

Nursing and Mindfulness

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We have a finite amount of energy to spend every day before becoming exhausted. Mindfulness helps you use your energy wisely, spending it on situations, people and causes that bring you the most joy, meaning and peace.
(Hanh and Cheung, 2011: 7)

Chapter aims

- Introduce mindfulness.
- Discuss how mindfulness can benefit nurses.
- Understand how nurses have integrated mindfulness into their professional practice through case studies.
- Develop mindfulness techniques.
- Explore common questions about mindfulness.

Introduction

The inclusion of a chapter on mindfulness practice in this book for nurses reflects the personal experiences of the authors of the benefits of mindfulness practice, in both their professional and personal lives, as well as reflecting a growing evidence base that suggest the potential of mindfulness to improve the well-being of health professionals. However, it is not just about using mindfulness practice to cope with difficulty. We also explore the potential of mindfulness to help us build relationships, with ourselves, patients and colleagues; support the creation of positive working environments; improve patient safety; and putting nurses back in touch with why they engage in the work they do and the joy therein.

This chapter includes some activities that you may wish to engage in. Mindfulness doesn't really mean anything while it remains an abstract or intellectual concept. It is something that needs to be experienced. Please take care of yourself throughout your exploration of mindfulness. It is possible to experience strong and difficult emotions as well as calmness and positive states of mind, so it is important to take into account your current state of mind and capacity for engaging in these exercises. If you do experience difficulties or feel uncertain, we would recommend stopping any further mindfulness practices and seeking the guidance of an experienced mindfulness teacher.

What is Mindfulness?

Interest in mindfulness training to support the well-being and professional practice of health professionals has grown significantly in the last 20 years. The evidence about how mindfulness practice can impact health professionals suggests that the development of mindfulness can help to protect healthcare professionals, including students, from burnout and stress (Burton et al., 2016; Craigie et al., 2016; Horner et al., 2014; Shapiro et al., 2005; Gockel et al., 2013; Newsome et al., 2012; Gauthier et al., 2015; Cohen-Katz et al., 2005). For students training to be healthcare professionals, mindfulness practice has also been associated with improved patient care (Shapiro et al., 1998; Shields, 2011; Warnecke et al., 2011). A critical interpretative synthesis of findings from qualitative research on the impact of mindfulness training on nurses and midwives concluded that mindfulness created a:

quiet mental space giving them agency and perspective and leading to improved caring, including a more patient-centred focus and increased presence and listening. Mindfulness appears to alter the way nurses and midwives operate within a stressful work environment, thereby changing the way the environment is experienced by themselves and, potentially, the people in their care. (Hunter, 2016: 918)

Other nursing literature, such as Watson's Human Caring Theory (Sitzman and Watson, 2013) and Parse's concept of 'true presence' (Palmieri and Kiteley, 2012), has also drawn on the concept of mindfulness as a mechanism of improving connection and quality of care.

There is, however, some criticism of the evidence base for the effectiveness of mindfulness, particularly due to methodological issues such as small sample sizes, lack of control groups and failure to investigate side effects, which means that the benefits of mindfulness may have been overemphasised and the risks overlooked (Farias and Wikholm, 2016; Lomas et al., 2015).

What it means to be 'mindful' or 'practice mindfulness' is currently a matter of much debate. The complex historical and spiritual roots of the term in Buddhist philosophy and the variety of definitions for 'mindfulness' make its translation in

Westernised mindfulness teaching difficult (Stanley, 2013). Kabat-Zinn is often credited with the initial work in which the concept of mindfulness was integrated into a training course to improve well-being at the University of Massachusetts Medical School. That course is now known as Mindfulness-Based Stress Reduction (MBSR). Kabat-Zinn defines mindfulness as: ‘paying attention in a particular way; on purpose, in the present moment, and non-judgmentally’ (1994: 4). We can therefore start thinking about mindfulness as getting out of ‘autopilot’, dominated by constant thoughts and judgements, and become more aware and present in our moment-to-moment experience. Kabat Zinn describes the reason for doing this:

when you begin paying attention to what your mind is doing, you will probably find that there is a great deal of mental and emotional activity going on beneath the surface. These incessant thoughts and feelings can drain a lot of your energy. They can be obstacles to experiencing even brief moments of stillness and contentment. (2004: 25)

Our minds are rarely still. Not only are we thinking about what we are doing at the time but we are also thinking about what happened that morning, the argument we just had with a colleague or what we will make for dinner in the evening. Not only does our busy mind create suffering but it also prevents us from noticing and being present within the joyful and happy moments in life. This quote from Hanh helps to convey what is meant by ‘being mindful’ during a particular activity and how it can alter the experience of being alive. Here, he focuses on washing-up:

If while washing dishes, we think only of the cup of tea that awaits us, thus hurrying to get the dishes out of the way as if they were a nuisance, then we are not ‘washing the dishes to wash the dishes’. What’s more, we are not alive during the time we are washing the dishes. In fact we are completely incapable of realising the miracle of life while standing at the sink. If we can’t wash the dishes, the chances are we won’t be able to drink our tea either. While drinking the cup of tea, we will only be thinking of other things, barely aware of the cup in our hands. Thus we are sucked away into the future and we are incapable of actually living one minute of life. (1987: 4)

In terms of nursing practice, when we are attending to a person’s personal care or assessing a person’s mental or physical health whilst being preoccupied with an endless list of other tasks, we may not only be missing out on gathering information, listening attentively or focusing on the task in hand, but we are also at risk of missing out on moments of connectedness with our patients. These are moments in which we can perhaps reconnect with why we do what we do and, in turn, find satisfaction and pleasure within our role as a nurse.

Therefore, developing mindfulness is not just about becoming more present in and aware of our suffering, it has the potential to wake us up in all aspects of our lives and thankfully that includes moments of joy, love and connection in both our work and personal lives.

Activity 5.1 The Pause

A first step in developing mindfulness is learning to stop and notice our current experience. It can be useful to regularly take a pause in our daily life as a way of learning to check in and notice how we are. This exercise can be used as many times as you would like throughout the day:

1. Stop what you are doing. You can remain seated or standing.
2. If appropriate for where you are, you can close your eyes.
3. Bring your attention to your breathing and follow the breath cycle for 10–15 breaths. There is no need to breathe deeply or in any particular way.
4. When you are ready, open your eyes.

Try this at different times during the day. How does it affect you?

Writing from a Buddhist perspective, Subhuti describes that, in general, the term *mindfulness* ‘may refer either to a particular quality of consciousness or to the effort to create that quality of consciousness in oneself ... But, whether we are thinking of the product or the process, mindfulness clearly has to do with the highest possible lucidity and clarity of mind’ (2015: 190). He describes how Buddhist discourse emphasises three aspects of mindfulness: attentiveness, awareness and vigilance. Subhuti describes ‘attentiveness’ as becoming more aware of sensory experience – the direct experience of a given moment as opposed to being caught up in a mental dialogue about it. The ability to attend to experience in this way can be developed through training the mind in the ability to focus and concentrate. Modern definitions of mindfulness, such as Kabat-Zinn’s described in the introduction, tend to focus on the attentiveness aspect of mindfulness.

However, attentiveness to experience practiced in isolation may lead to a practice in which the practitioner is detached from the context in which the experience is arising. Without a broader ‘awareness’, there is a lack of clarity about where we are, our motivations for doing what we are doing and why we are participating in that activity. This is important for you as a nurse, for whom becoming narrowly focused and losing a sense of the wider context is clearly potentially problematic for patient care. Developing awareness supports our attentiveness by supporting a broader sense of what is going on within our experience and how it relates to others. In caring for others, this is particularly important. It is important that we are attentive to our own sensory experience but without a broader awareness – which also acknowledges the experience of the person we are caring for within the context around us – we will not be effective.

Lastly, Subhuti (2015) refers to the importance of ‘vigilance’, which he describes as the ethical quality that is informing our actions and state of mind. Is the way in which we are behaving or thinking indicative of kindness and compassion, the values that we wish to model? Or has a more negative mental state crept in to cause us to act in ways that don’t align to the values that we hold?

So, mindfulness is not necessarily just about ‘bare attention’ and non-judgement in the present moment. That is a very good place for us to start in terms of developing our mindfulness practice but, in itself, it only presents part of the picture. Whilst your own experience of caring for another is important, clearly it is important to hold that within a broader awareness of the situation and the needs of your patients and colleagues, you must not become isolated or disconnected from them.

Activity 5.2 Becoming Aware of Distraction

To be more present, it can be helpful to develop awareness of how distracted we often are and so this is the focus of this second activity.

When caring for patients, start to become aware of where your attention is and to what extent you are ‘present’ with the person you are caring for. At the end of your shift, note down what distracts you and pulls your attention away from providing care. You may wish to consider:

- Sensory experience, such as smells, sounds, pain and hunger.
- Emotions, such as emotions arising that make it difficult to focus and be present.
- Thoughts, such as mental chatter about issues that you are not immediately concerned with, planning for what is next or judgements about the situation.

You may find it useful to ask a colleague to do the activity, too, so that you can then discuss what you notice and explore the implications for practice.

Source: Adapted from Barratt (2017)

Attitudinal Foundations of Mindfulness and their Role in Nursing

Another way to explore mindfulness is to consider what Kabat-Zinn refers to as the ‘Seven Attitudinal Foundations’ (2004) (Figure 5.1). These foundations describe the qualities that are helpful in the cultivation of mindful awareness.

Beginner’s mind – In order to become more present, we need to start to become aware of the assumptions and beliefs that prevent us from seeing things as they are. ‘Beginner’s mind’ is the willingness to see things as though we have not seen them before. It is the cultivation of curiosity and interest even in situations that are familiar to us, so that we are attentive to what is happening rather than relying on mental constructions of what we think is happening based on previous experience. Whilst as nurses we are aware of the importance of our knowledge of previous health history, or perhaps previous risk assessments, it is important to combine this with paying attention to the situation as it presents itself at the time. Brandon explained

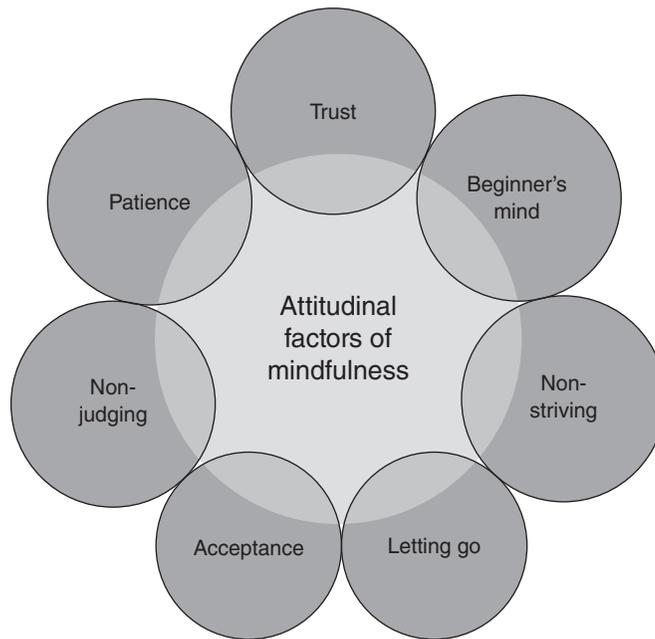


Figure 5.1 Seven attitudinal foundations of mindfulness (adapted from Kabat-Zinn, 2004)

how there are times when our minds are ‘wandering so much that here no room for anything that is being said. One is just there physically’ (Brandon, 1990: 6), and assumptions can lead us almost to make decisions before we have completed the new assessment and risk, missing new signs or symptoms. Developing a beginner’s mind can help overcome these risks.

Non-striving – In everyday life, we engage in tasks with the hope of seeing a particular outcome. We administer medication with the hope of making patients better, we sit and talk with a patient in the hope that they will feel brighter, or comforted or engage a patient in therapy in the hope that their depressed mood will change or they will stop self-harming. However, in developing mindfulness, this attitude is not helpful as it suggests that in order for things to be ‘ok’, something needs to happen, something needs to change. This thought prevents us from being present with whatever it is that is happening. For nurses, a perceived lack of therapeutic success can lead to feelings of frustration, burnout and disengagement from our patients. This can also prevent us from engaging or recognising the positive contributions that we make to patient care that do not result in a ‘cure’ or an outcome that we judge to be successful. Rogers asserts that when we are open to different outcomes, we can ‘realize the vital strength of the capacity and potentiality of the individual for constructive action’ (Rogers, 1951: 48).

Letting go – As we become more mindful and more sensitive to our thoughts and feelings, we may find that there are thoughts, beliefs or feelings that we cling to.

Wanting things to be a certain way or wanting other people to act in particular ways can be a cause of tension and stress. Mindfulness practices ask that we are open to however things are and to do what we need to do in order to let go. Whilst at work, it can be easy to get caught up in a general sense of stress in the workplace or to start ruminating on an issue with a colleague or patient. By bringing ourselves into the present moment, we are more able to let this go and focus on what is in front of us rather than clinging to thoughts about the way something should or shouldn't be.

Acceptance – When difficult things happen in our life or at work, for example the death of a patient, we make a clinical error or disagree with a colleague, and we tend to go through a process of denial and anger before starting to develop some level of acceptance. Arguing with the way things are is ultimately fruitless and can prolong our suffering. Very often, we cannot change what has happened and, if there is the possibility of changing things, then we are often unable to see it until we can accept what is going on and work with it in a more creative way.

Non-judging – Intrinsic to the development of mindfulness is becoming aware of the constant stream of judgement that our minds engage in and becoming able to stand back from that. The ability to do this means that we are not caught up in our mental judgements about the situation we are in. This increases the possibility of being present in our experience and responding appropriately to it rather than reacting based on unconscious habits that have developed in response to our judgements. Within nursing, we are constantly required to think critically and continuously reflect on our practice, which has the potential to manifest itself in being judgemental towards ourselves in a negative and unhelpful way that can greatly impact on our well-being. This will be explored further in Chapter 7, titled 'Self-compassion'. We may also engage in judgement of others, which can often colour our interactions with them, causing us to label them as 'problematic' even before we have greeted them on that occasion.

Patience – Kabat-Zinn describes patience as a 'form of wisdom', the cultivation of which shows that we 'accept that the fact that sometimes things must unfold in their own time' (2004: 34). As we become more aware of our minds and bodies and the suffering we can experience in relation to them, learning to hold that with gentleness and patience is important. Patience gives us the room to allow what is there to be there and not to be in a hurry to change it or ourselves in a forced, strident way. Trying to integrate mindfulness into nursing practice is a challenge, so we need to ensure that we are patient with ourselves as we try to develop new ways of working and being.

Trust – As we become more present and aware, we become more able to listen to our feelings and intuition. This enables us to identify the most skilful responses to the situations in which we find ourselves and we start to trust ourselves more and more. We start to notice the judgements and assumptions of others and are less blown about by those with strong opinions, and with awareness we are able to bring ourselves back to our experience and use that as the basis for our decision-making. This is likely to influence our self-confidence as a nurse and, paradoxically, as we start to trust ourselves more, and become less defensive, being open to the views of others becomes less threatening.

Developing mindfulness

There are many ways to develop mindfulness and it is important that you don't feel forced to engage in any one particular practice, but explore what suits you. Mindfulness practices fall into two rough groups: formal and informal.

'Formal practices' are those that require you to take time out from your normal activities to engage in them. This may include meditation practices such as the Breath Awareness Practice, which involves focusing on the breath usually whilst seated and with the eyes closed; or Body Scan, which involves focusing on different parts of the body in a sequential process, this is usually done lying down with the eyes closed. The time taken can vary considerably from five minutes to an hour.

'Informal practices', such as 'The Pause' in Activity 5.1 or 'Becoming aware of distraction' in Activity 5.2 can be done within your everyday life, providing an opportunity to become aware and present within the flow of the day. The most effective way of developing mindfulness is by combining formal and informal practices and engaging in them regularly. Reading about mindfulness is not sufficient. Conceptual and experiential understanding are not the same, so engaging in practice is an important element of coming to appreciate what is meant by 'mindfulness'.

There are now many resources on mindfulness available online as well as in books. The References section at the end of the chapter includes some helpful resources in this regard. However, we have found that engaging with an experienced mindfulness teacher who has a committed mindfulness practice themselves can be very valuable in developing a mindfulness practice. Opportunities for training are often available in the workplace and, if you are not aware of any it, may be worth enquiring. You may also wish to consider taking a course such as Mindfulness-Based Stress Reduction (MBSR), which gives an experiential introduction to mindfulness.

Although mindfulness meditation is usually well tolerated, it has been associated with side effects such as anxiety and psychosis (Farias and Wikholm, 2016) and, as yet, insufficient research has been carried out to establish why this is the case or who is particularly at risk (Dobkin et al., 2012). We have chosen the exercises and suggestions in this chapter with your safety and well-being in mind, avoiding extended periods of meditation, but be attentive to your own needs and limits. If you have suffered from recent trauma, bereavement or are suffering an acute period of mental illness, then be cautious, particularly around periods of silent mindfulness meditation, and seek out an experienced and suitably qualified mindfulness teacher if, after having read this chapter, you wish to explore things in more depth.

Mindfulness, nursing and resilience

Hopefully, from the discussion of what mindfulness is, you are starting to get a sense of why mindfulness is relevant to you. However, we now move on to draw out some of the most salient points about why mindfulness practice may be particularly useful

for nurses. We provide specific examples so that you can start to explore in your own mind and experience the relevance to your professional practice.

Noticing Thoughts and How They Impact Experience

I'm not saying that thinking is bad. Like everything else, it's useful in moderation. A good servant, but a bad master. (Watts, 2013)

As we have already said, the aim of mindfulness is not to stop thinking. Thinking is a useful tool— 'a good servant', as Watts suggests above. As nurses, the wealth of knowledge that you have built up through your training and experience is not forgotten or put aside during mindful nursing practice. Thought is an essential tool in your decision-making, a way of drawing on the knowledge that you have.

However, mindfulness can help us change our relationship to thought. It is possible for us to get stuck in unhelpful cycles of thought about our experience that can make us feel worse and prevent us from seeing what is going on. It is also possible for our underlying beliefs and assumptions to affect how we perceive our experience and influence how we react in any given situation. Becoming aware of what is influencing our perception allows us to step to one side and take a fresh look. Developing mindfulness means that we develop the ability to be less caught up in the mental dialogues about what is going on in our lives, and the wrong or right of it, and become better able to identify what our actual experience of it is. This does not mean that mindfulness practice will instantly make us feel better, or that difficult emotions will never affect us, but it does mean that we can have greater insight and increase the possibility that we can intervene and not get trapped in unconscious patterns of thoughts that cause us distress.

Thinking, stress and suffering

As we have already discussed, our minds tend to jump around from thought to thought, but our minds can also get stuck on a particular thought pattern that might be unhelpful. For example, when I am tired and feeling overwhelmed at work, I only notice tasks that I feel I could have completed better, or remember conversations with patients or relatives that I feel did not go as well as I would have liked. I have noticed that it is this thought pattern and this constant anticipation of feeling overwhelmed that is causing much of the stress and poor confidence.

Even when I sit down to relax, I feel stressed and anxious because my mind is still caught up. This can also happen when I get in from work and I continue to ruminate over how I could have performed better, within my role, or how difficult it feels at times. This means that the anxiety gets prolonged and eats into the apparently relaxing and pleasant aspects of our lives.

Activity 5.3 Identifying negative thoughts

Identifying what negative thoughts and stories our mind gets stuck on can be very helpful and is the focus of this activity. If, however, you find the task upsetting or that the focus makes you more stressed, perhaps you can try the activity at a different time with the support of a friend or colleague. Make sure that you take care of yourself.

Over the next week, pay attention to stressful or difficult thoughts or trains of thought that get repeated in your mind even when you have no wish to think about those issues. You may wish to make a note of:

1. What are these thoughts about? For example, work, family, money, etc.?
 2. When are these thoughts most prevalent?
 3. What is your experience of your physical body whilst thinking about it? For example, is there pain or tension in the body? How is your heart rate and breathing?
 4. What emotions are present?
 5. What effect does bringing awareness to these thoughts have on your experience of them?
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Through mindfulness practice, we can become aware of the things that pull us away from where we actually want our mind to be. Often, these distractions are fuelled by our fear of suffering. This includes the whole spectrum of human difficulties, from the small frustrations of writing to the painful experiences of illness and grief. Thomas Merton wrote:

The more you try to avoid suffering, the more you suffer, because smaller and more insignificant things begin to torture you, in proportion to your fear of being hurt. The one who does most to avoid suffering is, in the end, the one who suffers most. (1948: 91)

Nurses are constantly exposed to the most challenging aspects of human life – those events that cause the most pain and suffering. It is not surprising then that nurses often experience stress and burnout. Being able to recognise that we are in pain or experiencing difficulty and being able to then respond appropriately is fundamental in self-care and is something that can arise through the development of mindfulness. This will also be explored in Chapter 7.

Using mindfulness in our working with others

Central to the idea of mindfulness is the idea of being present, aware and open to our present moment experience. In particular, this relates to developing our ability

to control where we place our attention, to become less vulnerable to our ‘monkey minds’ and take ourselves out of ‘autopilot mode’, which can dominate our lives. Halifax (2014) developed the GRACE model of interacting with patients that encourages a mindful approach by helping to focus our intention as we first step into a relationship with the patient, encouraging meaningful and helpful interaction and then bringing the encounter to an end. Halifax describes how the GRACE model can support compassionate care:

Clinicians often do not take a ‘reflective pause’ but jump into immediately assessing the patient before getting attentionally and ethically grounded, seeing their biases, then sensing into the patient’s experience before making a clinical assessment. The GRACE process can guide a nurse into that moment (or moments) of reflection that can provide the base for healthy, grounded and principled compassion. (Ibid.: 123)

The stages of the GRACE model are shown in Figure 5.2 and are discussed below. In the *first stage* of gathering attention, Halifax suggests that we take just a moment to notice where our attention is, perhaps becoming aware of the in-breath or sense of feet on the floor to help us become present.

In the *second stage*, she suggests we bring to mind our intention, get in touch with a sense of why we are about to engage with that person and the values that we seek to embody while doing it. We do not often think about the values that bring us to the work that we do and, yet, for many nurses, it was a strong sense of vocation and a desire to care that brought them into the profession. Bringing this to mind during the workday may be a source of support for us as it helps reconnect us to our sense of purpose, which is often lost in the busyness of everyday healthcare delivery. It should be noted that neither of these stages needs to take any more than a few

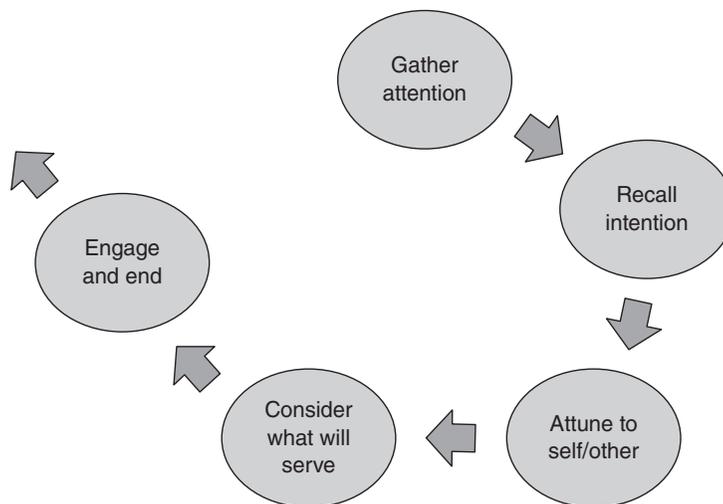


Figure 5.2 GRACE model of compassion care (adapted from Halifax, 2014: 123)

seconds – Halifax is not suggesting that we take a break every time we move on to a new person!

In the *third stage*, we attune first to ourselves, how we are feeling, the thoughts that are arising as we start to move towards engaging with this person. Having become aware of these, we become more conscious of what we are bringing with us into the interaction and how what we are feeling and experiencing might affect our perception of the person for whom we are caring. Then, we attune to the other person, having noticed our own biases and subjectivity and using that as the basis for empathy, we orientate our attention to the other person.

In the *fourth stage*, we consider what will serve, explicitly bringing to mind relevant experience and knowledge that is relevant to identify what needs to be done. Halifax described how this process of discernment ‘requires attentional and affective balance, a deep sense of moral grounding and an ethical imperative, as well as an unbiased attunement into the patient’s experience and needs’ (2014: 124), which is what is established in the first three stages of the model.

In *fifth stage*, we engage with the patient, carrying out the work that needs to be done before finding a way to end the encounter. Halifax places strong emphasis on setting up before engaging with the patient by first getting in touch with yourself, becoming aware and present. Equally, she then emphasises the importance of needing to consciously end the interaction, to: ‘acknowledge internally and often interpersonally what has transpired’. Failure to do this may make it difficult to move on to the next task because, mentally, you may remain caught up in previous encounters that, although no longer actually happening, remain live either emotionally or in our thoughts or both.

It is important to note that although we have discussed this model in relation to working with patients, it is equally applicable in any encounter that we have. Its value is particularly powerful in interactions that may be problematic such as with a difficult colleague or manager. Grounding ourselves before engaging, especially at times where we feel an emotional charge or particularly vulnerable, can help to create space for skilful responses as opposed to reactions based on habit.

Finding the joy: Becoming mindful of what we give and what we receive

As we said earlier, becoming mindful is not just about recognising the difficult or challenging aspects of our lives. We can also become more aware of moments of joy, happiness and beauty, more able to feel them deeply and become better at noticing them within our own experience. In a qualitative study of the impact of mindfulness training on nurses by Cohen-Katz et al. (2005: 84), they cited a nurse who had been on an MBSR course, which includes a task in which they are asked to observe and record pleasant events over the week, like saying:

When looking for a pleasant event, I kept looking for something really big. Then I realised that the simple interactions with others in my life are the ones that are the most pleasurable – really noticing how it feels when my husband’s arms are around me in bed or hugging my child and stroking her hair ...

We can train ourselves to start to notice pleasant experiences when they arise but this is challenging if we have become used to living in states of stress and anxiety. The phenomenon of confirmation bias describes how people pay more attention, and give more weight, to information that confirms their current position or beliefs (Wason, 1960). Whilst a little oversimplistic, an example of this is if we have decided that, today, 'I got out of the wrong side of bed,' we will naturally be drawn to noticing the aspects of our experience that confirm this – the person who pulls out on us on the motor way; the negative comment from a colleague; the milk running out – as opposed to those aspects of your experience that may present a different case: your partner making you a cup of tea; the flowers in your front garden; the person who let you out at that busy junction. This is not to say that there aren't difficult circumstances in our lives and jobs that are demanding and draining but, as we learn to pay attention, we start to notice the variability of our experience and the aspects of our experience that don't fit with our dominant narratives.

This is just one very particular example about a given day but imagine these patterns writ large over the whole course of our lives? How much are we missing? In order to work that out, we have to stop and notice – which is the first step in mindfulness practice. Activity 5.4 provides a way of starting to reconnect with the positive aspects of our experience.

Activity 5.4 Shifting Our Focus to Change Our Experience

Where we choose to place our attention has a huge impact on how we experience the world. As human beings, we are wired to notice threat and, as such, tend to focus on negative experiences. Have you noticed how despite all the people you might help in one day, all of them will be forgotten as you focus on the one person whom you couldn't help or the mistake that you made?

This task has two elements. At the end of each day, sit down and write:

1. At least three things that you have done to help others, where you are able to appreciate the contribution that you made to their lives (personally or professionally).

They do not have to be big things! Making someone a cup of tea, giving your time to chat with a friend, holding a patient's hand to ease their fear, remembering to say 'Happy Birthday!' to a colleague ... these are worthy of recognition and celebration.

2. At least three things that you are grateful for that day.

Again, they do not have to be big things! Perhaps seeing the sunshine as you walked from your car into work, a patient who said 'Thank you,' a nice meal.

These are exercises that help to retune our attention so that we start to become increasingly conscious of the positive aspects of our lives.

Nursing and Mindfulness: Frequently Asked Questions

In this section, we take three key questions that are often raised about mindfulness and nursing as a way of exploring how mindfulness is relevant to nurses and within nursing practice:

- 1. At times, when I am feeling really stressed and anxious, I find the mindfulness meditation exercises difficult as the ‘space’ becomes filled with worry and pre-occupation. I have at times tried the practice before work but, due to the worry, this has been difficult. What would you recommend?**

This is a very common experience even amongst experienced mindfulness practitioners. First, it is important to note that the practice of mindfulness meditation does not require us to stop thinking, have a ‘clear mind’ or be relaxed. This is a common unhelpful misconception. During meditation, the practice is simply to be aware of what is – including the thoughts that arise and fade out during practice as well as the tension that may be present in our bodies. Striving to become calmer or to stop thinking is likely to make the practice more difficult, as you may get more tense when you notice that your experience is not as you wish it to be (you may find it helpful to reread the ‘Attitudinal Foundations of Mindfulness and Their Role in Nursing’ section above). For example, when engaging in a breath awareness practice, which involves focusing on the experience of the breath, when you realise that you have become distracted from the breath, then you repeatedly bring your attention back to the breath as best you can. Sometimes, it may feel like you do this hundreds of times a minute! Or, perhaps, if you have one dominant story running through your mind, you may completely forget the practice for many minutes at a time. But this does not mean that you are ‘bad at mindfulness’ or ‘can’t meditate’, it is simply how the practice is today. So, even when we feel like the practice is ‘going badly’, the invitation is to keep practicing with gentleness, patience and a beginner’s mind. Your experience of the practice can change dramatically even within a short time.

Having said this, however, I appreciate how challenging it can be to meditate when your mind is all over the place and I have at times cut meditations short for this reason. When starting out, be realistic about how long you want the mindfulness practice to last. You may find it easier to build up to longer periods of time. Be conscious of what is going on in your life and be kind to yourself regarding whether to engage in a practice, whilst also noticing our tendency to be lazy or put things off. When things are particularly stressful in our lives is when mindfulness becomes most beneficial, yet it can also be the time when practice is the most challenging. Continuing to practice regularly when things are relatively calm is a good way of developing our skills and confidence when conditions are more supportive of our practice:

- 2. I feel that being hyper-vigilant and forever on alert is an essential part of my role and I am not sure how I can be mindful or in the moment when it is important that I am accountable and responsible for the health and safety of all of my patients.**

It is possible to be mindful in any situation that we find ourselves in and being mindful does not mean that we are not able to meet our responsibilities or that we forget everything. It is not about shutting our minds down or disconnecting from what's going on. However, as we become more mindful, there may be a shift in how we relate to the pressure placed on us. When we consciously bring awareness to where we are and what is going on and stop being so caught up in our thoughts about what's going on, which may well be adding to our sense of anxiety, we may deal more effectively with what is in front of us.

Imagine that you have to carry out a procedure with a patient and you know that you are pushed for time, constantly ruminating on thoughts such as 'I must finish this soon as I need to write up those notes and speak to that colleague,' 'I don't have enough time to do this properly,' 'I am not good at doing this,' 'What if I get it wrong?' will not mean that you are more likely to do the procedure well. Constantly thinking about the mistakes that we fear we might make does not protect us from making them – it actually draws our attention away from where it needs to be, on the patient, and it also fuels a negative thought cycle which may contribute to decreased confidence and burnout. Another important aspect is that if we are present, we are better able to identify creative solutions to the issues that cause stress and we become better able to identify and meet our own needs. This may include looking after ourselves better as well as identifying steps to reduce stress in the workplace. It may, of course, also include leaving a job role that becomes too overwhelming for us.

However, we don't expect you to blindly believe us. It is important that if you are curious about the benefits of mindfulness practice that you then find ways of engaging in mindfulness practice – it is not about transforming everything you do overnight but about starting slowly and taking small steps during your day so as to become present and aware.

- 3. I would like to feel that I can end my day but I often take home my concerns about clinical situations at work or issues with colleagues. I would like to feel that I could leave some of this worry at work. It can feel as though, emotionally, I am on call 24/7 and, sometimes, it is almost a relief to return to work to allay these anxieties.**

Earlier in the chapter, we introduced the work of Halifax (2014), who developed the GRACE model of compassionate care-giving. She focuses on endings in recognition of the importance of consciously ending interactions with patients. This can also be applied, and perhaps is even more important, when marking the end of a shift so that you are able to consciously move into other roles in your life and put down the role of being a nurse. Any mindfulness practice aims to develop our capacity to be present, which means that when we are at work, we can be fully present at work, and when we are at home, we can fully engage at home. However, there are particular ways of using mindfulness practice to end your workday:

- When you get into your car at the end of the day, put you key into the ignition and, before you turn it, take several breaths and check in with yourself.

- On the drive home, spend some time without the radio on and be aware of the experience of driving, particularly bring attention to what you are seeing, noticing how this familiar route looks at that time.
- If you use public transport and a phone and headphones, use that time to do a short guided mindfulness practice.
- Place a small notepad in your car or bag so that if anything work-related occurs to you on the way home, you can write it down before arriving home.
- On arriving home, take a pause before entering the house, consciously acknowledging that you are now home and that you can choose to be present here.
- I find it hard to give undivided attention to my patients as I feel that I am always preoccupied with the next ‘task’ or being aware that there is a job that I have not completed. I like to think or hope that my patients are not aware of my inattention but I am sure that there are times when they are.

Being distracted this way is very common in today’s society, which places a lot of value on being busy. That is not to say that your job is not busy! But even within the busyness, we can learn to pay closer attention to what we are doing at any given moment. Sometimes, we might confuse being busy with being efficient but, from my experience, these are not always the same thing. Research suggests that we are actually very poor multitaskers and that mistakes occur due to distraction. Healthcare settings can be chaotic; disruptions and interruptions are significant contributory factors to errors such as drug-administration errors (Kreckler et al., 2008). Perhaps there are times where our perceived hyper-vigilance is an illusion and, in fact, we are in a state of inattention. Practically, we need to consider how to focus and explore ways of ending the previous task before consciously moving our attention to the task in hand (reread the above answer for suggestions on how this might be achieved). It is also important to bear in mind that mindful presence does not need to take up more time and that it may help us to be more efficient and effective, thereby avoiding mistakes and saving time in the long run.

With regards to whether or not patients notice if you are distracted, just consider your own experience for a moment: Can you recall a time when you were trying to talk to someone and they are clearly not engaged with you? It can be quite hurtful and alienating, particularly if we are feeling vulnerable at the time, so it is unlikely that patients are not aware. Furthermore, it is not only the patients who suffer from your lack of presence, it also detracts from your experience as a nurse. Ultimately, you are there to care and, although your role has many different facets, if you are not actually present in those moments of care delivery, you also miss out on the joy and connection that can arise from them which make the work of nursing worthwhile. There are probably not many nurses who would describe writing notes or care plans as one of the more rewarding parts of their role. But, as we said above: when you are writing the notes, be present to writing notes; when you are caring for a patient, be present with the patient; when you are talking with a colleague, talk with a colleague.

When these tasks are interrupted – as they inevitably will be because you are more aware – you can actively choose how to deal with the interruption rather than just reacting. Is it urgent? Does it require your immediate attention? In which case, you

choose to shift your attention to the new task. Or can the interruption wait? Be clear with the person who has interrupted you about how much time you need before you can deal with them. Responding in this way means that you don't get pushed and pulled like a bottle on the waves of the sea. However, if you do find yourself getting completely caught up in events, be kind to yourself as you notice this and take a few conscious breaths or feel your feet on the floor as a way of becoming present and reengaging in a more conscious way.

Conclusion

Mindfulness is currently a bit of a buzzword and is often portrayed as something of a cure-all. Although we don't agree with all the 'hype', we do feel that it is useful and, when developed through regular practice, is supportive of nurse well-being as well as effective and compassionate patient care. A last point that we would like to make is that, although much of the discussion in this chapter has been about acceptance and letting go, mindfulness is not about becoming passive or submissive, gallantly coping with whatever is thrown at you. Attention is rightly being drawn to the current stresses in the healthcare working environments and the risks posed by nursing burnout and distress to the quality of care provision and the harm to nurses themselves (see McPherson et al., 2016). Action needs to be taken in order to ensure that the rights of nurses are protected and that working conditions for nurses are improved. However, paradoxically, acceptance of the way things are in the moment can free up energy and facilitate creative action to effect change. Developing a mindfulness practice is therefore not about sticking your head in the sand or being walked all over in the name of 'acceptance' and 'letting go'. It is about being present with what is, both within ourselves and in the world, and then taking action in accordance with our values. Sometimes, this may include advocating for change in the workplace, standing up for a patient or perhaps a career change. But, whatever it is that we do, it is done with awareness, informed by our values and aspirations and not as a knee-jerk reaction, based on old habits and preconceived ideas.

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