

Exploring the contexts of mindfulness-based interventions experienced by health care workers in North American health care settings

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Background & Objectives:

Despite the increasing interest and use of mindfulness-based interventions (MBIs) in health care settings, there are varying outcomes and results experienced by participating staff. While some MBI programs are more successful, improving workplace conditions and the personal work and life experiences of participants, others suffer from high attrition rates and less-than-optimal personal and professional outcomes. Reviewing the contextual factors that influence MBI programming implementation and uptake by health care workers may help to understand why some programs are successful and others are less so.

Methods:

As part of an ongoing study, quantitative and qualitative research was conducted with Registered Nurses in a Canadian health care region to better understand the workplace contexts, and professional and personal influences related to MBI programming uptake. In addition, a literature review of related MBI research studies situated in North America was undertaken. The literature review included studies where participants were Registered Nurses, Physicians, and Allied Health Professionals (e.g. Occupational Therapy, Pharmacy, etc.) to determine if there were contexts specific to nursing, or more general health care contexts and issues which would influence MBI program uptake and success.

Results:

Several contextual factors were identified across health care disciplines which influenced the interest and uptake in workplace-provided MBI programming. Programming contexts included the type of MBI program offered (both content and format), the overall workplace organizational culture, and the local clinical setting. Professional contexts included the participant's training program philosophy and perspective, workplace staffing issues and demands, and the intensity of the participant's clinical work experiences. Personal contexts included personal life demands, perceived value and outcomes of the MBI, and current and/or past experiences with MBIs.

Discussion & Conclusion:

These contextual factors served at times to both increase and inhibit the uptake of workplace MBI programming across health care professions and settings. Further research is needed to better understand the nuances within and between these contextual factors, and how best to address them when implementing workplace-based MBI programs. Additionally, further research on the interplay between personal and professional factors would be of benefit for the implementation of MBI programming in health care settings.