

# IMPLEMENTATION OF A MINDFULNESS MOMENT INITIATIVE FOR HEALTHCARE PROFESSIONALS: PERCEPTIONS OF FACILITATORS

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**Context:** Mindfulness practices in the workplace have experienced rapid growth, with initial evidence suggesting positive outcomes. Even so, little is known about implementing mindfulness-based interventions (MBI), especially internally driven programs led by volunteers rather than experts.

**Objective:** This study qualitatively explores volunteer facilitators' perceptions of a short-dose MBI (the mindfulness moment initiative) before and 6 weeks after implementation.

**Methods:** Mindfulness moments were 1–3-minute-guided periods of mindfulness led at the beginning of various staff meetings at an inner-city community medical center. Facilitators' perceptions were collected through thirty-one 30-minute semi-structured interviews before and after the MMI's first 6 weeks. Categorizing and connecting strategies were employed to explore the emergence of themes and patterns across responses.

**Results:** Mindfulness moment facilitators interviewed before the intervention expected their groups to experience several intra- and interpersonal benefits. After implementation, they perceived all of these benefits to have occurred, but some benefits were mentioned more frequently before than after

implementation and vice versa. Five of six expected obstacles were reported after implementation, with timing issues emerging as the most frequently mentioned theme. Facilitators believed that benefits outweighed obstacles. Our data also suggested that mindfulness moments may provide managers with an additional way to address moments of tension occurring between co-workers. Most facilitators intended to continue leading mindfulness moments and wished to expand the practice to new departments.

**Conclusion:** The mindfulness moment intervention may provide a way to bring mindfulness into organizations that is not dependent on formal training programs, a large time commitment, or a commitment to extended training. Prior knowledge of the obstacles and benefits found here may result in a more successful intervention.

**Key words:** organizational mindfulness, mindfulness training implementation, mindful facilitator perception, mindfulness benefits, mindfulness implementation obstacles

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## INTRODUCTION

Long common in Eastern spiritual traditions, the practice of mindfulness has in recent years become a secular phenomenon in the West. Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR),<sup>1</sup> one of the first secular programs, has been frequently used as a model for training as well as a basis for hundreds of research studies. The decades since the launch of MBSR have seen a growing body of scientific research that suggests that mindfulness-based interventions (MBI) have broad positive impacts on human functioning.<sup>2</sup>

Clear links between mindfulness and improved physical and psychological health have been reported.<sup>2–8</sup> MBSR protocols have demonstrated effectiveness in a variety of experiments, including up to 4 times faster recovery in patients treated for psoriasis,<sup>9</sup> improvements in brain and immune function,<sup>10</sup> and significantly better self-regulation of

chronic pain conditions.<sup>11</sup> A meta-analysis<sup>12</sup> of 209 studies ( $n = 12,145$ ) found that mindfulness-based initiatives (MBIs) treated a variety of psychological problems effectively, especially anxiety, depression, and stress.

Two recent reviews<sup>2,13</sup> suggested three clusters of positive workplace outcomes: (1) relationship quality, (2) performance, and (3) physical and psychological well-being. Reb and colleagues,<sup>14</sup> for instance, found that supervisors high in dispositional mindfulness had an increased capacity to satisfy subordinate needs, leading to increases on several key indicators, including better subordinate work–life balance, overall job performance, and overall job satisfaction. A range of empirical studies demonstrate that mindful leaders have a greater ability to lead a workforce that is energized, engaged, and productive,<sup>14</sup> have employees who feel less emotional exhaustion and have greater job satisfaction,<sup>15</sup> and are associated with enhanced job performance and reduced turnover intention.<sup>16</sup>

In a controlled investigation of the impact of a brief mindfulness intervention on group performance and group cohesion, Cleirigh and Greaney<sup>17</sup> found significantly higher levels of

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group cohesion in the experimental group, which could explain the positive effect also found for group performance. A randomized controlled trial of middle-hierarchy managers who took an 8-week mindfulness program found significant improvement in job-performance ratings by direct-line managers of the intervention group.<sup>18</sup> Another investigation of a low-dose MBI (10 minutes per day over 2 workweeks) found better recovery from work through improved sleep quality and duration, which are recognized as relevant to physical and physiological recovery and psychological unwinding.<sup>19</sup> A meta-analysis by McConville et al.<sup>20</sup> found that mindfulness-based interventions decrease stress, anxiety, and depression and improve mindfulness, mood, self-efficacy, and empathy in health profession students. Finally, higher degrees of mindfulness were associated with increased engagement in one's work.<sup>4,15,16,21</sup>

These broad benefits are likely one cause of an explosion of interest in MBIs for the workplace. The rapidly shifting landscape of the global economy, technology, and increasing complexity in the workforce are serious issues facing today's organizations. The consequences of these conditions include chronic illness, increased withdrawal behaviors like absenteeism and turnover, lapses in attention that can cause accidents and workers' compensations claims, higher healthcare costs, and loss of productivity<sup>22–24</sup> and contribute to billions of dollars annually in organizational expenditures.<sup>25</sup> These data point to an urgent need to develop viable solutions to the increased demands on today's workforce. Mindfulness research suggests that MBIs may be one method to ameliorate these current challenges.

Several factors have been identified that facilitate successful implementation of mindfulness programs, including leadership buy-in, local champions, prior exposure of participants to the content, and having the program be voluntary as opposed to mandatory.<sup>26</sup> Given time constraints that add to employee stress, common barriers to successful implementation of MBIs include limited staff time to attend training sessions, insufficient training coverage, and insufficient time given to planning and effective communication about the program.<sup>26</sup>

Regarding the disadvantages of MBIs, a recent qualitative study surveyed the literature and directly explored challenging or distressing experiences that occur in association with MBIs, including MBIs that are brief.<sup>27</sup> The qualitative studies cited by Lindahl et al. that have been done so far found a variety of such experiences, but their prevalence, risk factors, causes, and distributions among various kinds of mindfulness training are unknown because of the nature of qualitative research. While the significant positive effects of mindfulness training cited above are likely to outweigh the challenging experiences that may occur only rarely during MBIs, these still must be taken into account in future research.

In spite of all the above-mentioned research, little is known about the process of implementing MBIs in the workplace. The perceptions that the individuals who carry out MBIs hold prior to implementation, the benefits and barriers that are perceived during implementation, and the conditions that are considered necessary to support successful enactment of such programs are poorly understood. Because workplace time constraints pose particular barriers to MBIs, it is especially important to investigate brief interventions.

The present study tracked perceptions of facilitators at work who carried out a specific brief MBI that required minimal training—the Mindfulness Moment Initiative (MMI). The purpose of this study was to compare facilitators' perceptions of the MMI's benefits and obstacles before implementation with their actual experiences of the MMI and obstacles that surfaced during its implementation.

## METHODS

The MMI was an internally based program that made use of trained volunteer employees (facilitators) who brought short-form meditative moments, typically lasting 1–3 minutes, to meetings that occurred in the standard course of business within the realm of their work function. This intervention was based on the principles of the Joy of Living program of the Tergar Meditation Community,<sup>28,29</sup> which emphasized open presence, focused attention, and a relaxed recognition of awareness.<sup>30</sup> The MMI was generally practiced as a way to begin a meeting, shift, or class (some of the study participants were physicians and medical practitioners working with students). Most mindfulness moment facilitators had completed at least an introductory course on mindfulness, and all completed subsequent in-person and online training to prepare them to introduce the MMI in groups.

The mindfulness moment intervention consisted of a sequence of guidelines regarding how to introduce it to a group, when to use it, and how to lead it. Scripts were provided for one- and three-minute sessions. Elements included in one or both scripts were as follows: begin in a relaxed upright posture; relax the mind so that it is present without being distracted or lost in thought; bring awareness to the sensations of the body, the experience of the environment, or thoughts and emotions (requesting that participants simply know that in this moment they are sensing, feeling, or thinking); and finally again rest the mind without a particular focus.

The site for this qualitative study was a medical center comprising an inner-city community teaching hospital, a number of public, school-based, and homeless-person clinics, and social support centers providing services across diverse populations. The medical center had supported a variety of MBIs in the previous several years, including six-week workshops at no charge to employees; weekly mindfulness meditation gatherings at both community hospital and community center locations; and periodic 'mini-retreats' lasting two to three hours. It also sanctioned an internal task force that met monthly during working hours to address how to integrate mindfulness practices into the organization and its staff and students.

Twenty individuals (16 women and 4 men) made up the sample, which included social workers and therapists (4), nurses (7), doctors (2), and administrative staff and leaders (7) who volunteered and were trained to conduct mindfulness moments with other staff members and students. Of these facilitators, 2 of the doctors, 4 of the nurses, and 2 of the administrative group could potentially be considered to hold roles of authority. The sample included people who implemented mindfulness moments as planned, as well as those

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