

The Mindfulness Spectrum

Illuminating the Impacts and Reasons for Incorporating
MBSR Trainings in a Healthcare Organization



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Date: 20 May 2016

Program: Managing People, Knowledge and Change

Acknowledgements

We would like to thank first and foremost our thesis supervisor **Sverre Spoelstra**, for his encouragement to dream of possibilities and to make this idea a reality. From the moment we came to your office with this ‘crazy’ idea of mindfulness, we knew we were in the right hands.

To the manager, employees and the mindfulness trainer at **Lyra**, for their willingness and contributions on our exploration of mindfulness in the healthcare field.

To the amazing people we met in this journey, **Julienne Stewart-Sandgren, Birgitte Gorm Hansen, Jeppe Skovgaard** and **Karina Schiött Jensen**, for making us believe not only in our topic, but also in ourselves.

To our translators and good friends, **Maria Milla** and **Hanna Järnehage**, for their patience and willingness to help us overcome our poor Swedish skills.

To our **families, classmates** and **friends**, for their encouragement and for hearing our enthusiasm and complaints throughout the thesis writing.

Finally, we would like to thank and congratulate **each other** for this amazing journey. Two girls from completely different backgrounds and with the same passion for wellness that somehow ended up in this magical Swedish town. It only took us a lot of patience, time with the keyboard, intense conversations, late nights and several walks around the park to come up with this thesis.

THANK YOU, THANK YOU!

Abstract

Title The Mindfulness Spectrum: Illuminating the Impacts and Reasons for Incorporating MBSR Trainings in a Healthcare Organization

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Purpose The purpose of this study is to gain a greater understanding on how healthcare workers are impacted by a Mindfulness-based Stress Reduction (MBSR) training and a manager's reasons for incorporating it.

Relevance As Sweden's elderly population grows so will the demand for caregivers. Since stress is a rising concern for healthcare organizations, this study will be of great interest for managers who consider incorporating mindfulness as a stress-reduction tool.

Methodology Within the scope of this qualitative study, we conducted semi-structured interviews with nine caregivers, three administrative staff members and the manager of the elderly home Lyra. Furthermore, we interviewed the MBSR trainer and participated in one of the trainings carried out at Lyra. To make sense of the data we used an interpretive approach.

Findings What we found throughout our journey is that each caregiver had a different understanding of mindfulness and their own ways of coping with stress. Also, the experiences workers had ranged widely in their professional and personal lives. What is more, MBSR did not only reduce stress, as the name suggests, but created many other impacts.

Contribution We illustrate *the process of mindfulness*: how caregivers become stressed and which techniques they apply for stress reduction. What is more, we extend current knowledge on the impacts of MBSR on caregivers' personal and professional. Lastly, we explain the reasons Lyra's manager had for implementing MBSR.

Keywords MBSR, mindfulness, mindfulness trainings, caregivers, healthcare, dementia, elderly, stress, techniques, outcomes

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1. Introduction

1.1 Background

Apple, Google and Ikea are incorporating it, Times Magazine is announcing it as ‘a revolution’, and there is mounting research about its physical, cognitive and psychological effects; mindfulness seems to have become mainstream and has eventually found its way into the workplace. Jon Kabat-Zinn¹ first introduced this concept in the late 1970s, after adapting Eastern Buddhist practices into a clinical tool to relieve people from stress-related diseases, and named it mindfulness-based stress reduction (MBSR) intervention (Purser & Milillo, 2014). When the method was first introduced, it was mostly clinics that applied it for patients with different chronic diseases; however, with time and after spiking the interest of scientists in different fields, MBSR has become widely spread, and is now being adopted in different organizations and fields and practiced in different variations (Hyland, Lee & Mills, 2015)². MBSR is one of the most widely taught forms of mindfulness trainings currently (Purser & Milillo, 2014). The method is an 8-week training program, with a 2,5-hour weekly session, and it entails the practice of different forms of meditation, body scans, yoga and other self-awareness techniques (Hyland, Lee & Mills, 2015).

Kabat-Zinn (1994) defines practicing mindfulness as “paying attention in a particular way: on purpose, in the present moment, non-judgmentally” (p. 4)³. Although currently there are several conceptualizations of mindfulness practices, the common understanding is that by focusing on one task at a time, a person can cultivate mental capacities that can help – among many other things – to lower depression, stress and anxiety, and enhance vitality, task performance memory and concentration (Ryan & Brown, 2003; Levy et al. 2012). According to Hougaard (2011), through the practice of mindfulness, workers can

¹ Jon Kabat-Zinn is the world-renowned founder of Mindfulness-Based Stress Reduction (MBSR) interventions, founder of the Stress Reduction Clinic and author of a number of books and scientific articles based on mindfulness (The Center for Mindfulness, 2016).

² Variations include MBCT (Mindfulness-based Cognitive Therapy), and MBMP (Mindfulness-based Medical Practice).

³ Although there are numerous definitions of mindfulness, we chose the one by Jon Kabat-Zinn since it is the most commonly cited among studies done on mindfulness and since he is the founder of MBSR trainings, which are our particular interest in the thesis.

learn to ‘tame the monkey mind’. He uses this term as a metaphor to illustrate the busy mind and the incessant mental noise individuals are plagued with and which contribute to stress and work overload. Consequently, once the mind is ‘tamed’, workers can put more focus on the tasks at hand and can increase their mental capacities and coping mechanisms (Hougaard, 2011).

As we have mentioned, mindfulness is commonly used for stress reduction in organizations. Furthermore, employee stress and burnout are some of the most common work-related health issues organizations face nowadays (Gordon et al. 2014). Such issues can contribute to employees’ low morale, absenteeism, increased turnover and reduced productivity at work, and thus affect organizations with regards to productivity losses, increased health care costs, among others (Wolever et al. 2012). We thought about which procedures were being carried out by organizations to try to alleviate these types of symptoms, and due to our personal interest in wellness practices we decided to focus on mindfulness-based interventions as a stress management tool. After searching for consultants, who worked with organizations in Skåne, we came in contact with a mindfulness trainer working with caregivers and staff at Lyra, a caregiving facility ran by the Lund municipality that cares for elderly and dementia – particularly Alzheimer’s⁴ – patients. The organization cares for 48 patients over 65 years of age and of which 42 suffer from a type of dementia. Around 60 employees work at Lyra, and these include caregivers, administrative staff members, coordinators of activities and cleaners. The caregivers’ tasks include helping patients with their daily needs as well as other minor administrative tasks. The MBSR training was implemented in August 2015; due to time constraints, the trainings were adapted and carried out on a monthly basis during a 10-month period with 3-hour sessions.

With this information, we quickly discovered how Lyra would be an interesting study subject. It can be suggested that in such healthcare organizations, working conditions are particularly complex since caregivers not only have to deal with the everyday administrative workload, but also treat patients who experience aging and/or mental diseases. In fact, several studies point out how these types of healthcare workers – nurses,

⁴The most common form of dementia is Alzheimer’s, a chronic neurodegenerative disease that is “a general term for memory loss and other intellectual abilities” which affects daily life and eventually causes death (Alzheimer’s Association, 2016).

doctors and caregivers in general – are especially affected with issues such as depression, anxiety, trauma, stress and burnout (Raab, 2014; Cohen-Katz et al. 2005; McBee, 2003).

1.2 Research Questions

If mindfulness is increasingly referenced to as a tool for coping with stress, we could not help but wonder what could MBSR do or already be doing for the caregivers at Lyra. More specifically, our aim was to explore the following research question:

- *How do caregivers and administrative staff at Lyra perceive the impacts of MBSR on their personal and professional life?*

And although this was our key research question, as we developed the study and reflected upon our findings, we found ourselves taking a somewhat critical approach to the topic and developed a second research question:

- *What are the reasons for implementing MBSR trainings in a highly stressful working environment such as Lyra?*

We seek to address both questions by following an interpretative qualitative study to explore and understand what the application of MSR can translate to in a healthcare organization such as Lyra.

1.3 Problem Statement and Research Purpose

Although a great deal of research has focused on measuring the efficacy of MBSR trainings, there is no sufficient knowledge on understanding *how* mindfulness trainings impact caregivers of elderly and dementia patients. From a research perspective, we have noted there is very scarce research on stress management tools for these types of workers, especially in Sweden. What is more, research fails to name and describe the roots of stress within organizations. Therefore, our study seeks to present the following contributions to research. First, we present the workers' sources of stress and how they apply mindfulness for stress release, what we call the process of mindfulness. Second, we illustrate the perceived impacts of mindfulness trainings not only on participants' professional, but also personal life. And third, we reflect on the reasons why managers of

emotionally demanding healthcare organizations, such as Lyra, incorporate these types of stress management tools. From a practical perspective, we provide managers, who wish to incorporate these types of tools in healthcare organizations, with an understanding of how far-reaching mindfulness-based trainings can be.

Conclusively, this study's overall aim is to add to current knowledge about mindfulness by exploring what it actually *does* and by trying to *understand* the processes caregivers and administrative staff engage in to make sense of and incorporate mindfulness practices in their personal and professional lives.

1.4 Importance of this Study

Sweden has the second eldest population in the world and its number has risen substantially in recent years (Swedish HealthCare, 2014). According to the Swedish Institute (2016), in 2013, 19.4 percent of its population was over 65 years of age and had an average life span of 83 years for women and 80 years for men. Furthermore, Alzheimer's disease, which is most likely to affect individuals older than 65 years of age and whose risk of development increases with age, is higher in Sweden than in other countries in the European Union (Alzheimer Europe, 2013). As its elder population keeps increasing, the demand for these types of organizations as well as the need for healthcare workers will most likely increase. As Cohen-Katz et al. (2005) state, stress is one of the major issues healthcare workers face. Hence, our study will be of particular significance to managers who are considering applying these programs to mitigate stress and to all those who might be affected by this demographic change, especially caregivers as well as future patients and their relatives.

1.5 Thesis Outline

In the first chapter we set the scene for our study by giving a background of mindfulness and stress as a common concern in organizations. We also provide a summary of what led us to research this topic and what we regard as its relevance. Chapter 2 provides the reader with existing literature on (a) the impacts of mindfulness trainings on healthcare professionals and more specifically, on caregivers of elderly and dementia patients, and (b) the critiques about the mindfulness trend. By carefully selecting the literature and looking at it from a somewhat critical perspective we detected some studies on which we

built upon as reference. Subsequently, Chapter 3 is dedicated to methodology where we explain our research approach, how we collected and analyzed data, and which steps we took to assure our data was reliable and valid. Both Chapter 4 and 5 relate to our interpretations of the answers given by the interviewees in regards to the impacts of MBSR on their personal and professional life, and the reasons for the manager to have implemented the MBSR program. Finally, in Chapter 6 we discuss our findings by engaging in a conversation with the authors mentioned in the literature and respond to their critiques on mindfulness. We also elaborate on our main contribution by showcasing the process caregivers go through to experience the benefits of mindfulness, before presenting our concluding thoughts on this topic.

2. Literature Review: Mindfulness in the World of Organizations

2.1 Introduction

To gather data about the phenomenon of mindfulness, we searched for relevant journals in the online library of LUSEM as well as other search engines such as Google. We looked for literature on the topic and concentrated on keywords such as ‘impacts’, ‘effects’, ‘critiques’, ‘mindfulness training’ and ‘MBSR’ as well as ‘caregivers’, ‘nurses’, ‘elderly patients’ and ‘dementia patients’. We quickly came to find how the literature on this topic has mixed reviews regarding its efficacy. On one side lies a vast compilation of the benefits that practicing mindfulness has; and where studies outlining impacts of mindfulness for caregivers seem to be empirically based and quantitative in their majority. We found it relevant to present these empirical studies, as they proved similar to our thesis’ empirical emphasis. On the other side, we found arguments against several aspects of mindfulness and which are mostly theoretical in nature. Both sides are presented below, and we complement them with our own considerations regarding their relevance within the scope of our thesis.

2.2 Mindfulness and its Benefits

It seems the majority of studies about mindfulness practices – both scientific and practitioner-oriented – depict its benefits. With titles, such as “Eight weeks to a better brain” (McGreevey, 2011), and “Mindfulness can Literally Change your Brain” (Congleton, Hölzel & Lazar, 2015), to claims that it should stop being a “nice-to-have” and become a “must-have” tool within organizations (Congleton, Hölzel & Lazar, 2015, n.p.), numerous researchers are focused on showcasing how mindfulness trainings can help improve individuals’ personal and professional lives. Several of these studies are backed up by science, with M.R.I scans⁵ showing how gray matter can be expanded through mindfulness practices or how these practices positively impact areas in the brain that relate to stress and emotions (Fox et al. 2014). Although these studies mostly regard

⁵M.R.I. stands for Magnetic Resonance Imaging. These are scans widely used by healthcare professionals for diverse diagnoses and studies, including examinations of the brain and spinal cord (U.S. National Library of Medicine, 2016).

personal psychological outcomes, it has raised interest within organizational actors who believe these benefits can also make for better employees (Dane, 2011; Dane & Brummel, 2014). Dane (2011) claims that if workers practice mindfulness and manage to focus their attention to matters in the work environment and tasks for decision-making, they will be able to perform better.

Others, such as Dane and Brummel (2014), affirm there is a positive relationship between mindfulness and the wellbeing of employees as well as a negative relationship between mindfulness and employee turnover. Although their study succeeds in depicting the direct correlation workers' mindset after mindfulness practices can have with regards to the outcomes of their job performance, its quantitative nature, chosen tests and type of organization present limitations when it comes to our study of a healthcare organization.

We could go on regarding these types of studies and hypotheses, however, since our thesis is focused on studying the process caregivers go through between MBSR trainings and their impact on job performance and wellbeing, we ponder primarily on related analyses. With the following empirical studies, we start by presenting the benefits mindfulness has had on different types of personnel in the healthcare sector, then we narrow down our findings to studies done with nurses, to finally concentrate on studies carried out with caregivers of elderly and dementia patients.

Irving et al. (2012) investigated the experiences of participating in a mindfulness-based medical practice (MBMP) training for caregivers that included nurses, counselors, physicians, social workers, psychologists, doctors and massage therapists. The difference between MBMP and MBSR trainings is that the former additionally includes role-plays and exercises that aim to enhance communication skills (Irving et al. 2012). The researchers found six salient themes, one of them being that all the caregivers experienced increased awareness. For example, some became aware of behavioral patterns they had, such as caring primarily about others, while ignoring their own needs. Others increased their awareness of tending to be inattentive and constantly thinking about other things. Further advantages included that through the group discussions they engaged in as part of the MBMP, participants found they overcame negative feelings such as boredom and irritation. They perceived this group setting as supportive since it opened their eyes to seeing that other individuals coped with similar problems and that they were not alone. Through this increase of awareness many participants claimed to

have discovered strategies with which they improved their ability to deal with emotions, and it raised awareness about themselves and their environment. Lastly, participants stated they felt increased self-compassion; they changed their attitude towards caring for themselves and decreased their stress levels (Irving et al. 2012).

As shown, this study effectively presents the wide range of benefits that can be experienced through trainings such as MBMP. In contrast to McBee's (2003) study, which we will present towards the end of this chapter, it gives a thorough explanation of the impacts of mindfulness trainings rather than merely listing effects. Irving et al 2012 (p.63) present a clear example through what one of the participants said:

“I can watch my mind go off and go ‘Oh my mind is going off’ and just bring it back, especially in emotional situations. I can watch my emotions and notice that if I’m talking, if I’m, if I’m engaged in them then I’m not in the present – I’m in my emotions. And when you realize that you just come right back.”

This type of statement allows the reader to better understand the impacts of the phenomenon rather than merely presenting ‘increased awareness’ as a discovered benefit. Nevertheless, we found some setbacks from this study. First of all, participants come from different professions in the healthcare sector, making it a very broad sample and failing to provide any hints on what a specific group of caregivers experience after a mindfulness-based training. Therefore, individuals who are specifically interested in how a mindfulness-based training can affect a specific group of healthcare professionals do not obtain any deeper insights. Furthermore, it is important to note that three out of the six interviews were conducted more than a year after the training was completed. We can suggest that after such an extended timeframe, people's perceptions change and, therefore, their views might have been slightly distorted. Finally, this study states participants were interviewed in groups, making the researchers question if this could have led participants to experience group pressure. We believe this method might have also triggered less honest and inhibited answers, resulting in possible distorted data. In our study we attempted to circumvent this obstacle by creating a setting where only one person was interviewed at a time, with the exception of three interviews where we required a translator to be present.

Irving et al.'s (2012) study is part of a qualitative review conducted by Morgan, Simpson and Smith (2015), on which we took a closer look in order to gain greater knowledge on

the benefits found. The papers they reviewed focused on the experiences healthcare workers have had with mindfulness-based trainings such as MBSR and MBCT (Mindfulness-based Cognitive Treatment). To summarize their findings, the researchers collected data from various databases such as AMED and MEDLINE. After a sorting process, they extracted information from 14 different papers, and categorized the mentioned benefits in internal and external ones. Among the former they found that participants became more productive and better at decision-making, started to care for themselves, became more confident, and felt at ease when dealing with negative thoughts. Also, they could accept themselves better and allow themselves to experience pleasant situations. In terms of physical wellbeing they detected improved sleeping and eating patterns, and felt stronger. Regarding external benefits – which entail how participants interact with others – the studies showed that the participants' feelings of empathy increased, which in turn brought about more compassion for other human beings. What is more, participants became more aware of how they relate to others, which in turn gave them the chance to realize they had a choice in how to act (Morgan, Simpson & Smith, 2015).

We believe this study presents a wider range of benefits than the one previously mentioned; hence, the reader receives a more detailed image of what mindfulness trainings can evoke. However, the impacts reported are generalized as experienced by different types of healthcare workers, instead of separating them according to the workers' occupations. This point, just as the in previous study, does not show how a specific group of caregivers is affected by mindfulness. Lastly, a major drawback from this study is that findings are presented as impacts from mindfulness trainings in general, instead of categorizing results according to the type of mindfulness training analyzed. If this had been categorized, we, for example, could have traced back the effects of MBSR, which was our interest. However, we could not do so. This problem, in connection with the general group of participants is insofar critical since the different types of healthcare workers have to cope with different problems and types of stress at their workplace and thus, the different types of mindfulness trainings might have brought about different results.

Among the 14 papers the previous authors reviewed is a study by Cohen-Katz et al. (2005), who investigated the impacts of MBSR on nurse stress and burnout. Data was

collected during the training, at its completion and months after the program. Benefits were separated into personal and interpersonal. Personal benefits during the program ranged from feeling more relaxed and at peace, to feeling in the present moment and enhancing self-acceptance, self-awareness and self-care. The last three were exemplified in statements such as “I’m important”, “I’ve learned that my emotions affect my body” and “I think about my needs and orally state them to myself, and then try to address my needs” (Cohen-Katz et al. 2005, p. 83). Other mentioned personal benefits included increased calmness and patience, reduced anger, enhanced public-speaking skills as well as sleeping and eating patterns, weight-loss, increased confidence, and more time for themselves (Cohen-Katz et al. 2005).

The interpersonal effects entailed a higher degree of communication, more appreciation towards partners and ceasing to take things personally. Furthermore, some said they lost interest in talking behind people’s backs and started to see their own needs more. In terms of relationships with patients, one nurse said after the trainings she concentrated more on them; another one stated she became more empathetic and, thus, cherished individuals more (Cohen-Katz et al. 2005).

This study is a balanced combination of a list of benefits and deeper explanations of how people can be impacted by MBSR. In contrast to the two previous studies, it concentrates on a more specific group of healthcare professionals and, therefore, provides better insights into nurses’ experiences with MBSR. Furthermore, the way benefits are categorized is useful for the reader. A setback, however, is that the interviews were conducted only on four nurses, which is a relatively small number; if this was increased, a wider range of effects could have been presented.

Also, in order to agree on themes, the researchers reached consensus by voting, which meant that a theme was analyzed if it obtained a majority of votes. This might simplify the process of analyzing data, but does not necessarily mean that the themes selected are the most representative or expressive. In addition to its qualitative nature, the study was also quantitative since the researchers handed out evaluation forms to be filled in. Nurses had to answer questions such as “Have you made any lifestyle changes as a result of MBSR?” (Cohen-Katz et al. 2005, p. 79). Answering such questions could show whether mindfulness affects people or not, however its closed nature makes it very restrictive and

does not explain how mindfulness functions. We believe this part needs improvement and we will, therefore, explain the process of mindfulness within the frame of this thesis.

The study by Cohen-Katz et al. (2005) brought us closer to the subject of investigation. However, since our focus is not merely on nurses but on caregivers of elderly and dementia patients – who, for example, include nursing assistants – we now draw on a study by McBee (2003) who dealt with the impacts of MBSR on this type of group. McBee (2003) claims that caregivers face many problems since they usually care about others more than themselves. Hence, she conducted an MBSR training in a nursing home where the eight caregivers who participated had reported physical and mental issues. Straight after the course, participants claimed to have experienced “a decrease in stress and somatic complaints as well as an increased satisfaction in the caregiver role” (McBee, 2003, p. 262). Also, they said they discovered a new way of dealing with stressful situations. Furthermore, McBee (2003) recognized that just as caregivers, staff members could also suffer from stress due to their emotionally-demanding job and their tendency to ignore their own needs while caring for others first. Therefore, she offered the training for the administrative staff as well, which looked similar to the one for caregivers (McBee, 2003). This is an important remark, however, we were surprised that the study’s findings made no reference to what effects staff members experienced. Since staff members are also a part of our study, we will extend knowledge on this section by reporting how three Lyra staff members, who take on administrative roles, experienced MBSR trainings.

Paller et al. (2014) took up McBee’s study (2003), which they consider as a firm base for showcasing the benefits of mindfulness on caregivers, and went a step further to explore how MBSR trainings would affect caregivers of patients with memory impairment. As a result, these studies’ findings combine what we investigated. Paller et al.’s (2014) aim was to hold a mindfulness training in order to reduce stress and improve mood. These tests were conducted as interviews for the patients and as questionnaires for the caregivers (Paller et al. 2014). Since we were interested in caregivers, we only present the results gathered from this group.

Different tests were carried out to find out how a specific aspect of the participants’ life had changed. In the findings, the researchers detected an increase in the quality of life and sleep, improvement in the state of depression and memory problems and decreased

anxiety. However, no changes could be observed in any of the other areas they studied, such as health, distress, memory-related problems and be able to engage in daily activities (Paller et al. 2014). What catches our attention about this particular study is how it sheds light on matters that the previously mentioned studies do not, such as the ability of switching between tasks or the quality of life. Also, the reader gets the chance to discover which areas were not affected at all, which other studies fail to do. This paper, however, is of quantitative character and does not tell the reader about the participants' process for mitigating stress or other symptoms through the application of mindfulness.

We can see that what all these papers miss is a detailed explanation coming from the individuals, on how they *experience* the benefits from mindfulness. We learned about the effects during and after trainings and we are also familiar with the different types of effects – such as inter- and intrapersonal – however, insights regarding the overall process of how mindfulness can create these is still lacking. In our study we will provide the reader with an in-depth explanation of how an emotionally challenging work environment creates stress for caregivers and what exactly they go through to experience benefits.

2.3 Mindfulness and Its Many Faces

As seen, the literature regarding the impacts mindfulness has on employee performance and wellbeing has highlighted the positive aspects of their practice. However, there is a range of critiques about the subject that are presented from different angles, which we summarize in the following section.

We could not find articles where scholars contradict the psychological impacts of mindfulness – especially those backed up by science – however, there are several scholars that do not support the claims many researchers make about how, by improving certain personal aspects, mindfulness can also impact task performance. Dane (2011), for example, argues how research is “underdeveloped with regard to whether mindfulness affects how individuals perform their work tasks” (p. 998). He argues that the majority of studies on mindfulness have been carried out from a clinical rather than an organizational perspective, owing this to the ‘original’ conceptualization of mindfulness in the Western world, which was to be a healing tool and not a performance enhancement tool (Dane,

2011). Purser and Loy (2013) agree with Dane, stating that although studies on mindfulness do show significant improvements on personal wellbeing, no clear studies prove how these improvements can also, as a consequence, foster organizational improvements such as reduced absenteeism, increase of soft skills, etc.

Another critical point leads us to the roots and the original purpose of mindfulness. As we stated in the Introduction, the origin of mindfulness can be traced back to Eastern Buddhist practices that have existed for over 2,000 years (Purser & Milillo, 2015). It was after Jon Kabat-Zinn incorporated it to the Western world as a clinical intervention that it became recognized and was later adapted by the corporate world to what we currently identify as mindfulness trainings (Purser & Milillo, 2015). Some critiques that have been raised derive precisely from that adaptation. Take Purser and Milillo's (2015, p. 7) comparison of the aim of the 'original' mindfulness with that of the 'modern' mindfulness as illustration:

The aim of Buddhist mindfulness is not merely to enhance the quality of attention or the reduction of stress but to transform the human mind by lessening, and ultimately eliminating, toxic mental states rooted in greed, ill will, and delusion.

Essentially, the authors contrast this adaptation referring to the Eastern Buddhist mindfulness as the 'right' way of practicing mindfulness, versus the Western attention-enhancement mindfulness being the 'wrong' way of practicing it. Purser and Loy (2013, n.p.) have a similar stance:

Rather than applying mindfulness as a means to awaken individuals and organizations from the unwholesome roots of greed, ill will and delusion, it is usually being refashioned into a banal, therapeutic, self-help technique that can actually reinforce those roots.

It is worth noting how deep-seated both critiques are; not only do they appoint corporate mindfulness as having moved away from the 'original' one, but they go a step further and actually *blame* this corporate mindfulness for spreading the roots the original one has been trying to eradicate. Furthermore, Cederström and Spicer (2015) add to this critique in their book *The Wellness Syndrome* by referring to the trend of mindfulness trainings as "a strange hybrid of Eastern Spiritualism, self-help, neuroscience, techno-fetishism and

postmodern business jargon, all delivered in a corporate-casual style” (p. 24). Although they also criticize the adaptation of mindfulness, their critique is not based on condemning the corporate mindfulness phenomenon as an evil-spreading technique; instead they criticize how its corporate packaging has ended up as a strange combination of both worlds without a clear purpose. This loss of purpose is also mentioned by Brown and Ryan (2003) who state mindfulness is no longer an inner practice, but has now become a psychological practice, which in some instances does not even take into account meditation. As can be seen, the arguments presented in all these articles are based on presenting the corruption of the original aim of mindfulness to what they now consider a mere tool for “mental training and human development” (Purser & Milillo, 2015, p. 6). We believe that although this customization is a reality, its current aim of a stress management tool does not make it a tool to reinforce greed – at least not as a general rule. Several authors have defended such critiques of customization as a need within the organizational world. One of the counter arguments, for example, is that corporate mindfulness has stripped down its Buddhist references to be able to reach a more open market (Purser & Loy, 2013), while others state that the customization does not try to discredit its roots, it is merely a way of extracting its benefits to provide individuals with self-improvement tools (Fisher, 2010).

Purser and Loy (2013) state that companies are not only misusing mindfulness, but also shifting the responsibility to the employees (Purser & Loy, 2013). According to them, what organizations are doing is portraying stress as an individual problem, and selling mindfulness as *the* solution to this problem (Purser & Loy, 2013). Instead of improving the stressful environments that are being created in organizations, they try to make employees adapt to those toxic environments and, therefore, put a burden on the employee (Purser & Loy, 2013). What we see here is similar to what we mentioned above regarding the ‘false’ motives for the incorporation of mindfulness. Again, what the authors actually criticize is not the mindfulness training itself, but the organization’s motives for incorporating it. For us, this is a debate that rotates around whether adjusting an ancient concept and changing its purpose is morally correct or not. However, we will not further engage in this matter since it is not our focus within the scope of this thesis.

The same authors compare the incorporation of mindfulness with other human relations and sensitivity-training movements of the 50's and 60's that were highly criticized for trying to pacify employees and make them believe their concerns were being heard (Purser & Loy, 2013). They thereby compare the use of mindfulness trainings with “cow psychology”, a term that refers to the fact that calm cows produce more milk (Purser & Loy, 2013, n.p.). As the authors, we see parallels to organizational control intended to subdue employees and trying to distract them from the never changing working conditions. However, we are not in the position of assessing if this is the case. Since no further explanations are given after this claim, we ask ourselves on which basis do the authors make this judgment? Do they have an insider perspective, meaning that they worked for a company that has applied a mindfulness program, and due to their experience they perceive it as a means of employee control? Or, do they make this comparison out of an external perspective? If the latter were the case, this would imply they rely merely on theoretical data, and thus, they are not in the position of assessing if mindfulness is a form of control.

Finally, there is a body of research against the need for mindfulness. Dane (2015), for instance, states that mindfulness is not suitable for all job tasks. He argues that some of the elements of mindfulness trainings, such as focusing on the present moment, are not suitable for creative jobs where employees need to allow their minds to wander in order to come up with creative solutions or design innovative products (Dane, 2015). Dane (2015) also argues how mindfulness trainings attempt to make participants focus their attention on internal and external phenomena at the same time. He believes this required “wide attentional breadth” collides with the belief that a peak in job performance happens when a worker has enhanced focus on the task at hand (Dane, 2015, p. 649).

It is important to note that this author's criticism is based on a concept of mindfulness that focuses on the following characteristics: (a) present moment, (b) attention to external and internal phenomena, and (c) an open mind and acceptance to different stimuli (Hyland, Lee & Mills, 2015 in Dane, 2015). Although a valid contribution, Dane disregards that mindfulness is a complex phenomenon, which takes upon different meanings depending on the context it is being applied on, as well as the understanding of those practicing it. For instance, this definition slightly differs from that of Kabat-Zinn we provided previously, which is the foundation for the MBSR trainings. As a result, his

critique applies merely in contexts where mindfulness is understood in that way. Moreover, even though Dane presents these three parts and shows how each can be restricted under specific circumstances, thus broadening the reader's perspective, he disproves each characteristic separately and does not provide the reader with an example where all three parts come into play. In other words, he fails to present an example where it would not be suitable to be mindful in all of its three states.

Although all these statements criticize mindfulness and/or its purpose from different angles, it is important to notice that what they all have in common is that what is being criticized is the trend of mindfulness itself, not the impacts.

2.4 Chapter Summary

We began this chapter by providing the reader with the various impacts mindfulness-based trainings have had on different types of healthcare workers. Among the personal benefits reaped by healthcare professionals in general were raised awareness, overcoming negative feelings, an increase in self-compassion, improved empathy towards others and more confidence in oneself. Physical benefits ranged from better sleeping and eating habits to a feeling of physical strength, and lastly, the benefits regarding professional life entailed higher productivity and decisiveness. Nurses experienced similar benefits, but also increased feelings of relaxation and being in the present moment, increased self-acceptance, self-awareness and self-care as well as calmness, patience and being less angry. Furthermore, some benefitted by appreciating their partners more and improved communication. Concerning their workplace, nurses noticed they focused on their patients more than before having attended the training. Finally, caregivers nurturing elderly and dementia patients reported to feeling less stressed and anxious, being satisfied in their job, having improved the quality of their life and sleep, feeling less depressed and having improved issues with memory.

Despite all these benefits, critics have also raised their voices. Some of them claim that the link between participating in mindfulness trainings and boosting performance is not scientifically proven and this in itself would be hard to prove. Others criticize that mindfulness has been customized to such a degree that it has almost become a new (different) concept that has different aims than the original eastern practice and that

organizations now make use of it for other reasons. Also, according to the critics, mindfulness takes many shapes and can be seen as a type of organizational control or a way to shifting responsibility to employees. Last but not least, one scholar exemplified how, based on the various aspects of mindfulness, it cannot be suitable for all job tasks or all situations.

3. Methodology

In this chapter we first introduce our research approach and philosophical grounding, as well as the research sample and setting, which in turn defined our research design. We explain how, through the exploration of our first research question, we identified a second interest in order to be able to depict from a broader perspective how the incorporation and impact of mindfulness trainings are experienced at Lyra. We further describe our data collection methods, which entail interviews and observations and how we proceeded to analyze the collected data. Finally, we reflect on the validity and reliability of our findings, by taking into account our own background as well as the research limitations.

3.1 Research Approach

Since this qualitative study aims to understand the perceived impacts MBSR trainings have on the job performance and wellbeing of staff at Lyra as well as explore the reason for its implementation, we have followed an interpretative approach, which Merriam (2002) states is the best option when seeking “to understand the meaning of a phenomenon from the perspective of the participants” (p. 12). We began by acknowledging that as individuals, we socially construct our realities, and with this philosophy in mind, we understand that both the interviewees’ and our perspectives are subjective views of the world (Merriam, 2002). Therefore, our interpretative role in the study is not set to depict a ‘unique’ reality or truth, but our own perceived interpretation of the findings.

Regarding the analysis of collected data, since our aim is to understand meaning primarily through the text generated from interview transcripts and notes on observations, we looked upon our findings through a hermeneutical and dialogical lens, which helped us read between the lines and extract the essence of the text while keeping in mind the importance of the relationship between the text and us as interpreters (Prasad, 2005).

3.2 Research Strategy

3.2.1 Research Setting

As mentioned, our aim was to study an organization with a highly stressful work nature to be able to understand how MBSR trainings can impact its workers. Lyra's working conditions caught our attention, as the staff's work seemed challenging not only since they deal with regular administrative tasks' stress, but also with patients who are elder and/or have dementia.

3.2.2 Research Sample

Merriam (2002) highlights the importance of having a strong "purposive or purposeful sample" when trying to understand the meaning of a phenomenon (p. 12). When selecting our study sample, our criterion was based on two important facts. We needed staff members who (1) had different job responsibilities within Lyra, as to obtain data from different perspectives, and (2) who were comfortable expressing themselves in English. The latter was important since our interpretations focused extensively on language, which as Morgan (1980) claims, is one of the most effective ways in which individuals create meaning. Both points were communicated to Lyra's manager via email, which in turn became her criteria as well when selecting the employees that we would be interviewing. Therefore, among our research sample we have nurses, nurse assistants and administrative workers.

3.2.3. Research Design

Taking into account both the research setting and the research sample, as well as the time limitations of this study, we crafted our research strategy. Merriam (2002) suggests a case study approach when a researcher wishes to describe a particular phenomenon in depth within a specific unit (in this case, an organization). Since we particularly wanted to explore how MBSR trainings impact job performance and wellbeing of staff at Lyra, this was our selected approach. Furthermore, our research is conducted in a cross-sectional manner, meaning that it illustrates the perceived impact of MBSR trainings for a particular moment in time instead of through time – which only a longitudinal study can provide (Saunders, Lewis & Thornhill, 2009). Although a longitudinal study could have

allowed us to portray a comparison of how the trainings impacted job performance and wellbeing from the first to the last training, we had time limitations to deliver our master's thesis. In the Further Research section we suggest a comparative study to be made.

3.3 Data Collection Method

Merriam (2002) suggests three methods for qualitative research, namely interviews, observations and documents. Since our interest relies on experiences, we relied on semi-structured interviews as our primary source of data in order to “yield the best information with which to answer the research question” (Merriam, 2002, p. 12). Additionally, we were allowed to actively participate and make observations in the MBSR training held at Lyra along with the staff members, as to have a “first hand encounter with the phenomenon of interest” (Merriam, 2002, p. 13). Since no additional company documents were available, these were not part of our data collection.

3.3.1 Primary Data Collection

Kvale (1996) defines semi-structured interviews as those “whose purpose is to obtain descriptions of the life-world of the interviewee with respect to interpreting the meaning of the described phenomena” (p. 5-6). This definition resonated a lot to us when we designed the interview guide and we made it our main purpose to have a holistic understanding of the participants' environment and a fluent two-way communication, as to better explore the perceived impacts and reasons for MBSR at Lyra. During the interviews, we began by explaining each participant our research purpose; an explanation we had previously agreed upon, to make sure we were providing the same information to all participants. We then handed them a consent form that included general information about our study and indicated their participation would be anonymous, therefore nobody else besides us would read the transcripts⁶. After they had signed and handed us the form, we provided them back a copy signed by us, as reassurance.

With the participants' permission, we recorded the interviews to be able to transcribe them later on. During the first part of the interview, we focused on their personal and professional background, their 'typical' working days, whereas the second part consisted

⁶ See Appendix I for the consent form.

of questions directly related to answering our research questions. Although several questions were prepared in advance, we followed the semi-structured approach and kept ourselves open for unexpected answers to appear, as well as flexible regarding making follow-up questions if we considered these were relevant in answering our research questions.

The interviews took place in a closed meeting room in Lyra, where each of us interviewed one participant at a time. Overall, the interviews lasted between 17 and 46 minutes, with the latter making up the majority of interviews. We account the shorter interviews to a discomfort we perceived from some participants; this might have been due to a language barrier, or other reasons we cannot assess, however, we sensed they aimed to finish the interview as quickly as possible. For this reason, and to be able to gather sufficient relevant data, we interviewed 12 workers (9 caregivers and 3 administrative staff) instead of the 10 we had originally planned. Despite the short length of three of the interviews, we used data from all, since every interviewee provided us with helpful information to answer our research questions. The research sample was diverse: participants were 29 to 63 years old, with an average of 45 years of age. Most of them were Swedish, except for one who was Iranian; nine were women and three were men, and their job positions included scheduling and provisions coordinators, nurses and nurse assistants⁷.

Another important interview we conducted was the one with the manager who implemented the trainings at Lyra. Although we had a very similar interview guide as with the employees, the focus with her was to understand – from an organizational perspective – the reasons and importance to implement the trainings in the organization. Both of us conducted this interview together, and at the manager’s request, a Swedish-English translator was also present.

3.3.2 Secondary Data Collection

Merriam (2002) states that during observations, the researcher can act as a “complete observer” or as “an active participant”, and where the data collected can “enhance the validity” of the study at hand (p. 13). After asking the mindfulness trainer, we were granted permission to make observations during one of the trainings. She stressed the

⁷ See Appendix II for the detailed information on each participant’s job position.

importance of our active participation in an effort to not make staff members uncomfortable if we were merely sitting down next to them and taking notes. Our purpose when carrying out the observations was to get a better grasp of how the MBSR trainings were held at Lyra and to note the participants' reactions while practicing mindfulness. We made notes throughout the training, and we corroborated the validity of some comments by having a follow-up interview with the trainer after the session ended.

Additionally, even though interviews were mentioned as part of our primary data collection, the interview with the mindfulness trainer was part of our secondary data, since its main purpose was to corroborate notes and understandings we acquired during the observations made on the different activities held during the MBSR training. In the Findings section we do not bring in our interview with her.

3.4 Data Analysis

Our approach is best characterized as abductive, which allows a transition between theory and empirical data and thus “serves as a source of inspiration for the discovery of patterns that bring understanding” (Alvesson & Sköldbberg, 2009, p.4).

When reading the theory on the topic of mindfulness, we followed a line of interests that would assist us in gaining a greater understanding of it. We began by investigating its incorporation in the overall organizational context, followed by healthcare organizations. We focused on empirical studies to be able to attain information of what had already been studied, as to gather ideas on our contribution. Subsequently, as we focused on the critics of mindfulness to be able to obtain information from both sides, we decided to add another research question as to try to explore some of the claims made by the critics.

The next step was to analyze the data we gathered in our empirical study. This analysis began directly after we conducted each interview, since we took breaks in between to discuss our perceptions of the participants as well as salient comments. Then, after the interviews were completed, we transcribed them and read them all several times. During the transcription, we were careful to include the laughs, sounds and other expressions made by the interviewees. Denscombe (2010) mentions that taking into consideration these types of details can help researchers to better understand what interviewees mean to say.

As we read the texts, we engaged in a discussion about each other's reasoning for having asked the follow-up questions as well as our perceptions regarding the answers given. We then set out different strategies to discover themes regarding the perceived impact of MBSR trainings and the reasons for incorporating them at Lyra. These included finding words and terms that had been repeated as well as the interpretations on their use of words and examples to capture what mindfulness does (Ryan & Bernard, 2003).

3.5 Validity and Reliability

There are several factors we took into account to increase the validity and reliability of our study. For example, when designing the interview guide, we wanted participants to provide us with honest answers instead of what they thought we – or the manager – would want to hear, therefore we made it anonymous and created a consent form for reassurance of anonymity. Furthermore, we worked on detecting our biases with the subject and reconsidered how far these could influence our interpretations (Merriam, 2002). Both of us had had positive personal experiences with mindfulness practices, which paired with the majority of literature on this topic – which also touches upon mindfulness as positive – made us afraid to put too much emphasis on the positive side of mindfulness. Therefore, in an effort to balance those biases and provide a neutral study, we set out to find critiques about the topic and to ask directly to the participants if they had had negative experiences with mindfulness.

Also, we are aware of the fact that since our study was done when the MBSR trainings were still being carried out, the workers' perceptions and practice of mindfulness remained somewhat fresh, whereas if the study would have been done after the overall training was completed, their perceptions might have been different. Additionally, our participation in the training could have affected how the staff reacted during it.

3.6 Research Limitations

We are aware our research study faces limitations. Although we interviewed 12 staff members of a healthcare organization, our study is not meant to provide a generalization regarding the topic mindfulness or the impact of MBSR for workers in the healthcare system. It is our view on how the participants perceived its impacts in their daily tasks and personal lives.

Also, during our data collection we found some limitations regarding our research sample that might have influenced or limited the study's findings. First, none of the interviewees were native English speakers, which in general restricted the way they expressed themselves, the words they chose and how comfortable they felt during the interviews. We had the help of a translator during three of the interviews, and in all three instances, they were different translators. Moreover, these translators were not trained professionals in translation, but people who offered their help. In two instances, they were English-Swedish speaking colleagues of ours, and in the other case it was a caregiver at Lyra, who volunteered to help after the interviewee mentioned she was not comfortable enough to carry out the whole session in English. Second, all the interviewees were selected by the organization's manager, which might mean that they were all positive about the MBSR trainings and thus played a role in the positive light that is portrayed about the training and the causes of stress at Lyra.

Furthermore, when the study was conducted, staff members had already been participating in the MBSR training for seven months. This might suggest two points worth mentioning: (1) the study provides a perception of the impacts of mindfulness after more than half the program was completed and thus possibly their perceptions changed by this time, and (2) during the study, the workers were still participating in the MBSR trainings, which did not allow us to assess if the impacts of mindfulness were long term or temporary.

3.7 Chapter Summary

In Chapter 3 we described how an interpretive approach helped us make sense of our empirical findings to gain a better understanding of the corporate mindfulness phenomenon. We then described our research setting and research sample, which in turn determined our research design. Afterwards, we thoroughly described how we collected data, where the interviews with staff members served as the primary data collection. Also, to obtain greater insights on our study subject, we actively participated in one of the MBSR trainings at Lyra and then interviewed the mindfulness trainer; both of these serving as our secondary data. Subsequently, we gave a description of the procedures we followed to analyze that data and extract the salient themes, and we pointed out how we

decided to make use of the abductive approach to present the findings. We illustrated all these techniques to assure the validity and reliability of our data.

4. The Impacts of Mindfulness on Personal and Professional Life

4.1 Introduction

In this chapter we primarily present how MBSR trainings have impacted assistant nurses, nurses and other staff members at Lyra. Since our purpose was to gain a greater understanding on the impacts of the phenomenon on personal and professional aspects of the participants' lives, we asked questions such as *What types of changes have you experienced since you started the program* and *What impacts has MBSR had in your work*.

To be able to analyze these questions, we begin by illustrating the nature of the work at Lyra and what employees understand about the concept of mindfulness. For us, it was key to first obtain a holistic picture of the nature of work and stress triggers, to then be able to start our journey of understanding the role MBSR trainings played at Lyra. Explaining the causes of stress is a gap we found in the reviewed studies, since we noticed there were no concrete references to the nature of work itself, but only statements on how these were emotionally-demanding and caused stress and burnout (Irving et al. 2012; Cohen-Katz et al. 2005; McBee, 2003).

After having explained the stress sources at Lyra, we display the impacts participants have experienced in their personal lives as a way to investigate if these trainings can affect individuals not only in the working environment, but also outside of it. Consequently, we look into the impacts on the professional aspects of the participants' lives. We focus on three main aspects: task performance (which includes administrative and other general tasks, such as cleaning), relationships with colleagues and provided care to patients. Furthermore, and in order to contribute to existing research, when talking about the impacts on task performance, we have carefully selected quotes that depict three important elements that allow for what we call *the process of mindfulness*. This process follows a line of elements that showcase (1) how the caregivers become stressed, (2) what techniques they apply to reduce it and (3) the outcome after having been mindful.

One of the main stress sources participants reported was a lack of time to perform their tasks. One interviewee expressed this was caused by a shortage of personnel while a small group said it was due to constant interruptions either by colleagues or by emergency alarms⁸; all preventing them from finishing the tasks at hand. Others reported the causes of stress were internal; caregivers felt they were too empathetic and thus if a patient was suffering or having a bad day, they felt it, too. Furthermore, two of the administrative staff mentioned they struggled with ‘saying no’ to their colleagues; they reported that by trying to solve everybody’s problems and requests, they ended up feeling stressed.

In relation to the caregivers’ struggles, these stated that it was sometimes hard to discern whether patients understood what they said, and when they did understand, their illness caused them to quickly forget it and it became a back-and-forth cycle they had to deal with several times a day. Patients could also become sad and angry or start to fight with the caregivers either verbally or physically. Take this situation, for example:

“We had a woman, a patient, who had a high level of anxiety ... She was from Austria. She was from the Second World War ... She had much separation anxiety so she yelled, so no one could go near her. Nothing we could do with her. We had extra personnel because of her so she made every personnel become a little [crazy], because old people don’t have the same tolerance. I mean, my colleague became sick because of her. She couldn’t sleep because it was much, much stress ... She screamed in a high level. So sometimes you could get pain here [she points to her head] and she could hit everyone. So you should be careful when you were near her. She could do anything”. (I1)

This interview in particular made us reach a greater understanding of how high the level of emotional distress can be for the workers and the different sources of stress within Lyra. As can be noted, all these struggles have several consequences on caregivers and staff members, such as stress, and physical and mental pain.

After understanding some of the struggles faced by workers, we proceed to focus on showcasing what mindfulness means to the participants.

⁸ When the alarm rings, the caregivers must immediately attend the place of emergency. Patients as well as other staff members can set off the alarm.

As previously stated, mindfulness is a concept that displays several meanings and takes shape in different forms. When we asked participants what mindfulness meant to them, the majority of them said it means to ‘calm down faster’ and to ‘be able to relax’; followed by ‘living’, ‘being’ and ‘focusing on the present moment’. For others, mindfulness is to ‘know themselves’ and to ‘take more care of themselves and the things they like’. Definitions mentioned only once ranged from ‘being more satisfied with one selves’ and ‘prioritizing’ to ‘becoming more conscious’ and ‘seeing life as a gift’. Now, as we provided the reader with a more detailed description of what mindfulness means to the participants, we proceed to illustrate how this understanding shaped how MBSR impacted them personally and professionally.

4.2 Personal Impacts

Although MBSR trainings were mainly brought to Lyra to help the staff cope with stress at the workplace, MBSR did not only affect them only there, but also personally. Most of the participants reported they experienced a shift in perception, while others noticed an increased feeling of relaxation and calmness, a higher degree of presence, and an increase of appreciation and reflection.

4.2.1 New found Perception

As mentioned, the majority of participants reported how their perception has changed due to the MBSR training. One way was through the sensitivity towards their surroundings: “I can enjoy nature better, take in expressions and see the nature, birds and trees”⁹ (I12).

“Do things mindfully, you will discover things you haven’t discovered before: smells and colors and how it feels when the sun is shining on your skin and it’s something you take for granted, but when you do it mindfully, when you are here in the moment, you feel it. You can really feel it.” (I3)

Participants expressed how MBSR helped them to start noticing what happened around them. Although the second quote seems to start with what looks as a ‘sales pitch’, she is not seeking to convince others to try mindfulness, she is rather expressing what the

⁹ It is important to note we adjusted some words in the quotes due to grammatical mistakes made by the interviewees. In some particular cases when the translator spoke in third person (he/she), we changed the quotes to first person (I). In doing so, we took great care in not changing the meaning of the quotes. It was done merely to allow an easier reading of the text.

mindfulness trainer aimed for when teaching them this technique. What struck us with these responses was that participants seemed to have a shift in their mentality; they seemed to have internalized that changes come from looking at familiar things from a different (maybe positive?) perspective, and not by changing their environments. By learning to ‘feel the sun on her skin’, the interviewee not only changed her perception, but also began noticing things she has not seen or been aware of before. This type of situation can also be underlined by the following quote:

“You don’t think about it, you’re just in nature, but now you can notice something you haven’t noticed before.” (I12)

It seems this participant essentially regards mindfulness as the reason that allowed her to notice new things. However, the newfound perception seemed to be not only with their surroundings, but also with other people:

“I think mindfulness is an opportunity to learn a lot about yourself and if you know a lot about yourself and how you react in different situations, maybe you’d be more open to see how other people react in different things and you can take advantage of the happy things and get them to last a little bit longer.” (I3)

“I’ve learned to choose my battles. I learned to see people in another way. It’s not about me, it’s about them. I learned to listen better. Listen to other people better.” (I3)

We found that for these two interviewees, mindfulness was used as a technique for self-discovery and the enhancement of emotional intelligence. By seeing others and themselves from a different perspective (through mindfulness), they were able to ‘better know themselves’, ‘take advantage of happy things’, ‘choose their battles’ and ‘listen to others better’.

Raised awareness and focus was also mentioned as a personal impact. People reported becoming more aware of what they were doing and therefore, concentrated more on it. In the following example, the interviewee explains how by having learned to be more focused (mindful), and through that increased focus, the interaction with her pets changed:

“I have three dogs and I train them for very different skills and I feel I can be more focused when I train them and they can sense that and they are more focused on me. Our

interaction with each other is much better because I am there. Before when I walked with them, I thought a lot, and I just ran around. But now I am more focused on them and they are more focused on me.” (I4)

4.2.2 Relaxation and Calmness

During MBSR trainings, participants were taught some techniques to reach relaxation. Below we can see how this participant applied that technique when she was at home and wanted to relax:

“At home I lie on the bed and I tense the muscles and then I relax and I’ve been so calm. Yeah! So it helped me a lot. And me as a person I want to do as much as I can.” (I5)

In the next instance, relaxation was not achieved through a physical technique, but through reminding herself that the head should be clear from thoughts. Reaching this point was what allowed her to relax:

“At my daily life I walk a lot. I have a dog and I walk a lot with him ... no music in my ears no nothing and just walk and just clean my head. And I like that I have no goal, I’m not going anywhere I’m just out for a walk. And that, I think, is relaxing.” (I1)

There were other instances where calmness was not the final outcome, but it was seen as a technique to apply during a stressful situation, in order to not make them worse:

“I have a teenage daughter and that can be very tough sometimes [laughs] and I think ... when she is irritated or stressed out for something, instead of go in ... when we argue ... I can just take it easy and we can discuss it without arguing because when I don’t go with her in her tempo in her discussion it gets easier, and that’s much of what mindfulness has taught me ... to just listen around, take it in and maybe give advice but not follow her in her feeling.” (I1)

The question we asked ourselves here is if staying calm during a fight could be in fact attributed to mindfulness or could it just be a common strategy to use in this kind of situations.

4.2.3 Presence

Participants also expressed how their happiness increased through being more present in their lives (a technique learned during MBSR); as one participant states “You are lucky and happy if you live in the moment” (I1). In the following statement, however, presence is not seen as a technique to achieve happiness, but rather an outcome of having been mindful:

“You feel more presence in your everyday life. You feel that you do stuff. Normally I could go days without thinking what I’m doing, just doing the routine stuff and thinking ‘what I am going to do next?’ all the time, and then you’re not in your life, you’re just in the future of your life.” (I7)

We were surprised by this statement and wondered how anyone could ‘go days without thinking’. Sometimes we might not be fully aware of what we are doing at present moments (i.e. when watching TV and having dinner at the same time we might forget that we are actually eating). However, being completely switched off for days sound rather exaggerated since we are still conscious of our deeds. Therefore, although the attribution to the impact of mindfulness making him feel more present seems valid, its comparison to his actions might be too overstated. This theme also seemed to go past an individual level since some participants experienced an impact with regards to their interaction with family members and pets:

“When I’m playing with my son ... It’s a huge difference when I’m present with him instead of just staying beside him like watching and thinking about something else, huge difference so I think it’s good.” (I7)

“When I get out with my dogs, I do mindfulness sometimes, yes. I have two dogs, I take them out and I don’t talk to them. I’m only there and walk and breathe.” (I5)

It seems that when individuals concentrated on being in the present moment and in particular on what they were doing – such as playing with their children or walking their dogs – they experienced the things around them more intensely.

4.2.4 Appreciation and Reflection

There were also other important impacts that although were only mentioned once, depict enthusiasm regarding the impacts of mindfulness:

“So I have been more thankful for everything I have in my life, I can enjoy everything. Little things. Everything. Mindfulness helped me with that.” (I1)

As can be noted, this participant reported experiencing an increased appreciation of things and people in her life, which she had not done before; at least not in the same way. Although seemingly a very positive impact, some parts of this statement, made us wonder if some participants went too far in regards to how mindfulness had impacted them. Did it mutate from being a tool to being a life changer? For example, is it really possible to ‘enjoy *everything*’ in our lives? Even the negative aspects?

Finally, another participant said she started to contemplate more about her life: “I have more time to reflect. I reflect more” (I6). What this tells us is that through acting mindful, she was allowing herself to reflect more. What it does not tell us, however, is any concrete indicators of how that reflection has impacted her life; therefore we assume that the reflexivity is already the outcome she has achieved through MBSR.

4.3 Impacts on Professional Life

“The impact on me. I can say that I can relax more easily and calm down in my stress level and I think it’s very fun to see. When I’m about to run around the house and visit the wards, I can hear the staff talking to each other ‘oh, take it slowly, take it easy, take a breath’. So everybody talks about it and reminds each other to calm down. I am in charge for the medical training with the staff, with the medication, and I try to learn that when you are in the room with the patient and you need to give them the medication, you must be here and now because it’s very important that it is correct. It cannot get wrong in any way. You must know how many tablets he will have now and what time and if it’s the right medication. So I try to learn that when you do this, you must be there.” (I4)

This quote effectively illustrates how important and how demanding the type of work at Lyra is. It also touches upon the three main points we decided to focus on when depicting the impacts MBSR trainings had on the participants’ professional lives: (1) the task

performance, (2) the relationships between colleagues and (3) the provided care to patients.

4.3.1 Impacts on Task Performance

In this section we present how workers perceived MBSR impacted their task performance. We found that many caregivers experienced a slowdown in their work tempo, increase in focus, learned to handle difficult situations better, and in one particular case, that no change was experienced.

4.3.1.1 Slowing Down the Work Tempo

Workers felt one of the major problems at Lyra was lack of time. As a consequence of this, caregivers had to constantly rush from one patient to the other. After participating in the MBSR course, they said they “don’t work so fast anymore, [they] take the time” (I6). Working more slowly in a fast-paced environment where time is scarce sounds paradoxical, however, for the following interviewee, slowing down the tempo did not mean doing less work, but taking time to do it more efficiently:

“I’m a bit more focused and I guess also because I feel better, I guess it’s a bit infectious, perhaps. And of course, it makes my combating with the stress a lot easier for those couples of hours later ... I do remember slowing down, not being less efficient, but I guess slowing down my work tempo a bit and not passing as fast through the corridors from A to B.” (I2)

Through this example we see how the interviewee regards MBSR as a reminder to change how he went about the hectic work environment. Instead of rushing through the corridors, he took time to act mindfully, and thus combated stress.

4.3.1.2 Calmness

Another effect worth mentioning is that workers felt they could calm down faster as a result of the trainings.

“At work situations when it’s getting really hectic or I need to help five different people at the same time, I need to prioritize. I come up with the solution to take deep breaths and then I [exhales] and then I calm down.” (I7)

“When I’m in a stressful situation, I stop and breathe deeply and stay in the moment. I feel like I’m getting down and I am calmer to handle the stress situation better.” (I9)

These examples show the breathing techniques workers have learned and how they apply them in stressful situations to be able to feel calmer and handle stress better. These also depict how workers slow down to combat stress, in this case.

4.3.1.3 Increased Focus

Additionally, many workers feel MBSR has helped them to increase their focus at work. And, according to them, this increase of focus helps them to get things done better and thus helps them to reduce their level of stress.

“If I clean the kitchen floor I’m not thinking about a hundred other things that I’m gonna do next. I’m just focusing on what I’m doing and I believe it makes me much calmer, it doesn’t make my mind so stressful. I think it’s good.” (I6)

“Here at work, when I feel I have a lot of stuff and much other things going on, I get stressed. And then I think ‘ok, think mindful’. And I breathe in and out slowly and take one thing, do it properly, and then take another.” (I5)

Workers reported they have learned to concentrate on the task at hand and avoid thinking of what else they might do along the day. Interviewee 5 reminded herself to act mindfully, which in this case meant concentrating on one thing instead of having her mind wander about what she was going to do next. The statement also shows how by focusing on one task they were able to cope and even relieve their stress.

4.3.1.4 Handle Situations more Effectively

Being able to handle stressful situations more effectively was one of the most common impacts mentioned by interviewees. Within this theme we discovered that caregivers found different ways to do so. One was through getting stress out of their systems:

“Also when I go out from helping someone, and maybe that person has been very worried or screamed or tried to hit me or something like that. Before I kept it bottled up, but now I try to find a place like in the personal toilet or something where I can shake it off because I feel it’s much better, I feel I can let it go. Because if I don’t do that, I keep it in my body and when I get off work I will be much more tired and stuff like that.” (I7)

This worker experienced stress when he had to take care of a difficult patient who tried to harm him. To relieve stress, he ‘shook it off and let it go’ and, therefore, succeeded in feeling better and preventing himself from keeping his stress inside or taking it home with him. As a result, he was able to handle situations better.

This statement is a good example to explain some difficulties we experienced during the analysis of this data. We sometimes struggled in determining whether some answers participants gave referred to *techniques* to deal with stress or if these were in fact *outcomes* of mindfulness. For instance, we could regard ‘going to a room to shake off stress and let go of it’ as this interviewee’s *technique* to cope with stress or it could also be the *outcome* he obtained after being mindful. Therefore, we went through these types of double-sided statements several times to come up with a solution. In this particular case we decided ‘shaking it off’ was a technique and ‘handling situations better’ was the outcome since we believe it is the technique, which precedes the outcome. However, in other cases, such as when a worker stated she had calmed down, we identified this was not a technique to tackle stress, but rather the final *outcome* she achieved after applying the (mindful) technique of stopping and breathing deeply.

Furthermore, workers also reported they felt better when they tackled difficult tasks as they appeared and then learned to ‘let them go’ instead of thinking too much about the amounts of work they had to get done by the end of the day.

“If I think it’s stressing me or that it’s not that fun, it’s just to accept it, and do it, and get rid of it, and let it go. ... I think I feel less stressed when I just deal with it and just doing it and then I can go on.” (I11)

The same interviewee said she had learned to prioritize, another perceived technique of mindfulness. Instead of trying to cater for everybody and getting everything done at one time, she made choices and, in turn, felt less stressed. We believe this was possible after she stopped postponing – therefore accumulating – tasks.

As mentioned, staff members experienced difficulties with ‘saying no’; however, through mindfulness they claimed to have learned to do so:

“Like I have a lot of stuff in my head at the same time and sometimes you forget something and right away you think ‘oh my god’... and that makes the stress. But now since we started with mindfulness, I have learned to say no and a little bit doing one thing at a time. Not to have a lot of stuff in the air, and that has been very good to me.” (I5)

The worker feels that through the techniques acquired in the MBSR training, she overcame this struggle and learned to reject requests she did not have the time for. This interview was very particular; when we had asked this same worker if she perceived changes in her task performance she had said no. However, after we focused on the perceived changes in the relationships with her colleagues she said yes and gave this answer, which although contradicts the previous, we believe still fits in this section. We can suggest she saw ‘saying no’ as a matter that only affects her relationship with colleagues, however, we believe that the lesson she gained also changed the way she worked.

It is important to note that all the quotes we have selected for this section presented three key points we identified. These depict the process employees go through when they find themselves in a stressful situation: (1) the cause of stress, (2) the technique(s) applied to cope with it, and (3) the outcome. For us, the technique and the outcome represent the overall impact of the MBSR training. We will explain this further in the Discussion.

4.3.2 Impacts on Relationships among Colleagues

After collecting information on the impacts of MBSR on task performance, we were interested in learning if the relationship between colleagues had been impacted in any way. There were two salient themes mentioned by the participants: they learned to support each other more and they put their egos aside. Besides these, we came across to finding that some workers did not experiencing any effects.

4.3.2.1 Influencing and Supporting Colleagues

After having participated in the MBSR training, caregivers claimed they started to help each other more. “And we can say to each other ‘Hey relax, take it easy, go and breathe

or something” (I10). When staff members noticed other colleagues were stressed, they started to tell each other to calm down. As staff members applied what they had learned during the trainings not only for themselves but also in order to support their colleagues, we saw the employees having a direct positive influence on each other.

4.3.2.2 Putting the Ego aside

This theme shows an approach of how by putting the ego aside and starting to put others into the focus of attention, employee felt the interaction among colleagues improved. We noticed workers felt less concentrated on themselves and able to recognize their colleagues' rights more. Some, for instance, showed increased tolerance:

“Sometimes there are beginners here as nursing assistants so they can't do stuff, so it's much more work for me to handle, so I try to think, 'Ok, it's only today'. Because it's hard when we work with beginners, because we work with humans, they are not machines, so sometimes we can do things wrong but sometimes something wrong can be really bad so we have to think, 'Ok, we cannot'... When you meet some anxious patients you need to handle it. You can't only ignore and go. You have to stay. It needs more tolerance. It's a little hard. When you work with beginners they don't know that. So I try to think, 'Ok, it's only one day. It will pass.'” (I1)

By trying to understand the situation and the new employee, this interviewee made an effort to change her attitude; she did not allow herself to become angry for having more work, but took a moment and showed more tolerance.

In another example, a worker explains how there had been a newfound acknowledgement of others' spaces:

“I think we respect each other in another way. When I see they're busy I just don't walk into the room and say anything and likewise when they see I'm in the room and I'm busy they walk away. Before we just opened the door and said 'I just have to tell you something', but we don't do that that much.” (I11)

4.3.2.3 No Impacts

Despite the wide range of perceived benefits, we also noticed that five out of ten workers did not notice any changes¹⁰. After we asked whether they perceived changes in the

¹⁰ We say ten instead of twelve, since two of the participants did not answer this question.

relationship with colleagues, some of them answered with a simple ‘no’ and did not explain it further; others accounted this lack of change to the already strong relationship between colleagues:

“Not me personally, it’s been a really good working environment between our colleagues and it’s a good, good working environment and I think I haven’t noticed any difference in that.” (I7)

We found it interesting that half the workers provided negative answers and that the other half did in fact notice changes. This made us reflect upon why these workers did not notice that the other caregivers had been showing more support. This might be a sign that even when a person’s calmness transfers itself to others, the former does not always become aware of it, and vice versa. For us, the fact that they started to provide more support to each other is an obvious impact in the interaction, however, for the ones who said ‘no’, the support between colleagues might have been perceived as already existing, therefore not allowing them to see this as an impact of mindfulness. Finally, another explanation we thought of regarding workers, who answered no, was that they were more focused on themselves than on others.

4.3.3 Impacts on Provided Care and Patients

Our aim in this section was to find out how the provided care to patients was impacted through the MBSR training. However, as we analyzed the answers more thoroughly, we discovered an additional important aspect: not only had caregivers experienced an improvement in their care for patients, but they perceived a direct transfer of their experienced benefits, as well.

The following statement illustrates our interpretation and shows how one interviewee felt about the improvement on her provided care to patients:

“When you are out walking with the elderly. You are out and they are sitting in a wheelchair and you are looking at everything and you say, ‘Can you smell, can you hear, can you see?’ You are more aware and I think you get the elder to be there more, and see more, and feel more alive, because you got them to sense the feeling in a different way. Before, you might have just walked away and now you say, ‘Can you feel it, can you see it, can you hear it?’ I think I transmit it to them.” (I3)

Also, as shown in the following statement, dementia patients sometimes made up situations in their minds, which were not real. When this type of situation happened and the patient became agitated, the caregiver's sense of calmness could be transmitted to the patient and thus made her calm down as well.

“Often when I work in the evening and many of them are worried because they think they are going home and their moms and dads are waiting or something else, but when we are there and we are calm, they feel our calm so they are more relaxed by it.” (I10)

The following example further demonstrates a concrete situation where, through being calm and ceasing to talk to the patient, a caregiver was able to provide better care while at the same time transmitting the calmness to patient:

“I can take an example from today. I have a patient who is demented, and she has an ulcer on her heel and it's very painful and she yells enormously and you always want to have earplugs when you're there. She yells like hell. And in the beginning I tried to talk and talk and talk and calm her down and the more I talked, the more she yelled. So now I'm just doing what I have to do and stand there and heal the dressing on the wound. I don't talk to her, because when I talk, I feed her anxiety, so I don't talk. So then I saw today that when I don't talk she gets down much faster than she does when I talk to her. So when I am very calm I feel that she is calmer, too.” (I4)

In this case, the caregiver felt that when she stopped talking the patient seemed to be calmer and less stressed. The interviewee regarded the practice of calmness (a technique learned during MBSR) as the cause of her patient's reactions. However, we come to think that this change could have also been achieved through patience, not necessarily mindfulness.

4.4 Observations

We actively participated in one of the MBSR trainings at Lyra to grasp a better perspective of our study subject. Although the training was held entirely in Swedish, the trainer made occasional comments in English to allow us to follow. Our goal was to properly understand what the workers were going through and what was being taught during the 3-hour sessions. During the particular session we joined, there were five female workers, including one nurse assistant we had interviewed. Before starting, all participants were provided with a yoga mat, a pillow and blanket. To begin, we formed a

semicircle and faced the mindfulness trainer and a board. The first exercise consisted of a meditation session so we could ‘feel grounded in our space and focus on the present moment by leaving all our worries and stress behind’. Moreover, the trainer proceeded to ask the participants about the struggles they had experienced since the last session and how they were applying mindfulness to overcome them.

After what seemed a very honest and open conversation, the trainer encouraged us to spend 15 minutes treating ourselves with compassion, both physically and mentally. That meant we had to tap our chest with our hands while reinforcing ourselves with thoughts of self-compassion. The trainer then formulated the session’s agenda while asking the workers if they had any preferences on the exercises they were about to engage in¹¹. The next exercises consisted of 15-minute yoga stretches, as well as a 15-minute body scan which entailed closing the eyes and scanning each body part with the mind to identify sensations and relaxation. We noticed – and felt – how after both exercises workers felt more calm and relaxed. During this part, the trainer also extended two salient points: first, the importance of ‘VÄLJA’, a Swedish word meaning ‘out’, in reference to ‘you choose what you feel’ – getting out of their systems those things they did not want. And second, she reminded them of the ‘stress-breathe-think-breathe’ cycle they had been practicing to overcome everyday stressful situations. The next 20 minutes we spent them outside at the center’s garden where we were encouraged to take a ‘mindful walk’ and attune all our senses towards our surroundings. After coming back to the room and forming the semi-circle once again, we engaged in a ‘tapping and stroking’ exercise all over our bodies to wake it up and notice if we felt any physical discomforts. Finally, to end the session, the participants engaged in another conversation regarding their feelings during the training, their learning points and how they were planning to apply the new lessons to their everyday life.

Overall, we perceived some workers were very anxious during the training. For example, one of them did not want to join for the mindful walk outside the room since she claimed her feet were hurting. She was also very careful and slow when she sat down on the mat for the yoga stretches. After the trainer encouraged her to participate, she finally went outside and we saw she was able to walk; she had only been afraid of it. This showed us

¹¹ This was the seventh mindfulness training, therefore participants seemed already knowledgeable about the exercises and had their own preferences.

how high the level of anxiety was for some and that it could even prevent them from participating in activities. It also reinstated some comments about anxiety we had already heard from other workers during the interviews.

4.5 Chapter Summary

In this chapter, we started by providing the definition of mindfulness according to the employees. Consequently, we presented how MBSR impacted employees on a personal and professional level. On the personal level, caregivers felt they changed their perception on inner and outer phenomena, became more relaxed, were able to be more present and learned to appreciate and reflect upon themselves. We then showed how the emotionally demanding nature of the work at Lyra led employees feel stressed. Here stress was mainly caused by time pressure and the patients' forgetfulness due to Alzheimer's. For employees occupied with administrative tasks, a common stress factor was the difficulty of rejecting others' requests. The perceived benefits experienced at the workplace concerned the workers' task performance, the relationship with their colleagues and the care they provided their patients. Among the perceived benefits obtained from MBSR was a slowing down in the work tempo, calmness, increased focus and a better way of handling stressful situations. To achieve these benefits, participants applied three different techniques: letting go of stress, getting tasks done and saying no to additional tasks they had no time for. Additionally, we noticed how one person did not experience any changes.

In regard to interaction amongst colleagues, the interviewees mentioned they started fostering the relationships explicitly by telling them to take a break and by transferring their calmness to them. Besides that, some felt more tolerant towards their colleagues or had not noticed any changes. The impacts on patients, as the last of the three parts, entailed improved care and transfer of the benefits of the caregivers to them.

5. Reasons For Implementing Mindfulness Trainings at Lyra

While making ourselves familiar with the effects of MBSR, we saw how its perceived benefits could be legitimate reasons for incorporating these trainings. We also wondered if there were any reasons other than obtaining these benefits for a manager to decide to implement them. This particular interest was also triggered by authors claiming mindfulness was used as a means of control (Purser & Loy, 2013). In order to find out if this held true at Lyra, and to investigate other possible motives, we decided to make this a second focus in our study. By asking both the employees and the manager for the reasons, we obtained two different perspectives that will shed light on this subject.

5.1 The Employees' Perspective

“I think we all got curious and I think she really thinks that it’s gonna help us to get the tools to think in another way and help us to not be so stressed. We have a lot of ... people who got sick in different ways ... you know not because of the work, but because of the work and their private life and the combination. The balance can be tough and if you can learn how to deal with things in another way it can help you, both at work and at home.”
(I11)

This interviewee put together what most of the employees thought about why the manager brought the mindfulness trainings to Lyra: to (1) handle stress, (2) reduce sickness, (3) calm down, (4) balance work and personal life, (5) acquire different points of view, and (6) transfer the benefits experienced to the patients.

From the start, we recognized stress was the major problem Lyra employees faced. It was not surprising then, when eight out of ten employees¹² reported the MBSR training was incorporated at Lyra in order for them to handle stressful or difficult situations better.

“We have a stressful job and she cares about the staff and felt that it was important that staff learned how to handle stress.” (I3)

¹² Two of the participants did not comment on the question.

“She has lots of experience herself and she felt good about it and she saw that the sick rates just got higher and higher. The staff here got sick. They went on sick leaves. And I think she wanted to see if this can help and that people calm down a little bit and that they feel less stressed and that they feel better and don’t get sick so often so I think that’s the main reason why she brought it here and just for us to all learn to focus more and to be here and now.” (I4)

What this interviewee refers to when stating the manager ‘has lots of experience’ is that the manager herself was part of an 8-week MBSR program in which she learned how this could help manage stress, and thus decided to gather internal funds for the employees at Lyra to acquire the skills as well. A result of so many employees becoming sick was that they believed the manager wanted them to be able to calm down. “She saw that the sick rates just got higher and higher ... And I think she wanted to see if this can help and that people calm down a little bit” (I4).

As can be seen from that last statement, many participants felt so overwhelmed by work that they became sick. They either suffered mentally or physically. For instance, the manager claimed, “they heard [the patient’s] voice in their head, even if they were home”, and a participant said they had “problems with shoulders” (I4). The statement referring to the caregiver hearing voices in her head showed us how the patients’ sickness seemed to affect workers psychologically. Furthermore, the same interviewee who reported physical issues, added: “We had a lot of people, it was a long time ago, they were sick so ... I think she thinks it really helps”.

Another problem seemed to be that employees had a hard time balancing work and life:

“Many have problems with that, they think about work when they go home and then can’t relax.” (I12)

As consequence of this difficulty, employees reported that the manager aimed to help them to balance those two parts of their lives.

“She wants to help us to get down and don’t take the work home and leave it here because when it’s tough here, it’s easy to bring it home. But [we] need to let it go.” (I10)

Another interviewee saw the solution to this balancing act was that employees learned to see things from another view.

“I think she really thinks that it’s gonna help us to get the tools to think in another way ... if you can learn how to deal with things in another way it can help you, both at work and at home.” (I11)

Besides the different point of view, caregivers felt the reason for implementing MBSR was also to have an impact on their patients. “When you’re calm you reflect it to the individuals” (I3). This quote reflects how substantial the influence caregivers have on their patients was. If they are calm, patients can be calm, too. As a result, a mindfulness program would contribute to patients feeling well. The following quote also portrays this influence:

“And that’s important because when you have a dementia or Alzheimer’s [patient] you can read the body language and when they see I’m stressed, they get worried and the whole day won’t be good for them.” (I10)

As can be seen, employees provided multiple reasons for incorporating the mindfulness trainings. Incidentally, we emphasize these are the employees’ personal perspectives, meaning this is what they *thought* the reasons were or what they were told. In the end, the manager was the one who saw the need in it and implemented it for her reasons. Nevertheless, considering both views helped us in answering questions we had while interpreting data. We will compare these views and present our findings in the Discussion section.

5.2 The Manager’s Perspective

After having obtained the employees’ points of view, we were interested in the manager’s motivation for implementing the MBSR program. The manager provided three main reasons.

“It’s a difficult work and [it] can be psychologically challenging sometimes and therefore it is important for the manager to give the staff the means to be able to handle that without getting too affected by it.”

Just as the employees, she said the caregivers had to learn techniques to cope with the emotionally demanding work. We already saw from the interviewees’ statements how the challenging nature of the work caused physical and mental issues.

“I had a little group who didn’t feel good about one patient here. She screams and fights, it was a problem for the staff and some of them didn’t sleep at night.”

This statement came about after we asked the manager about the main struggles employees faced when taking care of the elderly and dementia patients. Not only did it seem the care causing them stress inside the workplace, but it was also having repercussions in their personal lives.

So far, the manager saw the need for MBSR trainings to help employees handle stress and reduce mental issues. However, she also realized how the care could affect the patients.

“It’s only quality because the staff feels better with the work. They give better, higher quality. And quality costs money. But we don’t bring in any money just because the staff is going to mindfulness trainings. It doesn’t give us any money but it gives us higher quality.”

By having the staff participate in the MBSR training, the manager aimed to enhance the quality of the provided care to patients. Since this was a very interesting statement, we asked ourselves why the manager emphasized Lyra would not generate profits. It might be the case that by having employees attending the MBSR training they would not achieve earnings, however, we believe that the elderly facility will ‘bring in money’ through an indirect way. If employees get less sick due to the MBSR training, the organization will money by not having to hire substitutes or by reducing the sick leaves.

5.3 Chapter Summary

In this section we have provided the employees’ and manager’s perspectives regarding the reasons for having implemented the MBSR training at Lyra. As we have shown, the reasons stated by the manager partially overlap with the ones mentioned by the employees. Stress reduction was set as the main need out of the mindfulness training, however, other strong reasons included to learn to calm down, tackle mental and physical issues and increase the quality of care. Furthermore, in several instances, the employees

underlined how the manager herself had practiced and experienced the benefits of MBSR before, and this made them believe they could experience them as well.

6. Discussion

6.1 Understanding ‘the process’ of mindfulness and the sources of stress

When we started this study we were constantly asking ourselves, ‘What is this mindfulness thing?’ And while carrying out the interviews, we quickly found that each worker at Lyra had their own ways of understanding it. From the statements we showed, we suggest that Kabat-Zinn’s definition of mindfulness was a starting point for the workers’ conceptualizations of mindfulness and MBSR (after all, he is the creator of MBSR trainings); however, workers did not seem to internalize the concepts exactly as the literature predicts. These conceptualizations we have presented have served for our own starting points towards discovering its impact on our study group.

We first reflect upon the workers’ perceived personal impacts of mindfulness. When we contemplated in a general sense the interviewees’ references and reactions to mindfulness, we came to think that MBSR trainings at Lyra seemed to be perceived as more than a “mental training tool”, which Purser and Milillo (2015) – among others – criticize. Furthermore, with answers such as ‘I am now more present with my son’ to ‘I can be more focused on my dogs’, we can suggest employees saw MBSR as a tool that went further than impacting them as individuals; it could also allow for better interactions with family and pets. Whilst with other perspectives such as a claim that through MBSR a participant was able to enjoy ‘everything in her life’, we came to think there were some workers who seemed to provide boundless attributions to MBSR’s impacts. This last statement in particular also made us think whether the ‘stress-reduction tool’ had suddenly become the ‘life-changing tool’ for some. In a sense, from where the workers were standing, it seemed mindfulness was being seen through a positive light.

Consequently, after we obtained answers on the impacts of MBSR on the employees’ job performance, we looked upon these with three enquiries we had in mind regarding what happened in between the moment when stress was triggered to when the impact was perceived: (a) What is causing stress at Lyra? (b) What techniques, learned at MBSR, are they applying to cope with that stress? And, (c) What is the outcome after applying these

techniques? We felt that answering these questions to ourselves would bring us closer to discovering what MBSR *did* for Lyra workers.

The first point (cause of stress) was a crucial one for us and one that had not been touched upon by the empirical studies we found. Previous work on the impacts of mindfulness referred to stress without showcasing its sources. We assume this might be since they did not find it important, however, for us the sources of stress were important information to better understand how MBSR could be tackling them. Part of our discovery (and thus, research contribution) is that at Lyra, employees were facing internal and external causes of stress. By external causes we refer to stress triggered by the nature of work (e.g. too many responsibilities or patients who screamed at them), whereas internal causes were those that came from inside of them (e.g. thinking about too many things at the same time). This distinction we made contributed to our understanding that stress within an organization does not necessarily come from the nature of the work only, but it can also come from within. And when MBSR was implemented at Lyra, employees wanted it to help them combat stress from both sources. Let us explain this in detail by using Table 1:

Table 1: The Process of Mindfulness

External			
5	Stress Trigger	Technique	Outcome
1	Running around the corridors (Fast-paced environment)	Slows down the work tempo	Copes with the stress of running around and feels better
2	Helping several people at the same time (Hectic environment)	Prioritizes tasks and takes deep breaths	Calms down and learns to cope with stress
3	Stressful situations (in general)	Stops, breathes and is present (in the moment)	Gets calmer and handles situations better
4	Having too many responsibilities and too many things going on	Breathes in and out slowly, takes one thing and does it properly	Less stress
5	Attends a patient who screams or hits	Finds a quiet space to shake it off	Lets go of bottled up feelings of stress
6	Stressful situations or tasks that are not fun	Accepts the situation, does the task (deals with it)	Goes on with the day
Internal			
5	Stress Trigger	Technique	Outcome
7	Thinks about all the tasks to do during the day	Focuses on the task at hand	Feels calmer since the mind feels less stressed
8	Has lot of stuff in the head, which makes her forget tasks	Says no to others and focuses one thing at a time	Stops having a lot of stuff in the air

As can be seen in Table 1, 'The Process of Mindfulness', we have separated the table according to the sources of stress we identified in the answers we presented as part of our empirical findings. Let us take scenario 2 as a reference to the process when stress comes from an external source. In this case, stress was caused when the employee had to help many patients at the same time. To combat this stress, he applied the technique of 'prioritizing tasks and taking deep breaths'; after doing so, he was able to calm down and thus cope with that stress. Now, let us take scenario 8 to illustrate a situation when the stress triggers were internal. In this case, the employee reported she became stressed because she 'had a lot of stuff in her head', which made her 'forget important things'. To combat this stress, she remembered to apply a mindful technique, 'learn to say no to certain things and focus on the task at hand'. After doing so, she claimed she stopped 'having so many things in the air'.

The additional information on the table is what helped us answer questions (b) and (c) we presented previously, and see how MBSR was helping employees cope with their causes of stress. One way had to do with the mindful *technique* employees applied and the other had to do with the *outcome* that came after applying those techniques. Taking scenario 2 again, we can see that to combat the stress trigger 'helping several people at the same time' the employee prioritized tasks and took deep breaths (the technique) and in that way he was able to cope with stress (the outcome).

By making this categorization, we believed we understood the process of mindfulness, which depicts what occurs from the moment stress is created to when it is combated through MBSR. But here we noticed that it also seemed that some techniques they used to cope with stress could also be (according to our understanding) an outcome of mindfulness. Scenario 3 is of help to explain this. In this case, the *technique* used by the employee to cope with the external stressful situation was to 'stop, breathe and be present' and the *outcome* after applying this technique was 'getting calmer and handling situations better'. We came to see that what this worker attributed as the outcome (getting calmer and handling situations better) could also be a technique used to reduce stress. However, what she explains to be the technique is 'stopping, breathing and being in the present', and not the other way around. With all these different understandings and interpretations we could take from the different scenarios, we came once again to realize

the spectrum of MBSR's impact varied among each worker we were interviewing and also among us when we were interpreting the answers. Moreover, from this last example we can see that not only was MBSR being applied in different ways; it was also being applied for purposes other than the 'original aim' of *reducing stress*, it was also to get calmer and handle situations better.

There were further reflections we achieved after we created the table and made this categorization. Particularly in scenario 8, we perceived some employees might also be seeing MBSR as more than a *stress reduction* tool, but as a means to get *rid* of the stress trigger. In this case, the employee claims that her internal stress trigger was that 'she had too many things in her head', which made her forget tasks. After applying the technique of 'saying no' to some things and focusing on one thing at a time' she was able to *stop* thinking about so many things. We highlight the word 'stop' since it was what made us perceive she saw stress as something that could be eliminated through MBSR. Since we do not believe a stress trigger such as 'thinking about too many things' can be completely eliminated through MBSR, we come to think again that some were overemphasizing the role of MBSR. However – and this is where all the data in the Table becomes connected again – we came to think that maybe this perception of hers had something to do with the source of stress. Could she, for instance, perceive that stress could be eliminated because it was internal, but if it had been external she could only cope with it? If this last perception was true, it then gave us a hint to look back to at what Purser and Loy (2013) criticized about organizations. They claimed MBSR is incorporated merely to pacify employees. If this was the case at Lyra, then MBSR could be pacifying employees. In coming to think (or 'accept') that stress, when coming from an external source, is unchangeable and the only way stress could be changed (or eliminated) is when it comes from an internal source. In other words, it is as if the organization was saying: 'We cannot change, the only one who can change is you'.

In retrospect, what we have seen is that stress can have several sources and both are important to take into account when trying to understand how far the impacts of mindfulness can go. Also, what all these reflections, categorizations, definitions, attributions, roles and expectations of mindfulness and MBSR allow for is the understanding that at Lyra there is a spectrum of mindfulness. It is a technique, an

outcome, a life changer, and a stress reduction tool, and many more. It all depends on how we individually perceive it.

6.2 Mindfulness as a Means of Stress Reduction, a Tool for Cost-Saving, or Organizational Control?

We have previously stated our interest in exploring managers' reasons for incorporating mindfulness-based trainings. Within our context, we found Lyra's manager implemented MBSR for her employees to be able to deal with stressful situations. We perceived her as a manager who set her employees' wellbeing as a first priority since she constantly emphasized its importance. However, after she stressed that Lyra itself bore the expenses for the trainings to obtain good quality of provided care and not 'money', it made us think: were costs taken into consideration when she decided for MBSR? Were there other reasons she has not mentioned? We believe that Lyra will probably benefit due to the higher quality of provided care. What is more, when the aims of mindfulness – namely stress-free and healthy caregivers – were achieved, the sick rates would probably decrease and so would expenditures on sick leaves. Therefore, the organization would save costs due to the implementation of MBSR. Although it was not obvious at first sight, from our perspective the financial aspect also played a role within the organization. Since we wondered why the manager did not mention that, we started digging deeper.

To compare our findings with another view, we looked back to the employees' perceptions on the reasons for incorporating mindfulness. Of course, what they mentioned was merely what they *thought* the reasons were, nonetheless, we did not wish to leave their perspectives unattended since they could shed light on what was happening beneath the surface. None of them mentioned higher quality or anything related to financial aspects. This showed us that both sides had a slightly different perspective on why the mindfulness trainings had been applied. We believe the reasons they gave came from the struggles they themselves faced. For instance, some employees reported they became stressed when they were interrupted during work. Therefore, we believe they saw stress as a reason to apply MBSR at Lyra. Looking at other answers we discovered another possible usage of mindfulness. One employee ascribed the stress she experienced to internal factors such as her being too empathetic. She did not blame the organization or criticized it for the stress she was exposed to. Admittedly, it might be the case that she

did not see any problems created by management or that she simply did not want to reveal them to us, however, we were surprised by her not having questioned her employer although she faced problems with stress. Here Purser and Loy (2013) come into play: They claimed mindfulness is used by management to make employees feel their concerns were being heard while at the same time stressful conditions did not change, what they referred to as ‘cow psychology’ since calmer workers were more productive. Having this in mind, we wondered if the caregiver was being pacified by mindfulness and its benefits. Had the organization made her feel her concern (stress) was heard, but simultaneously did not attempt to combat the causes of stress? Was she now, as the authors suggest, ‘calmer and more productive’? The point is that the organization might have shifted her attention away from the external stress factors and put it to mindfulness practices.

This leads us to another similar critique by Purser and Loy (2013) who argue that organizations instead of eliminating the roots of a toxic environment, burden their employees with mindfulness to cope with it, and therefore shift them the responsibility of catering for themselves. As stated by one of the employees, Lyra was lacking personnel and therefore we perceived the structure of the organization as a cause of high levels of stress. If, for example, the organization had more caregivers, employees would have more time to carry out their tasks and would, as a result, be less stressed. Now the question is, why did the organization not hire more employees? Why did it not attempt to change the circumstances, but have the employees participate in mindfulness trainings? Instead of employing more people and preventing the employees from being stressed, the organization decided to implement mindfulness trainings for the employees to cope with the created stress. We also wondered if hiring new employees was more expensive than implementing mindfulness trainings. This would bring us back to the view of mindfulness as a cost-saving tool. However, in this example the emphasis lies on the employer who, on the one hand, did not change the circumstances that made employees feel stressed, and, on the other hand, shifted the responsibility to the employees. By this we mean that stress was made an individual problem. Indeed, the employees were provided with the tools to deal with the toxic environment, but it was on them to participate in the trainings and to internalize the skills they were taught.

To sum up, we cannot assess if costs played a superior role at Lyra, but we had the impression that finances constituted reasons for the manager to incorporate mindfulness

since she stressed the organization would not benefit financially. However, it will probably save costs in the long run. Simultaneously, we believe that through applying mindfulness trainings additional aims could be reached. In contrast to employing more caregivers, applying mindfulness trainings can contribute to employees' personal and professional development, which according to the employees, was achieved.

6.3 The Spectrum of Mindfulness

In conclusion, all these perspectives bring us to look back at the spectrum of mindfulness we had mentioned previously. As its definition says, "a spectrum is a condition that is not limited to a specific set of values but can vary infinitely within a continuum" (The American Heritage Dictionary of the English Language, 2004). As we have shown, at Lyra the concept of mindfulness is not universal, but rather individual and therefore its condition can vary infinitely. In order for a spectrum to be formed, light has to pass through a prism, which then separates it and creates a set of colors (WebExhibits, 2016). In our case, the employees' different understandings of mindfulness and the different reasons for applying MBSR at Lyra represent the light, which comes from several directions and different angles. This light streams into the prism, us. After passing through us, they were analyzed and subsequently presented a wide range of colors: our interpretations of (1) the impacts of mindfulness including various techniques and outcomes, and (2) the reasons for incorporating MBSR trainings which ranged from stress reduction to financial reasons. At the end of the spectrum stands the reader who looks at the illuminated impacts and reasons for implementing mindfulness-based stress reduction trainings at Lyra.

7. Final Remarks

7.1 Contributions and Importance

As we have mentioned previously, through our study we aimed to contribute to different areas. First, we explored through a qualitative approach the nature of the work and stress triggers at Lyra. We found that the stress triggers at Lyra had internal and external sources. This allowed for a deeper understanding of how the stress source plays a role within organizations and how the participants applied certain techniques to deal with it; a salient aspect when doing research on MBSR, whose main role is to contribute to stress reduction. We then illustrated the perceived impacts of mindfulness trainings and how these affected the participants on a personal and professional level. A salient aspect within this point was how the incorporation of the MBSR training had secondary impacts, meaning that not only did it affect the employees, but also their family members as well as the organization's patients. Lyra is as a good example of interconnectedness and how as individuals we are all affected by each other. In relation to the patients, for example, we saw how their disease affected the caregivers who even heard voices in their heads. Then, after caregivers practiced mindfulness, they felt calmer; this calmness, in turn, was transferred to the patients. It seems as a circle of cause and effect.

We also looked upon the reasons why the manager at Lyra incorporated the MBSR training, which included stress reduction, mitigating physical and psychological issues, and higher quality of provided care. Besides that we saw the financial aspect as another reason, which was not mentioned by her. We believe our main contribution, however, was *the process of mindfulness*, through which we depicted how mindfulness can serve many purposes regarding its understanding and its application. As we saw the caregivers became stressed by either internal or external factors. Therefore, they applied several techniques to cope with it, which eventually led them to feel relaxed. Exemplifying this process was important since it shows *how* exactly mindfulness works and *how* it helps people to cope with stress.

Although it may seem our findings are provided mainly through a positive perspective, our purpose was by no means to convince the reader these trainings should be incorporated in the workplace, since we are not in the position of generalizing its impacts.

However, what we did want was to explain how they *could* impact the personal and professional lives of caregivers, in our case, of elderly and dementia patients. As the population of Sweden becomes older, we can suggest the demand for organizations that take care of elderly patients could increase as well. Hence, this study shows a particular relevance within the healthcare field, which might be affected through this demographic change.

7.2 Further Research

We suggest further research to be carried out in relation to the phenomenon of mindfulness. For instance, a longitudinal study could be done regarding the impacts of mindfulness on healthcare workers before, during and after completing an MBSR training. This type of study could allow for a comparative view that takes into consideration the employees' understandings of mindfulness before having been introduced to the subject, their view while engaging in the training and subsequently after having completed it. We believe that having these aspects at hand could contribute to the discovery of the shift of perspective that happens when individuals are exposed to a subject during a stretch of time. Also, we believe a study of the impacts of MBSR on individuals who are studying to become caregivers would be of great interest since it could allow for an exploration of whether MBSR can help them master the daily obstacles of a healthcare organization before they start working. As claimed by many researchers and as we saw in our study, stress and its consequences seem to be a prominent concern within organizations, and it should therefore be addressed to avoid further consequences. As the demand for caregivers increases due to Sweden's growing elderly population, stress could touch upon more healthcare workers. Therefore, a study on the impacts of mindfulness during their education and its possible further reaching effects would be of great interest in order to find out if stress could be reduced by applying MBSR.

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APPENDIX I

Interview Consent Form

I have been given information about *The Mindfulness Spectrum: Illuminating the Impacts and Reasons for Incorporating Mindfulness Trainings in a Healthcare Organization* and discussed the research project with *Adrianna Berezowska and Alexa Glo* who are conducting this research as a part of a Master's in Managing People, Knowledge and Change supervised by Sverre Spoelstra.

I understand that, if I consent to participate in this project I will be asked to give the researcher a duration of approximately 40 minutes of my time to participate in the process.

I understand that my participation in this research is voluntary, I am free to refuse to participate and I am free to withdraw from the research at any time.

By signing below I am indicating my consent to participate anonymously and that my name will not appear in the research nor will any other person besides the researchers get access to this interview. I understand that the data collected from my participation will be used for thesis and journal publications, and I consent for it to be used in that manner.

Name:

Nationality:

Age:

Job position:

Email:

Telephone:

Signed:

APPENDIX II

General information on interviewees

1. AGE

- Interviewee 1: 39
- Interviewee 2: 33
- Interviewee 3: 49
- Interviewee 4: 54
- Interviewee 5: 54
- Interviewee 6: 63
- Interviewee 7: 29
- Interviewee 8: 51
- Interviewee 9: 40
- Interviewee 10: 42
- Interviewee 11: 50
- Interviewee 12: 34

2. NATIONALITY

- Interviewee 1: Iranian
- Interviewee 2: Swedish
- Interviewee 3: Swedish
- Interviewee 4: Swedish
- Interviewee 5: Swedish
- Interviewee 6: Swedish
- Interviewee 7: Swedish
- Interviewee 8: Swedish
- Interviewee 9: Swedish
- Interviewee 10: Swedish
- Interviewee 11: Swedish
- Interviewee 12: Swedish

3. JOB POSITION

- Interviewee 1: Nurse assistant
- Interviewee 2: Nursing assistant
- Interviewee 3: Coordinator
- Interviewee 4: Nurse
- Interviewee 5: Coordinator and nursing assistant
- Interviewee 6: Activities coordinator and nursing assistant
- Interviewee 7: Nursing assistant
- Interviewee 8: Nurse
- Interviewee 9: Nursing assistant
- Interviewee 10: Nursing assistant
- Interviewee 11: Administrative staff
- Interviewee 12: Nursing assistant

