



Moving from practice to praxis: A qualitative descriptive study revealing the value of Project7 Mindfulness Pledge[©]

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Abstract

Aim: To examine the experiences of nurses and nursing assistants who participated in a mindfulness project.

Background: Increased demands and fewer resources have become the norm in most health care settings. As a result, health care professionals face exceptional stress in their work environments and are vulnerable to burnout and compassion fatigue. Even more distressing, many new nurses are leaving their jobs within the first two years.

Methods: Qualitative interviews were conducted with nine participants to discover their experience with the project.

Results: The major theme, a process of *moving from practice to praxis*, is brought forth through in-depth descriptive analysis of nine individual interviews. The process occurred through three themes: fostering self-awareness and compassion; fostering other-awareness and compassion; and compelling transformation in the unit culture.

Conclusions: This study develops an evidence base for incorporating and building mindfulness into health care environments at a time when there is a tremendous need for highly functioning practitioners.

Implications for Nursing Management: Nurse leaders are encouraged to examine how they can support their staff in moving from practice to praxis as a part of improving professional well-being, retention, quality and safety in health care.

KEYWORDS

caring, cultural transformation, gratitude, mindfulness, praxis, self-compassion

1 | INTRODUCTION

Mindfulness is the mental ability to enhance self-awareness of and responses to present internal and external experiences in a

non-judgemental way. Through attending to one's reactions, one can reflect on the event and evaluate if it is possible to reframe it to lessen the perception of it being stressful (Klatt, Steinberg, & Duchemin, 2015). Importantly, Kabat-Zinn (2004), a scientist, writer and creator

Note: The corresponding author was faculty at the University of Colorado College of Nursing, and all other authors were employees of Denver Health Medical Center when this study began.

of stress reduction programmes, asserts that mindfulness is not about getting anywhere else or fixing anything, nor is it a brief encounter or professional seminar that is meant to be used when someone finds themselves stressed. It is a way of being that takes ongoing effort to develop and refine. It takes personal commitment and perseverance in formal practice to establish a degree of stability in one's capacity to endure stressful events and to see beneath the surface of the phenomena themselves as they arise in the field of experience (Kabat-Zinn, 2004).

The benefits of mindfulness-based interventions in the workplace have been well studied in organisational psychology but lacking in health care settings (Pang & Ruch, 2019). The high-stress environment and constant demands of health care staff can lead to safety issues in the workplace, decreased job satisfaction and ultimately poor patient outcomes (Raab, 2014). The health care landscape needs innovative effective interventions to prevent burnout and develop resiliency.

Recent literature demonstrates the positive effects of mindfulness within workplace environments. These include improved safety, enhanced teamwork and reduced turnover. Mindfulness is shown to reduce stress and allows the body to return to a parasympathetic state where creativity, productivity and empathy flourish (Klatt, Steinberg, & Duchemin, 2015; van der Riet, Levitt-Jones, & Aquino-Russell, 2018). Mindfulness-based interventions are often introduced in hospital orientations, but rarely discussed or integrated on a unit or among a team. Other widely studied interventions, such as Kabat-Zinn's mindfulness-based stress reduction (MBSR) protocols, provide the *training vehicle* for an introduction to mindfulness practices and relief of suffering (Kabat-Zinn, 2004). Additionally, this study provides a staff-friendly, innovative and low-cost learning process for daily clinical practice and provides a path for the creation of more mindful workplaces.

2 | AIM

The aim of this study was to reveal the experiences of nurses and nursing assistants who participated in Project7 Mindfulness Pledge[®] (hereafter referred to as Project7). This qualitative research intends to ascertain practical know-how and processes used by nurses and other practitioners who engaged in mindful practices outside of formal mindfulness-based training programmes. This research further contributes to the limited literature explicating the use of mindfulness interventions for health care employees by demonstrating how it brings forth praxis, professional practice directed towards reflexivity, action and transformation (Kagan, Smith, & Chinn, 2014).

3 | BACKGROUND

The literature on mindfulness-based programmes within health care employees is missing the phenomenological answer to "how" it impacts the provider outcomes. Kabat-Zinn's research showed the concepts of mindfulness are personal, universal and reflective

of the intrinsic knowing of oneself. The developer of this mindfulness intervention, Robert Varney, consistently saw the need for a mindfulness-based intervention on his unit and sought to identify how this natural capacity of mindfulness could be brought to nurses' work through basic instruction and reminders.

In 2011, Robert Varney RN developed Project7 as a voluntary pledge designed to be integrated into a clinical setting to support staff members by offering quick ways to become more mindful in the work setting. Based on scholarly works in the area of mindfulness (Kabat-Zinn, 2004; Thich Nhat Hanh, 2012) and founded on theoretical principles and practices of mindfully caring for self as the bases of caring for others, Project7 allows each participant to choose interventions for themselves without required documentation or mandated participation. Rooted in a caring/healing philosophy, it is an unconditional invitation over a mandate (Polkinghorne, 2004; Watson, 2018). The seven pledges aim to improve relationships in the workplace through increased self-awareness of those who participate (Appendix S1).

In 2018, a preliminary retrospective quantitative study was conducted on Project7 after implementing it on an acute 25-bed unit, to determine its effectiveness on job satisfaction and teamwork (Monroe et al., 2019). Results confirmed the unit that used Project7 had significantly higher job satisfaction than units that had not used Project7 and laid the foundation for the current study to understand the participants' experiences and perspectives.

4 | METHOD

A qualitative descriptive design was identified as the design for this study as it offers a comprehensive summary of an experience in everyday terms (Sandelowski, 2000). The research team included three doctorally prepared nurses, one master's-prepared nurse, a registered nurse and a research assistant. The interview questions were developed by the first and the last author and vetted by the research team. Institutional Review Board (IRB) approval was obtained prior to implementation of the study. Participants provided written consents.

4.1 | Population and sample selection

The study sample included current and formally employed nurses and clinical nursing assistants (CNAs) who participated in Project7 over the past five years. Fifty-three current or past employees of the hospital, who had participated in Project7, were emailed and invited to participate in the study. Ten responses expressing interest in participating in the study were received, and interviews were arranged to accommodate the participants' work schedules. Interviews were conducted until repeated evidence supporting the major themes was reached. Nine nurses or CNAs were interviewed. Interviews were conducted by two of the authors in a private conference room at the hospital, and no compensation was provided.

4.2 | Summary of the intervention

The intervention has three components, including a tenet board with one of the seven pledges that rotates each month for seven months, a gratitude board where participants can offer appreciation to one another, and daily huddles where the intervention is reinforced. Each month for seven months, one of the agreements is highlighted on the tenet board in a hallway, with a one-page explanation of what it means to practice that particular pledge. After cycling through all seven pledges, the rotation starts over making the programme iterative and keeping the pledge formative in practice. All staff members are invited to participate (see sample pledge; Appendix S2).

In addition to the pledge board, a gratitude board is displayed in the hallway for staff to acknowledge acts of kindness and compassion. The third component of Project7 occurs during daily huddles, where the charge nurse reinforces the pledge for the month, and staff are invited to dialogue about it.

4.3 | Data collection

Participants were asked, *Tell me about your experience with Project7?* Follow-up questions were asked to gain a deeper understanding. These questions included the following: *Tell me a story as an example of how you used Project7? What influence does Project7 have on you and your work? What benefits, if any, do you realize from the use of Project7? What challenges, if any, do you experience in the use of Project7? And, finally, what experiences have you had with others who use Project7 in their practice?* The interviews ranged from 20 to 45 min.

In-person interviews were recorded and transcribed verbatim. The first two authors read each transcript for accuracy. When discrepancies were noted, recordings were revisited and corrections to the interviews were made.

4.4 | Data analysis

The first two authors created an interview summary as a descriptive memo for each interview. Hatch (2002) advises the use of memos in the initial stage of analysis to describe potential emerging insights and impressions after the interview. Data were further analysed using an inductive approach (Creswell & Poth, 2018). This process involved forming codes, building descriptions, developing themes and providing interpretations based on the researchers' perspectives. A table of themes, code names, when to use and examples of selected text were created to aid in this process. The ongoing interpretation was comparative and cyclical, with each round being informed by previous writing and dialogue until understanding of the data was obtained. Once consensus was reached, findings were shared and further interpreted with the other authors on the research team. The final cycle of interpretation incorporated the present literature to extend explication of the data. The process of working as a team validated and contributed to the rigour of the interpretation of findings (de Witt & Ploeg, 2006).

5 | RESULTS

Data analysis revealed three themes: fostering self-awareness and compassion; fostering other-awareness and compassion; and compelling transformation in unit culture. Themes were embedded in the overarching process of moving from practice to praxis and nurtured through three key elements (monthly tenet board, gratitude board and regular reminders).

5.1 | Fostering self-awareness and compassion

Many of the stories revealed their initial response to Project7 was increased self-awareness. Tracy described the value of having a daily practice of being self-aware. He acknowledged that the components of the pledge are common sense, but, at the same time, it is often neglected. He stated:

I see it as a reminder for my daily practice. It's every month I get to go to that board and read what it says and take that to heart in terms of... I pledge to be prepared. That means I really need to take a look at how I'm doing personally. Am I getting enough sleep? Am I getting enough food to eat? Am I getting enough water? Am I treating my body, right? Am I emotionally prepared? Do I feel like I'm able to go do and be the best nurse that I can to provide the patient care that I know I can provide.... but, what it is, is it's a reminder to treat yourself correctly and to be the best person you can be before being a healthcare provider so that when you go to take care of patients, when you go to do things, you can be right there in the moment, can be the best you can be and to help support these people the best way you know how.... It's a disservice to you and a disservice to patients that you take care of if you're not giving them 100% of what you've got every day.

Tiffany, a nurse on the unit for two years, described that participating impacted her by simply noticing self-care needs and rippled from there. Tiffany explained:

I mean, there's probably at least 20 of us that go and read the different reminder that changes every month or what the mindfulness pledge is, and so I think it makes everybody just bring to mind whatever the topic is that month... to be conscious of, are you showing up to work prepared? Are you rested? Are you bringing a lunch?

Tracy and Tiffany utilized the board as a reminder to take care of themselves first. They recognized that being compassionate towards their needs enables them to provide the best care for others.

Maria, an experienced nurse on the unit for seven months, described Project7 as a tool that helped her navigate stressful situations mindfully and expand her awareness leading to personal growth:

...it has helped me develop a way to accept people for who they are no matter how difficult. I remind myself that I'm here... I'm here for a reason and I'm here to help. When you see that big picture... then, you realize whatever stressful situation I'm going through is not that bad because I'm actually here to help people... I feel like it's personal growth for me too.

Maria also shares how she uses acceptance to get through a difficult situation with a patient and family.

I have one instance, I have patients and families and being micromanaged every 5, 10 minutes I'm in there. And nothing is being resolved, they're not satisfied at all. And no matter how much I try to make others happy and satisfied with my care, it's like nothing is making them happy. As a nurse, it's really hard, coz I'm such a nurturing person. And that's all I wanna do is nurture and take care of the problem. And so, when I get to that point, I'm like, what else can I do? And I, I'm such a critic on myself. Like when this kind of things happen and they're just not happy, I put it on myself a lot of times which is really, really hard. But I think with Project7, it's like we're here. We have accepted whatever outcomes. We have to kinda learn to be optimistic.

Maria spoke of a willingness to consciously reframe a situation accepting it just as it is. While Maria acknowledged it would be preferable to “make others happy”, she recognized it is not always possible. She focused on acceptance examining the opportunity for personal growth. This process taught Maria optimism.

Tracy, Tiffany and Maria demonstrate what Neff (2011) refers to as the power of being kind to oneself. Research suggests being compassionate towards oneself as the basis of caring for others leads to expanded self-awareness and compassion. In addition, their stories exemplify how using reflection to ask questions in everyday clinical practice and using inner learning and healing is part of the praxis journey (Horton-Deutsch & Sherwood, 2017; Johns, 2004).

5.2 | Fostering other-awareness and compassion

Participants described that by beginning to expand self-awareness and nurture self-compassion, they started to radiate the same attributes towards others, moving their focus from intrinsic to extrinsic elements. They recognize, by starting with themselves, they were more readily able to be kind and compassionate towards

others. They developed a keen sense of self that enabled them to attend to others, including interactions with patients and team members. For example, Jade, a RN on the unit, reported that Project7 helped her communicate more effectively and genuinely with patients.

And so, I try to think about those things... to consider what this looks like for you as a patient. How does this look when I'm talking to you and I don't want it to seem like I'm talking down to you at all. I want it to seem like we're partnering and a lot of that comes from an attitude of mindfulness about how am I taking care of my patient... And so, yeah, I would say that it probably helps with my practice on a daily basis.

Jade described this as a way of practicing the experience with the patient. She believed that being mindful and equanimous allowed her to connect with her patients. When she was able to remain in a calm and relaxed state, she was more connected and attuned to the patient and their perspective.

Maria also described her journey of moving from the intrinsic to extrinsic elements and how this process radiated out towards others. She explains,

Like it always starts with me. And I feel like when it starts with one person, it kinda has a domino effect and it affects other people. And it actually keeps positivity and teamwork, which is such a hard thing sometimes to get, in a certain place. But I feel like even with just a few people practicing it, it kinda allows other people to be affected. So, we all are able to practice teamwork. And, are also able to face whatever challenges that may come in that floor with a positive attitude.

Other participants identified how their expanded awareness allowed them to ask for help and identify what was going on with those around them. Ava, who had been on the unit since attaining her nursing degree six years ago, explained:

There were a couple of times where I had two ICU transfers... I was communicating to my staff like, 'I need help'. They swooped in and took my other patients while I was doing two ICU transfers and...that was all part of mindfulness Project 7 because they were all helping me out; they knew I was struggling.

Ava further explained that communication is viewed as very positive on the floor and it builds teamwork and trust and supports safety. According to Ava,

... we had a very hard patient and a nurse came up to me, 'For safety reasons, do you feel safe? Do you want me to take this patient from you?' And she was genuine about

it. I'm like, 'You know, that takes a lot for a nurse to come up and offer to take this patient'. I was like, 'No, I think I'm okay but I will need your help later'. She goes, 'Okay, I'm here'. ...And I think, we have to trust each other and that's a big part of it.

Emma, who had been on the unit for 5.5 years, saw Project7 helping her to have a better day and her unit to have better teamwork. It sets a positive tone for the day, "encouraging everyone to be more aware of their own needs and others". Like Ava, she experienced staff leaning on one another when there were problems and felt the unit has a very supportive environment. These findings support recent research demonstrating that teamwork and human connection in health care matter and can be an antidote for burnout among health care providers (National Academies of Sciences, Engineering & Medicine, 2019; Trzeciak & Mazzairelli, 2019).

5.3 | Compelling transformation in unit culture

The movement from intrinsic to extrinsic elements leads to a transformational unit culture. All participants described feeling that they are part of something bigger. Many of the participants noted that the effects of this practice-to-praxis phenomenon translated to a positive atmosphere and healthy work environment. Tiffany described an accumulation of positive energy that attracted even other team members in the hospital to participate:

I feel we have a very positive environment, and I've heard the hospitalists that work on all of the floors say that they like to hang out on our unit because it's an open, friendly, fun environment, and they do,... they choose to hang out here. That attests to the positive nature of it, and we hear float pool staff say the same thing. Float-pool nurses will typically speak really highly of our floor and be glad when they get floated to us.

For Emma, the level of teamwork and positivity is so significant that it influenced her decision to stay at her current job. She believed staff have better teamwork by setting a positive tone for the day when everyone shows up prepared and in a positive mindset. She stated, "It encourages everyone to be more aware of their own needs and others and creates a more supportive environment".

Dora, a CNA, asserted that Project7 directed teamwork to a less hierarchical structure, and she is respected for what she adds to the team. As a CNA working for the first time in health care, she appreciated the respect from her colleagues. She described the programme as being "centered on gratitude and fostering awareness that positively impacts the whole team". Research demonstrates collaborative work environments are positively associated with job satisfaction, retention and better patient outcomes and negatively correlated with stress, burnout

and compassion fatigue (Aiken et al., 2012; Cho et al., 2015; Wei, Sewell, Wood, & Rose, 2018).

Tiffany, an RN, believed that the culture is "staff-fuelled", and Charge Nurse Tracy agreed that "the people there have to be living the mission in order for it to be successful in changing the culture". Dora stressed that the culture the pledge has created "picks up for the deficits in the individual nurses". Additionally, Marcus identified that Project7 makes the participants "valued and cared for". As a result, the staff on the unit are very cohesive and work well together. He went on to assert that this had a lot to do with connection; Project7 uses "a reflective approach to self-discovery and encourages individuals to recognize that we are all connected". For a long time, Marcus thought care was all about the patient, but he has come to believe it is about the relationships.

Participants of this study repeatedly acknowledged that this evolution of intrinsic to extrinsic elements is a cyclical and interactive process. This integral cyclical effect is similar to Shulman's (2002) Table of Learning, wherein individuals move from engagement, information/knowledge, practice, reflection, discernment and commitment to further engagement, thereby creating an iterative process of an ongoing learning environment. Once the 7-month programme ends, it merely starts over.

Participants acknowledged what makes Project7 possible is the way it is carried out. Project7 is supported by leadership through a shared vision but enacted by individuals. While it was initially introduced by a charge nurse, it quickly became owned and reinforced by the participants. It is an invitation and voluntary. Leadership models the way by participating in and supporting the pledges and featuring it as a unique aspect of the unit as part of the interview and hiring process.

6 | CONCLUSION

The data from these interviewees provide a description of how health care professionals utilized Project7 to move from practice to praxis. This voluntary programme focused on self-development and demonstrated how growth starts from within, extends to others, and eventually transforms the culture. Given the high rate of turnover among nurses, this programme illuminates one evidence-based approach to keep nurses engaged in a manner that supports retention (Academy of Medicine, 2017; van der Riet, Levett-Jones, & Aquino-Russell, 2018).

This study lays a foundation for more in-depth qualitative and quantitative research into the value and application of mindfulness-based interventions in health care settings. This study did not ascertain the proportion of staff who adopted or were exposed to the intervention compared with those who chose not to engage. Replication of this intervention in a new setting and examination of overall staff engagement are recommended. Finally, it is recommended that future research include patient variables such as satisfaction and quality of care.

Project7's tenants begin with developing a sense of agency that extends to others and creates a sense of connection that unites individuals to something greater than themselves. These concepts draw upon an existential connection to why most individuals enter health care in the first place. The mindfulness intervention served to ground and root individuals to their discipline, which, in nursing, includes the timeless values and philosophical orientation to the unity of mind–body–spirit, whole-person health and human caring (Watson, 2018). Importantly, this study illuminates “how” practice translates into praxis and provides a foundation to further explore the effectiveness of Project7 on patient outcomes.

7 | IMPLICATIONS FOR NURSING MANAGEMENT

Findings from this study offer leaders insights into the application of mindfulness in health care environments. More explicitly, findings demonstrate how leaders can improve their work environments and positively impact health care through engagement with self and others at little to no cost. By instructing and reminding nurses to cultivate their own intrinsic abilities for mindfulness, nurse leaders allow staff to take responsibility in their own practice, to develop long-lasting change individually and within the environment. Further study illuminating the responsibility of leaders and organisations for supporting healthy work environments is needed, as even the most mindful health care professional has limitations if systems focus exclusively on tasks over the persons served and/or lack or withhold the resources for professionals to mindfully fulfil their vocations (Chamorro-Premuzic & Lusk, 2017). Therefore, studies utilizing Project7 need to explore how leaders and organisations contribute to creating healthy work environments.

Furthermore, the programme was built around the idea of being an invitation to staff where there is no mandate to participate. As such, Project7 is very different from other professional development activities that are derived and delivered as a top-down approach, where staff are required to demonstrate a particular outcome upon completion. In the current health care environment, most organisations demand metrics and desired outcomes. However, in an environment that genuinely focuses on caring and healing, we offer the opposite, an unconditional invitation to be part of something more substantial for the betterment of humankind.

ETHICAL APPROVAL

This study was approved by the Colorado Multiple Institutional Review Board, CB F490, University of Colorado, Anschutz Medical Campus 13001 E. 17th Place, Building 500, Room N3214 Aurora, Colorado 80045 (COMIRB# 181942).

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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