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a qualitative study
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Healthcare professionals’ experiences of using mindfulness training in a cardiology department – A qualitative study

Mindfulness training in a Healthcare Setting

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Authors’ contributions
Connie Timmermann (CT) and Trine Gregersen (TG) designed the study. JT and CT supervised the study. Charlotte Gad Tousig (CGT) established relationship with the research field, facilitated the practical planning of the MBSR-course and recruited participants to the interview study. CT performed the data collection and RKK, TG and CT performed the data analysis. RKK was responsible for drafting the manuscript. All authors and made critical comments to the manuscript and read and approved the final manuscript.

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Keywords: Mindfulness-Based Stress Reduction, Compassion, Caring, Attentiveness, Person-Centred Care, Nurses, Doctors, Interviews, Interpretative phenomenological analysis
Abstract

Objective and aim: Person-centred communication and healthcare professionals’ ability to be attentively present in their encounter with patients are essential aspects of patients’ experiences of well-being, ability to cope with illness-related challenges, and feelings of being recognized. However, the ability to be attentive in relational encounters can be challenging for healthcare staff for many reasons, such as time constraints and a high work pace. Research suggests that mindfulness training could increase staff attentiveness and compassion, but only few qualitative studies have explored the subject. The aim of the current study was to explore doctors’ and nurses’ individual experiences of how attending an 8-weeks Mindfulness-Based Stress Reduction course (MBSR) influenced their clinical practice and encounters with colleagues and patients in a cardiology department.

Method: Qualitative interviews were held with six doctors and nurses who had completed the 8-week MBSR course. Interpretative phenomenological analysis was applied to explore and understand the meaning of the participants’ accounts.

Findings: The MBSR course appeared to have changed the healthcare professionals’ thoughts and actions, especially regarding their ability to stay focused on the task at hand, to prioritize and to stay...
calm in an unpredictable and busy work environment. This was facilitated by using concrete
techniques learned during the course, such as breathing and taking small breaks to clear their heads
and help them be attentive in relation to themselves, colleagues and patients. Furthermore, they
described an increased acceptance of their own limitations, better understanding of their colleagues
and greater awareness of the unique patient.
Conclusion: These findings suggest that changing healthcare professionals’ actions, mindset,
awareness and understanding of others may result in a more compassionate work environment and
more person-centred care.

Keywords: Mindfulness-Based Stress Reduction, Compassion, Caring, Attentiveness, Person-
Centred Care, Nurses, Doctors, Interviews, Interpretative phenomenological analysis

Introduction

Research suggest that mindfulness-based initiatives can improve people’s well-being, mental health
and quality of life in both clinical and non-clinical settings (1). This has led to increased focus on
the benefits of mindfulness training in healthcare contexts (2-4). Several reviews show that
healthcare professionals who participated in a mindfulness course reported less stress, anxiety and
burnout (2, 5, 6) as well as greater empathy (2, 4). Mindfulness training gave nurses better
emotional balance, which led to improved communication with patients and more compassionate
care (2). Mindfulness training may thus be effective interventions to support the caregiver’s well-
being, empathy and health while simultaneously improving communication, relationship building
and patient care.

Patients benefit from patient-centred communication, i.e. a patient-centred approach that focuses on
how to elicit and respond to patients’ concerns and needs and how to reach mutual understanding
and handling of a problem (7, 8). Communication particularly affects patients’ experiences of
physical, social and existential well-being, as well as their ability to cope with disease-related
challenges (9, 10). Timmermann et al. (11) found that the ability of healthcare professionals to be
attentively present during their conversations with patients was crucial for patients’ feelings of
dignity and of being valued and recognized. However, time pressure and a fast work pace could
make it difficult for healthcare professionals to maintain this attention (11).
Delmar (12, 13) has argued that caring is a moral practice, where caregivers must be capable of engaging in what matters to the patient. This includes competencies and skills in being sensitive and having the courage to address life phenomena such as anxiety, grief, hope and trust. Delmar notes that caring can become instrumental or technologically oriented, meaning that the caregiver “only does what’s necessary”, thereby overlooking patients’ experiences of suffering. To prevent this, caregivers must develop an intentional mindfulness and attentiveness towards the concrete situation and the patient (13). This requires a set of professional qualifications that include being able to confront patients’ suffering and in doing so dare to invest oneself in the encounter with the patient (12, 13).

Mindfulness training has been suggested as a tool to both improve caring and increase attentiveness and presence in relationships (2, 3, 14). Mindfulness is about cultivating the ability of being fully conscious of the moment, without being disturbed by what might happen elsewhere or thoughts of the past, present or future. Mindfulness training aims to encourage clear-thinking and non-judgmental openheartedness, enabling caregivers to take control of their actions, be more resilient, make better decisions and be more compassionate towards oneself and others (3). However, existing research on mindfulness training in healthcare settings is dominated by quantitative studies measuring the impact of mindfulness on stress and burnout among healthcare professionals. As Hunter (3) points out, few qualitative studies have focused on the impact of mindfulness on clinical practice and the relationship between healthcare professionals and patients, or among healthcare professionals themselves.

Therefore, the aim of the current study was to explore doctors’ and nurses’ individual experiences of how attending an 8-weeks Mindfulness-Based Stress Reduction course (MBSR) influenced their clinical practice and encounters with colleagues and patients in a cardiology department.

Method

Study design
The study was based on qualitative interviews (15) and applied interpretive phenomenological analysis (IPA) to explore the experiences of doctors and nurses (16, 17). The use of qualitative interviews enabled us to explore the participants' perspectives and understandings of how the MBSR course influenced their clinical practice.
Study setting
The study was initiated by and conducted in a cardiology department at a Danish university hospital. The department employees 180 people, mostly nurses and doctors, and approximately 7000 patients are admitted acutely to the department each year. As cardiac patients often experience high levels of anxiety and insecurity, it is essential that care and treatment is patient-centred with the healthcare professionals attending to both physical and emotional aspects of illness (18). The acute nature of the work creates a highly unpredictable environment, however, and the fast work pace can challenge the staff’s ability to be attentive and compassionate in patient encounters. Based on positive reports of mindfulness training in the literature, the departmental management offered an MBSR course to 15 nurses and doctors.

The mindfulness course
The MBSR course was based on the programme developed by Jon Kabat-Zinn (19), who has described mindfulness as the awareness that arises from focusing attention purposely and nonjudgmentally in the present moment. The programme was originally developed to help medical patients cope with stress, chronic pain and other conditions, and several systematic reviews have found that the programme led to reduced anxiety, depression and stress (1, 2, 6, 19). The MBSR course focused on cultivating mindfulness through meditation, body scan and yoga exercises. The participants practised focusing their attention on the present moment and the ability to observe their feelings, thoughts and body compassionately and nonjudgmentally. The course consisted of 2½ hours of training once a week over a period of 8 weeks, as well as a full day (8 hours) in silence. Furthermore, the participants were instructed to practise at home for 45-60 minutes daily. Participation in the course was voluntary and partly financed by the department, but participants were also expected to give up some spare time. The course was taught by a mindfulness teacher educated at the Danish Centre for Mindfulness, X University and was conducted in November 2018. The project also had a project manager who had experience with mindfulness and transformative learning processes and had a close connection to the department’s staff and management. During the MBSR course, the project manager supported reflections on how to transfer the learned tools into clinical practice. After the course was completed, she encouraged reflections on everyday clinical challenges with these tools.

Participants and data collection
In line with IPA recommendations (17), we interviewed six of the staff who had attended the
MBSR course. We used purposeful sampling to ensure a range of participants. We included three female doctors aged 28-30 years with 1-3 years of clinical experience and three female nurses aged 24-50 years with <1 -17 years of clinical experience. Two of the nurses were clinical supervisors for nursing students in the department (Table 1). None of the participants had previous experiences with mindfulness, and they were all able to speak and read Danish.

The interview was conducted by the last author and took place in a private hospital room 2-3 weeks after the completion of the MBSR course. Participants were asked the same opening question - “Can you describe how attending the MBSR course influenced your work life?” The interviewer encouraged the participants to reflect and to give detailed examples of experiences related to their clinical practice. The interviews were recorded digitally and transcribed verbatim.

**Ethical considerations**

The interview participants were given written and oral information about the project. They were informed that participation was voluntary, that consent could be withdrawn at any time and that their data would be treated anonymously. Participants gave written consent before the interview.

The research project was reported to the Danish Data Protection Agency, and their requirements for safe storage and destruction of data were followed (record number 19/48211). Because the project involved qualitative interviews, approval from the Regional Committees on Health Research Ethics was not required.

**Data analysis**

The analysis was guided by Smith’s (16, 17) description of IPA, which aims to explore and understand the meaning of participants’ accounts in an interpretive process. IPA uses an idiographic approach in which a few (3-8) cases are analysed in detail to reveal individual perspectives. IPA is connected to the phenomenological-hermeneutic philosophy in which the researcher takes an active role and uses his/her own pre-understandings in a two-stage interpretive process to understand the participants’ worlds (16, 17). Smith have described the process as double hermeneutic: “The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world” (Smith, page 51) (16).
In the idiographic approach, we first explored each transcript in detail and identified general categorizations before going on to examine the other transcripts (16, 17). Step one was to read and re-read each transcript and write down initial thoughts and ideas in the margin. We then moved to a higher level of extraction in which emerging themes were documented in the margins of the transcripts, ensuring a clear thread back to the participants’ exact accounts. The themes generated from each transcript were investigated for any contradictions or similarities across the entire data material. This led to the identification of clusters of superordinate themes, while respecting convergences and divergences between the transcripts and allowing individual perspectives to be visible in the final draft (16, 17). Table 2 illustrates a section of the analytical process.

IPA requires a close interaction between the researcher and the text as the researcher draws on interpretative resources to understand the meaning of the participants’ accounts. This requires awareness of the researcher’s pre-understanding in relation to what the person is actually saying (16). The analysis was primarily conducted by the first and last authors. The first author was an MSc nurse with fifteen years of clinical experience and an interest in meditation and yoga but only theoretical knowledge of mindfulness. The last author has both clinical and research experience and practises mindfulness on a regular basis. During the interviews and analyses, these two authors took a reflective, open and curious approach and continuously discussed the themes to challenge each other’s pre-understanding.

Findings
The interview participants’ reactions to attending the MBSR course were very positive. They all felt that the course had changed their thoughts and actions and had helped them to address challenges in clinical practice.

The analysis identified four themes: 1) Calmness and focus in busy situations, 2) Acceptance of limitations, 3) Acceptance and understanding of colleagues and 4) Increased awareness and compassion for patients.

Calmness and focus in busy situations
Both doctors and nurses described how the MBSR course had helped them to cope with demanding situations and to prioritize tasks. They felt that being able to step back and view the bigger picture created focus and calmness. One doctor described how, in an acute situation, she became more
aware of what was challenging her and thereby improved her ability to stay focused and concentrate on one thing at a time:

"That thing about focus. As I described before, I can become overwhelmed by many impressions. Especially in an emergency, with a critically ill patient. Oh no, where do I start? I know my ABC algorithm, but there are so many impressions and so many inputs. The nurse throws out information and the patient yells, or... and I have sometimes thought; don't do everything at once. Choose one thing and finish that. Then the next thing and then the next. Otherwise, you can't get through. It's something I've become aware of and that I use, and I think I learned it from the mindfulness course." (Doctor 1)

The participants described how they used mindfulness techniques during their workday, such as breathing and taking small breaks to clear their head. This gave them an inner sense of calmness that they felt was reflected in their body language, making them better at prioritizing. One nurse explained:

"I think it has provided some tools to use when I drive myself up, get stressed and cannot really prioritize, and everything is a big mess in my head. It has helped me to take just two or three minutes when I can, I stop and breathe and just prioritize - what am I going to do now? Or just think, what exactly is the problem? Why is it that I feel like this right now? And then just try to figure out what it is that makes me experience chaos." [...] It (mindfulness) has given me a calmness inside, but I also believe that those of us who have been on the course exude a different calmness than the others do when we are in the ward”. (Nurse 5)

The participants all felt that the MBSR course had given them a sense of calmness and focus, enabling them to gain control of their thoughts and actions and potentially strengthening their ability to make more considered decisions.

Acceptance of limitations
A significant benefit of the MBSR course seemed to be an improved ability to accept limitations and let go of uncertainty and negative thoughts when difficult clinical decisions had to be made.
One doctor pointed out the following:

"It's also something we've learned. That you can have negative feelings. You're allowed to have unpleasant feelings, but you just can't let them take over. You have to recognize them and then you can let them go, and I think that's been great to learn because then you don't go around feeling bad, having regrets and thinking about it all the time, also when you get home." (doctor 4)

And one nurse explained:

"There might be something of a culture in nursing or a feeling among nurses that well, we want it all, we want to do it all, but we only have a finite capacity. And if we don't manage it all, it's our own fault, right? (......) but I think it is really important, also for new nurses, to be aware of; I can't do it all and it's okay. And what I can't do, someone else will come after me who can maybe help to finish it and feel good about that. So we don't leave work feeling upset and stressed” (Nurse 3).

One participant also explained how this acceptance made her better at receiving and learning from colleagues’ feedback, instead of feeling bad about it:

“And then if you get a message from the secretary that that's not how we do this here, and then you think okay, well, but that was good. I'm glad you just told me. So you take it as constructive feedback. You don't take it as criticism. I think it's great... [...] I feel like I have become a lot better at thinking that I will remember that and take it with me, I've learned something from it, but I won't take it negatively... and I don't feel bad about it” (Nurse 4).

Several of the participants mentioned that this increased acceptance of limitations also strengthened their feelings of calmness described above.

Acceptance and understanding of colleagues

Some participants described how the MBSR course had created greater acceptance and understanding of colleagues from other professions. During the course, they became aware of each other's vulnerabilities and challenges, which led them to feel more connected.
“The fact that you sit in a group with different professions and talk to the nurses about their challenges. It was really nice. And I think it made my start in the department better. For example, the nurses, you have a lot to do with them, and they tell some stories at the mindfulness course... So you know a little about each other’s vulnerability. And it just makes you feel a lot more connected to each other than you otherwise would be.” (Doctor 2).

This indicates that viewing colleagues in a new context and learning about the people behind the professions – their thoughts and vulnerability – enhanced communication and interpersonal relationships, potentially creating a more compassionate work environment.

**Increased awareness and compassion for patients**

By attending the MBSR course, the participants felt they had become more focused on the task at hand. As one nurse expressed, she felt increased awareness and was more able to be present in the moment, despite having to fulfil many tasks:

"... to be in a busy situation without getting stressed inside my head. And deciding to go in and talk with this patient *can be just as important*... this is what I have decided to do. And right now, this is what is important for this patient. Whereas before... , my thoughts might have been elsewhere. But somehow, I’ve learned that this is where I am, and that’s something that I really think that this mindfulness has given me. Not thinking about everything else being delayed. That’s great, isn’t it? (....) And somehow, I listen more to what my patient is saying. Instead of sitting and wondering about what’s going to happen next" (Nurse 6).

This quote suggests that the MBSR course might have improved the quality of patient interaction as the nurse was paying more attention and actively listening to the patient. Another nurse also addressed this point:

“Instead of thinking: I have so much I need to do. When I’m with a patient, I think okay, now here is this patient, and the person sitting in this chair has nothing to do
with me being busy or with the ten other patients waiting for me. He or she deserves a happy nurse who is helpful, makes sure that problems are resolved and that plans are made. So that's really the approach I've become more aware of” (Nurse 3)

The study findings indicate that practising mindfulness in a clinical healthcare setting can benefit the healthcare professionals as well as patients. However, one participant pointed out that practising mindfulness exercises was sometimes hard and difficult to incorporate into a busy workday, with the risk of giving up.

“I still find it difficult to incorporate into clinical practice. Because sometimes you're really really really busy. But then just, for example, when I say; Okay, I'm going to the bathroom. Just take a deep breath ... or now take a five-minute break [...] But it's hard. The hardest part is probably telling myself that I must do it because it's really exhausting sometimes to... just let your thoughts pass. It's really hard some days when you can't find any peace from your thoughts.” (Doctor 2).

This indicates that there can be barriers to practising mindfulness in a busy healthcare setting, and it is essential to be aware of these when implementing mindfulness in an organization. Several participants requested the department to introduce regular mindfulness courses to increase the chances of retaining the benefits.

**Discussion**

The findings in this qualitative study contribute to the growing number of empirical studies (2, 3, 14, 20, 21) suggesting that mindfulness training in a healthcare setting has several benefits for healthcare professionals, potentially enhancing the quality of clinical practice and patient care.

The participants in this study described how the MBSR course had changed their thoughts and actions, especially their ability to focus on the task at hand and to prioritize and stay calm in an unpredictable, fast-paced and busy work environment. This was facilitated through concrete techniques taught on the mindfulness course, such as breathing and taking small breaks to clear one’s head, which helped them to be attentive and present in relation to themselves and others. This is supported by several researchers (2, 14, 20, 22). For example, Hunter (3) reported that
mindfulness training can provide tools and perspectives for caregivers to help them create the time and space needed to cope and function, and perhaps to change stressful work environments. Most participants expressed increased acceptance of their own limitations, helping them to let go of uncertainty and negative thoughts. Some also described greater acceptance and understanding of colleagues from other professions as they became more aware of others’ vulnerabilities and challenges and of the person behind the profession. This led to improved communication, increased compassion towards colleagues and a feeling of interpersonal connection. Irving et al. (20) described similar findings from their qualitative model of how healthcare professionals experienced changes after attending a MBSR course. They found that the group experience facilitated a sense of support and mutuality, which led to them feeling less isolated in their profession and strengthened their empathy for healthcare professionals from other professions. Irving et al. also described how boundaries between disciplines were broken down when healthcare professionals experienced the struggles and challenges of colleagues. In line with this, Verweij et al. (21) reported that medical residents found that seeing the similarities between their own struggles and those of colleagues helped them recognize commonalities such as humanity and increased compassion for others. In addition Byron et al. (23) argued that an important facilitator for successful implementation of mindfulness was mutual experience with MBSR classes to establish it as a norm in the organization. Based on these findings it seems likely that although mindfulness is usually described as a way to cope with stressful environments and burnout (5, 6), it is also possible that changing the actions and mindset of healthcare professionals as well as increase their understanding of colleagues, may led to a more compassionate work environment. It has been argued that the atmosphere in the ward and the caring attitudes of the healthcare professionals are significant aspects of patients’ experiences of well-being (11), and that an intentional attentiveness to the situation and the patient is essential to capture important life phenomena such as anxiety, hope and relief of suffering (12, 13). Delmar (12) notes the importance of professional qualifications and skills in being sensitive, having the courage to confront a patient’s suffering and investing in the meeting with the patient. However, the question remains whether the use of MBSR can facilitate these qualities. The nurses in our study reported that the MBSR course had increased their awareness of patients, and they felt more present, actively listening to the patient rather than thinking of the next task to fulfil. This is in line with other studies (2, 3, 20) indicating that training in mindfulness can enhance awareness and compassion in relation to patients. Irving et al. (20) described how many participants changed their focus from doing or fixing when working with patients to also just being with the patient in the
present moment, which was a powerful experience. Timmermann et al. (11) found it crucial that staff took the time to talk, listen and show interest in the patient, and their body language and tone of speech were essential for patients having a feeling of being cared for. Most of the participants in our study spoke of peace – that MBSR give them an inner sense of calmness, which was reflected in their body language. It is possible that this increased present awareness and the bodily calmness led to more compassionate care. This requires further exploration, however, including an investigation of the patient’s perspective. Orellana-Rios et al. (24) addressed this question and found that patients perceived compassion as being an innate quality embedded in the virtues of healthcare professionals, but that training - including meditation - may help sustain and nurture it over time.

One of our participants highlighted that although mindfulness strengthened her ability to stay calm and focused, it was also very exhausting and sometimes difficult to implement in a busy clinical setting. Like others, she would like the department to arrange MBSR courses on a regular basis to increase the likelihood of retaining the benefits. This point has been addressed in other studies (23, 25). Lyddy et al. (25) noted possible challenges in implementing and maintaining the impact of mindfulness training programmes in healthcare settings. They found substantial variation in the extent to which individuals adopted mindfulness training. While some found that negative emotions and noise inhibited mindfulness, others felt that these factors supported mindfulness. Competing priorities for time and space also affect the adoption of mindfulness. Byron et al. (23) described time and staff constraints as barriers to implementation of MBSR courses. Additionally, they found that important facilitators for a successful implementation were leadership ensuring buy-in of unit managers and staff, the presence of local champions (diffusion of innovation agents) with previous mindfulness experience, and shared values within the organization and between employees. Local champions encouraged the diffusion of MBSR practice as a culture within the organization, thus facilitating staff participation and long-term adherence. In the current study, the project manager acted as a local champion, with her experience of mindfulness and transformative learning processes and her close connections to the department staff and management. During and after the MBSR course, she supported reflection on everyday clinical challenges in accordance with the tools provided during the mindfulness course. However, since the interviews were conducted two to three weeks after the MBSR course was completed, the study offers limited insight into the adoption and implementation of mindfulness. Further research is required to explore this topic.

Methodological considerations

The sample size in the study was limited to six participants. This is the nature of IPA studies,
however, which focus on analysis of detailed individual cases rather than on generalizations (16, 17). Additionally, Smith (16, 17) argues that the power of IPA studies is judged by the light they shed within the broader context of the available literature and is thus theoretical rather than empirical generalizability. As recommended in IPA, we used purposeful sampling to ensure a range of participants (16, 17). The information power was considered high as the research question was narrow and the data were rich in content, with all participants contributing comprehensive and varied descriptions about their experiences (26). We recruited female nurses and doctors, most with only a few years of clinical experience. The MBSR course was voluntary and was attended mainly by women – partly because most of the department staff were female, but also because the male staff were less interested in participating in the mindfulness course. The applicability of the study findings is therefore limited to a similar homogeneous sample and to motivated participants. Furthermore, only six of fifteen healthcare professionals who attended the course were interviewed. It is possible that the participants who were not interviewed had different experiences.

IPA is based on the hermeneutic philosophy, where the researcher actively uses his or her pre-understanding in the interpretation process. This requires a continuous reflection on how our pre-understanding may impact our data collection, analysis and conclusive findings. In the current study, the last author conducted the interview and the first author performed the analysis. These authors had different levels of experience with mindfulness and continually challenged each other’s pre-understanding in a reflective process.

**Conclusion**

This study showed that healthcare professionals (nurses and doctors) in a cardiology department experienced several benefits of attending an 8-week mindfulness training course. They felt their thoughts and actions had changed, especially their ability to stay focused on the task at hand, to prioritize and to stay calm in an unpredictable and busy work environment. This was facilitated by using concrete techniques learned during the course, such as breathing and taking small breaks to clear their heads and help them be attentive in relation to themselves, colleagues and patients. Furthermore, they described an increased acceptance of their own limitations, better understanding of their colleagues and greater awareness of the unique patient.

These findings suggest that changing health care professionals’ actions, mindset, awareness and understanding of others may result in a more compassionate work environment and more person-centred care. Further research is needed, however, to explore the impact of mindfulness training on
interpersonal relationships among colleagues and to investigate the relationship between healthcare professionals and patients, including from the patient’s perspective. The challenges of implementing mindfulness practices in healthcare settings should also be explored.

References


Table 1: Participant characteristics

<table>
<thead>
<tr>
<th>Profession</th>
<th>Function</th>
<th>Years of clinical experience</th>
<th>Age (years)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>Inpatient and outpatient care</td>
<td>&lt; 1</td>
<td>28</td>
<td>Female</td>
</tr>
<tr>
<td>Doctor</td>
<td>Inpatient and outpatient care</td>
<td>&lt; 1</td>
<td>30</td>
<td>Female</td>
</tr>
<tr>
<td>Doctor</td>
<td>Inpatient and outpatient care</td>
<td>&lt; 3</td>
<td>29</td>
<td>Female</td>
</tr>
<tr>
<td>Nurse</td>
<td>Clinical supervisor</td>
<td>11</td>
<td>35</td>
<td>Female</td>
</tr>
<tr>
<td>Nurse</td>
<td>Clinical supervisor</td>
<td>17</td>
<td>50</td>
<td>Female</td>
</tr>
<tr>
<td>Nurse</td>
<td>Clinical nurse</td>
<td>&lt; 1</td>
<td>24</td>
<td>Female</td>
</tr>
</tbody>
</table>
Table 2: Process of analysis

<table>
<thead>
<tr>
<th>Quotation</th>
<th>Note</th>
<th>Themes /Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tranquillity, it’s about taking those breaks. Because otherwise sometimes you can... you can push yourself hard, and when you just take a step back to breathe and empty your head, it helps. I also think your body language will be different. So you probably also provide a little more peace to the others in the room.</td>
<td>To take small breaks, step back =&gt; inner and outer calmness</td>
<td>Calmness and focus in busy situations</td>
</tr>
<tr>
<td>I think maybe the acceptance has increased. That I can more easily accept that I don’t know some things... that I’m uncertain. Because it is a big thing in mindfulness. That things are as they are. And I can work on it. Instead of thinking that it should have been different. And it gives more peace of mind if I can accept that it is hard. Now I’m uncertain. Then it becomes a little more okay. Instead of spending more energy on fighting back.</td>
<td>Acceptance of uncertainty and limitations, and that things are as they are</td>
<td>Acceptance of limitations</td>
</tr>
<tr>
<td>The thing about seeing your colleagues in a slightly different setting. I think that means something, because when you meet in the ward, you have a different … you feel more comfortable with each other, so I think it's actually been good [...]. Sometimes the doctor must make a decision and then the nurse has to follow it. Even though she maybe doesn’t completely agree with it. And I think having seen each other, just as individuals, I think that improves the communication, and… there won't be any bad feelings between us and you can talk better, I think.</td>
<td>Meeting each other in a different setting – creates an understanding between colleagues in the department Seeing each other as individuals – and not as a professional group with hierarchy – creates better communication</td>
<td>Accept and understanding of colleagues</td>
</tr>
<tr>
<td>Well, I think for example to be in a busy situation without getting stressed in my head. And deciding to go in and talk with this patient can be just as important… It’s not as important as dosing medicine because the medicine has to be dosed, but it can wait five minutes because now this is what I have decided. And right now, this is what is important for this patient. Whereas before [MBSR], my thoughts might have been elsewhere. But somehow, I’ve learned that this is where I am, and that’s something that I really think this (MBSR) has given me.</td>
<td>Taking one thing at a time, deciding to be with the patient – also mentally, to really listen Conscious prioritization</td>
<td>Increased awareness and compassion for patients</td>
</tr>
<tr>
<td>I take one thing at a time, yes. And somehow, I listen more to what my patient is saying. Instead of sitting and wondering, how was it... Now I have an IV to be taken down in the room next door.</td>
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