Mindful leadership training augments mindfulness, compassion, and well-being

Michael Halldorson1,2, Michelene St-Hilaire1, Dawn MacDonald1, Jennifer Kornelsen1,2, Michael McIntyre1,2, St Boniface Hospital Research Centre, 2 Compassion Project, Catholic Health Corporation of Manitoba, Corporation catholique de la santé du Manitoba

Introduction
Authentic leaders are genuine, trustworthy, reliable, and believable individuals; they act from the heart, with passion and compassion1, lead by example, and work to create a context within which followers can be true to themselves2. Higher authenticity can enhance psychological well-being, personal autonomy, desire for positive relationships, sense of purpose, mastery over environments, and motivation to grow as leaders3. Individuals demonstrating this type of high-quality leadership can also influence the psychological well-being of followers4, and work-related performance of individuals, groups, and organizations5. Given the importance of authentic leadership for interpersonal, personal, and organizational outcomes, there has been recent interest in nurturing and developing this particular leadership style. One way to do this is through mindfulness6, defined as ‘paying attention in a particular way, on purpose, in the present moment, and non-judgmentally by the state of being attentive to and knowing of what is taking place in the present’. Not only has regular mindfulness-based practice been shown to decrease psychological distress and burnout symptoms7,8, and to increase empathy9, self-compassion, mental well-being, and quality of life, research also shows that mindfulness enhances authentic functioning which allows one to be more engaged in work10.

Compassion is a trait often at the epicenter of discussions of ways to improve healthcare and human services. Thus, a particular interest of ours focused on a cluster of traits touching on compassion. These are compassion toward others, compassion toward self, self-compassion, mindfulness, and skills central to mindful leadership. The present study examines the ability of a particular training program - Cultivating Leaders’ Mindfulness Through Mindfulness as developed by the Institute for Mindful Leadership – to foster an increase in mindfulness and to durably strengthen well-being and the cluster of traits focused on compassion in leaders in healthcare and human service organizations. It is important as well to document how changes induced by training might behave over time. Specifically, we searched for changes in leaders/supervisors training. In this study we wished to have an understanding of the effects of the training on the leaders in order to more effectively shape the questions asked of employees. In a subsequent study, employees’ compassion and well-being will be studied after their leaders/supervisors complete mindful leadership training, as will how changes in both groups relate to one another. Despite these limitations, several interesting trends emerged. A particular interest with respect to the leaders is their ability to infuse the authoritative dimensions of their work with compassion. Genuine caring for the self and others can foster leadership that is integral and inspires. Three months after the training all five of the scales clustering on compassion were significantly different than at the beginning of the training. Here, all five measures manifest statistically significant changes in the desired direction. Self-compassion and compassion have increased while the three Fear of Compassion Scales have decreased. Examination of the Self-Compassion subscales is interesting. Statistically significant decreases in self-judgment and over-identification, and a significant increase in mindfulness occur. Similar changes occur with compassion. Leaders became more mindful and less indifferent. It is noteworthy increased mindfulness is a common denominator in the self-compassion and compassion subscales. Our impression is that managers who are more mindful, less self-judgmental, less indifferent, and less over-identified will both be healthier and more effective. The testing of this expectation is part of the experimental program we have planned.

The present study was conducted as a first study investigating the ability of a particular program of mindfulness-based leadership training – developed and implemented by the Institute for Mindful Leadership – to be an effective means of improving leadership qualities, especially those touching upon compassion, and ultimately organizational outcomes. This study focused on the effects of the training and its mediating variables.

Participants and Procedures
Leaders and supervisors (N = 10) in health and human service organizations from the Province of Manitoba in Canada participated in an intensive 4.5 day mindful leadership training (MLT) program.

MLT was taught by instructors trained at the Oasis Institute for Mindfulness-based Professional Training at the Center for Mindfulness in Medicine, Health Care, and Society, University of Massachusetts, and both instructors were members of the Institute for Mindful Leadership. Participants practiced mindfulness meditation, mindful-leadership exercises, and mindful stretching/movements to counteract stress, establish great equilibrium of body and mind, and helped them to connect their leadership principles and stimulate well-being and health. Leaders/supervisors in health and human service organizations enrolled in 4.5 day live in retreat designed to teach individuals the practice of mindfulness meditation and related skills central to mindful leadership. It was hypothesized that mindful leadership training would induce changes in mindfulness and that subsequent changes in compassion, self-compassion, fear of compassion, work engagement, and personal well-being would occur. It hypothesized further that the changes collectively would act to reduce stress.

Measures and Results
Five Facet Mindfulness Questionnaire (FFMQ): A 39-item scale designed to measure the component skills of mindfulness observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience

Results: Significant increases in participants’ perception of their mindfulness for non-judging and non-reactivity were observed following MLT at both the 3-month and 6-month post-training comparisons (H(6) = 63.3, p < .06, d = 1.85, in these analyses). See Figure 2.

Discussion
The changes reported herein clearly suggest that mindful leadership training has the capacity to produce measurable, statistically significant changes that are important to individuals and to organizations and are indeed worthy of continuing investigation.

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Reference
7Kabat-Zinn (Heron, 1994).
13Gilbert et al. (2011) Psychology and Health, 26(8), 393–395.

Fears of Compassion Scales:
A set of three scales based on 38 items that measure (a) the fear of expressing compassion towards self, (b) the fear of expressing compassion towards others, and (c) the fear of responding to compassion from others.

Results: Participants reported significant decreases in fear of compassion on all three fears of compassion scales at the 3-month post-training comparison (H[4] = 3.59, p < .05, d = 1.66, for all analyses) See Figure 2.

Compassion Scales:
Self-Compassion Scale: A 24-item scales designed to evaluate the capacity to extend compassion to oneself. The scale includes subscales to assess self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.

Results: At the 3-month following MLT, participants perceived themselves as more compassionate not only towards themselves but also toward others (H[4] = 3.16, p < .05, d = 1.49, for all analyses). See Figure 3.

Perceived Stress Scale: A 10-item scale designed to measure perceptions of the degree of the unpredictability, uncontrolability, and overloadedness during the previous month.

Results: Although participants reported lower stress levels 3-months post-training (H[4] = 3.81, p < .05, d = 2.38), participants reported higher stress levels than those reported in the general population both before and after training (S = 7.78, p < .001, d = 3.18 and T4 = 5.70, p < .01, d = 2.55, respectively). See Figure 4.

Note: Figure 4 error bars are 95% confidence intervals. **p < .01

All other analyses comparing pre-training stress levels to post-training stress levels both immediately and 6-months following MLT were not significant. However, at both of these post-training intervals, participants reported significantly higher stress levels than those reported in the general population (S5 = 5.90, p < .01, d = 2.41 and S6 = 4.81, p < .05, d = 2.78, respectively).