(Dis)entangling mindfulness in palliative care nursing: “Mindfulness gets thrown around all the time, but what does it mean in practice?”
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Background and objectives. In this presentation, we discuss findings from a study exploring how mindfulness influences the relationally complex work of palliative care nursing. As articulated by a nurse in the study: “Mindfulness gets thrown around all the time, but what does it mean in practice?” What are the nuances of mindfulness practice for nurses caring for people who are dying and their families? Where living-dying is mired in chaos, uncertainty, and existential dis-ease.

Methods. Palliative care nurses (n=9) who self-identified as having a mindfulness practice shared their experiences and understandings of mindfulness. Through narrative analysis, their stories were analyzed as units of data to appreciate the multilayered, dynamic, and interwoven personal, social, and cultural storylines at play within it. Results. Nurses’ perceptions of causes and effects, particularly their own experiences and in-actions in practice were illuminated through stories shared. Participants’ ethical comportment, although shaped by professional, organizational, and social forces, was described as an embodied sense of “balance”, “grounding”, and “clarity”, even as suffering and strong emotion surfaced. This clarity was a way of ‘making space’ or ‘being open’ to the whole of the situation, and discerning how to navigate the relational complexity moment to moment. Yet participants also described (dis)entanglements; times they were “caught”, “triggered”, or “stuck” with/in aspects of situations unfolding – and shared processes and practices used to unravel from the tangles. Attachment to how things should be, and privileging one side of dualistic notions (i.e. self-other, being-doing, thinking-feeling, and personal-professional), impacted embodied clarity. Therefore, self-compassion within mindfulness practice was essential.

Discussion. Although nurses discussed mindfulness theoretically, their stories enlivened and extended understandings of mindfulness and the contextual layers of working with those who are dying. Through illuminating various nuances and tensions of mindfulness in palliative care nursing, it can more critically and thoughtfully be integrated into nursing education and professional practice.

Conclusion. Similar to contemplative traditions that use stories to impart wisdom, narratives derived from this study can be used as epistemological tools. By sparking reflection and imagination stories can help nurses consider ways of engaging (or not) with mindfulness as palliative care nursing practice.