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PILGRIMS TOGETHER: LEVERAGING COMMUNITY PARTNERSHIPS TO ENHANCE WORKPLACE RESILIENCE

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ABSTRACT

Many of today's healthcare personnel find themselves in a double-bind. The question is how to remain connected, caring and compassionate with patients, while mitigating the impact of chronic workplace stress? Mindfulness is emerging as a means to address this dilemma; it has the potential to both reduce workplace stress and boost employee resilience, while enhancing the patient experience. This article describes the development of a unique collaboration between local hospitals, primary care teams and a university, aimed at bringing mindfulness to life in healthcare. This is a conventional story of program development and evaluation, as well as an unconventional story of personal discovery, community-building, and organizational transformation. Each section of the paper highlights a critical success factor that we have uncovered in our journey, and poses a series of questions for contemplation. This paper aims to fill a gap in the literature by describing the key ingredients for developing and sustaining collaborations aimed at integrating mindfulness into the healthcare system.

KEYWORDS: Mindfulness, Education, Healthcare, Collaboration, Interprofessional

"They were nothing more than people, by themselves. Even paired, any pairing, they would have been nothing more than people by themselves. But all together, they have become the heart and muscles and mind of something perilous and new, something strange and growing and great. Together, all together, they are the instruments of change."

Keri Hulme, The Bone People[1 p4]

INTRODUCTION

Mindfulness is ubiquitous nowadays; it's on Oprah and smartphone apps, written up in scientific articles, and practiced in boardrooms and children's classrooms. Studies over the past three decades have linked mindfulness—that is, *present moment awareness, coupled with an attitude of openness and non-judgement*—to enhanced health outcomes and quality of life for patients with a wide range of diagnoses[2]. Furthermore, mindfulness has been associated with compassion for self and others, including improved therapeutic relationships[3-6]. This is an important development because workplace stress and burnout is increasing among healthcare professionals[7-9], while patient advocates are calling for *more* compassion and empathy[10-11]. Patient experiences have been correlated with the quality of interactions with caregivers[12]. Many of today's healthcare personnel* find themselves in a double-bind. The question is how to remain connected, caring and compassionate with patients, while mitigating the impact of chronic workplace stress?

Mindfulness is emerging as a means to address this dilemma as it has the potential to both reduce workplace stress and boost employee resilience, while enhancing the patient experience[5, 13-14]. However, few senior leaders in healthcare are aware of the benefits of mindfulness. After all, on the outside it looks like participants are sitting and doing nothing…a cardinal sin in this age of efficiency, effectiveness and "zero waste". Even in organizations that offer mindfulness courses, often these are framed as a "nice-to-do" employee benefit, but not really relevant to the strategic goals of the organization. How can mindfulness be entrenched in the organization's culture, and not just be a passing fad? How can leaders be engaged? How can a sustainable mindfulness program be developed? Can change be measured? To date little has

* We use "healthcare personnel" to refer to anyone working in a healthcare organization, including: physicians, nurses, social workers and other professionals providing direct care to patients; administrative and support staff; leaders and managers; and faculty members and educators responsible for teaching and mentoring students in a variety of health-related professions. A "healthcare organization" is any institution responsible for delivering health-related services directly to patients/clients, including: hospitals, primary care teams, nursing homes and community care organizations.

been published about mindfulness program development in a healthcare setting. Herein we fill this gap by describing the development of the Discovering Resilience Collaboration, an inter-professional, multi-institutional partnership that has emerged to support healthcare in the Hamilton Ontario community.* (See Table 1 for details of the Collaboration).

- **Where?** Hamilton, Ontario, Canada
- **What?** A multi-institutional partnership to promote the integration of mindfulness in self-care, patient care, teaching and inter-professional teamwork through affordable mindfulness based courses specially tailored to the needs of healthcare personnel.
- **Who?** Partners include an academic partner who provides infrastructure to run mindfulness courses (McMaster Faculty of Health Sciences' Program for Faculty Development), as well as four healthcare organizations who contribute funding, staff time and leadership support to the collaboration: two tertiary care hospitals (Hamilton Health Sciences and St. Joseph's Healthcare Hamilton), and two primary care health teams (Hamilton Family Health Team and McMaster Family Health Team).
- **When?** First pilot course launched in 2011; the Collaboration now offers three different mindfulness courses/year, with 125 healthcare personnel annually; in Fall 2015 over 450 graduates of these courses were working in partner organizations.
- **Why?** The goals of the Collaboration are to transform organizational cultures by: promoting resilience, health and well-being within healthcare environments through mindfulness practice; enabling healthcare personnel to engage skillfully with suffering and deepen compassion towards oneself and others; supporting development of strategies to integrate mindfulness in clinical and educational practices, particularly in inter-professional team settings.

Table 1 The Discovering Resilience Collaboration 5 W's

This is a conventional story of program development and evaluation, as well as an unconventional story of personal discovery, community-building, and organizational transformation. By interweaving narrative, metaphor, reflection and analysis, this paper tries to capture both the pragmatic structure and the emotional texture of this endeavor. The metaphor of *pilgrimage* is used as an organizing framework to describe the development of our collaboration. By sharing our successes and mistakes, our sources of inspiration, and our emerging wisdom, we hope our story of discovering resilience (individually and collectively) will encourage other organizations to take up the challenge of bringing the balm of mindfulness to their own suffering staff. In describing particular moments when opportunities, teachers and champions arrived on

* We've chosen to tell this story in the first-person plural as it is our collective story. Andrea Frolic, the first chair of the Discovering Resilience Leadership Team, authored the story, with support from all members of the team: Ken Burgess (family physician); Savinna Frederiksen (social worker); Elaine Principi (chief of inter-professional practice); Valerie Spironello (social worker); Dr. Alan Taniguchi (palliative care physician); Dr. Michael Vesselago (family physician).

our doorstep, you are invited to reflect on the opportunities on your own doorstep, wherever that may be, and to ponder how the lessons we have learned might embolden your endeavors to support resilience in your workplace.

Each section of the paper highlights a lesson or *critical success factor*—an element that is necessary for an organization or project to achieve its mission—that we have uncovered in our journey, and poses a series of questions for your contemplation. The paper closes with reflections on what makes mindfulness-based organizational change uniquely challenging and rewarding as well as the distinctive resources and strategies required to make it work within the cultural milieu of healthcare.

I. HEEDING THE CALL

All pilgrimages start with a call; to leave the comfort or despair of a habit-driven life, to walk out the front door towards the horizon in search of…change. Some pilgrimages follow a clear, well-trodden path to a defined destination, like the Camino de Santiago. Others are freestyle, choose-your-own-adventures, punctuated by detours and "fits-and-starts" itineraries. But the call is the same…whether it be whispered by an unseen voice in the dark of night, or spoken by your physician squinting at your recent CT scan. Whatever the language used, whoever the speaker is, whatever the context, the message is the same—*Change your life*!

All of us involved in the endeavor that has come to be known as the "Discovering Resilience Collaboration" heard the call in different ways and at different times. For me, the call came in 2009.

After almost 10 years working as a bioethicist in hospitals, bearing witness to hundreds of tragic and morally complex cases, while raising two small children, I wasn't sure I could go on. My passion for my work in bioethics had enabled me to become a leader in my field. But gradually my belief in the purpose and meaning of my calling had drained away. Exhaustion, worry, self-reproach and a creeping sense of the futility of it all, dogged me day and night. "Before you decide to leave healthcare for a new career, try mindfulness meditation," suggested a beloved mentor, "It worked for me." So I enrolled in a Mindfulness Based Stress Reduction (MBSR) course. I never disclosed my feelings of despair to anyone at work; I told my boss that the course was a good professional development opportunity, as it would allow me to help *my clients* to manage *their stress* better. I returned to work, neither fixed nor stress-free, but newly-attuned to my own suffering, awakened to my own resilience and reconnected to the spirit of service that had brought me to healthcare. I had experienced first-hand the transformative potential

> Lesson 1: Change in the world starts with change in yourself; invest first in your own resilience.

of mindfulness to renew and revitalize and I was determined to develop my own practice and share mindfulness with others.

Reflective Questions

- What do you remember about your own calling to your profession? What motivated you and gave you the passion to pursue your calling? What has shifted over time? What has remained?
- What are you doing to actively promote your own resilience to continue the work?

II. GATHERING FELLOWS

No journey, not even a journey within, can be accomplished in isolation. Pilgrims require companionship to stay the long and treacherous course, as well as guides and the hospitality of strangers to provide nourishment and rest from day to day. Shortly after I finished the MBSR course, Dr. Denise Marshall, the Assistant Dean for the Program for Faculty Development (PFD) in the Faculty of Health Sciences at McMaster University became a fellow pilgrim. She asked me three extraordinary questions:

1. What is the one thing that could make a positive difference in our world of healthcare and education?
2. What would give you more joy at work?
3. How can I help?

I had my answers ready:

1. *Teach healthcare personnel to stop.* We witness some of the most horrendous human suffering, but we never slow down enough to take it in. All day long we run around, fixing, patching, discharging, driven by our task lists, our wait lists, and the overwhelming needs that surround us. We deliver care with technical proficiency, but too often it lacks compassion. We need to learn to be still, to reconnect with our own bodies, our own suffering, the suffering of our patients and our true calling as healers. By connecting with ourselves and our common humanity, we can connect with others authentically.
2. *Create a culture of mindfulness in healthcare.* Find a way to teach mindfulness practice to healthcare personnel and faculty in a way that would be accessible and meaningful to them, by developing a secular, evidence-based, experiential and academically-credible mindfulness curriculum.
3. *Give me space* in your faculty development program to pilot a mindfulness course.

Denise said, “Okay, I’m in the game…let’s see what happens.”

Lesson 2: Don't travel alone. Choose companions with a common purpose.

Recognizing a golden opportunity, I called a group of like-minded colleagues together to discuss possibilities. Each of us came to the project from different religious traditions, with different levels of experience with mindfulness practice, and from different professional backgrounds. However, we were united by a common purpose: the urgent need to provide space for self-reflection, self-care and professional renewal for our colleagues. We christened our enterprise, "Discovering Resilience." At the time we had no formal mandate, budget, or specific deliverables. We simply began to meet to dream, to discuss and to ready ourselves for the opportunity when it came.

In the fall of 2009 I met Dr. Chaban, a semi-retired palliative care social worker, theologian and thanatology researcher, with 20 years of experience integrating mindfulness practice into clinical care at end-of-life. She was starting the Applied Mindfulness Meditation Certificate Program in the Factor-Intewash School of Social Work at the University of Toronto. After a few of conversations, our commitment to common values and goals became clear, and Dr. Chaban agreed to bring her nascent curriculum to McMaster. We'd found our first teacher and we launched our first course in 2011.

Over time other pilgrims representing other healthcare organizations across Hamilton joined in our endeavor, eventually forming the DRLT: the Discovering Resilience Leadership Team. Each began his or her pilgrimage from a different place, but all were motivated by a common goal: to enhance the quality of care and teaching by empowering caregivers and faculty to listen to and care for themselves.

Reflective Questions

- Culture change cannot be accomplished alone. It requires a social movement. Many movements begin with just a handful of dedicated individuals. Who might be fellow pilgrims in your midst? Which of your colleagues share a common wish for a more mindful and healthy workplace?
- How can you begin to prepare yourselves to be champions of a mindful workplace…even if you don't know what that looks like or how you can accomplish it?

III. VALUES-BASED LEADERSHIP

Just as the raw material of the textile industry is cotton and other fabrics, the raw material of the healthcare industry is human suffering—the physical, emotional, social and existential suffering that accompanies illness, disability, trauma and death. Despite research indicating that compassion fatigue, burnout, moral distress and vicarious trauma are endemic in healthcare, these topics remain taboo in most organizations.

The mental and moral anguish that accompany challenging cases, and the physical toll of clinical work, are rarely discussed openly.

Lesson 3: Values and relationships drive quality in mindfulness programming.

Given the stigma attached to vulnerability and self-care amongst healthcare professionals, advocating for mindfulness can be challenging work. Knowing this, the DRLT has consciously cultivated relationships of support, to fortify and encourage one another at every step of our journey. While we value outcomes, our operational work tends to be relationship-centered and values-driven. These values emerged gradually and inductively through collective experience. They include:

- *Inter-professional collaboration:* The DRLT is comprised of people of diverse ages, experiences, educational backgrounds, professions and specializations, representing different healthcare organizations, both tertiary and primary care*. Traditional professional and institutional hierarchies are transcended by a sense of common purpose and the recognition that mindfulness is beneficial across professions and contexts.
- *Peace as the common root:* Mindfulness work is fundamentally peace work…the intention is to generate is greater peace within ourselves, between people and between institutions. We take care to conduct our business in a way that demonstrates care and respect for one another. This includes celebrating our individual and collective achievements, sharing struggles and tackling challenges collectively.
- *Reflective emergence*: Recognizing the trail-blazing nature of our collaboration, we approach the work as a learning experience characterized by constant reflection, feedback and adjustment.
- *Secular yet sacred*: All of us on the DRLT have personal experience of the transformative power of mindfulness to renew hope, awaken the senses, ameliorate pain, restore balance and rekindle one's sense of purpose. We hold this work as sacred, even though it is done in a secular context. We strive to honor the roots of mindfulness meditation in the Buddhist tradition, while ensuring that the course offerings are accessible to people of all faith traditions, and of no faith tradition.
- *Diversity not dogma*: We recognize that everyone's journey and needs are unique. Therefore we eschew dogma and encourage individual expression and exploration of mindfulness in daily life.

* At the time of publication, the organizational partners include: McMaster University Faculty of Health Sciences Program for Faculty Development, Hamilton Health Sciences (HHS), St. Joseph's Healthcare Hamilton (SJHH), Hamilton Family Health Team (HFHT) and McMaster Family Health Team (MFHT).

From the outset, the DRLT has recognized the connection between the quality of our relationships, the integrity of our values, and the quality of our outcomes; process and product are inextricably linked.

Reflective Questions

- What are the values that guide your mindfulness practice?
- How can these values come to life in your own work, and in your efforts to bring mindfulness to life in the workplace?

IV. WHOLE PERSON EDUCATION

Healthcare personnel are not just analytical minds diagnosing and solving problems; they are bodies and spirits as well. Over the past five years we have identified essential course ingredients to promote whole person resilience in the cultural context of healthcare. Some of these elements are addressed overtly in the course content while some implicitly woven into the curriculum:

- *Developing a relationship with suffering (often called stress), our own and that of our patients and colleagues:* This requires confronting our habitual responses to suffering, such as the compulsion to resist, deny, repress or fix it. Exploring a relationship to suffering that is characterized by friendliness, openness and curiosity is especially important in the high-trauma context of healthcare.

Lesson 4: Mindfulness education is whole person education.

- *Understanding how our brains work:* A basic introduction to the neuroscience of mindfulness is included in all courses as a way to develop insight about our reactions to stress, and how to tap into the possibility/optimism that comes with neuroplasticity.
- *Experiential learning**:*** Each class incorporates a variety of formal guided meditation practices. Practicing over a number of weeks reinforces foundational mindfulness skills, and helps students weave mindfulness into their lives.
- *Recognizing that the personal and the professional are intrinsically linked*: It is easy to forget that the professional working from 8 to 5 shares a body/mind with the mother who helps her children with homework or the son who tends to his elderly parents after hours. We highlight integration rather than a split in roles or persons.
- *Valuing self-care and compassion:* Unlike other professional development courses that tend to emphasize the acquisition of knowledge for the benefit of patients/clients, our courses emphasize care of the self as the foundation of care for others, and as a way to enhance our effectiveness.

- *Naming our intentions and values:* We invite participants at the beginning of every course to set intentions, and at the end of classes we practice the traditional dedication of merit, directing the benefits of our work to those in need. Tolerance, compassion, gratitude, open-mindedness and kindness are principles explicitly referenced in all of our courses as the foundational attitudes of mindfulness. Throughout the course we also invite participants to reflect on their priorities, their legacy, and what truly gives them pleasure, satisfaction and joy in their lives.

Reflective Questions

- What is unique about the population you are trying to reach? How might your mindfulness courses be adapted to be most impactful in your context?
- How can whole person education be integrated into your mindfulness curriculum?

V. MINDFUL TEACHER SELECTION

Requests for more courses has posed a unique challenge, i.e. determining who is qualified to teach mindfulness to healthcare personnel. This does not conform to the "see one, do one, teach one" pedagogical tradition of medical school[15]. Mindfulness is a way of being that emerges from internal observation embedded in a process of contextual attunement.

Teaching mindfulness to healthcare personnel requires a unique skill set. In addition to requiring teachers to have formal education in the specific curriculum offered (e.g. MBSR), our teachers have to have several years of personal meditation practice, group facilitation skills, as well as experience working with teams in the healthcare context. Given the specificity of this skill set, we decided the best way to guarantee the quality of teachers and the sustainability of Discovering Resilience offerings was to develop our own pool of teachers. We developed a mentorship process to enable experienced teachers to guide inexperienced, but well-qualified, professionals aspiring to teach mindfulness. Through this process, eight teachers are now qualified to teach.

> Lesson 5: Quality mindfulness education starts with quality mindfulness educators.

Reflective Questions

- Given your organizational culture, what specific skills and life experiences are necessary for a mindfulness teacher to be successful and credible?

- What opportunities are available to develop mindfulness teachers in your community (i.e. distance courses, mentorship)?

Lesson 6: Tailor evaluation strategies to match organizational goals; include quantitative and qualitative measures.

VI. MEASUREMENT MATTERS

In spite of consistently positive feedback from participants on course evaluations, we knew that our endeavor would only be sustainable if we could produce evidence that these courses made a difference. In 2013, Hamilton Health Sciences (HHS) and St. Joseph's Healthcare, Hamilton (SJHH), received a Healthy Work Environments Partnership and Innovation Grant from the Ontario Ministry of Health and Long Term Care, to develop our expertise in creating and delivering mindfulness courses to healthcare personnel, and measuring outcomes for this population.

The project enrolled 237 healthcare professionals and staff, representing a range of programs and specialties, in two different mindfulness courses. It evaluated the effects of both courses using validated scales as well as qualitative methodology. Focus group sessions were held with participants one year after the initial study, to understand both longitudinal impacts, and how participants were applying their learning in their personal and professional lives.

Results suggest the courses had a positive impact on participants' mental health, physical well-being, social relationships, compassion and empathy, and workplace functioning. These findings were corroborated by the qualitative data[5]. Our approach to measuring the impact of our activities has been experimental, iterative, collaborative, interdisciplinary and contextually meaningful. Our selection of scales and methods has been informed by the priorities of the healthcare organizations we work with, making them effective tools in advocating for resources and leadership support.

Reflective Questions

- What difference do you hope mindfulness can make in your workplace? What evaluation strategies will help you to measure those changes?
- What research or evaluation resources are available to you (i.e. students or volunteers for literature searches or data analysis; partnerships with academic researchers; quality improvement specialists)?
- How can you start evaluating impact immediately?

VII. SUSTAINABILITY THROUGH PARTNERSHIP AND LEADER ENGAGEMENT

Since its inception, the DRLT has been driven by an entrepreneurial spirit, motivated to find creative ways to bring mindfulness to a new marketplace: healthcare personnel and faculty. But as with any entrepreneurial endeavor, a compelling vision isn't enough. We needed access to start-up funding, program infrastructure, promotional materials, classroom space, and leadership support. This has been generously provided by the Program for Faculty Development (PFD), in the Faculty of Health Sciences at McMaster University. However, after the initial pilot courses, it became clear that a plan was needed to ensure the sustainability of the Discovering Resilience project. To us sustainability meant three things: 1) the courses must run on a cost-neutral basis; 2) teachers had to be paid fair market value; 3) tuition had to be kept low to make the courses accessible to all healthcare personnel.

The idea of using a partnership model to sustain and spread mindfulness across the healthcare system in Hamilton emerged. Partners pay a lump sum of "seed" money to secure an allotted number of spaces for their staff/physicians to attend mindfulness courses offered through the Discovering Resilience Collaboration. Larger organizations pay more and are allotted more spaces. By subsidizing spots in the courses, organizations are incentivized to encourage staff to attend, while keeping costs low. This model allows the Collaboration to fulfill all three sustainability criteria, while guaranteeing full enrollment in every course. HHS was the first partner to pilot this model, through the leadership of the Vice President of Human Resources. Not only did she agree to fund the partnership, she also recruited her staff to attend the course; these staff became early adopters of mindfulness and have supported its integration into strategic planning, leadership development, and wellness programming.

> Lesson 7: Engage opinion leaders through direct, personal experience, while connecting mindfulness to organizational strategic priorities.

The Collaboration was formalized between four organizational partners through a Memorandum of Understanding (MOU) in 2013 that outlines the roles and responsibilities of all partners, including issues related to program design and management, human resources, and financial accountability. This MOU ensures transparency and accountability in the relationship between partners. The program undergoes financial reconciliation and an annual report is prepared, setting the stage for the renewal of the MOU on a yearly basis.

Leadership engagement has been crucial to the success of the Discovering Resilience Collaboration. Engaging the right leaders enables access to the financial and infrastructural resources necessary to

manage an educational program. But just as importantly, engaged leaders engage others, people who are champions with influence over strategic directions and projects. Engaged leaders are the gateway to organizational transformation; they make the difference between mindfulness as a "pet project" of a few passionate advocates, and mindfulness as an integrated part of how the organization does its business. The most effective means of engaging leaders is to provide them with a direct experience of mindfulness practice. While evaluation data and scientific evidence is compelling, leadership support has flowed most freely following their own exposure to a mindfulness course; the evidence of personal transformation is more compelling than statistical charts.

Reflective Questions

- Who are the influential leaders in your organization? Whose mandate may synergize with the goals of mindfulness?
- How would you answer the following questions, in a pitch to engage a leader: *How does mindfulness align with the organization's strategic goals? What is the cost of running a mindfulness program? What are some cost-sharing models between partners and participants? How will the outcomes of the program be measured? What is the "business case" for investing in mindfulness?*

VIII. DEMYSTIFYING MINDFULNESS

While the evidence base supporting mindfulness as an effective means to support personal resilience and workplace wellness continues to grow[2], and mindfulness is increasingly prevalent in the business lexicon, it is still perceived by many as a "fringe" activity. Myths about mindfulness abound; they fuel skepticism and resistance, including in healthcare institutions that tend to operate with a binary worldview that separates mind and body, and isolates the person from their environment. Moreover, academic healthcare culture tends to place a greater value on technical skills (e.g. surgical interventions) than proficiency in story-telling, listening, reflection and relationship, or so-called "soft skills."

> Lesson 8: Know your audience and tailor your message.

In this cultural context, we frequently find ourselves having to address the many misconceptions about mindfulness circulating in the wider culture, such as:

- *Mindfulness is about 'emptying the mind'*: "I tried it once, but my mind is so active, I couldn't turn it off, so I can't do mindfulness."

- *Mindfulness is about sitting around meditating*: "I have a busy life and people who need me. I don't have time to zone out. It is a pointless distraction from the real world problems and pressures we face in healthcare."
- *Mindfulness is a religious practice* (usually associated with New Age spirituality or Buddhism): "I can't practice mindfulness because I am a (Christian, Muslim, Jew, Jehovah's Witness, atheist…)."
- *Mindfulness is only for people with chronic health problems, mental illness or burnout:* "I am a healthy, high-achieving professional. I don't need it, and neither do my staff. We are doing just fine, thank-you-very-much."

As we aimed to reach beyond the early adopters to appeal to wider audiences, our advertising and outreach strategies required refinement to address these misconceptions directly. Based on feedback from participants, we began to underscore the clinical evidence and neuroscience supporting mindfulness practices, and the secular nature of the courses. In our advertising and outreach work, we emphasize how mindfulness can support both personal *and* professional resilience as well as enhance productivity and enjoyment at work. When we publicize our work through lunchtime workshops we include a brief mindfulness meditation to give staff a direct experience of the practice. We probe audience feedback about what they noticed and provide reassurance that there is no right or wrong experience. We emphasize that the purpose of the practice is not to "empty the mind" or "get relaxed", but rather to develop self-awareness and insight into one's present moment experience, which, over time, can help to modulate mental and emotional reactivity and enhance communication skills. More recently, we use our research results in our advertising, to emphasise how their colleagues have benefited from mindfulness courses.

Reflective Questions

- What characteristics of your organizational culture might make staff resistant to mindfulness? What features might make them receptive to mindfulness? What key messages would answer the resistance and capitalize on the receptivity?
- Make a map of all of the avenues available to communicate with staff within your organization (if you have a Public Relations team, they can help with this). Create a communication plan that uses a variety of advertising strategies, to reach the widest possible audience.

IX. SUSTAINABILITY AND COMMUNITY - BUILDING

At the close of our first mindfulness course in 2011 participants articulated a strong desire to stay connected, recognizing that a community of support is essential to maintain and deepen a personal mindfulness practice. Our Professional Sangha (i.e. spiritual community) has been meeting monthly for nearly 5 years; all graduates from our mindfulness courses are invited to attend. Each meeting runs for 90 minutes,

featuring different facilitators from the community. Sessions usually include: a check-in, an introduction to the theme or topic, a mindfulness practice, a discussion of the practice and small group discussion about personal practice or integration strategies. Participants are requested to provide a donation of $10, a portion of which goes to the facilitator, with the balance deposited into to a mindfulness account to support future community activities.

Lesson 9: Cultivate engagement through communities of practice.

Recognizing the need to create an opportunity for members of the public to connect with mindfulness resources, a portion of the 2013 Innovation and Partnership grant was used to develop a community-based mindfulness network, Mindfulness Hamilton (www.mindfulnesshamilton.ca). The vision of Mindfulness Hamilton is to "integrate mindfulness into the fabric of the Hamilton community." Since the organization was formed in June 2013, a number of well-attended public events have taken place, and a community of practice has formed with twice-monthly meetings. The website is a go-to place which provides access to audio practices, resources and a calendar of local mindfulness events and courses.

In addition to these community-based activities, the partners involved in the Discovering Resilience Collaboration have also invested in creating mindfulness-based communities and resources within their organizations. HHS has created a page within their staff wellness site specifically dedicated to educating staff about mindfulness and supporting mindfulness practice (www.shinehhs.ca/get-healthy/be-mindful). Both HHS and SJHH host weekly "Mindfulness for Lunch" sessions within their hospitals, facilitated on a voluntary basis by graduates of the mindfulness courses. A "Mindfulness for Lunch" toolkit was assembled for each hospital site, including meditation CDs, a CD/MP3 player, sign in sheets and facilitator scripts, all contained in an easy-to-carry duffle bag. These toolkits have made facilitation by volunteers easy and stress-free; the scripts enable them to set the tone and describe the purpose of the session to participants, and the meditation CDs allow the facilitators to simply "press play" and enjoy the practice for themselves, rather than having to lead the practice. Participants report that this brief mindfulness interlude in the middle of their workday enables them to return to work with greater focus, enthusiasm and creativity.

Reflective Questions

- What are the resources available in your organization to support the development of a mindfulness community of practice? These may include: access to rooms for meetings, free on-line meditations, website space, Twitter feed, etc.
- Are there communities of practice within your organization that can serve as a model for a mindfulness community of practice?

CONCLUSION: WALKING ON FROM HERE

"Throw away all ambition beyond that of doing the day's work well. The travelers on the road to success live in the present, heedless of taking thought for the morrow. Live neither in the past nor in the future, but let each day's work absorb your entire energies, and satisfy your wildest ambition."

Dr. William Osler[16]

Writing a century ago, Dr. Osler seems strangely prescient regarding the role of mindfulness in cultivating resilience in the world of healthcare. Focusing on the present moment with a spirit of service, attentive to the opportunity in this day, with open-heartedness and without ego or striving…these are the characteristics of resilient professionals…and of pilgrims too. For even when the pilgrim reaches her destination, the journey isn't over; the inner shift wrought through greeting each step with curiosity and wakefulness is carried back into the pilgrim's "regular life".

The Discovering Resilience Collaboration has experienced successes: full classes, leadership support, sustained funding, expanded enrollment, new courses, research and publication, testimonials of transformation from participants, over 450 healthcare personnel engaged in intensive mindfulness education in just five years, and increased integration of mindfulness into organizational life. We've had challenges too: cancelled classes, power struggles, conflict, self-doubt, confrontations with leaders who "just don't get it," financial shortfalls, performance anxiety, and the tiredness that comes with rapid growth. However, we have been sustained by our commitment to practice mindfulness in the boardroom and at the bedside, even as we teach it in the classroom. We have mindfully attended to the opportunities and risks of the present moment, focusing on values-based decision-making, and aligning process with outcome. With mindfulness as both our medium and our message, serendipity is valued just as much as strategic planning. As individuals, our commitment to mindfulness has precipitated personal transformations, including changes in our clinical practices, leadership opportunities and the development of competencies in mindfulness teaching. Our collective commitment to mindfulness has created new ways of thinking about wellness in the workplace, forged new inter-professional communities of practice, and united diverse sectors of the healthcare system around a common vision: a high-quality healthcare system starts with healthy and resilient healthcare personnel. In sharing our experience with mindfulness program development in the healthcare setting, we hope to inspire others to heed the call to change. Don't wait for perfect circumstances, start from where you are now. Enjoy the journey! ■

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REFERENCES

1. Hulme K. The Bone People. New York: Penguin Books; 1986.

2. American Mindfulness Research Association [Internet]. Pasadena, California; 2015 [cited 2015 November 29]. Available from: https://goamra.org/.

3. Irving JA, Park-Saltzman J, Fitzpatrick M, Dobkin PL, Chen A, Hutchinson T. Experiences of health care professionals enrolled in Mindfulness-Based Medical Practice: a grounded theory model. Mindfulness. 2014;5(1):60-71.

4. Morgan P, Simpson J, Smith A. Health care workers' experiences of mindfulness training: a qualitative review. Mindfulness. 2015;6(4):744-58.

5. Moll S, Frolic A, Key B. Investing in compassion: exploring mindfulness as a strategy to enhance interpersonal relationships in healthcare practice. J Hosp Adm. 2015;4(6):36-45.

6. Bazarko D, Cate RA, Azocar F, Kreitzer MJ. The impact of an innovative Mindfulness-Based Stress Reduction program on the health and well-being of nurses employed in a corporate setting, J Workplace Behav Health. 2014;28(2):107-33.

7. Shapiro S, Brown KW, Biegel GM. Teaching self-care to caregivers: effects of mindfulness based stress reduction on the mental health of therapists in training. Train Educ Prof Psychol. 2007;1(2):105-15.

8. Montgomery A, Panagopoulou E, Kehoe I, Valkanos E. Connecting organisational culture and quality of care in the hospital: is job burnout the missing link? J Health Organ Manag. 2011:25(1):108-23.

9. Neumann M, Edelhäuser F, Tauschel D, Fischer MR, Wirtz M, Woopen C, Haramati A, Scheffer C. Empathy decline and its reasons: a systematic review of studies with medical students and residents. Acad Med. 2011;86(8):996-1009.

10. Berwick DM. What 'patient-centered' should mean: confessions of an extremist. Health Affairs. 2009;28(4):w555-w565.

11. Leebov W. Great patient experiences: No-nonsense solutions with gratifying results. Chicago, Illinois: American Hospital Association Company; 2008.

12. Balik B, Conway J, Zipperer L, Watson J. Achieving an exceptional patient and family experience of inpatient hospital care. Innovation series white paper [Internet]. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2011 [cited 2015 November 25]. Available from: www.IHI.org.

13. Aikens KA, Astin J, Pelletier KR, Levanovich K, Baase CM, Park YY, Bodnar CM. Mindfulness goes to work. Impact of an online workplace intervention. J Occup Environ Med. 2014;56(7):721-31.

14. Byron G, Ziedonis DM, McGrath C, Frazier JA, deTorrijos F, Fulwiler C. Implementation of mindfulness training for mental health staff: organizational context and stakeholder perspectives. Mindfulness. 2015;6(4):861-72.

15. Dobkin PL. See it, do it, teach it – or be it? Int J Whole Person Care. 2014;1(2):1-3.

16. Stanford School of Medicine. Stanford Medicine 25 Blog: 10 Osler-isms to remember in your daily practice [Internet]. Stanford (CA): November 25, 2014 [cited 2015 November 25]. Available from:https://stanford25blog.stanford.edu/2014/11/10-osler-isms-to-remember-in-your-daily-practice/.