note, CVICU leadership changed the month before my first attempt to start the engagements. The CVICU director went back to school for her nurse practitioner degree so the hospital used this as an opportunity to have a different leadership configuration. The CVICU manager moved from a dual manager role of CVICU and a medical floor to management of only the medical floor. A CVICU manager position was created for only the CVICU; I had support from this new manager although we both stepped into more leadership responsibilities at the same time.

Participants (CVICU staff with direct patient contact) were invited to be part of one or two engagements with mindful practices. Many of the invited

24 McDonald, “Understanding Participatory Action Research,” 34-35.

participants had already expressed interest in the project as they had been privy to my doctoral journey. Participants gave informed consent prior to beginning the engagement in the form of a signed letter. Both engagements intended to bring change to the CVICU staff through an increase in mindfulness and a move towards engaged separation. My goal was to affect an increase in the degree to which a person is mindful at any given moment. Over time, the increase in mindfulness at a given moment will lead to an increase in a person’s trait mindfulness (their overall tendency to be mindful across situations).

**Overall Outline of Engagements**

I conducted two similar research engagements on the effectiveness of mindfulness that focused on hospital staff with direct patient care in the adult intensive care setting. Specifically, I tracked how hospital staff practiced mindfulness over both short (a weekend) and long (4 weeks) time periods to demonstrate that if a person practices mindfulness over time, then it becomes a part of who they are.

Engagement I (E1) was a two-day process with weekend staff in CVICU who work day shift (0700 to 1900). Staff completed a preliminary and post evaluation with the Five Facet Mindfulness Questionnaire (FFMQ). Staff practiced one of the designated mindful practices during their shifts on both days and completed at least two practice evaluations. Engagement II (E2) ran for
a four-week period with CVICU staff. E2 participants completed a pre-, mid-, and post-study evaluation. E2 participants also completed practice evaluations after each mindful practice. Both studies were conducted with the informed consent of the CVICU Manager in addition to a pre-study training time.

The pre-study training time happened three weeks before the first start attempt and involved staff actually practicing the mindful techniques in the study. Pre-study training was not repeated each subsequent time that the study was re-started.26 Every effort was made to ensure that each participant engaged the process to improve and increase their own mindfulness; not out of a desire to impress me as a chaplain or because they felt obligated to participate.

Data

There are different mindfulness measurements that have been developed; however, I used the FFMQ for two reasons. First, the FFMQ is a self-reporting measure of the dispositional tendency to be mindful in daily life. It derives its questions from five different mindfulness tools: the Mindfulness Attention Awareness Scale, Freiburg Mindfulness Inventory, Cognitive Affective Mindfulness Scale, Mindfulness Questionnaire, and Kentucky Inventory of Mindfulness Skills. The FFMQ seems to have pulled the best from these five assessments.

26 Some discussion is included in the concluding chapter about how the atmosphere and setting of the pre-study trainings may have negatively contributed to the study outcomes.
Secondly, the FFMQ considers mindfulness to be a multifaceted construct of five related dimensions: Observing, Describing, Acting with Awareness, Nonjudging of Inner Experience, and Nonreactivity to Inner Experience. The observing aspect refers to attending or noticing internal and external experiences like sounds, emotions, thoughts, bodily sensations, smells. This is the present moment awareness qualifier.

Describing includes the ability to express in words one’s experiences. To be able to articulate one’s experience shows emotional understanding and underpinnings. This demonstrates the first step in emotional and self awareness.

Acting with awareness involves attending to one’s present moment activity, rather than being on “autopilot,” or behaving automatically while your attention is focused elsewhere. Nonjudging of inner experience involves accepting and not evaluating those thoughts and emotions as either “good” or “bad”.

Finally, nonreactivity to inner experience refers to the ability to detach from thoughts and emotions, allowing them to come and go without getting involved or carried away by them.”27 The FFMQ’s multi-faceted approach touches on each of the essential aspects of a mindful individual.

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27 Jenny Gu, “Examining the Factor Structure of the 39-Item and 15-Item Versions of the Five Facet Mindfulness Questionnaire Before and After Mindfulness-Based Cognitive Therapy
The 39 items of the FFMQ are rated on a 5-point Likert scale, ranging from 1 (never or very rarely true) to 5 (very often or always true). By compiling results for each of the five areas, I gathered individual scores for each facet as well as an overall mindfulness score. To reiterate, the FFMQ is used to measure a person’s tendency to be mindful across situations; allowing for their personal spirituality and baseline level of mindfulness. The FMMQ administered pre-study gave a number to these measurements with the reasoning behind the assessment fleshed out through personal interactions.

Data (written response forms, interview transcriptions and recordings, and any other written data) is in a locked file cabinet in my office or on a password-protected computer file. Paper data will be stored for 5 years and then disposed of through the hospital’s PMI shredding system. Digital data will be deleted after 5 years as well. Because I am the chaplain to the participants, I did not disclose or discuss the data results with other people and was especially diligent to maintain the trust of hospital associates with their coworkers.

The FFMQ data was evaluated in three analytic frames:

- Convergence (which themes and patterns emerge multiple times in the data)

• Divergence (which themes and patterns seem to contradict each other)

• Silence (what realities are not represented in the data)

I compared the FFMQs taken during the two engagements to see the change or variance with each participant. I used descriptive statistics derived from the data to interpret and illustrate my findings and gathered qualitative data.

**Definition of Terms**

*Contemplation:* the practice of staying in the present moment.

*CVICU:* Cardio vascular intensive care unit consisting of 22 staffed adult patient beds. CVICU is also referred to as ICU.

*Direct Patient Contact:* A healthcare staff person who interacts with patients and their families beyond short, friendly encounters. Staff with direct patient contact generally includes physicians, nurses, unit assistants, social workers, Child Life Specialists, therapists, and chaplains. In some cases, this may also include environmental and nutritional services depending on depth of their patient encounters.
Engaged Separation: The responsible practice of a staff person being both differentiated and connected to their patients and families. Engaged separation means connecting with patients and families thru empathy and compassion, yet not getting lost in their storylines and circumstances. Staff accounts for the hurt and pain by acknowledging the sorrow without being so lost in those sorrows that one can no longer function. Engaged separation flows from a developed sense of mindfulness.

Health: Health, in our current culture, is no longer simply the absence of disease or injury. Rather, the World Health Organization defines health as “a state of complete physical, mental, and social well-being…a dynamic condition resulting from a body’s constant adjustment and adaptation in response to stresses and changes in the environment.” To consider health as having physical, mental, and social aspects begs the question of how those aspects can be affected. The question becomes what complete physical, mental, and social well-being looks like for healthcare staff in light of all the hurt, trauma, and sickness that staff is exposed to through direct patient care. Health becomes a more encompassing term that incorporates wholistic well-being of body, mind, and soul.

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**Intersectionality:** Adapted from Claudia Horwitz, intersectionality refers to the ways that the roles and social identities that we each have overlap and intersect in relation to our experiences.\(^{29}\) All the pieces of our lives interact with each other and with the trauma and loss that we experience vicariously through patients and families. The importance of the intersection between healthcare staff’s personal and communal lives directly influences their ability to achieve engaged separation.

**Mindfulness:** The continual practice of staying in the present moment rather than worrying about the future or ruminating about the past. This practice has the goal of destabilizing habitual response patterns that tend to lead to inflexible, narrow behaviors.\(^{30}\) Often organizations like hospitals take a productivity mindset in defining mindfulness as they hope to increase staff productivity. To use mindfulness as a productivity term loses the value that mindful practices bring to individuals.

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\(^{29}\) Claudia Horwitz, along with Stone Circles, her organization founded to help others find healing and wholeness, developed a training that incorporated an intersectionality chart. Horwitz’s chart considers the intersectionality of the various roles and identities that each person has. I was exposed to this chart through one of our spiritual care interns.

Mindfulness, like contemplation, retrains the brain to be less reactive and more responsive. I, at times, use mindfulness and contemplation interchangeably but always with the notion that mindfulness is a secularization of the practice of contemplation. Mindfulness is intentionally developing the practice of pausing to account for the trauma and turning towards engaged separation.

Dr. Daniel Siegel, a UCLA clinical professor of psychiatry, defines mindfulness as focused attention to see the internal workings of our own minds; to be aware of our mental processes without being swept away by them. Siegel refers to this process as ‘mindsight’ writing that it allows us to reshape and redirect our inner experiences so that we have more freedom of choice in our everyday actions, more power to create the future, to become the author of our own story. Another way to put it is that mindsight is the basic skill that underlies everything we mean when we speak of having social and emotional intelligence.31

Our own spinning thoughts and minds can become the greatest barriers to mindfulness.

This constant mental movement and busyness hinders individuals from becoming mindful and developing mindsight. Martin Laird cites the importance of working through the obstacles of our hurried, crazed minds to find greater stillness. We can “see the spinning of stories in our heads,” and often are caught

in the cycles of judgment of others – whether out loud or within our own thoughts – which hinders our work towards stillness. 32 Hence, the jaws of our convictions lock so tightly around people that we actually think we know what life is like for them, what they really ought to do or think, as though we know their innermost hearts, as though we know what only God can know.33

Claudia Horwitz adds to the definition of mindfulness that it “brings us to greater states of rest, and provides space to regain perspective.”34 Regaining perspective helps us to be less judgmental and negative towards ourselves and others as a way to gain greater well-being. As healthcare staff develop their sense of mindfulness, they grow in engaged separation and practicing self-care becomes a way of being in the world. Healthcare staff are not caught up in their thoughts of sympathy and/or judgment.

Prayer word: Martin Laird defines the concept of a prayer word in his book, Into the Silent Land, as a word or phrase that builds recollection and detachment. Recollection gives us an initial sense of inner peace, which will lead to yet deeper calm, grounding both inner peace and inner chaos....detachment is another dynamic quality that


33 Ibid., 124.

enables us to let go of things and to see through our endless and clever mind games.\textsuperscript{35}

The intent of a prayer word is to help the practitioner stay grounded back into their practice and readjust their minds to the stillness.

\textsuperscript{35} Laird, \textit{Into the Silent Land}, 58.
Chapter 2. Literature Review

The amount of material in the field of mindfulness is extensive; this literature review is far from a meta-analysis. A brief historical context of mindfulness is given, and I include reflections on how mindfulness moved from Buddhist monasteries to its current context. Thought, meditation, and intentionality – separate but related aspects of mindful practice – are explored, with a section on neuroplasticity.

The context of healthcare staff in terms of burnout, compassion fatigue, and compassion satisfaction is described more generally. (The specific context of Memorial Hospital in South Bend, Indiana was described in chapter 1.) Different studies of burnout and compassion fatigue are cited. Finally, the chapter closes with a description of the benefits of establishing a mindfulness practice.

A Brief Historical Context

Jon Kabat-Zinn wrote almost a decade ago:

The world is all-abuzz nowadays about mindfulness. This is a wonderful thing because we are sorely lacking, if not starving, for some elusive but necessary element in our lives.\(^{36}\)

Kabat-Zinn has developed the Mindfulness-Based Stress Reduction program (MBSR), which is the “most prevalent and well-researched mindfulness

intervention currently used in organizational contexts.”37 Most modern mindfulness practices are derived from Kabat-Zinn’s MBSR and its Buddhist roots. Because of this, emphasis is given to mindfulness practices developed from Buddhist beginnings.38

The practice of mindfulness was evident in Buddhism over 2600 years ago.39 Although an extensive history of the Buddhist roots of mindfulness is beyond the scope of this work, some explanation of how the mindful practices moved from a spiritual setting to its current secular understanding is needed. The term ‘mindfulness’ is thought to have come from two different words in the Pali language: sati and sampajanna. Sati refers to our mind’s awareness of the present moment, while sampajanna is describing a sense of fullness or completion. “It is due to the presence of sati that one is able to remember what is otherwise only too easily forgotten: the present moment.”40 In 1881, T. W. Rhys Davids coined the term “mindfulness” to encompass the meanings of both sati

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38 Ibid., “Mindfulness,” 43.

39 Ibid., 42.

40 Ibid., 43.
and sampajanna. Present moment awareness, ‘the Power of the Now’ as Eckhart Tolle would say, is a key part of current mindfulness practices.

Buddhism strives to eliminate stress and examines unhealthy thought patterns. The Buddha says,

The patterns of the mind that keep people trapped in emotional suffering are, fundamentally, the same patterns of the mind that stand between all of us and the flowering of our potential for a more deeply satisfying way of being. These unhealthy patterns are what Buddhism refers to as ‘the second arrow’.

The first arrow is the painful feeling or experience; however, the pain from the second arrow, the arrow we shoot at ourselves when we are not being mindful, is worse than the original pain. The second arrow is our ruminating, worrying, and self-judgment that spirals us into negative thinking patterns.

In both the ancient practices of Buddhism and in more contemporary practices of mindfulness, the hope is not to eliminate or disregard the pain of

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41 Ibid., 43-44.

42 Ibid., 45.

43 In the hospital setting, for instance, the first arrow comes when a patient declines over a 12 hour shift and dies. The second arrow comes when the nurse caring for said patient worries constantly that they missed something and allows ruminative thought patterns to take over. Though I did not spend an inordinate amount of time exploring secular mindfulness traditions although I know the field of study is nuanced and rich. Because of my personal bias toward Christian mindfulness traditions, I spent the bulk of my historical work in that field. However, the second arrow analogy is helpful for illustrating rumination and the unnecessary pain and suffering caused by a lack of mindfulness through self-judgment.
life, but to recognize that the coping strategies we employ make our difficulties worse and not better. However, the goal of mindfulness has changed from its ancient Buddhist roots. Rather than hoping to eliminate stress through a spiritual awakening, the current mindfulness practitioner strives to alleviate stress through finding alternative ways of coping and managing. Yet, similar to early Buddhist practices, current mindfulness strategies focus on changing our thought patterns and transforming our suffering in specific ways.

A key intersection between modern and Buddhist practices is that “they both suggest that by cultivating mindfulness, it is possible to experience difficulty without the addition of dukkha.” Dukkha refers to the suffering added to unpleasant feelings because of the way we relate to those feelings, i.e. the second arrow. Often it is this suffering, rather than the unpleasant feelings themselves, that is the main source of our unhappiness. First, a mindful individual intentionally redirects their attention to aspects of the experience that are less likely to support the continuation of suffering. Secondly, one considers how the mind is processing by intentionally allowing and attending to the unpleasant feelings. This, according to Kabat-Zinn, allows you

44 Chaskalson and Hadley, “Mindfulness,” 45-46.
45 Ibid., 46.
46 Ibid., 47.
to be able to see that your thoughts are just thoughts and that they are not ‘you’ or ‘reality’...The simple act of recognizing your thoughts as thoughts can free you from the distorted reality they often create and allow for more clear-sightedness and a greater sense of manageability in your life.47

**Recent Developments of Mindfulness**

Mindfulness has morphed from Buddhist monasteries into fields of study on self-compassion, present moment awareness, and meditation. These fields have been connected with the current interest in neural studies of the human brain and its capacities for change. The research connecting mindful practices and changes in thought patterns is extensive and growing.

Dr. Kristen Neff developed one of the leading schools of recent thought on mindfulness through a three-tiered construct of self-compassion: self-kindness, common humanity, and mindfulness.48 Self-kindness involves actively comforting ourselves, responding just as we would to a dear friend in need. It means we allow ourselves to be emotionally moved by our own pain...we soothe and calm our troubled minds.49

We are fully present and available to ourselves in the same way that we are often present to others; the same kindness shown outwardly is extended inwardly.

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47 Ibid., 53-54.


49 Ibid., 42.
Common humanity reminds us to relate to the mystery of who we are rather than constantly trying the exhausting work of managing a perfect self-image.

We acknowledge our similarities and lean in to them by recognizing our inherent interconnectedness. If we can compassionately remind ourselves in moments of falling down that failure is part of the shared human experience, then that moment becomes one of togetherness rather than isolation.\(^{50}\)

To let go of our overwhelming drive to be perfect gives us the mental and emotional space that we crave and need.

Mindfulness, as Neff defines it, means not getting lost in the storyline - a simple definition as person can easily be carried away by their own drama so they miss what is happening in the present moment.\(^{51}\) They (and you and I) need to sharpen their skills of attention by building their “mindfulness muscle.”\(^{52}\)

If we mindfully relate to the present moment by staying detached from the drama, we are in a better place to wisely consider what to do in the next moment.

Brené Brown captures similar ideas through her research on shame. She writes of living authentically by letting go of who we think we should be so we can embrace who we are. We leave behind whatever story others have written

\(^{50}\) Ibid., 65.

\(^{51}\) Ibid., 101-102.

\(^{52}\) Ibid., 101.
about us so that we can truly be ourselves. Patterns of agitation and impulsivity are exactly what mindfulness and self-care want to reform so we can become our more thoughtful, wiser-paced selves. It can take all of our self-control to not become agitated and such willpower is not a bottomless resource. “The more willpower people expended, the more likely they became to yield to that next temptation that came along.” Negativity, shame, self-doubt, and unproductive thought patterns come too easily when we are not being mindful and our bank of willpower is depleted. As the Buddhist would say, without mindfulness, the second arrow brings unnecessary pain and suffering that we do not always have the willpower to stop.

**Thought, Meditation and Intention**

**Mind Wandering**

Both spiritual and secular writers on mindfulness describe the difficulty of getting past the busyness of our own minds. In a 2016 Harvard study it was determined that 40% of our time is spent in rumination and worrying. Eckhart Tolle estimates that 80 to 90% of our thinking is “repetitive and useless” with a

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55 Andy Puddicombe, “All It Takes is 10 Mindful Minutes,” TED Talks (November 2012), accessed June 20, 2016, https://www.ted.com/talks/andy_puddicombe_all_it_takes_is_10_mindful_minutes.
likely negative bent that creates a leakage of vital energy.\textsuperscript{56} Spontaneous thought is “unintended, nonworking, non-instrumental mental content that comes to mind unbidden and effortlessly.”\textsuperscript{57} While not always maladaptive, spontaneous thought is often connected with rumination and worry that “is a form of repetitive self-focus leading to and exacerbating depressive symptoms.”\textsuperscript{58} All too often this leads to a “decoupling from the external reality in favor of internally generated information during task engagement.”\textsuperscript{59} And our internally generated thoughts are seldom helpful or encouraging.

Ironically, perhaps one of the bigger deterrents to self-care for healthcare staff is pocketed scrub pants. As helpful as it is to have lists and pens and scissors and notes with us, it also means we have phones and notifications and texts with us all the time. (Now even more staff have watches that notify them constantly of texts, phone calls, fitness alerts, and much more.) The hospital wifi means staff is connected and wired continuously. This busyness of signals and information traveling through our bodies continuously is a growing concern in


\textsuperscript{58} Marchetti, et al, “Spontaneous thought and vulnerability,” 843.

\textsuperscript{59} Ibid., 837.
meditative and contemplative work. All the dinging, vibrating, and ringing pull us out of the present moment.

This leads to a thinking addiction and an inability to ‘turn off our thoughts’. As healthcare professionals, staff are constantly thinking; they are ‘in their heads’ and there is not a lot of space for emotions and feelings. Rather, their work days are full of logic and problem-solving and assessments – all ‘head work’. After 12 plus hours of thinking, shutting off those brains becomes difficult as the pattern of alertness has been ingrained and established. Most of our mind wandering is negative so we replay moments and conversations, reliving past mistakes and discomfort. Tolle states the problem straightforwardly: “You cannot stop thinking. Compulsive thinking has become a collective disease.”

If your mind carries a heavy burden of past, you will experience more of the same. The past perpetuates itself through a lack of presence...if it is the quality of your consciousness at this moment that determines the future, then what is it that determines the quality of your consciousness? Your degree of presence.

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61 Tolle, The Power of Now, 111.

62 Ibid., 60.
Part of medicine is anticipating the future outcomes and effects of a diagnosis; however, mindfulness means staying present with patients and families. Tolle writes, “to be identified with your mind is to be trapped in time: the compulsion to live almost exclusively through memory and anticipation.”

Trying to anticipate future (and potentially negative) health outcomes is helpful only if the healthcare provider can return to the present moment.

Generally, we overestimate the intensity of an anticipated negative reaction or experience. Mark Twain said, “I have known a great many troubles, but most of them never happened.” Rather than allowing our minds to wander into negative anticipation and fear, we make our best decisions by staying present. Acceptance of the present moment, according to Kabat-Zinn, “doesn’t tell you what to do. What happens next, what you choose to do; that has to come out of your understanding of this moment.”

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63 Ibid., 48.


66 Dixit, “The Art of Now”.
Meditation and Intentionality

The uptick in non-dualistic thinking\textsuperscript{67}, meditation, and intentionality is increasing rapidly. ‘Being mindful’, ‘setting one’s intention’, and ‘being present’ are all the current buzz words with a plethora of literature on the subject.\textsuperscript{68} Joe Dispenza, Lynne McTaggert, Eckhart Tolle, and Rick Hansen are particularly salient voices in this discussion with some additional insights from others.

Dispenza establishes a link between our emotional states/thoughts and our bodies that is backed by science. “You can cause an effect or make a change in your life. When you learn how to sharpen your skills of observation to intentionally affect your destiny, you are well on your way to live the ideal version of your life.”\textsuperscript{69} He cites the California HeartMath studies that link emotional states to heart rhythms,\textsuperscript{70} reinforcing the idea that we can change our brains by thinking without changing our environment.\textsuperscript{71}

\footnote{67 This descriptive phrase from Richard Rohr is further described in more detail in a later section.}

\footnote{68 Dixit, “The Art of Now”.}

\footnote{69 Joe Dispenza, \textit{Breaking the Habit of Being Yourself: How to Lose Your Mind and Create a New One} (California: Hay House, 2012), 16.}

\footnote{70 The HeartMath research is particularly significant as my audience is in the healthcare profession. Negative emotions like anger and fear are linked to erratic and disorganized heart rhythms while positive emotions lead to highly ordered, coherent patterns. This is an established fact in the hospital setting. HeartMath provides the research that validates this belief. Dispenza, \textit{Breaking the Habit of Being Yourself}, 19.}

\footnote{71 Ibid., 49.}
Comparing it to the proverbial hamster in a wheel, Dispenza concludes,

As you continually think about your problems (consciously or unconsciously), you will only create more of the same type of difficulties for yourself. And maybe you think about your problems so much because it was your thinking that created them in the first place. Perhaps your troubles feel so real because you constantly revisit those familiar feelings that initially created the problem. If you insist on thinking and feeling equal to the circumstances in your life, you will reaffirm that particular reality.\textsuperscript{72}

This becomes part of the thinking-feeling loop: when you think good thoughts, you produce chemicals that make you feel good so “we first begin to feel the way we think and then think the way we feel.”\textsuperscript{73} When we have a new mindset, this “creates a new personality and a new personality produces a new personal reality.”\textsuperscript{74}

Dispenza describes how 95\% of our identity by midlife is a series of automatic, subconscious programs: ways our brains are programmed to respond and react which lead to habits, behaviors, skills, beliefs, and perceptions.\textsuperscript{75} Years of thinking certain thoughts followed by specific feelings lead to a memorized – not necessarily true – state of being.\textsuperscript{76} Living in this incongruence becomes

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\textsuperscript{72} Ibid., 40, emphasis is original to Dispenza.
\textsuperscript{73} Ibid., 57.
\textsuperscript{74} Ibid., 143.
\textsuperscript{75} Ibid., 203-204.
\textsuperscript{76} Ibid., 59.
\end{flushright}
exhausting as we maintain an ideal for others as “a strategy to make sure that those impending feelings we’ve been running from never capture us.”77

Referring to this identity gap, Dispenza imposes the image of ‘how we appear’ (the identity we project) over the picture of ‘who we really are’ (how we feel and how we are). Who we really are is how we feel when we are not distracted by the external environment, our familiar emotions when we are not preoccupied by life, and what we often hide about ourselves. Meditation helps to peel away the layers and masks we wear, helping us to become more transparent.78 Our minds are 5% conscious thought and 95% subconscious; meditation opens the door between the conscious and subconscious so we can become aware of our habits, behaviors, skills, beliefs, and perceptions and how they are shaping – and misshaping – who we are.79

Harvard’s Ellen Langer refers to our autopilot, incongruent moments as ‘mindlessness’ – times when you are so lost in your thoughts or projecting an image that you aren’t aware of your present experience. “As a result, life passes

77 Ibid., 151.
78 Ibid., 171.
79 The second half of Breaking the Habit of Being Yourself expounds upon a particular meditative practice in which Dispenza is very specific about the steps to meditating. The practice is a helpful reference for individuals who want a plan to follow for meditating before stepping out on their own. To healthcare staff especially, many of whom are Type A personality, to simply ‘be in the space’ is a bit like trying to keep a rock afloat. Having a specific outline of steps would probably be helpful.
you by without registering on you” because “once we think we know something, we stop paying attention to it.” Mediation points us back to our current realities, to the present.

Lynne McTaggart’s concept of nonlocality (or quantum entanglement) validates meditation in the form of setting one’s intentions to influence both yourself and your circumstances. McTaggart cites the example of Muhammad Ali:

In the later years of his fighting career, Ali spent much of his training time learning how to take punches…He was training his mind not to lose, at the point when deep fatigue sets in around the twelfth round and most boxers cave in. The most important work was being done, not in the ring, but in his armchair. He was fighting the fight in his head. Ali was a master of intention.

Thinking about a future performance actually affects a performance as the brain sends the same instructions to the body as if the body was actually in motion. Beliefs and thoughts are filled with extraordinary possibility and power; mindfulness becomes more than just a means of finding calm. It is a means of true change in us and our circumstances as we set our present moment intention.

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80 Dixit, “The Art of Now.”


82 McTaggart, The Intention Experiment, 127.
Eckhart Tolle encourages each person to find out if they have problems in this moment – not ten minutes from now but right now.

When you are full of problems, there is no room for anything new to enter, no room for a solution. So whenever you can, make some room, make some space, so you can find life under your life situation.\(^{83}\)

While recognizing that most people have complicated life situations, Tolle observes that we only have the capacity to deal with the present moment, i.e. the power of the now. We “cannot cope with something that is only a mind projection…you cannot cope with the future.”\(^ {84}\) For Tolle, meditation and present moment awareness are the only valid choices for our thoughts to be healthy and whole.

Although he does not label it as a meditative practice, Rick Hanson’s practice of taking in the good falls in the present moment awareness category. Taking in the good involves holding the positive experiences and feelings to reset our mental intentions and direction. Instead of allowing negative thoughts to overwhelm us, taking in the good works to halt our tendencies towards spontaneous thought and mind wandering.

Hanson refers to the idea that the neurons we activate the most are the ones that get stronger and thrive. If we are consistently giving energy, space,

\(^{83}\) Tolle, The Power of Now, 63.

\(^{84}\) Tolle, The Power of Now, 43.
and time to the negative thoughts and experiences, the negative ones overtake the positive in a sense of “neural Darwinism.”\(^{85}\) As Hanson wrote, “The formation of implicit memory is negatively biased. Uncomfortable experiences are immediately fast-tracked into memory stores; once burned, twice shy. We usually learn faster from pain than from pleasure.”\(^{86}\) Giving energy to the negative thoughts and feelings keeps those neurons busy so your natural negativity bias grows.

When taking in the good, we are linking negative thoughts to positive ones and giving the positive thoughts, and therefore positive neurons, more energy.

When you tilt toward the good, you’re not denying or resisting the bad. You’re simply acknowledging, enjoying and using the good. You’re aware of the whole truth, all the tiles of the mosaic of life, not only the negative ones.\(^{87}\)

This is not seeing the world through rose-tinted glasses but “correcting the brain’s tendency to use smog-tinted ones.”\(^{88}\)


\(^{86}\) Hanson, *Hardwiring Happiness*, 26.

\(^{87}\) Ibid., 60.

\(^{88}\) Ibid., 65.
Neuroplasticity and Retraining Our Brains

The field of study linking neuroplasticity to overall health and well-being is continually expanding. As referenced earlier, Dispenza, through his research on the thinking-feeling loop, emphasizes re-training our brains with mindful practices. Through a carefully outlined meditative process, Dispenza articulates a means of retraining our brains through re-focusing our thoughts.

Siegel views our ability to be mindful of our thoughts and emotions as a way of moving towards a more flexible life. Emotional regulation, a key goal of mindfulness, is a central part of our neuroplasticity and organization of ourselves. Siegel writes,

emotion reflects the fundamental way in which the mind assigns value to external and internal events and then directs the allocation of attentional resources...the way the mind directs the flow of information and of energy. The modulation of emotion is the way the mind regulates energy and information processing. With this perspective, emotional regulation can be seen at the center of the self-organization of the mind.

When we are in the present moment and being mindful of how we are living in the moment, then we are also aware of our emotions. Accordingly, this allows us to notice our emotions without judgment and to be aware of our trigger points and patterns of unhelpful behavior. To follow Siegel’s reasoning, even if we

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89 Dispenza, Breaking the Habit of Being Ourselves, 57.

90 Siegel, The Developing Mind, 245.
cannot change our initial emotional reaction to a certain experience or situation, "a person’s response to the initial arousal can be diverted in ways that lead to a more flexible life.”\textsuperscript{91}

One of the most impactful programs of neuroplasticity is the Dynamic Neural Retraining System (DNRS) that centers on moving from the flight or fight mentality to a rest and digest mindset. DNRS recognizes the ways that one’s brain is stuck in trauma pathways and re-routes your thinking into healthy neural pathways. For instance, a person identifies when they are in a state of trauma (such as a physical reaction to a particular food or environmental issues) and then actively engages with the limbic part of their brain. The limbic system, as the flight or fight center of the brain, is what DNRS focuses on re-wiring.

Much of my insight into DNRS and the significance of retraining our brains came from Mariah West and her journey to wellness. West dealt with various forms of trauma that had devastating effects on her health. Through DNRS, West discovered “the power of the mind” and she writes that “practicing awareness has been the most healing part of my journey.”\textsuperscript{92}

\textsuperscript{91} Siegel, The Developing Mind, 250.

\textsuperscript{92} Interviews and email exchanges with Mariah West during March and April of 2018. Mariah has spent years articulating and examining her own mind and the ways that awareness connects to faith and well-being. Mariah’s story is both powerful and meaningful as articulated in her blog: https://mariahshealthjourney.wordpress.com/.
Using the word ‘oppression’ instead of trauma, Siegel connects our oppression, both personally and collectively, to implicit memories as past experiences shape how our minds and bodies respond to current experiences, even if what we are experiencing is different. If something touches off our negative implicit memories, we are off running with anxiety and fear; however, our brains can be rewired to help halt that negative drive.⁹³

If we relate mindfully to the present moment, we are more able to consider our options for responding. Siegel observes that we can all at times feel overwhelmed by the sensations in our own minds. Exercising attention is like developing a neuroplasticity muscle in your brain; when you begin, all you notice is that you are distracted. The distraction does not mean that you are doing meditation wrong. Rather, the point is to notice the distractions and then to re-focus and draw your attention in.

Continually practicing this attentional exercise re-routes our neural pathways.⁹⁴ Chronic stress combined with inadequate coping skills means our cortisol levels become chronically elevated and, eventually, our limbic system is so sensitized that even minor stresses cause a cortisol spike. Mindfulness allows

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⁹³ Seigel, Mindshift, 42.

⁹⁴ Ibid., 94.
a cortisol Ibid., override that can manage these effects; a neural re-training.\textsuperscript{95} We have the ability to change the physical structure of our brain according to how we focus our attention. Our attentional focus channels our cognitive resources, directly activating neural firing in the associated areas of the brain.\textsuperscript{96} This means that if we feel overwhelmed by our stress and that our attentional abilities are subpar, \textit{we do not need to remain stuck}. Well-being is a learnable skill.\textsuperscript{97}

\textbf{Healthcare Staff Environment}

Healthcare is an ever-evolving profession of highly stressful, public-facing roles and decisions. As healthcare becomes more market-driven, patients become clients and customers who choose the where, what, and how of their medical care. Patients and families may have goals of care that are not realistic which can create angst and perhaps moral distress for the healthcare staff – especially when it concerns end of life issues. As medicine advances, more life-prolonging treatments are possible which often give patients more quantity rather than quality of time. Healthcare staff may be providing care they are uncomfortable giving.

\textsuperscript{95} Ibid., 18.
\textsuperscript{96} Ibid., 84.
\textsuperscript{97} Ibid., xii.
Along with the moral distress, there is also the stress of patients’ stories and trauma. Healthcare staff, in providing care, often get drawn into the storylines of their patients; it is nearly impossible to be unaffected when caring for another person so intensely. Chow and Kalischuk wrote in *The International Journal for Human Caring*:

When a nurse is in a client-care situation, the nurse cannot be isolated from the client’s healing and is part of the whole experience even at material, physical, and energetic levels.98

Boundaries between patients, families, and staff become easily blurred. Even 60% of physicians report experiencing burnout throughout their career, and they are one step removed from the bedside.99

In the short term, compassion fatigue and moral distress develop into burnout due to “the result of cumulative frustration with one’s workplace environment.”100 Over time, burnout becomes the greatest contributor to poor staff engagement and retention. Kabat-Zinn, in discussing burnout and stress, writes, “The way we see, appraise, and evaluate our problems determines how

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98 Jean Chow and Ruth Grant Kalischuk, “Self-Care for Caring Practice: Student Nurses’ Perspectives,” *International Journal for Human Caring*, vol. 12, no. 3 (2008): 32. Much of the research on burnout and compassion fatigue deals with nurses in particular, however, this research can be generalized to include all those with direct patient contact.


we respond to them and how much distress we experience.”" According to Kabat-Zinn, the stressors that lead to burnout and fatigue are “not the particular stressor itself, but how you perceive it and then how you handle it that will determine whether or not it will lead to stress.” These perceptions create toxicity that inhibits our ability to exert influence over the balance point between our internal resources and the unavoidable stressors of life.

Some staff understand the nature and causes of their feelings and are proficient in emotional regulation. This helps them be resilient under stress and be proactive about restoring their emotional balance and regulating negative emotion. When caregivers have high emotional intelligence, according to this research, they tend to favor coping strategies that maintain energy and engagement. However, almost 50% of those in helping professions do not fall into this category and experience “depressed mood, feelings of fatigue, disillusionment, and worthlessness” due to compassion fatigue. By favoring

101 Kabat-Zinn, Full Catastrophe Living, 293-294.
102 Ibid., 290.
103 Ibid., 291.
104 Moshe Zeider, "Personal Factors Related to Compassion Fatigue in Health P," Anxiety, Stress, & Coping 26, no. 6 (2013), 605.
105 Zeider, “Personal Factors,” 595.
avoidance strategies and not leaning in to the difficult emotions, healthcare staff tend to pick coping strategies that exacerbate fatigue and resource depletion.106

**Studies on Burnout and Compassion Fatigue**

Burnout refers to “a slow-onset syndrome caused by excessive work-related demands such as extended work hours, difficult and demanding clients, being overloaded with paper work, and high productivity loads that do not allow much time off.”107 Katherina Star evaluated the relationships between burnout, compassion fatigue, and a new category of compassion satisfaction with healthcare staff. Compassion satisfaction refers to “the change in perception from centering on stress to focusing on the positive impacts of one’s work.”108 In Star’s research with professional counselors caring for traumatized clients, more than half reported increases in negativity, in a general sense of unfairness, and in fear.

In the 2010 Nursing Magnet survey, 86% of attraction, retention, and job satisfaction for nurses was related to the perception of providing quality care.109

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106 Ibid., 596.


109 Todaro-Franceschi, *Compassion Fatigue and Burnout in Nursing*, 40.
Having a sense of purpose and feeling like you are contributing to the well-being of another allows one to make meaning and leads to greater compassion satisfaction. Accordingly, increased compassion satisfaction leads to a decreased sense of burnout.\textsuperscript{110} Flow activities are common among hospital staff as they “come through purposeful, often communal actions in caring for others.”\textsuperscript{111} Increases in negativity, sense of unfairness and fear impede a sense of flow and, accordingly, compassion satisfaction.\textsuperscript{112}

In the United Kingdom almost a third of staff absences are due to burnout and compassion fatigue. Having staff call-offs means the present staff has to cover affected areas with less people and resources until the staffing gap can be filled. The estimated cost of replacing a registered nurse at Memorial Hospital is $50,000 to $60,000 with the costs of replacing other direct patient care staff being similarly significant.\textsuperscript{113} Additionally, staff experiences presentee-ism where a coworker comes to work but is irritable and not functioning well; it would be easier to work shorthanded than to be handicapped by an impossible coworker.

\textsuperscript{110} Star, \textit{The Relationship Between Self-Care Practices, Burnout, Compassion Fatigue, and Compassion Satisfaction}, iv.

\textsuperscript{111} Todaro-Franceschi, \textit{Compassion Fatigue and Burnout in Nursing}, 38. Flow is often felt during a well-run code blue or a trauma activation where all the different healthcare professionals respond and work seamlessly to address the concern.

\textsuperscript{112} Star, \textit{The Relationship Between Self-Care Practices, Burnout, Compassion Fatigue, and Compassion Satisfaction}, 10.

\textsuperscript{113} Interview with Beacon Health Systems Human Resources, August 19, 2017.
B. Hundall Stamm developed a tool to measure burnout, compassion fatigue, and compassion satisfaction among caregivers. Stamm, similar to Star, observed that caregivers’ motivation to engage in the difficult and emotionally taxing work of caregiving must, in some part, be shaped by the satisfaction derived from helping others.\textsuperscript{114} Stamm defines compassion satisfaction as “happiness with what one can do to make the world in which one lives a reflection of what one thinks it should be.”\textsuperscript{115}

Stamm’s study found that 60.7\% of male caregivers and 51.2\% of female caregivers have experienced at least one instance of PTSD. This becomes more significant when compared to the 7.8\% of the general population who have PTSD and may explain in part the low retention and high burnout rate of nurses.\textsuperscript{116}


\textsuperscript{115} Stamm, “Measuring Compassion Satisfaction as Well as Fatigue”, 113. I administered Stamm’s Compassion Fatigue and Compassion Satisfaction Test to five Memorial staff with direct patient contact. Although the sample size was small, all five showed a negative correlation between compassion fatigue/burnout and compassion satisfaction. The staff person with the highest level of burnout scored almost zero on the level of compassion satisfaction. In an individual conversation, she disclosed that as soon as her son finished high school, she was leaving the nursing profession “despite the money”.

\textsuperscript{116} Stamm, “Measuring Compassion Satisfaction,” 108.
According to Stamm’s research, “good hardiness and social support are associated with less PTSD.”

‘Hardiness’ is defined as having a sense of control, being committed to individuals, and viewing change as a challenge. This definition connects with the Magnet survey results citing that nurses need to feel they are making a difference and contributing meaningfully to the lives of their patients. Hardiness has an interesting connection with mindfulness as mindfulness is related to coming to terms with our own lack of control. However, being mindful helps to manage (and, in a sense, control) our emotions, thoughts and worries through being present in the moment. This contributes to the idea of hardiness and having a sense of control; mindful helping professionals have control over their own mind-wandering, ruminations and unhealthy thought patterns.

**Benefits of Mindfulness**

As indicated above, much of the research in mindful practices points to how our brains can be rewired and changed. Generally, mindful practices have three main areas of effect.

- A person’s ability to express oneself in social situations and display more empathy is improved.
- Mindful action and social anxiety are negatively correlated.

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117 Ibid., 109.
• Mindful practices lead to better identification and description of feelings which, in turn, lead to less distress contagion.\textsuperscript{118} The level of effect of each of these areas is dependent on frequency and length of practice.

Mindful practitioners of Kabat-Zinn’s MBSR program reported a 63% improvement in personal relationships and a 73% improvement in self-confidence.\textsuperscript{119} Another study of MBSR participants found that the “moment by moment awareness provides a richer and more vital sense of life” and “increases the validity of one’s perceptions.”\textsuperscript{120} Perceptions that otherwise tend to get cloudy as we miss the truth of the present moment.

While the MBSR studies are helpful, the MBSR program can be an unrealistic time and energy commitment for staff that is already feeling depleted. Keune and Forintos did an extensive research study in how long and frequently relatively healthy individuals need to practice mindfulness in order to experience


\footnotesize{\textsuperscript{119} Alberto Chiesa and Alessandro Serretti, “Mindfulness-Based Stress Reduction for Stress Management in Healthy People: A Review and Meta-Analysis,” \textit{Journal of Alternative and Complementary Medicine} 15, no. 5 (2009): 597-598. Kabat-Zinn’s MBSR program requires 45 minutes of daily practice, six days a week for an eight week period.}

positive effects. The study evaluated participants for benefits like elevated attentional resources, affect tolerance, emotional awareness, reduction in ruminative thought patterns, and improved self-regulation.\textsuperscript{121}

The study grew out of the Buddhist tradition in which the monks are motivated to transport their mindfulness training from formal mat sessions to everyday life so mindfulness becomes a habituated way of being in the world. There were two study groups: one with a formal daily meditative practice and another who incorporated mindfulness into their daily routines.

The researchers found that in both studies the formal and informal practitioners experienced benefits of mindful practice. The frequency of practice had a strong positive correlation with an increase in mindfulness in both groups; i.e., regularly practicing leads to significant positive change. The session duration did not show significant correlation with an increase in trait mindfulness. It was not the quantity of time spent, but the quality; everyday practitioners scored significantly higher on all scales of the positive emotionality cluster.\textsuperscript{122} While Kabat-Zinn’s program of 45 minutes of daily practice for eight


\textsuperscript{122} Keune and Forintos, “Mindfulness Meditation”.
weeks may be an unrealistic goal, there are less onerous means of incorporating present moment awareness into our daily lives.

An increase in mindfulness correlates with improvements in a person’s “ability to reduce mental preoccupation with day-to-day stressors may be a contributing mechanism through which mindfulness affects symptoms change and well-being.”123 This improvement in well-being is experienced soon after the mindful practice; some felt increased positive effects the next day.124 Mindfulness has a long term effect on one's perspective of stresses and concerns by helping us to put our concerns in their proper place in our lives rather than being overrun by them. However, mindfulness also makes a difference in how we approach stress and helps us to step back from being caught up in the storyline. The benefits of mindfulness are long-term, short-term, and immediate.


Chapter 3. Spiritual Traditions of the Practice of Contemplation

The spiritual traditions of contemplation are rich, running deep through Christian mysticism with many strong examples of contemplative mystics and practitioners. Contemplative thought has gone through a resurgence in the twentieth century that has developed into the current practices of mindfulness. As the Holy Spirit works in contemplation, the Spirit also works in mindfulness to move people to a place of engaged separation.

History of Christian Mysticism\textsuperscript{125}

In approximately 2500 BCE, the idea of a loving, personal relationship with the Divine is apparent in India and Egypt as well as being recorded in the Psalms and Song of Songs. Karl Jasper refers to this period as the Pre-axial Consciousness as most people experienced their union with the Divine and Reality through myth, poetry, dance, music, fertility, and nature... Although living in an often-violent world and focusing on survival, people still knew that they belonged to something cosmic and meaningful. They inherently participated in an utterly enchanted universe where the ‘supernatural’ was everywhere.\textsuperscript{126}


In both the East (through Hinduism, Taoism, and Buddhism) and the West (through thought, reason, and philosophy) people enjoyed a “very real unity with the Divine on many levels.” Rohr records how the Israelites, possibly as early as 1200 BCE, recognized enlightened figures like Moses and Isaiah, but were also finding meaning in their own participation in a relationship with God.

This loving participation and unity with the Divine is a form of mysticism and contemplation. The people of Israel in biblical times were thoroughly non-dualistic as were the Jews of Jesus’ day despite being steeped in a Hellenistic, dualistic culture. Jesus was a strong no-dual teacher who practiced a contemplative, participatory relationship with God. Rohr writes, “The divisions, dichotomies, and dualisms of the world can only be overcome by a unitive consciousness at every level as Jesus prayed in John 17:21 ‘that all may be one.’” The Apostle Paul wrote of this universal principle in his letters as “there is a variety of gifts, but it is always the same Spirit” in 1 Corinthians 12:4. This non-dualistic setting was fertile setting for contemplation and mysticism.

However, despite being evident in Jesus’ teaching and in New Testament writers, Christian mysticism saw ebbs and flows throughout the second to

127 Rohr, “On the Evolution of Mystic Consciousness.”

twelfth centuries as mysticism and monastic orders vacillated in popularity. Meditation, affective prayer, and contemplation became separate exercises with individual aims, methods and purpose. *Lectio divina* became the standard way of prayer.

In *lectio divina*, Scripture is read with a meditative reflection on the text’s meaning. Affective prayer, as the spontaneous movement of the will, was separated from the practice of contemplation that involved resting in the presence of God. The dualistic way of prayer divided these three movements into discrete practices, rather than the non-dualistic understanding of all three movements flowing together. Contemplation started to be thought of as a special kind of gift reserved for the few rather than as a natural part of a person’s prayer life.

In the 13th to 16th century, there was an explosion of mysticism with well-known persons like Meister Eckhart, the Franciscan Hermits, Teresa of Avila, and John of the Cross. Yet with the Enlightenment of the 17th century, dualistic thinking became almost entirely dominant; everything could be defined, understood, and qualified. All mystical thought was considered dangerous.\(^\text{129}\) No significant investigation or practice of contemplation occurs for almost 200 years. Prayer became very systematic until the twentieth century when non-dual

\(^{129}\) Rohr, *Silent Compassion*, 75.
thinking, acting, and reconciling based on the inner experience of the Divine was rediscovered. Figures like Thomas Merton, Abraham Herschel, Elkhart Tolle, Helen Keller and Mother Teresa emerged.  

**Non-Dualistic vs Dualistic Thought**

Rohr wrote, “Non-dual or contemplative consciousness is not the same as being churchy, reflective, or introverted.” Rather, non-dual thinking entails being aware of the present without judging or labeling which is not something that comes easily to people who are used to constantly weighing and judging all they experience.

Most of us think we are our thinking, yet almost all thinking—even among highly educated people—is repetitive and immensely self-referential. That is why all forms of meditation and contemplation are teaching us a way of quieting this self-protective and self-aggrandizing mind. After a while, we see that this repetitive process cannot get us very far, simply because reality is not all about us and our preferences!

To have a non-dual mindset means that we don’t label or eliminate anything that we don’t like or find threatening; rather, we hold everything – what we call good and bad – all together and accept it all as the present.

The dualistic mind is really how we function in our daily lives because it is that practical, either/or, black and white thinking patterns that many of us

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need in our workplace. In the context of healthcare, nurses and staff need policies, procedures, and clear paths of treatment to function. However, the dualistic mind is essentially binary and “knows by comparison, opposition, and differentiation” yet we live in a world that is not binary or simple.

The dualistic mind pulls everything down into some kind of tit-for-tat system of false choices and too-simple contraries, which is largely what fast food religion teaches, usually without even knowing it. Without the contemplative and converted mind—honest and humble perception—much religion is frankly dangerous.  

The rediscovery of the non-dual thinking, acting, and reconciling based on the inner experience of God that happened in the 20th century was mind-blowing. People are used to constantly weighing and judging all they experience. Hence, the idea of a God who is more complicated and nuanced than the previous binary, dualistic understanding was a challenging concept.  

**Mysticism from the Twentieth Century Forward**

Rohr refers to the twentieth century as the time when the “two hemispheres of the Body of Christ” join in an “interface between East and

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With a rediscovery of non-dual thinking, acting, reconciling, and bridge-building, prayer and contemplative thought moved back to being based on the inner experience of God. The meditative contemplative of the East connected with the Western dualist. Thomas Merton observed that

his very humanity continues to tell him that life has a meaning…our life, as individual persons and as members of a perplexed and struggling race, provokes us with the evidence that it must have meaning…Yet our purpose in life is to discover this meaning, and live according to it. We have, therefore, something to live for.\(^\text{136}\)

To truly connect with this sense of meaning, we need to connect with our inward selves and thoughts:

We are warmed by fire, not by the smoke of the fire...so too, what we are is to be sought in the invisible depths of our own being, not in our outward reflection in our own acts. We must find our real selves not in the froth stirred up by the impact of our being upon the beings around us, but in our own soul which is the principle of all our acts.\(^\text{137}\)

Merton calls humanity to live in the present moment with an eye towards our inner lives to find our God-given purpose and life’s meaning.\(^\text{138}\)

\(^{135}\) Rohr, \textit{Silent Compassion}, 76. Ironically, as faith and spirituality are becoming more non-dualistic, healthcare is becoming more dualistic as there are more procedures, policies, and ‘best practice’ guidelines. A rising concern in the healthcare literature is that the current culture of dualistic thinking will inhibit individual discretion and wisdom. However, it is not easy to enter into a culture of healthcare staff with dualistic mindsets to challenge them to adopt a non-dualistic mindful perspective.


\(^{137}\) Merton, \textit{No Man Is an Island}, 117.

\(^{138}\) Merton makes an important distinction between balancing being inwardly-conscious and at the same time not becoming navel-gazers who do not look up or look out.
Carl McColman, a twenty-first century non-dualistic voice, wrote, “The goal of the Christian mystic/contemplative is always around a journey metaphor.” McColman has a realistic perspective on the challenges of a contemplative practice: “The goal of the journey is, at least in part, to have no goal; the purpose is not so much to find God as to find ourselves in God.” McColman informs readers that having a spiritual awakening is a gift we receive and not a goal we attain. And he warns us that this spiritual awakening does not necessarily happen all at once; just as how our bodies have a natural rhythm of falling asleep and waking up, our souls often have that same kind of rhythm.

McColman, like other twentieth century mystical writers, is acutely aware of the hum and clutter of our internal worlds and refers to us as “mentally obese.” Finding ways to breathe a bit of space in between the clamor and the


140 McColman, *Answering the Contemplative Call*, xiii.

141 Ibid., 17.

142 Ibid., 32.

143 Ibid., 129. In my context of healthcare staff, to work on a practice that does not have a goal is a bit terrifying; in the hospital you always have a goal. There is always some kind of outcome that staff is hoping to achieve during their shift so the idea of a more esoteric, ‘out there’, intangible process rather than a defined goal seems daunting. And yet this could also be a mindset change that flows into a heart/lifestyle change. McColman discusses how contemplative practice starts with the heart and soul – not with the mind and thoughts – as he introduces the concept of beholding the mysteries of God.
din can seem insurmountable. Contemplative silence is always with us, according to McColman, whether or not we recognize or acknowledge it; like Richard Rohr’s idea that silence is not something we push to attain but something we seek to be given. A sense of the silence is in us and once we learn to hear it, we will hear that silence amidst the noise.

Finding silence and space within ourselves amidst the clutter and noise of our lives is a common theme of current contemplative thought. Laird pens,

The mind’s obsessive running in tight circles generates and sustains the anguish that forms the mental cage in which we live much of our lives – or what we take to be our lives.

Our minds tend to be spinning and whirling all the time without much opportunity to slow and pause; silence becomes so elusive because our minds are never silent.

Constant mental movement is a struggle of the human condition inherent to us all. Laird writes, “contemplative practice does not produce this ‘hidden self’ but facilitates the falling away of anything that obscures it.” God is already within us; God is the great silence that we are trying to return to as we

144 Ibid., 93.
145 Ibid., 95.
146 Ibid., 20.
147 Ibid., 8.
clear away the obscuring weather and clutter. “This silence, as R. S. Thomas tells us, is where we live best, within listening distance of the silence we call God.”

Building on the centering prayer movement and the work of Thomas Keating, Laird refers to centering one’s contemplative practice around a prayer word. The goal of a prayer word is to become united with one’s prayer word (or phrase) so eventually one will become accustomed to returning to their habit of stillness regardless of what chaos is happening around them. By focusing on a particular word or phrase, it will become less of a mental saying and more part of one’s awareness. According to Laird,

The stillness of the prayer word allows not only the resentful thought to be spotted, but also the mental-emotional pattern that undergirds the thought...The bottom line is this: minimize time given over to chasing thoughts, dramatizing them in grand videos, and believing these videos to be your identity. Otherwise life will pass you by.

Laird’s insights into the benefits of stilling our minds hold many similarities with the secular insights of the benefits of mindfulness: low blood pressure, slower pulse, greater emotional tone, and getting over things more quickly. Also, Laird observes how when we work through the obstacle of our hurried, crazed minds to find greater stillness, we are less caught in the storyline

148 Ibid., 45.
149 Ibid., 62 and 71.
150 Ibid., 60.
of our lives. When we can “see the spinning of stories in our heads,”\textsuperscript{151} and “name the thought instead of spinning a commentary about it…then we have a much better chance of simply letting go of the thought and returning to our practice.”\textsuperscript{152}

Laird, McColman, Merton, and Rohr are only the tip of the iceberg among Christian contemplatives as the Church at large is slowly awakening to the historic practices of the contemplative life. The religions of Buddhism and Hinduism also have insight and perspective on mindfulness that connect to spiritual contemplation. Rohr writes,

\textit{A Second Axial Age} might just be emerging. Yes, some is immature, some is syncretistic, some is ungrounded, some not integrated, but the steps toward maturity are always and necessarily immature. The Holy Spirit is still evolving consciousness and teaching us how to prayer.\textsuperscript{153}

\textbf{Work of the Holy Spirit in Mindfulness}

The Holy Spirit is essential to contemplation as the Spirit “frees you from taking sides and allows you to remain content in the partial darkness of every situation long enough to let it teach you, broaden you, and enrich you.”\textsuperscript{154} In the mystical tradition, folks were not fighting about doctrine and theological ideas,

\begin{flushright}
\textsuperscript{151} Ibid., 63.
\textsuperscript{152} Ibid., 82.
\textsuperscript{153} Rohr, \textit{Silent Compassion}, 76.
\textsuperscript{154} Ibid., 11.
\end{flushright}
but were interested in discovering the best ways to find inner quiet. Their practices were not merely attempts at inner quiet, however, but practices to connect them with the great silence within us all that is God.

Silence….is not fighting about any doctrine, but agreeing not to fully know, and not to speak too quickly…When you go deep in one place, you invariably fall into the deep and common underground stream.155

Perhaps they were disposed to contemplative practices because they had to deal with more uncertainty in life; all was not scientifically explained and neatly packaged as it often is today.

Laird also emphasizes the communal aspect of contemplation; the practice of contemplation does not draw us away from others, but, rather, draws us towards others. “The closer I journey to the Center the closer I am to both God and others.”156 This is an important insight for critics who see contemplation and meditation as a solitary exercise where one is seemingly unengaged with others. Laird quotes Steven Levine:

true healing happens when we go into our pain so deeply that we see it not just as our pain, but everyone’s pain. It is immediately moving and supportive to discover that my pain is not private to me.157

155 Ibid., 19, 40.
156 Laird, Into the Silent Land, 12.
157 Ibid., 109.
The idea of contemplation leading toward community is reflected in the current studies of mindfulness, further illustrating that the Holy Spirit is at work through the practice of mindfulness.

**From Mindfulness to Contemplation**

Although not typically considered in the mystical school of theology, John Calvin wrote of a sense of God awareness in his multiple dialogues about consciousness. Calvin, viewing consciousness as both a faculty and a particular sort of awareness, wrote, “As works have regard to men, so consciousness refers to God.”\(^{158}\) Too often current practitioners of mindfulness try to separate self-awareness and consciousness from the soul; they try to “neuter the concept of conscious” according to theologian Matthew Lee Anderson.\(^{159}\)

Consciousness and the soul cannot be separated; we need the God-oriented aspect. “For Calvin, the conscience is a middle ground precisely because as a faculty of the soul, it reaches beyond itself and makes us aware of our standing before God.”\(^{160}\) Anderson writes,

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\(^{159}\) Anderson, “Our Neutered Conscience.”

\(^{160}\) Ibid.
Our contemporary understanding of ‘conscience’ has none of that. So what are they left with? Only themselves, and their history. They are by themselves and for themselves, and so can be nothing other than curved in on themselves.161

While modern mindfulness practitioners have a sense of self-awareness and conscience, without the intentionality of contemplation, a mindfulness practice loses substantive meaning. Carl McColman put it well:

By trying to be generic and secular, the practice of mindfulness loses its philosophical focus and becomes a feel-good technique of calming oneself in the moment. Having a spiritual focus – whether Christian, Buddhist or otherwise – gives mindfulness its transformative, life-shaping, life-altering character.162

Likewise, anchoring contemplation in the Christian tradition, Richard Rohr sees it as a way of experiencing oneness with God, overcoming the obstacles of a dualistic mind. Rohr notes that dualistic thinking clutters and distracts us from God, neighbor, and ourselves. A dualistic mind can make us very judgmental and negative individuals who do not experience transformation but transmit our pain to others. Rohr believes that the ego loves to take sides and to divide, yet truly finding one’s silence in a contemplative practice doesn’t allow one to take sides.163 Our minds tend to insist on a scapegoat or

161 Ibid.


163 Rohr, Silent Compassion, 7.
someone/something to blame, the “bad fruit of dualistic thinking.” Unlike mindfulness practices, a Christian contemplative practice has a certain *telos* or goal of spiritual transformation and union with God.

The current mindfulness trend has good instincts. There is a noble attempt to silence the busyness of the mind (in a world where information, culture, and senses are being blasted continuously with new data) in order to find that great silence within each of us. Mindfulness hopes to pay closer attention to the present moment with its feelings, sensations, and emotions. In secular mindfulness,

the focus is on self-awareness and self-management by developing attitudes of self-acceptance and compassion towards others. Christian contemplative practices focus on awareness of God and self in relation.\(^{165}\)

Hence, secular mindfulness is promoting self-awareness while Christian contemplation is promoting a self-and-God-awareness, union, and spiritual transformation. The benefits of both practices may be similar, but the intentions and transformational goals are quite different.

**The Spirit in Mindfulness**

\(^{164}\) Ibid., 38.

The ministry of contemplation, or presence with Christ, has found secular imagination through mindfulness practices. In order to be a missionary to a hospital, I am recognizing the translation of contemplation to mindfulness. In this, I must trust in the power of the Holy Spirit that the work of Christ in contemplation is similarly at work in mindfulness. Even if the individuals are not practicing distinctly Christian contemplation, the Holy Spirit is still at work bringing about transformation. Because we believe, as Augustine wrote, that “God is more near to us than we are to ourselves,” so perhaps mindfulness leads people to a deeper sense of their own depths, a deeper awe, and maybe even a taste of God. Dr. Chuck DeGroat wrote in a blog entry,

In Christ and by the Spirit, God now dwells in humankind. But while God is completely at home in us, we are often away. We live anxiously, on the periphery of our lives, trying to navigate our messy realities on our own terms…and it’s exhausting.¹⁶⁶

I believe, through the practice of mindfulness, through growing our awareness, the Spirit can work to awaken and grow belief.

Chapter 4. Engagement Study Results

The purpose of the engagements was to measure the effectiveness of mindful practices for mitigating burnout and compassion fatigue among healthcare professionals. Participants were chosen from the CVICU staff who have direct patient contact. I used participatory action research and hoped to increase the well-being of direct patient care staff. This increase in staff well-being would also influence the well-being of patients and families.

Brief Summary of the Two Engagements and FFMQ

Both engagements with mindful practices happened with CVICU day staff and some staff participated in both E1 and E2. E1 was a two-day process with 8 staff participating and E2 was a four-week study with eight staff participating. Both E1 and E2 were asked to practice one of the six mindful practices that were outlined and explained in their pre-engagement training.\(^\text{167}\) The FFMQ was administered to all participants at the beginning of each engagement.

Although described in detail in Chapter 1, a brief reminder of the five facets of mindfulness measured by the FFMQ is needed. FFMQ measures

\(^{167}\) The pre-engagement training consisted of actually practicing five of the six mindful practices as a small group; the practice of a silent work commute was not practiced beforehand for practical reasons. The engagement evaluation forms and the FFMQ were included and explained. The informed consent letter was also signed at this training. More details on the setting, atmosphere, and general feel of the trainings is included in the conclusion chapter.
Observing, Describing, Acting with Awareness, Nonjudging of Inner Experience, and Nonreactivity to Inner Experience.

**Multiple Starts of Engagement Studies**

Before giving the results, it seems important to consider the difficulties starting each of the engagements. On the initial weekend that E1 was planned, the Joint Commission on the Accreditation of Healthcare Organizations (JACHO) had just come for an unplanned accreditation visit so the engagement was delayed for two weeks. E2 was started three times. For the initial start of E2, participants were asked to get their materials from the staff breakroom; 8 staff signed the informed consent letters. There was little follow through, so for the second E2 start I made individual folders for all the participants (same 8 staff from the initial start plus two additional staff). The second start of E2 also produced few results so for the third attempt to launch E2, I gave individual folders with a general completion outline so staff could start the engagement when they wanted and then complete the four weeks. All starts had multiple reminders both verbally and through Facebook.

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168 JACHO is a nonprofit 501 organization that accredits more than 21,000 US healthcare organizations and programs. Most hospitals, after a Joint Commission visit, can expect to receive a list of citations that they need to rectify in a short time frame. JACHO will come back in 30 to 90 days to review any improvements that have been made. A JACHO visit would seem like a stressor that would be the ideal environment for a self-care practice; however, staff was too stressed to begin another project of any sort after the JACHO visit. The consensus with participants was to wait to start for two weeks to give some space between a new project and the JACHO visit. Consequently, rather than start in the middle of July, E1 was started towards the end of July.
Engagement Results for E1 and E2

The FFMQ was given to staff members because of its multi-faceted approach to mindfulness measurements. FFMQ examines observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity of inner experience.

Overall, there was limited study participation and almost no results were generated because of a lack of participation. However, all ten participants expressed intentions of starting and appreciated the reminders that they needed to start. The table below shows the results of each participant:

<table>
<thead>
<tr>
<th>ID</th>
<th>Initial FFMQ Completed</th>
<th>Mindful Practice</th>
<th>Comments E1 and E2</th>
<th>Extenuating Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B</td>
<td></td>
<td></td>
<td>I am just too busy for something else. I wanted to but I can’t fit it in. I never started.</td>
<td>1B had an extra-marital affair (with multiple break-ups and reunions) with 8S which result in 1B changing positions at work and 8S changing to a different nursing floor.</td>
</tr>
<tr>
<td>2 M</td>
<td></td>
<td></td>
<td>I think the only way we would really do it would be to have you here for the whole shift reminding us. It is a good thing – we just don’t remember. I wanted to</td>
<td></td>
</tr>
</tbody>
</table>
participate. I really think it is good.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3E</td>
<td>X</td>
<td>Switched roles to be part-time in the CVICU and a part-time flight RN.</td>
</tr>
<tr>
<td>4K</td>
<td>X</td>
<td>I think we tend to put everything else ahead of ourselves. Switched roles to be a floor RN and weekend nursing supervisor</td>
</tr>
<tr>
<td>5T</td>
<td>once</td>
<td>Passed nursing boards and started on night shift. Also, 5T and 2M were dating during the engagements. 5T propositioned another staff person during the engagement starts; while I do not know the full repercussions this had on 5T’s relationship with 2M, it must have had some.</td>
</tr>
<tr>
<td>6L</td>
<td>Once</td>
<td>Discovered she has gestational diabetes.</td>
</tr>
<tr>
<td>7N</td>
<td>X</td>
<td>Once I don’t know if I ever really understood what I needed to do. I was in the class when you taught us but I didn’t pay good attention.</td>
</tr>
<tr>
<td>8S</td>
<td></td>
<td>See comment for 1B</td>
</tr>
<tr>
<td>9R</td>
<td>X</td>
<td>Once I thought the month long one would be better because I could</td>
</tr>
</tbody>
</table>
Five of the ten participants completed the initial FFMQ (given at the onset of both engagements and five of the participants used a mindful practice once after the engagement started. There was almost no staff participation although nine out of ten participants expressed regret at not having been able to participate in either engagement. Put simply, out of ten participants, two had extra-marital affairs, one made poor relational choices that negatively affected another participant, two had unexpected medical concerns, and two had job changes. I was unable to do a post-engagement interview with 8S. Currently, there are 17 travel nurses in the CVICU because the staff turn-over has been so significant.169

For the five FFMQs that were completed (as well as the additional 6th FFMQ that I completed), there was a disturbing trend of low mindfulness overall. The below diagram illustrates the data:

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169 Travel nurses are individuals hired to fill staffing gaps for a limited period of time; they are contracted through a travel staffing agency. Generally, travel nurses are skilled, adaptable nurses; however, they are not usually as invested in the long-term culture and environment of their workplace because they are only a temporary employee.
The gold line represents my personal scores which vary from those of the staff people with direct patient care. The five staff members follow a rather similar trajectory.

Because my sample size was so small, the FFMQ scores were compared to a larger study done by Business Minded (an internationally-affiliated workplace mindfulness training organization based in the UK). The table below illustrates the comparison scores. The “Engagement” score is the mean score of the five participants who completed the FFMQ. The “Business Minded” means are the mean value of those who have taken the FFMQ through the Business Minded
website prior to any mindfulness training given by Business Minded.\textsuperscript{170} The author’s personal FFMQ mean scores are give as well.

As illustrated by the table, the five Memorial Hospital staff scored lower than the Business Minded survey results in four out of five mindfulness factors. Those participating in the Engagements only scored higher in the category of nonjudging their inner experience. The most significant gap between the Business Minded participants and those of the Engagements was in the category of acting with awareness.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart.png}
\caption{Comparison of mindfulness scores between personal and survey results.}
\end{figure}

\textsuperscript{170} “Your FFMQ Results”, accessed December 19, 2018, https://www.business-minded.co.uk/here-are-your-ffmq-results/.
Chapter 5. Conclusion and Further Research

Challenges to Engagements

The lack of results and participation in my mindfulness study seems to stem from a variety of issues; however, all the ‘reasons’ behind the minimal participation ultimately go back to a lack of intentionality. People put time and effort into things they care about; what prevents us from investing that is often because the goal we have set to achieve does not seem to merit the time and effort. Overall, while staff saw the value of being more mindful, the study showed that becoming more mindful did not seem to justify the time and effort required.

In reviewing my ten participants, three had job changes that they felt precluded their participation; 3E, 4K, and 5T. Although all three stayed in direct patient contact positions (4K, despite being a supervisor with less direct patient care, was still doing one day of floor nursing each week), all three felt they were too busy mentally making the role transition. Two of the participants (6L and 9R) experienced health-related concerns that occupied much of their mental and emotional space. Only three of my participants had more low impact reasons for not participating; they were simply too busy and too distracted which are reasons I anticipated that some of my participants would have.
Interestingly, 1B, 8S, 2M, 5T, and 9R all experienced relational changes and stressors that contributed to their non-participation. 1B and 8S had an affair that got divisive and messy for the CVICU staff who picked sides and got pulled in. 9R was in a relationship with a doctor who is regularly part of the CVICU medical team which brought about conflict on the unit when 9R and the doctor went through multiple messy, complicated break ups. 5T, although he seemed to be in a healthy dating relationship with 2M at the time of the engagements, has demonstrated some unhealthy dating behaviors during the study as indicated in the results chart.

It strikes me that 50% of my participants – all who expressed initial interest in becoming more mindful – have poor sexual and relationship boundaries. Much of the divisiveness caused by these relationships on the CVICU was because the participating staff over-shared their drama and relational troubles both in the CVICU and on social media.

Mindfulness is a mental-boundary setting practice as it involves setting boundaries around our mind’s natural tendencies towards clutter, worrying, and rumination. It would seem that to develop a more mindful sense of being would help to increase the personal boundaries of staff. As we become more mindful and responsive, we become less reactive and less quick to post on social media in ways that are over-sharing and poorly thought-out.
Also, part of feeling too mentally busy and stressed can be mitigated by increased mindfulness as we are not wasting our mental and emotional capacity on worrying or ruminating. However, because of the time and effort that mindfulness requires, participants must feel like there is some tangible gain early on in order to put forth later effort. Further research demonstrated the challenges of self-care and mindfulness as articulated below.

**Challenges of Practicing Self-Care**

**Commitment of Time and Effort**

Self-care, mindfulness, and mindful practices all require effort and work. Mindfulness is not a complicated practice, as demonstrated in the five mindful practices offered, yet it requires commitment and effort to put into practice. As counselor and blogger, Dr. Alicia Clark, notes,

> Self-care takes work – be it getting your day behind you to get to bed on time, planning, shopping for, and preparing healthy meals, or keeping up with an exercise routine. When you are tired, and perhaps most in need of self-care, is exactly when exerting effort for anything can feel like an especially tall order – even if you know it will help you feel better on the other side.  

One cannot simply wish for a more mindful state and it will happen. The levels of effort put into a mindful practice can vary greatly, yet some amount of effort has to be put forth.

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One of the night shift nurses (she did not participate in the engagements as they happened during the day) had some insight into the effort that self-care takes and why it is difficult for nursing staff:

Because taking care of ourselves is not always a physical aspect...as passing meds or giving someone a bath or helping someone to the bathroom or...etc etc etc...our self care has a deeper meaning.172

This nurse went on to describe how it is “easier to accomplish the physical because caring is part of our job.”173 Of the six staff that participated in the follow-up interview, five acknowledged that time and effort were factors in participating in better self-care and mindful practices.

The History and Bias Against ‘Self-Care’

A second challenge to practicing mindfulness and self-care is the bias that comes with this practice. Audre Lorde, a feminist and writer in the 1960s, wrote the provocative phrase about self-care: “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.”174 Lorde was a proponent for the self-care of loving oneself as she learned to love herself as a gay, black woman in America.

172 B.E., Facebook message to author, October 23, 2018.

173 Ibid.

174 “Audre Lorde, unknown.”
In the 60s and 70s, self-care meant loving and caring for oneself in a culture or society that did not automatically love or care for a person. The self-care movement of today started with the causes of civil rights, women, and the LGBTQ community. “For members of the resistance who were fighting against discrimination and prejudice, the idea of being able to be healthy – both mentally and physically – was the very basis of their fight for equality.” Self-care was connected to a movement towards equality.

More recently, self-care has resurfaced everywhere through the #selfcare movement. Writer Jordan Kisner observed, “‘self-care’ rose as collective social practice in 2016 alongside national stress levels” as articles on self-care and online self-care guides were everywhere. The term “self-care peaked in Google searches the week after the election” and *Time* published a think piece on its popularity.

This historical sketch illustrates the shift from self-care as part of a politically-engaged equality movement to #selfcare as individual stress relief.

Suddenly, one could buy not only a 2017 Self-Care Planner but “self-care temporary tattoos” in the shape of Band-Aids bearing reassurances like “This too shall pass” and “I am enough.” In late November, a group of gamers and programmers participated in an online “Self-Care Jam,” in which they made affirming ephemera for the Web, including a video...

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game intended to teach people to take care of themselves in the morning and a @selfcare_bot that tweets hourly affirmations (“No matter what, you need to do what’s best for you”).

While the #selfcare slogans of ‘self-care isn’t selfish’ and ‘I can’t fill your cup if mine is empty’ sound good, the movement has become overly self-focused to draw one inward instead of into deeper community which is the intention of mindfulness and present moment awareness. Some common captions on #selfcare posts are ‘completely unconcerned with what’s not mine’ and ‘but first, YOU’ which point towards this inward-focus. Kisner describes the following:

I recently spotted another hashtag right next to #selfcare: #lookoutfornumberone. The image was an illustration of a pale, thin girl with a tangle of wildflowers growing from the crown of her head, reaching up with a watering can in one hand to water her own flowers.

Self-care, when done poorly, turns us into the naval-gazers that Thomas Merton described, and it develops into the current bias often felt against self-care.

Kristen Neff recognized this concern as she describes how individuals are “less sure about self-compassion” because it carries the whiff of all those other bad ‘self’ terms: self-pity, self-serving, self-indulgent, self-centered, just plain selfish. Even many generations removed from our culture’s Puritan origins, we still seem to believe that if we aren’t blaming and punishing ourselves for something, we risk moral complacency, runaway egotism, and the sin of false pride.

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177 Kisner, “The Politics of Conspicuous Displays of Self-Care.”

Too often indulgence gets confused with taking care of ourselves and being mindful. One of the staff members, 7N, articulated this challenge well:

We’re Type A personalities. We want everything to be perfect. We want everyone around us to be happy. And we feel like if we take time to care for ourselves while others are struggling with anything then we are selfish. The problem is everyone is struggling at some point or another so there’s never a good time to take care of ourselves. We also think all of our friends got it together and if he/she can juggle 20 different things then why can’t I? If he/she can do it and I can’t, then I am weak.  

Too quickly, taking care of ourselves can either become a self-only focus with no sensitivity to the vulnerabilities of others, or it can be something we never attempt because we assume self-care is a crutch.

When done well, self-care becomes a movement toward whole-hearted living and all the benefits that were discussed in earlier chapters. There is a different orientation and focus as

when you endorse yourself as both vulnerable and worthy, especially when that endorsement feels hard, you can grant that same complex subjectivity to others, even to people whose needs and desires are different from your own. At its best, the #selfcare movement offers opportunities to see and care about vulnerability that’s unlike yours.

Personal Challenges to Practicing Self Care

Although I was not an official signed consent member of the mindful practice project, I was still part of the study group. As a facilitator, one could

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179 Interview with N.R. on November 5, 2018.

180 Kisner, “The Politics of Conspicuous Displays of Self-Care.”
easily assume that I have an exceptional level of self-care practice and mindfulness. While my scores in four of the five facets of mindfulness measured in the FFMQ were higher than that of the 5 other Memorial Hospital staff members, my score was lower in the area of acting with awareness.

When I reflect back on my results, I see both the challenges to a self-care practice that were brought up in the earlier section. First, I often feel like I do not have the time to invest in a mindful practice. I am always talking, working, thinking, writing; my own mental weather can be so cloudy that being aware of my feelings and the present moment feels like a big ask.

Despite being aware of the importance – despite naming the importance in my project proposal – I was not practicing mindfulness. To be honest, I thought I already had mindfulness wrapped up. As the one running the mindful practices, I assumed that I had the practice down; I thought I was taking the FFMQ to provide a baseline of what trait mindfulness looks like.

Secondly, being mindful really does take effort. I have spent three years honing and searching for the practices where you get the most bang for your buck; mindfulness that would work with the least effort and the most gain. Yet, some effort must be involved for there to be gain. It is not a foregone conclusion that by thinking about being mindful, one will become mindful. Our brains are
not stuck in their current patterns of thinking, but they are also not magically changed into other, more healthy patterns.

Kabat-Zinn’s MBSR training for 45 minutes per day seems a bit unrealistic to me, yet some effort is involved. Participants who said “yes” to my project wanted to be more mindful individuals and many of them clearly stated the value they felt mindfulness could bring both personally and professionally. But the effort involved was too much. Personally, to find time and energy to make the effort of mindfulness can feel like too much for me – and I know the value of it.

As one of the subjects of my own research, my personal lack of mindfulness felt telling. I stated in the first chapter how I felt like my own mindful practice was at a very low point when I started the research project, and, looking back, I can see how that affected my own research. I was trying to teach a way of being that I was not practicing myself. And I wonder how much of my own lack of mindfulness was evident in my research. It seems like my own lack of mindfulness may have affected the research in two ways.

First, the pre-engagement trainings were more hurried than what they should have been and they did not happen in ideal locations. I was feeling pressured to get the engagement underway so the mindful practice happened during trauma season (a notably busy time in the hospital) and I did not want to
inconvenience staff. So the pre-engagement trainings would happen as part of their work day in their breakrooms. This was a notoriously busy location and, while I wanted staff to practice mindfulness at work, the trainings needed to be separate from their work environment. Looking back, I needed to help them practice mindful skills way from their workplace so that they could incorporate those skills back into work. The trainings could happen on the hospital campus but not in the staff breakroom.

Second, I was trying to teach staff mindfulness – a skill that I had thought about and researched and explored and studied by the book and not by embodiment. I was busy doing ‘head activity’, while mindfulness is not a skill to attain by thinking about being mindful. To be blunt, I was trying to teach what I was not practicing; a spin on the phrase ‘those who cannot do, teach’. Perhaps rather than trying so hard to create a program of mindful practices, I need to live out mindfulness that can be absorbed rather than taught.

The Compassion Paradox

As early as 2013, professionals started to consider and document the concerns that a lack of self-care and mindfulness could have on healthcare professionals. Robert McClure voiced these concerns:

As the healthcare train barrels full speed into the future, some think that it is a train wreck in slow motion. Even if it is not, healthcare givers may experience it that way. Not only are there political and financial
challenges to transforming care for the US population, but ominously the care delivery system could end up with wounded or absent caregivers.\textsuperscript{181}

McClure made these observations five years ago; there have been many rapid advances and changes in healthcare since. In 2012, \textit{JAMA Internal Medicine} published the first comprehensive study of physician burnout: 46\% reported at least one symptom of burnout and “research suggests that physicians are more likely to burn out than any other category of workers in the US.”\textsuperscript{182}

Dr. Leif Hass, a family medicine doctor and hospitalist in Oakland, California, recognized the occupational hazard of connecting compassionately as caregivers:

Healthcare is inherently compassionate, and yet the very sense of connection with patients that can make us effective caregivers can lead to feelings of stress and burnout—which then undermines our ability to be compassionate. This is a paradox that can be broken into two parts. In the first, our work pushes healthcare providers to jump to problem-solving mode when spending time simply witnessing the suffering is a best first step to help patients. This tension leads to the second part of the paradox: We need to engage intellectually and emotionally with suffering, but we simultaneously need some detachment from outcomes. \textsuperscript{183}

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Hass refers to studies done by Richard Davidson that illustrate how experienced meditation practitioners can feel extensive compassion while keeping a calm base level. Hence, mindful practices and interventions have emerged to develop resilience and compassion as seen in the work of chapters 2 and 3.

Most healthcare systems have a mission statement that includes the idea of compassion and care for others; Memorial Hospital in South Bend, Indiana is no different. As part of the Beacon Health System, Memorial Hospital is “guided by a mission to improve the quality of life for the people of our community.”  

Improving another’s quality of life involves connection with that other and compassionate care; compassionate care is expected from the Memorial Hospital staff. However,

in most organizations no efforts are made to help providers truly understand it [compassion]. We need our institutions to create an environment where providers can learn to foster a mindful presence, understand their own emotions, cope with uncertainty and then express compassion—that is deeply felt by patients—as they maintain healthy detachment.

Being next to and alongside suffering, pain, and injury is inherently part of healthcare, to deal with this compassion paradox, a cultural shift needs to


\[185\] Hass, “The Compassion Paradox.”
happen that is larger than the individual staff. The healthy detachment that Hass refers to echoes the idea of engaged separation.

**Mindfulness in light of the Challenges and Compassion Paradox**

As demonstrated through my engagement study with CVICU, there is a desire to be more mindful, a recognized need for more mindfulness that was voiced by staff....and an almost complete lack of participation in mindfulness opportunities. So how does a staff that feels too busy and too revved up to practice mindfulness find value in the practice?

I did not want staff to participate in the mindful practice study simply because they felt the need to please me as the chaplain; I want staff to feel the intrinsic value that practicing mindfulness can bring. I want them all to experience all of the benefits of mindfulness that my research showed. I want them to be whole, healthy, compassionately engaged individuals who are not buried in their patients’ problems and dramas. I want them to find engaged separation. I want all of this because I know that not only will this make them better caregiver; it will also make them better, more whole people.

Yet no amount of study, research, and wanting can make a cultural change happen, although Memorial Hospital, like other healthcare organizations, is reaching the breaking point. The retention rates for nurses get worse daily; Memorial is offering more monetary incentives for nurses to stay on board.
through the cold season. Recently it was published that any nurse or other bedside support person picking up additional hours beyond their scheduled ones, will receive a significant incentive bonus on top of whatever other pay increases they are receiving (short notice, on-call, surge, etc.). While more pay can buy some time, eventually no amount of money will be able to draw in staff.

While I want more mindfulness among staff so they are more whole, healthy individuals, the increase in mindfulness needs to begin in me. I have realized how close staff is to the breaking point, the point where they are burnt out, tired, and not willing (or able) to continue in their profession. And this has highlighted how close I am to all of those breaking point emotions as well. I am challenged, as I continue on this ministry path, to develop and grow in my own mindful practice.

**Possibilities for Mindfulness at Memorial Hospital**

So where is the solution? Where is the hope of bringing mindfulness to Memorial Hospital in light of an overwhelmed, stressed staff? Study, research, and pay increases may contribute towards a solution, but they are not a sustainable recommendation. I see three areas for possible change.

First, starting in January of 2019, Memorial Hospital is opening a conversation about creating a “healthy work environment” through the Shared Governance Committee. This is a place to open the conversation and while it
may not be an instant launching pad for change, it is a starting point. Conversations about work-life balance are happening at the ground level as well as at the administrative level.

Second, there have been some recent leadership changes in the intensive care and for hospital-wide nursing at Memorial Hospital. New leaders tend to bring new energy and an openness to new ideas which makes me hopeful for change. To be fair, the old leadership in each of these areas was solid; the new individuals filling those roles are forming their own priorities and self-care seems to be high on their lists. Also, I am new in my role as Spiritual Care Coordinator which gives me the opportunities to interact with leaders that I had not previously had.

Finally, Memorial is almost continually on a high census alert and nursing help is in high demand. To continue to meet the needs of patients, new strategies for staff retention will have to be explored. Staff will be required to take care of themselves so they are able to show up to work and stay in the nursing field. Self-care will lose its status as an optional practice and become essential.
Appendices

Appendix A: Process of Engagements 1 and 2

The majority of these participants were weekend alternative staff who chose to work weekends because of family schedules or for the pay differential. In the CVICU, the patient ratio is generally one or two patients per registered nurse with a unit assistant for each of the three areas. If the hospital census is very high, the ICU charge nurse may also carry a patient load but they try to avoid this. By working Saturday and Sunday of the same weekend together, staff experiences similar demands and stresses.

The intention was for each participant to complete an informed consent letter, a pre-engagement questionnaire (FFMQ), and attended a training prior to the E1 weekend. Staff was encouraged to practice one of the six mindful practices at least twice during their shift and fill out a practice evaluation form at the end of their shift. The six mindful practices are described in Appendix B. Participants in both E1 and E2 were individuals with busy, full work days; the pace in the CVICU tends to be fast. Each participant received a packet containing all the material they need. Rather than capture all of the CVICU staff (over 75 people), I focused on a smaller sample of individuals who expressed interest in developing more mindfulness. Some staff participated in both engagements; the identifying numbers are consistent throughout.
For E2, participants carried out one of the six mindful practices during at least two of their work days per week. Within 24 hours after the mindful practice has been completed, participants were to complete a practice evaluation. The mindful practices for E2 were the same practices as E1. E2 participants were to complete the FFMQ three times during their encounter as pre-, mid-, and post-evaluation, sign the informed consent letter and complete a pre-encounter training.
Appendix B: Five Mindful Practices

These are the six mindful practices that were taught (and practiced) by participants prior to the start of engagements 1 and 2.

- **Pay intentional, clear attention to your steps and movements.** Consider if your steps are moderately paced and intentional, or frantic and fast paced (even when you do not need to rush). Rather than thinking of what you will do when you enter the room (something you already decided when you started walking), think about the feel of your feet as you walk and the rhythm of your movements.

- **Take an extra breath before you speak.** Breathing is a process we engage in every moment and is often a mirror of our emotional landscape. If we are nervous, our breath is rapid and shallow; yet if we slow our breathing down, our body becomes calm. Often parents say to children: ‘take a deep breath and then tell me.’ When you breathe in deeply, it floods oxygen to your brain and brings calm. Breathe in, breathe out; breath in energy and life, breathe out what is holding you back and the anxiety that is pushing you forward or closing you in. Being aware of our breath and consciously
slowing it down can, over time, train our brains to go to a calmer, more mindful mode.

● **Take in the good.** To take in the good, a person takes five to ten seconds to mentally hold on to a good experience or positive feeling. For instance, if a particular patient’s family shows kindness to each other, stay in that good space for a few seconds before rushing to the next thing. Intentionally holding on to good, positive experiences and feelings helps to get our positive neurons firing which lead to more calm and deeper happiness.186

● **Practice present moment awareness.** Continually refocus on the task at hand, the present moment. Pick something repetitive to remind you to focus on the present moment. The Tibetan monks use chimes throughout the day to bring them to awareness of the moment and to remind them to do whatever they are doing currently in a more mindful space. In the CVICU, phones ring, pagers beep, IV poles sound, ventilators have their own special tones – there are no shortages of bells and chimes. Use those

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186 This is a practice from Rick Hansen’s book *Hardwiring Happiness* that was referenced earlier.
bells as your own Tibetan Chimes to remind you to stay in the present.\textsuperscript{187}

This daily present moment awareness becomes a way to avoid getting caught up in the storyline of your external circumstances. Staying in the present moment means stepping away from the mind clutter to be in the now of the presence.\textsuperscript{188}

\begin{itemize}
  \item \textbf{Maintain a silent work commute.} Do not fill every available moment of your day with noise and distraction. When we fill every available minute, we are multi-tasking constantly which becomes the opposite of mindfulness. You are not aware of the task that you are doing (in this case driving your car) as you are thinking of ten other tasks.

  Jennifer Senior writes, “As we divide and subdivide time, it creates a feeling of urgency and a sense that no matter how tranquil the moment, no matter how unpressured the circumstances, there is always a pot

\end{itemize}

\textsuperscript{187} Horwitz quotes Tibetan monk Thich Nhat Hanh, “If you cannot wash dishes in mindfulness, neither can you meditate while sitting in silence.” Claudia Horwitz, \textit{Spiritual Activist: Practices to Transform Your Life, Your Work, and Your World}.

\textsuperscript{188} Eckhart Tolle wrote, “to be identified with your mind is to be trapped in time: the compulsion to live almost exclusively through memory and anticipation.”\textsuperscript{188} Hence, “if your mind carries a heavy burden of past, you will experience more of the same. The past perpetuates itself through lack of presence – if it is the quality of your consciousness at this moment that determines the future, then what is it that determines the quality of your consciousness? Your degree of presence.” Tolle, \textit{The Power of Now}, 60.
somewhere that is about to boil over.”¹⁸⁹ A silent commute gives your mind space to settle and rest, rather than whirl and spin.¹⁹⁰

● **Focus on a prayer word, mantra or intention when not actively engaged in thinking of something else.** Martin Laird describes the concept of a prayer word as a means of helping to focus in the midst of the cluttering weather of our minds.¹⁹¹ A prayer word or phrase does not need to be explicitly religious in nature; it could be ‘breathe in life’, ‘calm’, ‘I am enough’, etc. Set your intention for your workday at the beginning of the shift and then regularly recall your intention throughout the work day. Remind yourself both of the intention and of the outcome that you have set.

¹⁸⁹ Senior found in her research that “we don’t process information as thoroughly when we task-switch, which means that information doesn’t sink into our long-term memories as deeply or spur us towards our most intelligent choices or associations.” Also, our brains do not seem to know when to shut off after a day of multi-tasking and switching; when your mind cannot turn off, sleep is usually most affected. Even a brief period of sleep deprivation can compromise one’s performance as much a consuming excessive amounts of alcohol. This becomes of even greater concern when staff work multiple days in a row. Jennifer Senior, *All Fun and No Joy: The Paradox of Modern Parenting*, (New York, NY: Harper Collins, 2014), 58-59.

¹⁹⁰ Having a silent work commute is the one mindful practice that is not done during the actually work day. However, the impact of going into one’s work after a period of silence and entering one’s home after a period of silence is significant.

### Appendix C: Five Facet Mindfulness Questionnaire (FFMQ)

Please rate each of the following statements with the number that best describes *your own opinion* of what is generally true for you.

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<tr>
<th></th>
<th></th>
<th>Never or very rarely true</th>
<th>Rarely true</th>
<th>Sometime true</th>
<th>Often true</th>
<th>Very often or always true</th>
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<tbody>
<tr>
<td>1</td>
<td>When I’m walking, I deliberately notice the sensations of my body moving.</td>
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<td>2</td>
<td>I’m good at finding words to describe my feelings.</td>
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<td>3</td>
<td>I criticize myself for having irrational or inappropriate emotions.</td>
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<td>4</td>
<td>I perceive my feelings and emotions without having to react to them.</td>
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<td>5</td>
<td>When I do things, my mind wanders off and I’m easily distracted.</td>
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<td>6</td>
<td>When I take a shower or bath, I stay alert to the sensations of water on my body.</td>
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<td>7</td>
<td>I can easily put my beliefs, opinions, and expectations into words.</td>
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<td>8</td>
<td>I don’t pay attention to what I’m doing because I’m daydreaming, worrying, or</td>
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<td>otherwise distracted.</td>
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<td>9</td>
<td>I watch my feelings without getting lost in them.</td>
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<td>10</td>
<td>I tell myself I shouldn’t be feeling the way I’m feeling.</td>
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<td>11</td>
<td>I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.</td>
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<td>12</td>
<td>It’s hard for me to find the words to describe what I’m thinking.</td>
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<td>13</td>
<td>I am easily distracted.</td>
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<td>14</td>
<td>I believe some of my thoughts are abnormal or bad and I shouldn’t think that way.</td>
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<td>15</td>
<td>I pay attention to sensations, such as the wind in my hair or sun on my face.</td>
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<td>16</td>
<td>I have trouble thinking of the right words to express how I feel about things.</td>
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<td>17</td>
<td>I make judgments about whether my thoughts are good or bad.</td>
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<td>18</td>
<td>I find it difficult to stay focused on what’s happening in the</td>
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<td>19</td>
<td>When I have distressing thoughts or images, I “step back” and am aware of the thought or image without getting taken over by it.</td>
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<td>20</td>
<td>I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.</td>
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<td>21</td>
<td>In difficult situations, I can pause without immediately reacting.</td>
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<td>22</td>
<td>When I have a sensation in my body, it’s difficult for me to describe it because I can’t find the right words.</td>
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<td>23</td>
<td>It seems I am “running on automatic” without much awareness of what I’m doing.</td>
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<td>24</td>
<td>When I have distressing thoughts or images, I feel calm soon after.</td>
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<td>25</td>
<td>I tell myself that I shouldn’t be thinking the way I’m thinking.</td>
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<td>26</td>
<td>I notice the smells and aromas of things.</td>
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<td>27</td>
<td>Even when I’m feeling terribly upset, I can find a way to put it present.</td>
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<td>28</td>
<td>I rush through activities without being really attentive to them.</td>
<td>☐</td>
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<td>29</td>
<td>When I have distressing thoughts or images, I am able just to notice them without reacting.</td>
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<td>30</td>
<td>I think some of my emotions are bad or inappropriate and I shouldn’t feel them.</td>
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<td>31</td>
<td>I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.</td>
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<td>32</td>
<td>My natural tendency is to put my experiences into words.</td>
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<td>33</td>
<td>When I have distressing thoughts or images, I just notice them and let them go.</td>
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<td>34</td>
<td>I do jobs or tasks automatically without being aware of what I’m doing.</td>
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<td>35</td>
<td>When I have distressing thoughts or images, I judge myself as good or bad depending what the thought or image is about.</td>
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<td>36</td>
<td>I pay attention to how my emotions affect my thoughts and behavior.</td>
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<td>37</td>
<td>I can usually describe how I feel at the moment in considerable detail.</td>
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<td>38</td>
<td>I find myself doing things without paying attention.</td>
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<td>39</td>
<td>I disapprove of myself when I have irrational ideas.</td>
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Appendix D: Mindful Practice Evaluation

Name: ___________________________  Mindful Practice: ____________

Date and Time of Practice: ________________________________

Briefly describe how you are feeling prior to the exercise:

Briefly describe how you felt during the exercise.

Describe how you felt after the exercise as well as any changes in your work and/or home life.

Any mitigating factors that you think are relevant (behind on getting vitals, juggling multiple tasks, heads up on new patient, concerning text from home, etc.)?
Appendix E: Mindful Practices (staff handout)

- **Paying intentional attention to your steps.** How do you move? Are your steps moderately paced and intentional, or frantic and fast paced? Think about the feel of your feet as you walk and the rhythm of your movements.

- **Taking an extra breath before you speak.** Breathe in, breathe out; breathe in energy and life, breathe out what is holding you back and the anxiety that is pushing you forward or closing you in.

- **Taking in the good.** Take five to ten seconds to mentally hold on to a good experience or positive feeling.

- **Practicing present moment awareness;** continually refocusing on the task at hand, the present moment. Pick something repetitive to remind you to focus on the present moment as your own Tibetan chimes.

- **Silent work commute.** The goal is to not fill every available moment of your day with noise and distraction; this practice would be more measurable in participants whose commute is 30 minutes or longer.

- **Focusing on a prayer word, mantra or intention when not actively engaged in thinking of something else.** Set your intention for your workday at the beginning of the shift and then regularly recall your intention throughout the work day. Remind yourself both of the intention and of the outcome that you have set.
Bibliography


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Star, Katherina. *The Relationship between Self-Care Practices, Burnout, Compassion Fatigue, and Compassion Satisfaction among Professional Counselors and Counselors-In-Training*. ProQuest UMI Number: 3618924.


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