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**Evaluating the Benefits of Mindfulness Based Practices in the Hospital Setting:
A Case for Mindful Communication Interventions for Nurses**

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Abstract

Recent stressors, such as COVID-19, have provided new challenges for healthcare workers, especially nurses, and have contributed to the increase in burnout rates in the hospital setting. Therefore, relief in this space is critical. Ample research demonstrates that mindfulness-based interventions (MBIs) may help to improve well-being among healthcare providers more broadly. Literature supports that the practice of mindful communication, in particular, is helpful, not only in improving patient outcomes, but also in decreasing interpersonal stress among healthcare workers. This paper analyzes and synthesizes relevant studies, both qualitative and quantitative, and argues that mindful communication training improves the workplace environment for nurses in the hospital setting. Ultimately, this paper posits that offering mindful communication education to nurses will help reduce stress in the hospital while also improving relationships with patients and other staff members. The associated creative project is an introductory mindful communication workshop that can be used in nursing schools and hospital settings as a potentially important tool for nurses in the future.

Evaluating the Benefits of Mindfulness Based Practices in the Hospital Setting: A Case for Mindful Communication Interventions for Nurses

Recent stressors have created new challenges and contributed to the increase in burnout rates for healthcare workers, especially nurses, in the hospital setting. Although burnout in nursing has been a long-existing phenomenon which was first described in the 1970's, (Heinemann, L. & Heinemann, T., 2017) it has been exacerbated recently by the effects of COVID-19. Depersonalization and emotional exhaustion have been suggested as some of the core factors contributing to burnout in nursing. Therefore, relief in this space is critical. Ample research demonstrates that mindfulness-based interventions (MBIs) may help to improve well-being among healthcare providers. Studies have shown that mindfulness-based practices can improve job satisfaction and performance (Braun et al., 2019; Lomas et al., 2017; Prasad et al., 2021; Spinelli et al., 2019). While mindfulness practices will not solve all the issues in healthcare, they can offer support to both the individual and the system, creating a communal sense among healthcare workers that they are not alone and can support themselves and each other throughout the process. More specifically, literature suggests that the practice of *mindful communication*, in particular, is helpful in improving interpersonal stress among healthcare workers. Research on mindful communication practices has shown benefits to healthcare professionals' capacity to respond effectively to people at work and at home (Beckham et al., 2012).

Through a literature review that starts by examining the effects of MBIs on healthcare workers broadly and leads to an analysis of the benefits of mindful communication for nurses more specifically, this paper ultimately posits in the discussion that offering mindful communication education to nurses will work as a vehicle to help reduce interpersonal stress in

the hospital environment while also cultivating an embodied presence with patients and other staff members. The associated creative project is an introductory mindful communication workshop that will give nurses the tools to improve mindful communication, create a respectful, compassionate, and empathetic working environment, and thus decrease burnout while improving overall wellbeing for nurses in the healthcare setting.

Literature Review

Although the scope of scholarship on mindful communication is quite expansive, the literature on mindful communication specifically among nurses is much more limited. As such, the following literature review begins with a broader explanation of the tenants of mindfulness, the usefulness of mindfulness interventions in the health care setting, and the basic principles of mindful communication. Using this foundation, the literature review will then turn to a more specific analysis of mindful communication among healthcare providers and, finally, focuses specifically on mindful communication among nurses in the hospital setting to fulfill this relevant gap.

Rationale for Mindfulness

According to the Buddhist scholar Nyanaponika Thera, mindfulness is the “unfailing master key for knowing the mind and is thus the starting point; the perfect tool for shaping the mind and is thus the focal point; and the lofty manifestation of the achieved freedom of the mind and is thus the culminating point” (Kabat-Zinn, 2016, p. 108). According to Jon Kabat-Zinn (2016), more simply explained, mindfulness can be a non-judgmental awareness in the present moment. Many mindfulness practices are rooted in foundational Buddhist teachings related to the Four Noble Truths. The Four Noble Truths – the truth of suffering, the truth of the cause of suffering, the truth of the end of suffering, and the truth of the path that leads to the end of

suffering – emphasize that there is a relational connection between suffering and human experience. Kramer identifies the need for looking at interpersonal suffering in relation to other human beings (Kramer, 2007, p.3). Interpersonal suffering comes from our connection with others. The kind of suffering we experience depends upon our reaction to the circumstances. The Four Noble Truths can be particularly evident when looking at suffering in healthcare. As exemplified by nursing burnout, suffering is not existent solely in the patient, but also in the caregiver.

Mindfulness Based Interventions (MBI's) are grounded in the idea that meditation, among its other benefits, may help to address the symptoms of stress, depression, and anxiety (Sibinga, et al., 2016). Mindfulness practices in healthcare can also address the effects of interpersonal stress. Interpersonal stress occurs when there is a conflict in communication between two parties. For nurses who are working in the hospital setting, this conflict in communication can involve a fellow healthcare worker, a patient, the patient's family, or their manager. Bringing awareness to this suffering of stress and approaching conflict with mindfulness-based interventions may improve well-being among nurses in the hospital setting.

Mindfulness Based Interventions (MBIs) for Healthcare Workers

Many studies have looked at mindfulness in the healthcare setting. Some of these studies have examined the effect of mindfulness on burnout and resilience in healthcare workers. This was particularly poignant while experiencing the COVID-19 pandemic. In a United States national study, Prasad et al. (2021), assessed the stress of 20,947 healthcare workers at 42 institutions through the "coping with COVID" survey. They found that 49% of healthcare workers experience burnout while 38% experience anxiety and depression (Prasad et al., 2021). Knowing that burnout can not only affect personal well-being but also reduce the quality of

patient care, institutions are offering mindfulness training to physicians, nurses, and medical students. In a literature review paper on the implementation of mindfulness in healthcare workers, Chmielewski et al. (2020), found that greater than 250 medical centers in the United States offered mindfulness training. Though the offerings were available, the programs were not practical or feasible. Many participants withdrew early, or courses were discontinued with no follow-up. Maintaining a mindfulness practice appeared to be difficult. Identifying those barriers for healthcare workers could be beneficial in helping them establish a meaningful practice. Research is needed on examining the effects of required courses in mindfulness in nursing school and medical school. Would healthcare workers respond to stressful situations with more ease and communicate mindfully with patients and other healthcare team members if they learned and experienced this process sooner (Chmielewski et al., 2020)?

Similarly, Braun et al. (2018), examined burnout and stress in healthcare workers. This study attempted to evaluate the effect of mindfulness intervention over time (Braun et al., 2018). This study used the Mindfulness for Interdisciplinary Healthcare Professionals (MIHP), which is modeled after Mindfulness Based Stress Reduction (MBSR) but is tailored to specific stressors of healthcare workers. The research concluded that “Participants reported that stress might be an inevitable aspect of daily personal life as a healthcare worker, but an integrated mindfulness practice can change one’s response to that stress” (Braun et al., 2018). In addition, participants perceived a mutual benefit between themselves and their patients with the use of mindfulness (Braun et al., 2018).

Brito (2013) mentions how mindfulness in therapeutic relationships not only benefits the patient-therapist relationship but also is an important self-care benefit for the highly stressed therapist. Similarly, Shapiro et al. (2007) found that 83 master therapists who participated in an

8-week Mindfulness Based Stress Reduction (MBSR) course, showed significant decrease in anxiety, stress, rumination and a significant increase in self-compassion as compared to the control group. Other noted benefits were potential for decrease in stress, burnout, and compassion fatigue. It appears that some mindfulness training may have an immediate effect on both personal and professional lives as noted by Moore (2008) in a pilot study consisting of 10-minute mindfulness exercises experienced during lunch. Participants noted that in 14 sessions there was an increase in both mindfulness and self-kindness. They also reported that the time was manageable while providing a skill to help decrease stress.

In an attempt to address the multiple stressors among healthcare workers, some studies have looked at self-care for caregivers. Monroe et al. (2021) retrospectively addressed the effectiveness of self-care on workplace environment and burnout with the introduction of Project 7 for nurses in critical care units. This was intended to be a framework for which nurses could “reflect, listen and connect with self and others” (Monroe et al., 2021, p. 4). Nurses on one unit were invited to pledge to seven agreements of mindfulness. Each month represented one of the seven agreements which was posted on a visible bulletin board. While this study had many limitations including the lack of a control group and consistent measured interventions over time, it is feasible that a program such as Project 7 would benefit nurses by enhancing their work environment and promoting communication with fellow nurses and staff. Likewise, Sallon et al. (2015), developed a study “Care for the Caregivers” to address stress and burnout among hospital staff. This quasi-experimental pre and post evaluation of the Care for Caregivers included cognitive practices such as insight meditation, somatic body awareness with relaxation and mindful movement, dynamic-interactive practices interactive dance, emotive-expressive practices such as a listening circle and hands-on practices such as massage over an 8-month

period. The MBI and the Perceived Stress Scale (PSS) were both used to evaluate stress both pre and post intervention. The course was offered annually and included 75 hours of instruction over 30 weekly sessions culminating with a full-day workshop (Sallon et al. 2015). This study found a significant decrease in symptoms of perceived stress and emotional exhaustion associated with burnout and also improvements in mood and somatic and mental health symptoms. This may suggest that a preventative program such as Care for Caregivers may be an effective approach for supporting self care for hospital workers dealing with multidimensional stress that leads to burnout.

Communication

Merriam-Webster 2023 defines communication as “a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.” While this definition properly addresses communication as the exchange of ideas through a common system, it is important to note that this system also includes both verbal and non-verbal communication. Communication may at times be rushed, loud, silent, or carry with it some anger, frustration, and sadness. The behavior and emotion in the communication process matters. The information exchanged in dialogue has a direct relational effect on both parties involved. The presentation and how it is received may affect the outcome. The resolution to the conflict that arises may simply lie in listening to the conflict.

The narrative conveyed by patients often describes a lack of empathy and compassion from healthcare providers. Patients feel treated as a disease rather than as a human being. When translated into the healthcare system where constant stress is experienced by patients and healthcare providers, communication may consciously or unconsciously be a key element to alleviating suffering. Communication is a basic human need with both internal and external

variables. Meeting those needs with compassion and empathy may affect overall well-being. In Thich Nhat Hanh's book, *The Art of Communicating*, he mentions that "Listening with compassion can help others suffer less." (Hanh, 2013, p.6). While communicating with compassion may not only help decrease patient suffering, it may also decrease the stress of healthcare staff. Mindful communication provides the opportunity to change that narrative. In my experience working as an Integrative Health Nurse at New York University Langone Hospital, I have found that both patients and healthcare workers wish for presence and deep listening. Sometimes sitting silently and allowing space is all that they need in that moment.

Models of Mindful Communication

While there are many theories on effective communication for this thesis, I would like to identify mindful communication through the use of Thich Nhat Hanh's, *The Art of Communicating*, Sofer's *Say What You Mean: A Mindful Approach to Nonviolent Communication* and Kramer's *Insight Dialogue* (2007). Thich Nhat Hahn (2013) mentions mindful breathing as the first step to mindful communication. He states that "mindful breathing relaxes us in body and mind" (Hahn, 2013, p. 119). It promotes communication between the mind and the body. Suffering may arise in the mind and body but awareness that suffering is reflective of the world around us, may help us accept, understand, and develop compassion for ourselves and others. Compassionate communication includes mindful speech and deep listening (Hahn, 2013).

Sofer's (2018) skillful communication practice recognizes the interdependence of mindfulness practices, Nonviolent Communication, and somatic healing. He defines successful communication as the ability to pay attention, mentioning "for message sent to equal message received, we need presence, to be fully here, aware of self and other" (Sofer, 2018, p.16).

According to Sofer (2018) there are three steps that lead to mindful communication: lead with presence, come from curiosity and care, and focus on what matters. Bringing presence allows us to show up for the conversation whether it is for a co-worker, spouse, child, mother, or ourselves – it is all interconnected. Curiosity brings forth our intention. Sofer mentions that “it’s the inner quality of heart behind our words or actions” (2018, p. 57). Focusing on what matters helps us sift through and hone in on what is really important in this moment.

Both Kramer and Sofer note that interpersonal experiences in communication allow for awareness and acceptance of the present moment. Kramer identifies the need for looking at interpersonal suffering in relation to other human beings (Kramer, 2007). Buddha himself lived in relation to others. There is a relational connection with human experience as noted in traditional Buddhist teachings of the Four Noble Truths. In the first noble truth Buddha speaks of suffering. This suffering involves biological, psychological, and interpersonal suffering. As Kramer mentions, “We experience interpersonal suffering because we are relational beings. Suffering is the natural outcome of this circumstance” (Kramer, 2007, p.27).

In Susan Gillis Chapman’s (2012) book *The Five Keys to Mindful Communication*, she describes communication as the essence of all relationships and that mindfulness brings awareness to our communication patterns. She uses a traffic light as an analogy to communication. The green light represents two-way traffic flow and an awareness and openness to both pain and joy while bringing empathy to the dialogue. The yellow light represents uncertainty, this she explains is where we need to take a pause, slow down and take a closer look at what is being exchanged. The red light represents closed communication when the flow is being blocked by one or both members of the conversation. Gillis Chapman (2012), suggests using stepping stones through the mindfulness communication process. Bring awareness of what

is happening to you internally and externally during conversation, accept the impermanence of what is happening in that moment, notice communication patterns, notice the gaps and interruptions, recognize choice, and cultivate empathy and compassion.

Other researchers have examined effective communication models in the integrative medicine setting. Frankel and Cohen (2014) claim effective communication is one of the cornerstones of team-based care. The ability for clinicians to convey empathy and compassion is essential for effective communication. According to Frankel and Cohen (2014) effective communication will “improve quality of life, reduce distress, mitigate unwanted events and possibly improve clinical outcomes” (Frankel & Cohen, 2014, p.12). They examine communication between clinicians and patients through integrative medicine offerings. The two questions that arose were how clinicians encourage patients to engage in integrative health modalities and what is discussed with patients. They found that meeting patients’ emotions with sensitivity and hope while listening and conveying empathy and compassion helped to establish a therapeutic relationship. This relationship benefits both the patient and the clinician. The same compassion and empathy could carry through to the clinician-to-clinician relationship. Paying attention to verbal and non-verbal cues while communicating in the work environment could yield valuable information regarding co-workers’ emotion, beliefs and values.

Similarly, de Haes and Bensing (2009) examined communication in patient-centric care. Establishing the goals of communication between the healthcare worker and the patient help to determine if the communication is effective. They developed a six-function model of medical communication which includes fostering the relationship, gathering information, providing information, decision making, and enabling disease and treatment behavior and responding to emotions (de Haes & Bensing, 2009). This model included both goals and intermediate and long-

term endpoints with health as the primary goal. It is noted that each patient is unique, and each encounter can be influenced by many factors such as culture, personality, disease state, and coping style again supporting communication being subjective and non-linear.

Mindful Communication Among Health Care Providers

While some studies have examined the use of mindfulness practice in reducing burnout and improving wellness, others have looked specifically at mindful communication. Many studies have helped expand what mindful communication looks like in the healthcare setting. Beckman, et al. (2012) looked at the impact of a mindful communication program on the well-being of primary care physicians and the care they provide. Job satisfaction has been strongly linked to relationships with patients (Beckman, et al., 2012). In addition, primary care physicians feel socially isolated and as though they lack control over the work environment, also key contributors to burnout (Beckman, et al., 2012). In response to these issues, a Mindful Communication program was designed in which physicians participated in an 8-week course similar to MBSR. Following the course, physicians were interviewed with open-ended questions that revealed three themes: “professional isolation, skills of attentiveness, listening, honesty, and presence and time for personal and professional development” (Beckman, et al., 2012). Notably, 60% of the interviewed physicians acknowledged that mindfulness training “improved their capacity to listen attentively and respond effectively to others at work and at home” (Beckman, et al., 2012).

Using a similar method of clinician interviews, Omillion-Hodges (2016) asked 24 palliative care clinicians who were recognized for their innovation in and dedication to palliative care to recall when they mindfully communicated with patients in the healthcare setting. They were also asked how they used their mindful communication practice while at work. Through

further prompting, the researchers requested that clinicians explain specific instances and reasons why these instances were defined as mindful communication (Omillion-Hodges, 2016). In analyzing the interview tapes, five practices surfaced: “consider your audience, ask questions, listen and repeat, discard scripts, and recognize your role” (Omillion-Hodges, 2016). The practices that these clinicians described focused on the specific use of mindful communication to benefit both patients and clinicians. One physician mentioned that she teaches new residents to be authentic and fully present (Omillion-Hodges, 2016). Others acknowledge that mindful communication “lies in the sincerity of the inquiry and in the genuine demonstration of listening behavior” (Omillion-Hodges, 2016). The data demonstrated in these practices reiterates the importance of attending fully and engaging thoughtfully during verbal and nonverbal responses with patients and peers.

Burgoon & Berger (2000) define mindful communication as constant and nonjudgmental, which allows space for growth in compassion and empathy, while Jahromi et al. (2016) examined active listening in the hospital setting with hospital managers and defined active listening as “complete attention to what a person is saying without interruption” (p. 2124). Similar to Burgoon & Berger (2000), this definition also allowed for content, feeling, and the intent of the speaker. They noted that the skill of the active listener lies in both verbal and non-verbal communication. Holding silence with open and encouraging body language and facial expressions is an important part of the process of mindful communication. These non-verbal mindful communication skills were particularly important in the hospital setting during the pandemic where face masks were required to be worn by all hospital employees. Schlogel & Jones (2020) emphasize the importance of communicating clearly by aligning our nonverbal

signaling with our spoken message and offering direct eye contact and respect with a calm and positive attitude (p.13).

In an attempt to promote a culture of mindfulness in medicine, Luchterhand et al. (2015) developed a program that encouraged primary care leaders to promote mindfulness throughout their healthcare system. Funds were provided for leaders to attend a 4-day workshop on mindful communication offered at the Medicine Institute at the University of Rochester School of Medicine and Dentistry. The feedback received from this workshop included comments such as “this was the most rewarding CME course I have ever attended. I plan to use these skills in my life and work,” and “this was a gift professionally and personally” (Luchterhand et al., 2015, p. 106). Following the clinical leaders’ participation in the mindful communication course, they offered ten different mindfulness activities over an 8-month period open to all members of the healthcare system. The mindful communication program noted in this study appeared to be the impetus for clinical leaders to develop mindfulness programs to support both staff and patients. All of these studies demonstrate the important role of mindful communication in promoting self-awareness and decreasing stress among clinicians while fostering the provider-patient relationship.

Mindful Communication Among Nurses

While some studies have demonstrated that mindful communication may be effective for both the patient and the healthcare worker (HCW), others have looked at nurses specifically and the effectiveness of communication on decreasing stress in nurses’ lives. Vertino (2014) examined the use of interpersonal communication strategies in nurses to decrease stress and improve overall quality of life. Vertino (2014) describes possible causes of ineffective communication such as cultural taboos, poor conflict management skills, poor negotiating and

problem-solving skills, lack of empathy, unresolved emotional issues, poor self-esteem, negative self-talk, lack of boundaries, lack of insight, physical or mental illness, hidden agendas, and lack of clear speech. In this article, Vertino (2014) implies that ineffective communication may impact our ability to love, belong, and build self-esteem. (p. 3). Mindful communication may bring awareness to the causes noted above and help establish healthy relationships among nurses, staff, and patients.

Kourkouta, & Papathanasiou (2013) describe communication as bidirectional and failing to recognize this leads to negative conclusions and attitudes. Interestingly, they describe “good communication” as being based on education, experience, and physical abilities of nurses, while noting the importance of non-verbal communication and listening and communicating with kindness. While this article describes the importance of these skills in communicating with patients, it does not address the relational connection between nurse and patient. The importance of education is emphasized but only in relation to the patient, not the nurse, which is necessary in a bidirectional relationship.

In a mixed methods systemic review, Guillaumie, Boital, & Champagne (2017) examined the effects of MBI’s on nurses and nursing students. A total of 32 studies including both quantitative and qualitative studies were reviewed. The meta-analysis of quantitative studies revealed that mindfulness interventions among nurses may decrease levels of depression and anxiety. In several qualitative studies, mindfulness was noted to facilitate communication not only with patients but with coworkers. Participants stated they were able to maintain emotional balance and were less frustrated and angry at work. They were able to feel compassion and empathy for patients as well as fellow staff members (Guillaumie, Boital, & Champagne, 2017).

The promising result of this study is that MBI's may increase awareness empathy and compassion as demonstrated by communication patterns with both fellow staff and patients.

Gracia-Gracia and Olivan-Blazquez (2017) examined the use of self-compassion to treat the symptoms of burnout in nurses. In this quantitative cross-sectional study, they assessed burnout in 68 ICU nurses using the MBI-Human Services Survey. Compassion was assessed using Kristin Neff's Self-Compassion Scale. Through these surveys, Gracia-Gracia and Olivan-Blazquez (2017) found that years of experience working in the ICU and compassion were fundamental factors in predicting burnout. Developing a self-compassion program for ICU nurses maybe a necessary intervention as demonstrated by this study. Similarly, in a qualitative study, Akbar et al. (2015) attempted to identify how nurses cope with job stress. In this study, 18 nurses working in different units were asked to describe stressful work experiences and what they did to cope with this stress. Methods in dealing with stress were characterized as situational controlling, preventative monitoring of situations, self-controlling, seeking help, avoidance and escape, and spiritual coping. Interestingly, tools such as positive thinking, silence, and acceptance crying were described as self-controlling methods that increase adaption to stressful situations. Seeking help methods involved tools of communication with spouse or family members. While this study identified stress and coping methods that nurses use individually, nothing was mentioned or offered as a systemic support. Perhaps interventions such as mindfulness-based programs in these nursing units may be a method to offer support and decrease stress among nurses. As noted in this last study, communication may be an effective method in decreasing stress. While this study discussed communication outside of the work environment, it is conceivable that communicating with fellow staff workers and acknowledging that one is not alone in this stress may be a helpful tool.

Keutchafo, Kerr and Baloyi (2022) examined effective nonverbal and verbal communication between nurses and older patients. While verbal communication involves spoken words that can carry emotion through tone, nonverbal communication can do the same through facial expressions and body language. In this study, Keutchafo, Kerr and Baloyi (2022) interviewed 17 nurses to capture nurses' interpretation and meaning of non-verbal communication. Similarly, 29 were interviewed but also asked "How do you understand when a nurse communicates without saying a word?" (Keutchafo, Kerr and Baloyi, 2022, p. 3). The patient responses included hand gestures, facial expressions, and eyes gazes all indicated support from the nurse. Their qualitative findings included noting that nonverbal communication is subjective, and each interaction varies with each contact depending on the environment and situation. They found that nurses have filters that influence how they communicate. These filters include culture, past experiences, and personality. These filters have a direct effect on communication and can lead to misinterpretation or misunderstandings. While the purpose of this study was to develop a model to guide nurses in effective communication with their patients, it is noted that communication is not linear and that non-verbal communication can build relationships, create a positive environment, and convey empathy.

In evaluating self-perceived communication skills and their relationship to burnout, nursing stress, and life events, Clayton, Iacob, Reblin and Ellington (2019) reviewed 181 nurses self-reports on stress in nursing, life events and burnout as well as comfortable and difficult caregiver and patient topics. The findings demonstrated that 52% of the enrolled nurses reported that they were effective communicators. In discussing difficult topics such as pain control, family dynamics, memories of life's achievements and symptoms of dying, 57% of the enrolled nurses felt that they were effective communicators; interestingly, however, 70%, regardless of

years of experience, desired additional communication training specifically through a workshop during working hours (Clayton et al., 2019). There was a correlation between work-reported stress and perceived effective communication. When burnout increased, self-perceived effective communication and effectiveness with difficult topics decreased. This study leads us to the recognition of not only the need, but also the desire, for additional support and training in communication.

Skills training programs have been shown to be an effective tool towards that end. Wolderslund et al. (2023) investigated both facilitators and barriers to communication training during the implementation a 3-day skills training program in the hospital setting for health care professionals. The Communication Skills Training (CST) used in this study was based on the Calgary -Cambridge Guide. The Calgary Cambridge model was introduced by Kurtz and Silverman in 1996 and has been used among healthcare workers to teach effective communication with patient-centric care. The CST was presented in groups of 8-10 healthcare workers using role-play, feedback from peers and trainers, and group discussion. One of the barriers that arose in this program was the length of time of the training because of this healthcare practitioners had difficulty allocating time during their workday to attend the trainings. Other barriers included participants feeling uncomfortable with role play and peer review. They noted that there was resistance among healthcare practitioners with seniority to attend the training. The necessity of this training was questioned. The competencies of the trainers were also questioned as most trainers had limited teaching experience. Many of these barriers noted exist in hospitals across the world. With a shortage in nursing, the lack of adequate staff makes it impossible to attend trainings and workshops. Management support can play an important role in not only promoting programs but offering support through adequate

staff coverage. As noted in this program those who felt they benefited most from the CST were those who were open to the experience. Communicative self-efficacy and experience of perceived importance improved significantly with in all participants that completed the CST (Wolderslund et al., 2023).

Acknowledging the need for communication skills training in nursing schools, Cannity, et al. (2021) examined the effectiveness of a one-day communication program offered to 158 nursing students completing a summer internship. This study examined the use of a Comskil communication program which offered training on how to respond empathetically to patients while discussing death and dying and end-of-life goals of care through the use of didactics, role play and video feedback. A significant pre-to post-training improvement in self-reported confidence was noted($p<.01$), as well as a significant improvement in information organization and empathetic communication ($p<.001$) (Cannity, et al, 2021). Nursing students rated each method of teaching to be highly effective in evaluating communication skills with noted self-improvement in confidence. This study demonstrated the effectiveness of mindful communication not only in the skills gained but also the confidence. Meeting nurses needs in the hospital setting may improve their connection with patients and other staff members while decreasing their stress.

Discussion

After a comprehensive review of the relevant literature, it is clear that mindful communication has the potential to improve nurse wellbeing and decrease burnout. In reviewing multiple studies on burnout syndrome among nurses, Bakhamis et al. (2019) found most nurses reported exhaustion due to poor working conditions, poor management with failure to offer resources, and lack of team support. Given the past three years of tremendous stress and

struggling with patient care during COVID, while not addressing the personal needs of nurses, now more than ever, it is imperative to look at mindful communication as a way to identify those needs. Towards that end and keeping in mind the limitations of training programs previously offered, I believe that a mindful communication workshop for nurses has significant value and may provide a critical first step towards improving well-being among nurses. As such, I have developed a half day workshop on mindful communication for nurses in the hospital setting using this literature review as a foundation. Through an introduction to a variety of the models of mindful communication discussed in the literature review – namely, that of Thich Nhat Hanh, Oren Jay Sofer, Gregory Kramer, and Susan Gillis Chapman – this workshop will aim to help nurses (1) define what mindfulness means to them, (2) create awareness about the role that empathy and compassion play in mindful communication, (3) understand the role of mindful communication in decreasing interpersonal stress and improving well-being, and (4) develop both verbal and non-verbal mindful communication tools.

The workshop starts with a brief check-in and mindfulness grounding exercise followed by an outline of the session's objectives. Once the nurses have shared their understandings of what mindfulness means to them, the workshop turns to the task of defining mindfulness in the words of Jon Kabat-Zinn. Next, since Thich Nhat Hanh (2013) emphasizes that mindful breathing is the first step to mindful communication, relaxing "us in body and mind" (p. 119), an awareness of breath meditation script helps workshop participants warm up. Grounded in evidence-based research, the workshop then provides the nurses with information on how MBI's are effective in supporting healthcare workers in the hospital setting. Referencing studies discussed in the literature review, the workshop reviews the findings of Prasad et al. (2021) which demonstrates the need for MBI's to reduce burnout among healthcare workers,

Chmielewski et al. (2020) which illustrates the importance of feasibility in attending mindfulness-based workshops and Moore (2008) who noted that 10-minute mindfulness exercises during lunchtime were effective in increasing mindfulness and self-kindness. Together, these studies work to demonstrate the importance of MBIs to workshop participants.

After MBIs are introduced more broadly, the session turns to look at the specifics of mindful communication practices. Mobilizing the thoughts of Sofer and Hanh on breath, empathy, compassion, and awareness, this workshop defines mindful communication as the practice of applying the principles of mindfulness to conversations in order to generate productive dialogue. Furthermore, it introduces the importance of and demonstrated need for mindful communication training through evidence-based research. In this respect, the workshop highlights Krasner MS et al. (2009) who discovered significant improvements in mindfulness, burnout mood states, and empathy among healthcare workers after introducing an eight-week communication program. Similarly, Wolderslund et al. (2023) introduced a three-day communication skills training (CST) to healthcare workers and found that communicative self-efficacy and nurse's experience of perceived importance improved significantly for all participants who completed the CST. The need for mindfulness communication training was further evident in a study by Clayton et al. (2019) who found a correlation between work-reported stress and perceived effective communication. When burnout increased, self-perceived effective communication and effectiveness with difficult topics decreased.

Following an introduction to mindful communication, the nurses will receive a self-evaluation tool called the "Interpersonal Communication Skills Inventory" developed by Bienvenu in 1971 to bring awareness to patterns, characteristics and styles of communication.

These results will not be shared publicly in the workshop but will rather be used strictly for each nurse's own self-awareness and reflection. The importance of self-evaluation tools for mindful communication is demonstrated by the findings of Clayton et al. (2019) who discovered that although 52% of the enrolled nurses reported that they were effective communicators, 70%, regardless of years of experience, desired additional communication training specifically through a workshop during working hours.

Finally, Thich Nhat Hanh, Oren Jay Sofer, Gregory Kramer and Susan Gillis Chapman's models of mindful communication are briefly introduced. In the interest of time, specific points – (1) communication as interpersonal experience, (2) empathy, and (3) awareness of communication patterns – are highlighted from the models and practiced with the group. First, we discuss communication as an interpersonal experience in the workshop because both Sofer and Kramer emphasize that interpersonal experiences allow for relational awareness and acceptance in the present moment. To practice this tenant of mindful communication, participants engage in an active listening exercise in breakout groups in which they focus on deepening their awareness of both their partner's verbal and non-verbal cues. Next, emphasis is placed on the need for empathy in mindful communication, or what Sofer (2018) calls "the capacity to understand or feel what another person is experiencing from their point of view" (p. 99). The second exercise is thus focused not only on active listening, but also on summarizing and reflecting back the things that one's partner says. Lastly, we examine communication patterns through Chapman's analogy of a traffic light to increase awareness of reactivity. Applying this analogy to our final exercise, the participants are asked to remember a conversation in which they felt unheard or disrespected and then mobilize the traffic light analogy to recognize the communication pattern they experienced. Together, these three

exercises on communication as an interpersonal experience, empathy, and communication patterns provide a solid foundation for the participating nurses to be agents of mindful communication. Given the rates of burnout and demonstrated need for MBIs in healthcare, my hope is that through experience with different mindful communication practices nurses will walk away from this workshop with helpful tools to use in the workplace and in their own lives.

Conclusion

The intent of this rationale paper has been to define and understand the role of mindful communication in addressing and impacting interpersonal stress among nurses. From both the individual studies to the meta-analyses, there clearly seems to be a therapeutic benefit to the use of mindful communication in healthcare. Many studies note the importance of mindful communication with patient care, and additional studies suggest similar potential benefits to mindful communication among providers. However, education for nurses in this space will be critical in helping to improve interpersonal stress among providers. Towards that end, a workshop focusing specifically on mindful communication practices will be of value as a first step in improving nursing mental well-being. I have designed a half-day workshop as described above that I believe will address this need.

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The Labyrinth of Mindful Communication

Presented by Annie Kaplon



Check-In

How are you in this moment?



Today's Objectives

01

Defining what mindfulness means to you.

02

Creating awareness about the role that empathy and compassion play in mindful communication.

03

Understanding the role of mindful communication in decreasing interpersonal stress and improving well-being.

04

Developing both verbal and non-verbal mindful communication tools.

What to Expect in this Workshop

01

Define Mindfulness

02

Awareness of Breath
and Sensation
Meditation

03

Research on
Mindfulness-Based
Intervention in
Healthcare

04

What is Mindful
Communication?

05

Research on
Mindful
Communication
in Healthcare

06

Thich Nhat Hanh's
Teachings on
Communication

07

Introduction to
Sofer, Kramer, and
Chapman's work

08

Closing
Mindfulness
Practice

A photograph of a sunset over the ocean. The sun is low on the horizon, creating a bright orange glow that reflects on the water. The sky is filled with dark, dramatic clouds. In the foreground, waves are breaking on a sandy beach, with the sun's light reflecting off the wet sand and the white foam of the waves. A semi-transparent dark rectangular box is centered over the image, containing the text "What does mindfulness mean to you?" in white.

What does mindfulness
mean to you?

What is mindfulness?

- “The awareness that arises from paying attention on purpose in the present moment and non-judgmentally” – John Kabat-Zinn
- “Being aware of what is happening in the present moment in a balanced and nonreactive way” – Oren Jay Sofer
- “If we live mindfully in everyday life, walk mindfully, are full of love and caring then we can create a miracle and transform the world into a wonderful place.” – Thich Nhat Hanh
- “Can be a trait (dispositional mindfulness), a state (i.e. of mindful awareness, produced during mindful practice), and a procedure or practice (e.g. mindfulness meditation)” – Davidson & Kaszniak

A serene landscape photograph of a person meditating on a wooden pier in a mountain lake. The person is seen from behind, sitting in a lotus position on the end of a long wooden pier that extends from the foreground into a calm lake. The lake's surface is perfectly still, reflecting the surrounding environment. On the left, a steep, forested mountain slope rises from the water's edge. In the background, jagged, rocky mountain peaks are visible under a clear, pale blue sky. On the right, a steep, rocky cliff face descends towards the water. The overall atmosphere is peaceful and contemplative. A semi-transparent dark rectangular box is centered over the middle of the image, containing the title text in white.

Awareness of Breath Meditation

Why mindfulness?

Mindfulness-Based Interventions (MBIs) in Healthcare

- In a US national study, Prasad et al. (2021) assessed the stress of 20,947 healthcare workers at 42 institutions through the "coping with COVID" survey. They found that **49% of healthcare workers experience burnout while 38% experience anxiety and depression.**
- Chmielewski et al. (2020) found that greater than 250 medical centers in the United States offered mindfulness training. **Though the offerings were available, the programs were not practical or feasible. Many participants withdrew early, or courses were discontinued with no follow-up.**

Why mindfulness? (cont.)

Mindfulness-Based Interventions (MBIs) in Healthcare

- In a pilot study by Moore, (2008) participants noted that in just **fourteen 10-minute mindfulness exercises experienced during lunch there was an increase in both mindfulness and self-kindness.**
- Sallon et al. (2015) developed a study “Care for the Caregivers” to address stress and burnout among hospital staff. This study found a **significant decrease in symptoms of perceived stress and emotional exhaustion associated with burnout as well as improvements in mood and somatic and mental health symptoms.**

A high-speed photograph of a water droplet in the process of splashing. The droplet is captured at a moment where it has just made contact with a surface, creating a crown-like shape with a central column of water rising and a small droplet falling. The water is a deep blue, and the background is a soft, out-of-focus gradient of light blue and white. The lighting highlights the transparency and the intricate details of the water's surface tension.

Mindful Movement

What is mindful communication?

- **Applying the principles of mindfulness to conversations to open us up to fruitful and effective dialogue which allows for empathy and compassion for both ourselves and others.**
- Thich Nhat Hahn (2013) mentions that “our communication is what we put out into the world and what remains after we have left”(p?).
- Oren Jay Sofer (2018) defines successful communication as the ability to pay attention, mentioning “for message sent to equal message received, we need presence, to be fully here, aware of self and other” (p. 16).

The Importance of Mindful Communication

- A study by Krasner MS, et al. (2009) noted that through a one-year mindful communication program **physicians experienced significant improvements in both measures of personal well-being and relationship-centered qualities of care.**
- Looking specifically at nursing, according to Vertino (2014) noted that “**the use of effective interpersonal communication strategies by nurses in both personal and professional settings may reduce-stress, promote wellness and therefore improve overall quality of life**” (p.2) .
- Clayton, Iacob, Reblin and Ellington (2019) reviewed 181 nurses self-reports on stress in nursing, life events and burnout as well as comfortable and difficult caregiver and patient topics. They found that there was a **correlation between work-reported stress and perceived effective communication. When burnout increased, self-perceived effective communication and effectiveness with difficult topics decreased.**

The Importance of Mindful Communication

- Wolderslund et al. (2023) investigated both facilitators and barriers to communication training during the implementation a 3-day communication skills training program in the hospital setting for health care professionals. They found that while barriers arose for healthcare workers, **those who were open to the communication skills training experience benefited most with improved communicative self-efficacy and perceived importance.**
- Cannity, et al. (2021) examined the effectiveness of a one-day communication program offered to 158 nursing students completing a summer internship. They found a **significant pre-to post-training improvement in self-reported confidence ($p < .01$), as well as a significant improvement in information organization and empathetic communication ($p < .001$).**

Models of Mindful Communication

- Thich Nhat Hanh – *The Art of Communicating* (2013)
 - Gregory Kramer – *Insight Dialogue* (2007)
 - Oren Jay Sofer – *Say What You Mean: A Mindful Approach to Nonviolent Communication* (2018)
 - Susan Gillis Chapman – *The Five Keys to Mindful Communication* (2012)
-

Interpersonal Communication Skills Inventory

SECTION I

	USUALLY	SOMETIMES	SELDOM
1. Is it difficult for you to talk to other people?			
2. When you are trying to explain something, do others tend to put words in your mouth, or finish your sentences for you?			
3. In conversation, do your words usually come out the way you would like?			
4. Do you find it difficult to express your ideas when they differ from the ideas of people around you?			
5. Do you assume that the other person knows what you are trying to say, and leave it to him/her to ask you questions?			
6. Do others seem interested and attentive when you are talking to them?			
7. When speaking, is it easy for you to recognize how others are reacting to what you are saying?			
8. Do you ask the other person to tell you how she/he feels about the point you are trying to make?			
9. Are you aware of how your tone of voice may affect others?			
10. In conversation, do you look to talk about things of interest to both you and the other person?			

SCORE: SECTION I TOTAL _____

Learning Dynamics, 2002

Interpersonal Communication Skills Inventory

SECTION II

	USUALLY	SOMETIMES	SELDOM
11. In conversation, do you tend to do more talking than the other person does?			
12. In conversation, do you ask the other person questions when you don't understand what they've said?			
13. In conversation, do you often try to figure out what the other person is going to say before they've finished talking?			
14. Do you find yourself not paying attention while in conversation with others?			
15. In conversation, can you easily tell the difference between what the person is saying and how he/she may be feeling?			
16. After the other person is done speaking, do you clarify what you heard them say before you offer a response?			
17. In conversation, do you tend to finish sentences or supply words for the other person?			
18. In conversation, do you find yourself paying most attention to facts and details, and frequently missing the emotional tone of the speakers' voice?			
19. In conversation, do you let the other person finish talking before reacting to what she/he says?			
20. Is it difficult for you to see things from the other person's point of view?			

SCORE: SECTION II TOTAL _____

Learning Dynamics, 2002

Interpersonal Communication Skills Inventory

SECTION III

	USUALLY	SOMETIMES	SELDOM
21. Is it difficult to hear or accept constructive criticism from the other person?			
22. Do you refrain from saying something that you think will upset someone or make matters worse?			
23. When someone hurts your feelings, do you discuss this with him/her?			
24. In conversation, do you try to put yourself in the other person's shoes?			
25. Do you become uneasy when someone pays you a compliment?			
26. Do you find it difficult to disagree with others because you are afraid they will get angry?			
27. Do you find it difficult to compliment or praise others?			
28. Do others remark that you always seem to think you are right?			
29. Do you find that others seem to get defensive when you disagree with their point of view?			
30. Do you help others to understand you by saying how you feel?			

SCORE: SECTION III TOTAL _____

Interpersonal Communication Skills Inventory

SECTION IV

	USUALLY	SOMETIMES	SELDOM
31. Do you have a tendency to change the subject when the other person's feelings enter into the discussion?			
32. Does it upset you a great deal when someone disagrees with you?			
33. Do you find it difficult to think clearly when you are angry with someone?			
34. When a problem arises between you and another person, can you discuss it without getting angry?			
35. Are you satisfied with the way you handle differences with others?			
36. Do you sulk for a long time when someone upsets you?			
37. Do you apologize to someone whose feelings you may have hurt?			
38. Do you admit that you're wrong when you know that you are/were wrong about something?			
39. Do you avoid or change the topic if someone is expressing his or her feelings in a conversation?			
40. When someone becomes upset, do you find it difficult to continue the conversation?			

SCORE: SECTION IV TOTAL _____

Compassion and Self-Compassion

Compassion

- According to Thich Nhat Hanh compassion is not only to recognize the suffering of others but to suffer with others.
- “One compassionate word, action or thought can reduce another person’s suffering and bring him joy” (TNH, 2007).

Self-compassion

- Self-compassion is the practice of treating yourself as you would a close friend and speaking to yourself with kindness and acceptance.

Communication as an Interpersonal Experience

- Both Kramer and Sofer note that interpersonal experiences in communication allow for relational awareness and acceptance of the present moment.
 - According to Kramer, “We experience interpersonal suffering because we are relational beings. Suffering is the natural outcome of this circumstance” (Kramer, 2007, p. 27).
 - Kramer identifies the practice of “pausing” as “mindfulness in the moment of interpersonal contact” (p. 110)
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Gregory Kramer's Insight Dialogue

Six Instructions:

1. Pause is to" step back from engagement with an emotion or thought and become aware of the experience in the moment" p.(110)
2. Relax-as we recognize and become aware of the tension in our bodies we choose relax
3. Open-steps into mutuality. We become mindful of others.
4. Trust Emergence-"allows us to enter the practice without the bias of a goal" (Kramer, p.140).
5. Listen deeply-is paying particular attention to what is being said.
6. Speak the Truth-is speech that will do no harm.

Group Exercise #1: Relational Awareness

Question: What does happiness mean to me?

- Form groups of two. One person speaks and one person listens for 5 minutes.
- What was observed? What was experienced? Was it easy to listen? What is it like for the speaker when the other person doesn't participate in the conversation? What was it like to hold space for the speaker? Did your mind-wander? Did you listen deeply?

Empathy

Sofer defines empathy as “the capacity to understand or feel what another person is experiencing from their point of view” (2018, p. 99).

Three ways to practice empathy:

1. Silent Empathetic Presence
2. Paraphrase
3. Empathetic Reflection

Group Exercise #2: Sofer's Empathy Practice

Think of an unpleasant dialogue experience that happened recently. Turn to your partner and take turns describing this experience.

- Silent Empathetic Presence – Practice listening completely to your partner. How is this for them?
- Paraphrase – After listening summarize what you've heard. What are the key features of what they've said?
- Empathetic reflection – After listening, check that you understand by reflecting what you hear is most important to them. What matters most to this person? How can you make them feel heard?

Chapman's Five Keys to Mindful Communication

1. The key to mindful presence: awake body, tender heart, open mind.
 2. The key to mindful listening : encouragement.
 3. The key to mindful speech: gentleness.
 4. The key to mindful relationships: unconditional friendliness.
 5. The key to mindful action: playfulness.
-

Communication Patterns

- Chapman describes communication as the essence of all relationships. As such, she says that mindfulness brings awareness to our communication patterns.
- She uses a traffic light as an analogy for communication
 - Green Light – Two-way traffic flow with openness and awareness
 - Yellow Light – Uncertainty, where we need to take a pause
 - Red Light – Closed communication where the flow is blocked by one or both members of the conversation

Group Exercise #3 – Traffic Light Analogy



Final Thoughts

Key Components of Mindful Communication

- Breath
 - Pause
 - Intention
 - Awareness and Self-Inquiry
 - Openness and Acceptance without Judgement
 - Empathy and Compassion
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The Guest House, by Rumi

This being human is a guest house.
Every morning a new arrival.

A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.

Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture,

still, treat each guest honorably.
He may be clearing you out
for some new delight.

The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.

Be grateful for whoever comes,
because each has been sent
as a guide from beyond.

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