In this first installment of a three-part series on mindfulness, we describe a dynamic project aimed at elevating the importance of mindfulness, compassion, and presence as key competencies for professional nurses across the career span in all healthcare settings.

Nurses are highly regarded by healthcare colleagues and patients/families for their knowledge and competence. A skilled and efficient clinical nurse can juggle answering call lights, administering medications, documenting care, admitting and discharging patients, and much more. But when a nurse is able to embrace an aware, focused, and present state that transcends the execution of tasks, he or she is practicing mindfulness. In the mindful space, seemingly small moments become profound experiences and intimate human connections exceed tasks.

“In the Moment: Stories of Mindfulness in Nursing” was an action learning team project developed as part of the authors’ Robert Wood Johnson Foundation Executive Nurse Fellowship experience. It was designed to increase understanding about the power of mindfulness in nursing practice by providing real-life examples of how nurses employ mindfulness and teaching mindfulness techniques to nurses at all stages of their career (including students) to build resiliency and foster their own health and wellness.

What’s mindfulness?
Mindfulness means intentionally paying attention to the present moment with a nonjudgmental attitude of acceptance and awareness. It sounds simple, right? Although easily taught, mindfulness is a challenging practice to maintain and strengthen, particularly when stressed and challenged. Compassion toward self and others is often a byproduct, if not an intentional effect, of mindfulness practice. As the participant
nurse leader
becomes more accustomed to accepting the present moment as is, nonjudgmental acceptance begins to extend to the self and others. This type of acceptance isn’t meant to negate ambition, goal-achievement, or productivity; rather, it builds a realistic picture of the present that can then be used to propel performance. In this sense, mindfulness, presence, and compassion are often interrelated.

Research has demonstrated the positive effects of mindfulness on sleep, anxiety, depression, pain management, and overall resilience. As attention is rooted more firmly in the present and less on the past and/or future, depression, rumination, and anxiety decrease. The resulting effect is energy that was once spent clinging to the past or worrying about the future can now be spent in the present. Some refer to this as learning to live by design rather than by default.

Cultivating present moment focus preserves energy for what can be acted upon. Additionally, mindfulness practices help the participant objectively observe automatic or habitual behaviors, coping patterns, thought processes, and stories, leading to a more deeply considered response. For nurses, this may mean being able to fully focus on patients and care requirements when at work and replenish themselves when away from work. The push and pull of work and life becomes less tense as mindfulness allows the participant to manage personal energy, which can lead to a feeling of less urgency or time sensitivity.

The nursing need

Nurses are an integral part of today’s dynamic healthcare delivery team, working in practice settings that are increasingly sensory rich, complex environments. Many professional nurses enter the workforce lacking the necessary skills to navigate repetitive critical incidents, death and dying, dynamic and changing teams, and, most important, the ability to focus on patients’ and families’ unique preferences. To date, most nursing curricula don’t include ample focus on human connection skills that allow nurses to engage with patients in a meaningful, undistracted, unhurried manner while developing personal strategies for self-care and resilience. Likewise, healthcare work environments are seldom designed for reflective, mindful approaches to patient care and staff resilience.

In fact, stress in the healthcare workplace has generally been accepted as “just how things are”; some say being able to withstand ever-increasing stress is a “badge of honor.” Interruptions, distractions, competing priorities, time pressures, information overload, fatigue, stress, anxiety, feelings of sadness, and fear of missing out are often considered the normal experiences of living in the modern world. However, prolonged exposure to high levels of stress for extended, unremitting periods can lead to physical illnesses, such as cardiovascular disease and autoimmune conditions, depression, insomnia, and general malaise. These responses can contribute to nursing stress, burnout, and compassion fatigue, which may lead to compromised patient safety.

The frenetic nature of the healthcare environment and high stakes outcomes combine to form a particularly important clinical challenge: paying mindful, laserlike, yet dynamic, attention to what’s most important with focused presence and deep compassion. When this challenge is fully met, patients are safer and nurses are more engaged and less likely to suffer burnout and compassion fatigue. It’s common knowledge in mindfulness work that when nurses pay close attention to patients, with intention and purpose, they’re more likely to detect early warning signs of a change in condition. Likewise, nurses with a deeper awareness and focus are more likely to be stronger advocates for patients and colleagues.

There’s increasing awareness that creativity, productivity, and extended high energy aren’t the result of prolonged engagement with stressful mental frameworks, but rather of a more balanced, caring approach to the management of personal energy and one’s responses to the environment and situation. It’s been shown that individuals and groups can be taught to process their responses to stressful conditions in productive ways that support well-being, resilience, and long-term health. That’s why healthcare leaders recently added a fourth aim to the Institute for Healthcare Improvement’s Triple Aim: restoring joy and satisfaction to healthcare employees. A resilient, compassionate, and present nursing workforce is critical to delivering healthcare value.

The leadership need

Similar to clinical practice, leadership is both an art and a science, with healing, nurturing, and bringing about optimal states of being for individuals and/or organizations at its core. Leadership can be defined as behaviors and ways of being that inspire a positive, enduring impact on those whose lives are influenced by one’s presence. No matter the breadth of influence, much of the healing potential of leadership is grounded in a deep sense of authenticity and integrity. Strong leaders are courageous and guided by what they believe is valuable, meaningful, and true. Excellent leaders follow their inner compass to inspire, coach, and guide others with compassion,
clarity, and purpose. An authentic leader must cultivate an awareness of who he or she is as a person to convey a sincere sense of self. This is an ongoing, dynamic, navigational practice, grounding the leader in true vision, purpose, and the strength required for top performance.

Mindfulness enables self-awareness, reflection, and intentional growth of leadership capacities. To understand their personal strengths, weaknesses, and best contributions, mindful leaders create practices that encourage them to “check in” with their own humanity to better use their capabilities. Built on the foundation of knowing the self and then having the courage to present the genuine self to others, authentic presence is highly valued as a leadership skill. Mindfulness practices often result in a deeper sense of self-compassion and forgiveness that extends more naturally to colleagues.

Person-centered communication practices improve both clinical outcomes and patient safety in healthcare settings. However, organizational culture may be a barrier to person-centered communication and patient engagement. Organization-wide approaches are needed to implement person-centered care interventions such as mindfulness. Nurse leaders are positioned to create effective systems and process changes to facilitate mindful practice at all points across the healthcare continuum. There’s growing evidence that hospital performance is improved when leaders create optimal nurse practice environments—an additional incentive to cultivate mindfulness and person-centeredness in our current Value-Based Purchasing climate.

Let’s get visual

With “In the Moment: Stories of Mindfulness in Nursing,” we wanted to celebrate and inspire mindfulness, compassion, and presence in nursing. We wanted to remind nurses and nursing students about the aspect of care that drew them into the profession and provide encouragement with simple ways to rekindle that connection with their professional passion. As leaders in our organizations, each of the authors selected a nurse to speak personally about what mindfulness and compassion mean in clinical encounters with real patients, as well as for personal resilience.

Visual narrative is a strong method for conveying meaning and fostering human connection. We identified that there’s power in having nurses explain through visual narrative the specific ways that mindfulness is incorporated into their practice and how it impacts their patients’ families and themselves. Simply reading about mindfulness doesn’t provide the depth of a visual narrative, which helps make emotional and human connections to what it means to be mindful.

For this reason, each of the five nurses was interviewed on video-tape for 1 hour; the interviews were subsequently professionally edited down to segments of just a few minutes. Please access the videos at https://drive.google.com/file/d/0B4DspdcC0BRYEOUNETGpJQ0 hod2M/view?usp=sharing. These video stories are meant to be shared and discussed. We hope they provide a meaningful platform for broader reflection on the power of mindfulness and presence, and our goal is to collect many more stories from nurses with diverse backgrounds, representing multiple settings across the career span.

The next article in this series will describe the team’s process of designing the project and the impact of mindfulness on productivity and outcomes in nursing leadership.

REFERENCE


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Advancing executive nurse leadership skills through participation in action learning

By Kate FitzPatrick, DNP, RN; Jeffrey N. Doucette, DNP, RN; Amy Cotton, MSN, RN; Debra Arnow, DNP, RN; and Teri Pipe, PhD, RN

In this second installment of a three-part series on mindfulness, we describe the process of producing video vignettes to illustrate how clinical nurses draw on the power of mindfulness to build their own resiliency while delivering compassionate care.

Mindfulness—paying intentional attention to the present moment, with an attitude of nonjudgment, acceptance, and awareness. Mindful practice has clear implications for nursing leadership, workforce resilience, and health promotion, which benefits both patients and the healthcare team. In the first part of this series, we described “In the Moment: Stories of Mindfulness in Nursing,” a visual narrative of nurses presenting real scenarios of when they used mindfulness and compassion in their professional and personal lives (https://drive.google.com/file/d/0B4DSpdC0BRYEOUNETGpJQ0hod2M/view?usp=sharing). This work is aimed at elevating the importance of mindfulness, compassion, and presence as key competencies for professional nurses across the career span in all healthcare settings.
nurse leader
Project scope
The authors are participants in the 2014 cohort of the Robert Wood Johnson Foundation Executive Nurse Fellows program (www.executivenursefellows.org/). We’re all executive nurse leaders from a variety of practice settings, working in broad-based geographic settings across the country (Maine, Vermont, Virginia, Nebraska, and Arizona). An action learning team component is part of this 3-year intensive executive leadership program, focused on the team process, individual leader growth, and completing a project to effect positive change with national impact. The topic of leadership development and mindfulness emerged as a theme during our action learning team’s brainstorming session to identify an overall project focus. Despite the diversity in our roles and settings, each of us had a compelling interest in mindfulness, driven by pressing issues observed in our leadership roles.

When forming our team, we created a team name (True North Leadership); charter; ground rules, including integrating mindfulness practices into each of our team sessions; and a framework for our work and individual/team learning. The timeframe for our project was 18 months. An action learning team coach was assigned to our group to facilitate processes and guide us in reflective practices along the way. As nurse leaders, working with a team of equally expert nurse leaders presented interesting challenges that we were encouraged to “lean into” and learn from.

One of the first challenges was narrowing our focus to a project that was timely, relevant, and feasibly completed within 18 months. We used human-centered design principles and “yes, and...” thinking to explore possible approaches. Typically in the change process, teams tend to focus on the reasons why ideas won’t work. This generally manifests in a “no, but we can...” type of thought process. The “yes and...” approach allows for one idea to build on the other and doesn’t dismiss ideas that are generated during the brainstorming process. Using this tool took a fair amount of practice and added significant value and richness to our discussion as we narrowed the project focus.

Early on, we discussed creating a learning platform to teach mindfulness to nurses and nursing students. However, we ultimately decided that, given all of the emerging resources in the field, a better approach was to ask nurses to tell stories of how they use mindfulness, compassion, and presence in their work and personal lives.

Mindful practice has clear implications for nursing leadership, workforce resilience, and health promotion.

Although mindfulness, compassion, and presence are often successfully taught using workshops or classroom teaching approaches, we felt it would be powerful to use a storytelling approach in which nurses verbally share a time when being mindful made a positive difference in their experience with patients or colleagues. Using narrative as a tool for self-reflection can inspire others and is a creative way to effectively reach nurses and nursing students.

Our project purpose was to launch a national-level campaign to engage nurses in enhancing the human experience through mindful practice.
stories of mindfulness, compassion, and presence. As we consider national-level impact through distribution of the stories, we’ll also engage in local distribution through our organizations. We believe that there will be applicability at all levels of practice, from the bedside and beyond. As we look to the next phase of our distribution, we’ll be engaging colleges of nursing and healthcare organizations to utilize “In the Moment: Stories of Mindfulness in Nursing” as a resource.

**Navigation despite distraction**

One of the unanticipated events that impacted our team’s course was the energy and controversy generated by the 2015 Miss America pageant. During the pageant, Miss Colorado, an RN, used her talent segment to tell a story of connecting with a patient and the power of that connection on both her and the patient. The aftermath of this event in the popular press and media created an opportune moment to name what Miss Colorado talked about in her monologue; essentially, a visual narrative about mindfulness, compassion, and empathy. This event also highlighted the lack of understanding about the power of the nursing profession and the role and influence of nurses on health and healing.

Based on this event, we developed a social media page titled “Share Your Nursing Story,” inviting nurses to share their narratives about how they use mindfulness in their practice. However, other competing social media pages emerged and we discovered that our page wasn’t going to draw the impact we intended. We ultimately decided that this avenue wouldn’t achieve our goal of increasing awareness of the impact of mindfulness in nursing practice.

This experience helped our team learn about our process, as well as identify that we needed to generate alternative strategies for collecting and disseminating narratives of mindfulness in nursing. It was with some humor that we realized our attention had strayed from our original purpose, due in part to the allure of the media attention surrounding the Miss Colorado story. In short, we needed to refocus and use the experience to become more mindful as a team.

**Logic model adoption**

Our team defined specific outcome and process measures that we wanted to achieve with this national project. The outcome measures included increased understanding/awareness of mindfulness among nurses and how to apply strategies that support mindfulness in nursing practice. The ultimate end result we’re driving toward includes nurse

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### Figure 1: Action learning team logic model

<table>
<thead>
<tr>
<th>PROCESSES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inputs</strong></td>
<td><strong>Short term</strong></td>
</tr>
<tr>
<td>• Funding</td>
<td>• Sustainability plan development, including Facebook page creation, video production, (five individual and one composite)</td>
</tr>
<tr>
<td>• Story respondents engagement</td>
<td>• Sustainability plan in place</td>
</tr>
<tr>
<td>• Media expertise</td>
<td>• Number of speaking engagements generated</td>
</tr>
<tr>
<td>• Infrastructure for story capture, storage, and dissemination</td>
<td>• Number of articles generated</td>
</tr>
<tr>
<td>• Evaluation infrastructure identified</td>
<td>• Linkages in place with potential partners (Robert Wood Johnson, American Organization of Nurse Executives, etc.)</td>
</tr>
<tr>
<td>• Sustainability plan</td>
<td>• Book</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td><strong>Intermediate</strong></td>
</tr>
<tr>
<td>• Allocate budget</td>
<td>• Sustainability plan in place</td>
</tr>
<tr>
<td>• Identify ways and venues for recruiting story respondents</td>
<td>• Number of speaking engagements generated</td>
</tr>
<tr>
<td>• Engage media expertise in story capture, storage, and dissemination</td>
<td>• Number of articles generated</td>
</tr>
<tr>
<td>• Identify measures and metrics</td>
<td>• Linkages in place with potential partners (Robert Wood Johnson, American Organization of Nurse Executives, etc.)</td>
</tr>
<tr>
<td>• Design sustainable structure and processes</td>
<td>• Book</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td><strong>Long term</strong></td>
</tr>
<tr>
<td>• Story respondents engaged (number, type, recruitment source, dissemination strategy)</td>
<td>• Sustainability plan in place</td>
</tr>
<tr>
<td>• Stories collected, stored, and shared (number, type, audience)</td>
<td>• Number of speaking engagements generated</td>
</tr>
<tr>
<td>• Measures of evaluation parameters</td>
<td>• Linkages in place with potential partners (Robert Wood Johnson, American Organization of Nurse Executives, etc.)</td>
</tr>
</tbody>
</table>

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resiliency, self-worth, patient connection, and deep commitment. Process measures included the number of stories captured, the venues of shared stories, the nurses exposed to the concept, and the importance of mindfulness as demonstrated through the nurses’ stories. The logic model depicts process inputs and outputs, and short-term, intermediate, and long-term outcomes. (See Figure 1.) This model guided our work and provided structure to our emerging efforts.

**Story collection**

Although each of our team members is skilled in nursing leadership, different talents were necessary to actually do the work required to collect, record, and disseminate the narratives. We recognized that we didn’t have the requisite skill sets to create and disseminate the video using high-quality production approaches. Thus, we enlisted the assistance of a sponsor, project manager, videographer, and graphic designer. The sponsor is an expert in a given field who’s responsible for helping the team explore ideas, challenge assumptions, and facilitate introductions to other industry experts. For our project, we chose professionals in high-level communication roles to inform our work in terms of design, development, and distribution. The project manager served to keep our team on track with regards to deadlines, deliverables, and budget. This role helped ensure that key milestones and tollgates were established and met, the team had a robust process for budget tracking and performance, and the logistics of a busy team working from five different physical locations ran smoothly.

Each of the team members recruited one nurse from our organizations to participate in the video narrative. Nurses consistently recognized by their patients and peers as truly connecting with and impacting those for whom they care in a remarkable way were selected for participation. These nurses were identified with input from the chief nurse executive and via programs such as the DAISY Foundation’s DAISY Award.

Nurse invitees were given a brief summary of why they were selected and a general overview of the project. We used a portion of our project budget to support the interviewees’ travel to and lodging in Washington, D.C., for the nurses to meet each other and our team. We arranged for a video studio for the videographer and interviewer to capture 1-hour interviews with each of the participants.

Questions used to guide the interviews, included:

• You were selected to participate in this video because your patients/supervisor/coworkers use you as an example of someone who connects with and impacts those for whom you care in a remarkable way. Why do you think others feel this way about you? What makes you different?

• If you were teaching another nurse to be mindful and present in his or her daily activities, what pointers would you share?

• When you leave your nursing position after a busy workday, how do you know your focused mindfulness or presence made a difference in your patients’, coworkers’, or your own life?

• Can you share a story about a specific time when you knew it’s vital to attend to the processes of team learning with mindfulness and compassion.
your focused mindfulness or presence made a difference for a patient or family? What specifically made you aware that you made a difference?

One of the most challenging pieces of our work was the editing process for the final video series. Each participant generated about 45 minutes of amazing dialogue, which needed to be edited down to 3 to 4 of the most impactful minutes. Each team member viewed the raw footage for each participant. Using a spreadsheet, the significant quotes, stories, and examples were noted for each interview. The videographer then took the spreadsheets and created a first-round edit for each of the stories. The team then reviewed the first-round edits and, using the same format as with the raw footage, made minor changes. The final edits were then set to music and graphics were added. The final cut was then shared with the team.

At the conclusion of our project, the nurses indicated that the interviews were a positive experience for them:

- “It was nice to remember some of those situations where I felt I made a difference, kind of a feel good moment...These memories are the inspirational ‘cup filling’ moments that keep me going back to work every day and restore my faith in humanity.”
- “This opportunity was definitely enlightening! It encouraged me all the more to pursue a career that truly resonates with me and brings out the best version of myself.”

A rewarding journey
Through the action learning team process, we learned how to leverage tactical and strategic approaches to implement our project. Equally important, if not more so, we also discovered that it’s vital to attend to the processes of team learning with mindfulness and compassion. We grew both as a team and individually during the course of the project. It was rewarding to see the immediate impact on the five nurses who provided their personal stories, and it’s hope-inspiring to consider all the ways in which the video narratives may be used.

In the final installment of this series, we’ll explore the leadership implications of this project. For example, how do nurse leaders recruit nurses who have the capacity for presence and understand its importance? How do nurse leaders provide nurses with tools to use in the moment? How do you as a nurse leader use mindfulness to keep you resilient and performing strongly? NM

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The authors have disclosed no financial relationships related to this article.
The mindful

Key take-away: Go slow before you go fast
By Jeffrey N. Doucette, DNP RN; Amy Cotton, MSN, RN; Debra Arnow, DNP RN; Teri Pipe, PhD, RN; and Kate FitzPatrick, DNP RN

The first and second articles in this three-part series on mindfulness described the production of the video “In the Moment: Stories of Mindfulness in Nursing” as part of the authors’ Robert Wood Johnson Foundation Executive Nurse Fellowship program. In this final installment, we discuss our leadership approaches and lessons learned, both as a team and individuals.

The primary objective of this project was for our team to focus on the process of learning and reflecting, with the project outcome as a secondary focus. For nurse leaders accustomed to emphasizing performance and measurable outcomes, the attention to individual and team learning presented a refreshing, but sometimes difficult, challenge. As a team, we found that the outcome was stronger because we concentrated on the process; this learning became the core of our ongoing work.

Creating the context for leadership development
Fortunately, we had a team coach who guided us in this endeavor, along with clear guidance from our fellowship program content. For example, we adopted the Inclusive Learning Environment Agreements:
- speak your truth
- lean into discomfort and lean into each other
- commit to nonclosure
- embrace paradox
- seek intentionality, not perfection
- the teacher and student create the learning community.

As a team, we also adhered to the safe space norms adopted by our larger executive nurse fellow cohort. These ground rules provided behavioral parameters for our work and how it was accomplished. We agreed to:
- be humble and authentic
- accept/appreciate mistakes
- actively listen to and solicit all opinions and input
- have fun
nurse leader
define mutual goals for clarity of purpose
• engage in respectful disagreement
• create a gracious space
• interact face-to-face
• share expectations, goals, mission, and vision
• maximize the creative talent of each team member
• exhibit nonjudgmental behavior, mutual respect, and trust
• rotate leader, chairperson, and facilitator roles

Elements for expansive team growth
We took several concrete, intentional steps to propel our individual and team learning forward in ways that helped us focus on both the process and the product.

Our action learning team made the decision to hold our face-to-face meetings in environments that facilitated clarity of thinking. For this reason, we avoided typical meeting rooms and chose a nature retreat, a home setting, and a mountain retreat for our meeting locations. Important elements of the locations included quiet with minimal distractions, natural light, and access to outdoor space. Our team practiced principles of situation-behavior-impact (SBI) feedback during these powerful in-person meetings. SBI was a technique presented to us during one of our intensives as a tool for providing constructive feedback. As the months progressed, all team members developed the trust to freely share their individual and team learnings in a transparent and impactful manner.

At one point, the powerful importance of environment was tested when the team was forced to hold a meeting in a small conference room without windows. We all felt the team’s energy shift, and progress during the meeting was impacted until we recognized that our environment was part of the issue. We then moved outdoors to engage in a brief group mindfulness activity to reset our energy.

We agreed early on that we would each rotate through specific roles, including leading a mindfulness activity, facilitating the meeting, scribing, time keeping, and reflecting on team learnings. Teleconference and face-to-face meetings were held regularly, with each member agreeing to prioritize participation. The clarity of action items and the practice of each team member stepping forward with their talents, expertise, and contacts were critical to accomplishing project completion.

We used a template agenda that served to frame minutes; all documents were posted on a file sharing site for ease of distribution. We also used e-mail and social media to communicate with each other and our coach.

We decided to start every teleconference and face-to-face meeting with a centering mindfulness activity. We rotated the role of leading the activity to develop our individual skills of facilitating mindfulness exercises. This was a new experience for most of our team members. By practicing in a supportive environment and allowing all team members to utilize various methods and approaches, we grew in our familiarity with and openness to continued mindfulness practice. This shared accountability not only encouraged personal growth, but also helped with the creation of a mindfulness practices toolkit.

Our action learning team had an expert consultant to serve as a facilitator for group feedback and the leadership learning process. Her role was invaluable in reflecting on team effectiveness and our project’s progress. We

Providing constructive feedback, listening, and supporting each other became the backbone of success.
also brought in a communication expert once we determined that our project would be a video and an administrative expert to assist with the operational needs of the project such as budget.

**Personal and organizational lessons**

We’re all expert nurse leaders within our respective fields. This diversity challenged us personally and offered an opportunity to expand our knowledge and passion in a much broader approach to influence nursing and healthcare. Providing constructive feedback, listening, and supporting each other became the backbone of success. Our rotation of meeting roles provided each of us with an opportunity to build our skills in leading, centering, and reflection, leveraging our personal strengths to improve the team’s progress. Further, practicing mindfulness as a team and individually throughout the process added a level of richness to our group.

As individuals, we recognized the power of authenticity as a critical leadership skill. Mindfulness and centering were unfamiliar skills to most of us; we learned from each other about the impact mindfulness made in our personal and professional lives. Understanding our own strengths as individuals and the contribution that each of us made to our project’s success had a tremendous impact. Several team members were strong in innovation and idea generation, whereas one member was particularly strong in operations. She brought a grounding influence to the group when accomplishing tasks and moving us toward our goal.

One key lesson is to go slow before you go fast. For example, what seemed to be a simple solution of acquiring nurses’ mindfulness stories turned into a valuable lesson in understanding the impact of quick decisions. As individuals, we valued the importance of developing keen listening skills to gain the perspectives of fellow team members. Openness to different methods of communication and project leadership roles led to added effectiveness within a diverse team.

**Future directions**

Our goal of developing a tool to support a national-level campaign to inspire and engage nurses to enhance the human experience through stories of compassion, mindfulness, and presence was achieved with the production of our video vignettes. Although the project is national in nature, we believe there’s applicability at all levels of practice, from the bedside and beyond. We not only succeeded in enhancing our understanding of mindfulness in nursing, we also developed a narrative method to remind nurses of the many ways to practice mindfulness in simple, practical, and meaningful ways.

A secondary benefit for team members was gaining mindfulness skills to use in our personal and professional lives. In addition to building resilience in nurses, mindfulness is an effective path for younger generations considering a career in health. The impact of mindfulness on the nurse offering compassionate presence to each individual patient and family during care delivery strongly supports current efforts to be person-centered in healthcare.

Within the current changing landscape of nursing practice and the stressful environments of healthcare provision, we hope this project will be one of many powerful tools for academic institutions, healthcare organizations, and professional nursing associations to communicate how to inspire, engage, teach, and celebrate the powerful impact of mindfulness, presence, and compassion in nursing practice.

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Jeffrey N. Doucette is the regional vice president of clinical services and chief nurse executive at Bon Secours Hampton Roads Health System in Suffolk, Va. Amy Cotton is the vice president of patient engagement and chief experience officer at Eastern Maine Healthcare Systems in Brewer, Me. Debra Arnow is the vice president of patient care services and CNO at Children’s Hospital & Medical Center in Omaha, Neb. Teri Pipe is the chief well-being officer and dean of the College of Nursing & Health Innovation at Arizona State University in Tempe, Ariz. Kate Fitz-Patrick is the CNO at the University of Vermont Medical Center and the associate dean for interprofessional practice, College of Nursing and Health Sciences, at the University of Vermont in Burlington, Vt. Ali are Robert Wood Johnson executive nurse fellows.

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