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SOPHIA

The Realities of Burnout in Health Care Social Work: How Individuals Are Responding by Practicing Meditation

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by Practicing Meditation

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MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for
MSW students at St. Catherine University/University of St.
Thomas School of Social Work in St. Paul, Minnesota and is
conducted within a nine-month time frame to demonstrate facility
with basic social research methods. Students must independently
conceptualize a research problem, formulate a research design
that is approved by a research committee and the university
Institutional Review Board, implement the project, and publicly
present their findings. This project is neither a Master's thesis nor
a dissertation.

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Abstract

In today's society social work professionals are often overwhelmed as they try to juggle the responsibilities of life, from managing their home and advocating for their community, to meeting the demanding needs of work. For many the reality of burnout is all too familiar. Burnout is often characterized by emotional exhaustion, cynicism and a lack of personal accomplishment. For health care social workers who struggle in juggling the act of life, their experience is additionally impacted by the health care system as their expectations and responsibilities feel unmanageable. Some professionals in the field of health care social work have responded to the stressors that can lead to burnout through practicing meditation. The purpose of this research was to explore the essence of the experience of health care social workers who have practiced meditation. Based on phenomenological design, nine semi-structured interviews were conducted with licensed social workers who work in the health care field to gain a better understanding of their experience of practicing meditation. The findings indicated that social workers who graduated in the last ten years often had more opportunities to learn about meditation in their social work education. Also one's professional environment often had an influence on their level of support for practicing meditation personally and professionally. Though social workers described ways that meditation enhanced their lives, all of the participants of this study expressed that their practice could be improved. Overall practicing meditation not only brings social workers joy and wellbeing, but strengthens their practice as a social worker, allowing them to be more present with clients and have better work-life balance.

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INTRODUCTION

Background

According to the Bureau of Labor Statistics and U. S. Department of Labor

(2009), social workers held approximately 642,000 jobs in 2008. Fifty-four percent

worked in the fields of health care and social assistance. For those working in the health

care field challenges include: providing psychosocial support to individuals and families

facing chronic, acute or terminal illness as well as providing mental health assessments

and treatment plans when patients are admitted to a hospital emergency room, inpatient

unit or outpatient facility for ongoing treatment. Health care social workers also provide

ongoing social support to patients and families needing resource referral and community

services, and often help patients and families transition to more independent living either

at home upon discharge or to another care facility. In many health care settings where

there is a multidisciplinary approach to caring for people, social workers provide a

significant role in case coordination between various service providers.

Considering the stressful situations that social workers assist their clients through

every day, it is not surprising that social workers are not only vulnerable to experiencing

burnout, but face the reality of it in their daily interactions with individuals and families

as they are continually exposed to the suffering of others. Burnout commonly is

characterized with the following components: overwhelming exhaustion, cynicism and a

lack of personal accomplishment (Maslach, Schaufeli & Leiter, 2001). Maslach and

Lieter (1997) describe burnout as:

The index of the dislocation between what people are and what they have to do. It

represents an erosion in values, dignity, spirit and will - an erosion of the human

soul. It is a malady that spreads over time putting people into a downward spiral

from which it's hard to recover. (p.17)

Although burnout is a condition that individuals in many fields may face, social workers

may additionally encounter secondary traumatic stress (STS) also referred to as

compassionate fatigue (Figley, 2002) and *vicarious traumatization.* STS is the natural

emotions that result from knowing about a traumatic event that was experienced by a

significant person in one's life. The stress results as individuals work to help those who

are traumatized or suffering. Figley (2002) defines *compassionate fatigue* as the state of

tension and preoccupation that a therapist experiences with traumatized patients by re-

experiencing their traumatic events. "It is a function of bearing witness to the suffering of

others (Figley, 2002, p.1435)." Ben-Porat and Itzhaky (2009) describe *vicarious*

traumatization as the internal experiences that a therapist may have in working with

populations that experience trauma, as their perception of themselves and the world

around them are given new meaning.

Social workers not only encounter stressful situations with clients and secondary

stress due to the context of their client's experience. The Center for Health Workforce

Studies and the NASW Center for Workforce Studies (2006) found that licensed social

workers experienced the following barriers to effective practice: increases of paperwork,

severity of client problems, inappropriately sized caseloads, waiting lists for services,

assignment of non-social work tasks, decreases in job security, problems with staffing

levels, availability of supervision and levels of reimbursement for services (Center for Health Workforce Studies & NASW Center for Workforce Studies, 2006, p. 10). Arrington (2008) through the NASW Center for Workforce Studies also found that thirty-one percent of social workers indicated that a major issue they were facing in their careers was a lack of time to complete the necessary tasks of their job. In the health care field specifically, seventy percent of social workers reported experiencing fatigue from job related stress.

Social workers' have found a variety of ways to manage their stress levels including but not limited to: using alcohol and prescription medication, exercising, seeking therapy, and practicing yoga or meditation. Social workers reported that the most common modality for reducing stress is through exercise with nineteen percent of health care social workers practicing yoga, and twenty-seven percent of health care social workers practicing meditation (Arrington, 2008). As more individuals have begun to report practicing meditation to enhance their well-being and decrease their stress level, researchers have begun to explore the cognitive psychology and contemplative neuroscience behind meditation as it is affecting the individual (Raffone, Tagini & Srinivasan, 2010). Researchers are finding that these ancient practices that many have adopted into their lifestyle are permanently changing their brains for the better (Gilgoff, 2010).

Problem Statement

The reality of burnout is alarming. Maslach and Jackson (1981) found that as burnout sets in an individual's emotional support is diminished, workers often feel less

able to contribute on a psychological level, and more negative, cynical attitudes develop

toward one's clients (Maslach & Jackson, 1981). This reality is a reminder of how

important self care can be not only for social workers, but for the individuals, families

and communities they serve. If social workers are constantly in an environment that is

lacking support and control, with chronic heavy workloads, strain and illness, a lack of

productivity may result (Dollard, Winefield, Winefield, & Jonge, 2000). As previously

stated, social workers are using a variety of techniques to manage their stress levels,

however, despite these efforts social workers continue to experience stress-related health

concerns such as fatigue, sleep disorders and psychological problems (Arrington, 2008).

Relevance to Social Work Practice

Social workers frequently work in environments that produce burnout. The

situations that social workers immerse themselves in to better serve their clients often

involve crisis and the complex coordination of services in organizations where funding is

often depleted. These conditions lead to barriers in effective practice (Center for Health

Workforce Studies & NASW Center for Workforce Studies, 2006). Thirty-one percent of

health care social workers expressed that they do not have time to complete their job due

to the time constraints (Arrington, 2008). Given the extensive responsibilities of social

workers and the growing number of clients, face to face time with clients has become

extremely limited. The importance of practitioners to be mindfully present in their

interactions with clients is even more pressing given these structurally imposed time

constraints. The literature shows that practicing meditation helps to prevent burnout and

assists social workers in being present for their clients (Williams, Richardson, Moore,

Gambrel & Keeling, 2010). This not only can help social workers to better thrive in their

professions, but may help the institutions and systems that social workers work in to

function more effectively.

Purpose

     The proposed study is a phenomenology. The purpose of this study is to explore

the essence of the experience of social workers working in the health care field that

practice meditation. The researcher's hope is to better understand how practicing

meditation benefits the individual in both their professional and personal life, as well as

the challenges that they face in regard to their practice of meditation.

     The following section of this research paper will be a review of the literature

related to the health care social workers' experience of meditation. Following the

literature review will be the conceptual framework which will provide an explanation

regarding the structure that this research is built on, highlighting the theories utilized.

Then the methodology section will follow, which explains the critical components of

phenomenological study. There will be an explanation of the data collection and

explication as well as the researcher's procedure for protecting human subjects in their

participation of this research. Following the methodology will be an explanation of the

findings gathered from the themes that emerged within the data. This study concludes

with a discussion of the strengths and limitations of this study as well as implications for

social work practice, policy and future research.

Literature Review

"It is good to tame the mind, which is difficult to hold in and flighty, rushing wherever it listeth; a tamed mind brings happiness" (Müller, 2006, p. 14).

Research reveals ways that practicing meditation improves peoples lives including practicing loving-kindness, maintaining concentration, becoming more aware through mindfulness, and even practicing yoga at a local studio (Baccio, 2004; Addison, 2002). It is also becoming increasingly popular to see practitioners incorporating meditation into their practice with clients, or referring them to an outside resource to meet this need (Vohra-Gupta, Russell & Lo, 2007). This review of the literature will look more in depth at the issue of burnout in the field of social work, addressing both what has been found in regards to social work burnout, as well as areas researchers have identified for further research. Additionally, this review will investigate the experiences of social workers who have practiced meditation, particularly exploring the experiences of practitioners who work in health care settings. It will identify various types of meditation, briefly exploring its history. Based on this exploration, a specific definition of meditation will be given for the purposes of this study. The literature review will examine how meditation can be utilized for self-care, for both practitioner as well as client, also identifying what action is being taken to incorporate meditation into training for practitioners.

Stress and Burnout

Maslach and Jackson (1981) define burnout as a syndrome that occurs among those who work directly with people where an individual experiences an increased level

of emotional exhaustion, along with the development of negative, cynical attitudes and feelings toward one's clients. In turn this reflects negatively on one's own sense of self accomplishment in the work environment (Maslach & Leiter, 1997). Cordes and Dougherty (1993) describe the emotional exhaustion felt by workers experiencing burnout as though one's emotional resources are depleted. Feelings of frustration and tension may coexist with this *compassion fatigue* as workers who are experiencing burnout realize that they do not have the same level of energy for their clients as they have in the past. The literature has consistently shown that a worker's level of burnout is greatly affected by the type of work being done and the level of stress within one's work environment (Cordes & Dougherty, 1993).

Social workers are often immersed in high-stress environments. Particularly, in health care settings where social workers are involved in screening and assessment, crisis intervention, psychotherapy, resolving ethical dilemmas, providing information and referrals, discharge planning, and grief and bereavement counseling (Center for Health Workforce Studies & NASW Center for Workforce Studies, 2006; Kim & Lee, 2009; Lee, Dupree & Fellow, 2008). As social workers face demanding roles in health care in meeting the diverse needs of the clients and populations they serve, many also face the harsh realities of budget cuts and larger caseloads (Johnson, Oliff, & Williams, 2011).

Home health care social workers have experienced the stressors of these budget cuts first hand as they have run into complications with reimbursement from Medicare and Medicaid. Social workers in these settings have run into ethical conflicts between the limitations of the services that they are able to offer in the current economic environment

and the needs of their patients (Egan & Kadushin, 2004). The complex psychosocial issues involving hospital social work in particular have at times left some social workers feeling powerless (Taylor-Brown, Johnson, Hunter, & Rockowitz,1981).

Many of those social workers work in the health care industry. In 2004, fifty percent of licensed social workers worked in the fields of health care and mental health (Center for Health Workforce Studies & NASW Center for Workforce Studies, 2006). In today's economy where there are continued threats to Medicare and Medicaid funding, both the social workers and clients experience the burden of decreased services and fewer jobs to administer those services. In addition, as funding to vulnerable populations decrease, the burden of distributing care increases. Workers struggle with stretching the time and resources they have to offer. Ben-Zur and Michael (2007) argue that in order to provide quality service, health care professionals should have information and coping skills to be able to effectively manage the stressors they encounter in their work environment. Furthermore, issues of burnout challenge social work ethics and professional practice standards. The NASW Code of Ethics (2008) states that "Social workers' primary responsibility is to promote the well-being of clients (p. 7)." In an environment vulnerable to stress and burnout, remaining present and primarily focused on the well-being of the client becomes a challenge. Meditation offers one remedy for this challenge (Arrington, 2008).

Meditation Origins and Definitions

The practice of meditation has foundations in many cultures and has been said to extend back through millennia (Addison, 2002). With roots in Eastern religions including

Hindu, Buddhism, Judaism, Taoism, and some Christian traditions, meditation can be

described as one of humankind's oldest and widely adopted therapies (Keefe, 1996).

This diverse history of meditation provides many definitions of meditation.

Shapiro (1982) defines meditation as "a family of techniques which have in common a

conscious attempt to focus attention in a non-analytical way and an attempt not to dwell

on discursive ruminating thought" (p. 268). Seaward (2009) uses a similar definition "a

practice of increased concentration that leads to increased awareness; a solitary practice

of reflection on internal rather than external stimuli (p. 353)." For the purposes of this

research a broader definition of meditation will be used. Baccio (2004) describes the

essence of meditation as moments where there was no past or future, nor any separation

between you and what is happening around you, moments in life where you are not

thinking or analyzing your experience, but simply being in the moment.

 Methods of Meditation

Meditation has many established schools of thought and can take many forms.

This research however specifically considers meditation that is essentially based in either

concentrative or mindful techniques. Concentrative meditation in its simplest form

involves focusing on an image, or a mantra, or even one's own breathing. This form is

commonly associated with sitting meditation, where the meditator sits in a comfortable

position and repeats their mantra over and over again, or focuses solely on their

inhalations and exhalations. One example of how many religious traditions use mantras

is by repeating words such as *Om, Christ have mercy, peace* and *Amen.* Visualization is

another type of concentrative meditation where the meditator focuses on an image or

even a simple shape and closes their eyes to hold the image in their mind's eye. Through

visualization, meditators may also envision a spiritual or peaceful place to rest in their

meditation (Baccio, 2004).

Mindfulness as a form of meditation has many schools of thought in itself, there is

much diversity in how it is used in one's practice and how it has been described.

Goldstein & Kornfield (1987) describe it beautifully through a story about the Buddha

soon after his enlightenment. A man came up to him and asked, "My friend, what are

you?" The Buddha replied, "I am awake." It is this sense of being awake and present that

is the essence of mindfulness or insight meditation. (Goldstein & Kornfield, 1987).

Mindfulness meditation includes bringing ones awareness to the body and the breath and

remaining "awake" to what one is experiencing. This practice is sometimes referred to as

"choiceless awareness," meaning that the meditator does not plan or choose what to focus

their energy and attention on (Baccio, 2004, p. 102), but that they open their mind and

focus on becoming aware of what their experience is. While practicing mindfulness and

working to quiet one's mind, the meditator is able to experience a greater sense of

awareness through their breath and all of the sensations in their body, from the sounds we

often tune out to the way that the world around us looks, feels and tastes. Kabat-Zinn

(1994) describes mindfulness as "paying attention in a particular way: on purpose, in the

present moment, and non-judgmentally" (p.4).

Another common concentrative practice which comes from the Buddhist tradition

is known as loving-kindness. Loving-kindness or *metta,* which is Pali for

"love" (Salzberg & Kabat-Zinn, 1995) is the most common of the four noble abodes

within the Buddhist tradition. This method of meditation helps to strengthen

concentration as meditators develop insight in the way that they relate to themselves and others. Kabat-Zinn (1995) describes Loving-kindness as "the embrace that allows no separation between self, others and events - The affirmation and honoring of a core goodness in others and in oneself " (Salzberg & Kabat-Zinn, 1995, p. ix-x). The practice involves first sending loving-kindness to yourself and then directing loving-kindness to those around you, and around the world. An example of this practice is reciting to oneself "May I be happy, May I feel peaceful, and May I be free from suffering." Salzberg (1995) describes the spirit of *Metta* as unconditional love, open and unobstructed. "A friend may disappoint us; she may not meet our expectations, but we do not stop being a friend to her (Salzberg & Kabat-Zinn, 1995, p. 23)." Loving-kindness is a practice of learning to love oneself and once one has established that love to send the energy to those dear to them, and eventually to those whom it is difficult to love (Baccio, 2004).

Another method of meditation, which can take many forms, is moving meditation. Moving meditation can involve practices such as tai chi, qi gong, various styles of yoga and walking meditation. One example of walking meditation which may include a variety of practice techniques, involves the meditator focusing on their breath and matching it with the steps that they take, creating movement based on their breath (Baccio, 2004). Patanjali's Yoga Sutras represent a psychological system or way of life that leads to a greater understanding of the self. Rybak and Dueskar (2010) describe the holistic practice of yoga through the Yoga Sutras of Patanjali stating that "The aim of yoga is to realize a state of silence, bliss and oneness with the cosmos (p. 4)." Yoga is not simply the practice of asanas or postures, but a way of life, of incorporating concentration

and meditation to achieve a state of harmony and self-awareness. From the yogic

philosophy comes the concept of *prana* which is explained as a kind of healing energy

which is vital to the self. This philosophy explains that suffering occurs when *prana*

becomes blocked and depleted within the self. Practices such as yogic breathing,

concentration, and meditation however, have the potential to provide relief from stress

and suffering, while restoring this flow of energy or *prana* (Rybak & Dueskar, 2010). An

important factor in moving meditation is that the emphasis is not on exercising, but more

the process of developing a greater sense of awareness (Baccio, 2004).

Meditation in the Helping Professions

As meditation has become more widely adopted among Western social practices

researchers have begun to explore how these practices are being used throughout society.

With roots in Eastern religious and spiritual traditions two arenas where meditation

practices have been incorporated into Western society are in the fields of health care and

social work (Vohra-Gupta et al., 2007).

One way that this movement has become visibly evident is as an outlet for self-

care. Williams et al. (2010) found that among mental-health professionals who were

practicing mindfulness, that they felt more present and able to connect with clients in

their practice. Additionally one respondent reported that "connecting deeply with clients'

did not elevate my own stress" (p. 327). These findings showed that practicing

meditation guarded its participants against stress and burnout. Kongsuwan and Chaipetch

(2011) found a similar finding among Thai Buddhists' who were serving as care-givers

for their loved ones in an intensive care unit. Their participants found that practicing self

care by maintaining their meditation practices was essential to being able to provide

support for their dying loved ones. Although this finding is not focusing directly on

professional social workers, it brings up and important issue that many social workers

deal with as they often work very closely with family members who are caring for their

loved ones in critical condition. Social workers may have something to learn from family

care-givers who maintain their support through meditation. Moore (1978) emphasized the

necessity for social workers to utilize self-management techniques themselves. Social

Workers are not only then able to guard themselves from stress and burnout, but are able

to stay more connected with the clients, while building rapport and providing first-hand

experience in helping their clients adopt these practices themselves.

Training in Meditation Practices

After analyzing several self conducted studies on the influences of providing a

fifteen week training in mindfulness to counseling and psychotherapy students,

Christopher and Maris (2010) found that mindfulness practices can provide and enhance

the psychological and physical well-being of practitioners. Specifically Christopher and

Maris (2010) discovered that providing mindfulness training to students not only made

them feel more competent in their practice by decreasing their anxiety, additionally, it

helped them to be more present with their clients. Having practiced these skills, the

students reported that they were able to help their clients to more fully experience

themselves in the moment, while becoming aware of their current reality and how their

choices were creating suffering for themselves. Galantino, Baime, Maguire, Szapary &

Farrar (2005) conducted a similar study of health care professionals who participated in

an eight week mindfulness mediation program. A major difference in the Galantino et al.

(2005) study was that it focused on work stress and burnout while measuring serum

cortisol levels and stress symptoms at baseline and after the eight week meditation

program. Although these studies were conducted very differently, there were several

similarities in both their populations and findings. Both research designs utilized

purposive, convenience samples for their population while measuring the outcome from

participation in mindfulness training programs. Galantino et al. (2005) and Christopher &

Maris (2010) both found that mindfulness meditation practices provided defense against

stress and burnout, making professionals better prepared to provide service to clients.

Experiences of Meditation

   Brenner (2009) found amongst social workers that were long-term practitioners

of Zen meditation that they experienced a greater sense of awareness, enhanced

acceptance, and a nurtured sense of responsibility with their clients. Brenner (2009)

argues that: "Meditation cultivates the therapist's awareness of his or her own feelings,

which enhances the clinician's ability to remain in the moment with the client" (p. 464).

Though Brenner (2009) utilized a small, non-random sample in his research, his findings

of meditation enhancing the social worker's awareness and "authentic presence" among

clients are common amongst the literature (Addison, 2002; Bruce & Davies, 2005). In a

similar study of long-term practitioners of mindfulness meditation verses non-meditators,

practicing meditation not only enhanced mindfulness in daily life, but also was found to

decrease levels of rumination and the fear of emotion (Lykins and Baer, 2009). In both of

these studies which report on the effects from long-term meditators having a regular

meditation practice, there was no report of any negative results, where it may have been detrimental to their psychological or physiological well-being (Brenner, 2009; Lykins & Baer, 2009). This may be a limitation and bias of the research, however it does lead the researcher to believe that the effects of practicing mediation on one's well-being are positive.

In a narrative describing her experience practicing meditation, Logan, long-term meditator and Doctor of Social Work states that "it (meditation) enhances and reinforces life skills such as the ability to concentrate, discriminate, be present centered. Overall meditation has removed my fear and feelings of inadequacy and supports me in living my life to the fullest" (Logan, 1997, p. 43). Like any skill mediation is one that gets better with practice. Even in a situation where meditation was not self-sought-out meditation has shown to be a positive experience. Foley (2006) was assigned to take a meditation class and write about it. After completing an eight week course Foley described her experience:

"Our anxiety scores fell 53 %. Our depression scores dropped an astonishing 75%. And more important for me, I found that you can have ecstasy while doing the laundry. Meditation will always be catch-as-catch-can for me, but even an imperfect practice works. And I never feel guilty if I can't spend 20 minutes meditating in some quiet place where I won't be disturbed. (I still haven't found that Paradise.) Even if I miss a few days or jut squeeze in a 10-minute check-in with myself between folding the sheets and the delicates, it's all good. Well, it isn't good or bad. It just is (p.7)."

Though research has begun to explore the experiences of social workers who practice meditation (Logan,1997; Brenner, 2009), there is still a need for additional research to better understand the experience of health care social workers who practice meditation. If we are better able to understand the experience of social workers that practice meditation it could lead to an understanding of the barriers that social workers face in their meditation practice, as well as how it serves as a strength for them. Understanding this relationship, and how it relates to the complex system of care could provide knowledge for implications for social work and social work education, ultimately providing better care and service to clients.

Conceptual Framework

There are many complex systems that lead to burnout for social workers. Utilizing Bronfenbrenner's Ecological Systems theory this research will identify the prominent systems that effect social workers working in the field of health care which may contribute to stress and burnout. Three systems that will be briefly addressed in this framework are health care, social work education and training, and the limits of generational and Western world-views. Following the explanation of systems this framework will describe the importance of understanding the health care social worker's experience of practicing meditation and how this understanding can lead to better service toward clients.

Ecological Systems Theory

In order to understand how social workers working in heath care experience burnout, we need to have an understanding of some of the systems that social workers

encounter and explore how these systems contribute to burnout. Bronfenbrenner's

Ecological Systems theory explains human development based on the ecological system

which is made up of five subsystems that reflect one's environment. These systems range

from the micro-system which represents the relationships of one's immediate

environment such as their family or those the individual is closest to, to the macro-system

which refers to institutional patterns reflecting one's culture such as belief systems and

customs (Bronfenbrenner, 1994).

Exploring the subsystems of the health care social worker utilizing

Bronfenbrenner's Ecological Systems perspective the micro-system would represent

one's family, friends and co-workers. The meso-system of the health care social worker

could represent one's work place and community followed by the exo-system

representing their beliefs based upon their social work education and prior work

experience. The macro-system may represent the greater society that they are a part of

and the implications of their society. With respect to this research the current economy

and health care policies as well as the individuals culture and belief system will be

considered. Finally the chrono-system would represent the individuals worldview

including their generational worldview, based on their age and experience as part of their

identified generation as well as their cultural worldview as an individual living in the

United States.

Macrosystem
Attitudes and ideologies of the culture

Exosystem

Neighbours   Social
                                              services

Mesosystem

Microsystem

Family   School

Individual
(sex, age,
health, etc)

Church   Peers

Mass   Health   Industry
media   services

Local politics
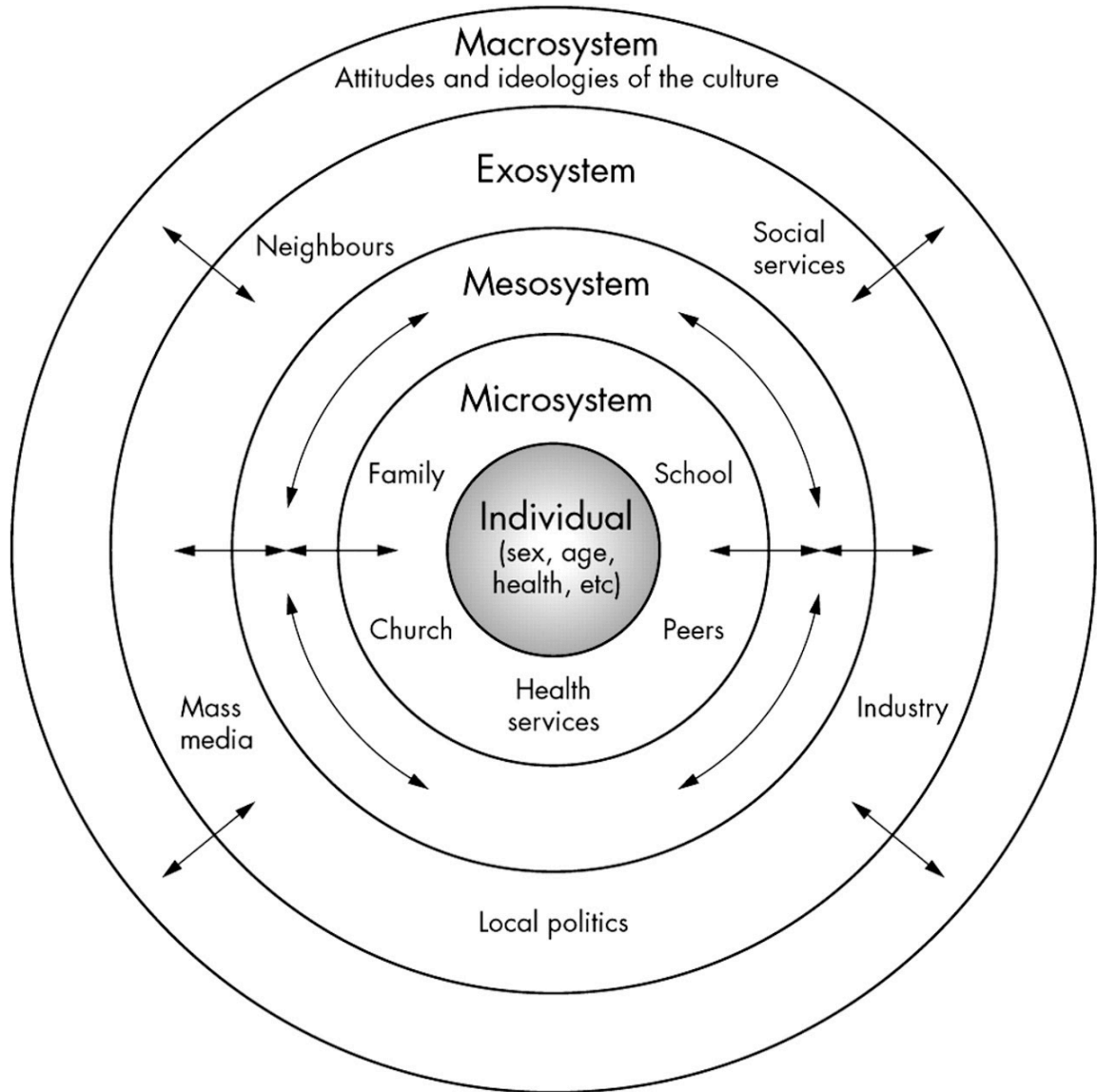
Figure 1: Brofenbrenner's Ecological Systems Theory (adapted from Santrock & Yussen, 1992).

As an individual's micro and meso-systems are uniquely based upon their immediate environments of family and workplace/s and greatly varies from person to person, this framework will begin by exploring the exo-system of the health care social worker. Recognizing that the health care social worker's exo-system may represent their prior social work education and work experience, one of the systems influencing the

ecological system is the Council for Social Work Education (CSWE). CSWE devotes

itself to preparing well educated individuals for the field of social work. Although CSWE

has an extensive accreditation process, with specific criteria that baccalaureate and

graduate social work programs must go through to be accredited, there still is significant

diversity among those programs. CSWE (2011) states that beyond their education policy

and accreditation standards there is great diversity within the content, concentrations and

resources utilized within the course. Providing coursework focused on meditation and its

uses for self care or as an integrative part of clinical practice ends up being at the

discretion of the institution. Due to current standards, in many settings, such as the

University of St Thomas & St. Catherine University, School of Social Work coursework

with an emphasis on meditation is only offered as an elective option. With the high costs

of furthering education and the limited availability of institutions providing this

integrative coursework, social workers who are beginning their practice may not have the

background from their coursework to utilize meditation as a tool for preventing burnout,

or to integrate into their practice settings.

   Considering the macro-system of the health care social worker, the health care

system as described within the literature often produces a very stressful environment.

The stress is both endemic and systematic. The literature provides several examples of

why social workers in the health care field are experiencing stress and burnout from the

unmanageable workload to the struggle for power within the hierarchy of the care team

(Center for Health Workforce Studies & NASW Center for Workforce Studies, 2008;

Taylor-Brown et al., 1981) Within the health care system there are several contributing

systems that intersect increasing stress levels for social workers. One of these systems is

the financial system, which in itself has several contributing systems, that affect those

working in and receiving medical care. Specifically Medicare and Medicaid and the

limitations of reimbursement that they have for both practitioners as well as patients.

With the current economy experiencing serious budget cuts to public health care

(Johnson et al., 2011) and the cost of health care increasing both those working within the

health care system as well as those receiving care are being directly affected by this

budget crisis.

      Finally, taking into consideration the health care social worker's chrono-system,

the outermost layer of the ecological system, two significant factors to be considered are

the individuals age and generational worldview as well as their Western worldview.

Although age will vary from social worker to social worker, an individual's generational

worldview may directly affect their experience of burnout as well as their understanding

of meditation. Though Eastern practices of meditation are becoming more prominent in

the West (Vohra-Gupta et al., 2007) there are still barriers to this movement. Davich

(1998) identifies barriers from doubts and fears of practicing meditation to common

misconceptions to what meditation is or might be. Some of the common misconceptions

include thinking that practicing meditation is a religion, that it is like being hypnotized

and that there is a right and wrong way to practice meditation (Davich, 1998). These are

just a few of the misconceptions about meditation that limit of the Western worldview of

meditation.

Understanding the experience

Understanding the ecological system of the health care social worker and the systems within it that influence stress levels and burnout for social workers in the health care field, as well as the philosophies that explain how meditation can serve as a protective and restorative practice against stress and suffering leads to the important exploration of the social workers experience of practicing meditation. By understanding the experience of social workers who work in the health care field and practice meditation, we can learn not only how this practice strengthens these individuals, but the barriers and challenges that social workers face in their practice of meditation. This information is important not only in the effort to provide better service to clients by actively influencing the systems that contribute to burnout, it is also important to be aware of in preparing the social worker to be more present in their interactions with clients.

Methods

Research Question

The question being addressed in this research is, in the system of health care where social workers are vulnerable to burnout, what is the essence of the social worker's experience of practicing meditation?

Population & Recruitment

To conduct this phenomenology, the researcher utilized a network of social workers who had prior experience working with in various health care settings. From these individuals the researcher began a purposive, snowball sampling from an urban area

in Minnesota. The participants were contacted via a secured, email account and invited to participate in an interview.

Data Collection

The primary goal of a phenomenology is to describe as accurately as possible the phenomenon of the given framework, while remaining true to the perspectives of those involved. To aim for this goal, the researcher conducted semi-structured interviews with each participant, utilizing both open and close-ended questions to provide the participant the space to share his or her perspective and experiences without bias from the researcher. The first section of the interview schedule included a brief, introductory survey (see Appendix A) to gain a better understanding of the demographics of the population. Following the survey the interview began with a few questions to gather information about the participant's background and professional health care experience. The rest of the interview schedule focused on gaining an understanding of the participant's experience of meditation including several follow-up questions for the purposes of exploring the various types of meditation that the participant has practiced whether short term in an exploratory fashion and/or any long-term meditation practices that they had adopted. The interview also worked to gain an understanding of the challenges that participants face in practicing meditation as well as professional and personal benefits experienced due to meditation. Although the interview schedule consisted of eight set questions and ten follow up questions (see Appendix B), the interviews often required additional prompting questions and tangents to be explored with the purpose of keeping the conversation focused on the participants' experiences.

Protection of participants

Those who chose to participate in this research study were given every protection available. Prior to conducting this study the researcher gained approval from the University of St. Thomas Institutional Review Board to assure the protection of any human subjects participating in the research. During recruitment the researcher utilized, a secure, email account to contact and recruit individuals to participate. Those who agreed to be interviewed were required to sign a written consent form which informed them of any potential risks that may have occurred by participating in this research. The consent to participating in the interview also ensured that their personal information would be kept confidential, secure and destroyed upon completion of the research study (see Appendix C).

Data Explication

The first step of the data explication occurred as the data was being collected. This step involved taking thorough field notes which included environmental information that provided the researcher insight when reviewing the interview as well as any significant thoughts or experiences the researcher had throughout the course of the interview. Initially this may have happened during the interview, but was also done by listening to the entire interview within twenty-four hours of its occurrence. After the data was audio recorded and transcribed by the researcher, the researcher began to generate codes from the data, focusing intently on the participant's insight to delineate meaning. Once the data was coded the researcher searched for themes by identifying patterns of meaning within the transcriptions. Themes identified represent significant thoughts or

ideas which the participant conveyed through their interview. From these themes the

researcher began to identify the essence of the social workers' experience of practicing

meditation while intentionally focusing on accurately revealing the participants' thoughts

and ideas.

Findings

Participant Demographics

The participants recruited for this research were practicing licensed social workers

who work in a health care setting and who have experience practicing meditation (see

Appendix D). Participants' work varied within the spectrum of health care settings

however included experience working directly with clients and other medical

professionals. The age range of participants' was from 26 to 60 with the mean age being

51. Eight participants were female and one participant was male. All participants

identified as caucasian. There were a variety of religious affiliations represented with in

the sample including: non-denominational, Buddhist, non-practicing Christian, Unitarian

Universalism, Lutheran and not religious. Health care settings represented were both

publicly and privately funded hospitals, out-patient mental health clinics, hospice and/or

home care. Participants' level of experience practicing meditation also varied including;

prior experience with practicing meditation, beginning to explore meditation or a more

devoted, regular practice. Meditation modalities that were represented include:

Transcendental Meditation (TM), Mindfulness Meditation and Mindfulness Based Stress

Reduction (MBSR), sitting meditation, walking meditation, yoga, guided imagery, Tai

Chi, Qi Gong as well as a variety of techniques to increase one's awareness and create a

sense of calm and release from the moment.

Meditation takes discipline

One of the most significant findings in this research was the common struggle of

self-discipline that individuals face in their meditation practice. Whether the individual

has practiced meditation for several years or is new to the practice nearly all of the social

workers interviewed for this research identified self-discipline as a challenge they face in

their practice. One participant put into words what this entails from the discipline of

finding time to the distractions that cloud one's ability to discipline oneself,

> I mean certainly one challenge is just, is just the discipline of making time for it
>
> [...] but there's so many distractions, you know the computer's sitting there, and
>
> you know you wonder about "what might be on that email?" ooorrrr um, you
>
> know I mean there's just a lot of things that are distractions.

Another way that several participants described their challenge of self discipline was

through recognizing the feeling of having a lack of time and space to give to meditation.

"You know it's really, you have to or either find a quiet corner somewhere or discipline

yourself not to engage and that's a, that's always, that's always a challenge." Another

participant describes, "I mean the only barrier is going to be myself. You know the only

barrier is I'm going to create it to not having enough time, not making enough time."

Another participant described the challenge of personal discipline amongst the other

responsibilities of life. "In my own life I think is the challenge of just um giving it the

priority... I have a lot of competing priorities. Always a little overbooked. (laughs) And,

And so it's a challenge." Another participant shared, "[...] I mean meditation is a very

challenging thing to do. Um it's simple, but it's hard to do. Ahh in the sense of um..

having consistency." Within this challenge of self-discipline participants were able to

recognize that even though they had to discipline themselves to meditate, often wishing

they practiced more often, participants recognized that when they did meditate it made

their day better. "When I do discipline myself and I meditate in the morning, I feel that

the rest of my day is usually better." Another participant describes this struggle as she

sees it within herself as well as her clients,

> **[...]** but yet again I definitely see a lot of room for improvement, room for.. doing
>
> medita., yeah even just 5 or 10 or 15 minutes a day and.. It's funny cause it's like I
>
> tell my patient's every day you know, just like 5 minutes, like all I want you to do
>
> is just 5 minutes and you can do it. And it's like, and then it's difficult.

Though the individuals interviewed all had positive associations with practicing

meditation every participant experienced the challenge of self discipline, whether they

had been practicing for two years or twenty years it appeared to be a challenge for each

individual. Along with this finding was the understanding that whatever level of

commitment the individual was able to put toward their practice, it was not seen as a

waste of time. If the participant meditated daily or every once in a while, the practice was

still seen as beneficial.

Value of coping skills

Another very significant finding was the level of importance that participants

believed the utilization of coping skills is in preventing burnout. Given a scale of one to

ten, with one being not important and ten being essential, seventy-eight percent of

participants responded with an answer of ten, stating that the utilization of coping skills

in preventing burnout is essential. One participant describes this simply by stating, "I

think it's very important, I mean I would say ten because it's such an easy job to get

burned out in." Though twenty-two percent responded lower than ten, the lowest

response given was an eight, still giving significant importance to coping skills. One

respondent who answered less than ten described,

> I'd say for me it's more like a nine, however the reason that I say an eight is
>
> because there are people out there who are just super resilient and they, I   mean
>
> I've had friends like that and they just go go go, and not get enough sleep, not do
>
> any of the self-care activities, and still are doing ok. and that's not me.. So I mean
>
> it's kind of like, say eight cause I know there are some that have some natural
>
> ability to not need self-care. I think it definitely raises the question of how long
>
> does that last.

The data presented from this question directly relates to the question which followed in

the interview asking participants how they felt meditation was a preventative practice

from burnout. Although the responses of both of these questions are very important

pieces of each individuals experience, the findings also become a limitation of the study

as the voices representing the essence of the health care social worker's experience are

skewed.

Meditation in social work education

Depending on how long ago participants completed their social work education had a direct influence in whether or not they had the opportunity to learn about meditation in their social work program. Participants who graduated less than ten years ago typically had opportunities to learn about meditation in their social work program, where as more than ten years ago this option was much less prevalent. More recent graduates described, "I finished my MSW in the spring of 2010...And I never really knew until I went into my masters program and I took an elective". Another graduate from 2004 stated,

So I got my masters in 2004, spring of 2004... Yeah I probably did, let me think about that. Part of, partly because of just some of my co-students, were um kinda into different we'll say "new-agey", I don't know how to it things. So we would kinda share experiences with each other. And then there was a class I took that was spirituality and social work that kinda touches on that as well.

On the other hand, participants who graduated more than ten years ago described a lack of opportunities to learn about meditation. One participant stated, "NO.. I don't remember anything about anything, but you know but remember I got my degree in 85 so it's a really long time ago (laughing)." Another participant stated, "Let's see.. since 1986 sooo thats lets 20 some years... No there was nothing like that." Another participant who completed their education in 1982 described, "No, I didn't, I didn't, that wasn't a focus at all back then." Participants who graduated less than ten years ago typically had opportunities to learn about meditation in their social work program, where as more than ten years ago this option was much less prevalent. The theme of options for further

education where meditation is incorporated as well as a greater acceptance for meditation

practices in the last ten to fifteen years was an understanding shared by many.

Support in relation to professional environment

An interesting finding regarding support for social workers was identified in this

research. The level of support individuals expressed feeling, both practicing meditation

for self-care as well as incorporating it into their social work practice varied both in

private verses publicly funded, health care organizations as well as with treatment-based

care verses hospice care. One participant who works in a publicly funded health care

organization described,

So absolutely the (publicly funded health care organization) 100% supports us.

You know financially to pay this person to come in and teach the yoga class. Um

like even my supervisor, like we talk about it all the time [...] And it's (meditation)

definitely supported for us to be able to do that in session [...] no I wouldn't say

there's anything about the hospital or the (public) system that would inhibit it

(meditation practice) at all. Um you know and again, especially with the patients

too it's, I do my own scheduling. So for example if there was a patient that I

would typically spend a half an hour with I would have the flexibility to say the

next time I see you I want to see you for an hour because I want to spend a half

and hour of meditation.

Another participant described her impression of the organization she works at as

"[...]it was great too cause the (public hospital) sent and paid for the tuition cause they

also really value this which is lovely." Whereas participants who worked in publicly

funded health care organizations seemed to feel very supported in their meditation practice and in integrating meditation into their practice with clients, the experiences of those who worked in the private sector were different. One respondent from a private health care organization stated,

> [...] there's so much more going on out there than you know we're ready to endorse medically but I, I get how that works, it takes time [...] I haven't heard it discussed in terms of personal wellness recommendations kinda stuff, but I don't hear anybody not supporting it. Have they said, have a meditation break everyday? Um not exactly. Do I take one.. many days.

Meditation provides strength and well-being

Each participant who was interviewed for this research identified ways that practicing meditation was strengthening and enhanced well-being. Whether it provided strength and greater awareness to their personal lives or influenced the way that individuals provided support to their client population each participant identified meditation as a positive practice. One participant described their meditation experience to increasing their confidence, "[...] having more confidence and feeling more like wherever I'm at, I'm ok kind of thing. Rather than comparing yourself to where you could be or where you used to be." Another participant described how their meditation practice reduced their anxiety about work, "[...] you know I think mindfulness has helped a lot with, you know don't get anxious about what might be facing you when you go into work." Another participant shared, "[...] I see it as preventative (from burnout) in the sense of being it helps to shift out of the chatter of the difficulty.. that the patients bring

into the room [...]" Several participants described how meditation brings them a greater sense of awareness and grounds them not only as an individual, but in their social work practice as well. One participant described their experience as, "It (meditation), it makes me more grounded, less stressed, Kinda helps, helps me be calm, I think it makes me better person and a better social worker, more available there for the people I see." Another participant described the sense of healing that they experience from grounding themselves with meditation, "Just the fact of opening in that particular way and staying grounded in that way creates a certain vulnerability which in and of itself is healing." Another participant described how her meditation influenced how she felt in her body, and how she processed happenings in life,

> But then when I, so think that there are those immediate affects, but I think the cumulative affects are there too, so when you practice for months and years.... You know I feel more clarity, I feel more in tune with my physical body, symptoms and sensations, habits and I'm more aware of my process of thinking about things. um I think I'm more sensitive person because it, it teaches I feel, it teaches me to slow down and pay attention to things.

Another participant describes how meditation allowed her to be more present at work, while saving her spiritual life and helping her to live with life as it is.

> I really um believe that since I started meditating it has really significantly altered my ability to be present to my work and to my life. And I've generated a better capacity for work life balance. And um I feel like it kind of saved my spiritual life in many ways. [...] I feel like I'm also able to be more um like I come off more

less controlling, I feel less controlling, I feel less caught on that hook of needing

to control how things happen. And so that's been very relieving.

Each participant had their own way of describing the essence of their individual

experience and how meditation contributed to their well-being and strengthened them

both personally and professionally. Though each individuals experience was unique to

their own being this common theme of meditation as a strength was woven throughout

the participants experiences.

Though each individual expressed their own unique experience, there were also

commonalities. Whether new to the practice or a long-time meditator all of the

participants in this research faced the common struggle of self discipline in making time

for their practice. Those who graduated within the last five to ten years typically had an

opportunity to learn about meditation practices in their social work education, where as

individuals who went to graduate school more than ten years ago were much less likely to

have this opportunity. All of the participants in this research identified meditation as a

coping skill with great value, as social workers in the health care field are vulnerable to

burnout. Participants identified practicing meditation as a strength, enhancing their

wellbeing in a variety of ways including increasing their awareness.

Though each participant found practicing meditation very important, there were

varying levels of support experienced by the health care organization they were affiliated

with. Those working in publicly funded health care organizations expressed greater

support both in maintaining their own self-care as well as incorporating meditation into

their practice with clients than those working in private health care organizations.

Additionally, those working in hospice or home care settings felt greater support than

when they had been working in more treatment-based care.

Discussion

The purpose of this research was to gain a better understanding of the essence of

the social worker's experience as they practice meditation and work within the system of

health care where social workers are at risk for burnout. Participants' experiences were

explored and their strengths and challenges personally and professionally were examined.

As a result, both the participant and researcher seemed to gain a better understanding of

the joys, challenges and hopes that were experienced with regard to meditation.

The participants who shared their experiences were often aligned with the existing

literature. One example was the importance participants placed on coping skills in

preventing burnout. Arrington (2008) found that reestablishing one's sense of competence

and control to alleviate work stress seemed quite daunting, however, with useful coping

skills what may seem daunting can become an attainable goal. Ben-Zur and Michael

(2007) argue that in order to provide quality service, health care professionals should

have information and coping skills to be able to effectively manage the stressors they

encounter in their work environment. The current study found that given a scale of one to

ten, with one being not important and ten being essential, seventy-eight percent of

participants responded with an answer of ten, stating that the utilization of coping skills

in preventing burnout is essential. Though twenty-two percent responded lower than ten,

the lowest response given was an eight, still giving significant importance to coping

skills. One participant shared "I think it's [coping skills] very important, I mean I would

say ten because it's such an easy job to get burned out in." As social workers continue to strive to serve their clients within a system where they are vulnerable to burnout, the participants of this research shared a strong value for coping skills.

Along with the common value placed on coping skills, the participants of this study were consistent with the literature in their belief that practicing meditation enhanced their personal well-being as well as prepared them to be more present with their client populations. Just as Williams et al. (2010) found that practicing meditation not only helps to prevent burnout, it also assists social workers in their ability to be present for their clients. One participant shared,

> And that's the thing that I find to be the most important. um capacity for working in health care is the ability to be truly present... Um.. cause people know, [laughing] people can feel the difference. ... um, so I think that the, the meditation practice has helped that and supported that.

Along with providing awareness to increase one's ability to be present with clients participants reported that practicing meditation helped ground them, bring a sense of calm and relaxation into their lives, increased their confidence and reduced overall stress levels.

Though the individuals interviewed all had positive associations with practicing meditation every participant experienced the challenge of self discipline, whether they had been practicing for two years or twenty years, self discipline appeared to be a challenge for each participant. Though there was very little evidence in the literature regarding the challenges and barriers that individuals face in relation to their meditation

practice. The experiences represented in this study described meditation as a very

valuable practice that one could continually improve through self discipline. Although

each participant described their own internal experience as a challenge in practicing

meditation, whether the participant had a very devoted practice or meditated every now

and then, the importance and value they placed on meditation remained very positive and

consistent. One participant stated "[...] you know they describe that the intention is what's

important not the amount of time that you do it." Foley (2006) described a similar

experience, "Meditation will always be catch-as-catch-can for me, but even an imperfect

practice works...(p. 7)." Though participants expressed they could always be improving

their practice, whenever they were able to take time to meditate, it was never regretted.

The amount of time that past since participants completed their social work

education had direct influence in whether or not they had the opportunity to learn about

meditation in their social work program. This phenomenon may be explained by

Ecological Systems Theory. As mentioned previously, the exo-system may represent

one's political, economic or educational system and the chrono-system represents one's

generational worldview based on time. Using Ecological Systems theory and taking into

consideration these systems, the time when participants received their social work

education can be looked at as what was happening in the world at that time and what was

impacting one's worldview. One participant described her experience in relation to the

chrono-system well in her response to being asked if she had an opportunity to learn

about meditation in her social work education. "So that was 1984, so oh my God... I

mean, I guess I could have done it as independent study if I'd thought about it, but it

wasn't really talked about back then." This theoretical framework is reflected in the

research as, social workers have had more opportunities to learn about meditation

through their social work programs in the last ten years. As research has continued to

bring awareness toward incorporating meditation into social work practice, educational

systems have begun to incorporate it into their curriculum.

The degree of opportunity to learn about meditation was also explained through

the meso-system which represents one's community in a variety of ways. One participant

explained that living in urban Minnesota had brought more opportunities to practice

meditation in an encouraging environment than Arkansas, where she had previously

lived, "It's so much more open in the Twin Cities than where I was in Arkansas. There's

just not as much, I mean it's smaller. But there's not as much, wadn't as much goin on

when I was there." This could be in relation to the chrono-system which describes one's

chronological worldview, but may also be a reflection of the opportunities and available

to her in her community.

Another finding that resulted from the data was the level of support individuals

expressed in relation to their professional environment. Participants expressed their

thoughts regarding support from their place of employment both in regard to practicing

meditation for self-care as well as incorporating it into their practice. Although each

participant's experience was unique, it appeared that publicly funded health care

organizations were more supportive in regards to both supporting an employee's self care

practices as well as supporting meditation focused treatments. Another branch of health

care that appeared to have significant support for integrative therapies and more focus on

meditation was through hospice or palliative care programs. Although all participants felt that self care and meditation practices were encouraged by their professional organization, participants who represented private health care organizations expressed that their organizations provided more lip-service than actively providing support.

Strengths and Limitations

One of the limitations of this study is that the findings of this research are unique to the individuals who participated. This is due to the recruitment and sample size of this research. Additionally the sample of social workers represented in this research were recruited solely from an urban setting, therefore the results from this research do not represent any voices from a rural setting. Therefore no generalizations can be made regarding health care social workers from the knowledge gained from this study. Another limitation of this study is that all of the participants in this research had positive feelings toward meditation. Though the essence of their experiences was explored, the current study does not examine the experiences of those who had negative feelings regarding meditation. Although this study is based on a phenomenological design where the researcher's intention is to reveal the thoughts and ideas of the participants, results may be influenced by the researcher's personal biases and idiosyncrasies. The researcher's personal bias includes a belief that practicing meditation can lead to a greater awareness and sense of peace for those who practice. Additionally, this researcher believes that consistent meditation practice is acquired through a disciplined level of commitment. Despite all intentions to intentionally and accurately portray the findings of the research, the researcher is aware of her biases toward the practices of mediation.

One of the strengths of this research design is that the intention is to directly reflect the experiences of those interviewed. In the explication of the data and in revealing the findings of this study, the researcher essentially mirrored the thoughts and ideas of the participants, who provided a wealth of insight regarding the essence of their experiences.

Although there were a limited number of participants, this research is useful as it provides in-depth knowledge about the issues that these social workers face in their experience of meditation, as well as how it has been a strengthening practice for many. Although it only reflects the voices of a few social workers, this research may add to the chorus of others' research, influencing policy and practice.

Implications for social work practice and policy

Both the literature and the experiences of the social workers who participated in this research found that through the practice of meditation social workers have increased awareness and feel more present with their client populations. Also, many participants expressed feeling less burnout as they utilized various methods of meditation as coping skills which provided greater work/life balance. As mentioned previously, though the voices shared in this research are few they add to a greater chorus of experiences of social workers who are working in health care today. Their voices bring light to the need for support throughout the profession in both the personal practice of meditation as well as support for the incorporation of meditation into social work practice. An important place for this to begin is in social work education to provide future social workers with the knowledge and experience to bring into practice. It is also important to be advocating for

support for meditation and other integrative therapies on a macro level, so that

individuals working in the field may feel supported in offering this valuable tool to those

they encounter in their practice settings.

Implications for future research

Throughout the course of conducting this research it became apparent that

although the stories shared by participants are very important and need to be shared there

are still many voices that were not apart of this research. As mentioned in the limitations

of this research the participants represented in this research were all working in urban

settings. In future research it would be important to include individuals working in rural

health care settings to learn how their experiences vary from those in an urban setting.

Although each participant had a different level of investment in their personal practice,

all of the participants in this research had an appreciation for meditation and shared both

the ways that meditation enhanced their lives as well as the challenges and barriers that

they faced in regard to their meditation. In order to gather another layer of information

about the challenges or barriers that social workers face with regard to meditation, it

would be important to include in the research social workers who have tried meditation

and found that it did not work for them.

Another factor in need of further exploration is the rates of burnout among

individuals who work in critical and/or palliative care verses general health care. As

research on this population has begun to be explored this area of health care has shown to

be more vulnerable to burnout. In relation to this research it would be interesting to learn

what individuals in this population are doing for self care as well as any barriers or

challenges that they are facing in relation to the system of health care they are immersed in.

Conclusion

As the literature and the experiences of nine licensed practicing social workers described, work within the system of health care is challenging and increases one's vulnerability for burnout. Through phenomenological design this research explored the essence of the health care social worker's experience with meditation. The nine social workers who shared their experience expressed the ways that various meditation modalities bring them joy and well-being, as well as how meditation affects the work that they do as a social worker. Participants both described ways that their personal meditation practice enhanced their ability to be present with their clients, as well as provided them with skills to bring to those they encounter in their professional practice. This study also explored the essence of the social worker's experience in regard to the challenges or barriers that participants have encountered. On a personal level participants expressed internal challenges of discipline and commitment, also examining the level of support they have encountered from their place of employment and greater professional organizations.

Overall the essence of the health care social worker's experience with meditation though unique to each individual, brings light to the possibilities for not only nurtured and healthy social workers, but the experiences of these nine also bring awareness to the possibilities of how meditation may enhance social work practice. As research works toward best practice and how to influence policy to enhance the lives of the greater

population is explored, it is important that experiences be shared to bring opportunity for

greater well-being and life balance to all.

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Appendix A: Demographic Survey

What is your age? _____

What is your gender? _____

What race do you identify as? _____

Are you affiliated with any religion? If so what is your religious affiliation?

_____

Appendix B: Interview Schedule

1. How long have you been practicing social work?

2. Do you currently work in a medical setting, if so what type (i.e., Hospital, home care, skilled nursing facility, clinic, etc)? If not tell me about when you were working in a health care setting.

3. How long have you worked in a health care setting/s?

4. On a scale of 1 -10 (1= not important, 10 = essential) To what level of importance do you believe utilizing coping skills are in preventing burnout for social workers in the field of health care?

5. How do you feel that meditation is preventative practice from burnout?

6. Tell me about your experience with practicing meditation. (The following are questions that maybe asked to learn more about the social worker's experience, however ideally the participant would lead this portion of the interview)

    a. What types of meditation have you practiced?

    b. Why did you start practicing meditation

    c. How did you learn about or begin practicing meditation?

    d. Did you have an opportunity to learn about meditation through your social work education?

    e. How long have you been practicing meditation?

    f. Does practicing meditation enhance your wellbeing??

    g. Have you run into any challenges or barriers with practicing meditation?

    h. Does your meditation practice strengthen you? How?

    i. Does your meditation practice serve as coping skill and/or prevent burnout for you?

    j. Do you feel supported to practice meditation as a social worker? either by your place of employment, or by professional organizations such as NASW or the Board of SW?

k. Have you had opportunities for continuing education or training that have focused on or incorporated meditation?

l. Are there any systems that you are a part of due to your work in health care that either support or inhibit your meditation practice?

7. Do you incorporate meditation into your practice as a social worker? how? Do you feel supported to do this?

8. Is there anything else that you would like me to know to better understand your experience of practicing meditation?

Appendix C: Consent Form

CONSENT FORM

Please read this form and ask any questions you may have before agreeing to participate in the study.

Please keep a copy of this form for your records.

Project Name	Clinical Research Proposal – Social Work & Meditation	IRB Tracking Number	281268-1
General Information Statement about the study:			
Social workers, working in the field of health care are vulnerable to burnout. This research will explore the experience of social workers who have worked in this environment and who practice meditation.			
You are invited to participate in this research. You were selected as a possible participant for this study because:			
You are a licensed social worker who has worked in a health care setting and have experience practicing meditation. Your level of experience practicing meditation may range from just beginning to explore it, to having a more devoted regular practice.			
Study is being conducted by:	Laura L. Robinson		
Research Advisor (if applicable):	Dr. Felicia Sy		
Department Affiliation:	Social Work		
Background Information The purpose of the study is:			
The purpose of this study is to explore the essence of the experience of social workers working in the health care field that practice meditation. My hope is to better understand how practicing meditation benefits both your professional and personal life, as well as the challenges that you face in regard to your practice of meditation.			
Procedures If you agree to be in the study, you will be asked to do the following: State specifically what the subjects will be doing, including if they will be performing any tasks. Include any information about assignment to study groups, length of time for participation, frequency of procedures, audio taping, etc.			
Participate in an audio taped interview with me, which should take 45 minutes to an hour.			
Risks and Benefits of being in the study			
The risks involved for participating in the study are:			

The study is very low risk, however due to the approximate time committment of 45 minutes to an hour it may take time away from your typical responsibilities during this time. Additionally in exploring your experience of meditation, there may be prior, emotionally sensitive experiences that may arise in our conversation.

The direct benefits you will receive from participating in the study are:

There are no direct benefits for participating in this study.

Compensation

Details of compensation (if and when disbursement will occur and conditions of compensation) include:

Note: In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment and follow-up care as needed. Payment for any such treatment must be provided by you or your third party payer if any (such as health insurance, Medicare, etc.).

Not applicable

Confidentiality

The records of this study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify you in any way. The types of records, who will have access to records and when they will be destroyed as a result of this study include:

The types of records I will create include an audio file of the interview which will be transcribed into a word document, these files will be stored in a password protected file where only my advisor, Dr. Felecia Sy and I will have access to them. After graduation from this program, May 31, 2012, all data will be destroyed and erased.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the date\time specified in the study.

You are also free to skip any questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s).

There is no exception, you may skip any question that you do not wish to answer.

| Should you decide to withdraw, data collected about you will be erased and omitted from this study. | |

Contacts and Questions

You may contact any of the resources listed below with questions or concerns about the study.

| Researcher name | Laura L. Robinson |

Researcher email	llrobinson@stkate.edu
Researcher phone	(651) 764-5761
Research Advisor name	Dr. Felicia Sy
Research Advisor email	felicia.sy@stthomas.edu
Research Advisor phone	651.962.5813
UST IRB Office	651.962.5341

Statement of Consent

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.

Signature of Study Participant Electronic signature		Date	
Print Name of Study Participant			
Signature of Parent or Guardian (if applicable) Electronic Signature		Date	
Print Name of Parent or Guardian (if applicable)			
Signature of Researcher Electronic signature*		Date	
Print Name of Researcher	Laura L. Robinson		

*Electronic signatures certify that::

The signatory agrees that he or she is aware of the polities on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.

- The information provided in this form is true and accurate.
- The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.
- The research will not be initiated and subjects cannot be recruited until final approval is granted.

Appendix D: Participant Demographics

Methods of Meditation Represented		
Mindfulness Based Stress Reduction (MSRB)	Mindfulness	Sitting Meditation
Transcendental Meditation (TM)	Walking Meditation	Tai Chi
The Friedlander system	Guided Imagery	Qi Gong
Loving-Kindness	Yoga	Listening Meditation
** Variety of calming techniques to increase awareness		

Participants Ages		
26	53	59
38	53	60
52	59	60

Years of Social Work Practice Represented		
1 1/2	20	27
7	21	31
8	25	32

Religious Affiliations Represented		
Buddhist	Non-practicing Christian	Unitarian Universalism
Non-denominational	Lutheran	Not religious

Race and Gender		
** All participants identified as caucasian		
Female Participants = 8	Male Participants = 1	