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ORGANIZATIONAL FACTORS THAT INFLUENCE SOCIAL WORKERS’ CAPACITY TO ENGAGE IN MINDFULNESS SELF-CARE: A CASE STUDY

By

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A DISSERTATION

Submitted to the faculty of the Graduate School of the Creighton University in Partial Fulfillment of the Requirements for the degree of Doctor of Education in the Department of Interdisciplinary Leadership.

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Abstract

Burnout is an issue for social workers, which negatively impacts their mental and physical health. However, child welfare social workers may be at an increased risk for burnout compared to other professionals. Further, burnout plays a role in social worker employee turnover rates, which is costly to organizations, and negatively impacts the quality of care for the children. Research findings have shown mindfulness self-care to be effective in decreasing symptoms of burnout for social workers. However, it appears there is a gap in research, which examines the influence organizational factors have on employees’ capacity to engage in mindfulness self-care. The purpose of this qualitative instrumental case study was to examine the organizational factors that influence child welfare social workers’ capacity to engage in mindfulness self-care. A case study was conducted at a Mid-western non-profit agency that provided services to abused children. This agency had established a steering committee, in August of 2013, aimed at implementing a trauma informed care culture for both clients and employees. Employees engaging in mindfulness self-care were viewed as an important part of creating a trauma informed care environment. Data were collected from various sources in order to conduct a comprehensive examination of the case study. Findings showed that culture, leadership, policy and procedures, operational processes as well as strategic thinking, all influenced the social workers’ capacity to engage in mindfulness self-care. Findings from this study may add to the current research on mindfulness-based interventions for social work practice. 

Keywords: mindfulness, burnout, child welfare, social work, organizational factors
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Dedication

This dissertation is dedicated to the social workers providing services to children who have experienced abuse and neglect. Thank you for sharing your talents, wisdom, and compassion with the field of social work, in the interest of social justice. Thank you for the commitment in helping the vulnerable, and bringing a voice to those who were silenced.
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CHAPTER ONE: INTRODUCTION

Background of the Problem

Child welfare social workers may go into the profession with a desire to help abused children, but the repeated exposure to the trauma takes its toll. Physical and mental health issues for social workers are associated with burnout (Green, Miller, & Aarons, 2013; Kim, Ji, & Kao, 2011). Research indicates that physical health complaints include problems with sleep, headaches, and lowered immune systems (Kim et al., 2011). Mental health issues include depression, anxiety, and difficulties with personal relationships (Green et al., 2013). Further, child welfare workers may be at an increased risk for burnout due to the nature of their job as compared to other social work specialties (Ellett, 2009; Kim, 2011).

Burnout is associated with the turnover rates in child welfare, and is costly to organizations and their clients served (Ellett, 2009; Office on Abuse and Neglect (OCAN), Children's Bureau, Caliber Associates, Salus, M.K., 2004). Repeated turnover impacts child welfare agencies’ funds due to recruitment, training, and termination (Office on Abuse and Neglect (OCAN), Children's Bureau, Caliber Associates, Salus, M.K., 2004; Weaver, Chang, Clark, & Rhee, 2007). More importantly, high turnover increases a lack of continuity of care for the children being served by the child welfare organizations (Flower, McDonald, & Sumski, 2005).

The need to support the social workers who have chosen to serve abused children is critical. In 2012, Child Protective Services (CPS) responded to approximately three million reports of alleged child abuse (U.S Department of Health and Human Services, Administration (U.S. DHHS), Administration on Children, Youth and Families,
Children's Bureau, 2013). Over half a million were substantiated forms of maltreatment, and about 1,600 child fatalities took place (U.S Department of Health and Human Services, Administration (U.S. DHHS), Administration on Children, Youth and Families, Children's Bureau, 2013). The consequences of abuse can have a significant and lasting impact on children’s physical and emotional health (American Academy of Pediatrics et al., 2008). Therefore, implementing forms of self-care for social workers into the workplace is an important step that can help with symptoms of professional burnout.

**Statement of the Problem**

Research indicates that mindfulness-based practices are a form of self-care that is effective in reducing work-related stress (Jain et al., 2007; Shapiro, Oman, Thoresen, Plante, & Flinders, 2008). Study findings showed reports of fewer burnout symptoms as well as increases in self-compassion, life satisfaction, and a sense of well-being (Jain et al., 2007; Lykins & Baer, 2009; Napoli & Bonifas, 2011; Nilsson, 2014). Mindfulness practice is being implemented in several industries such as social work, healthcare, education, and business (Hall, 2013; Kabat-Zinn, 2003; McGarrigle & Walsh, 2011; Roeser et al., 2013). However, it appears that research has not examined organizational factors that influence employees’ capacity to engage in mindfulness-based practices.

Current research appears to be focused on examining the effectiveness of mindfulness on employees within the workplace. However, the study limitations suggested there may be organizational factors that influence employee capacity to engage in mindfulness self-care such as culture, leadership, policy, and procedure as well as operational processes (McGarrigle & Walsh, 2011; Shapiro, Astin, Bishop, & Cordova,
Therefore, further research is needed to determine how to effectively implement mindfulness-based interventions into the workplace.

Purpose of the Study

The purpose of this qualitative instrumental case study was to examine the organizational factors that influence child welfare social workers’ capacity to engage in mindfulness self-care. The child welfare agency that was examined implemented mindfulness self-care as part of social work practice. A case study aims to best understand a specific issue that is timely, and takes place in a real world setting (Creswell, 2013; Yin, 2014). Therefore, at this stage in the research, the central phenomenon being studied was the lessons learned by this agency. These lessons were the agency’s experiences with engaging their social workers to participate in mindfulness self-care.

Research Questions

The following question guided this qualitative study, “What organizational factors influence employees’ capacity to engage in mindfulness self-care?” Additional sub-questions presented, addressed different components of an organization such as culture, leadership, policy and procedure, and operational processes. 1.) How does organizational culture play a role in employee attitude towards mindfulness self-care? 2.) What employee perceived leadership traits influence employees’ willingness to engage in self-care? 3.) What aspects of agency policy support mindfulness self-care? 4.) What operating procedures influence employee willingness to practice mindfulness self-care?
Method Overview

There are several reasons why an instrumental case study was appropriate for examining the organizational factors that influenced child welfare social workers’ capacity to engage in mindfulness self-care. First, the intent of this type of design was to gain a holistic understanding of the specific issues encountered in an identified case that was bounded by place and time (Creswell, 2013; Yin, 2014). In other words, a comprehensive examination of an organization’s experiences with mindfulness self-care provided data from a list of variables that played a role in social workers’ capacity to engage in self-care. These experiences fell within the parameters of a timeline that indicated when a need for mindfulness self-care was identified, its implementation, and current on-going practices. A holistic examination of the organizational factors also included the natural setting in which they occur (Creswell, 2013).

Collecting data from many different sources was critical for a comprehensive examination of the organization (Creswell, 2013; Yin, 2014). The data sources included interviews with agency leadership, social workers, and support staff. Additional sources of evidence included physical artifacts, archival records, and direct observations (Yin, 2014). Data analytic measures were conducted through pattern matching of coded data in order to identify emerging themes (Yin, 2014).

Definition of Terms

There are terms that may require clarification as the literature provides various definitions. This is due to the amount of research that has been conducted on professional burnout, self-care, and mindfulness. Therefore, in order to have a foundational understanding, the literature review, in chapter two, will provide an
extensive review of the terms burnout, self-care, and mindfulness. However, for purposes of presenting the definition of the terms the following are provided.

**Abuse** - Maltreatment of children through any of the following: emotional, physical or sexual violence as well as neglect.

**Burn-Out** - Maslach’s (2003) multi-dimensional model of job burnout described professionals’ experiences as it relates to themselves, their clients and the organization. Burnout is experienced through emotional exhaustion, depersonalization and reduced sense of personal accomplishment (Maslach, 2003).

**Check-in** – A term utilized by the agency in this case study that reflected a mindfulness practice. Check-in included a staff member taking time during the day to become centered via a meditative practice, or engaging in dialogue with peer or leader to become self-aware of current emotion. It was also a practice at the start of all meetings, which each staff person took a turn and shared their current state of emotion.

**Child Welfare Social Workers** - Professionals who hold a bachelor’s or master’s degree in social work (BSW or MSW), and provide services to children who have experienced abuse and neglect.

**Mindfulness** - Meditative practice that allows for a focus on the present moment while observing internal, and external, stimuli without judgment (Kabat-Zinn, 2003; Shapiro, Carlson, Astin, & Freedman, 2006).

**Sanctuary Model** – The National Center for Trauma Informed Care provides information about this trauma informed care intervention that is utilized by professionals for children who have experienced abuse (http://www.samhsa.gov/nctic/trauma-interventions).
Self-care - Cox and Steiner (2013) explained that it is, “a process through which deliberate choices are made about how to respond mentally, emotionally, and behaviorally to a variety of work-related stressors” (p. 28).

Trauma Informed Care – Trauma informed care addresses the results of trauma experienced by a human being. The National Center for Trauma Informed Care provides information about trauma informed care, which is not an intervention, but rather an approach that is implemented into an agency to provide a sense of “safety, trust, peer support, collaboration, empowerment, and addresses cultural, historical and gender” (http://www.samhsa.gov/nctic/trauma-interventions, “Key Principles,” para. 1).

Assumptions

There were three assumptions developed for this study. This study assumed that a) the interviewees answered honestly b) interviewees were not coerced by fellow coworkers, supervisors or additional agency leadership to provide certain responses to the interview questions and c) data provided by the agency was accurate.

Delimitations

A case study does have delimitations as it relates to the findings having relevancy to other child welfare agencies. The data collected was with one child welfare agency. Therefore, it is possible that future studies may have different results when conducted at other locations.

Limitations

A case study does have limitations. The findings cannot predict future outcomes when implementing a mindfulness-based program as there is neither a random sample nor
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a control group. However, at this stage in the research, the goal was not to predict an outcome, but rather gain a deeper understanding of a complex issue.

Although steps were taken to de-identify the data, answers provided during the interview may have inadvertently breached confidentiality. As with most case studies, the low number of participants interviewed may allow for readers to make assumptions about who provided what answers. While the study assumed there were no consequences for any of the interviewees based on the answers provided; the risk for participation does exist.

Finally a case study does put a researcher at risk for bias due to the personal interaction of conducting interviews with social workers. As the interviewer shares a background in social work, the opportunity for identifying with the employees’ experiences may have been present. This could have potentially influenced the interview process and data analysis. Reflective measures with the dissertation committee were in place to ensure objectivity.

**Significance of the Study**

The findings of this study may add to the current research on mindfulness-based interventions for social work practice. However, existent studies appear to focus on the effectiveness of mindfulness-based self-care practice on professional burnout. The organizational factors that may help or hinder implementation of mindfulness self-care into the workplace, is lacking in the literature.

This case study highlighted the agency’s lessons learned, which could be utilized for other organizations to consider when implementing a mindfulness-based program. The organizational factors that were identified as influencing the capacity for child
welfare social workers to engage in mindfulness self-care could be of focus for the agencies. Organizational leadership may consider this study’s findings as part of creating an effective strategy during the planning phase of implementing mindfulness practice,

Finally, the findings of this study are reflective of supporting social justice. This value is a cornerstone of Jesuit education and social work. Social justice hinges on the concept of having equal access to resources that allows people to live to their potential. Child welfare social workers must have access to resources that support them in providing the highest quality of care to their clients. These clients are children who must have equal access to a life free of emotional, physical and sexual abuse, and neglect. Therefore, in the interest of social justice, these study findings may help identify ways to support social workers in a manner that ensures they can effectively help children who are abused and neglected.

**Summary**

Burnout impacts child welfare social workers, organizations, and the children who are served. Research indicates that mindfulness self-care is an effective practice in reducing burnout and work-related stress. However, there appears to be a gap in the literature such as examining organizational factors that influence child welfare social workers’ capacity to engage in mindfulness self-care. The purpose of this study was to examine the organizational factors that influence child welfare social workers’ capacity to engage in mindfulness self-care. A case study provided a holistic and timely examination of a child welfare agency that implemented mindfulness self-care. Findings may highlight the lessons learned, which other agency leaders could consider while planning their own self-care practice programs for employees.
CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction

The literature review will provide an in-depth examination of concepts such as burnout, self-care and mindfulness, as they may require clarification. This is because these terms have a variety of definitions in the literature, and in the workplace. Themes were pulled from the literature in order to explain the process of burnout, the concept of self-care, and what mindfulness means in Western culture.

Burnout is a concept that extends across industries, and for that reason may be of concern for a professional at any given time. Therefore, an overview of burnout in social work, healthcare, business, and education will be discussed to gain a holistic understanding of this concept and its impact on working professionals. This will also allow for a comparison and contrast between helping professions and non-helping professions, and it will highlight the increased risk for burnout in child welfare workers.

Next, the concept of mindfulness self-care will be introduced as a response to burnout. A definition, its origins and effectiveness will be presented.

Finally, literature examining implementation of mindfulness-based programs into professional practice will be reviewed. These studies aimed to investigate the effectiveness of mindfulness self-care on professional burnout. Along with sharing those findings, the organizational factors that influenced the participants’ capacity to participate will be presented.

There appears to be a gap in research that examines organizational factors that influence child welfare workers’ capacity to engage in a mindfulness program. Therefore, in addition to sharing the authors’ findings about the effectiveness of the
programs for employees, a thorough examination of the literature allows for insight into agency factors that served as support or as barriers.

Lessons learned from social work, business, healthcare, and education will be reviewed to gain as much understanding as possible about organizational support of mindfulness self-care practices in the workplace. This literature highlighted organizational factors that may have influenced the participants’ capacity to engage in mindfulness self-care. Culture, leadership, policy and procedure as well as operating procedures, were reported to play a role in the outcomes of the studies reviewed.

Search methods included use of the following databases: EBSCO, Business Source Complete, ERIC, JSTOR, ProQuest, Psych INFO, PubMed, and World Cat. Search terms included the following: Mindfulness, social work, child welfare, meditation, workplace, implementation, organizational factors, leadership, business, project management, physicians, residents, nursing, healthcare, teaching, and education. The National Association of Social Workers’ website was reviewed for most current available information. U.S. Department of Health and Human Service, Administration for Children and Families was reviewed for information regarding child welfare social worker recruitment and retention information.

**Professional Burnout**

Extensive research has been done on the subject of burnout, yet the literature reviewed indicated that it continues to impact several industries. Professional burnout is an issue that may concern any given organization, as its cost in the Unites States is staggering with one report stating it is over three hundred billion dollars in a year (Kenworthy, Fay, Frame, & Petree, 2014).
ORGANIZATIONAL FACTORS THAT INFLUENCE

With that said, the literature reviewed indicated that burnout continues to be a concern in the social work profession. In particular, child welfare social workers may be at an increased risk for burnout (Kim et al., 2011; Sprang, Craig, & Clark, 2011). Further, as discussed later in chapter two, the consequences not only impact their physical and mental health; but also turnover rates, organizations and the clients served.

Burnout was once a term used to describe professional laziness prior to the 1970’s (Söderfeldt, Söderfeldt, & Warg, 1995). Researchers since that time have examined the concept of burnout and produced findings that do not place blame on the professional. Instead, they identify the experience and consequences of chronic exposure to work-related stress (Söderfeldt et al., 1995). Before presenting the literature regarding the impact burnout has on social workers, a definition is necessary.

Definition

The term burnout has been explained in a variety of ways throughout the evolution of its definition. Originally there was professional stigma associated with the word, which indicated that a person was lazy or ill equipped to handle a job (Söderfeldt et al., 1995). Therefore, the use of the word burnout could be viewed as a socially accepted means for professionals to communicate that they were no longer interested in providing a service for clients (Söderfeldt et al., 1995). However, the definition was redefined in the 1970’s in Freudenberger’s model of burnout (Söderfeldt et al., 1995).

Freudenberger is credited for being one of the first to define burnout for human service professionals (Hamama, 2012; Söderfeldt et al., 1995). Burnout was explained as a state of psychological health due to repeated exposure to professional stress conditions (Hamama, 2012; Söderfeldt et al., 1995). According to Freudenberger, the individual’s
mental and physical fatigue characterized professional burnout (Hamama, 2012; Söderfeldt et al., 1995). From this point on, burnout has been widely researched resulting in many definitions (Borritz et al., 2006; Newell & MacNeil, 2010).

The evolution of the definition shifted from a descriptive set of symptoms to an understanding that it is a complex process. Christina Maslach has been credited with describing burnout as a development of conditions impacting the professionals as well as their relationships to the client and organization (Borritz et al., 2006; Hamama, 2012; Newell & MacNeil, 2010; Söderfeldt et al., 1995). A holistic approach is then needed to describe burnout using several different components which include emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Hamama, 2012; Maslach, 2003; Newell & MacNeil, 2010). In other words, the concept of burnout exists along a continuum as opposed to a one-dimensional set of symptoms intended to describe the professional’s mental and physical state of being.

Maslach’s (2003) multi-dimensional model of job burnout describes professionals’ experiences as they relate to themselves, their clients, and the organization through emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. Emotional exhaustion is a professional’s lack of mental energy needed to complete the necessary tasks for the job. Depersonalization is associated with negative attitudes towards the job, client and organization. A reduced sense of personal accomplishment is lowered self-esteem and drive. Therefore, burnout can be viewed as a process along a continuum of components that impact the professional’s response to caring for themselves, their clients and the organization.
There are additional terms that are associated with the concept of burnout because they are widely known but sometimes utilized interchangeably (Newell & MacNeil, 2010). Therefore, it is important to include a brief overview of these concepts under the definition of professional burnout. Vicarious traumatization, secondary traumatic stress, and compassion fatigue are conditions that may place professionals at risk for burnout (Newell & MacNeil, 2010).

These conditions are associated with professions, such as social work, in which employees are exposed to trauma. Vicarious traumatization (VT) refers to a negative change in how professionals view the world, due to repeated exposure to trauma victims (Newell & MacNeil, 2010). Secondary traumatic stress (STS), while similar in its definition to VT, specifically refers to the professional’s actual behavior as a result of exposure to trauma victims (Newell & MacNeil, 2010). Compassion fatigue (CT) can be more closely associated with mental and physical fatigue, which may include symptoms of STS (Newell & MacNeil, 2010). While these definitions of VT, STS and CT clarify their meaning, and distinguish them from the definition of burnout; professional literature does not provide a consensus at this time for a unified meaning (Newell & MacNeil, 2010).

**Summarizing Professional Burnout**

By the 1970’s, the definition of burnout had evolved from describing a professional’s attitude about work to a one-dimensional explanation of mental and physical fatigue as a response to work related stress (Hamama, 2012; Söderfeldt et al., 1995). While there has been extensive research done since that time, it is Maslach who is credited with shifting the concept of burnout to a multi-dimensional process that occurs
along a continuum (Borritz et al., 2006; Maslach, 2003). Finally, terms such as VT, STS and CT are best understood as conditions that place professionals at risk for burnout. However, these terms are sometimes used interchangeably with the term burnout (Newell & MacNeil, 2010).

Burnout is conceptualized as a process in which a professional may experience emotional exhaustion, depersonalization and a reduced sense of personal accomplishment (Hamama, 2012; Maslach, 2003; Newell & MacNeil, 2010). In turn, these experiences may intersect with how the professional interacts with the self, client and/or organization (Maslach, 2003). As important as understanding the terminology utilized to define burnout, it is critical to recognize its impact on social work.

**Impact of Burnout on Social Work**

Burnout has an impact on various aspects of social work. Research that will be presented shows that burnout affects the health and mental health of social workers. In turn, this negatively impacts turnover rates, organizations, and the children served.

**Health of social workers.** A three-year longitudinal study was conducted to investigate the impact burnout had on 406 social workers’ health in California (Kim et al., 2011). Physical health complaints were measured using the Physical Health Questionnaire that focused on sleep, headaches, respiratory and gastrointestinal infections. Burnout was measured using the Maslach Burnout Inventory-Human Service Survey for the following three dimensions: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Kim et al., 2011).

The results showed that burnout was positively associated with physical health and significantly correlated with the years in the field (Kim et al., 2011). This meant that
the higher the level of burnout present; the more that physical health problems existed. Further, the longer the social workers were in the field, the more their physical health weakened (Kim et al., 2011).

This study’s findings added to the reported chronic rates of negative consequences burnout can have on social workers’ health (Green et al., 2013). Burnout is also associated with mental health issues such as depression, anxiety, and difficulties with personal relationships (Green et al., 2013; Knudsen, Johnson, & Roman, 2003; Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012; Paris & Hoge, 2010). In addition to the impact these issues had on the social worker personally, collectively these problems were related to increased employee absenteeism and turnover rates (Green et al., 2013).

Not all study findings have high rates of burnout in social workers. Baker, O’Brien, and Salahuddin (2007) surveyed 173 workers in nine Washington DC and Baltimore women’s crisis shelters. These employees worked with women and children exposed to abuse. Occupational stress, coping self-efficacy, coping strategies and burnout were measured. The findings showed that the employees exhibited low levels of burnout as defined by Maslach, even though they reported work-related stress (Baker, O’Brien, & Salahuddin, 2007).

Baker et al. (2007) contended that the findings were consistent with their literature review of previous studies of shelter workers who failed to meet the burnout criteria. A common thread appeared to be a strong sense of internal locust of control among the shelter workers (Baker et al., 2007). Ellet (2009) and Kim (2011) agreed that a strong internal locust of control may prevent burnout. However, different specialties of
social work, such as child welfare, may have their own unique set of circumstances impacting the well-being of these professionals (Ellett, 2009; Kim, 2011).

**Impact of burnout specific to child welfare social workers.** Some of the difficulties that accompany child welfare workers are due the nature of the cruelty committed against children (Ellett, 2009; Hamama, 2012; Kim, 2011; Sprang et al., 2011). The daily job tasks center on the abuse that has been endured by a child. Adding to these dynamics is the high level of pressure as the social worker’s decision making may be the only chance to prevent client fatality (Sprang et al., 2011). Child welfare workers may have an increased risk for burnout, over other social work specialties (Kim, 2011; Sprang et al., 2011).

A survey research design was conducted in which 408 social workers were surveyed via random selection (Kim, 2011). The social workers were surveyed on unmet expectations, burnout, employment sector, work overload, role conflict, job autonomy, supervisor support, and demographic characteristics (Kim, 2011). The findings showed the child welfare social workers, in the public sector, had the highest scores of unmet expectations, depersonalization, emotional exhaustion, and low levels of personal accomplishments (Kim, 2011).

These findings were consistent with other studies by Jankoski (2010) and Sprang et al. (2011) that were centered on child trauma. Jankoski’s (2010) qualitative study of 305 participants found that child welfare workers’ personalities were negatively impacted as a result of vicarious trauma. Sprang et al. (2011) recruited participants from six different states, as part of an international study, to examine predicting factors for burnout among professionals who provided pediatric services. The findings indicated
that the child welfare professionals reported significantly higher burnout rates than any other group (Sprang et al., 2011).

Finally, the findings from the focus groups conducted with non-profit leadership at the 2006 National Leadership Conference on Child Welfare issues, indicated that the challenges non-profit employee experience, due to the exposure to trauma, should not be ignored (Dreyfus & Hornug, 2006). The research was conducted by the Alliance for Children and Families, which is a U.S. national association for non-profit organizations. While private organizations may have the capacity to have more control of the agency culture, the low pay, high workloads and repeated exposure to trauma are realities of non-profit employees (Dreyfus & Hornug, 2006).

**Impact of burnout on the organization.** According to the U.S. Department of Health and Human Services, Administration for Children and Families, the child welfare worker turnover rates can be as high as 90 percent in some areas (U.S. Department of Health and Human Services, n.d.). However, the average turnover rates range from 20 to 60 percent and have a strong relationship with burnout and associated risk factors (Ellett, 2009; Kim, 2011; Office on Abuse and Neglect (OCAN), Children's Bureau, Caliber Associates, Salus, M.K., 2004; Strolin-Goltzman, Kollar, & Trinkle, 2010). Further, the average employment rate in the public child welfare system is two years (Office on Abuse and Neglect (OCAN), Children's Bureau, Caliber Associates, Salus, M.K., 2004).

Child welfare worker turnover is costly to an organization and directly impact services for children (Ellett, 2009; Kim, 2011; Office on Abuse and Neglect (OCAN), Children's Bureau, Caliber Associates, Salus, M.K., 2004). There are costs associated with recruitment, training and termination; and repeated turnover is detrimental to the
organization’s funds (Agbényiga, 2009; Office on Abuse and Neglect (OCAN), Children's Bureau, Caliber Associates, Salus, M.K., 2004; Weaver et al., 2007).

Child welfare worker turnover rates negatively impact quality of services for the children when there is a lack in continuity of care (Agbényiga, 2009; Smith, 2005; Strolin-Goltzman et al., 2010; Weaver et al., 2007). A study, conducted for the Bureau of Milwaukee Child Welfare, found that the number of foster care caseworkers a child is assigned to, substantially impacted the ability to achieve permanency in a home (Flower et al., 2005). As the number of caseworkers increased; the probability of children being placed in a permanent home decreased as much as 70 percent (Flower et al., 2005).

**Summarizing burnout in social work.** As discussed previously, literature indicated that burnout has far reaching consequences for social workers, child welfare organizations, and the clients served. Burnout conditions impact the physical and mental health of these professionals. Burnout is connected to turnover rates, which have detrimental costs to the continuity of care for children, and budgets of the organizations. However, social work is not alone as other industries are impacted by burnout as well.

**Other Industries Impacted by Burnout**

The nature of the trauma-focused work for child welfare social workers puts them at high risk for burnout (Ellett, 2009; Hamama, 2012; Kim, 2011; Sprang, Craig, & Clark, 2011). However, other industries also struggle with burnout issues within the helping professions as well as professional business (Pinto, Dawood, & Pinto, 2014; Roeser et al., 2013; Stewart & Terry, 2014) Burnout has the potential to be a concern for many professions with estimated costs in the United States at over three billion dollars
per year due to work related stress (Kenworthy et al., 2014). In other words, the concern for addressing burnout is not limited to child welfare, but extends across industries.

**Burnout in helping professions.** Extensive research has been conducted nationally and globally on burnout for medical professionals and students (Asuero et al., 2014; Kabat-Zinn, 2003; Manotas, Segura, Eraso, Oggins, & McGovern, 2014; Roth & Stanley, 2002; Van Berkel, Boot, Proper, Bongers, & Van, 2013; Wright, 2014) Healthcare professionals, such as nurses, are at the highest risk of illness due to stress related work (Stewart & Terry, 2014; Wright, 2014). Further, research indicated that one out of three physicians may experience issues with burnout at different points in their career (Shanafelt, 2009).

Risk factors for burnout also exist in other helping professions such as teaching and law enforcement (Gold et al., 2010; Kenworthy et al., 2014; Roeser et al., 2013). Kenworthy et al. (2014) examined the relationship between emotional dissonance and emotional exhaustion in helping professions. The authors discussed that gender and professional norms may impact the capacity for outward expression of emotion, which is negatively correlated with emotional exhaustion. In addition, law enforcement reported the highest level of emotional exhaustion (Kenworthy et al., 2014). These findings are consistent with studies of primary school teachers as the emotional requirements of managing classroom behaviors of children, workload, lack of resources, and policy constraints impact professional burnout (Gold et al., 2010; Roeser et al., 2013).

**Burnout in non-helping professions.** Burnout in project management, banking and business leadership has also been researched nationally and globally (Amigo, Asensio, Menéndez, Redondo, & Ledesma, 2014; Banks, Whelpley, In-Sue Oh, & Shin,
ORGANIZATIONAL FACTORS THAT INFLUENCE 2012; Borker, 2013; Ferreira, 2013; Lampe & Engleman-Lampe, 2012; Mutsunguma & Gwandure, 2011). The behaviors that exist as a result of burnout can have devastating and costly consequences. Emotional exhaustion can lead to behaviors such as theft, workplace violence and fraud; which can result in billions of dollars lost by organizations (Banks et al., 2012; Ruedy & Schweitzer, 2010).

**Comparing and contrasting the industries.** As presented in chapter two, within many industries burnout and risk factors exist and negatively impact organizations, their employees, and those who are served by them. In other words, burnout has the potential to impact any professional at any given time. As a result the consequences can be costly to organizations.

With that said, burnout of helping professions can have a direct and immediate impact on the people who are served. This includes the clients of social workers, students of teachers and civilians of law enforcement. As discussed earlier, in child welfare the stakes are high, as decision making could directly impact the life of children. A child welfare social worker may be the only person standing between a child and fatal maltreatment. Therefore while burnout may be a concern for any given industry, the research that has been presented showed that child welfare social workers are at an increased risk for burnout.

**Summarizing Burnout and Introducing Mindfulness**

As the definition of burnout was clarified by the literature earlier in chapter two, the impact on the social work profession was also presented. Studies indicated that burnout can impact the physical and mental health of social workers, which in turn negatively affects turnover rates and care for clients. Researchers suggested that child
welfare social workers may be at an increased risk for burnout due to repeated exposure to child trauma. While the literature pointed to a need for addressing burnout in child welfare, studies showed that many industries were impacted as well. As a response to burnout, the following research to be presented indicated that mindfulness-based practices are an effective strategy for professionals and their organizations.

**Mindfulness**

The literature review will show that mindfulness is effective in preventing professional burnout. Researchers have examined mindfulness and its impact on physical and mental health. Findings for physical health showed promising results and a need for further research (Jacobs et al., 2013; Malarkey, Jarjoura, & Klatt, 2013). The studies conducted for mental health indicated a strong relationship between mindfulness and reduction of burnout (Lykins & Baer, 2009; Napoli & Bonifas, 2011; Nilsson, 2014).

Before discussion of the effectiveness of mindfulness on employee physical and mental health, a definition will be presented. As with burnout, mindfulness is a concept with many definitions available in the literature. A definition will be provided based on common themes observed in the literature. However, before mindfulness can be introduced, self-care should be explained.

**Starting with Self-Care**

As indicated in the literature, mindfulness is a form of self-care. Therefore an explanation of self-care may be prudent for two reasons. First, Dr. Kathleen Cox and Dr. Sue Steiner (2013), discussed self-care in, *Self-Care in Social Work: A Guide for Practitioners, Supervisors, and Administrators*. These authors indicated that self-care has many definitions depending on the industry, and literature reviews show extensive
research on defining it (Cox & Steiner, 2013). Meaning, there may be many variations of the term self-care.

Second, the National Association of Social Workers (NASW) included self-care practice as an ethical part of social work in providing the highest standard of care for clients (NASW Delegate Assembly, 2008). The NASW recognizes that burnout factors impact the welfare of social workers, which in turn may affect services. Because of this, the NASW encourages organizational leadership and employees to engage in self-care education, and practices (NASW Delegate Assembly, 2008).

Between an urging of the NASW to engage in self-care and the number of definitions, a brief description as it relates to social work will be given. Self-care includes a variety of needs such as safety, basic health and nutrition as well as higher-level concepts such as self-esteem and relationships (Cox & Steiner, 2013). Self-care is reflective of life skills, culture, and professional industry (Cox & Steiner, 2013). Cox and Steiner (2013) explained that it is, “A process through which deliberate choices are made about how to respond mentally, emotionally, and behaviorally to a variety of work-related stressors…. Further, “self-care is about learning to love, accept, and nurture oneself as a precursor to taking care of others” (p. 28). Based on this definition, mindfulness is a form of self-care.

**Origins of Mindfulness**

As with self-care, various definitions of mindfulness exist. However, the origins are most commonly associated with Buddhist meditative traditions with a strong focus on the breath (Bishop et al., 2004; Hölzel et al., 2011; Kabat-Zinn, 2003; Ludwig & Kabat-Zinn, 2008; Shapiro et al., 2006). This means it is a meditative practice in which a
person is centered in the present moment and focused on breathing. Mindfulness meditation does not require a specific belief system in order to practice. (Ludwig & Kabat-Zinn, 2008) However, there are some opposing thoughts about mindfulness and a belief system.

To begin with, some mindfulness practitioners may argue that Western culture’s adoption of mindfulness has removed the Buddhist intention, which is a focus on enlightenment; and to do so removes the essence of this practice (Kabat-Zinn, 2003; Shapiro et al., 2006). This perception of secularization may be accurate for several reasons. First, Dr. Jon Kabat-Zinn introduced it into mainstream at the Massachusetts Medical Center in the 1970’s as a mindfulness-based stress reduction (MSBR) program (Symington & Symington, 2012). Secondly, mindfulness is now moving into Western mainstream culture through medical and mental health treatment as well as stress reduction programs for a wide range of professionals (Bishop et al., 2004; Shapiro et al., 2008; Siang-Yang Tan, 2013; Symington & Symington, 2012).

Finally, Western religions, such as Catholicism and Eastern Orthodox, have adopted mindfulness with similar reflective practices but without the Buddhist intentions (Siang-Yang Tan, 2013). However, there are some members within Christianity for example, who are weary of participating due to the origins (Siang-Yang Tan, 2013). Therefore, the practice of meditation is not an issue, but some Christians in Western culture might change the intention to focus on God through prayer (Siang-Yang Tan, 2013). While there may be debates on the necessity of intention, there is agreement that the meditative practices are effective in reducing stress (Bishop et al., 2004; Shapiro,
Definition of Mindfulness

The assimilation of mindfulness into Western culture also led to many definitions. Research appears to credit the MBSR program as the first to create a training program on this practice which included learning how to meditate, continuing to be mindful when not in formal meditation, and yoga (Hölzel et al., 2011; Kabat-Zinn, 2003; Ludwig & Kabat-Zinn, 2008; Shapiro et al., 2008; Siang-Yang Tan, 2013; Symington & Symington, 2012). From there, programs have been built off of this framework, leading to additional terms such as mindful-based interventions or mindful-based activities to name a few examples (Hölzel et al., 2011). Therefore, researchers continue to propose definitions of mindfulness (Shapiro et al., 2008).

While focus on the breath and meditation may seem straightforward, the definitions have not been. There is a wide range of proposed intentions, components and measurement tools as a result of the research done on mindfulness (Hölzel et al., 2011; Kabat-Zinn, 2003; Shapiro et al., 2008). Therefore, for purposes of providing a general understanding of the mechanisms of mindfulness, common interconnected themes throughout the literature will be provided. The two main themes that emerged included, being present in the moment, and observing the internal and external experience without judgment.

Present in the moment. Meditative practice with a focus on the breath, allows a person to learn how to remain present in the current moment (Bishop et al., 2004; Hölzel et al., 2011; Kabat-Zinn, 2003; Ludwig & Kabat-Zinn, 2008; Lykins & Baer, 2009;
Shapiro et al., 2008; Shier et al., 2012; Siang-Yang Tan, 2013). As ruminative thoughts and feelings come up, a mindfulness return to the present allows for a greater harnessing of emotional energy needed for the task at hand (Hölzel et al., 2011). Ruminative thoughts that are not useful tie up emotional energy (Hölzel et al., 2011).

**Observation of the internal and external experience without judgment.** In order to determine if the thoughts and feelings that arise are necessary for the current task, learning how to observe the experience without judgment is a part of the mindfulness practice (Bishop et al., 2004; Hölzel et al., 2011; Kabat-Zinn, 2003; Ludwig & Kabat-Zinn, 2008; Lykins & Baer, 2009; Shapiro et al., 2008; Shier et al., 2012; Siang-Yang Tan, 2013). The lack of judgmental response to internal or external stimuli, allows for the person to make a decision of whether or not the information is needed for the moment. If not, the practice of mindfulness will allow the person to return to the present, and again, free the self from rumination in order to harness the emotional energy needed for the task at hand (Bishop et al., 2004; Hölzel et al., 2011).

**Summarizing the Definition of Mindfulness**

Thus far, mindfulness has been explained via the concept of self-care, origins, and pulling out common themes in research. The origins and assimilations from Buddhist traditions into Western culture may have led to changes in the intentions of mindfulness practice. As the literature discussed, these changes may be due to secularizing it for mainstream use, or due to a personal belief system. For some researchers or practitioners, there appears to be debate about the necessity of which intention, Buddhist originated or otherwise, is needed for mindfulness practice.
The level of research that has been conducted has provided a variety of proposed definitions of mindfulness. Two common themes appeared to run through the literature, which are that meditative practice leads to being present in the moment and without judgment to internal and external experiences. In turn, this allows the person to make a decision to act on the information, or return to the present to discontinue ruminative thoughts and free up emotional energy for the task at hand. As mindfulness has now been defined, research will be presented to examine its effectiveness on physical and mental health, followed by its impact on the workplace.

**Effectiveness of Mindfulness Practice**

As discussed during the literature review on the impact of burnout, there are negative consequences on physical and mental health. Per the definition of mindfulness presented earlier, the mechanisms of meditative practices aim to reduce ruminative thoughts. The literature reviewed indicated that findings on mindfulness showed improvements on physical and mental health conditions, as a result of participation in this practice.

**Impact on physical health.** Mindfulness practice may improve health conditions in several ways. Mindfulness may improve the immune system, blood pressure, capacity to deal with pain, as well as management of type II diabetes (Hartmann et al., 2012; Malarkey et al., 2013; Morone, Greco, & Weiner, 2008). In addition, research findings indicated that mindfulness practice negatively impacted cortisol levels, which is connected with cardiovascular disease (Jacobs et al., 2013; Malarkey et al., 2013). Rumination is associated with endocrine function and a release of excess cortisol and
mindfulness aims to reduce this type of thought process (Jacobs et al., 2013; Malarkey et al., 2013).

A study conducted at Ohio State University, examined the effect a mindfulness-based intervention program had on 186 participants who were at risk for cardiovascular disease (Malarkey et al., 2013). Participants were randomized into a mindfulness based treatment (MBT) arm or into health education. The findings indicated improvement in the lab measures with the MBT arm over the health education, but not as significantly as hypothesized. Malarkey et al. (2013) indicated that the MBT program provided was a more compressed version of the original program; in order to accommodate barriers such as working schedules. It may be possible that the original MBT program, from which the treatment was derived, had the potential to improve the outcomes (Malarkey et al., 2013).

Jacobs et al. (2013) also found that the lab measures associated with cardiovascular disease did not significantly improve as a result of mindfulness intervention. However, both studies indicated that measures for mindfulness significantly improved (Jacobs et al., 2013; Malarkey et al., 2013) Therefore, while the lab measures did not show a significant improvement, there was a relationship between mindfulness and increased body response such as better sleep, nutritional habits, and physical activity. This may help to prevent cardiovascular disease, and therefore further research is warranted (Jacobs et al., 2013; Malarkey et al., 2013).

Impact on emotional health. Research findings indicated that mindfulness-based practices reduced stress, negative affect, rumination, anxiety, and reports of burnout symptoms. Further, mindfulness practices increased self-compassion, life satisfaction,
and sense of well-being (Jain et al., 2007; Lykins & Baer, 2009; Napoli & Bonifas, 2011; Nilsson, 2014; Ozum Ucok, 2006; Shapiro et al., 2006; Shapiro et al., 2008).

Lykins and Baer (2009) collected data from two groups. One group consisted of 182 people who practiced meditations and the other had 78 non-meditators with similar demographic characteristics. The measures included the Five Facet Mindfulness Questionnaire (FFMQ), and scales measuring depression, psychological elements of well-being as well as variables related to cognition, emotion and personality. As predicted, the meditators had significantly higher scores in positive variables and lower scores in maladaptive variables. While the authors indicated these findings were consistent with recent literature, the participants’ self-report data increased the subjectivity (Lykins & Baer, 2009).

While the self-reported data may have been viewed subjective, the meditators may be representing the positive impact that mindfulness had on one’s sense of well-being. This would be consistent with the results of a study by Evans, Baer, and Segerstrom (2009), in which mindfulness practices improved the ability of students to focus on difficult job tasks. This in turn may have the potential to increase mastery of workload and sense of well-being (Evans, Baer, & Segerstrom, 2009).

Evans et al.’s (2009) findings are also reflected in the study results presented by Leroy, Anseel, Dimitrova, and Sels (2013). These authors found that 68 employees who completed mindfulness training had a stronger sense of self and improved work engagement (Leroy et al., 2013). In other words, it appears that those who practice mindfulness may have experienced direct improvement in a sense of well-being as well as increased ability to perform job tasks. This in turn may increase internal motivation in
the workplace. These employment experiences may also improve professionals’ sense of well-being and reduce work-related stress levels.

**Summarizing the Components of Burnout and Mindfulness Together**

The definition of mindfulness was presented. However, it may be best understood by pulling together the concepts of burnout, self-care and the effectiveness of mindfulness on physical and mental health. Burnout, self-care and mindfulness required a literature review in order to pull out common themes among the myriad of definitions available. These terms are not one-dimensional explanations. Rather, they are processes that take place along a continuum of experiences; each interconnected with the next.

Burnout is conceptualized as a process that includes emotional exhaustion, depersonalization and a reduced sense of personal accomplishment (Hamama, 2012; Maslach, 2003; Newell & MacNeil, 2010). These components impact how the professional interacts with self, client and/or the organization (Maslach, 2003). Adding to these dynamics are risk factors that include vicarious traumatization, secondary traumatic stress and compassion fatigue (Newell & MacNeil, 2010).

Self-care is a response to burnout and may include meeting basic needs, to higher levels of functioning such as self-esteem. As burnout occurs along a continuum, mindfulness self-care can be utilized at any point in that process. Mindfulness practice allows professionals to remain in the present while maintaining a non-judgmental reaction about any thoughts, feelings or external stimuli experienced (Bishop et al., 2004; Hölzel et al., 2011; Kabat-Zinn, 2003; Ludwig & Kabat-Zinn, 2008; Lykins & Baer, 2009; Shapiro et al., 2008; Shier et al., 2012; Siang-Yang Tan, 2013). Therefore, mindfulness is a practice that may be able to meet the social workers where they are at in
their experience with burnout. Next, additional studies, will be presented, that have examined the experiences of professionals implementing it into their practice and workplace.

**Implementing Mindfulness into Professional Practice**

The literature review up to this point has given background information on burnout and the effectiveness of mindfulness. This foundation was laid in order to present literature that examined the effectiveness of implementing mindfulness in the workplace. The study limitations presented by the authors of the literature provided insight into the organizational factors that either help, or act as barriers, to implementation of mindfulness. Literature for social work, business, healthcare and education will be presented to gain a holistic understanding of the experiences associated with mindfulness practice in the workplace. Organizational factors such as culture, leadership, policy and procedures or operational processes will be highlighted at the end of each industry presented.

**Social Work and Other Mental Health Professionals**

The impact of implementing mindfulness-based activities into social work and other mental health professions will be presented. The findings will show the level of effectiveness of mindfulness as well as the limitations of the studies. Organizational factors that will be discussed, which positively impacted implementation, are policy and procedures as they related to agencies providing training, workspace, and work time for employee participation. Additionally, leadership served to support, and in another study impeded, employee participation in mindfulness.
Shier et al. (2012) surveyed 700 social workers and from that pool interviewed 13 participants who reported high levels of well-being as a result of mindfulness practice. The aim of the study was to learn what was important to employees in their reflective work. Further, the anticipation was that the findings would suggest implications of utilizing mindfulness in professional practice (Shier et al., 2012).

As a result of mindfulness practices, Sheir et al. (2012) found several important themes. First, participants indicated that having a sense of identity as a professional increased their sense of well-being. Mindful practice allowed for the social workers to reflect on the roles professionally and personally. Other themes included an increase in self-regulation when with clients as well as maintaining a determined balance between work and personal life (Shier et al., 2012).

The highlighted themes that resulted due to mindfulness practice can inform leadership about what areas require additional training in order to support the needs of employees (Shier et al., 2012). Further, the authors recommended that additional investigation is needed to understand which organizational factors support mindfulness practice (Shier et al., 2012). In other words, because of the effectiveness of mindfulness practice, leadership may have an opportunity to provide training that is efficacious for its employee population.

Additional studies have shed light on organizational factors that may impact mindfulness practice. McGarrigle and Walsh (2011) examined the effectiveness of an eight-week mindfulness-based group model utilizing a mixed method design. The participants were social workers in a nonprofit agency that served children and families. The quantitative findings indicated that participants had an increase in mindfulness and a
decrease in stress levels. The qualitative themes included accountability, mindfulness and workplace context (McGarrigle & Walsh, 2011).

In the theme of workplace context, the participants indicated that permission to participate in mindfulness during work hours strongly influenced their capacity to participate (McGarrigle & Walsh, 2011). Within the theme of workplace context, subthemes of time, permission and place were presented. The participants indicated that the agency was structured to promote mindfulness with a location to practice as well as time allotted during the workday. Further, the overall feeling was that leadership supported incorporating mindfulness as part of daily professional practice within the agency (McGarrigle & Walsh, 2011). Participants reported lowered stress levels and increased sense of well-being as it related to their role within the agency (McGarrigle & Walsh, 2011).

In contrast, lessons gleaned from a study within a Veterans Affairs Health Care System found that the drop rate out rate by employees, in a mindfulness-based stress reduction program, may have been due to lack of agency support as reported by the participants (Shapiro et al., 2005). Health care professionals were invited to participate in an eight-week mindfulness-based stress reduction program. Eighteen participants were randomized into a treatment or control wait list group. Ten participants did not complete the study. However, those who did complete the treatment, reported an increase in satisfaction with life and decrease in work related stress and burnout (Shapiro et al., 2005). The control group also received the program following the treatment group, and 90 percent reported a strong commitment to continuing with mindfulness practice (Shapiro et al., 2005).
Those who did not finish the study indicated that it was due to increased responsibility and time demands, and not for lack of interest (Shapiro et al., 2005). Both the treatment and control groups’ expressed interest may be consistent with the findings presented by Shapiro et al. (2005). The average dropout rates for the mindfulness-based program that was used in the Veteran Affairs Health Care System study, is usually less than 20 percent, which is considered low (Shapiro et al., 2005).

Therefore, while the VA organization may have allowed the program to take place during the work schedule, the employees may not have had the capacity to engage. This is consistent with Shapiro et al.’s (2005) discussion. The authors indicated that future research should be done to examine ways organizations can support employees in mindfulness-based programs (Shapiro et al., 2005).

Reported employee feelings of support provided by the organization, seems to be a part of the study findings when mindfulness-based programs are effective (Richards, Campenni, & Muse-Burke, 2010; Rothaupt & Morgan, 2007; Thieleman & Cacciatore, 2014). However, the aim of the research by Thieleman and Cacciatore (2014) and Rothaupt and Morgan (2007), did not include investigating organizational factors that supported mindfulness practices. The purpose was to examine the effectiveness of mindfulness in professional practice. With that said, the authors indicated that social workers and mental health workers success with mindfulness was related to organizational support (Rothaupt & Morgan, 2007; Thieleman & Cacciatore, 2014).

Thieleman and Cacciatore (2014) surveyed 41 participants in an agency that served populations who experienced death related trauma. The findings indicated that there was a positive correlation between employee mindfulness and compassion.
satisfaction (Thieleman & Cacciatore, 2014, p. 39). However, the authors also stated that the findings may be a result of employees who already have agency supported mindfulness programs in the workplace (Thieleman & Cacciatore, 2014). Further, the qualitative study conducted by Rothaupt and Morgan (2007) did include a small sample size with six participants who were counselors. Yet, the findings indicated that working in an environment that promoted mindfulness was connected to the effectiveness of the practice (Rothaupt & Morgan, 2007).

Finally, Richards et al. (2010) found that mindfulness increased the sense of well-being with six mental health professionals who were the research participants. The authors pointed out the limitations, which included sample size. Further, the authors may have brought up an important point that could relate to the research on mindfulness and social workers. The success rate of mindfulness in their study may be due to the nature of the professional’s industry (Richards et al., 2010). In other words, social workers are trained in practices that may have elements of mindfulness in it. Therefore, mindfulness may be consistent with their professional values, leaving them more open to engaging. This may be a component in social workers’ capacity to engage in mindfulness practice. However other industries are also implementing mindfulness to include business, healthcare and education. These study findings also provide insight into organizational factors that influence employee capacity to engage in mindfulness self-care.

**Business**

Mindfulness may be able to impact ethical decision making in the business industry (Borker, 2013; Hall, 2013; Lampe & Engleman-Lampe, 2012; Ruedy & Schweitzer, 2010). Graduating business students may be at an increased vulnerability for
unethical decision-making due to the high demands of the industry (Lampe & Engleman-Lampe, 2012). Business professionals are exposed to many complex scenarios in which an unethical decision may appear justified (Lampe & Engleman-Lampe, 2012). Further, even if business professionals would not engage in blatant unethical behaviors, they may still be at risk due to personal bias (Ruedy & Schweitzer, 2010). Without self-reflection and awareness of their bias, these issues may covertly impact business negotiations and relationships (Ruedy & Schweitzer, 2010). Mindfulness may be a practice that can bring awareness to the self and promote ethical decision-making.

Two laboratory studies conducted by Ruedy and Schweitzer (2010) with college business students, found that mindfulness practice contributed to ethical decision-making. In the first study, students were surveyed on their mindfulness awareness, and how they governed decision making. Findings indicated that those who had a more mindful self-identity were less likely to engage in unethical behavior (Ruedy & Schweitzer, 2010, p. 78). For the second study, students were surveyed in mindfulness and then took a test with opportunities for cheating. Those with higher scores in mindfulness had lower incidents of cheating. The authors found it interesting that even those with higher mindfulness scores still had incidents of cheating, although much lower than other participants (Ruedy & Schweitzer, 2010).

The number of surveys given to students in the first study may have created a more mindful approach in answering questions about unethical intentions. By being exposed to the surveys, the concept of mindfulness was then introduced to the students. During the second study, many of the surveys were removed for this very reason (Ruedy & Schweitzer, 2010). With that said, the findings did indicate that mindfulness of self,
had an impact on ethical behavior. Further, the reinforcement of mindfulness via the number of surveys in the first study may provide insight into the effectiveness of creating awareness and its impact on ethical behavior.

There are companies who have an interest in mindfulness practices such as Transport for London (TfL), Google, GlaxoSmithKline, the Home Office, the Cabinet Office, KPMG, and PricewaterhouseCoopers (Hall, 2013). Between big company interest, and the growing research in how mindfulness may impact ethical behavior, it may seem plausible that there are no barriers for implementation. However, Hall (2013) indicated that many do not see a place for it in business professionalism due to the perception that mindfulness is more a trend than a solid professional practice.

This reaction to mindfulness is consistent with Dr. Borker’s (2013) assessment of how mindfulness is viewed. Dr. Borker (2013) supported the use of mindfulness practice, but provides recommendations of how to implement the practice with business students. The use of common mindfulness language may be a barrier for the business culture (Borker, 2013). Instead, suggestions may include terms like “deep breathing practice” in place of the word meditation for initial implementation (Borker, 2013, p. 52).

Lessons learned from the business industry are that culture may be an important organizational factor that influences mindfulness practice. Even with the literature on mindfulness, ethical decision-making, and use of the practice by some big companies; the cultural view of participation may prevent leadership and employees from engaging. As discussed earlier in chapter two, social work policy and procedure allowing for on-site practice, and leadership support, influenced employee capacity to engage. However, the
business literature also points out that culture may play a role in participation with mindfulness. With that said, additional helping professions may provide further insight.

**Additional Helping Professions**

**Healthcare.** Research conducted both nationally and globally in healthcare, brings to light organizational factors that may influence employees’ capacity to engage in mindfulness practice. Mindfulness may be effective as indicated in previous literature, but implementing a program into an organization’s professional practice could encounter barriers. Work schedules in particular appeared to present a barrier per research that will be discussed. Although it was not clear whether scheduling issues were due to lack of leadership support or that hospital staffing is a significant issue in the healthcare setting.

Demanding work schedules of nurses, physicians, medical students, and residents appears to be an issue for participation in mindfulness programs regardless of the potential for stress reduction (Dobkin & Hutchinson, 2013; Foureur, Besley, Burton, Yu, & Crisp, 2013; Hee, Subramanian, Rahmat, & Phang, 2014; Krasner et al., 2009; Manotas et al., 2014; Van Berkel et al., 2013). For example, Van Berkel et al. (2013) found that while there were over 250 healthcare participants, there was only a 50 percent compliance rate in their study. Reports by participants indicated that the organization did not allow for a change in the work schedule, and there was concern for repercussions regardless of approval for leave of absence (Van Berkel et al., 2013). Foureur et al. (2013) supported this finding by suggesting that an organizational barrier for further research on the effectiveness of a mindfulness program was the ability for employees to be able to participate.
Adding to these examples of scheduling issues for participation in mindfulness programs, are classes for medical students. A study conducted at the University of Georgia invited over 600 fourth year medical students and first and second year residents, to participate in surveys to measure their level of self-awareness (Palladino et al., 2013). However, the demanding schedules influenced participation and limited the study (Palladio et al., 2013).

Further, Dobkin and Hutchinson (2013) reviewed mindfulness-based classes offered to medical students at several schools in the United States. While the consensus was that these classes may be effective in the reduction of stress and emotional exhaustion, the students’ demanding schedules may be a barrier (Dobkin & Hutchinson, 2013). Therefore because the mindfulness-based classes were not about technical medical training, the authors indicated the courses may only be effective if offered as an option. If the student chose the class, the motivation to engage will be increased (Dobkin & Hutchinson, 2013).

Conversely, Manotas et al. (2014) had a 90 percent attendance rate in a mindfulness program. The participants were critical care nurses from three different shifts in a Malaysian hospital. Pre and post surveys measured stress levels and sense of well-being. Findings indicated a stress reduction of 30 percent. The authors credited the instructor’s expertise in training busy employees, managers working to arrange schedules, as well as the hospital offering continuing education units, for the high level of participation by the nurses (Manotas et al., 2014).

Another study examining the effectiveness of mindfulness was conducted in which 70 primary care physicians whom participated in an educational program (Krasner
et al., 2009). The surveys given to the participants measured mindfulness, empathy and mood. The results indicated an increase in sense of self-awareness and empathy, as well as a decrease in burnout factors such as emotional exhaustion and depersonalization (Krasner et al., 2009; Van Berkel et al., 2013).

Krasner et al.’s (2009) findings on the effectiveness of mindfulness on stress reduction are consistent with the other studies that had higher dropout rates due to work scheduling demands. However, it may be difficult to generalize findings, if the enrollment number of participants is too low on studies (Foureur et al., 2013).

As discussed, organizational factors that influence employee capacity to engage in mindfulness may be due to staffing demands and a program to fit within these constraints. The literature did not point to a lack of effectiveness of mindfulness practice, but rather the barriers encountered for implementation. Next, the education industry does have several options for mindfulness-based programs that other industries may find useful.

**Education.** There were a variety of mindfulness-based programs for teachers that range in length and methods of participation (Roeser, Skinner, Beers, & Jennings, 2012). The programs included Cultivating Awareness and Resilience in Education (CARE for teachers), Stress Management and Relaxation Techniques (SMART-in-education), Inner Resilience, Mindfulness, Courage and Reflection for Educators, Mindful Schools, and Passageworks Soul of Education Course for Teachers (Roeser et al., 2012). Roeser et al. (2012) indicated that because the field of mindfulness training (MT) is rather new, further research is needed to extend the evidence of this practice’s effectiveness with teachers and therefore the impact on students.
A randomized, waitlist controlled trial took place on two sites with elementary and secondary school teachers who participated in a mindfulness training program (Roeser et al., 2013). One site was in Canada with 58 participants; and another in the United States with 55 participants. Measures included self-reported surveys, blood pressure and heart rates, and a daily journal for each participant. The study aimed to examine program acceptability, feasibility and efficacy.

The findings indicated that 98 percent of the teachers liked the program and would recommend to others (Roeser et al., 2013). Feasibility findings indicated that two-thirds of the participants were compliant and completed the program (Roeser et al., 2013). While there were no significant changes in the blood pressure and heart rates, the surveys showed that the treatment group had a decrease in stress and increase in self-awareness. Roeser et al. (2013) indicated that it may be possible that the outcomes were a result of teacher motivation, as well as the effectiveness of the instructor.

When reviewing the availability of mindfulness programs for teachers and willingness for study participation, it may be possible there is an organizational culture that supports the practice. While more studies are needed for generalizability, it does appear the industry is providing professionals with mindfulness resources.

**Summarizing Mindfulness in the Helping Professions**

The helping professions are in the process of conducting research about mindfulness in the workplace in social work, as well as offering classes to medical students and programming for teachers. It appears that while mindfulness is effective in reducing stress for healthcare providers, employee capacity to participate may be
impacted by staffing demands. With that said, mindfulness training appeared to make a difference due to the instructor’s expertise.

It appears there are a variety of options for teachers to participate in mindfulness training. This may be reflective of a supportive culture in the industry as a whole. Further research may be needed to confirm the organizational factors that influence these helping professionals’ capacity to engage in mindfulness self-care. However, the lessons learned and shared by the authors provided insight on levels of organizational support and barriers.

**Summary**

Literature was presented to show the evolution and current definition of the terms burnout, self-care and mindfulness. This information set a foundation before proceeding to a review of mindfulness in professional practice. Literature searches provided a variety of definitions, and common themes were reviewed and presented as a result. Burnout has been widely researched and the definition has evolved into a concept, which is a process that occurs along a continuum. Burnout reaches throughout industries and impacts employees, organizations and the people who are served. Child welfare social workers may be at an increased risk for burnout due the nature of their jobs.

Self-care is meeting personal and professional needs as a response to burnout. Mindfulness is a form of self-care in which mechanisms allow for a person to remain present and observe internal and external stimuli without judgment. Mindfulness research findings have found it to be effective, in particular, for mental health and reducing risk factors for burnout. Social work, business, healthcare and education
industries have begun to implement mindfulness into the workplace as a response to work related stress.

While it appears mindfulness is effective for improving mental health and decreasing burnout, there was no strong evidence of it directly causing physiological changes to support health. It may be possible that due to positive changes in emotional health and awareness of the self, increased physical self-care took place. Further, mindfulness has been studied for effectiveness for reducing work-related stress. However, the organizational factors that were found in each study were due to thorough analysis of the findings and limitations. The studies themselves did not aim to examine organizational factors themselves and how they influence employees’ capacity to engage in mindfulness self-care.
CHAPTER THREE: METHODOLOGY

Introduction

Current research appears to be focused on examining the effectiveness of mindfulness on employees within the workplace. However, during the literature review, the study limitations suggested there may be organizational factors that influenced employee capacity to engage in mindfulness self-care. Those factors identified in the literature review included culture, leadership, policy and procedure as well as operational processes. Therefore, further research is needed to determine how to effectively implement mindfulness-based interventions into the workplace.

The purpose of this qualitative instrumental case study was to examine the organizational factors that influence child welfare social workers’ capacity to engage in mindfulness self-care. The child welfare agency that was examined, implemented mindfulness self-care as part of social work practice. A case study aims to best understand a specific issue that is timely and in a real world setting (Creswell, 2013; Yin, 2014).

Research Questions

The components of an organization such as culture, leadership, policy and procedure as well as operational processes may be factors, which influence child welfare social workers’ capacity to engage in mindfulness self-care. As discussed in chapter two, within the limitations and discussion sections of the studies, authors indicated these organizational factors acted as strengths or barriers for implementation of mindfulness practice into the workplace. Research on industries such as social work, business, healthcare and education suggested that cultural acceptance, supervisory support,
workplace training, and organizing daily operations to promote mindfulness-based practices, impacted effectiveness (Borker, 2013; Dobkin & Hutchinson, 2013; Manotas et al., 2014; Roeser et al., 2013; Shapiro et al., 2005; Shier et al., 2012).

Therefore, the following question guided this qualitative study, “What organizational factors influence employees’ capacity to engage in mindfulness self-care?” Additional sub-questions were presented that addressed different components of an organization such as culture, leadership, policy and procedure, and operational processes. 1.) How does organizational culture play a role in employee attitude towards mindfulness self-care? 2.) What employee perceived leadership traits influence employees’ willingness to engage in self-care? 3.) What aspects of agency policy support mindfulness self-care? 4.) What operating procedures influence employee willingness to practice mindfulness self-care?

**Method**

**Case Study**

**Instrumental single-case study.** There are several reasons why an instrumental single-case study was appropriate for examining the influence organizational factors have on child welfare social workers’ capacity to engage in mindfulness self-care. First, the intent of this type of design was to gain a holistic understanding of the specific issues encountered in an identified case that is bounded by place and time (Creswell, 2013; Yin, 2014). In other words, a comprehensive examination of an organization’s experiences with mindfulness practice provided data from a list of variables that played a role in social workers’ capacity to engage in this form of self-care. These experiences fell within the parameters of a timeline that indicated when a need for mindfulness-based
self-care was identified, its implementation and current on-going practices. A holistic examination of the organizational factors also included the real-life setting in which they occurred (Creswell, 2013).

**Social, political, and cultural context.** The organizational factors that influence social workers’ capacity to engage in self-care may be embedded in social, political and cultural contexts, which is its natural setting. The social, political and cultural context of the social work industry and agency may impact organizational factors. Gaining a comprehensive understanding of the influence on social workers’ capacity to engage in self-care, may require further exploration of the environment in which the organization operates. This aligns with the intent of an instrumental case study as this design seeks a holistic examination of all the experiences the organization and its staff encounters (Creswell, 2013; Yin, 2014).

**Real-life context.** A case study allows an examination of the organizational experiences in a real-time context (Creswell, 2013; Yin, 2014). This design promotes a strategically important opportunity for real-life problem solving that is timely. The lessons learned per the agency examined, may offer insight into how leadership can support staff in self-care and how to overcome potential or existing barriers.

**Focus on several variables.** The organizational factors that influence social workers’ capacity to engage with mindfulness self-care may include cultural norms, leadership, policy and procedure as well as operational processes. However, it is possible there are additional factors, which may play a role such as the employee personal belief system (Siang-Yang Tan, 2013). With that said, the goal of the instrumental case study is not to control for any variables, but rather gain an in-depth understanding of all issues
that impact a phenomenon (Creswell, 2013). This means that a comprehensive examination of all issues an agency encountered was necessary to understand the organizational factors, which influenced child welfare social workers’ capacity to engage in mindfulness.

Criteria for Case Study Selection

While the criteria for case study selection may be considered purposive sampling, Yin (2014) cautions the use of the term as it may give an impression of statistical generalization. Instead, it may be more prudent to view the criteria for case selection as the means to conduct an “analytic generalization” (Yin, 2014, p. 40). This means that the case chosen was done with the intent of answering the research questions. In turn the analysis of the data collected, may serve to assist leadership in future decisions with implementing self-care into the workplace (Yin, 2014).

The Mid-western non-profit social services agency chosen for this case study, provided services for children who have experienced abuse. The agency served two greater metro areas. These services included therapy, case management, in-home safety, residential shelter, and group home. The agency also provided additional services for addiction, domestic violence, adult mental health, and homelessness.

The agency officially formed a steering committee in August, 2013, aimed at creating a culture of trauma informed care for employees. The specific name of the committee has been omitted to preserve anonymity, however the group also referred to itself as TIC (trauma informed care). The definition and principles of trauma informed care, as described by TIC, is aligned with the National Center for Trauma Informed Care (NCTIC) with the U.S. Substance Abuse and Mental Health Services Administration
(http://www.samhsa.gov/nctic/trauma-interventions). According to TIC’s description, “Trauma informed care is an approach to engaging people with histories of trauma that recognize the presence of trauma symptoms and acknowledges the role that trauma has played in their lives” (personal communication). As indicated in the definition of terms in chapter one, trauma informed care is not an intervention, but rather an approach that can be implemented into an agency. TIC indicated that their aim is to create an agency culture of, “safety, trustworthiness, choice, collaboration and empowerment” (personal communication).

The members with the TIC steering committee represented agency leadership, direct care staff, as well as clients and family members. TIC has organized work groups that reflect various agency programs, and included agency leadership and staff members. The work groups implemented TIC initiatives, and collected feedback from staff and clients. TIC appeared to encompass a wide range of representation and was not exclusive to agency leadership.

The trauma informed care approach was underway in the agency for the past ten years via a model of trauma informed intervention called Sanctuary. This model is a part of the agency’s services in helping children who have experienced abuse. However, the agency also began to recognize that their staff was also exposed to trauma due to the abuse experienced by their clients. In an effort to build on Sanctuary and support staff, the approach of trauma informed care became an agency wide initiative for clients and employees. The agency sought out the aid of consultants to effectively create an organizational culture change. The agency acknowledged that implementation is still a work in progress as it has been just over one year since the start of TIC in August, 2013.
The agency sought to integrate trauma informed care into every facet of the organization, which included culture, leadership, policy and procedure as well as operational processes. TIC indicated that in order to achieve this cultural shift, it required, “Full participation of administrators, supervisory, direct service, support staff and consumers” (personal communication). The committee utilized various benchmarks to measure progress within these organizational factors. These organizational factors were also part of the focus in this study’s research questions.

Mindfulness practice was considered by TIC to be an important part of creating a trauma informed care culture. Terms such as mindfulness, mindful, and check-in were part of the agency’s language. Mindfulness training has also been included as part of staff training. TIC has indicated that mindfulness practice is what promotes a trauma informed care culture as employees increase self-awareness, remain centered in the moment, as well as improve mindful approaches in their day to day interaction with clients, staff and the community in which the agency serves.

Data Sources

Data sources were various in order to ensure a holistic examination of the case study (Creswell, 2013; Yin, 2014). Documentary information as well as interviews with social workers, leadership and support staff were collected. Therefore, along with interviews of agency staff, data collection came from direct nonparticipant observation of the agency’s steering committee, agency documentation as well as archival records. These data sources are discussed in greater detail later in chapter three.

The participants who were interviewed came from various roles in order to maintain a holistic examination of the case study with an aim to answer the research
ORGANIZATIONAL FACTORS THAT INFLUENCE

questions (Yin, 2014). Because the intent of the steering committee was for an agency wide culture of self-care; social workers, agency leadership and support staff were interviewed. Sampling methodology, although purposive in nature, remained consistent with the goal of analytic generalization, and answering the research questions as suggested by Yin (2014). Each participant, within his or her role, brought to light the organizational factors that influenced child welfare social workers capacity to engage in mindfulness self-care.

Therefore, the sample profile included six social workers, one agency leader who was also a social worker, and one support staff. With the exception of the support staff, the participants held as their highest degree, either a master of social work (MSW) or bachelor of social work (BSW). Therefore the social workers interviewed included four MSW’s, and three BSW’s. The social workers served in roles such as therapists, case managers, liaisons, supervisors and agency leadership. The support staff had direct contact with agency social workers. The demographics of the entire sample included seven females and one male. Finally, the age ranges included one participant in age group 25 to 29, three participants in age group 30 to 34, three participants in age group 35 to 39 and one participant in age group 50 to 54.

Per agency approval, potential participants were informed about the opportunity to participate in the study via email communication sent by this researcher. Interested participants responded to the email and an agreed upon date and time was arranged. All interviews were conducted in a private setting with the door closed, tape recorded per permission of the interviewees, and lasted from twenty to forty minutes. The interview questions were not provided in advance to the participants.
Instrumentation

Interview questions were crafted to answer the research questions. While the questions were designed for a one to one interview with an employee, the underlying intent was to gain further knowledge about organizational factors that influenced participation in mindfulness self-care. The distinction between questions asked, and the underlying intent, was carefully monitored by this interviewer; so that data collected focused on the case study and not the interviewee (Yin, 2014). What this means is that gaining knowledge about how the interviewee viewed the way an organization worked was the underlying theme in the questions. This was opposed to centering the interview on the interviewee’s personal experience with mindfulness. Data focused on personal experience, instead of organizational, cannot be triangulated with documentary evidence that was collected (Yin, 2014). Further, follow-up questions also guided the interview process in order to remain focused on the research questions (see Appendix A).

The questions provided a guide for the interview in answering research questions, however establishing rapport also played a role during this process. The first question was aimed at demonstrating an interest in the participant’s role within the agency as well as establishing rapport (see Appendix A). The interviewee was also asked directly about what mindfulness self-care meant to him/her, in order to examine the perceptive lens through which he/she viewed the organizational experiences with implementation. Next, the questions examined the interviewee’s understanding of self-care as it related to how it has been implemented via the agency. The intent was to gain an understanding about which organizational factors influence employee capacity to engage with mindfulness practice.
Each question was first asked as it related to self-care, then specifically about mindfulness practice. This was to rule out a rival explanation about organizational support with self-care (Yin, 2014). The interviewee could have inadvertently answered questions about mindfulness self-care as it related to self-care practices in general within the workplace. Therefore, questions about self-care in general were asked, then specifically focused on mindfulness practice.

The Researcher’s Role

The background of the researcher as a social worker was useful due to having an understanding of the context of which the data are being collected. Interviews are more than asking questions and receiving answers (Yin, 2014). Reading body language, recognizing the dynamics of the industry in which the interviewee works, and capturing the mood during the interview, should all play a role in collecting and analyzing the data (Creswell, 2013; Yin, 2014). However, it is possible the background that highlights a strength for a deeper understanding of the data collection may also run a risk for bias.

Past exposure to victims of abuse in the role of a social worker, may influence the lens through which the researcher perceived the data collected. The subject of child abuse may solicit a strong emotional reaction, as well as desire to support fellow colleagues dedicated to this helping profession by the researcher. Therefore, a commitment to balancing a background in social work with a bracketing of these same professional experiences was critical (Creswell, 2013). This researcher utilized a journal to record all personal reactions during data collection and analysis. Further, the dissertation committee was contacted to process this researcher’s experiences, to ensure objectivity remained.
A reflective researcher was necessary in understanding how a social work background fits into the research process. As stated before, experience in social work may help to recognize the nuances that should be captured through qualitative data. However, in a desire to support fellow social workers, it was imperative to recognize that an accurate portrayal of the agency’s lessons may help future leadership with implementing mindfulness self-care into the workplace.

**Data Collection Plan**

**Data Sources**

The underlining theme in presentation of this case study design has been the holistic collection of data. The multiple sources were necessary in order to triangulate the data and find patterns for confirmatory evidence aimed at answering the research questions (Creswell, 2013; Yin, 2014). Areas for data collection included direct non-participant observation, agency documentation, agency archival records and interviews.

The timeline for data collection began after Creighton University Institutional Review Board (IRB) approval on August 20, 2014. Therefore, data collection was conducted until October 10, 2014. At that point in time, no new evidence emerged in the interviews and the data in the transcripts confirmed the evidence found in the direct non-participant observations, agency documentation and archival records (Creswell, 2013). The agency clinical director served as the gateway to gaining access to all agency data sources. The following are the data collection methods that took place.

**Direct Non-Participant Observation**

Observation of two monthly steering committee meetings provided an in-the-moment context of implementing self-care into the workplace. The steering committee
meetings set goals for implementing self-care into the workplace and evaluated progress. While the entire meeting was not committed to mindfulness specifically, the data added to the findings about the agency’s experience with implementing self-care via trauma informed care. Creswell (2013) recommended utilizing an observational protocol to record the data (see Appendix B). Data collection included this researcher taking notes on what was discussed as well as observations about the member’s interactions with one another and body language presentation.

**Documentation**

Various agency documentation was collected as part of this study’s aim to gain a holistic view of this agency’s experiences with implementing mindfulness self-care into the workplace. All documentation was provided to this researcher via the agency’s clinical director. Data from the previous steering committee meeting minutes were collected to establish a timeline of mindfulness self-care implementation. The meeting minutes were dated back to May, 2013. Per the entry made in the meeting minutes, it appeared this date reflected the beginning of the steering committee’s focus on implementing self-care into the workplace. Therefore all the monthly meeting minutes from May, 2013 to August, 2014, were collected. Also, communication from the steering committee to agency employees was collected. These forms of communication included email announcements and newsletters.

Another data source included TIC’s policy and procedures, which included the mission statement and core values, as well as their goal setting and benchmarks. This researcher also considered TIC policy and procedures to be informal, and in development, as observed during the TIC steering committee meetings. Procedures that
took place during the meetings, were clearly expected by leadership, however no formal
documentation was available per the TIC chair. This researcher collected the meeting
minutes, during the transition of one TIC chair retiring from the agency, and a new one
taking over. The previous meeting minutes were a collection of hand written notes as
well as typed. The new chair did share that as the TIC initiative is a work in progress
with procedures becoming more finalized as they move forward. Finally, records of the
agency’s goal setting for self-care, were provided as the organization’s 2014, second
quarter, strategic plan update.

Archival Records

A collection of data that focused on employee satisfaction was provided from
2011 through the first quarter of 2014. The agency conducted employee satisfaction
surveys and the anonymous aggregated data covered staff opinion about agency goals,
benefits, feeling valued, individual contribution, job satisfaction, manager effectiveness,
retention, teamwork, and trust in senior leaders and co-workers.

Interviews

Interviews were conducted with social workers, agency leadership and support
staff as discussed in detail earlier in chapter three. The interviews were audio recorded as
allowed by all of the interviewees. The number of interviews with social workers was
dependent on when patterns emerged with the other data, and no new evidence was found
(Creswell, 2013).
Data Analysis Plan

Procedures

All data collected were dated to ensure a chain of events that can be followed from the start of the study or backwards from the conclusion. In other words, this step may increase the ability to replicate the study at another time (Yin, 2014). Further, all hard copies of data were stored in a locked cabinet in the researcher’s office. All data, to include any hard copies to be scanned, were also saved electronically onto a password-protected computer. The transcripts were also password-protected via the transcription service Rev.com, and all other documentation was secured in a computer cloud service.

Coding

During data organization, keeping notes or memos of any observations were kept in a researcher’s report (Yin, 2014). Memos are a common practice in qualitative research (Creswell, 2013; Yin, 2014). As the data went through this preliminary analysis, triangulation could occur to identify when data were saturated or further collection was needed (Yin, 2014).

Both Creswell (2013) and Yin (2014) indicated that pattern matching logic is advisable for a case study analysis. First, codes were attached to segments of data. All documentation and interview transcripts were carefully reviewed a minimum of three times. Creswell (2013) recommended starting with less than seven codes and through consistent reviewing of data, expand to no more than thirty categories. This researcher started with the assignment of twelve codes and expanded to twenty-five. The names given to the codes, and thematic categories were reflective of the language utilized in the Creighton University Doctorate of Education in Leadership program as well as the
literature review on mindfulness in chapter two. After thorough analysis four codes were collapsed, leaving twenty-one categories to be aggregated into themes.

**Pattern-Matching Logic**

Themes may be predicted in pattern matching logic (Yin, 2014). For this case study, the research questions inquired about the organizational factors of culture, leadership, policy and procedure, and operational process that may influence employee capacity to engage in mindfulness self-care. As discussed in the literature review in chapter two, these organizational factors may have played a role in implementation of mindfulness practice into the work-place. Therefore culture, leadership, policy and procedure, and operational processes could become thematic categories; which may confirm the literature review. However, because a case study does not control for variables, other themes could be discovered (Creswell, 2013). Finally, the themes were analyzed in order to develop naturalistic generalizations (Creswell, 2013). In other words, findings were lessons learned that other agencies may be able to apply to their decision making with implementing mindfulness self-care practice into the workplace.

**Verification**

**Construct Validity**

Construct validity refers to the steps taken to conduct the study (Yin, 2014). This means that it is important the study is measuring what it claims to measure. There are several steps that may strengthen construct validity in a case study. First, this study utilized various sources for data collection. Therefore triangulation was conducted to confirm corroborating evidence (Creswell, 2013; Yin, 2014). Next, all information was dated in order of collection to provide the sequence of events that can be traced from start
to end of study; or from the conclusion going backwards (Yin, 2014). This means that the steps taken during the study can be clearly identified. Finally, interview participants were provided a review of their transcript to gain their feedback on accuracy (Creswell, 2013; Yin, 2014). This process was explained to them on two separate occasions; via an email and prior to the interview. This researcher also ascertained understanding from the participants on the purpose of providing the transcript, before starting the interview. None of the participants requested that any changes be made after being provided their transcript.

**Internal Validity**

Internal validity is concerned with the strength of the causal relationship between two variables (Yin, 2014). While internal validity may not apply for a case study, pattern-matching logic does allow for predictions. If the themes do confirm predictions, internal validity may be strengthened (Yin, 2014). For this study, research questions were centered on the organizational factors, which included culture, leadership, policy and procedure, and operational processes. These factors were chosen due to the literature review conducted. With that said, other themes did come to light after data analysis.

**External Validity**

Case studies do not aim to generalize to the greater population, but rather provide an in-depth, holistic examination of current, real-life phenomenon (Creswell, 2013; Yin, 2014). External validity is the study’s ability to generalize to the greater population (Yin, 2014). With that said, Yin (2014) does indicate that use of a theory may strengthen external validity for a case study.
Reliability

Reliability is the ability for the study procedures to be replicated in the future (Yin, 2014). The use of a protocol for a case study may increase reliability (Yin, 2014). This case study contains the elements of a protocol outlined by Yin (2014). This dissertation includes an overview of the study, data collection procedures, analysis and reporting of findings. Finally, peer examination of this study can provide an objective review of the procedures conducted (Creswell, 2013; Yin, 2014). The expertise of the dissertation committee provided feedback to ensure reliable measures were taken. The dissertation chair reviewed every chapter, and met with this researcher to provide feedback through the dissertation process. The research mentor reviewed data collection methods, and the entire dissertation committee was updated at every juncture of the dissertation journey.

Ethical Considerations

Addressing ethical issues centers on protection of human subjects as there may be potential risks for participation in a qualitative case study. First, this case study focused on one agency. Within that agency, only a certain number of social workers, leadership and support staff participated in the interviews. While confidentiality was maintained as discussed in greater detail later in this section, the risk may still have been present for fellow agency employees to conclude whom the participants were, due to the answers provided. In turn, this may put the participant at risk for social and psychological consequences. Next, as child abuse can be an emotionally charged subject, there may have been the risk for psychological discomfort during the interview.
The informed consent process was a starting point in addressing these ethical considerations. The informed consent form presented the aforementioned risks for the potential study participant to review (Appendix C). The researcher verbally reviewed the informed consent with the potential participant, allowed time for questions as well as ascertained understanding. Every step was taken to ensure the participant fully understood the purpose of the study, and the procedures that were to take place.

Additional important key items were highlighted which included reiterating that participation in the study is voluntary, and every possible measure will be taken to ensure confidentiality is maintained (see Appendix C). Study participants were informed that their participation is voluntary. The participant may withdraw from participation at any time during the interview. During the interview, the participant was welcomed to refrain from answering any questions he or she was not comfortable with. Next, confidentiality was reviewed with the participant. A unique code was assigned to their transcript instead of the name. Any other possible identifiers that may be present in the transcript were removed. Finally, this study was approved by Creighton University’s Institutional Review Board on August, 20, 2014, and all data will be destroyed at the end of the study per Creighton University’s research policy and procedures.

**Summary**

This chapter discussed the methodology for an instrumental case study that was utilized to collect data. The rationale was provided to support the choice of this case study design as well as the criteria for the agency that was chosen. The theme of a holistic examination of data can be observed throughout chapter three. Therefore, several
data sources and collection measures were identified. Further, the researcher’s role, verification of the data and ethical considerations were presented.

The purpose of this study was to examine the organizational factors that influence child welfare social workers’ capacity to engage in mindfulness self-care. The findings of this study may address a gap in literature, which is implementation of mindfulness into the workplace. In turn, the lessons learned by this agency may serve future leadership decisions with supporting employee self-care. The findings from data collection and analysis will be presented in chapter four.
CHAPTER FOUR: FINDINGS

Introduction

The purpose of this qualitative instrumental case study was to examine which organizational factors influence child welfare social workers’ capacity to engage in mindfulness self-care. The question that guided this study was, “What organizational factors influence employees’ capacity to engage in mindfulness self-care?” The additional research questions addressed the different components of an organization such as culture, leadership, policy and procedure, and operational processes. 1.) How does organizational culture play a role in employee attitude towards mindfulness self-care? 2.) What employee perceived leadership traits influence employees’ willingness to engage in self-care? 3.) What aspects of agency policy support mindfulness self-care? 4.) What operating procedures influence employee willingness to practice mindfulness self-care?

This chapter will present the findings of this study. A review of the methodology will first be summarized. The data analysis procedures will next be provided. Finally, the results will be presented with findings via the thematic categories. Following the themes, a section on the quantitative archival records, which were employee satisfaction surveys, will be provided.

Review of the Methodology

Data collection sources were varied in order to gain a holistic examination of this agency’s experiences with implementing mindfulness self-care into the workplace (Creswell, 2013; Yin, 2014). The data sources included interviews with social workers, whom provided services to children who have experienced abuse or neglect. There were eight interviews total with a profile sample of four masters of social work (MSW), three
bachelors of social work (BSW) and a support staff. Leadership and support staff roles were included because the trauma informed care steering committee (TIC) aimed to have self-care be visible at every level in the agency. The social worker roles included therapist, case manager, liaison, and leadership roles.

The additional data sources included TIC meeting minutes that date back to May, 2013, TIC communication with agency staff, agency goal setting via 2014 second quarter strategic plan update, TIC goal setting, TIC policy and procedure, this researcher’s observation of TIC meetings, and employee satisfaction survey results which were anonymous and aggregated by the agency.

**Data Analysis Procedures**

**Data Triangulation**

Data analysis procedures began with the start of data collection and steered each step along the way. When the interviews were completed, the transcripts were immediately sent to the transcription services, from whom they were returned in less than twenty-four hours, and then read several times by this researcher. Observations of the transcriptions were attached via memos, along with notes taken during the interview as they related to the environment and non-verbal cues the audio recorder could not pick up. This data were triangulated to determine taking next steps in setting up another interview (Creswell, 2013; Yin, 2014). Interview data were saturated at six interviews. At that point, an interview was then conducted with an agency leader as well as a support staff. The reasoning, for the additional interviews, was that the mission of the TIC steering committee was to observe self-care in all facets of the agency and at every level of
personnel. The agency leader and support staff interviews were triangulated with the social workers’ data to confirm saturation had been reached.

Interview transcripts and the other sources of data were reviewed simultaneously as made available to the researcher. The data included notes taken by this direct non-participant observer in steering committee meetings, review of the TIC steering committee meeting minutes, emails and newsletter forms of agency communication, agency strategic plans, steering committee goal setting and policies, and staff satisfaction surveys. A cycle of collecting, thorough reading of data several times, attaching memos of observation, and triangulation continued throughout the data collection process.

Yin (2014) stressed the importance of multiple sources of data to create “converging lines of inquiry” in a single case study (p. 120). This means that the more sources that can be corroborated via triangulation, the stronger the support for the findings (Yin, 2014). The data collected for this study were consistent with recommended sources of data per Yin (2014), which included agency documentation, archival records, interviews, and observations. The other two sources recommended by Yin (2014) were participant-observation and physical artifacts, which were not included in this study. Artifacts and participant observation were not available for data collection.

**Coding and Analysis**

For this study, research questions were centered on organizational factors, which included culture, leadership, policy and procedure, and operational processes. These factors were chosen due to the literature review conducted, as stated earlier in chapter three. However, because this was a qualitative case study and variables were not
controlled for, additional information could be brought to light through the interviewees’ answers (Creswell, 2013).

The open-ended questions allowed the opportunity for the interviewee to address any one of the research questions as well as introduce additional organizational factors that influenced employee capacity to engage in mindfulness self-care (see Table 9, Appendix D). For example, when asked about mindfulness self-care practices, the interviewee’s answer may reflect the influence of culture, leadership, policy and procedure, operational processes as well as other organizational factors. The codes and thematic categories, provided in Table 10, Appendix E, reflect the organizational factors that were discovered via the coding and analysis process.

**Results**

The findings are presented via the thematic categories, and also indicate which data sources the codes were observed. The reasoning for this presentation is that the primary aim of the TIC steering committee was for trauma informed care to be experienced in every facet and level of the organization. In other words, because mindfulness is a large component of TIC per this steering committee, then the findings must be presented in a manner that clearly shows what areas of the agency the self-care topic was observed and/or brought up during an interview.

The themes that emerged were culture, leadership, policy and procedures, operational processes, and strategic thinking. Within the theme of strategic thinking, the sub-themes were goals approach in strategy development, agency leadership role, and change agents. The qualitative data sources included interviews, TIC steering committee meeting minutes, TIC steering communication with agency staff, agency goal setting via
2014 second quarter strategic plan update, TIC steering committee goal setting, TIC steering committee policy and procedures, and direct non-participant observation of the TIC steering committee meetings via this researcher.

As discussed in greater detail in chapter three, the TIC steering committee policy and procedures included the mission, values, goal setting, and benchmarks. However, as the TIC chair shared, implementation of trauma informed care into the agency continues to be a work in progress along with formulizing procedures. Therefore, per this researcher’s observations at the TIC steering committee meetings, procedures appeared to be present that had not been formalized into a document at the time of data collection.

**Culture**

The interview findings indicated that employee relationships, acceptance of mindfulness, language, and TIC’s mission had a positive influence on social workers’ capacity to engage in mindfulness self-care. Further, these same categories were also observed in the data sources (see Table 1).
### Table 1

*Influence of Culture on Interviewees’ Capacity to Engage in Mindfulness*

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<thead>
<tr>
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<tbody>
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<td>Positive Influence</td>
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<td>Observation of TIC Meetings</td>
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<td>X</td>
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</tbody>
</table>

*Note.* The codes are listed left to right in the order in which the data was most discussed by the interviewees. The “X” indicates that the code was found in the data source.

**Employee relationships.** Interviewees viewed their relationships with peers as a vital component to engaging in self-care. Regardless of the interviewees’ position held in the agency, social workers reported seeking out an appropriate peer for support. Findings indicated that positive relationships with co-workers reinforced a mindful self-care practice. This was done by employees reminding one another to check-in with themselves or by being available to assist a staff member to become centered. While interviewees overall were able to provide an answer as to what mindfulness is, they also added that work relationships supported the self-care practice. For example, sometimes
after a difficult client case, social workers reported that they decompressed with a peer in order to become centered. Such activities included discussing the client case, personal or work-related issues that may be interfering with the workday, or even non-related items. The social workers, overall, indicated that this type of support reinforced mindfulness self-care.

Findings also showed that social worker mindfulness self-care extended beyond their personal selves. One interviewee discussed how mindfulness was important in nurturing relationships with co-workers, “There is having my own self-awareness, but then knowing my coworkers, and having relationships with all of them, and being aware that if something is happening with them, or if they don’t seem well, or if something is bothering them.” Another shared as it related to mindfulness practice, “We all just pitch in and do whatever. I’ve had other staff who have really been positive and students especially that have been really positive about that aspect of our program.” Therefore, the social workers reported that employee relationships supported their mindfulness self-care. However the interviewees also indicated that a mindfulness practice increased awareness for those around them in the workplace.

Employee relationships were also observed in the other data sources. The agency goal setting supported the TIC initiative of creating a trauma informed care culture throughout the organization. The TIC meeting minutes indicated that the steering committee viewed increasing staff cohesion via mindfulness check-in with one another; as a goal. Updates in the TIC meeting minutes reported an increase in staff collaboration as an indicator of change. The TIC newsletter communicated with the agency employees, the observed increase of staff, “Informally checking in after critical
incidents.” The value of employee relationships was also observed by this researcher, during the TIC steering committee meetings. There was an informal policy and procedure of verbally checking-in with one another as the first task before every meeting. This researcher also noted, while waiting for the meeting to start, that the committee members were checking-in with each other. This check-in was indicated during the TIC meetings as a mindful practice that was both for personal self-care, and to strengthen peer-to-peer working relationships.

Finally, additional communication from TIC steering committee to agency staff, included the continued practice of mindfulness during daily tasks to include email messages to one another. The TIC steering committee was underway in creating an email template that reflected a mindful practice that promotes an awareness of the words chosen and intended message to be conveyed.

**Acceptance.** The social workers largely reported that mindfulness self-care was accepted within their organizational culture. Social workers reported that they do not experience negative verbal, or non-verbal, cues regarding the self-care practices. In other words, social workers did not report any complaints about peer, or leadership, pressure to discontinue mindfulness self-care. Social workers shared their experiences with participating in, or observing, mindfulness practices in the workplace to include yoga, deep breathing, taking a few minutes to meditate or collect one’s thoughts via shutting their office door, as well as changing their environment and sitting outdoors in order to check-in with themselves. One social worker stated as it related to mindfulness, “Yeah, there’s certainly encouragement to do what we need to do.”
The other data sources also showed acceptance of mindfulness in the agency culture. The TIC steering committee meeting minutes indicated a focus on setting goals in which every staff member believed in trauma informed care, which included mindfulness practice. This idea was also present while this researcher was observing the TIC meetings, as steering committee members expressed the importance of creating a culture accepting of employee self-care and mindfulness. Also observed during the meeting was the reinforcement of TIC’s informal policy of supporting mindfulness practice. For example, during mindfulness check-in, members were reminded to be attentive during this practice and to take it seriously. This researcher made the assumption, during the meeting, that checking cell-phones, engaging in other work or whispering to someone nearby, would not be tolerated during the mindfulness check-in. Finally, the TIC newsletter also commended staff for continued acceptance of trauma informed care.

**Language.** While use of positive or negative language, regarding mindfulness, could be coded under acceptance, the interviewee responses were rather specific about use of words as well as non-verbal cues. Once social worker shared about the agency’s use of language, “Having the day-to-day language of self-care, I’d say is a strength.” For example, social workers reported consistent use of words in the agency as it related to mindfulness such as check-in, mindful, self-aware, and identifying a feeling as it related to the present moment. The interviewees did indicate overall this was language utilized for employee self-care and mindfulness.

Development, and use of, a common language for employee self-care was indicated as a TIC goal in the meeting minutes. In addition to the social workers’
interviews, examples from the meeting minutes included a goal of co-workers stating to one another, “What happened to you?” instead of “What’s wrong with you?” While the use of such language supported a trauma informed environment for employees, as discussed during a TIC meeting, it also promoted a safe environment to practice mindfulness practice.

The TIC steering committee also identified additional barriers in promoting a mindfulness environment, which included specific non-verbal cues. As observed by this researcher in the meeting, one example brought up was eye rolling. This non-verbal language was described by a TIC committee member as being totally non-productive and it is body language that, “Conveys a lack of mindfulness.” The committee member went on to explain that during meetings, there is now a practice of mindfulness and such behavior can interrupt this type of employee self-care. In other words, it can be difficult to remain present when a colleague is rolling his/her eyes while someone is speaking.

Finally, the TIC steering committee set the goal narrative storytelling as a part of promoting self-care for employees. In one of the newsletters an employee whose name was kept confidential, shared his/her story about being abused as a child. The narration was to show the importance of creating a trauma informed care environment, as any one of the agency employees may have past events in which emotion tied to it may be triggered by a current clients’ abuse. During a TIC meeting, the entire committee expressed gratitude for the courage this employee had in sharing his/her story. The committee members also utilized that time to reaffirm the TIC mission and goals.

**TIC’s mission.** The purpose of the TIC initiative is, “To create a trauma informed care culture throughout every program and service, and at all levels….We want it to be
natural to view every situation through the lens of trauma informed care.” All of the social workers interviewed indicated that the implementation of trauma informed care, as well as mindfulness, was appropriate because it was part of the care plan for clients. The social workers in therapist roles, as well as two BSW’s, indicated that if mindfulness is something in which they ask their clients to engage in; they too should be willing to participate.

TIC’s mission was also observed in the meeting minutes, as well as discussed at every TIC meeting this researcher was present at. The TIC steering committee continued to seek out areas within the agency that needed additional attention to strengthen a trauma informed care culture and mindfulness practices. One interviewee in a leadership role stated, “Make it permeate through every level of the agency, not just the work with clients, but when we talk to each other. For example, when we’re dealing in the billing process, and how our billing people are talking to a client and further referral sources. All of that is being trauma informed.”

**Summarizing thematic category of culture.** The interviewees overall indicated culture had a positive influence on their capacity to engage in mindfulness self-care. Employee relationships, acceptance of mindfulness, language and TIC’s mission all played a role in social workers engaging with mindfulness self-care per the interview findings. Further, these categories were also found in all of the other data sources. The findings for the next theme, showed that leadership positively influenced social workers’ participation in mindfulness self-care.
Leadership

The interview findings indicated that leadership communication with staff, transparency, and exhibiting support had an overall positive influence on the social workers’ capacity to engage in mindfulness self-care. Many of these categories were also found in the data sources (see Table 2).

Table 2

*Influence of Leadership on Interviewees’ Capacity to Engage in Mindfulness*

<table>
<thead>
<tr>
<th>Data Source:</th>
<th>Code: Communication With Staff</th>
<th>Code: Transparency</th>
<th>Code: Exhibiting Support</th>
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<td>Positive Influence</td>
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<td>TIC Communication</td>
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<td>Agency Goal Setting</td>
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<td>TIC Policy &amp; Procedure</td>
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</table>

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*Communication with staff.* Overall the social workers indicated that as it related to mindfulness, leadership has been communicating with staff and it is appreciated.
Social workers brought up their knowledge of the TIC steering committee, TIC newsletter, and verbalized that mindfulness was part of the trauma informed care initiative. In addition, a couple of the social workers indicated that they are aware leadership is concerned with their feedback; as one shared, “They send out surveys all the time, asking for ways that they can support us. Recently, they sent out one asking about the vending machines that they have at some of the sites and what healthy snacks would people like to see. That’s one of the things I really like about this agency.”

With that said, there were a couple of interviewees who shared communication issues that interfered with mindfulness. This social worker has been paraphrased in order to maintain anonymity. The interviewee shared that right before a client was taken back, the supervisor stated that he/she needed to meet with this social worker, immediately following the therapy session. However, the supervisor did not state what the reason was and, according to the social worker, this had never happened before. The social worker shared the struggle with remaining mindful throughout the therapy session; worrying about what that meeting was going to be about. Another shared some minor confusion about what exactly mindfulness is because of communication not making through his/her supervisor, “It just seems like there is a ceiling someplace, not a hole in the floor for it to filter all the way down. Something may happen on the leadership level, but somehow we get lost in the shuffle and don’t find out about it.”

Leadership communication with staff was observed in the other data sources. The TIC meeting minutes indicated that direct care staff felt disconnected from various leadership roles. The minutes also showed that TIC set a goal to start staff surveys, newsletters with updates as well as information on upcoming learning events, to include
mindfulness, as part of increasing communication. As part of TIC procedures, updates from workgroups in the steering committee meetings also provided staff feedback as it related to their perception of supervisory communication on employee self-care.

**Transparency.** The category of *leadership transparency* was kept separate from communication due to the specific examples the social workers shared. The name of the CEO has been removed to preserve anonymity. One social worker shared the following which reflected on several of the interview findings, “Our CEO, is an extremely transparent person. [CEO] is there, and will come to any meeting if you request [CEO] to be there. We’ve asked if [CEO] would come to just our little group….and [CEO] will come, and will tell you, this is where the agency is at….It’s an open culture. It feels more safe. It feels more trusting. And they’re trying to provide what they can.” Additional comments centered on giving self-care and mindfulness, time to be fully implemented, as they understood it had only been a year. The reported trust in the CEO, due to transparency, was described as one of the reasons for supporting the TIC initiative.

The data sources also showed leadership transparency. The TIC goal setting supported transparent leadership characteristics, which was observed in the steering committee meetings by this researcher. On more than one occasion during updates, senior agency leaders as well as the TIC chairperson, reiterated the need to be forthcoming with both the successes as well as the agency program challenges. Further, it was discussed that transparent leadership may create a sense of safety for staff to provide honest feedback. This researcher noted the clear expectation of transparent leadership at all of the TIC meetings.


**Exhibiting support.** Social workers provided feedback as it related to mindfulness self-care and leadership exhibiting support. One shared, “We have those kinds of conversations at staff meetings and in supervision and across the board. We have had all the staff do a self-care plan and we just reviewed it at the last all staff meeting. We review it at least yearly and sometimes every six months if we have a big staff turnover.” Another social worker stated, as it related to a supervisor whose name has been removed to protect anonymity, “It’s something on the forefront of [supervisor’s] mind, ‘What can I do for my supervisees to kind of help encourage their self-care?’ So I think that’s a good thing. I think [supervisor] is actually part of the steering committee, so it might be something that [supervisor] is like, ‘Oh I should do this!’ So I think it kind of inspired [supervisor].”

With that said, a social worker in a leadership role shared, “We have staff who feel very supported by their supervisors. They feel like they can go and say, ‘You know what? I’m having just a really though day’…Others don’t feel that’s safe to do. That’s what we’ve got to fix. It would be ideal if we could get that kind of support all over.” Whether or not the employees described in this last quote, are influenced negatively in their capacity to engage in mindfulness is unknown. However, the overall positive responses, with a leader indicating some staff may not agree, were also reflected in the other data sources.

The TIC meeting minutes, as well as the observations made during the meetings by this researcher, indicated that as part of creating change, policy on implementing staff self-care plans and mindfulness practice is not enough. Leadership must model the behavior they want to see in the staff. Further, the modeling of behavior should extend
to the agency’s external environment. These goals were also reflected in the agency goal setting, or strategic plan, which included training for supervisors on trauma informed supervision.

**Summarizing thematic category of leadership.** Leadership, overall, had a positive influence on social workers’ capacity to engage in mindfulness self-care. However, three interviewees did share a couple of examples when communication had a negative influence on their mindful self-care practice. Communication with staff, transparency, and exhibiting support, was found in almost all the data sources. The next thematic category was policy and procedure.

**Policy and Procedure**

The findings showed that staff training, professional development and observation of the agency supporting clients had a positive influence on the social workers’ capacity to engage in mindfulness self-care (see Table 3).
Table 3

*Influence of Policy & Procedure on Interviewees’ Capacity to Engage in Mindfulness*

<table>
<thead>
<tr>
<th>Data Source:</th>
<th>Code: Staff Training</th>
<th>Code: Staff Professional Development</th>
<th>Code: Staff Observing Agency Support Clients</th>
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<td>Positive Influence</td>
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<tr>
<td>Observation of TIC Meetings</td>
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</table>

*Note.* The codes are listed left to right in the order in which the data was most discussed by the interviewees. The “X” indicates that the code was found in the data source.

**Staff training.** The social workers expressed appreciation for the agency’s efforts in providing training. One social worker stated, “They try and bring in trainings for us because they know money is always tight for people who work in a community agency. They try and provide that to us when they can, because part of self-care I think is understanding what you’re doing in your job.” Another shared, “We went through a lot of training in this agency, like taking care of yourself and just being healthy, being there, just thinking about yourself more than thinking about your work.” Several social workers
indicated that on President’s Day, 2014, the agency provided all day training and that mindfulness was a part of it. This researcher noted that President’s Day was on a Monday, February 17, 2014.

The findings from other data sources also showed the topic of staff training. The TIC meeting minutes showed that staff was providing feedback to the committee about wanting additional training. The minutes indicated that training on self-care, would promote staff development and increase the understanding of a trauma informed care environment. The minutes also showed that a consulting group was brought into the agency to provide training, as well as guidance for the TIC steering committee in order to create effective change in the agency as it related to a trauma informed environment for clients and staff. Additional TIC goal setting was found in the minutes as it related to providing mindfulness and yoga training, as well as the President’s Day training in 2014.

The strategic plan aligned with the TIC’s minutes and goal setting as it related to on-going training for supervisors in trauma informed care. The strategic plan outlined the goals and showed that all tasks had been completed. The objectives included a session of training dedicated to trauma-informed care in the supervisory role. During this researcher’s observation of the TIC meetings, it was reported by a committee member, that self-care training was now a part of orientation for all new employees.

With that said, it was also discussed during the TIC meetings, that implementing trauma informed care into the workplace for staff is a work in progress. Therefore as part of TIC goal setting, they would like to see an increase in training for staff to further understand the concepts of self-care. In addition, via newsletter communication with agency staff, resource links to mindfulness practice in the workplace was provided.
Staff professional development. During the interviews, social workers brought up the use of self-care plans as part of their performance, and how it creates a mindful practice. One social worker shared, “I think for us, we have a pretty big movement to think more about it, not just relaxation; but also determining what type of clients I am working with as far as, am I doing the best for that person? Is there anything about my life that would affect the client or me?” The social workers did not verbalize opposition to the self-care plan.

The interview findings did appear to show confusion about leadership follow-up with the self-care plan. A social worker stated, “That was required of me for my performance evaluation, so I did it. It was never brought up to me again, to be quite honest. I didn’t hear anything about it after that.” Another shared about a supervisor whose name is removed to maintain anonymity, “So my [supervisor] had a sheet and it had different areas of wellness, basically, and what I was going to do for self-care in those areas. It was part of our supervision. We kind of talked a little bit about it….It’s in my file, I am assuming it’s there.” With that said, other social workers indicated that there is follow up with one stating, “We have had all the staff do a self-care plan and we just reviewed it at the last all staff meeting.”

The TIC meeting minutes, TIC and agency goal setting as well as this researcher’s observation in the TIC meetings all showed a development of self-care plans for staff. The agency’s strategic plan also included goals of training on the creation of self-care plans. The actual professional development self-care plan showed a focus on self-care for the body, mind and spirit on one of the pages. Staff may list self-care activities in each of those areas. The examples provided included taking breaks, exercise, eight hours
of sleep, and meditation to name a few. The other three pages covered topics on when a staff member feels most engaged at work, preferred type of supervision, goals for professional development and a self-care plan. Under the self-care plan, staff was asked to identify triggers, early warning signs, calming strategies and areas of support.

**Staff observing agency support clients.** When asked about the organization’s strengths in mindfulness self-care, several social workers brought up the various ways in which they observe the agency supporting, or attempting to support their clients. This researcher sought to gain clarification, as the answers appeared to demonstrate confusion about the question asked. However, the findings from the transcripts indicated that the social workers felt mindfulness self-care was connected to being able to provide the best possible services to their client. Social workers described the buildings they worked in, safety concerns, and resources specific to mindfulness for clients. Because of these detailed descriptions, quotes from the transcripts would risk breaking anonymity. Social workers reiterated that when agency leadership shows concerns for their clients, in turn this supports their self-care needs.

The topic of creating a trauma informed environment for clients was also observed in the other data sources. The TIC meeting minutes, and goal setting, addressed this topic as improving service delivery for their clients. The TIC goal was aligned with the agency goal setting.

**Summarizing thematic category of policy and procedure.** Policy and procedures had an overall positive influence on social workers’ engagement with mindfulness self-care. Findings indicated that staff training, staff professional development, and staff observing agency support clients, were also seen in almost all of
the data sources in addition to the interviews. The next thematic category was operational processes.

**Operational Processes**

Mindfulness check-in at meetings, staff feeling that they are allowed to take breaks and staff schedules, all influenced social workers’ capacity to engage in mindfulness self-care. Social workers did report that the staff scheduling issues had a negative influence on their ability to practice self-care (see Table 4).

Table 4

*Influence of Operational Processes on Interviewees’ Capacity to Engage in Mindfulness*

<table>
<thead>
<tr>
<th>Data Source:</th>
<th>Code: Mindfulness Check-in at Meetings</th>
<th>Code: Staff feels that they are allowed to take breaks.</th>
<th>Code: Staff Schedule</th>
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</tbody>
</table>

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Mindfulness check-in at meetings. Social workers shared that mindfulness check-ins are common in their meetings as well as informal interactions. One social worker shared, “When we do meetings, yes, check-in, they ask you to just talk about your week, your day. Yes, we do check-in a lot….Now we are doing, today, the trauma informed care meeting. We do it every month here.” Another indicated, “The first part of the meeting is taking the temperature. What’s the overall temperature in your office as far as how everybody is doing. Whether they seem to be stressed. Are they feeling stretched too thin.” Social workers expressed check-ins were a good idea with one stating, “As far as meetings go, I would say a majority of our meetings start out with some sort of a check-in, like where are people at as opposed to just jumping right in to an agenda. I think that’s a good thing.”

Mindfulness check-in at meetings was observed in the other data sources. The TIC meeting minutes indicated updates of this practice as being effective with staff and that they do engage in the check-ins. The TIC meeting minutes also indicated goal setting of supervisors leading a meeting with a mindful practice. Additional goals were for staff to be engaged, focusing on the present, and not glorifying high stress.

The observations of this researcher of the TIC meetings found that their procedures included mindfulness check-ins at the beginning of every meeting. Each person took a turn in reporting his/her immediate feeling, and connected it to why that may be. At times, other members would help problem solve on how to let go of a stressor and become present in the meeting. The TIC meeting chair also had the concepts of mindfulness on the overhead projector at the start of the meetings. This researcher
also noted, via observation of committee members’ body language and facial expressions, a decrease in tension after the check-in was completed.

**Staff feel they are allowed to take breaks.** Social workers shared that they felt their supervisor supported them taking breaks. Examples of how breaks were taken varied from deep breathing, yoga, taking a walk, ensuring lunch is eaten on time or even just closing an office door for a few minutes of private time. One social worker viewed this as an agency strength stating, “People encourage people to take breaks when they need to, to practice self-care.” Another said, “When any of us are feeling really stressed, we can always say ‘hey, I need a break.’ Sometimes I shut my office door so I can focus.”

The TIC meeting minutes, and goal setting, reiterated staff and supervisors supporting each other to take breaks. The TIC newsletter also reinforced this type of self-care. Finally, this researcher noted statements during observation of the TIC meetings that a commitment to ensuring breaks are supported.

**Staff schedule.** While findings indicated that staff are supported in taking breaks, whether they are taking them was a different matter. Social workers reported that their demanding schedules had a negative influence on their capacity to engage in a mindfulness practice. The observation by one social worker was the following, “I think a lot of people work extra hours or work through their lunch breaks or get overwhelmed and have a hard time stepping back and letting things go.” Another observation pointed out that some social work positions do not include an office; therefore just closing the office door was not an option. Case-workers, in particular, were brought up because of the structure of their day and, at times, the isolation from other employees due being in
their cars making scheduled visits on behalf of clients. The social worker pointed out that, after a difficult case for example, there is not anyone to immediately debrief with.

Several social workers also reported on the logistics of a demanding schedule when clients and meetings were lined up for the entire day. One interviewee stated, “At work, I think is where we continue to struggle on making that a priority of self-care, because when you’re in back-to-back meetings or back-to-back clients all day, you don’t have five minutes between meetings to go for a walk or to do a small meditation or to stretch or whatever.”

Per this researcher’s observation of the TIC meetings, the committee members indicated on-going concerns with busy scheduling issues. However, the topic did not appear in any of the other data sources specifically related to employee schedules influencing their capacity to engage in self-care.

**Summarizing thematic category of operational processes.** Operational processes influenced social workers’ capacity to engage in mindfulness self-care per their interviews, with staff schedule having a negative influence. Mindfulness check-in at meetings, and staff feeling that they are allowed to take breaks, was found in most of the data sources. However staff schedule was found only in the TIC meeting minutes and observations of the meetings by this researcher. The next theme was strategic thinking with sub-themes of goals approach in strategy development, agency leadership role and change agents.

**Strategic Thinking**

Strategic thinking findings were aggregated into sub-themes of goals approach in strategy development, agency leadership role and change agents. Within these thematic
categories, goal setting, action plan, indicators of change, stakeholder buy-in, and training for leadership had an overall positive influence on social workers capacity to engage in mindfulness self-care. However, as it related to energizing the need for change, staff perception on the impact of change and resources, indicated an ambiguous influence on staff engagement with mindfulness self-care, as discussed later in chapter four.

**Goals approach in strategy development.** The findings indicated that goal setting, action plan, and indicators of change, positively influenced social workers capacity to engage in mindfulness self-care (see Table 5).

Table 5

<table>
<thead>
<tr>
<th>Data Source:</th>
<th>Code: Goal Setting</th>
<th>Code: Action Plan</th>
<th>Code: Indicators of Change</th>
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</thead>
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<td>TIC Meeting Minutes</td>
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<td>Positive Influence</td>
<td>Positive Influence</td>
</tr>
<tr>
<td>TIC Communication</td>
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<tr>
<td>Agency Goal Setting</td>
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<td>TIC Goal Setting</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>TIC Policy &amp; Procedure</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Observation of TIC Meetings</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*Note.* The codes are listed left to right in the order in which the data was most discussed by the interviewees. The “X” indicates that the code was found in the data source.
**Goal setting.** Findings from the interviews showed that social workers indicated appreciation for leadership goals focused on taking care of the agency’s staff. One social worker stated as it related to goal setting and mindfulness, “It’s not just for the therapist and the social workers who are touch-feely and self-care focused, but for everybody, from our maintenance people to our computer IT people….I think that would be ideal because some of our departments or programs have done a really good job with that, I know it’s not overall yet, but we’re getting there.” This statement reflected other findings found in the social worker interviews as it related to goal setting and recognizing that implementation of trauma informed care, and mindfulness, is still a work in progress.

Social workers indicated an understanding of the goals being set, a willingness to be open to participating in mindfulness self-care, as well as recognizing the efforts of the agency. One social worker shared about the agency, in which the name has been removed to preserve anonymity, “I have always felt that way about [agency]. I know they pay less than most agencies because of friends who have started in other therapy jobs, but I think that [agency] makes a better effort to take care of employees in other ways. You come to work, you may not ever be making much money, but how are they focusing on it? ….They try and focus on the wellness piece.”

The findings for the other data sources, showed that goal setting was present. Goal setting for the agency via the strategic plan indicated that it supported the goals of trauma informed care. Goal setting has been discussed in every theme throughout chapter four and is found in the TIC meeting minutes. Examples included training strategies for new employees, staff and leadership, creating a mission and language that reflected the ideology of trauma informed care, identifying need for change and creating
staff buy-in. The goals written in the TIC policies included trauma informed care being visible at every level of the organization. Goals were also communicated to the staff via the newsletter. Finally, this researcher’s observation of the TIC meetings included a review of goals for the agency, merging with diversity newsletter staff, and agency wide mindfulness check-in.

**Action plan.** Social workers shared their observations of, and reactions to the goals they perceived being put into action by agency leadership. One social worker said, “I think that there’s just been such a big push. We’re working on what’s called trauma-informed care, and that’s not just how we work with clients with trauma histories. That’s about, how are we going to work with people that have the problems they have, and the life struggles they do; if we ourselves are not well?” Another stated, “They teach it and then they also do it. One of the things that I’m trying to get implemented is to encourage all of the case managers to start their groups with some mindfulness.”

The other data sources showed findings of action plans. In addition to the trainings and staff development discussed earlier in chapter four, additional action plans included TIC goal setting of staff in supportive roles and understanding the principles of trauma informed care through program audits and reviews. The newsletter updated staff on action steps being taken at various agency locations as it related to trauma informed care. The TIC meeting minutes, and TIC procedures as observed by this researcher, included a practice of setting a goal along with an action plan with feedback and indicators of change.

**Indicators of change.** Social workers did express that the TIC steering committee, and other agency leadership, does seek out feedback from staff as discussed
early in chapter four within the leadership theme and communication, transparency and exhibiting of support. The data sources also indicated the indicators of change were present in the TIC meeting minutes, TIC communication and goal setting as well as in the meetings per this researcher’s observations.

The TIC meeting minutes showed indicators of change with notations about seeking out the job satisfaction survey and retention results. Further, the TIC meeting minutes showed goal setting of seeking feedback from staff as it related to their perception of self-care. The researcher’s observations of the TIC meetings found that their procedures included discussion of indicators of change as part of updating current progress on goals and objectives. For example, a discussion took place on what the group believed was accomplished in the year since the steering committee officially started in August, 2013. Additional discussions noted a culture shift in the previous six months as a result of implementing self-care into the workplace. Finally, the indicators of change were also communicated to staff via a newsletter.

**Agency leadership role.** The second sub-theme of strategic thinking was agency leadership role. The findings for this thematic category indicated that stakeholder buy-in had a positive influence on social worker capacity to engage in mindfulness self-care. However, the training for leadership had an undetermined influence, as discussed later in chapter four (see Table 6).
Table 6

_Influence of Sub-Theme, Agency Leadership Role on Interviewees’ Capacity to Engage in Mindfulness_

<table>
<thead>
<tr>
<th>Data Source:</th>
<th>Code: Stakeholder Buy-in</th>
<th>Code: Training for Leadership</th>
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<tr>
<td>Agency Goal Setting</td>
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<td>TIC Goal Setting</td>
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<td>X</td>
</tr>
<tr>
<td>TIC Policy &amp; Procedure</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Observation of TIC Meetings</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*Note.* The codes are listed left to right in the order in which the data was most discussed by the interviewees. The “X” indicates that the code was found in the data source.

**Stakeholder buy-in.** The social worker interview findings showed, overall, that stakeholder buy-in with employee self-care, was considered a strength of the agency. One social worker stated, “I think the background and education the people are bringing to it are strengths that we have. A lot of people that can relate very well to the concept have an educational background. I think that’s a strength that people kind of already get and they’re interested in it. I think most people would want to do better in that area. And then definitely the leadership buy-in is a strength.” Another social worker stated about the agency CEO whose name has been removed to maintain anonymity, “When you have such an active leader such as [CEO] that is 100% bought-in and supportive of people who
are trauma-informed and supporting each other and taking care of themselves, that starts
to work through some of that resistance.” A final comment included, “To me,
mindfulness is just a huge part of self-care. We have that support at the top. Our board is in support of it and wants to see it happen.”

The data sources also showed stakeholder buy-in. The TIC meeting minutes, goal setting, and agency strategic plan, all included statements about agency leadership fully supporting the trauma informed care initiative. This researcher’s observations of the TIC meetings found that agency leadership reiterated support for trauma informed care. The CEO also re-affirmed, during one meeting support for TIC engrained culture within the agency as well as mindfulness practices.

**Training for leadership.** The social workers did not discuss training for leadership as a category that influenced their capacity to engage in mindfulness self-care. As discussed earlier in chapter four, social workers did discuss the training available for all agency employees, which had a positive influence on their capacity to engage in self-care. Only one social worker’s interview findings indicated training for leadership roles, which was not related specifically to trauma informed care. Therefore, it cannot be determined if the social workers were including leadership in training for all agency employees via the transcripts.

With that said, training for leadership was present in all of the other data sources. The TIC meeting minutes indicated training for leadership via a consultant group for trauma informed care. The TIC meeting minutes, and meeting procedures observed by this researcher, showed goal setting of training for leadership. The TIC goal for training also aligned with the agency’s 2014 strategic plan, which included a supervisors training
curriculum. This training was described in the strategic plan, as supporting the trauma informed care initiative. Finally, updates were communicated about agency staff. Per the feedback of staff, as discussed in the TIC meetings, this researcher observed that employees are aware of leadership training and would like more for themselves. During a meeting, it was discussed that as implementation of self-care into the workplace is a work in progress, one of the goals is to provide more training for staff.

**Change agents.** Change agents was the final sub-theme in strategic thinking. The findings for energizing need for change, staff perception on the impact of change, and resources, showed an ambiguous influence on social worker capacity to engage in self-care. The reasoning for the use of the word ambiguous was that the social workers did not state that the theme of change agent had a negative influence; rather they expressed confusion about the need and impact of change as well as available resources (see Table 7).

This researcher noted that during the interviews, the non-verbal language was different from the previous themes. For the other themes and codes, with the exception of staff schedule which social workers clearly stated this had a negative influence on participation in self-care, the interviewees’ non-verbal language demonstrated a positive response. Their bodies were positioned relaxed yet upright and confident, and faces expressed a positive response via smiles and full eye contact. However, for the answers coded and aggregated with the theme change agents, the interviewees’ non-verbal demonstrated less eye contact, puzzled expressions as well as slightly hunching over or an increased shifting in their chair.
Table 7  

*Influence of Sub-Theme, Change Agents on Interviewees’ Capacity to Engage in Mindfulness*

<table>
<thead>
<tr>
<th>Data Source:</th>
<th>Code: Energizing Need for Change</th>
<th>Code: Staff Perception on the Impact of Change</th>
<th>Code: Resources</th>
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<td>Ambiguous Influence</td>
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<tr>
<td>Observation of TIC Meetings</td>
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<td>X</td>
</tr>
</tbody>
</table>

*Note.* The codes are listed left to right in the order in which the data was most discussed by the interviewees. The “X” indicates that the code was found in the data source.

**Energizing need for change.** Overall, the social workers did not provide a clear answer as to why they think trauma informed care was initiated for employees, to include mindfulness self-care. One stated, “Well, I think probably they started to recognize that they were having a lot of turnover. That would be my guess.” Another social worker said, “I don’t know, maybe just based on our work, what we’ve been seeing from all clients and maybe some other co-workers, we have a big agency.” One social worker stated, “Before it was sanctuary model. The agency kind of adopted that model and used
that. I’m not aware of anything that happened other than I think they felt it had been a while and they wanted to get better at incorporating that, so they focused it more on trauma-informed care.” Other responses included statements about assuming that implementation of trauma informed care, and mindfulness, was related to compassion fatigue. Two of the interviewees’ indicated there was never any discussion while another stated he/she did not know at all.

With that said, energizing the need for change was present in all the other data sources. The meeting minutes, dating back to May, 2013, indicated TIC’s discussion of reasons for implementation. Topics centered on improving service delivery to clients, promoting staff resiliency, promoting mindfulness, increasing staff cohesion to name a few of the examples. The meeting minutes also showed TIC goal setting as it related to continuation of identification on need for change. Per the meeting minutes, these discussions appeared to take place between May and August of 2013; and then continued throughout the year as a reminder for why the initiative started in the first place. The purpose of the TIC steering committee was also communicated to staff via newsletters. The September, 2014, newsletter had an article that described the reason for staff self-care. Further the workgroup chairs per this researcher’s observation of the TIC meetings, discussed the purpose of trauma informed care, as well as mindfulness with staff.

**Staff perception on the impact of change.** The social workers, overall, indicated that they do participate in mindfulness self-care, or are open to building their practice. The social workers also provided their personal experiences with self-care as well as mindfulness. While one social worker indicating being at the start of learning about mindfulness self-care practice, others shared what worked and what did not. One social
worker stated, “I think that at this point I can monitor my mood and its connection to the thoughts that I have to the point where if I am having a low mood, I can say, well, I believe this happened for a reason.”

With that said, the research questions were focused on gathering data as it related to organizational factors that influenced social workers’ capacity to engage in mindfulness self-care. Therefore, while the aforementioned was shared to show social worker participation in mindfulness, the data for this sub-theme was related to the interviewees’ perception of change as it related to the research questions. One social worker stated as it related to if there has been any impact of change, “I don’t know if quite yet. I think some of the initiatives they rolled out were very focused and it wasn’t all encompassing. I remember one coming out about email etiquette or something.” Another said, as it related to mindfulness self-care, “So, I think there are some individuals who do it and are pretty vocal about what they do and for the most part I don’t think that is an area of conversation that we have together a lot.” Finally another social worker shared, “We have mindfulness techniques; grounding and focus and breath awareness and that kind of stuff, but it’s not really taught to professionals.”

Interviewees’ interviews overall indicated that mindfulness had been communicated to them via training on President’s Day, 2014, as well as self-care tips in the newsletter.

Two data sources included staff perception on the impact of change. This researcher’s observations at a TIC meeting included staff requesting more training and the TIC steering committee acknowledging the issue. At the meeting, the concept of the term change agent was brought up by the TIC steering committee chair. The chair indicated that the concept of change agents should be reviewed with the goal of
increasing effective implementation of trauma informed care. Finally, the TIC meeting minutes indicated that the TIC steering committee continued to monitor staff perception of implementation of the trauma informed care initiative.

**Resources.** The social workers’ interviews included responses about the agency’s ability to provide resources as it related to mindfulness self-care practices. Overall the social workers provided their thoughts on how to improve on the trauma informed care initiative, to include mindfulness. However, almost all of the responses were followed up with a comment about the agency being a non-profit with funding issues. One shared, “Obviously, our biggest constraint is always money. It’s a non-profit. Nobody’s ever going to have tons of money to spend on retreats and all kinds of stuff like that.” Two of the social workers suggested a software program in which breathing could be monitored to reflect the user’s mindfulness skill sets. Several others indicated that a specific space designated for employee mindfulness self-care, such as medication and yoga, would be beneficial. Finally two other social workers discussed building in time for mindfulness self-care as part of the work schedule. Statements that it may not be possible to implement due to funding, and/or workload issues, followed all of the ideas shared by the interviewees.

The data sources showed that the TIC steering committee is aware of needed resources to support the trauma informed care initiative. This researcher observed during the TIC steering committee meetings, that the workgroups were having ongoing conversations with staff about resources to support a trauma informed care environment. However, the resources discussed were not specifically reflective of the ideas shared during the social worker interviews. With that said, goals were set by TIC to be
responsive to staff feedback as it related to resources needed to promote a trauma informed care culture.

**Summarizing thematic category of strategic thinking.** The sub-theme of goals approach in strategy development findings indicated that goal setting, action plan and indicators of change had a positive influence on the social workers’ capacity to engage in mindfulness self-care. The sub-theme of agency leadership role findings showed that stakeholder buy-in had a positive influence on the social workers’ capacity to engage in mindfulness self-care, however the training for leadership was undetermined. For these two sub-themes, the categories overall were found in the data sources. The findings for the strategic thinking, sub-thematic category called change agents, showed an ambiguous influence on social workers’ capacity to engage in mindfulness self-care. The energizing need for change was found in all the data sources, but the staff perception on the impact of change, as well as resources was found in three.

**Quantitative Findings in Archival Records**

The final data source, which was not included in the qualitative coding process, was the quantitative survey results. The surveys were employee satisfaction results that addressed alignment with goals, benefits, feeling valued, individual contribution, job satisfaction, manager effectiveness, retention, teamwork, and trust in senior leaders. The data was collected from 2011 to 2013 (see Table 08).

The reason for collecting archival records was to provide additional evidence corroborating the time bound parameters for a case study (Creswell, 2013, Yin, 2014). The interviewees were asked what they thought was happening at the agency that led to the implementation of self-care. The archival records for employee satisfaction survey
results, was another data source in examining the agency’s experience during the inception of TIC.

Table 8

*Agency Employee Satisfaction Survey Showing % of Responses as Favorable or Neutral*

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
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<tr>
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<td>Favorable</td>
<td>Neutral</td>
<td>Favorable</td>
</tr>
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<td>Individual Contribution</td>
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<tr>
<td>Trust in Coworkers</td>
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<td>86</td>
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</table>

*Note.* The response categories on the original survey results included favorable, neutral, and unfavorable.

**Summary**

Data sources included interviews with social workers, agency leadership and support staff. Additional sources included TIC meeting minutes, TIC communication
with agency staff, agency goal setting, TIC goal setting, TIC policy and procedure, this researcher’s observation of TIC meetings, and employee satisfaction survey results which were anonymous and aggregated by the agency. Data was triangulated, and collection stopped after saturation had been reached. Pattern-matching logic analysis was utilized; and the codes that were assigned to data, were aggregated into thematic categories.

Findings confirmed that culture, leadership, policy and procedure, and operational processes influenced child welfare social workers’ capacity to engage in mindfulness self-care. Additional data showed that strategic thinking also influenced social workers’ capacity to engage in the self-care practice.

The findings were presented via the thematic categories because TIC’s aim was to have trauma informed care, and mindful practice, be visible in every facet of the agency. The findings showed that most of the codes within the thematic categories were present in the data sources. Further, the findings indicated that most of the codes within the thematic categories, had a positive influence on the social workers’ capacity to engage in mindfulness self-care. The exception was staff schedule, which showed a negative influence on participation in mindfulness. Finally, the findings from the strategic sub-theme, change agents, indicated that social workers had an ambiguous response to whether or not the need for change, impact for change, and resources, had a positive influence on their capacity to engage in mindfulness self-care.
CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

Introduction

Current research has included examining mindfulness among employees in the workplace, and findings indicated that this self-care practice is effective in reducing symptoms of burnout (Jain et al., 2007; Lykins & Baer, 2009; McGarrigle & Walsh, 2011; Napoli & Bonifas, 2011; Shapiro et al., 2008). However, there appears to be a gap in research with examining organizational factors that influence child welfare social workers’ capacity to engage in mindfulness self-care.

Burnout is associated with the turnover rates in child welfare social workers, and negatively impacts organizational funds, as well as the services provided to children (Ellett, 2009; Flower et al., 2005; Weaver et al., 2007). The consequences of abuse can have a significant negative impact on children’s physical and emotional health (American Academy of Pediatrics et al., 2008). Further, over half a million substantiated forms of child maltreatment, with approximately 1,600 fatalities, occurred in 2012 (U.S Department of Health and Human Services, Administration (U.S. DHHS), Administration on Children, Youth and Families, Children's Bureau, 2013). Therefore, it is critical that child welfare social workers are provided the tools to prevent burnout and continue to be effective in helping children. Implementing self-care into the workplace is an important step toward providing support.

As a part of implementing mindfulness into the workplace, strategic thinking at all levels of the organization may be an effective first step in creating change. Further, strategic thinking should no longer be associated with senior leadership. By creating a learning, and reflective, environment via strategic thinking, sustainability of a
mindfulness program may be increased. In addition, utilization of effective change agents may also play a critical role influencing employee capacity to engage in mindfulness self-care.

This final chapter will first provide a summary of the study. The purpose statement, research questions and methodology will be reviewed. Next the findings for the research questions will be examined. The research questions centered on the organizational factors of culture, leadership, policy and procedure, and operational processes. Therefore, the findings for additional thematic categories to include strategic thinking and change agents, will also be discussed. Finally the implications for action, and recommendations for further research will be provided.

**Summary of the Study**

The purpose of this qualitative instrumental case study was to examine which organizational factors influence child welfare social workers’ capacity to engage in mindfulness self-care. The question that guided this case study was, “What organizational factors influence employees’ capacity to engage in mindfulness self-care?” The additional research questions addressed the different components of an organization such as culture, leadership, policy and procedure, and operational processes. These organizational factors were identified for the research questions as a result of the literature review. The research questions were as follows: 1.) How does organizational culture play a role in employee attitude towards mindfulness self-care? 2.) What employee perceived leadership traits influence employees’ willingness to engage in self-care? 3.) What aspects of agency policy support mindfulness self-care? 4.) What operating procedures influence employee willingness to practice mindfulness self-care?
The major findings of this case study confirmed that culture, leadership, policy and procedure, and operational processes influenced child welfare social workers’ capacity to engage in mindfulness self-care. With that said, new information emerged which showed that strategic thinking also influenced the social workers’ capacity to engage in mindfulness self-care.

Data collection sources included interviews with social workers, agency leadership and support staff. Additional data sources included the agency’s TIC meeting minutes, TIC communication, agency goal setting, TIC policy and procedure, this researcher’s observations of the TIC meetings and employee satisfaction surveys. Data collection was conducted until saturation, and pattern-matching logic was utilized for data analysis. The employee survey results were not coded like the rest of the qualitative data. However, they were collected as archival evidence to corroborate the findings from interviewees’ answers, and TIC meeting minutes, in order to establish time-bound parameters for a case study (Creswell, 2013). Aggregated codes led to thematic categories of culture, leadership, policy and procedure, operational processes, and strategic thinking.

**Summary of the Findings**

The summary of the findings will first be presented by addressing the employee survey results, then followed by a discussion of the research questions which focused on the organizational factors of culture, leadership, policy and procedure, and operational processes. Finally, the findings for strategic thinking will be examined.
Employee Survey Results

Archival records were collected to corroborate the findings with other data sources in order to establish a timeline for the case study (Creswell, 2013). Interviewees’ were asked if they knew what was happening in the agency that may have led to implementation of mindfulness self-care. Findings from the transcripts showed that the social workers were unsure about why mindfulness was implemented into the workplace. However several did state assumptions of turnover or risk factors for burnout due to exposure to trauma. Finally, the TIC meeting minutes did indicate that in May, 2013, discussion was underway about implementing trauma informed care into the workplace for employees.

The employee survey results corroborated with the social workers’ answers and TIC meeting minutes in establishing a timeline for this case study. The survey results from 2012 and 2013 show an overall decline in favorable responses in all of the categories. It may be possible that agency leadership was responding to the needs of the organization, and one of the means was by implementing trauma informed care for employees.

Organizational Culture and Employee Attitude

The research literature indicated that culture may be an organizational factor that influences employees’ capacity to engage in mindfulness self-care. Studies in the social work, business and education industries indicated that organizational culture may play a role in mindfulness practice in the workplace (Borker, 2013; McGarrigle & Walsh, 2011; Roeser et al., 2013; Rothaupt & Morgan, 2007; Thieleman & Cacciatore, 2014). Research findings showed that a supportive organizational environment could have
played in positive role in social worker and teacher participation in mindfulness
(McGarrigle & Walsh, 2011; Roeser et al., 2013; Rothaupt & Morgan, 2007; Thieleman & Cacciatore, 2014). Further, it was recommended in the research for the business industry, that the common language associated with mindfulness be changed to increase employee acceptance of the practice (Borker, 2013).

The findings, from this study, appeared to confirm that organizational culture does play a role in employee attitude towards mindfulness self-care. The social workers interviewed indicated that employee relationships, acceptance of mindfulness, language and the TIC steering committee’s mission, all played a positive role in their capacity to engage in mindfulness self-care.

Employee relationships seem to reflect a cultural norm within the agency. The value of nurturing people to increase the overall well-being of a community appears to be present in this agency’s culture. This type of support, in turn, may be why acceptance of mindfulness into the agency’s culture, as well as the use of mindfulness language, is present. The cultural norms, which include the TIC steering committee’s mission, may allow employees to experience an emotional sense of safety to explore implementing mindfulness into their workplace.

**Employee Perceived Leadership Traits**

Research findings indicated that leadership appeared to influence social worker and healthcare professionals’ capacity to engage in mindfulness self-care (Foureur et al., 2013; McGarrigle & Walsh, 2011; Rothaupt & Morgan, 2007; Shapiro et al., 2005; Van Berkel et al., 2013). Studies showed that social workers reported participating in mindfulness self-care due to the agency’s support (McGarrigle & Walsh, 2011; Rothaupt
& Morgan, 2007). However another mindfulness study experienced a high dropout rate of participants as it was reported that the social workers were not given the time needed during the work day (Shapiro et al., 2005). Studies also showed that healthcare professionals’ capacity to participate in mindfulness may have been negatively influenced by leadership’s lack of support (Foureur et al., 2013). Further, one study found that healthcare professionals were concerned about leadership repercussions even though they were granted the time to participate in mindfulness (Van Berkel et al., 2013).

The social workers’ interviews appear to confirm that leadership influences employee capacity to engage in mindfulness self-care. The employee-perceived leadership traits, as reported by the interviewees, pointed to leadership traits of communication with staff, the agency CEO’s transparency, as well as an overall exhibiting of support.

This style of leadership may be consistent with transformational leadership. Many of the social workers spoke favorably of the agency’s CEO. Their perceptions were that this leader is authentic and cares about the individual. These characteristics are consistent with transformational leadership (Bass & Steidlmeier, 1999; Shiva & Suar, 2012). Transformational leadership may also have a positive impact on creating organizational change in its culture (Shiva & Suar, 2012). Therefore, it may be possible that the influence culture has on the social workers’ positive attitudes towards mindfulness may be tied to agency leadership.

**Agency Policy and Operating Procedures**

The literature review indicated that study findings suggested agency policy and operating procedures may support implementation of mindfulness into the workplace, as
well as influence staff willingness to participate in this type of self-care (Dobkin & Hutchinson, 2013; Krasner et al., 2009; Manotas et al., 2014; McGarrigle & Walsh, 2011; Shapiro et al., 2005). Social workers and healthcare workers participated in mindfulness, when trainings were provided in the workplace (Manotas et al., 2014; McGarrigle & Walsh, 2011; Shapiro et al., 2005). With that said, the demanding schedules of social workers, nurses and medical students, negatively influenced their capacity to engage in mindfulness self-care (Dobkin & Hutchinson, 2013; Krasner et al., 2009; Shapiro et al., 2005).

The social workers’ interviews seemed to be consistent with the research literature suggestions about agency policy and operational procedures influencing staff capacity to engage in mindfulness self-care. The interviewees generally reported that they appreciated policy that supported mindfulness; which included staff training, and professional development. Further, the interviewees reported that the operational process of mindfulness check-in at meetings, and a feeling that they are allowed to take breaks, all had a positive influence on participation in mindfulness.

However, consistent with the research literature, demanding staff schedules had a negative influence on social worker capacity to engage in mindfulness self-care. While some of the social workers did share that schedules made it difficult to engage in self-care, one interviewee did suggest that some staff may feel overwhelmed and believe they are unable to take a break. As discussed earlier in chapter two, the quality of life and personal safety of a client, is a responsibility held by child welfare social workers (Kim, 2011; Sprang et al., 2011). It may be possible that the literal demands of a schedule,
partnered with the internal sense of responsibility, could both have a negative influence on social workers’ capacity to engage in mindfulness self-care.

**Summarizing the Findings for the Research Questions**

The research questions were developed out of the literature review. Studies suggested that the organizational factors of culture, leadership, policy and procedure, and operational processes may influence child welfare social workers’ capacity to engage in mindfulness self-care. It appears that the findings of this study confirm findings from the literature review. Even when certain components of these organizational factors had a negative influence; this still confirms that culture, leadership, policy and procedure as well as operational process do have an impact. Further, this agency seems to be working towards supporting all four organizational factors, which may lead to an overall positive influence on the social workers’ capacity to engage in mindfulness self-care.

The agency and TIC steering committee sought to implement trauma informed care, as well as mindful practices, at every employee level. In other words, TIC seeks to make trauma informed care visible in every aspect of the organization. Therefore, a possible reason for the presence of thematic categories in almost of all the data sources, may be related to TIC’s mission. TIC seeks for trauma informed care, and mindful practices, to be widely visible in the agency.

Pattern matching logic does allow for predictions to be made per the literature review (Yin, 2014). For this study, the research questions centered on the organizational factors identified in existing literature that may have an influence on child welfare social workers’ capacity to engage in mindfulness. These factors included culture, leadership, policy and procedure, and operational procedures. However, variables are not controlled
for because this is a qualitative case study (Yin, 2014). A case study allows for the
discovery of additional information with the aim to answer the research questions and
uncover the lessons learned by this agency in a real-world setting (Creswell, 2013; Yin,
2014). Therefore, the discovery of additional findings in this study, via strategic
thinking, may suggest how the agency is implementing mindfulness self-care. This
study’s findings appear to point to strategic thinking as the means in which the agency
has been able to have trauma informed care, and mindful thinking, become implemented
into the various data sources.

**Strategic Thinking**

The one data source in which every single code for all thematic categories is
visible, is via the observation of TIC meetings. The steering committee members had
verbalized awareness that corroborated with topics found in the social workers’ interview
transcripts. The interviewees did not introduce any new information that the steering
committee members had not brought up themselves at the TIC meetings. This may be
due to the means in which the steering committee operates, which appeared to be
consistent with the sub-theme of goals approach in strategy development.

The steering committee appeared to structure meetings that included updates per
employee feedback, problem solving, setting goals, having an action plan, and discussing
indicators of change; as seen in this study’s findings. The dialogue that the committee
members engaged in, appeared to reflect a way of thinking and behaving that extended
beyond a written strategic plan of any kind. The findings showed that the committee
members were discussing every data source, and thematic category, at their meetings.
The strategic thinking was not limited to the top agency employees, but rather the entire steering committee. The TIC steering committee, and workgroups, are comprised of employees at all levels of the agency. Therefore, the strategic thinking may potentially be seen at all levels of the agency, much like the way in which TIC aims to have trauma informed culture visible with all staff. Therefore, the ability for the steering committee to have an awareness of all the positives and negatives reported by the interviewees may be linked to the ongoing attitude and behavior associated with goals approach in strategy development and strategic thinking. In addition to setting goals, leadership roles and change agents also influenced the social workers’ capacity to engage in mindfulness self-care.

The sub-theme for strategic thinking also included the agency leadership role. Stakeholder buy-in and training for leadership were the two codes, within the thematic category, that had a positive influence on social workers’ engagement with self-care. Stakeholder buy-in and training for leadership were also visible in all of the data sources, which included observation of TIC meetings. Once again, the meetings reflected a way of thinking that extended beyond a written plan. Stakeholder buy-in and training for leadership were an integrated part of discussions during the TIC meetings and expressed as a norm in thinking and behaving. As TIC aims to have trauma informed care visible in all aspects of the agency, stakeholder buy-in and training for leadership findings indicate that these categories may be highly integrated as well. The last sub-theme of strategic thinking, which was also discussed in TIC meetings, was the use of change agents.

Change agents findings indicated that this thematic category had an ambiguous influence on social workers’ capacity to engage in mindfulness practice. Social workers
were unsure about the codes which were energizing the need for change, the impact of change as well as the agency’s ability to support mindfulness with resources. With the exception of staff perception on the impact of change, the codes could be found in almost all of the data sources. With that said, as a result of gaining staff feedback via a goals approach in strategic thinking, the TIC steering committee is aware of the social workers’ perception on the change as well as a need to review the use of change agents.

**Implications for Action**

**Strategic Thinking**

No strategic planning model was found in any of the TIC data sources as it related to the TIC steering committee implementing mindfulness into the workplace. However, the findings from the thematic categories of goals approach in strategy development, agency leadership role, and change agents, appeared to represent ongoing strategic thinking at various employee levels as opposed to top agency officials only (see Figure 1).

Per the documented meeting minutes dating back to May, 2013, the first TIC chair appeared to utilize this type of thinking, and the committee’s culture appeared to evolve around this type of cognition and behavior. In addition, because the TIC committee and workgroups are extended to all employees, strategic thinking may not have remained within the circles of top agency staff.
As a result of the lessons learned from this case study, engaging employees in strategic thinking may be an important first step in implementing mindfulness into the workplace. When employees perceive change through a strategic lens, they may begin to think, act and learn in a manner that promotes a sense of vestment during organizational change (Bryson, 2011). What this means is that instead of employees being encouraged to participate in mindfulness with a request for feedback along each step in implementation, leaders may empower them with the skills that may be normally reserved for leadership. Leadership may set employees up with a strategic lens in which program change resonates in a manner consistent with a deep understanding of alignment with the mission. In turn, this may promote self-initiative with setting a goal for implementation of change, and a reflective process that evaluates the outcome.

Strategic thinking should not be thought of as a term only associated with top agency officials, but rather for all employees to engage with as a part of creating organizational change (Bryson, 2011; Shirey, 2012). Further, an organization that is a
learning environment staffed with professionals who utilize strategic thinking, increases sustainability for its programs (Bryson, 2011; Shirey, 2012; Sloan, 2013). In other words, organizational change must include employees at every level and it starts with teaching them how to think strategically. This type of cognition and behavior also furthers a constant state of reflection needed to identify strengths and weakness, and how to react in order to improve and maintain an effective program.

Teaching strategic thinking to staff at varying agency levels, may also be consistent with the transformational leadership characteristics found in the data as it related to the agency CEO. Transformational leadership values the individual and connects the staff member to the mission to increase agency commitment (Bass & Steidlmeier, 1999; Shiva & Suar, 2012). As stated earlier in chapter five, transformational leadership is also effective in creating organizational culture change.

Change Agents

Findings in the observation of the TIC meetings showed that the steering committee is aware of staff response that is reflected in the social worker interviews. However, a discussion about change agents may still be prudent. The findings indicated that the thematic category of change agents appeared in most of the data sources. Yet social workers seemed to be ambiguous about the change agents’ influence on the capacity for the interviewees to engage in mindfulness. It may be possible that staff perceived these data sources as coming from a place of authority. Implementation of mindfulness into the workplace is supported via policy and procedure and leadership, which the social workers reported as having a positive influence on their mindfulness practice.
However, it is primarily agency supervisors, directors and top leadership that serve as the link between the employee and need for change. At this point in time, training has been mostly concentrated on leadership in order for them to guide the agency. With that said, the wider the gap in position and knowledge between change agent and client, the lower the effectiveness in conveying a message (Rogers, 2003). Therefore, an increase in change agents who are viewed as peers by the agency employees, may play a role in effectively energizing the need for change.

While the TIC steering committee did indicate a need for more diverse change agents, it bears repeating in this discussion. For example, as shared earlier in the literature review, the business industry may be more accepting of mindfulness if translated into a language that is cohesive with their culture (Borker, 2013). In agencies with multi-disciplinary departments, change agents may need to be members from those work areas. These agents may be able to translate an initiative into a language that is readily understood.

In addition to connecting a change from the expert to the recipient, a variety of formats may need to be considered. As this study’s findings indicated, social workers reported a variety of ideas to promote mindfulness to include a yoga room and computer software, which provides feedback on breathing and heart rate. Therefore, it may be possible that some recipients of change are more responsive to messages that are quantitative in nature as with the computer software, or participatory in nature as with the yoga room. Verbal, email and newsletter communication may work with many, however, change agents should continue to find ways that meet all the learning needs of staff. By
doing so, it may be possible that the message about implementing mindfulness into the workplace, may resonate more deeply with a wider group of people.

An effective change agent does not just disseminate information. The ultimate goal should be that the change agent is no longer needed because the employee is now empowered to be his/her own change agent (Rogers, 2003). This means that the change agent has taught the recipient how to energize the need for change on his/her own. This idea may also connect with the earlier implication for action as it relates to an organizational learning environment that promotes empowerment with strategic thinking in employees.

**Summarizing the Implications for Action**

The implementation of mindfulness self-care into the workplace does need to be supported by organizational factors, which include culture, leadership, policy and procedure, and operational processes. However, the “how” may need to start with strategic thinking. The following is a summary of recommendations for organizational leaders:

- Promoting strategic thinking that is seen in cognition and behavior.
- Working to have strategic thinking that is visible at various employee levels.
- Transformational leadership may be effective in promoting strategic thinking to employees as well as creating organizational change in culture.
- Establishing change agents that are peers to the recipients of the message.
- Establishing change agents that are representatives of the diversity in an organization.
• Change agents continue to seek out a variety of communication methods to meet a wider range of people.

• Change agents should set a goal in which they are no longer needed by empowering the recipients to be their own change agents.

Recommendations for Further Research

Future researchers may want to examine how agency leadership promotes strategic thinking to employees; and its effectiveness on creating organizational change. There could be several approaches to be examined. The first topic area may include the influence a training seminar in strategic thinking has on employees’ sense of efficacy with participation in organizational change.

However, instead of an agency-wide training seminar, other means of teaching could come from additional sources. Depending on the size of the organization, top leadership could provide education, or a top-down approach may be examined. Top leadership may want to instill strategic thinking in directors and supervisors, who in turn mentor staff. Further aspects to be examined by researchers, could include the influence that modeling of behavior in strategic thinking has on staff’s cognitive and behavioral response to organizational change.

As strategic planning relates specifically to the implementation of mindfulness into the workplace, there may be several opportunities for research. The factors to be examined that may influence employee capacity to engage in strategic thinking could include the industry specialty within the profession and the internal and external environment.
Next, this study was a qualitative case study for a non-profit child welfare agency. This study’s aim was to discover the lessons learned by the agency as it appeared there was a gap in research that examined organizational factors that influence child welfare social workers’ capacity to engage in mindfulness self-care. Also the lessons learned may help other organizational leadership in decision making with implementation of mindfulness into the workplace. However from this point on, future studies may want to extend this research with designs that may increase the probability of generalizing to a greater population for child welfare social workers, and other social work specialties.

Researchers may also want to examine the influence that change agents have on implementing mindfulness into the workplace. Within this topic, a more specific examination may need to be centered on the communication gap between the expert in the change and the recipient. There may be a variety of nuances within that gap which influence the recipients’ capacity to engage in agency change. The topic areas could include; learning methods, diversity in employees’ personal, professional and departmental culture, as well as employee acceptance of a message from peers, mentors, leaders and authority figures.

**Summary**

This instrumental case study was conducted in a Mid-western non-profit social service agency with child welfare services. A steering committee, within the agency, was formed in August, 2013, with the aim to implement trauma informed care, and mindfulness practices, into the workplace.

Data were collected from a variety of sources to include interviews with social workers, leadership, and support staff. Additional data sources included TIC meeting
minutes, TIC communication with agency staff, agency goal setting, TIC goal setting, TIC policy, this researcher’s observations of TIC meetings as well as staff satisfaction surveys. Collection of data was conducted until saturation. Pattern-matching logic analysis was conducted. Codes, attached to data, were aggregated into thematic categories.

Findings showed that culture, leadership, policy and procedure, operational processes, and strategic thinking influenced child welfare social workers’ capacity to engage in mindfulness self-care. Overall, the thematic categories were found in most of the data sources, which appeared to reflect TIC’s aim to have trauma informed care, and mindful practice, be visible in every facet of the agency. The lessons that can be gleaned from this agency’s experiences are that strategic thinking, at various agency staff levels, may play a foundational role in implementing mindfulness self-care into the workplace. Further, effective change agents should bridge the communication gap between those in authority and the recipients of the message.

Future researchers may want to extend the primary discovery of this study with research designs that allow for findings to be generalized to greater populations. Further, studies could examine strategic thinking training, and its influence on agency staff response to organizational change. Finally, methods utilized by change agents when implementing mindfulness self-care into the workplace should be considered for further research.
References


doi:http://dx.doi.org.cuhsl.creighton.edu/10.1016/S1048-9843(99)00016-8


doi:10.1080/14034940510032275


Dobkin, P. L., & Hutchinson, T. A. (2013). Teaching mindfulness in medical school: Where are we now and where are we going? *Medical Education, 47*(8), 768-779.
doi:10.1111/medu.12200


ORGANIZATIONAL FACTORS THAT INFLUENCE


ORGANIZATIONAL FACTORS THAT INFLUENCE


Appendix A

Data Collection Questions

Interview Protocol:
Time of Interview:
Date:
Place:
Interviewer: Jodette Rose
Interviewee:

Thank you for agreeing to participate in this research project. The purpose is to examine organizational factors that influence child welfare social workers’ capacity to engage in mindfulness self-care.

I want to remind you that your name will be held in strict confidentiality. Your name will never be used in this research. Do you have any questions about the consent form, or this research study? I would like to record this interview, is this agreeable to you?

Please know you may take a break at any time. You may skip any questions you are not comfortable answering or stop the interview at any time. I would like to ask one more time if there are any questions you may have before we proceed.

1. What is your role at the agency?

2. What does self-care mean to you?

3. What does mindfulness self-care mean to you?

4. I am curious if your profession (not workplace) promotes self-care, as well as mindfulness self-care. Tell me what your knowledge is about that.

5. Tell me about the self-care practices for employees at this agency.

6. Tell me about the mindfulness self-care for employees at this agency.
7. Describe what you think was happening at the agency that led to implementation of self-care in the workplace.

8. Describe what you think was happening at the agency that led to implementation of mindfulness self-care practice in the workplace.

9. Explain your perception of the agency strengths that exist as it relates to promoting self-care practices in the workplace.

10. Now explain the agency strengths as it relates specifically about mindfulness self-care.

11. If you woke up tomorrow and everything was perfect as it related to self-care practice in the workplace; what would it look like?

12. Now describe that same tomorrow as it relates specifically about mindfulness self-care.

Potential follow-up questions and statements to any of the above questions:

Tell me more about this.

What were your thoughts on that?

Describe to me how you felt as a result.

Tell me if I understand correctly as you shared the following.
### Appendix B

Observational Protocol

<table>
<thead>
<tr>
<th>Length of Activity:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Descriptive Notes</th>
<th>Reflective Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Map of Room

Appendix C

Invitation to Participate

Creighton University Institutional Review Board
2500 California Plaza, Omaha, NE 68178  Phone: 402-280-2126 Fax: 402-280-4766
Campus Address: Criss I, Room 104
Email: irb@creighton.edu

DATE:

Protocol Title
Organizational Factors That Influence Social Workers' Engagement with Mindfulness Self-Care: A Case Study

Dear Participant,

Purpose
This study involves research. The purpose of this qualitative instrumental case study will be to examine the organizational factors that impact child welfare social workers’ willingness to engage in mindfulness self-care. The child welfare agency, in which you are employed, is the organization that will be the focus of this case study. You are being asked to participate in a face-to-face interview with me, the study investigator, because you are an employee of the agency.

Procedures
Collecting data from many different sources is critical for a comprehensive examination of the organizational factors which impact social workers’ willingness to engage in mindfulness self-care. The data sources will include interviews with agency leadership, social workers and support staff. Additionally, data will be collected from human resources and agency policy and procedures.

Interviews, such as the one you will participate in with me, will be conducted with leadership, social workers, human resources and additional support staff. Each perspective will be important for gaining a holistic view on perceptions of agency support for mindfulness self-care. The questions will be open ended in order to gain as much information as possible, while remaining focused on answering the research questions for this study. Finally, the interviews will be audiotaped per your permission. Your participation in the interview will take approximately one hour.

Voluntary Participation
Your participation in this study is voluntary and you may withdraw at any time. You do not have to answer any questions asked of you during this interview, that you are not comfortable with.
ORGANIZATIONAL FACTORS THAT INFLUENCE

Risk for Participating in the Study
A possible risk for participating in this study involves the potential social and psychological risks associated with accidental disclosure of confidential information from the data collected throughout the study. Several procedures will be in place to prevent such an occurrence. Also, there may be minimal discomfort during the interview due to discussion about the nature of your job working in a child welfare agency. However this is no more risk than what is encountered in your everyday work experience.

Benefits of Participating in the Study
No direct benefit to you can be expected for participating in this study. However, the information you provide during this interview may help to provide insight into how organizations can better support their employees in self-care practices.

Confidentiality
Every effort will be made to keep your records confidential. However, it cannot be guaranteed. I may need to report certain information to agencies as required by law. Records that identify you may be looked at by others. The list of people who may look at your research records are:

• Jodette Rose
• Creighton University Institutional Review Board
• Dissertation Committee: Dr. Barbara Harris, Dr. Peggy Hawkins, Dr. Joseph Ecklund.

Also, research findings will be presented in my dissertation as a requirement for completion of the Creighton University Interdisciplinary Doctorate of Education program. However, your name and any other identifying information will be kept private. Privacy will be maintained per the following steps:

• A unique code will be utilized to identify your interview data, instead of your name.
• The audio recordings of the interview and participant code list will be kept in a locked cabinet.
• While in transportation, all research data will be kept in a locked briefcase and with me, the investigator, at all times.
• At completion of the study, research data will be destroyed per Creighton University IRB regulations.

Compensation for Participation
There is no compensation for participation in this study.

Contact Information
If you have any questions regarding the research of this study, you may contact Jodette Rose at (734) 731-4670. If you have any questions about your rights as a study participant, contact the Creighton University Institutional Review Board at 402-280-2126.

Sincerely
Jodette Rose
Appendix D

The Correlation Between Open-Ended Interview and Research Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>New information not related to research questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does self-care mean to you?</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>What does mindfulness mean to you?</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>I am curious if your profession (not workplace) promotes self-care, as well as mindfulness self-care?</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tell me about the self-care practices for employees at this agency.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tell me about the mindfulness self-care practices for employees at this agency.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Describe what you think was happening at the agency that led to implementation of self-care in the workplace.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Describe what you think was happening at the agency that led to implementation of mindfulness self-care in the workplace.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Explain your perception of the agency strengths that exist as it relates to promoting self-care practices in the workplace.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Now explain the agency strengths as it relates specifically about mindfulness self-care.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>If you woke up tomorrow and everything was perfect as it related to self-care practice in the workplace; what would it look like?</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Now describe that same tomorrow as it relates specifically about mindfulness self-care.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Note. The research questions addressed different components of an organization. Q1.) How does organizational culture play a role in employee attitude towards mindfulness self-care? Q2.) What employee perceived leadership traits influence employees’ willingness to engage in self-care? Q3.) What aspects of agency policy support mindfulness self-care? Q4.) What operating procedure influence employee willingness to practice mindfulness self-care? The interview questions were designed to be open-ended which gave the potential for the interviewee to provide an answer that addressed any four of the research questions as well as highlighting new information outside this scope.
### Appendix E

#### Codes and Thematic Categories

<table>
<thead>
<tr>
<th>Areas for Improvement</th>
<th>Initial Codes</th>
<th>Expanding the Codes</th>
<th>Collapsing the Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Staff</td>
<td>12 Total</td>
<td>25 Total</td>
<td>21 Total</td>
</tr>
<tr>
<td>Employee Relationships</td>
<td>_</td>
<td>Employee Relationships</td>
<td>_</td>
</tr>
<tr>
<td>Acceptance of Mindfulness</td>
<td>_</td>
<td>Acceptance of Mindfulness</td>
<td>_</td>
</tr>
<tr>
<td>Language</td>
<td>_</td>
<td>Language</td>
<td>_</td>
</tr>
<tr>
<td>TIC’s Mission</td>
<td>_</td>
<td>TIC’s Mission</td>
<td>_</td>
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<td>Mindfulness Check-in at Meetings</td>
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<td>Communication with Staff</td>
<td>_</td>
</tr>
<tr>
<td>Reflection</td>
<td>_</td>
<td>Transparency</td>
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<td>Staff Observing Agency Support Clients</td>
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<td>TIC’s Mission</td>
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**THEME: CULTURE**

- Employee Relationships
- Acceptance of Mindfulness
- Language
- TIC’s Mission

**THEME: LEADERSHIP**

- Communication with Staff
- Transparency
- Exhibiting Support

**THEME: POLICY/PROCEDURE**

- Staff Training
- Staff Professional Development
- Staff Observing Agency Support Clients

**THEME: OPERATIONAL PROCESS**

- Staff Schedule
- Mindfulness Check-in at Meetings
- Staff feel that they are allowed to take breaks.

**THEME: STRATEGIC THINKING**

**SUB-THEME: GOALS**

- Goal Setting
- Action Plan
- Reflection
- (Collapsed into Indicators of Change)

**APPROACH IN STRATEGY DEVELOPMENT**

- Indicators of Change

**THEME: STRATEGIC THINKING**

**SUB-THEME: AGENCY LEADERSHIP ROLE**

- Stakeholder Buy-In
- Training for Leadership

**THEME: STRATEGIC THINKING**

**SUB-THEME: CHANGE AGENTS**

- Understanding Self Care
- (Collapsed into Energizing Need for Change)
- Reason for Mindfulness Implementation
- (Collapsed into Energizing Need for Change)
- Energizing Need for Change
- Areas for Improvement
- (Collapsed into Staff Perception on the Impact of Change)
- Staff Perception on the Impact of Change
- Resources

**THEME: STRATEGIC THINKING**

**SUB-THEME: CHANGE AGENTS**

- Energizing Need for Change
- Staff Perception on the Impact of Change
- Resources