Spring 5-21-2022

A Qualitative Study on Nurse Facilitators of Mind-Body Skills Groups

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GMIND 7500: Thesis/Capstone

May 8, 2022

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Dedication & Acknowledgements

I dedicate this thesis to my departed ancestors, my father–Elias, and grandparents–Rita, Frank, James, and Luna, who had minimal or no opportunity for advanced formal education. I am eternally grateful for my forebearers' journeys. On the backs of their lives, I had the privilege to choose my path. I also dedicate this work to Memorial Healthcare System, where I have worked for 18 of my 20-year nursing career. Thank you for making a mindful education at Lesley University possible. I also acknowledge Saki Santorelli and Florence Meleo-Meyer, whose wise words during MBSR teacher training reignited my heart's desire for a mindful academic education. Thank you to the team of educators and support staff at Lesley University. They have scaffolded my efforts to bring this thesis to fruition, namely Nancy Waring, Melissa Jean, Alice Armstrong, Marina Funes, Margaret Fletcher, Melinda Franceschini, Andrew Olendzki, Lisa Lombardi, and Sarah Anne Stinnett. Thank you to the Mindfulness Studies student body; your valuable engagement has changed me for the better. I am also forever grateful for the integral trauma support that the Center for Mind-Body Medicine has provided me and Broward County. I am also profoundly grateful for the friendships of bodhisattvas Knellee Bisram and Nancy Saldana. To nursing educator Cindy Pinkerton-Johnston, your advice to always listen to our patients has blossomed into so much more than I could have imagined. Thank you. And to clinical educator, Cindy Rich-Rosenstein, thank you for my first opportunity to share mind-body skills with nurses. Last and most of all, to all whom I call friend or family, mainly my mom–Guida, husband–John, and children–Jonathan and Gianna, thanks for your dedication to our relationship. Your love is the wind beneath my wings, empowering all my pursuits.

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Abstract

The Center for Mind-Body Medicine (CMBM), founded by Dr. James Gordon, provides communities with evidence-based Mind-Body Skills Groups (MBSGs) that foster self-care, self-awareness, and self-expression. MBSGs range from 8 to 12-week series on various mind-body practices wherein group members meet, practice, and reflect on the impact of mind-body skills in their lives. Research has demonstrated that participants in MBSGs have positive outcomes. Healthcare professionals (HCPs), especially nurses, gain resiliency from MBSGs. As facilitators of MBSGs, nurses develop essential skills transferable to clinical and educational settings. MBSGs are therapeutic for adult participants with chronic stress. Prior to this thesis, only one study examined the impact of facilitating MBSGs on the facilitator. There was no research on the nurse as an MBSG facilitator. This paper examines the influence of mindfulness on the CMBM model, which uniquely provides MBSGs to various populations. It also investigates the CMBM model's impact on the nurse facilitators' ability to be mindfully aware and responsive. The paper utilizes a cross-sectional qualitative research design; the researcher interviewed five nurse facilitators of MBSGs to capture their nuanced experiences. The semi-structured interviews revealed the following three themes: (1) self-care (subthemes: self-care during COVID-19, mindfulness as self-care, and leaning toward compassion to find safety and self-compassion); (2) patient applications (subthemes: compassionate presence as a mind-body skill and a platform to share other mind-body skills); and (3) finding confidence. The interview findings suggest MBSG facilitation has potential to be a nursing intervention; MBSGs could enhance nursing resilience in healthcare organizations and nursing colleges.

Keywords: Mindfulness, mind-body skills group, nurse, self-care, compassion, resilience

A Qualitative Study on Nurse Facilitators of Mind-Body Skills Groups

The mind-body skills group (MBSG) model from the Center for Mind-Body Medicine (CMBM), founded by Dr. James Gordon, is a comprehensive trauma-sensitive program. It is an amalgamation of mindfulness, contemplative practices, mind-body skills, and other evidence-based skills that foster self-care, self-awareness, and self-expression. The CMBM model is infused with the attitudes of mindfulness, such as a beginner's mind, trust, patience, compassion, acceptance, non-judgment, curious exploration, letting go, and non-striving—meeting or being with reality, others, and ourselves the way they/we are. Throughout the paper, the CMBM group model and adaptations to it will be referred to as MBSG. When referencing the nurse facilitator in this paper, the term encapsulates the CMBM professional training program (PTP) and the follow-up advanced training program (ATP) required to become a facilitator of MBSGs. Hence, CMBM training and facilitating MBSGs make the nurse an MBSGs facilitator.

CMBM's model is known to influence adult participants positively, and research has demonstrated it to be therapeutic for post-traumatic stress disorder (PTSD) (Gordon et al., 2016; Staples et al., 2020). The CMBM model has shown significant improvement in depression, anxiety, and quality of life (QOL) for participants. However, I found no research on the impact of facilitation of MBSGs on the nurse facilitator. CMBM trains the nurse facilitator of MBSGs to run a series of small groups (ranging from 8 to 12-weeks) or workshops that experientially inform participants about mind-body skills. MBSGs provide a space for group members to share their experience using mind-body skills. In MBSGs, the facilitator is equally invested as a participant and a leader. Hence, the nurse facilitator's role includes participating in all the group activities. How might the nurse facilitator be impacted by CMBM training and the facilitation of

MBSGs? This question has guided the research. As a nurse facilitator of MBSGs and a Mindfulness-Based Stress Reduction (MBSR) teacher in training, I am compelled to investigate the intersection of mindfulness in the CMBM model. I am also interested in the impact of CMBM training on the nurse facilitator of MBSGs.

My mindfulness expedition began twelve years into my now twenty-year nursing career. I became interested in mindfulness during a phase of my life and nursing career when I felt burnt out. As an immigrant woman, first-generation college graduate, a minority person of color, cancer survivor, wife, and mother of two young children, I felt heavily burdened by my life experiences. However, I was motivated by a desire to be emotionally agile and to flourish. This desire led me to an 8-week MBSR class. Soon after landing in a heart-centered compassionate space for what felt like the first time in my then twelve-year nursing career, my view of the world and life changed from shades of gray to brilliant hues of color sprinkled with joy amidst life's unending challenges. I began to feel a renewed sense of hope and optimism for myself, my family, and my place in nursing. Following my introduction to MBSR, I began professional training to become an MBSR teacher. The initial MBSR teacher training included attending silent retreats. Between MBSR teacher training, I began studying and practicing within the CMBM's model and became a certified CMBM facilitator and CMBM faculty member. My path to becoming an MBSR teacher and certified in the CMBM model has fundamentally influenced my decision to pursue this qualitative study of the CMBM model on nurses as facilitators.

This thesis project highlights professional nurses whose careers and lives are often devoted to caring for others. This research offers the nursing profession a nursing-led intervention that could promote the thriving resiliency of nurses. Such an intervention has the potential to supportively nurture nurses as they move through the challenges of their lives. This

qualitative study explores the personal and professional impact of CMBM training and facilitating MBSGs on the nurse facilitators' ability to be mindfully aware and responsive.

The upcoming background section establishes a need for resilience training in nursing. It includes an examination of the current challenges faced by the nursing profession related to burnout and resilience training, the effects of the COVID-19 pandemic on nursing burnout, and the need for compassionate spaces for a sustainable nursing profession. Plus, the background provides an updated understanding of empathy in relation to compassion and burnout. The subsequent literature review orients the reader to the CMBM model related to mindfulness and pertinent literature on MBSGs. The methods section outlines the cross-sectional qualitative design of the study, followed by the findings, where I present and discuss the themes discovered. The paper ends with the conclusion, which includes relevant recommendations.

Background

Current Challenges in the Nursing Profession

Nurse stress and burnout are ongoing problems that threaten healthcare. Considering how the nursing profession can mitigate burnout, build resilience, and create sustainability within the field is critical. Since an important expectation and fundamental characteristic of a nurse is to be compassionate, the relationship of empathy to compassion in the context of the nurse's role becomes a vital consideration in the burnout discussion. MBSGs offer a viable way to moderate the effects of stress, burnout, or empathy fatigue in nursing education and healthcare settings; plus, MBSGs value the caring ethos of nursing to create a more sustainable nursing profession. Governing organizations in nursing education and healthcare, like the American Association of Colleges of Nursing (AACN) and the Joint Commission on Accreditation of Healthcare

Organizations (JCAHO), support mind-body skills like mindfulness for resilience training in nursing education and workplace settings to manage the burnout challenge.

State of Burnout in the Nursing Profession

Managing the healthcare workers' resilience is difficult, even in a well-resourced and staffed setting, more so in an under-resourced and short-staffed setting, which now is generally the case in the US since the COVID-19 pandemic. System-wide wellness initiatives and employee assistance programs (EAP) can be vital to nurses' wellbeing. However, nurses often manage their sense of overwhelm or burnout by moving to other healthcare systems, transitioning to other positions, or leaving the profession entirely. Prior to the COVID-19 pandemic, a 2018 survey by Shah et al. (2021) of 50,273 nurses from the 3,957,661 nurses in the United States (US) found that 31.5% of nurses left their positions due to burnout. Plus, nurses considering leaving their jobs because of burnout amounted to 43.4%. If nurses continue to leave the profession at the above rate, there will eventually be a critical nursing shortage.

At the time of writing this thesis, the U.S. Bureau of Labor Statistics (2021) anticipates the need for registered nurses (RN) to increase by 9% from 2020 to 2030. The Bureau expects that each year there will be jobs for 194,500 nurses. Due to the ongoing COVID-19 pandemic, the number of RNs retiring or exiting the profession will increase, further compounding the nursing shortage. A recent survey by the American Association of Critical-Care Nurses of 6,000+ critical and acute care nurses found that after 18-months of COVID-19, 92% of nurses believed that the pandemic had "depleted nurses at their hospitals and, as a result, their careers will be shorter than they intended;" yet, another "66% feel their experiences during the pandemic has caused them to consider leaving nursing" (Viejo, A. 2021, para. 5). As the nursing shortage

looms, job-related stressors like inadequate staffing and lack of necessary resources are genuine contributors to the ongoing nursing shortage.

Connecting Burnout and Resiliency to the Nursing Profession

The discussion of burnout in nursing is not new. There is an ongoing need to mitigate the disastrous effects of burnout in the nursing profession. The current nursing shortage and burnout threatens the nursing profession. Christina Maslach and Susan Jackson, who formulated the well-used and research-based Maslach Burnout Inventory, theorized burnout as a state-related to one's work. Maslach and Jackson believe that burnout results over an extended period whereby at least one of the following six dimensions of work is misaligned: workload, control of job resources, reward, community support, fairness, and values (Dall'Ora, Ball, Reinius, & Griffiths, 2020). The responses or symptoms to burnout that Maslach Burnout Inventory measures include the following: emotional exhaustion – feeling emotionally drained and not having the resources to recharge; depersonalization – no longer holding onto an ideal view of work along with a negative and detached communication style or cynicism; and a sense of personal accomplishment (Dall'Ora, Ball, Reinius, and Griffiths 2020). Unfortunately, this is the process that burnt-out nurses experience without the understanding and supporting a therapeutic heart-centered resiliency training space, like the CMBM model, to process their experiences collectively.

The research on burnout is so compelling that in 2019 burnout became an official diagnosis in the WHO's International Classification of Diseases (ICD) 11th edition, where it is categorized as a syndrome related to workplace stress (HCA Healthcare Today 2019). Although WHO's ICD recontextualizes burnout from a mental state to a syndrome, definitions of burnout vary among other theorists, ranging from a state to a process. Landmark-grounded theorist Cary Cherniss (1989) explored burnout as a process in which "negative changes in attitudes and

behaviors towards clients that occur over time, often associated with workers' disillusionment about the ideals that led them to the job" (as cited in Dall'Ora et al., 2020, p. 2). MBSGs experientially reveal to nurses how their mental activity impacts their physiology and symptomatology. Likewise, MBSGs could inform nurses about how the body impacts the mind. These groups provide creative ways for nurses to manage their stress exposure and the impact of stress on their minds, body, and spirit. Hence, introducing nursing-led MBSGs into the nursing profession and education could gradually mitigate nurse burnout.

Understanding Empathy in Fostering Compassionate Resilience

The emotional and physical stressors that accompany the practicing nurse may be considered inherent to the role and identity of being a nurse, one who nourishes the sick and injured. Individuals who choose to become nurses are likely to be empathetic and caring. However, without appropriate resilience training and professional development, the socio-emotional and physical load that the nurse carries can become overwhelming.

Compassion fatigue is a general term used to describe the emotional exhaustion associated with burnout that nurses and other helping professionals experience. However, research has demonstrated that empathy fatigue best describes compassion fatigue. Neuroscience research into the difference between empathy and compassion provides insight into empathy fatigue. Functional magnetic resonance imaging (fMRI) has revealed that our ability to be empathetic to the suffering of others is governed by distinct brain regions, namely the insula and anterior middle cingulate cortex (Singer & Klimecki, 2014). Matthieu Ricard, a Buddhist monk, and frequent neuroscience research participant, pointed to the distinction between empathy and compassion. His first-person account revealed that empathetic states, whereby one vicariously shares the suffering of another, could lead to unmanageable distress (Klimecki & Singer, 2012).

Singer & Klimecki (2014) stated that psychological research calls unmanaged empathetic response 'empathetic distress.' Some characteristics of chronic empathetic distress include negative feelings of stress, poor health, burnout, withdrawal, and non-social behavior. The research in psychology and neuroscience is a strong indicator that empathetic distress is a likely explanation for what happens when the empathetic nurses' stress response system is chronically overloaded by their work's adverse circumstances and environment. Hence, empathy fatigue is more accurate than compassion fatigue for nursing burnout.

Arguably, many nurses are at risk of empathy fatigue. Without compassion training, new nurse graduates and nurses unschooled in managing their deeply valued sense of empathy are at risk for empathy fatigue in the healthcare profession. Singer & Klimecki (2014) pointed out that empathetic distress could arise when a healthy distinction between other individuals' emotions and one's own emotions is not present. Singer & Klimecki indicated that a healthy distinction between self and others leads to a healthy empathic response and often results in compassionate action, which provides resilient motivation to care for the other person and relieve their suffering. The research in psychology and neuroscience confirms the following benefits of compassionate action and training: prosocial behavior, positive feelings of love and good health. Moreover, neuroscience has discovered non-overlapping brain networks different from empathy during compassion training, specifically the medial orbitofrontal cortex and ventral striatum. The researchers found that these non-overlapping brain networks increase with compassion practices or training involving *lovingkindness*–a short form of silent meditation that focuses on "cultivating benevolence towards all human beings" (Klimecki & Singer, 2012). Compassion training also includes developing *self-compassion*–a benevolent attitude to oneself, which

according to the research, has the potential to protect nurses from the negative impact of empathy fatigue.

Consequently, one may view empathetic distress as empathy that does not progress to compassionate action but instead leads to personal distress (Godara, M. et al., 2021; Klimecki & Singer, 2012). Nursing empathy fatigue would then be a case of untransformed feelings of empathy that have not yet progressed to compassionate self-care or compassionate action towards the other individual. A distressing aspect of nursing can be the preoccupation with accomplishing nursing tasks in an under-resourced healthcare setting with suffering patients and anxious families. Thus, the nurse's stressful work, paired with an unmanaged empathetic response and a lack of compassion training, could undermine their ability to compassionately tend to their sense of empathy by being compassionately present with themselves, coworkers, patients, and families. Nurse facilitated MBSGs could be a therapeutic intervention that provides peer support, develops a deepened value for the power of compassionate action, and provides nurses with mind-body skills, like lovingkindness, for their self-care.

The work of nursing requires empathy and a strong dose of compassion. Nursing-led MBSGs in healthcare organizations and nursing schools could effectively develop a more compassionate nursing culture and healthy nursing population. Singer & Klimecki (2014) explain that compassion transforms empathetic stress into positive emotions and promotes future altruistic helping behavior. Compassion practices like a lovingkindness meditation, which is included in the CMBM model, focuses on the wellbeing of self and others. This meditation fosters positive emotions and prosocial behavior associated with compassionate action. Lovingkindness meditation transforms feelings of concern and empathy into powerful, compassionate thoughts and ultimately compassionate action. Moreover, research reveals that

mindfulness and compassion training improve immunity, promote positive emotions and moods, and decrease stress, negative emotions and moods, and symptoms of illness (Klimecki & Singer, 2012). Nurses are constantly faced with opportunities to choose compassionate action for patient satisfaction, but as the research has illustrated, compassionate action is also vital for nursing wellbeing.

Recommendations for Nursing Education by Healthcare Governing Bodies

In addition to providing adequate resources, support, and financial compensation, healthcare leaders have a responsibility for the socio-emotional wellbeing of nurses. If healthcare leaders prioritize the socio-emotional wellbeing of nurses, they would positively contribute to the longevity of the nurse within the profession and the sustainability of the nursing profession. Two governing bodies that are highly influential in healthcare and nursing education are critical to the discussion of nursing sustainability. The two most prominent organizations are the American Association of Colleges of Nursing (AACN) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The AACN "establishes quality standards for nursing education; assists schools in implementing those standards; influences the nursing profession to improve health care; and promotes public support for professional nursing education, research, and practice" (American Association of Colleges of Nursing, n.d., para. 1). JCAHO's role is to provide an unbiased assessment of healthcare organizations' quality achievement in patient care and safety.

According to the AACN, resilience centers on surviving adversity and includes thriving while facing difficulties. The resilience that AACN advocates for could increase nursing retention and mitigate burnout. In the AACN's definition of resilience it is abundantly clear that viable and sustainable solutions reside in strategies of "building positive relationships,

maintaining positivity, developing emotional insight, creating work-life balance, and reflecting on successes and challenges…" (American Association of Colleges of Nursing, 2021, p. 63). Strategies that can promote thriving resilience are often up to leadership to decide, hopefully in ways that are inclusive of the nurses' voice.

JCAHO is one of the most extensively known and respected accrediting bodies for excellence in healthcare on the federal and state level in the United States of America; therefore, their recommendations are highly regarded. Though JACHO's focus is on patient care and safety, they strongly acknowledge the need for harnessing nursing resilience. JCAHO (2019) published a comprehensive statement squarely placing responsibility on healthcare organizations "to support nursing staff and address the causes of burnout…by developing and fostering resilient environments and individuals" (p. 1). Furthermore, JCAHO (2019) suggests that healthcare systems should incorporate interventions like mindfulness and resilience training to mitigate burnout, increase "employee retention, [reduce] staff turnover and performance problems, and increase patient satisfaction" (p. 2). JCAHO (2019) acknowledges that such interventions are only part of the solution. Burnout also needs to be mitigated by healthcare leaders "reducing and eliminating barriers and impediments to nursing workflow, such as staffing and workplace environment concerns" (p. 2). JCAHO's attention to the need to provide a robust support system justifies exploring what the CMBM model could provide to the nursing profession. The CMBM model could protect nurses from the worst effects of burnout by providing them with mindfulness and resilience training for the realities of their profession. Just as construction workers would not enter an active site without personal protective equipment (PPE) like helmets, work boots, and safety harnesses, nurses and nursing students entering the profession need to be equipped with mind-body skills. Based on the AACN and JCAHO

recommendations, interventions like the CMBM model could be considered basic resilience training for the 21st-century nursing professional. Therefore, the upcoming literature review and the qualitative study that follows examines the impact of the comprehensive CMBM model (including CMBM training) and MBSGs on participants, healthcare professionals (HCPs), and nurse facilitators.

Literature Review

The literature review examines the overarching influence of mindfulness, meditation, and compassion in the CMBM model compared to mindfulness-based programs (MBPs) like Mindfulness-Based Stress Reduction (MBSR) model. The literature also reviews the commitment of MBPs and the CMBM model not to harm participants. The literature review also includes an overview of what is involved in the CMBM facilitator training programs. Plus, there is a subsection about my direct experience describing the process of becoming a proficient MBSG facilitator. Since the current research in MBSGs is not specific to the nurse facilitator, the literature review does cover other HCPs and the patients in their care. My search for literature about the impact of facilitation of MBSGs on the facilitator found only one study, at the time, related to the MBSG courses offered at Georgetown University School of Medicine (GUSOM). Hence, the literature review includes the impact of MBSG courses on GUSOM culture and its facilitators.

A Comparative Orientation of the CMBM Model to Mindfulness and Mindfulness-Based Stress Reduction (MBSR)

Mind-body approaches, like the curriculum developed by CMBM, may be described as mindfulness-informed. CMBM incorporates philosophical attitudes of mindfulness, like compassion and non-striving, into establishing a safe container for the group experience.

CMBM's model is an amalgamation of contemplative practices. *Mindfulness,* as defined by Bishop et al. (2004), is "a process of regulating attention in order to bring a quality of nonelaborative awareness to current experience and a quality of relating to one's experience within an orientation of curiosity, experiential openness, and acceptance" (p. 234). A mindful meditative presence is fundamental to the practice and delivery of mind-body skills. During CMBM training, participants are encouraged to employ a beginner's mind. A beginner's mind has the mental space to learn something new and has an attitude of curiosity and exploration. Though CMBM's model is not mindfulness-based, meaning formal mindfulness practices are not the primary learning method, CMBM's model does embody a foundational meditative style that they shared with mindfulness-based programs.

The above description of mindfulness is the overarching framework from which CMBM's mindfulness-informed program delivers mind-body skills for self-care, self-awareness, self-reflection, stress management, and resilience. This literature review includes a look at Mindfulness-Based Stress Reduction (MBSR) to reveal similarities and differences with the CMBM model. CMBM is a comprehensive model incorporating several mind-body approaches under one umbrella, including mindfulness. CMBM's training and MBSGs are grounded in a compassionate, mindful meditative presence, which is fostered through the facilitator and an awareness of breathing practice at the beginning and end of each group meeting. CMBM-trained facilitators are not necessarily formally trained in mindfulness practices, but through CMBM training and facilitating MBSGs, they begin to embody mindfulness and compassion. Though CMBM's model is not a mindfulness-based program (MBP), the ethical underpinnings of mindfulness are similarly displayed in the agreement by group members to honor group guidelines to establish a safe place and meet MBSG's needs compassionately. Through a series

of weekly meetings, CMBM trained facilitators practice mindful facilitation by being in the present moment as it unfolds, without judgment, with compassionate presence for themselves and group members. Leading MBSGs requires skillful compassionate acceptance of group members' emotional experiences and using mind-body skills to manage their life experiences. Hence, MBSG facilitators are experientially learning to embody mindfulness and compassion.

The CMBM model is informed by mindfulness because it includes a basic structure that encapsulates some similarities to MBPs like MBSR. Though the CMBM model is not an MBP, it captures the essence of mindfulness throughout the group process. Jon Kabat-Zinn initially designed the MBSR program as a clinical intervention to treat patients' "chronic medical conditions, to help reduce stress, and improve their quality of life via focused attention, meditation, cognitive restructuring, and adaptive learning techniques" (Kriakous et al., 2021, p. 2). Generally, in the 8-week MBSR program, participants meet weekly for two to three hours. The program also includes a 7.5-hour silent retreat during week six. Home practice includes 45-minutes of a formal mindfulness practice, which includes the following: a lying-down body scan mediation, gentle hatha yoga, practicing mindful awareness of the body, walking meditation, and sitting meditation—comprising mindfulness of breath, body, feelings, thoughts, emotions, and choiceless awareness. Participants are also encouraged to practice mindfulness informally by bringing their awareness to pleasant and unpleasant events, awareness of breathing, and awareness in everyday activities such as brushing teeth, washing dishes, and driving (Santorelli, 2014). In MBSR, participants share their experiences around formal and informal mindfulness in an open and safe group environment (Segal et al., 2002). Similarly, the CMBM model includes an 8-week group series where participants meet for 2-hours and share their experiences about

using mind-body skills. Mindful eating and other mindfulness practices are focused on during CMBM training and included in the weekly group meetings.

CMBM training and facilitation of MBSGs develop the nurse facilitators' ability to take on a decentered perspective, but how this is possible is not addressed in any of CMBM's literature. The literature on MBPs reveals possible insights into the mental strategies that the nurse facilitators may develop to maintain an objective perspective to facilitate MBSGs artfully. MBPs, including MBSR, are based on a decentered perspective to objectively view life experiences (Baer, 2003; Brown et al., 2007; Shapiro et al., 2005). In *decentering,* one does not identify with or believe every thought to be factual (Tapper & Ahmed, 2018). The thinker's thoughts are identified as a mental activity that does not define the thinker. Shapiro et al. (2006) explained that mindful attention cultivates an increased awareness of the *here and now*, thereby "suspending all the ways of interpreting experience and attending to experience itself" (p. 376). By witnessing one's thoughts as a passing phenomenon, the observer learns to be compassionate towards their mental activities. Hence, mindfulness training can recognize maladaptive ways of reacting to thoughts, emotions, and body sensations. Correspondingly, CMBM nurse facilitators may ask MBSG members and themselves, "How is your body feeling at this moment?" or "What are you noticing right now?" Such questions are an opportunity to check in with themselves and an invitation to become aware of body sensations and emotional states.

The MBSG facilitator is constantly summoned to meet group members' and their emotional states with mindful awareness and responsiveness. The following statement by Bishop et al. (2004) highlights the effects of mindfully normalizing emotions:

> The acceptance-based component of mindfulness approaches further offers an alternative strategy for dealing with aspects of unwanted private experience and thus an opportunity

> to become less prone to being drawn into dysfunction[al] patterns of behavior that exacerbate and maintain psychopathology. (p. 236)

If the thinker does not pathologize unwanted mental activities and accepts the transient nature of unpleasant thoughts, they can more likely move towards mental wellbeing. The CMBM model welcomes facilitators' authenticity with emotional states and life experiences, which could lead group members to express awareness around similar human experiences, like burnout. The group shares the effects of using mind-body skills to manage life challenges. As a result, group members often discover and share mind-body skills from the least to the most adaptive for personal and professional flourishing.

It is possible that through the process of sharing, being heard, and the facilitator asking pertinent mind-body questions, group members, including the facilitator, begin to reperceive their experiences. Shapiro et al. (2006) explained that decentering is similar to reperceiving. In reperceiving their thoughts, individuals develop a more in-depth awareness of their mind and body experiences "without identifying with or clinging to it" (p. 379). Additionally, Shapiro et al. refers the following fundamental axioms of mindfulness: (1) intention (on purpose), (2) paying attention, and (3) attitude (with openness and non-judgment). Shapiro et al. explain that "they are interwoven aspects of a single cyclic process and occur simultaneously" (p. 375). The fundamental aspects of mindfulness are woven into the CMBM training program and in the guidelines of every MBSG meeting.

Furthermore, Shapiro et al. (2006) said the following mechanisms lead to positive outcomes like adaptive coping and stress reduction: 1) self-regulation and self-management; (2) values clarification; (3) cognitive, emotional, and behavioral flexibility; and (4) exposure to strong emotions with objectivity. Again, CMBM training and facilitation provides training in all

the outcomes mentioned above. These two processes, decentering and reperceiving, are theorized as working together to form the foundation for mindfulness-based interventions. These could also explain the possible effects of CMBM training on facilitators of MBSGs. Kabat-Zinn (2013) said decentering and reperceiving ushers in the healthy *mindfulness-mediated stress response*, which can gradually replace unhealthy chronic automatic stress reaction. For HCPs, decentering and reperceiving to initiate a mindfulness-mediated stress response are valuable skills for self-governance, leadership, and compassionate care.

As mindfulness-informed, CMBM training facilitates a parasympathetic-mediated response to stress much like a mindfulness-mediated response. The axions of mindfulness are in the intention of MBSG guidelines, the attitude of a "beginner's mind," mutual respect, and present moment self-awareness. The guidelines intentionally create and maintain a safe space for group members to share, which could foster some degree of reperceiving and decentering. The attitude of a "beginner's mind" sets the stage to be open to new experiences and ideas. Plus, the idea of being mutually respectful includes the attitude of non-judgment as group members listen to each other and are encouraged to be self-reflective of their reactions to what the group has triggered within themselves. The facilitator reminds group members to speak about their self-awareness by using "I" statements about how they feel in the "here and now." Through CMBM training and facilitation of MBSGs, nurse facilitators begin to compassionately notice the transient nature of their emotions and bodily sensations and become more mindful.

Every MBSG begins and ends with a short awareness practice, usually awareness of breathing. Segal et al. (2002) mentions a *3-minute breathing space* practice in MBSR that focuses on the breath and body sensations. This short practice trains the mind to be attentive to present moment experiences. This accessible practice can provide just enough time to see the

temporary nature of thoughts arising and passing away. Another meditation included in the CMBM curriculum is lovingkindness. Lovingkindness meditation is a mind-body skill that supports one's ability to be mindful; it develops a friendly attitude towards oneself and all living beings (Neff & Germer, 2018). Lovingkindness is a compassion-based meditation that Segal et al. (2002) said facilitates HCPs to intentionally nurture compassion for themselves, followed by compassion for others. Facilitating compassion is an essential skill for delivering equitable and effective patient-centered care and communication. Compassion is also an essential skill in leading MBSGs.

Doing no Harm in Mindfulness-Based Programs (MBP) and the CMBM Model

Since some may see mindfulness or meditation as a panacea treatment, it is essential to consider its place in healthcare as a beneficial treatment and to examine possible unintended side effects. Stand-alone intensive meditation retreats and practices do not provide the comprehensive support that the CMBM model provides its participants and facilitators. Baer et al.'s (2019) research paper found positive benefits of MBPs on psychological disorders, stress, dealing with illness, pain, moods, attention, memory, blood pressure, immunity, and compassion for self and others. These positive benefits have led to MPBs being utilized in various settings, including healthcare, education, and workplaces. However, the researchers found that some unintended effects can occur in intensive meditation retreats. Baer et al. (2019) also reviewed scientific and other related literature about the possible harm to participants in evidence based MBPs compared to intensive retreats in contemplative traditions. Baer et al. (2019) reported that side effects like mania, traumatic memories, depersonalization, and derealization were disclosed in small studies from 1975 to 2009. Such side effects usually occurred during intensive retreats, including transcendental, Zen, and mindfulness (Baer et al., 2019). However, the research did not reveal

these side effects in evidenced-based MBPs. Furthermore, unlike intensive meditation retreats, CMBM's modern-day retreat-like training is not done in silence. CMBM faculty members deliver training in trauma-sensitive compassionate spaces for large and small groups.

Though mindfulness is derived from a Buddhist contemplative tradition, MBPs are conceptualized and based on a contemporary scientific approach. The language used to communicate mindfulness ideas can be tailored to specific disciplines (Baer, 2011). MBPs and CMBM facilitator training do not use esoteric language that is only familiar to Buddhist monastic culture; instead, the modes of expression and terminologies are familiar to western culture and their various academic disciplines. Furthermore, because the attitudes of mindfulness like a beginner's mind, trust, patience, compassion, and acceptance are valued across diverse wisdom traditions and contemplative practices, individuals from diverse backgrounds and religious persuasions have the chance to see more than just their difference. MBSG group members, including facilitators, begin to transcend ideological differences in favor of their shared humanity. Such experiences could remove defensive walls between individuals or groups to improve collaborative efforts.

The adaptability of the CMBM model to western culture is demonstrated by van Vliet et al. (2017) and van Vliet et al. (2018) in their research on medical and nursing students who participated in an adapted version of the CMBM model. The studies mentioned above changed the GUSOM course to adapt to European culture. For instance, the loving-kindness meditation replaced the forgiveness meditation, and the researchers added yoga and tai-chi. The course was also translated into the Dutch and Swedish languages. Additionally, student participants in van Vliet et al. (2017) and van Vliet et al. (2018) received an audio recording for home practice. Both studies also encouraged participants to journal their experiences related to the exercise on the

audio recording. The CMBM model's ability to adapt yet maintain its integrity demonstrates the flexibility needed for a mindfulness-informed intervention to fit into the cultural norms of any given population.

Participation in MBPs is not without challenges for participants or their instructors. Baer et al. (2019) reported that participation in MBPs may involve a certain level of discomfort related to unwanted thoughts, emotions, and sensations (as cited in Segal et al., 2013). However, Baer et al. explained that participants are frequently encouraged not to go past individual safe limits or tolerance levels. If a participant has difficulty with a practice, a skilled mindfulness teacher will encourage an alternative technique. Similarly, the CMBM-trained nurse facilitator learns from experience and training how to use mind-body skills in each moment to manage theirs and the group’s energy. Baer et al. (2019) spoke to this need when they noted that instead of meeting discomfort arising from such difficulties with avoidance, an attitude of compassion and friendly curiosity are beneficial for optimal results. In the CMBM model, MBSG group members and facilitators are encouraged to speak about the feelings they want to share related to any discomfort or enjoyment that emerges during the group meeting. Through CMBM training, supervision, and leading MBSGs, the nurse facilitator becomes more skilled in meeting the group's needs and themselves with compassion. Also, like MBPs, interested participants can attend a pre-group interview or workshop where the MBP teacher or MBSGs facilitator will address concerns or pertinent diagnoses.

MBPs provide psychoeducational and structural support to mitigate the risk of harm or discomfort. Baer et al. (2019) stated that many MBPs have a pre-class information session with participants outlining what to expect and how to prepare for possible challenges. Participants are also informed that most sessions will involve a group-style inquiry about home practice. The

other critical mitigating factor in managing the risk of harm is the teacher's expertise. Characteristics of a professional mindfulness educator in facilitating a safe and supportive experience include "empathy, understanding of the clients' problems, communication about the nature of the program, skillful implementation of the program, managing difficulties that arise, and encouraging adherence to recommended practice" (Baer et al., 2019, p. 109). Hence, teacher competencies such as Mindfulness-Based Interventions-Teaching Assessment Criteria (MBI-TAC) are used in the certification process to ensure a high standard in mindfulness teacher training and development (Baer et al., 2019). Similarly, the CMBM model supports MBSG participants with any diagnosed challenges to meet with the facilitator prior to starting a group. The CMBM encourages a pre-group screening, meeting, or prior workshop with the facilitator to meet participants' anticipated needs. CMBM also supports nurse facilitators through ongoing supervision during the certification process to develop their MBSG facilitation skills.

The soundness of MBP's conceptual framework, like that of CMBM's model, requires an understanding of the science of mindfulness, such as how the biological and neurological concepts are compatible with the target population's desired outcomes. Based on their research, Baer et al. (2019) outlined factors that minimize harm to MBP participants, such as informing participants "of *what and how* elements of mindfulness, the soundness of the programs conceptual foundations, the intensity of mindfulness practices, and adequacy of the psychoeducational or structural support provided by the program" (p. 108). Teaching *what and how* of mindfulness is not just attention and awareness; a compassionate and friendly attitude is essential to being nonreactive and nonjudgmental. Likewise, CMBM training and MBSGs include the biological and neurological underpinnings of mind-body skills, namely the effects of the sympathetic nervous system's hyperarousal on the mind and body. The biological and

neurological underpinnings are CMBM's '*what,*' and mind-body skills like soft belly breathing is their '*how*.' Soft belly breathing activates the parasympathetic response and with regular practice brings about a healthy well-toned nervous system. Practice enables participants to experience the effects for themselves.

CMBM Training Program

CMBM training coaches the nurse to become a skilled MBSG facilitator. Two studies related to HCPs outline the training to become an MBSG facilitator with CMBM. The facilitator training begins with the Professional Training Program (PTP), ranging from 5 to 7 days. Participants are encouraged to consider this as a time for self-care, that is, to use mind-body skills as an opportunity to focus on caring for themselves. It is a time to retreat, explore, and learn something new. Training time in the Staples and Gordon (2005) study was at least 7 days, and the researchers described the training to be in mind-body-spirit medicine. In Weinlander et al.'s (2020) study, training lasted five days. Regardless of the length of training, participants learn about the science and biological underpinnings of MBSGs (Staples & Gordon, 2005; Weinlander et al., 2020). Participants of diverse backgrounds, like many in the frontline nursing profession, are learning how mind-body skills can intentionally activate the relaxation response of the body's nervous system.

Each training day, there is an interactive large group presentation plus eight small MBSGs lasting 2 hours. In the large group, participants learn about the body's "'fight or flight' response and stress, [and] post-traumatic stress" (Staples & Gordon, 2005, p. 37). Participants learn how spirituality, ritual, autogenic training, biofeedback, exercise, imagery, meditation, mindful eating, breathing, and genograms are included in the program. These topics, which are grounded in scientific evidence, also inform participants about homeostasis and a sense of

balance in the mind, body, and spirit. Additionally, in the large group experience, participants learn about *psychoneuroimmunology*, the relationship between behavioral, neural, endocrinological, and immunological processes (Staples & Gordon, 2005; Adler, 2006). Facilitators also inform participants of the various cultural and indigenous influences found throughout CMBM's model.

In Staples and Gordon (2005) and Weinlander et al. (2020), they explained that small group members have an opportunity to practice some of the various mind-body skills. In the large group setting, participants hear stories about post-traumatic healing. They also experiment with mindful eating and movement. Customarily, a senior faculty presents a family tree-like diagram known as a *genogram*, which looks at one's family or support system related to origins of beliefs, behaviors, and attitudes (Weinlander et al., 2020). Typically, in the large group space, participants can share their experiences and ask questions of CMBM faculty members.

A concentrative meditation called soft belly breathing bookmarks the beginning and end of each small group session. After the opening meditation, group members can check in with themselves and express to group members how they are. Check-in is a time for group members and facilitators to bring voice to their present moment experience(s) and how they are generally doing. After check-in, group members engage in one of the following experiential activities during a series of group meetings: drawings (exploring how participants see themselves now, with their biggest problem, and with their problem solved), autogenics and biofeedback, dialogue with a symptom/illness/problem (exploring their meaning), safe-place-wise guide imagery, genogram, (moving through beliefs/attitudes/behaviors that may no longer be useful), closing drawings with their problems solved, and a ceremonial ritual (Staples & Gordon, 2005; Weinlander et al., 2020). Through these activities, group members discover a deeper

understanding of the scientific background and various cultural and indigenous influences that are the foundation of mind-body medicine. Group members also become increasingly more self-aware, self-reflective, self-expressive, and engaged in self-care.

Primary Experience of CMBM Training and CMBM Certification Process

CMBM's Professional Training Program (PTP) is the entry point for nurses, who are interested in becoming certified as MBSG facilitators. The description that follows in this section represents my first-hand experience of CMBM training and the supervision process to become a certified MBSG facilitator.

After PTP, participants integrate mind-body skills into their self-care routine. Moreover, participants begin to see MBSGs as a self-care model central to their healthcare and thriving resiliency. Senior CMBM faculty members present relevant research demonstrating the benefits of the CMBM model for PTSD, thereby making the connection between CMBM training and mitigating burnout easy for the nurse participant. After going through this modern contemplative retreat-like experience of PTP and taking time to practice self-care with mind-body skills, participants interested in becoming facilitators will return later for a 4-day Advanced Training Program (ATP). In addition to receiving instructions on the various mind-body skills, facilitators in training start to cultivate the art of facilitation by compassionately holding the group space for themselves and group members. The format of ATP is like PTP in that large groups supplement small groups with additional mind-body skills and presentations. However, in ATP, soon-to-be facilitators begin to collaborate and co-facilitate a small group session. A CMBM faculty member is present as both a group member and observer to support the aspiring facilitators' journey to become certified in the CMBM model and ensure adherence to the model.

The value of essential elements of the model, such as the guidelines to establish a trauma-sensitive space for group participation, becomes evident once ATP facilitators in training begin to run MBSGs in their communities. Leading groups and ensuring adherence to group guidelines enables facilitators in training to gradually develop mindful awareness of their speech, thoughts, and actions within the safety of the group space they establish. Group guidelines include the following: (1) honoring confidentiality and mutual respect by listening with a beginner's mind without interrupting or advice-giving or cross-talking, (2) encouragement to share one's experience with the option to pass as needed, (3) the importance of punctuality and commitment to being present, and (4) to practice mind-body skills in their daily life.

In ATP training, MBSG facilitators in training nurture mindful leadership skills that cultivate mastery in holding space for themselves and the group. Successful ATP participants improve their ability to voice awareness about themselves, the group, and its members compassionately. By intentionally and mindfully choosing their speech and actions while running a group, facilitators in training can gradually cultivate a mindful communication style. Soon-to-be facilitators begin to experience how their presence impacts the group. Trainee facilitators also share relevant experiences and bring their authentic selves to the group. They are also using mind-body skills to care for their emotional and physical experiences and to manage the group's energy needs. In so doing, MBSG facilitators artfully juggle their roles as facilitator and participant.

Effects of MBSGs on Healthcare Professionals (HCPs) and Patients

Since the MBSG facilitator is equally a participant and similarly impacted by MBSGs, examining research related to participants is relevant. There is no research specific to only nurse participants; hence, the literature review considers research on HCPs. Staples and Gordon (2005)

completed an analysis of HCPs who attended the CMBM 7-day professional training program (PTP) in mind-body-spirit medicine from 1998 to 2001. PTP is the first step toward becoming a facilitator. Results of a 1-year follow-up survey found that HCPs increased their usage of all mind-body skills (biofeedback, autogenics, imagery, meditation, exercise, and psychoeducational groups). Biofeedback and autogenics saw the most significant increase from 11% to 34% and 40% to 71%. The most frequently used skill was meditation. By all accounts, the mind-body skills practiced in PTP substantially affected participants' spiritual wellbeing. PTP equipped HCPs with self-care tools that they could also share with their patients or clients. However, since results were reported as a summary, the specific impact on nurses remains unknown.

Another study of the CMBM model by Weinlander et al. (2020) also demonstrated positive effects of MBSG training on HCPs as participants but not nurses as facilitators. The relevance of Weinlander et al. is primarily regarding the Maslach Burnout Inventory and the Professional Quality of Life (ProQOL) Survey. Participants in the Weinlander et al. study completed pre and post a 5-day PTP between 2014 and 2016. The domains under the Maslach Burnout Inventory include emotional exhaustion, depersonalization, and personal accomplishment. The domains related to ProQOL are compassion satisfaction (satisfaction from helping others) , burnout, and secondary traumatic stress. Analysis of pre and post evaluations of participants (nurses, Medical Doctors [MD], Doctors of Osteopathic Medicine [OD], social workers, and psychologists) included from baseline, 3 months, and then 12 months. The most remarkable improvement was emotional exhaustion (22%) and depersonalization (21%). Improvement also occurred in all the other domains at 12 months: secondary traumatic stress (14%), burnout (12%), compassion satisfaction (5%), and personal accomplishment (3%). The

influence of CMBM's PTP on nurses as participants remains unknown. The impact of MBSGs on nursing professionals needs investigation.

Mind-body skills, such as soft belly breathing meditation, can improve one's ability to be calm by activating the parasympathetic branch of the body's autonomic nervous system. Mind-body skills enhance parasympathetic activity and decrease the sympathetic overdrive to reduce pain, ease tension, promote coping skills, offer a new perspective on stressful stimuli, and decrease dependency on medication (Selhub, 2002; Hassed, 2013). Weinlander et al. (2020) discussed that a possible explanation for the overall positive effects could be that MBSGs "use the power of self-awareness, self-expression, and self-exploration, to positively influence our thoughts and emotions as well as physical and emotional health" (p. 3). In the meditative environment of MBSGs, participants witness and experience compassionate presence for themselves and their peers. This compassionate orientation becomes a safe place for self-discovery and the beginning of a mind-body healing process. Likewise, that healing process is also available for the HCP facilitating MBSGs.

The impression that MBSGs have on patients and their healthcare providers is critical in discussing how the nurses' role as an MBSG facilitator might impact the patient population engaged with MBSGs. At the start of this literature review, there was no research specific to nurses as MBSG facilitators. Hence, the literature review examines the adjacent population of physicians and premedical students as MBSG facilitators. Moir et al. (2021) examined the effects of an 8-week MBSG series with 5 to 8 patients in each group. 52 patients participated from 2014 to 2019. By all accounts of the curriculum in Moir et al, there did not appear to be any modifications to the CMBM recommended 8-week group series. Generally, patients saw improvement in depression, their capacity to manage stress, perceived ability to control their

diagnosis, and how they view their overall mental health. Patients experienced a slight improvement in the perception of their physical health, personal stress level, stress at work, and connection with others. The series positively impacted patients, and there were no reported adverse effects.

Though Moir et al. (2021) focused on the impact of MBSGs on patients, they found that the physician and premedical learners (scribes) were also positively impacted by the 8-week MBSGs. Physicians appreciated the sense of connection they established with patients because it influenced their quality of care and professional satisfaction. Premedical learners saw the value of mind-body skills and groups in "efficacy, applicability to their own lives, applicability to their own patients, and as a template for facilitation exercises in medical school" (Moir et al., 2021, p. 3). These premedical learners saw the advantages of being MBSG facilitators. Premedical learners gained a deeper appreciation and understanding of mind-body skills to enhance their wellbeing. They also experienced a unique opportunity to collaborate with physicians, which positively impacted their stress level and professional satisfaction. Additionally, the premedical learners saw their experience as a template to facilitate mind-body exercises in medical school for their stress and resiliency management. Similarly, the CMBM model could provide nurses and nursing students with a viable nursing intervention for the nursing profession and the patient populations they serve.

Impact of MBSG Courses on Culture at Georgetown University School of Medicine (GUSOM)

Direct contact with nurses and other HCPs greatly influences patients' impression of healthcare culture. The quality of presence that the nurse has with the patient could influence the patient's sense of wellbeing. A compassionate or caring nurse can foster a greater sense of safety

and wellbeing. However, nurses may sometimes overlook how their presence impacts the patients' wellbeing and their nursing colleagues in the hustle of medical and nursing tasks. Accordingly, this literature review will discuss the influence of MBSG courses on culture.

MBSG courses, which are based on the CMBM model, are shifting the academic culture at Georgetown University School of Medicine (GUSOM), where Dr. James Gordon, the founder of CMBM, practiced for several years as a Clinical Professor of Psychiatry. Schonfeld and Gordon (2014) revealed that GUSOM became the original site for MBSGs. Schonfeld (2008) chronicled how a mind-body medicine course began changing the culture of medical education at GUSOM. According to Schonfeld, in 2000, a team of educators, researchers, and clinicians began to investigate integrating Complementary and Alternative Medicine (CAM) into their curriculum. The following year they created an adapted version of the CMBM model to integrate CAM into their undergraduate medical curriculum (Saunders et al., 2007; Schonfeld, 2008). One adaptation included the addition of biologically correct imagery that can be included in medical practice, for instance, assisting patients to "visualize cancer cells being destroyed by chemotherapy" (Schonfeld, 2008, p. 6). The exposure of these medical students to MBSGs and CAM will make it more likely that they will share CAM practices with their patients. It is also likely that due to these medical students' extensive exposure to the compassionate presence of their MBSG facilitator, they too would model a mindful heart-centered space with their patients.

Further evidence of the positive effects of MBSGs on participants was found in a cohort of 300 medical students, who discovered that the "Mind-Body Medicine course significantly increases self-awareness, empathy, and mindfulness and decreases students' perceived stress" (Elder et al.,2007, p. 954). Additionally, a qualitative content analysis of data collected from 82 medical students found they experienced an improved sense of connection and felt less isolated.

Students also reported more self-awareness around their priorities and limits, which facilitated them in becoming better versions of themselves (Saunders et al., 2007). The researchers found that the MBSG course also reaffirmed and refocused students on healthy attitudes and practices, like exercise, meditation, introspection, and open-mindedness that had previously served them well. Students described appreciation for mind-body skills and the value of the course. Medical students showed improved academic performance because of reduced stress and an increased sense of calm (Saunders et al., 2007). Though this was not related to nursing students, medical students' experiences may forecast the CMBM model's impact on nursing students and their careers. The medical students recognized the value of prioritizing their wellbeing to safeguard longevity in the medical profession and their lives as students.

Cultural change is generally slow and requires collaborative efforts from multiple disciplines or departments. Schonfeld (2008) stated that the humanistic MBSG course at GUSOM was also available to nursing students, staff members, and physiology graduate students. Plus, there were groups available for law students and faculty. The GUSOM MBSG course was extended into the Georgetown community to include then directors of pediatric oncology and a neonatal intensive care unit (Schonfeld, 2008). The Dean of Medical Education also trained to become an MBSG facilitator. Other "high-profile faculty members, including course and clerkship directors, have taken the training to become facilitators" (Schonfeld, 2008, p. 6). With such widespread appreciation, engagement, and participation, the impact of the course is not surprising. The director of the program, Nancy Harazduk, explained the cultural shift she observed:

> Students are becoming more passionate about their medical careers, and they are supporting each other rather than competing with each other. When I first came here

> seven years ago, there was so much anxiety about being a medical student. Now, they think 'I can do this.' They have a sense of the bigger picture, focusing not so much on grades but on how to be a better physician (Schonfeld, 2008, p. 2).

This enclave is an example of what is possible for cultural change by implementing the CMBM model. Healthcare organizations with a similar commitment and involvement across all organizational strata could also experience the effects of such a cultural transformation.

The Impact of Facilitating MBSG Courses on Facilitators in and Around GUSOM

The only research found exploring the impact of MBSG facilitation on facilitators was a pilot study conducted by Talisman et al. (2015) out of GUSOM. The impact of facilitation on the facilitator had not yet been researched. The population sample of HCPs in Talisman et al. (2015) included faculty, administrators, clinical/health practitioners, and others actively facilitating MBSG courses in their institutions. Their sample population included GUSOM and other surrounding institutions, 50 of those invited completed some (n=42) or all (n=39) of the qualitative and quantitative survey measures. Participants' range of experience facilitating MBSG courses spanned from two to five or more years, which averaged 3.5 years. This study included a diverse facilitator population regarding gender, years of experience, expertise, and institutional involvement. There was no documentation related to race or ethnicity.

The MBSG course at GUSOM was an adapted version of the CMBM model into an 11-week course for their medical student population. It is not explicitly clear whether there was more use of mindfulness practices in the GUSOM curriculum. However, Talisman et al. (2015) examined the relationship between participants' mindfulness experiences the week before testing and their perceived stress over the month before testing. Talisman et al. (2015) chose the Perceived Stress Scale (PSS) to measure stress. The researchers used the Freiburg Mindfulness

Inventory-Short Form (FMI) to measure mindfulness outside of a Buddhist or meditation construct (Walach et al., 2006). The FMI considers characteristics of mindful awareness such as awareness of the present moment, body awareness, and mindful responsiveness, such as choosing to be in the here and now. Since the CMBM model is not an MBP but is informed by mindfulness, using the FMI was very appropriate. It also demonstrated that Talisman et al. (2015) also saw the connection of mindfulness in the CMBM model.

The quantitative results of Talisman et al. (2015) pioneering study revealed that facilitators' average FMI score was 41.9 (4.9 SD), significantly higher than the 34.5 normative mean. A low PSS mean score of 13 (4.4 SD) was also substantially lower than the standard 14.7 for professionals with advanced degrees. The researchers noted that a higher mindfulness score correlated to a lower PSS score. Other research in mind-body skills and MBPs supports this inverse relationship between mindfulness and perceived stress in medical and nursing students and HCPs (van Vliet et al.,2017; Oró et al.,2020; Hilcove et al.,2021), which further supports their inclusion into nursing resiliency training.

On the qualitative side, the themes that emerged from Talisman et al. (2015) include positive development in facilitators' professional identity resulting from improved communication amongst colleagues, connection with colleagues and students, empathy, active listening, self-confidence, and self-care. They also reported increased mindful awareness, which in some cases led to some emotional unrest. Their emotional unrest is understandable. However, the CMBM model, unlike some MBPs, provides several mind-body skills for facilitators and participants to process the emotional distress that can accompany increased self-awareness.

As demonstrated by the FMI results and the responses in the Talisman et al. (2015) study, the professional and personal impact of being a MBSG course facilitator is significant. Similarly,

the potential for nurse MBSG facilitators includes post-traumatic personal and professional growth and a thriving resilience that most educational and work cultures are challenged to promote. Moreover, with institutional support, training to become an MBSG facilitator is an opportunity for nurses and other HCPs to positively impact the organizational structures in which they are employed and the communities in which they reside.

In conclusion, this literature review established how mindfulness influences the CMBM model and is the bedrock of MBPs. We have heard testimonies of the transformational effects of MBSGs on participants and facilitators as they witnessed and practiced compassionate presence. Participants are informed of the researched underpinnings of stress management and experience various mind-body skills in their MBSGs that regularly begin and end with a short meditation or awareness practice. Moreover, mind-body skills are tools professional nurses can add to their existing resiliency toolbox to enhance career longevity. The benefits of CMBM's model, centered around self-care, self-awareness, and self-discovery, includes compassion satisfaction, relief from burnout, and secondary traumatic stress in HCPs.

Furthermore, the literature illustrated that many MBSG facilitators experienced an ability to be more present, increased perception and awareness of self, more connections with peers, positive professional identity, and professional satisfaction. However, the impact specific to the nurse facilitator of MBSGs remains unknown. The CMBM model in facilitating MBSGs could significantly impact the nurse facilitator. This thesis will further investigate the model's capacity to impact the nurse facilitator of MBSGs to be mindfully aware and responsive.

Methods

Design

This thesis uses a cross-sectional qualitative research approach to explore the impact of CMBM training and facilitation of MBSGs on the nurse facilitators' personal and professional lives. I recruited participants for this study via the social network of MBSG facilitators. Prospective participants filled out a survey to determine if they qualified for the study. Participants were self-selected to participate in the study. Qualifying participants included four registered nurses (RN) and one nurse practitioner (NP). All were currently or recently employed in a healthcare setting. They all completed CMBM's PTP and at least one ATP training. They were already certified or on their way to completing certification and were already running MBSGs. I obtained informed consent prior to each interview. I conducted semi-structured interviews (Appendix A) through Zoom and transcribed them with Rev software services. I reflected on interview videos and transcriptions based on a hermeneutic phenological approach to discover and capture the essential themes of interviewees' lived experiences.

Each interview began with a short awareness of breathing meditation followed by a standard CMBM check-in by both interviewer and participant. I reviewed the interview protocol with each participant and advised them that they could withdraw consent anytime. I encouraged a mindful pause during the interview process to facilitate interviewees staying present with what they wanted to express. Additionally, interviewees had an opportunity to review the thematic outcomes discovered, thereby providing them with a chance to make any clarifications.

Interviewees

There were five participants interviewed for this qualitative study. All interviewees had the shared experience of CMBM training and a background in nursing, which qualified them to participate. They were all nurses actively working in the nursing field. Their nursing experience ranged from sixteen to fifty-eight years. Four participants were RNs, and one was a psychiatric

NP. There were four females and one male. Based on the qualifying survey, all research participants interviewed had experience facilitating at least one 8-week MBSG within 6 months of their interview. They all participated in CMBM's Professional Training Program (PTP) and Advanced Training Program (ATP). Also, each interviewee had participated in supervision with CMBM. Two of those interviewed had already completed the certification process with CMBM and therefore had a more robust experience with the CMBM model. Three others were not certified at the time but were in the certification process and had already facilitated MBSGs or workshops. Each interviewee led at least one or more MBSGs during the COVID-19 pandemic. MBSGs were primarily online and in diverse communities. Interviewees chose a pseudonym to protect their identity.

Current Study's Findings and Discussion

The research sought to explore the impact that facilitating MBSGs had on the nurse facilitator. The range of experience facilitating MBSGs for the nurses interviewed was 6 months to 5 years. Their professional nursing experience included psychiatry, labor and delivery, intensive care, clinician, nursing education, leadership, and nurse coaching. The interviews primarily focused on the interviewees' ability to be mindfully aware and responsive and the impact of CMBM's model on their personal and professional life.

Three major themes with their corresponding subthemes arose in response to semi-structured interviews. They are as follows: (1) self-care (subthemes: self-care during COVID-19, mindfulness as self-care, and leaning toward compassion to find safety and self-compassion); (2) patient and nursing applications (subthemes: compassionate presence as a mind-body skill and a platform to share other mind-body skills); and (3) finding confidence. The upcoming section

includes an overview of major themes and quotes to support corresponding subthemes. This section also includes a summary of interviewee responses and a discussion of the findings.

Self-Care (Subthemes: COVID-19, Mindfulness, and Compassion)

All participants reported using some form of mind-body skill for self-care, especially during the COVID-19 pandemic. They also spoke about how mindfulness and compassion uniquely found a place in how they each distinctively practiced self-care and the benefits and challenges that consequently unfolded.

Self-Care during COVID-19

The COVID-19 pandemic brought about a unique set of challenges for the interviewed nurses. Most nurse facilitators interviewed described how CMBM training or mind-body skills were particularly advantageous during the pandemic. RN Amja, who worked in a critical care hospital setting for adults during the pandemic, described the draining effects of nursing care for dying patients during the COVID-19 pandemic. Working with the critically ill was not new to this well-seasoned nurse leader. However, there was a sense of overwhelm as she described her experience supporting nursing staff caring for critically ill COVID patients, “I was being ground by negativity I was feeling so helpless in so many ways. And a lot of guilt for not being able to do more for everybody….” Amja’s memory of the stress during the pandemic was vividly clear. She said of CMBM training, “It gave me again the tools to come back and realize how important it is to do that self-care, take time to fill because I was [emptying] too quickly. I couldn’t fill enough to give out what was needed.” Amja was becoming burned out. She also explained that burnout impacted her physical health; however, the CMBM training arrived in time to scaffold her recovery. She would explain to her colleagues that “This thing saved my life. It came at a time when I was on the verge of a nervous breakdown, and these tools, this energy, this work

saved me, and that's why I wanna share it with you". The CMBM training significantly altered the trajectory of this nurse leader's experience, which could have led to professional burnout. The impact was so significant that she would share the skills she learned from her training with her colleagues. The experience also renewed and updated her appreciation and understanding of self-care.

Another RN, Ritter, found that practicing soft belly breathing and other mind-body skills during the pandemic brought her a sense of calm when the world felt out of control. She further said, "I was taking care of myself mind body spirit…I felt safe." Moreover, she explained that CMBM training:

> [It] has assisted me in this cognition for being cognizant of setting a safe place for however long it is, but a safe place. And that to me is one of the challenges that the COVID has brought with me, but also my growth within it. You know, I can't look at it as negative, it just is. It is what it is.

Here Ritter expressed value for her emotional and mental safety. Furthermore, she described practicing mindful eating during the pandemic for her physical wellbeing, which she believed was a way "to put energies to the food for it to be healthy." She expressed that she developed confidence in the food and her health during the pandemic by eating mindfully. In addition to establishing a safe place to calm internally, Ritter also practiced mindful eating as a protective mind-body skill to manage COVID-19 stress related to food consumption. Altogether, mind-body skills have fostered this nurse facilitator's emotional, mental, spiritual, and physical wellbeing.

Mindfulness as Self-Care

Interviewees discussed some of the various ways to practice mindfulness for self-care. Valuable perspectives on mindfulness as a facilitator, a parent, and a nurse were shared. RN Asha thought that being a facilitator ensured that she practiced mindfulness and stayed in a place of awareness where she could recognize triggers and their effects on her body. She said the facilitation of MBSGs keeps her honest in practicing self-care and sharing the skills from a place of authenticity. For example, she said:

> I feel like my shoulders are up here, and they've been like that for probably the last week, you know? And so just being, just bringing my mind back to the here and now, and what's going on. [I] pull my shoulders down, away from my ears, let me take some deep breaths, you know, that kind of stuff. Cause it's not a smooth…'I'm gonna do this every day.' It's this for me…with the world moving under [my] feet…that's a constant readjustment.

Here Asha revealed her ability to recognize the somatic effects of stress in her body. She demonstrated how self-awareness led to her choice to practice deep breathing, thereby activating her parasympathetic nervous system to ease possibly some physical tension. She also acknowledged that stress management is an ongoing process of navigating daily challenges.

Asha shared that in addition to clarifying her misconceptions about mindfulness and meditation, CMBM training established her ability to incorporate mindfulness into parenting her young children. She said activities such as mindful walking in nature, soft belly breathing, and dancing with her child helped her and her child "move around some energy" and "co-regulate." When the kids are cranky, she said,

> I was like, let's go take a walk…just let us all be, be in nature, get some fresh air…it's kind of crisp now. So let the air hit our faces and that is, um, still a meditative practice…a

> concentrated meditative practice is not going to be had with a nine-month-old and a three-year-old. It's just not.

Asha was mindfully aware of the interconnected energy flow she had with her kids. She described her sense of agency to respond mindfully and wisely to her child's emotional state.

Another RN facilitator, LaBell, said that CMBM training to be a facilitator had increased her awareness of present-moment experiences in her daily life. She said practicing present-moment awareness had supported her throughout her fifty-eight-year nursing career. She revealed:

> Dr. Gordon made us totally aware that simple things that we were doing were mindful… It was… affirming to know that the practices that I had done my entire career is why I stayed in nursing so long and did not leave – because I didn't feel burned out…I would center…that's all part of mind-body skill.

LaBell discovered that the CMBM training validated the effectiveness of how she managed the stress of being an RN and "concretized" her values. Moreover, in establishing that she was practicing mindfulness, she noted that being a mindful nurse provided her longevity in the field.

In response to how being a facilitator has impacted her ability to be mindfully aware in daily life, Amja responded:

> Like with any practice the more that you expose yourself to it, and you surround yourself with people like minded people that practice and believe and you're facilitating and helping other people learn develop skills, you practice it more… [CMBM] helped ground me so that I was able to get through [a difficult time] easier.

Amja's response indicated that CMBM training reignited confidence in her capacity to thrive and be of service in her community. Amja explained that she had previous experiences with other

types of training that included practicing a purposeful or mindful pause, but she stressed the following:

> [CMBM] brought [selfcare] to the forefront…[CMBM] gave me that gift to stop and take that time to take care of myself and then once [I did] that then [I] can go out and share [myself] with the world again.

Amja and Asha spoke of the grounding effects of taking a mindful or purposeful pause. Being mindfully aware of their experiences provided these nurse facilitators with the ability respond mindfully and creatively. Asha was seemingly aware of the somatic and visceral effects of stress in her body. Moreover, Labell's exposure to CMBM training made her aware of the value of her choice to practice mindful self-care throughout her nursing career.

Leaning Towards Compassion to Find Safety and Self-Compassion

Compassion was another theme that emerged from the interviews. Compassion showed up implicitly and explicitly as self-compassion. Implicitly self-compassion included the conviction of facilitators to provide a safe place for their MBSG participants and themselves. Ritter pointed to the idea of implicit self-compassion when she spoke about letting go of being perfect. She spoke of being present in the moment to create a safe space for herself and to relinquish her egoic control. She commented on her perception of others' judgment of her when she said:

> It doesn't matter. What matters is my work within myself and that is huge. That's what the Center for Mind Body Medicine has really had me shift a lot, staying [in] just the moment, the moment is what matters…If I am present in the moment, that is all that matters, and that's how I look at it.

Ritter appears to be facilitating an internal safe space for herself to be less than perfect. She described letting go of ideas relating to being judged. Ritter was giving herself room to be by relinquishing perfection and judgment. Creating a safe space for oneself illustrates self-compassion as self-care.

Asha spoke explicitly about self-compassion when she said:

> Self-compassion has been a very heavy lift. And so I'm learning about mindfulness and what you're experiencing in the moment without judgment has been like life changing…It's like, okay, wow, I don't have to judge myself, you know, and then… releasing, um, the implied judgment of others…that has been like a big part of my mindfulness journey, learning to be...compassionate with myself to be gentle with myself and as a caretaker, as a nurturer, being able to respond to myself in ways that I would respond to my patients or the people who are closest to me who loved me most.

Remarkably, Asha's firsthand experience with self-compassion enabled her to model self-compassion and nonjudgment in response to her inner and outer world experiences. Furthermore, she explained that the CMBM journey to become a facilitator had molded her into a more patient and compassionate nurse who can hold a compassionate space for patients and their families.

With a similar conviction about compassion, Asha explained that her mindful parenting style resists the "strong black woman trope" which had her previously believing that her children should not see her cry. In teaching her daughter about accepting big emotions, she shared the following:

> I say, yeah, we all get sad sometimes…and that's okay. And so, I say that to her too…I use it as more of a teaching moment as opposed to a moment to beat myself up about being human.

Being an MBSG facilitator had also guided Asha in how to craft her unique mindful parental style. Though these nurse facilitators are not trained mindfulness teachers, the compassion and mindfulness informed CMBM model may have effectively facilitated interviewees' ability to embody mindfulness and compassion. Mind-body skills, like mindfulness and self-compassion, seemed to have influenced the interviewed nurse facilitators' ability to embody compassionate caring to foster a safe space for MBSG members. The findings indicate that mind-body skills enhanced nurse facilitators' resilience to survive challenging times like the COVID-19 pandemic and possibly thrive.

One of the earlier courses for a Bachelor of Science degree in nursing is "Nursing Theory," which includes theories on caring. Robinson & France's (2017) review of theories of caring in nursing revealed that Jean Watson, a nurse theorist, incorporates mind-body-spirit practices, like lovingkindness, into the nurses' self-care. Fundamentally, as the instruments of the care delivered to patients, nurses have an ethical responsibility to cultivate an internal attitude of compassion towards themselves. In so doing, we authentically and congruently care for our patients and ourselves with compassion during difficult circumstances. MBSGs align with nursing theorists like Watson (2009) and her caritas circles for peer support. MBSGs could bring nursing into the 21st century by prioritizing compassion and intentional nurturing in nursing curriculum and healthcare spaces.

Patient and Nursing Applications (Subthemes: Compassionate Presence as a Mind-Body Skill and a Platform to Share Other Mind-Body Skills)

All interviewees voiced that sharing mind-body skills was important to them. It became evident that these nurses' compassionate caring inspired them to spread the benefits that they received from CMBM training with their MBSG members, patients, family members, and

nursing colleagues. It also became evident that practicing compassionate presence was a benefit to others and a mind-body skill that provided nurse facilitators with a sense of satisfaction that impacted their wellbeing on a mind, body, and possibly spiritual level.

Compassionate Presence as a Mind-Body Skill

Ritter, Amja, Asha, Labell, and Harry each spoke of compassion throughout the interviews in the form of intentional presence – choosing to be mindfully present with another without judgment, listening to them, and meeting them where they are. Compassionate presence became compassion in action, a resource to share and a mind-body skill beneficial to the nurse facilitator's professional satisfaction. Harry, a psychiatric NP commented that CMBM teaches presence, specifically compassionate presence, holding space for others and being fully present when they share their stories. Harry shared the following about CMBM facilitator training:

> I saw people who were kind of happy and joyous and could manage stress or were light if you want to just say like, they were less dense than other people. And then I felt that experience there. And I had the sense that if I did this for other people, this could also contribute to them feeling more relaxed in their lives and being more balanced in their life.

Witnessing CMBM faculty members engage in authentic compassionate presence provided Harry with a visual sense of how he could be like them in his desire to be authentic and compassionately present with his patients.

Harry described what could to be regarded as compassion in action when he practiced compassionate presence with patients. He said the following of his patient encounters:

> When they come in the office, they get their time…I give them their moment to feel heard about their story, to what they came to tell me that day and that's presence too…

> Even if [its] 'my right knee hurts,' I hear your right knee hurts…It must be hard to get around when your knee hurts or must make your day more difficult when the knee hurts.

Furthermore, Harry commented that being able to practice presence with his patients was professionally satisfying. He also expressed feeling blessed to be a nurse present with patients in their vulnerable states. For Harry, practicing compassionate presence with patients seemed wired into his self-care and even protected him from getting emotionally drained. He said,

> How I see people [is] built it into my system that I don't come home mentally drained…I think my self-care [is] worked in…Like I was just hit by all [the] emotional things of people. But at the same time, I wasn't just dry with my patients.

In Harry's case he found that even a little attentive listening and mindful acknowledgement of his patients' experiences goes a long way in demonstrating and being compassionate. Compassionate presence also seemed to have supported Harry's sense of wellbeing.

Compassionate Presence as a Platform to Share Other Mind-Body Skills

Asha, Ritter, Amja and LaBell shared how they professionally and intentionally practiced compassionate presence. These nurse facilitators were attuned to recognize, appreciate, and value a compassionate space and the assurance that comes with what one could described as sacred communication, which allows what needs to be shared to emerge. Harry said that he was able to treat diagnoses that he uncovered from compassionately listening to his patients. Harry also shared that when attentively listening and acknowledging his patients' experiences, he would often share soft belly breathing techniques. Likewise, Ritter shared and practiced soft belly breathing (SBB) at the bedside with patients as she taught them how to regulate their nervous system.

Amja, Ritter, and Asha spoke of holding sacred space with other human beings, including nursing staff, which allowed them to share when they struggled and needed someone to listen attentively. During such meetings, they would invariably share the value of SBB. Asha described using SBB when working with anxious family members and patients:

> Whoever the support person is, that's driving anxiety up in the room… you are driving the anxiety up in the room. I'm going to need all of us to just take some breaths together. And there's a complete difference in energy…as I am coaching them and I say okay, take a deep breath. Everyone in the room takes that deep breath…including me.

Asha shared that SBB brings a sense of calm into the patient's room, allowing them to follow critical nursing instructions often vital to the safety of the patients in her care and the delivery of their unborn babies.

Ritter also contributed to this theme when she said, "sharing of this information and sharing of these tools with individuals is…very often, not always but most of the time had me have positive interactions, positive encounters with patients and their families." Here Ritter acknowledges that sharing the benefits of SBB may not always be positively received by patients and their families.

The CMBM model aligns with Watson's (2009) caring theory-in-action indicators. Watson says the following indicators demonstrate nurse caring: "Cultivation of own spiritual, heart-centered practices of loving kindness, and equanimity to self and others…. Engaging in centering exercises and mindfulness practices either individually or collectively" (p. 475). Nurse facilitators demonstrated mindfulness and compassionate presence with themselves and their patients. Moreover, they were aware that they benefited patients and positively contributed to their wellbeing and professional satisfaction by being mindful and compassionate.

Finding Confidence

Interviewees had a common desire to share mind-body skills to benefit their MBSG members, coworkers, families, and patients. They also recognized that their drive to serve and care for others led them to new ways of accomplishing their own goals. They also found relief from their unease, be it personal or professional. The word 'confidence' is derived from *fidere*, the Latin word meaning "to trust" (Burton, N.,2015). The desire for confidence and to trust emerged from the interview process.

Ritter shared that the COVID-19 pandemic amplified her need to use the mind-body skills when she spent an unusual long period with her husband. She also shared that she was not standing in her "own power" or her "own worth in certain aspects of her life." However, when she used mind-body skills during stressful arguments she found:

> [When] I quiet myself [with] a lot of soft belly breathing, utilizing my wise guide…then I am able to be present in a different way with my husband. Then I find [our] relationship, our communication, actually changes to a calmer and more communicative session.

Ritter expressed repeatedly that she was noticing how she showed up in any given situation greatly impacted the outcome. She shared a thoughtful appreciation for CMBM training, which enabled her to facilitate MBSGs with her calm presence. Mind-body skills, she said, are valuable to her confidence and for her "to heal from within." Ritter's interview revealed how elements of her journey to be a nurse MBSG facilitator were therapeutic for her marital relationship and her self-confidence.

Labell, added to the confidence theme when she shared the following about training and facilitating groups: "made me concretize things more," "being more sure," and "more knowledgeable in who I am and what I can offer." Furthermore, she voiced "being nurse and

woman, teacher, Catholic, you know, all these ingredients make up this wonderful soup is [*sic*] for you to enjoy." Labell and Asha also said that being a facilitator revealed the power of being authentic and vulnerable. For Labell, authenticity enhanced her self-confidence and demonstrating a degree of vulnerability seemed to have uncovered her strength. For Asha, vulnerability was a powerful "connector" she used to relate with patients from vulnerable populations and MBSG participants. Asha's experience as a MBSG facilitator enabled her to use authenticity and vulnerability in her group sharing for the benefit of demonstrating what is possible with the application of mind-body skills.

Additional testimony by Ritter revealed how being a MBSG facilitator has served her need for expansion:

> I wanted to continue to grow, and this was a platform that I really believed in. I love sharing evidence-based information…this program has provided for me, for myself, growth…I'm sharing of myself, my authenticity, then I get to heal from within. That's how I look at it and healing is a process and I have been healing since starting this program.

In Ritter's case vulnerability involved "peeling back the onion," "to explore all the emotions," and "being who I am." Though she had moments of sadness and disappointment, Ritter believed she had grown to trust herself more through the CMBM supervision process, self-reflection, present moment awareness and facilitating MBSGs. Asha also conveyed that her confidence grew when she shared:

> [It] definitely stretched me to places that I didn't think I could go. Places I was afraid to uncover. Now … things that I would have been afraid to say or do … I'm just like, if eminent death is not part of the equation, what am I worrying about?

Both Ritter and Asha's ability to move confidently through internal and external challenges was evident, especially in valuing and trusting their authentic selves and the process that got them there.

Harry alluded to how his experience with CMBM and mind-body skill may have contributed to his confidence and or wellbeing. He said that CMBM faculty members "inspired" him to keep moving toward his desires. Mind-body skills he said, "ultimately contributed to [me], like integrating better in life and to be less stressed out," all of which most likely influenced his sense of wellbeing and confidence. The CMBM training process in combination with running MBSGs seemed to have significantly impacted all these nurses. They also exhibit mindful awareness and responsiveness, which may have resulted from maintaining mindful awareness of themselves in the facilitator and participant roles while managing their MBSG. Their trained awareness and resulting confidence as nurse MBSG facilitators would positively contribute to various nursing roles, from a bedside nurse to a nurse leader.

Compared to the previous research by Talisman et al. (2015), these nurse facilitators emphasized practicing self-care. The challenges of the COVID-19 pandemic were likely a significant contributor. However, the routine strenuous and emotional nature of the interviewed nurses' work and direct contact with patients could have also produced this finding without the influence of the COVID-19 pandemic. Nurse facilitators similarly had a confidence theme. Interestingly though not surprising, compassion was more compelling than empathy in the nurse facilitator's experiences. Empathy in the nurse facilitators of this study was already well developed; therefore, compassionate action was more apparent in their work. The experiences of nurse facilitators also revealed their ability to be mindfully aware and responsive to themselves and others in challenging circumstances. Unlike participants in Talisman et al., the nurse

facilitators in this study were not necessarily running groups within a professional setting. Therefore, it was not surprising that the influence of being facilitators of MBSGs was not as impactful on their professional development as it was on the facilitators in Talisman et al.. In this study, nurse facilitators did not have the experience of collaborating with nursing colleagues to provide MBSGs in their professional organizations. In Talisman et al., 28% of facilitators were from GUSOM, and 34% were in other institutions.

Limitations included selection bias, social desirability bias, and small sample size. Participants were not randomly selected but were self-selected into the study. The small sample size did not have the advantage of the diversity that a larger sample could have provided. Additionally, the small sample size of the project was not adequate to determine the full scope of facilitation of MBSGs on nurse facilitators.

Conclusion

The essential themes for MBSG nurse facilitators included self-care with subthemes of self-care during COVID-19, mindfulness as self-care, and leaning towards compassion to find safety and self-compassion. Another central theme included nurse facilitators sharing that compassionate presence was a mind-body skill and a platform for sharing other mind-body skills like SBB and mindfulness. The final theme was about nurse facilitators finding confidence; moreover, this theme was also about valuing their authentic selves. This study found that compassionate presence is a vital mind-body skill that is developed by the nurse facilitator of MBSGs. Compassionate presence is also intricately aligned with nursing values. This study has illustrated the value and relevant need of the nurse MBSG facilitator in the nursing profession and healthcare organizations to nurture resilient nurses.

The nurse MBSG facilitator role could become a viable area of expertise in the nursing profession, focusing on resilience for patients and nurses alike. MBSG facilitation could be developed as a nursing intervention for appropriate patient populations, including but not limited to patients with diabetes, cancer, hypertension, or in recovery from other chronic illnesses. The facilitation of MBSGs could have a ripple effect on mitigating nursing burnout and contribute to patients' sense of wellbeing. Modeling mindful compassionate spaces by utilizing MBSGs led by nurses could enhance nursing resilience, and moreover, bring about a thriving nursing population. MBSGs could assist nurses in meeting professional challenges with peer support within healthcare organizations and educational systems. Future explorations could include adapting MBSGs into a course for nursing students.

References

Adler, R. (Ed.). (2006). *Psychoneuroimmunology*. Elsevier Inc. https://www.elsevier.com/books/psychoneuroimmunology/ader/978-0-12-088576-3

American Association of Colleges of Nursing (n.d.). *Who we are.* Retrieved March 20, 2022, from https://www.aacnnursing.org/About-AACN/Who-We-Are

American Association of Colleges of Nursing (2021, April 6). *Essentials: Core competencies for professional nursing education.* https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, *10*(2), 125. https://doi.org/10.1093/clipsy.bpg015.

Baer, R. A. (2011). Measuring mindfulness. *Contemporary Buddhism, 12*(1), 241–261.

Baer, R., Crane, C., Miller, E., & Kuyken, W. (2019). Doing no harm in mindfulness-based programs: conceptual issues and empirical findings. *Clinical Psychology Review*, *71*, 101–114.

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. D., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, *11*(3), 230–241. https://doi.org/10.1093/clipsy/bph077

Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*, *18*(4), 211–237. https://doi.org/10.1111/j.1744-6163.2011.00315.x.

Burton, N. (2015, October 19). *Self-confidence versus self-esteem*. Psychology Today. https://www.psychologytoday.com/us/blog/hide-and-seek/201510/self-confidence-versus-self-esteem

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. *Human Resources for Health*, *18*, 1-17.

Elder, W., Rakel, D., Heitkemper, M., Hustedde, C., Harazduk, N., Gerik, S., & Haramati, A. (2007). Using complementary and alternative medicine curricular elements to foster medical student self-awareness. *Academic Medicine*, *82*(10), 951–955. https://doi: 10.1097/ACM.0b013e318149e411

Godara, M., Silveira, S., Matthäus, H., Heim, C., Voelkle, M., Hecht, M., Binder, E. & Singer, T. (2021). Investigating differential effects of socio-emotional and mindfulness-based online interventions on mental health, resilience, and social capacities during the COVID-19 pandemic: The study protocol. *PloS One*, *16*(11). https://doi.org/10.1371/journal.pone.0256323

Gordon, J. S., Staples, J. K., He, D. Y., & Atti, J. A. A. (2016). Mind-body skills groups for posttraumatic stress disorder in palestinian adults in gaza. *Traumatology*, *22*(3), 155. https://doi.org/10.1037/trm0000081

Hassed, C. (2013). Mind-body therapies: Use in chronic pain management. *Australian Family Physician*, *42*(3), 112–117.

HCA Healthcare Today (2019, June 11). *It's official! 'burnout' defined and recognize as a medical diagnosis.* https://hcahealthcaretoday.com/2019/06/11/its-official-burnout-defined-and-recognized-as-a-medical-diagnosis/#:~:text=Dr.,recently%20updated%20as%20a%20syndrome.

Hilcove, K., Marceau, C., Thekdi, P., Larkey, L., Brewer, M. A., & Jones, K. (2021). Holistic nursing in practice: Mindfulness-based yoga as an intervention to manage stress and burnout. *Journal of Holistic Nursing*, *39*(1), 29–42.

Joint Commission on Accreditation of Healthcare Organizations (2019, July). *Quick Safety*. https://www.jointcommission.org/-/media/tjc/newsletters/quick_safety_nurse_resilience_final_7_19_19pdf.pdf

Kabat-Zinn, J. (2013). Full catastrophe living: Using wisdom of your body and mind to face stress, pain, and illness. New York, NY: Delta

Klimecki, O., & Singer, T. (2012). Empathic distress fatigue rather than compassion fatigue? Integrating findings from empathy research in psychology and social neuroscience. Oakley, B., Knafo, A., Madhavan, G., & Wilson, S. D. (Ed.) *Pathological Altruism* (pp. 368–383). Oxford University Press.

Kriakous, S. A., Elliott, K. A., Lamers, C., & Owen, R. (2021). The effectiveness of mindfulness-based stress reduction on the psychological functioning of healthcare professionals: A systematic review. *Mindfulness*, *12*(1), 1–28. https://dx.doi.org/10.1007%2Fs12671-020-01500-9

Moir, E., Yang, J. O., Yao, J., & Weinlander, E. (2021). Do as I Do: Physician-and learner-led mind-body medicine group visits. *PRiMER*, *5*(4), 1–8. https://doi.org/10.22454/PRimer.2021.548093

Neff, K., & Germer, C. (2018). *The mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive*. Guilford Press.

Oró, P., Esquerda, M., Mas, B., Viñas, J., Yuguero, O., & Pifarré, J. (2021). Effectiveness of a mindfulness-based program on perceived stress, psychopathological symptomatology, and burnout in medical students. *Mindfulness*, *12*(5), 1138–1147. https://doi.org/10.1007/s12671-020-01582-5

Robinson Wolf, Z., & France, N. E. (2017). Caring in nursing theory. *International Journal for Human Caring*, *21*(2), 95–108.

Santorelli, S. (Ed.) (2014). *Mindfulness-based stress reduction: Standards of practice*. Center for Mindfulness in Medicine, Health Care, and Society.

Saunders, P. A., Tractenberg, R. E., Chaterji, R., Amri, H., Harazduk, N., Gordon, J. S., Lumpkin, M., & Haramati, A. (2007). Promoting self-awareness and reflection through an experiential mind-body skills course for first year medical students. *Medical Teacher*, *29*(8), 778–784. https://doi.org/10.1080/01421590701509647

Schonfeld, A. R. (2008, November/December). Mind-body skills course changing culture of medical education at Georgetown. *Academic Physician & Scientist*.

Segal, Z., Williams, J. M. G., & Teasdale, J. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. Guilford Press.

Selhub, E. M. (2002). Stress and distress in clinical practice: A mind-body Approach. *Nutrition in Clinical Care*, *5*(4), 182–190. https://doi.org/10.1046/j.1523-5408.2002.00404.x

Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, *12*(2), 164. https://doi.org/10.1037/1072- 5245.12.2.164

Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology, 62*(3), 373-386. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7511255/

Singer, T., & Klimecki, O. M. (2014). Empathy and compassion. *Current Biology, 24*(18), 875–878. https://www.sciencedirect.com/science/article/pii/S0960982214007702

Staples, J. K., & Gordon, J. S. (2005). Effectiveness of a mind-body skills training program for healthcare professionals. *Alternative Therapies in Health and Medicine, 11*(4), 36–43. https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.549.8943&rep=rep1&type=pdf

Staples, J. K., Gordon, J. S., Hamilton, M., & Uddo, M. (2020). Mind-body skills groups for treatment of war-traumatized veterans: A randomized controlled study. *Psychological Trauma: Theory, Research, Practice, and Policy*. https://doi.org/10.1037/tra0000559

Talisman, N., Harazduk, N., Rush, C., Graves, K., & Haramati, A. (2015). The impact of mind-body medicine facilitation on affirming and enhancing professional identity in healthcare professions faculty. *Academic Medicine, 90*(6), 780–784. https://doi.org/10.1097/ACM.0000000000000720

Tapper, K., & Ahmed, Z. (2018). A mindfulness-based decentering technique increases the cognitive accessibility of health and weight loss related goals. *Frontiers in Psychology, 9*, 587. https://doi.org/10.3389/fpsyg.2018.00587

U.S. Bureau of Labor Statistics (2021, September 8). *Occupational outlook handbook.* https://www.bls.gov/ooh/healthcare/registered-nurses.htm

van Vliet, M., Jong, M., & Jong, M. C. (2017). Long-term benefits by a mind-body medicine skills course on perceived stress and empathy among medical and nursing

students. *Medical Teacher*, *39*(7), 710–719. https://doi.org/10.1080/0142159X.2017.1309374

van Vliet, M., Jong, M. C., & Jong, M. (2018). A mind-body skills course among nursing and medical students: a pathway for an improved perception of self and the surrounding world. *Global Qualitative Nursing Research*, *5*, 1–13. https://doi.org/10.1177/2333393618805340

Viejo, A (2021). *Hear us out campaign reports nurses' COVID-19 reality*. American Association of Critical-Care Nurses. https://www.aacn.org/newsroom/hear-us-out-campaign-reports-nurses-covid-19-reality

Walach, H., Buchheld, N., Buttenmüller, V., Kleinknecht, N., & Schmidt, S. (2006). Measuring mindfulness—the freiburg mindfulness inventory (FMI). *Personality and Individual Differences*, *40*(8), 1543-1555. https://doi.org/10.1016/j.paid.2005.11.025

Weinlander, E. E., Daza, E. J., & Winget, M. (2020). Impact of mind-body medicine professional skills training on healthcare professional burnout. *Global Advances in Health and Medicine*, *9*, 1–4. https://doi.org/10.1177/2164956120906396

Watson, J. (2009). Caring science and human caring theory: Transforming personal and professional practices of nursing and health care. *Journal of Health and Human Services Administration*, *31*(4), 466–482.

Appendix A

Semi-structured Interview Guide

1. As you think about your journey to becoming an MBSG facilitator, please describe in what ways, if any, has being a facilitator impacted your ability to be mindfully aware of your present moment experiences in your daily life.
2. Could you please describe in what ways, if any, has being a facilitator impacted your ability to be mindfully responsive vs. reactive in your daily life?
3. Please describe in what ways, if any, has being a facilitator impacted you professionally (interactions with others – like your nursing colleagues/coworkers, knowledge sharing, work environment, how you think and feel about yourself as a nurse).
4. In what ways, if any, has being an MBSG facilitator impacted your interactions with patients and their families?
5. Please share how being an MBSG facilitator has impacted you personally.
6. In what ways, if any, has being an MBSG facilitator impacted your coping during the COVID-19 pandemic?
7. Is there anything else you would like to share about what it's like for you, as a nurse, to also be an MBSG facilitator?