Mindfulness trainings and skills have shown to be beneficial for coping with work related stress. The challenges associated with complex organizations may be especially relevant to target with mindfulness interventions. In this symposium about mindful management in larger organizations, the first presenter will discuss a study on the benefits of mindfulness in a healthcare organization while highlighting the challenges of conducting a randomized controlled trial in an organizational setting. The second presenter will present the results of two cross-sectional studies in which different aspects of mindfulness practice are related to health professionals’ work stressors, emotional withdrawal and life satisfaction. The third presenter will address the most common sources and predictors of stress among company executives in relation to an executive health program. The last presenter will discuss a theoretically-guided approach to definition and development of a mindful Board of Directors.

Symposium overview

**Presenter 1**  **Felicia Huppert** - Towards an ideal RCT on the benefits of mindfulness: theory versus reality in a healthcare organisation.

**Presenter 2**  **Arndt Büssing** - Situational awareness but not frequency of non-interventional meditation relates to lower stress perception and higher life satisfaction of hospital staff

**Presenter 3**  **Ravindra Ganesh** - The Stressed Executive: Sources and Predictors of Stress among Participants in an Executive Health Program

**Presenter 4**  **Elisabeth King** - Mindful Boards: A theoretically guided approach to attuning the attention, awareness and acceptance of directors and the Boards they serve

**Chair:**  **Felicia Huppert**
Towards an ideal RCT on the benefits of mindfulness: theory versus reality in a healthcare organisation.

Felicia Huppert

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Background and objectives: Conducting a well-designed randomised controlled trial is never easy, even if participants are conscripts such as school students or a clinical sample. The challenges are even greater in highly demanding organisational settings such as hospitals. Yet staff well-being is essential to reducing burnout and increasing retention, and to optimal functioning which in turn is reflected in patient outcomes. We have undertaken a research project which investigates the benefits for staff and patients of a mindfulness and compassion-based intervention for nurses. The project compares two interventions, both of which can be expected to improve well-being - a mindfulness/compassion program is contrasted with a more cognitive, goal focused program.

Methods: The study was a three-arm RCT, with hospital wards as the sampling unit. The mindfulness/compassion and cognitive/goal focused programs had been previously trialled in these hospitals. Each program comprised three full days of training, with measures taken at the start and end of the program and approximately four months later. The study design had several unusual features. The wide range of self-report measures was augmented by objective measures (e.g. heart rate variability), qualitative interviews, patient reports and ethnographic observation. Further, since only a subset of nurses within selected wards volunteered to participate, we examined the ripple effect on other ward staff using social network analysis.

Results: The study is in its final stages, and major data analysis is scheduled for April/May 2018. A meeting has been organised for team members to discuss their experience of the project from their different disciplinary perspectives, including philosophy, anthropology, Buddhist studies, nursing and clinical, organisational, social and positive psychology.

Discussion and conclusion: This study has posed many challenges, including the scheduling of the intervention programs and the availability of nurses to participate in the full training program and follow up measures. Nevertheless, we anticipate there will be many interesting findings and valuable learnings from the project. We hypothesise that both programs will have benefits on nurse well-being and compassionate care, but that the effects of the mindfulness program may be more sustainable. We further hypothesise that nurses may respond better to one program over the other depending on their sociocultural background.
Situational awareness but not frequency of non-interventional meditation relates to lower stress perception and higher life satisfaction of hospital staff

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Background: Meditation and mindful awareness are reported as crucial to cope with work related stress. These findings were from intervention courses aiming at stress reducing, while the relevance of this resource in daily work routine of hospital staff is unclear.

Aim: We intended to clarify whether frequency of meditation or sporting activities (as compensation strategies), or conscious presence and self-control (as a measure of ‘mindful’ situational awareness) are related to health professionals’ work stressors and subsequent reactions of emotional withdrawal (Cool Down), and to their life satisfaction.

Methods: In two cross-sectional studies we enrolled 1,384 nurses (66%) and hospital physicians (34%). Standardized questionnaires were Conscious Presence and Self Control (CPSC), Stress perception (PSS), Utrecht Work Engagement Scale (UWES), Multidimensional Life Satisfaction (BMLSS), etc.

Results: 52 to 54% of nurses and physicians were practicing sporting activities at least once per week, while meditation was practiced at least once per week by 15 to 17%. Frequency of meditation was neither related to stress perception or cool down, nor to life satisfaction or work engagement (r<0.40), work engagement (r>0.35) and cool down (r>0.30). Stress perception was moderately negatively related to nurses’ CPSC (r=-.45), but only weakly negatively to physicians’ CPSC (r=-0.21). Meditation correlated only marginally with CPSC (r=.10).

Conclusions: Non-interventional meditation practices (practiced at home and separated from daily life routine) were not a buffer against work stress or otherwise positively related to life and work satisfaction. Instead it was hospital staffs’ situational awareness which was identified as a beneficial attitude and behavior. The development of a mindful attitude also in the work routine seems to be of relevance, because sitting in meditation at home was only marginal association with CPSC. This may indicate that this beneficial attitude could be developed also apart from conventional meditation courses to reduce work stress (‘Point-of-Care-Mindfulness’).
The Stressed Executive: Sources and Predictors of Stress among Participants in an Executive Health Program

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Background & Objectives: Stress is highly prevalent in American society and is a well-documented risk factor for a wide range of medical disorders. Company executives comprise a particular demographic group that has a high stress level. Our objectives were to assess the most common sources of stress, predictors of high stress, and other correlates among a cohort of executives.

Methods: This was a cross-sectional survey regarding stress-related concerns using a 14-item intake form for executive patients seen in the Department of Executive Medicine at Mayo Clinic, Rochester, MN, USA and referred for an individual stress management consult between July 2012 and March 2016.

Results: Of 839 executives, 827 answered the survey questions (response rate, 98.6%). The majority (51.3%) of the 827 patients admitted to having a high stress level. Study participants reported they struggled most with the well-being measures of sleep, anxiety, energy level, and diet. Most patients (n=551, 65.7%) reported that their main stressor was work related, followed by 397 patients (47.3%) who cited the main stressor as family related; 172 (20.5%), health related; and 62 (7.4%), work-life balance. The strongest predictors for high stress level were younger age and worse quality of life as measured by pain, energy, anxiety, diet, and relationships.

Discussion & Conclusion: This study showed that among executives referred for individualized stress consult, the 3 main sources of stress in their lives were work, family, and health problems. Participants struggled most with sleep, anxiety, energy level, and healthy diet, and the largest difference between low and high stress level in the unadjusted model was observed for anxiety and sleep. Highly stressed participants also reported significantly less physical activity. In the 2 adjusted models, younger age was significantly associated with greater stress. By comparison, higher levels of anxiety, worse diet, and worse sleep were each predictive of high stress. Sex was not significant in the multivariable analysis. These findings suggest that executives with a high level of stress might be best helped through a multi-modality stress management program. Our findings merit replication in larger studies and more definitive confirmation with prospective clinical trials.
Mindful Boards: A theoretically guided approach to attuning the attention, awareness and acceptance of directors and the Boards they serve

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Background and Objectives: The challenges associated with an increasingly complex and globalised corporate environment have led academics and consultants to suggest that mindfulness has much to offer Boards of Directors striving to skilfully navigate their extensive responsibilities. Mindfulness supporters argue that responsibilities, including managing corporate strategy, performance risk, governance and the crucial choice of senior positions are enhanced by the capacity to purposefully direct cognizance. The dialogue of hope for mindfulness interventions includes individual and organizational objectives such as: the development of individual director’s minds (Blood, Coutts & O’Dea, 2016), and performance (King & Haar, 2017); adaptation to the increased environmental risks of climate change (Wamsler, 2018); and increasing the individual and group awareness of the nature of economies and their interdependent relationships to broader society (Giorgino & Walsh).

Consultants argue that a mindful Board is a new approach to increasing governance, relevance and effectiveness (Roberts and Sommerville, 2016), but it is as yet unclear exactly what a mindful Board is, how you would measure one, or develop one. The potential for conducting effective mindfulness interventions at any organizational level is limited by the confusing literature, a lack of an agreed definition for the construct (Islam, Holm, & Karjalainen, 2017) and growing scepticism of the mindfulness boom fuelled by instrumental “McMindfulness” (Purser & Loy, 2013), programs.

Method: In order to progress discussion of mindfulness in governance, this paper proposes a theoretically-guided approach to definition and development of a mindful Board of Directors. The definition is drawn from a cross-disciplinary review of the topic (King and Badham 2017), and is used as the basis for a description of the kinds of capabilities and qualities that a mindful Board would seek to create. These behaviours are then described in a diagnostic tool - the Mindfulness Analysis Tool (MAT) in both an exemplar and measurable manner.

Discussion: The MAT is intended to guide a Board to understand their collective and individual capacity for mindfulness and ways to enhance Board capabilities by facilitating individual and collective attention, awareness and acceptance of the complex nature of corporate environments.

Conclusion: It is hoped that this paper contributes to the practice of conscious governance.