BUILDING STUDENT SELF-CARE CAPACITY:
AN ACTION RESEARCH DISSERTATION ON STUDENT PREPAREDNESS IN HEALTH PROFESSIONS EDUCATION

by

MARGARET DEXTER SCHMIDT

(Under the Direction of Aliki I. Nicolaides)

ABSTRACT

Workers in health professions like healthcare often experience the industry-specific stressors of burnout and compassion fatigue. Research shows burnout and compassion fatigue interfere with the rewarding experience felt by acts of caregiving and can lead to reduced worker well-being, compromised care, and worker resignation. Research also shows that health professions workers who engage in the self-care practices of mindfulness and self-compassion experience less burnout, greater compassion for self and others, and a heightened sense of inner alignment for wisdom, purposeful meaning-making, and overall well-being.

This action research study explored student self-care in the context of undergraduate preparedness in health professions education and investigated the transformative potential of mindfulness training to build student self-care capacity. The overarching research question that guided the efforts of this dissertation was: *What is learned at the individual, group, and system levels that advance the theory and practice of transformation in the context of undergraduate preparedness for student self-care in health professions education?*

Findings from this study provide insight into potential new directions for student preparedness in health professions education. Organizational integration of professionally-led mindfulness training may be effective for student self-care capacity building that sustainably addresses the 21st-century industry-specific challenges of burnout and compassion fatigue. Additionally, this paper discusses the synthesis of intentional practices from action research, appreciative inquiry, and adaptive leadership for human-centered organizational change.

INDEX WORDS: action research, appreciative inquiry, health professions, higher education, student preparedness, transformative learning, perspective transformation, self-care, self-compassion, mindfulness, adaptive leadership, nursing, social work, capacity building, well-being, human flourishing, organizational change

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DEDICATION

To my belated mother, April Dexter Wright, who believed in the power of higher education and inspired me to be the first in our family to earn a doctorate. I know you are proud. To my children, Sage and Florence Azalea – you are my reasons, to show you what is also your potential if you so choose. May you both flourish beyond your wildest dreams. To my students, without whom I would not have realized my potential and purpose. To all helpers in all professions – let us commit to give ourselves the love and compassion we so freely give to others, so that we may also experience good living and the height of human experience.

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INTRODUCTION

Education is the most powerful weapon which you can use to change the world.

– Nelson Mandela, 2003

Many passionate educators like myself find purpose in the service of human flourishing. We care deeply about the success of our students *in* and, more importantly, *out* of our classrooms. We watch the world for its trends and trenches and hope to offer our students a metaphorical lifeline from classroom to career, from lessons to living, and consider our civic responsibility in the broader context of society. We believe in the transformative power of education and confront societal challenges for a more ideal state.

At the time of this dissertation's end, the United States had newly elected a corrupt and fascist leader. To say we live in troubled times is an understatement. In addition, the world is changing faster than we have ever known. The structures of society that once kept us seemingly safe are being torn apart. Many find they are feeling tempest-tossed, confused, and at a loss for purpose. Even workers in heart-centered helping industries like healthcare and education struggle to realign their compass for compassion because we too, are often desperate for an anchor and a north star.

At a four-year public Liberal Arts college in the Southeastern United States, I serve as faculty at a school that oversees new undergraduate health professions degree programs for healthcare and public health. My role includes teaching junior and senior-level health science courses, mentoring students, and fostering student preparedness through course curriculum and

applied learning experiences. Working in partnership with local hospitals, clinics, and health departments, it has not been hard to see the reality of the 21st-century healthcare crisis: understaffing due to increased rates of resignation, burnout, compassion fatigue, and compromised care. It is also not hard to see that student preparedness efforts in healthcare education fall short of addressing healthcare workplace stressors, and many students are not prepared to survive, much less thrive, amidst the complex challenges they will soon face.

Buddhist monk Thich Nhat Hanh (2015) teaches us a *way out* [of suffering] *is in,* through mindfulness: the individual inward practice of non-judgment and present-moment awareness. Recent research among healthcare workers during COVID-19 shows that self-care practices from the traditional Buddhist teachings of mindfulness and self-compassion can lessen the burden of workplace stress (Pipas, 2020; Gustafsoon & Hemberg, 2021; Cuartero-Castaner et al., 2021). Research also shows a call for an *out*ward focus towards systems-level integration of these practices. New models for preparedness in healthcare are urging for a more *heart-centered* leadership, a paradigm shift where self-care in the form of mindfulness and self-compassion for healthcare worker well-being are embedded into the organization (LeClerc, 2020; LeClerc & Pabico, 2023). LeClerc (2020) describes this hopeful leadership trend as one that has been a long time coming and has arrived. The opportunity of this action research project was to explore adaptive capacity building for self-care in the context of student preparedness in undergraduate health professions education.

Background

In recent years the healthcare industry has experienced unprecedented challenges due to the COVID-19 pandemic. The lack of preparedness for the chaotic and complex working conditions provoked by COVID-19 was the tipping point for an already overburdened healthcare

system, leading to a worldwide crisis of burnout, compassion fatigue, and "the great resignation" (World Economic Forum, 2021; American Hospital Association, 2022). According to a US commercial intelligence report, an estimated 333,942 healthcare providers left their jobs (including 117,000 physicians, 53,295 nurse practitioners, and 22,704 physician assistants) due to pandemic-related long hours, heavy patient loads, and personal health concerns. One in five healthcare workers has quit their jobs since 2020, and up to 47% of healthcare workers plan to leave their positions by 2025 (Definitive Healthcare Report, 2022). Research shows workers are not the only group affected – a 2022 study on the impact of COVID-19 and healthcare published in the Journal of the American Medical Association states that nearly half (49%) of nurses continued to report that severe burnout affects the quality of care they give to patients (Sexton et al.).

Figure 1

20th Century Societal Commentary on the State of US Healthcare
Cartoon by Estelle Carol and Bob Simpson, 1999. Permission for use granted.

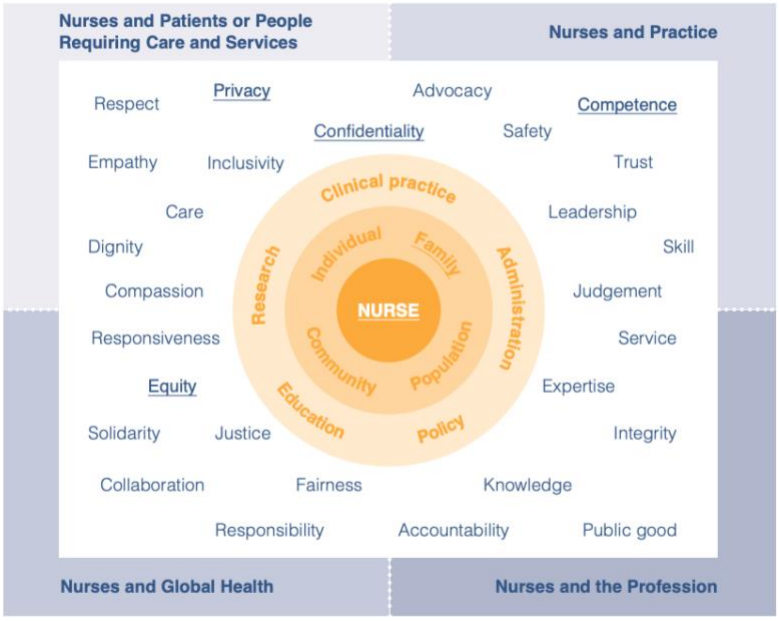
"Nurse Adams, please report to rooms 13 through 100 immediately... you have patients who need your attention."

The Cost of Caring

Compassion in healthcare has been a long-accepted standard of philosophy and practice in caring for patients. Margaret Jean Watson, a well-known nursing theorist, established concepts of caring in her Theory of Transpersonal Caring, which are used in healthcare education and practice for person-centered care. Watson identified factors that she coined *carative* which emphasized the importance of transpersonal connection, kindness, and compassion with patients to aid in the healing process (Watson, 1997). The International Council of Nurses (ICN) *Code of Ethics for Nurses* (2021) outlines the moral and ethical responsibilities of nursing students. Figure 2 shows that among the ICN standards is compassion, along with respect, care, empathy, inclusivity, dignity, responsiveness, and respect.

Figure 2

ICN 2021 Code of Ethics for Nurses



While person-centered care is at the heart of healthcare service, it has been well-documented for decades that professionals who work in helping professions are adversely affected by their service roles, referred to as the *cost of caring* (Finley & Kleber, 1995; National Academies of Medicine, 2019).

The cost of caring describes the negative impact of serving others under prolonged, high-stress conditions often reported as burnout and compassion fatigue (National Academies of Medicine, 2019). In addition, a 2017 article reported healthcare providers are also at a greater risk for heart disease, fatigue, digestive and respiratory issues, insomnia, and hospitalization for mental disorders due to the chronic stress associated with their jobs (Salvagioni et al.).

Compassion fatigue is a unique type of stress resulting from exposure to traumatic suffering in others, often defined as the convergence of secondary traumatic stress and cumulative burnout, a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment (Finley & Kleber, 1995). Research shows that professionals who regularly care for people experiencing trauma are the most vulnerable to compassion fatigue and can experience physical, psychological, behavioral, and spiritual distress (Steinheiser, 2020). The symptoms of compassion fatigue include an extreme state of exhaustion, anger, irritability, negative coping behaviors such as alcohol or drug abuse, reduced capacity for empathy, increased absenteeism, diminished work satisfaction, and impaired ability to make decisions and care for patients or clients (Mathieu, 2007).

Workplace stress in healthcare has also been shown to negatively impact patient satisfaction and quality of care (Henry, 2014). And this makes sense – the popular cliché that one cannot pour from an empty cup is true, as Crane and Ward (2016) found that healthcare workers who dedicate their lives to caring for others often neglect their own self-care needs, which can

result in compromised care. A 2022 qualitative study on compassion fatigue in nursing explored how compassion fatigue was affecting the lives of nurses who were consistently exposed to suffering patients. The study described compassion fatigue as a "bruises in the soul" crisis, inhibiting the rewarding experience of caregiving often experienced by nurses and other caregivers (Gustafsoon & Hemberg, 2022). The costs of self-neglect and emotional exhaustion from caregiving are real, as they can even cause a state of depersonalization, or detachment, experiencing people as objects rather than humans (Maslach et al., 1996). One study found that healthcare workers who work while trying to ignore their own pain, discomfort, and/or depression report more medication errors and patient falls (Letvak et al., 2012).

The Importance of Self-Care in Healthcare Practice and Education

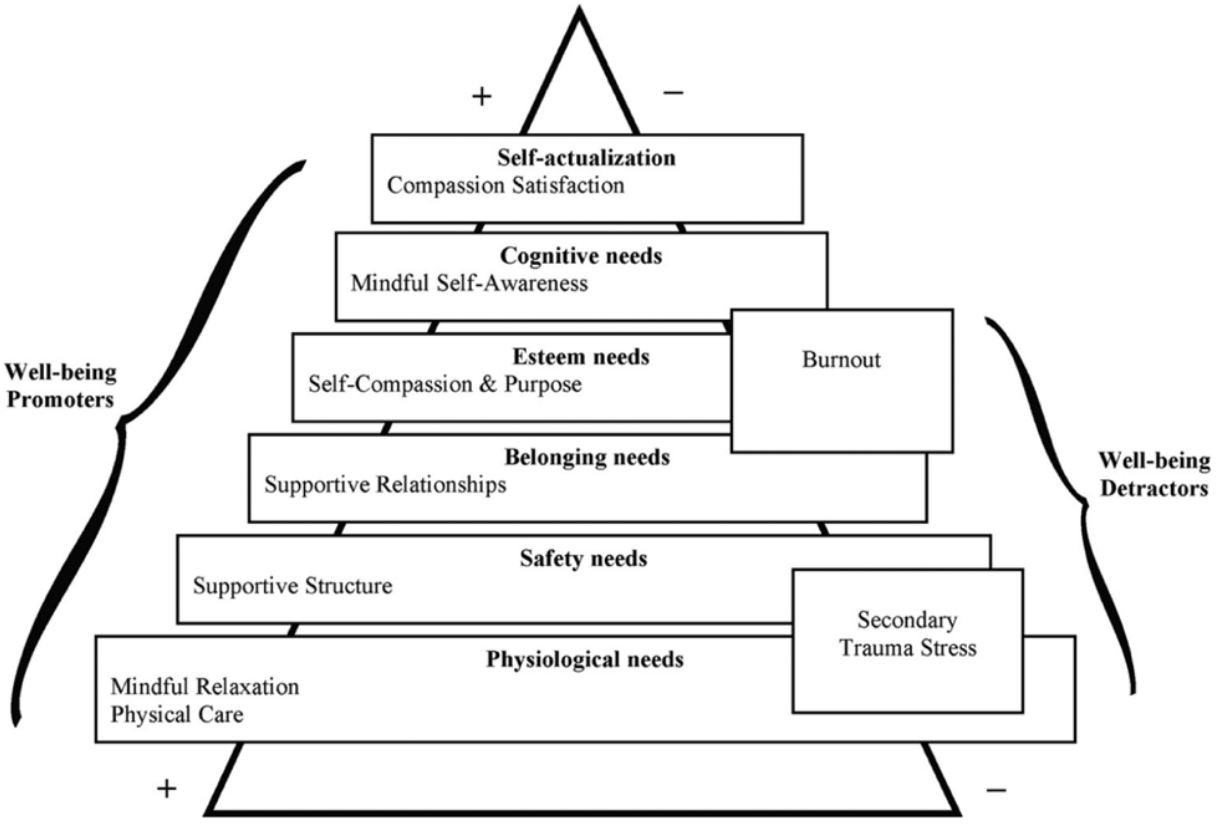
The concept of self-care has long been understood by health professionals to be beneficial for patient health and well-being (Orem, 2001) and research shows that it is just as important for those providing care. A 2021 study on the professional quality of life of healthcare workers during the COVID-19 pandemic found that participants who reported more frequent use of self-care practices also reported higher levels of work satisfaction and work engagement (Cuartero-Castaner et al., 2021). Other studies have found individual self-care practice transformative for alleviating burnout and compassion fatigue (Burner & Spadaro, 2023; Couser, 2020; Neff et al., 2020; Parry, 2017).

In 2018, Hotchkiss provided a conceptual model for addressing healthcare worker well-being based on Maslow's hierarchy of needs (1968), Watson's theory of human caring (1997), and Cook-Cottone's mindful self-care research (2018). The model in Figure 3 illustrates the unique risks (detractors) and protective factors (promoters) associated with healthcare worker well-being. Burnout and secondary traumatic stress are listed as well-being detractors associated

with esteem and belonging needs and physiological and safety needs, respectively. Practices such as mindful self-awareness and self-compassion are listed as individual well-being promoters, along with supportive relationships, supportive structures, and attending to physiological and safety needs. Compassion satisfaction is listed at the top of the hierarchy relating to self-actualization, illustrating the concept that people serve best when their needs are met.

Figure 3

Professional Healthcare Hierarchy of Needs, Adapted from Maslow (Hotchkiss, 2018)



Defining Self-Care

> *Anyone who's interested in making change in the world,*
> *also has to learn how to take care of herself, himself, theirselves.*
>
> –Angela Davis, 2018

Self-care is a popular 21st-century buzzword, if not cliché, that proposes to be self-explanatory: caring for the self. However, there are many interpretations of what self-care means. An early definition of self-care in healthcare can be found in 1959 by Dorothea Orem, a nursing theorist. She defined self-care as "the practices that individuals initiate and perform to maintain their life, health, and well-being*"*. Today, the National Institutes of Mental Health (NIMH), the lead US federal agency for research on mental health, defines self-care as "taking the time to do things that help you live well and improve both your physical health and mental health" and recognizing that "each person's healthiest self is different, with each person having a unique set of needs." NIMH tips for self-care include getting regular exercise, eating healthy and staying hydrated, making sleep a priority, exploring relaxing activities, setting goals and priorities, practicing gratitude, focusing on positivity, and staying connected with people who can provide emotional support (NIMH, 2023).

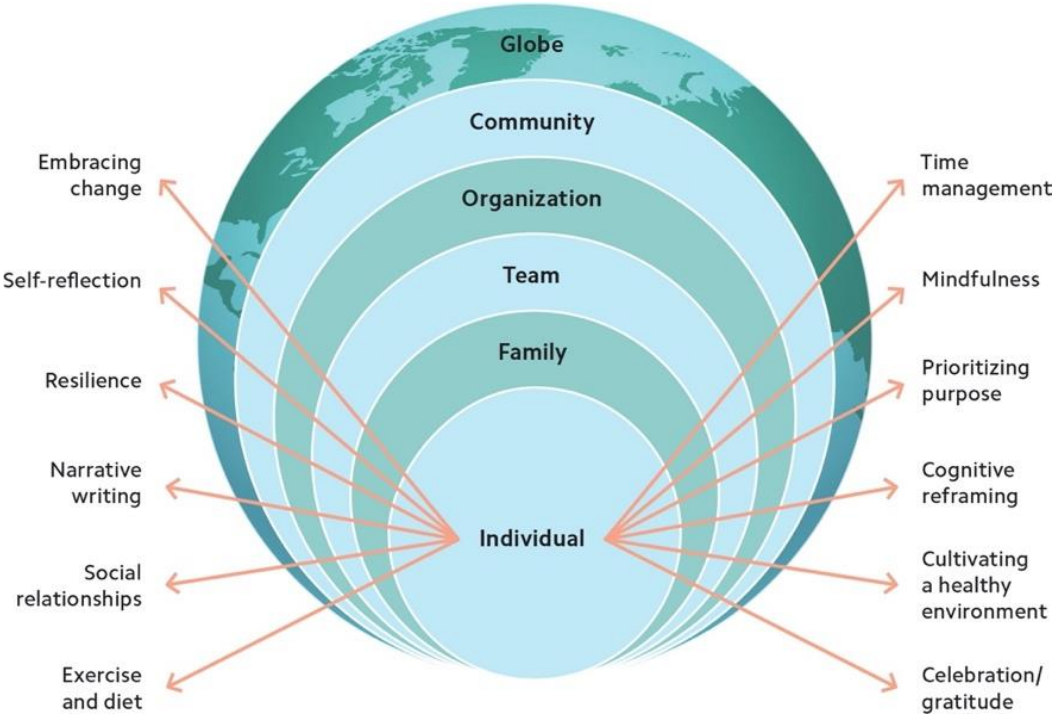
While these clarifications are good general advice, they fail to recognize socio-ecological barriers and/or protective systems-level factors that support self-caring behavior. The World Health Organization (2023), for example, takes a broader perspective of self-care as "the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability." It is not clear if well-being and/or mental health are included, however, it does emphasize ability, which includes access - an important determinant of health outcomes. For instance, a study among healthcare social workers and the impact of COVID-19 found that those who had access to financial stability, social support, good physical

and mental health, and who were working non-remotely engaged in significantly more self-care practices than other participants (Miller & Cassar, 2019). These findings affirm the reality and interplay between societal factors and self-care behavior.

While systems-level support for population-level self-care is certainly needed, Pipas (2020) urges healthcare workers to continue to focus on individual self-care as an important means for systems change (see Figure 4). Identifying research-backed behaviors for self-care such as exercise, diet, social relationships, narrative writing, mindfulness, time management, and gratitude, she states, "A broken system is not an excuse to not care for ourselves…we must rise above our toxic environments and find successful well-being strategies for personal transformation…we change the culture by caring for and changing ourselves" (p.18).

Figure 4

Individual Self-Care as a Means for Systems Change (Pipas, 2020)



Radical Self-Care

> *Caring for myself is not self-indulgence,*
> *it is self-preservation, and that is an act of political warfare.*
>
> – Audre Lorde, 1988

An important multicultural perspective in defining self-care is *radical self-care*. Radical self-care is a concept from Black feminist activists with important historical roots that reveals the experience and wisdom tradition of survival within and against structural power. In Burst of Light (1988), Audre Lorde theorized self-care in a series of personal journal entries about the experience of being a Black Lesbian woman living with cancer. She wrote of self-care as radical, asserting the right to exist and thrive despite societal forces that seek to dehumanize and marginalize.

A 2022 paper by Hickson et al. describes the work of Black activism as having deleterious psychophysiological consequences. While Black activism has a long history (Gomez, 1998), Hickson et al. focused on the experiences of five Black scholar-activist womxn during the COVID-19 pandemic and the outbreak of Black Lives Matter protests. Through collaborative autoethnography, the paper details stories that highlight the importance of the Africentric tradition of collective self-care. According to Hickson, et al., collective self-care is defined as the restorative power of healing and transformation that occurs through community support during shared experiences of collective suffering. It further describes collective self-care practices to include a *returning to roots* and exploring one's self-identity, spiritual belonging in connectedness, and self-love.

In 2018, Angela Davis, a respected and well-known Black activist, philosopher, and author in the United States, stated in an interview with Afropunk that radical self-care is a

holistic approach that allows one to move beyond trauma. Davis relayed that she remembered radical leaders in the 1970s practicing yoga and meditation and began practicing herself while in jail. Later, she recognized the importance of not just individual self-care but emphasizing the "collective character of that work on the self*"*. She also stated that the sustainable practices we adopt today will continue to create "a terrain for the emergence of new activists" and what they will be able to do in the future. (Afropunk, 2018)

Radical self-care is an important and often overlooked perspective in the conversation on self-care. Some authors even argue that it is the origin story of self-care, but that it has been uprooted and co-opted by mainstream media to capitalize on it as performative, individual self-improvement. Kim and Schalk (2021) critique the contemporary usage of self-care and propose a reclaiming of the term to be understood as political. The authors emphasize the importance of recognizing the voices and experiences of marginalized persons who are harmed within politically oppressive structures, and with whom self-care is a necessary means for survival. The framing of self-care as emancipatory, or as a means for liberation and empowerment, through self-awakening and community connectiveness is a vital contribution to the literature on self-care. It reveals the political and structural issues that perpetuate barriers to human flourishing for historically marginalized groups.

A Review of the Literature: Self-Care, Healthcare, and Education

A literature review was conducted to identify self-care research related to addressing the problems of burnout and compassion fatigue within healthcare education. Keywords in the search included *self-care, burnout, compassion fatigue*, *healthcare,* and *healthcare education*. Studies were included or excluded based on whether they were peer-reviewed, available for full access through the University of Georgia Library System and published within a five-year

timeframe from 2019-2023 in the English language. Articles chosen for the review had a specific focus on self-care addressing burnout and compassion fatigue at the healthcare practitioner (worker, student, or educator) level. A review of the literature on self-care within a healthcare practitioner[1] context reveals many contributions with popular themes of *mindfulness* and *self-compassion* as self-caring behavior. Mindfulness is defined as simply pausing to notice what is happening in the present moment, without judgment or exaggeration, often referred to as a self-awareness of the breath, the body, and the mind (Hanh, 2015). Self-compassion is often described as self-kindness or doing no harm to oneself at times when one makes mistakes or is in despair (Ferrari et al., 2019).

Meta-analysis and Systematic Research Review

One meta-analysis in 2019 and two systematic reviews in 2018 and 2023, illustrate the volume of research focused on mindfulness and/or self-compassion in the recent literature. Ferrari et al. (2019) analyzed 27 randomized controlled trials on self-compassion interventions aimed at improving psychosocial outcomes, including stress and anxiety – two variables associated with burnout. The analysis found that the self-compassion interventions used in the studies led to significant improvements in self-compassion, mindfulness, stress, depression, and anxiety, among others. In 2018, Chiapetta et al. reviewed 58 interventions for healthcare workers using mindfulness programs for stress reduction, self-compassion, burnout, anxiety, and mental exhaustion. The analysis revealed that mindfulness programs were effective in improving healthcare worker well-being and increasing their quality of life and work-related outcomes. DiMario et al. in 2023 reviewed 12 studies on mindfulness-based interventions to reduce stress and burnout in healthcare workers and discovered that mindfulness was effective for reducing

[1] An emphasis on the *healthcare practitioner* is important when reviewing the literature on healthcare and self-care due to the popularity of self-care advocacy focused on patient care.

stress and achieving psychosocial well-being. The research overwhelmingly supports promising outcomes for the effectiveness of mindfulness and self-compassion programming aimed at reducing healthcare worker burnout and compassion fatigue and improving wellbeing (Chiapetta et al., 2018; Ferrari et al., 2019; Di Mario et al., 2023).

Empirical Research Review

A selection of empirical studies (see Table 1) investigating interventions aimed at improving healthcare worker stress and well-being through self-care training or self-care educational programming allowed for a deeper dive into the literature. The studies are grouped by their participant population within three contexts: on-the-job healthcare worker training, with students in healthcare education, or with healthcare educators. The articles selected are ones of most interest to the action research project.

Healthcare Worker Training. One article by Couser et al. (2020) at the Mayo Clinic in Rochester, Minnesota discussed the development of a course to promote self-care for nurses experiencing burnout in the healthcare profession. The course, *Optimizing Provider Potential*, utilized Adult Learning Theory (Knowles, 1975) and Social Cognitive Theory (Bandura, 1977) to design training that identified health behaviors associated with self-care and supported nurses in their personal journeys to guide them in navigating self-care behaviors. The course includes mindfulness education and self-care skills training to reduce high levels of stress, such as self-compassion, mindfulness meditation, and a focus on healthy habits such as working regular hours and exercise for stress-coping. The study included 24 healthcare professionals working at the Mayo Clinic and used mixed-methods data collection comprised of surveys and focus groups. The data show that working consistent hours, expressing emotions, participating in support groups, and practicing stress reduction techniques can contribute to nurses' job satisfaction and

work-life balance. It is important to note that this workplace initiative was implemented with participants already experiencing burnout, therefore the study illustrates a potential need for self-care education *before* professionals enter the healthcare field.

Another healthcare workplace article focused on self-care research was published by Neff et al. in 2020. The research project investigated the effectiveness of a self-compassion for healthcare communities (SCHC) program entitled *Caring for Others Without Losing Yourself*, focusing on self-compassion education among 81 healthcare professionals from a large children's hospital to enhance well-being and reduce burnout. Self-compassion training occurred over one-hour lunchtime sessions during a four-week or six-week period where food was provided. Participants were encouraged to practice what they learned in the sessions while working on the job. Research methods included two studies. The first study used a quasi-experimental design of 58 participants. The second study included 23 participants but did not use a control group. The study explored SCHC training and wellbeing outcomes including self-compassion, mindfulness, and personal distress. Findings from the studies revealed significant increases in compassion and well-being and reductions in secondary traumatic stress and burnout. Additionally, the data show that participants with initial low self-compassion scores benefitted more.

Healthcare Student Learning Interventions. Two research articles of particular interest identified in the literature review were within a healthcare education context and focused on students as participants. A study by Burner and Spadaro (2022) aimed to explore the effects of mindfulness education and self-care skills training on stress and self-care in undergraduate nursing students. Underpinned by the theory of human caring (Watson, 1985), the study included 58 first-year nursing students and conducted four weeks of mindfulness training with a focus on

caring for the self. Surveys were used to assess perceived stress and self-care behaviors before and after the training. The results show that practicing mindfulness techniques outside of class increased self-care in first-year nursing students, suggesting the potential benefits of integrating mindfulness into healthcare education. However, the study did not find a change in the stress self-reported among the students. In 2022, McCusker investigated a critical framing of mindfulness and self-care in social work education and its relationship to self-care practice among graduate students. The longitudinal, mixed-methods study included six students who participated in interviews, discussion groups, and critically reflective writing. The study found that the mindfulness learning activities had encouraged critical reflection on self-care behavior including its relationship to work-related stress, role conflict, and service.

Healthcare Educator Training. One study conducted by Rayner et al. (2021) explored the effectiveness of a three-day compassion-based therapy training for educators in healthcare education to reduce stress and burnout among their students as future healthcare workers. The participants in this study included 44 healthcare lecturers and six participants in a focus group. Methods used were educator training sessions, surveys, and focus group data collection. The study found that its training increased educator knowledge towards oneself and others, self-compassion and empathy, and improved awareness around barriers to compassion.

Gaps in the Literature on Self-Care, Healthcare, and Education

Research provides evidence for the effectiveness of mindfulness and self-compassion learning interventions as a means for self-care to address healthcare worker stress. However, the research is limited in the context of healthcare undergraduate education and most of the studies reviewed do not use, investigate, or discuss a learning theory to guide their research methodology. While Burner and Spadaro (2022) use the theory of human caring (Watson, 1997)

and McCusker (2022) mentions “all participants reported transformative change in their perceptions of self-care” (p.8), a learning theory is not mentioned or explored. Only one study in this literature review (Couser, 2022) utilized learning theory. Adult Learning Theory (Knowles, 1975) and Social Cognitive Theory (Bandura, 1977) were used to conceptualize the study efforts and interpret the study findings.

Table 1

Empirical Research Findings on Self-Care Training Interventions in a Healthcare Practitioner or Education Context

Article	Purpose	Sample	Methods	Theory	Key Findings
Burner, L. R., & Spadaro, K. C. (2023). Self-care skills to prevent burnout: a pilot study embedding mindfulness in an undergraduate nursing course.	To explore effects of mindfulness education /self-care skills training in undergraduate nursing students on stress and self-care.	58 first-year Nursing students	Student training; mindfulness sessions for 4 weeks. Surveys: Perceived Stress Scale, Mindful Self-Care Scale	N/A	Mindfulness education increased self-care in first-year nursing students who practiced mindfulness outside class; Stress did not change significantly in either direction.
Couser, G. (2020). Developing a course to promote self-care for nurses to address burnout.	To address burnout for healthcare workers.	24 participants physicians, physician assistants or nurses at the Mayo Clinic	Workplace training; Mixed methods: surveys and focus groups	Adult Learning Theory (Knowles, Social Cognitive Theory (Bandura)	Nurses can engage in self-care by reaffirming their individual commitments to the basic activities of healthy life, namely adequate nutrition, sleep, and exercise.
Neff, K. D., Knox, M. C., Long, P., & Gregory, K. (2020). Caring for others without losing yourself: an adaptation of the mindful self-compassion program for healthcare communities.	To enhance wellbeing and reduce burnout among healthcare professionals.	First Study: 58; Second Study: 23	Workplace training; Mixed methods: Study 1: quasi-experimental design Study 2: survey	Theory of Caring (Watson, 1985)	Study 1: increased self-compassion and wellbeing. Study 2: enhanced wellbeing, reduction in secondary traumatic stress and burnout.
McCusker, P. (2022). Critical mindfulness in social work: exploring the potential of reflexive self-care in the journey from student to social worker.	To investigate critical framing of mindfulness in social work education and practice for self-care.	6 participants in MSc in Social Work	Social Work Education; Mixed methods: PAR, longitudinal, qualitative design; interviews, discussion groups, questionnaires, and thematic and framework analysis	Transformative learning constructs: critical reflection, active learning, group discourse	Validating the importance of self-care and developing awareness of internalized oppression; supporting reflexive engagement with service users; and better mitigating work-related stress and role conflict.
Rayner, G., et al. (2021). Exploring the impact of a compassion-focused therapy training course on healthcare educators.	To explore the impact of a 3-day compassion-focused therapy training on those delivering education to students.	44 healthcare lecturers, 6 in a reflective focus group.	Educator training; Mixed-Methods: surveys and focus group	N/A	Increased knowledge, compassion towards others, self-compassion, and empathy, and revealed barriers to compassion.

Purpose of Study

We must care for ourselves to be able to care for others.

– Jean Watson, 1997

The purpose of this study was to explore undergraduate student preparedness in health professions education and investigate the transformative potential of a mindfulness course that aimed to build capacity for student self-care. Figure 5 displays the project's conceptual framework and vision of a future state. The overarching project question that guided the efforts of this study was: *What is learned at the individual, group, and system levels that advance the theory and practice of transformation in the context of undergraduate preparedness for student self-care in health professions education?*

Figure 5

Conceptual Framework of Research Project

Meeting the Adaptive Challenge of Self-Care Through Transformation

Building self-care capacity is an adaptive challenge. Adaptive challenges are often described as being hard to identify and address (Heifetz et al., 2009). Interview data collected in Cycle 1 of this project revealed that healthcare workers grappled with the concept of self-care for themselves, despite being given a definition of self-care at the start of the interview and having taken a survey on self-care practices before the interview. The term self-care is often used among healthcare workers in the context of helping *patients* care for themselves. One interview participant revealed feelings of guilt around personal self-care, describing an initial perception of caring for the self as being selfish, stating "I was not taught to think of myself."

Adaptive challenges are also complex and ambiguous and require learning that reaches beyond the boundaries of what ordinary knowledge acquisition can offer (Nicolaides, 2015). Literature on adaptive challenges suggests that their solutions may be best met with a transformation of human capacity – which can be understood as a strengthening of *being*, or resilience, that arises from learning (and adapting) within the complexity of meaning-making (Heifetz et al., 2009; Nicolaides, 2015). Literature on the practice of transformative learning suggests meaning-making can be fostered in transformative learning environments where students undergo perspective transformation (Mezirow, 1997; Cranton, 2016). Mezirow (1997) advocated that facilitating the understanding of meaning is the "cardinal goal of adult education" (p. 5).

Transformative Learning: A Relevant Theory for Health Professions Education

Transformative learning is an immensely popular theory of adult learning that describes the ability to adapt or transform through life-changing experiences (Mezirow, 1991). While many adult learning theories exist, a literature review reveals the sustained popularity of

transformative learning in healthcare education due to its effectiveness in building student capacity to engage within complex and uncertain healthcare work environments (Kerins et al., 2019; Rojo et al., 2022; Van Schalkwyk et al., 2019). For example, a 2018 longitudinal study in healthcare education explored how different experiential learning activities within clinical training influenced students' ways of seeing and interacting with the world. The study highlighted the effectiveness of transformative learning through critical self-reflection and discourse among students in healthcare education (Greenhill et al., 2018). In addition, a 2020 concept analysis on transformative learning in nursing education describes its practice among healthcare educators to stimulate the development of competence, self-confidence, and self-awareness in new roles in learning and working environments. Learning activities such as critical reflection and generative discourse were utilized (Tsimane & Downing, 2020).

History of Transformative Learning

Jack Mezirow. The early coining of *transformation* applied within the context of adult learning is from the title of a paper Jack Mezirow presented in 1978. His paper describes a study he conducted after witnessing the personal transformations that occurred among his wife Edee and other women who had returned to college after serving in the more traditional societal roles. He developed a theory about what happens when one experiences a profound change in a belief, attitude, or way of viewing and experiencing the world due to a *disorienting dilemma* (Mezirow, 1991).

Mezirow defines transformative learning as "learning that transforms problematic frames of reference to make them more inclusive, discriminating, reflective, open, and emotionally able to change" (2009, p. 22). His work included many significant terms and concepts that help articulate his theory such as *habits of mind, frame of reference,* and *point of view*. Habits of mind

are the conditioned or learned messages grounded in social norms, beliefs, attitudes, and moral or ethical principles that support the structure of a frame of reference. A frame of reference can be viewed as the assumptions, biases, and expectations one holds that influence one's thoughts, feelings, and habits. A point of view is the perspective one holds due to the programming of the habits of mind and the frame of reference one is operating from.

According to Mezirow (2012), one's point of view "tacitly directs and shapes a specific interpretation [of experience] and determines how we judge, typify objects, and attribute causality" (p. 84). Mezirow's theory proposes that a *disorienting dilemma* offers an opportunity away from acting solely from a place of conditioning, and to learn through a transformative process that leads toward the outcome of improved competence, self-confidence, and a new point of view on the world (Mezirow, 2009). Mezirow's initial work included ten phases or experiences (see Table 2) that may occur along a transformative learning process (Mezirow, 1978).

Table 2

Mezirow's Ten Phases of Transformative Learning (1978)

Phase	Description of Phase
1	A disorienting dilemma
2	A self-examination of feelings of guilt or shame
3	A critical assessment of epistemic, sociocultural, or psychic assumptions
4	Recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change
5	Exploration of options for new roles, relationships, and actions
6	Planning a course of action
7	Acquisition of knowledge and skills for implementing one's plans
8	Provisional trying of new roles
9	Building of competence and self-confidence in new roles and relationships
10	A reintegration into one's life on the basis of conditions dictated by one's perspective

Early Contributions: A Legacy of Disruption and Freedom in Society. It is noted in the literature that Mezirow's early theory of transformative learning was directly influenced by the popular writings of 20th-century revolutionaries and thinkers: Paolo Freire, Thomas Kuhn, and Jügen Habermas (Kitchenham, 2008). Paolo Freire is a social-emancipatory activist and philosopher who is known for his unique perspective on affecting societal change in Brazil through literacy advocacy. Freire's writings about education emphasized the importance of empowerment and freedom in consciousness-raising through critical reflection or *conscientization*, as he coined it. In 1968, Freire published the *Pedagogy of the Oppressed* which allowed for the popularization of his philosophy. It is undeniable that Freire's emphasis on the importance of critical reflection was important to Mezirow's conceptualization of transformative learning (Merriam & Baumgartner, 2020).

Kuhn is most well-known for his work on the concept of a paradigm and the popular term *paradigm shift* often precipitated by scientific discovery and disruption (Kuhn, 1962). Kuhn was a philosopher whose book *The Structure of Scientific Revolutions*, often used in social sciences, spawned a new way of thinking about societal advancement and scientific theory construction (Bird, 2015). It is understood that his work contributed to Mezirow's understanding of frames of reference and disorienting dilemmas (Kitchenham, 2008). And in 1985, Mezirow's writings included definitions around *meaning schemes* and learning through meaning transformation (Kitchenham, 2008). This development of his theory reflected the influence of Jügen Habermas, a German philosopher, who wrote about domains of learning (Habermas, 1971). Habermas was a highly influential social and political thinker who is known for his writings on critical social theory in the Frankfurt School of the 1920s. He is also recognized for his concerns for democracy and freedom (Bordum, 2005).

John Dewey is often overlooked in the timeline of thinkers for transformative learning, however, in his 1933 seminal work *How We Think: A Reinstatement of the Relation of Reflective Thinking to the Educative Process*, he describes five phases of training the mind in reflective thought that has been widely adopted for reflective practice. The phases are 1) defining the problem, 2) analyzing the problem, 3) naming the needs for the solution, 4) teasing out possible solutions, and 5) choosing the best solution available (Dewey, 1933). Dewey's influence on the theorists who *are* attributed to transformative learning is undeniable. Holdo et al. (2023) found that Dewey significantly affected how Jack Mezirow, and those who benefited from his work, conceptualized critical reflection.

Criticisms of Mezirow's Theory

Mezirow's theory is set apart from other perspectives on transformative learning as a psychocritical approach (Merriam & Baumgartner, 2020). Some criticisms of his theory are that it is too individualistic, egocentric, and emphasizes an overreliance on rationality (Taylor, 1997a) or doesn't place enough emphasis on societal change (Merriam & Baumgartner, 2020). Another criticism of Mezirow's theory is that it ignores the sociocultural context of one's environment and the privileges that might support an individual's capacity for change (Taylor & Cranton, 2013). More recent criticism highlights the absence of the role emotions and intuition play in the process of transformation (Mälkii, 2019; Carter & Nicolaides, 2023).

It has been noted in the literature that Mezirow's transformative learning theory was not confined to the individual, but for affecting larger societal change. He believed that individual transformation preceded social transformation (Cranton, 2016). However, Mezirow did recognize many of the shortcomings of his theory and advocated for its further development (Mezirow, 2009; Merriam & Baumgartner, 2020).

Transformative Learning Theory Development: An Explosion of Thought

An exploration of transformative learning theory reveals a legacy of curiosity and dedication to adult learning theory throughout time. Despite the criticisms, Mezirow's theory continues to survive in the literature as a theory of learning that, interestingly, adapts to many different perspectives and trends. For example, some researchers explored it with even deeper psychocritical interests, drawing on the tradition of psychoanalysis and depth psychology from Sigmund Freud and Carl Jung (Boyd, 1991; Boyd & Meyers, 1991; Dirkx, 1998; Daloz, 2012). Since Mezirow and its early contributors, an explosion of thought continues to generate new meaning and directions for theory and practice.

Cognitive-Developmental Contributions. An important contribution to transformative learning theory is the constructive-developmental approach. Robert Kegan, a developmental psychologist, coined the term *meaning-making* (1982). The constructive-developmental approach augments transformative learning theory by enriching its context with the idea that a person's construction of reality changes with age (see Table 3). Kegan's work has been popularly applied in the fields of learning, leadership, and organization development (Kegan & Lahey 2001; Kegan & Lahey, 2009; Kegan et al., 2014).

Table 3

Kegan's Cognitive Developmental Stages (1982)

Stage	Developmental Markers
1	Lacks idea of separated self (childhood)
2	Differentiation from others but with selfish goals
3	Fully socialized and looks to others for value, avoids conflict
4	Empowered individualization, strong self-authored viewpoints, empathy, self-esteem
5	Perceives value systems outside of self; holds ambiguities and polarities in tension

Other key contributions to the literature on the lifespan developmental lens of transformation are from Tennant (1993, 2012), K. Taylor (2000), K. Taylor and Elias (2012), and E. Taylor (2009). In addition, advancements in neuroscience have led to an interesting neurobiological approach. The dynamic and functional changes of the brain in the learning process are now able to be explored due to technology in functional magnetic resonance (fMRI) technology (E. Taylor, 2001, 2008).

Sociocultural Contributions. Merriam and Baumgartner (2020) describe some sociocultural perspectives in transformative learning as "the cultural-spiritual, race-centric, and planetary approaches" (p. 178). The term *spirituality* as used in the literature related to transformative learning is defined as "a connection to a higher power or purpose, journey toward wholeness [and] development of an authentic identity" (Tolliver & Tisdell, 2006, p. 38). Some of the cultural-spiritual contributions to this field of thought are from Tisdell and Tolliver (2001, 2003), Tolliver and Tisdell (2006), Merriam and Ntseane (2008), and Charaniya (2012). Additional works include Byrd's focus on workplace spirituality (2014) and Tisdell's recent writing on spirituality and creativity (2023). In addition, Cranton (2001) and Cranton and Carusetta's work on authenticity (2004a) and the extrarational perspectives of knowing (2004b) are worth mentioning.

Race-centric authors who focus on transformative learning to raise race consciousness include hooks (1993), Tisdell and Perry (1997), and Johnson-Bailey and Alfred (2006). Additional discourse that critically addresses the issues of diversity, power, and feminism in transformative learning includes the work of Tisdell (1993, 1995, 1996a, 1996b 1998) and Tisdell and Perry (1997). O'Sullivan (2002) and Taylor (2008) contribute to the planetary or cosmological view that focuses on the societal and structural causes of the global crisis. Taylor

(2009) defines the cosmological perspective as one that "recognizes the interconnectedness between the universe, planet, natural environment, human community, and the personal world" (p. 9). An innovative theory related to transformative learning includes the change management theory of *Theory-U* for leadership and organizational development (Scharmer, 2009).

Transformative Learning as a Metatheory. Since Mezirow's initial publication on *perspective transformation* in 1978, the literature on transformative learning has continued to be ever-expanding and interesting, viewing it from many lenses and with many more intersecting variables and concepts. Due to this, the lines for where transformative learning as a theory begins and ends in relation to other theories are blurred. In addition, authors working with transformation theory are growing weary of the recurring and well-noted criticisms to Mezirow's initial theory (Hoggan, 2016; Mälkii et al., 2017). To address these issues, Gunnlaugson (2008) and Hoggan (2016) have proposed a need to redefine and clarify transformative learning as a *metatheory*, viewing it as an umbrella under which "individual theories congregate" (Hoggan, 2016, p. 70), rather than confining it to Mezirow's perspective transformation theory. In 2016, Hoggan conducted a comprehensive content analysis on transformative learning outcomes reported in the literature between 2003 and 2014 and found major themes that support an idea for a typology of transformative learning. The analysis revealed that transformative learning is often expressed as "changes to an individual's a) worldview, b) self, including one's identity or self-knowledge, c) ways of knowing (epistemological change), d) ways of being (ontological), e) behavior, including action that reflects the new perspective and f) capacity, including cognitive development, consciousness, and spirituality" (Merriam & Baumgartner, 2020, p. 181).

New Directions for Theory and Praxis. Despite the plethora of thought around transformative learning theory, its continued relevance for learning and practice is seemingly

inexhaustive. Further development continues to be critical and compelling as we learn to live and thrive amidst the uncertainty of 21st-century life. For example, Nicolaides' recent theory of *generative learning* (2022) offers insight into the unexplored territory of learning within the complex and ambiguous reality of postmodern times. Her theory expands transformative learning by embracing what encompasses *being and becoming* that arises from the unknown (Nicolaides, 2022).

Another important direction found within the transformative learning theory literature is the call for integration between social-emotional dimensions of human experience and transformative learning practice. For example, Mälkii's theory of edge-emotions enhances transformative learning theory by highlighting the role emotions play within the transformative learning process (2019). Much of the literature and practice of transformative learning still focuses on Mezirow's rational approach. The theory of edge-emotions addresses the emotional experience one may undergo when met with a disorienting dilemma, often resulting in resistance to critical reflection due to feelings of fear, anxiety, or anger – a barrier to the process of transformation. The theory embraces the biology of emotions as adaptive for survival and focuses on working with edge-emotions to safely support critical reflection in transformative learning environments.

In 2023, Carter and Nicolaides contributed to Mälkii's conversation on edge-emotions with a compelling discussion on the need for a "(r)evolution," or movement, toward deeper inquiry into the social-emotional facets of Mezirow's theory. For example, they suggest Elizabeth Kübler-Ross's (1970) complete grief process model as a transitory coping component for Mezirow's critical reflection phase, as one may experience grief from the loss of a previously held assumption. The authors call for a more integrated perspective between whole-person and

embodied cognition theories and transformative learning theory (Carter & Nicolaides, 2023). Similarly, Perry (2021) added to the literature by discussing the potential for generative interplay between transformative learning theory and Heron's whole-person theory (1996).

The Transformative Learning Environment

> *There are seeds buried deep in our consciousness…seeds of love, understanding, compassion, joy...we learn to identify these traits in us and nurture them, with the help of teachers and spiritual friends, until they grow into beautiful flowers.*
>
> -Thich Nhat Hanh, 1984

In *Teaching for Transformation,* Patricia Cranton (2002, p. 66) describes a "rough guide" of stages (adapted from Mezirow) leading to individual transformation in learning environments (See Table 4). Like Mezirow's disorienting dilemma, Cranton describes the first stage as an *activating event*. An activating event is an event that exposes a discrepancy between one's assumptions and what one has just experienced, heard, or read.

Stages two and three include articulating and recognizing assumptions and engaging in critical self-reflection to examine and assess them. Stages four and five occur when one becomes open to alternative viewpoints through collaborative inquiry and engages in exploratory, unitive discourse where consensus of knowledge is constructed. Stage six is when one adopts the revised assumption and perspective and stage seven occurs when one acts on the revised assumption in a congruent, transformed way such as in behaving, talking, and thinking. It should be noted that while the stages are numbered in order, transformation is understood to occur in phases, and not as a linear, sequential learning process (Mezirow, 1991).

Table 4

Stages of Transformative Learning, Adapted from Mezirow (Cranton, 2002)

Stage	Description of Stage
1	An activating event
2	Articulating and recognizing assumptions
3	Critical self-reflection
4	Being open to alternative viewpoints through collaborative inquiry
5	Engaging in unitive discourse and knowledge is constructed by consensus
6	Revising assumptions and perspectives
7	Acting on revisions

Strategies for Practice. Mezirow, in *Transformative Learning: Theory to Practice* (1997, p. 9) states:

> There is an egregious assumption that the acquisition of knowledge or attainment of competencies will somehow automatically generate the understandings, skills, and dispositions involved in learning to think autonomously. However, there are different processes of learning involved and different forms of appropriate educational intervention.

Cranton (2002) gives an outline of educational interventions, or strategies, educators can use that support autonomous thinking and foster transformation. The strategies are outlined and illustrated as a gardening metaphor in Figure 6.

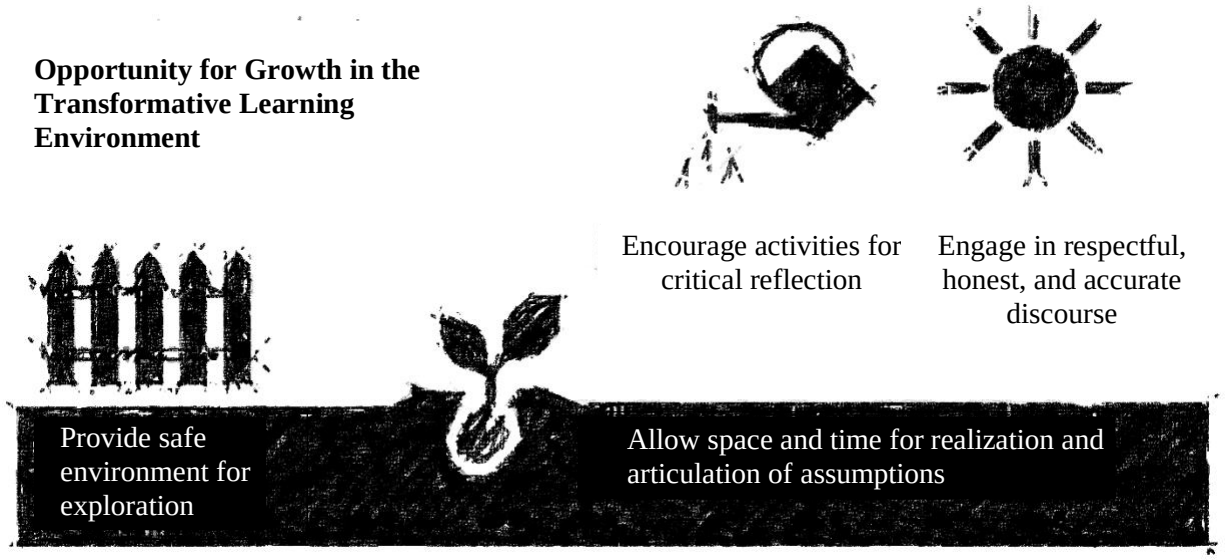
The first strategy is to offer an activating event that creates the catalyst for transformation, such as a discrepancy between what is being taught by the teacher and what is already known by the student. Second, students will need space and time to realize and articulate their current assumptions. Next, critical self-reflection activities such as journaling and learning games that allow openness to alternatives such as “devil’s advocate” role-playing are suggested. Cranton emphasizes that creating a sense of safety and honesty in the learning environment is

important. Lastly, educators should engage in respectful, honest, and accurate discourse and encourage students to connect through discussion groups or learning forums. Setting up situations where students can act on their revised perspectives through experiential learning projects or simulations is also helpful in fostering transformative learning (pp. 66-70).

Figure 6

The Author's Gardening Metaphor for the Transformative Learning Environment

> *We cannot teach transformation. We often cannot even identify how or why it happens. But we can teach as though the possibility always exists that a student will have a transformative experience*.
>
> - Patricia Cranton, 2002



Working with Critical Reflection: Edge Emotions. In *Transformative Learning Theory and Praxis: New Perspectives and Possibilities*, Mälkii & Raami (2022) discuss the importance of working with emotions during the critical reflection phase of the transformative learning process. Cranton (2016) states "the process of transformation can feel quite threatening when it brings into question the identity, or an identity, through which we have interacted with ourselves

and the world (p. 53). Reflection can be challenging and bring about unpleasant feelings that may make a person intuitively regulate back toward one's comfort zone, away from the perceived threat. Avoidance of the critical reflection stage impedes learning and creates a barrier to transforming a frame of reference. Mälkii and Raami argue for embracing what is described as *edge-emotions* through self-awareness and consciously elaborating on them to construct new meaning perspectives. To support this practice, facilitators should create a collective comfort zone where critical reflections and assumptions are shared within the safety and sensitivity of a social group (Mälkii & Raami, 2022).

Literature Review: Transformative Learning in Health Professions Education

A second literature review was conducted on transformative learning in health professions education with the keywords *self-care, mindfulness, self-compassion, healthcare education, and transformative learning theory* (See Table 5). Articles were included or excluded based on whether they were peer-reviewed, available for full access through the university library system, and published within a five-year timeframe from 2019-2023 in the English language. Results were limited, therefore, criteria were expanded to include Social Work as a healthcare profession and non-technical skills (NTS) in place of self-care.

One study of interest discovered in the literature review was conducted by Bernard in 2019. Bernard studied nurse educator experiences of participating in teaching informed by transformative learning pedagogy. The project included interviews with 11 nurse educators and two program administrators and surveys with 97 nursing students. Five classroom observations were also included in the data analysis. The study found that when educators learn and adopt new teaching practices such as active learning through reflection, collaborative inquiry, and critical discourse in the classroom, it not only improves student learning outcomes but also

results in higher teaching satisfaction. In this study, teachers participated in learning about transformative pedagogy through presentations, group discourse on adult learning theory and practice, and sharing stories about their personal experiences of trial and error. The research highlights the richness and power of engaging in transformative learning and teaching in education.

In 2015, Christie et al. proposed that reform in healthcare education was needed to prepare students for the complexity of the 21st-century healthcare working environment. In an action research study where teachers were learning about and adopting transformative pedagogy for the first time, they discovered that when "students are given the motivation, the means, and the knowledge necessary to critically assess, challenge and change their assumptions they will have the chance to become lifelong learners capable of acting for the best in a rapidly changing world" (p. 22).

While a few studies discovered in the literature review provide evidence for research exploring the effectiveness of transformative learning pedagogy for learning outcomes, its use within the context of health professions education for building student self-care is quite limited. Figure 7 illustrates a gap in the research.

Figure 7

Gap in the Literature

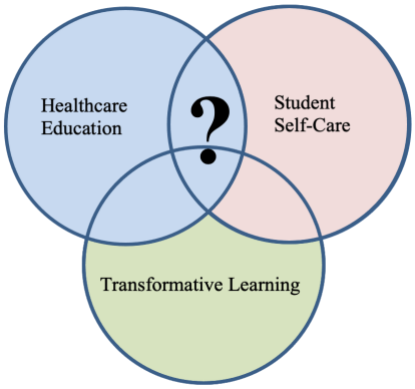


Table 5

Empirical Research Findings on Self-Care and Transformative Learning in a Health Professions Education Context

Article	Purpose	Sample	Methods	TL Constructs	Findings
Bernard, R. O. (2019). Nurse Educators Teaching Through the Lens of Transformative Learning Theory. Journal of Nursing Education, 58(4), 225–228	To explore the experiences of nurse educators when teaching undergraduate nursing students through the lens of transformative learning theory	11 Nurse Educators; 2 Program Administrators, 97 Nursing Students, 5 classroom observations	Qualitative Analysis Interviews Surveys Classroom Observations	Critical reflection, active-learning, group discourse, trial and error application; Collaborative inquiry	Transformative learning enhances teaching and optimizes student learning outcomes appropriate for success in complex health environments
Greenhill, J., Richards, J. N., Mahoney, S., Campbell, N., & Walters, L. (2018). Transformative Learning in Medical Education: Context Matters, a South Australian Longitudinal Study	How clinical immersion can influence transformative learning	20 medical students	Qualitative Analysis Longitudinal study over 4 years Narrative writing Interviews	Self-reflection Critical discourse	Learning occurred in the following areas: self-awareness self-care clinical skepticism understanding diversity patient centeredness
Kerins, J., Smith, S. E., Phillips, E. C., Clarke, B., Hamilton, A. L., & Tallentire, V. R. (2020). Exploring transformative learning when developing medical students' non-technical skills	Non-Technical skills (NTS) training in medical education	33 medical students	Focus groups Simulation activities	Perspective transformation	Exposure to NTS training in simulation-based environments fosters TL
McCusker, P. (2022). Critical Mindfulness in Social Work: Exploring the Potential of Reflexive Self-Care in the Journey from Student to Social Worker	To investigate critical framing of mindfulness in social work education and practice for self-care	6 participants in MSc in Social Work	Mixed methods: PAR, longitudinal, qualitative design; interviews, discussion groups, questionnaires, and thematic and framework analysis	Critical reflection, active learning, group discourse,	3 findings: validating the importance of self-care and developing awareness of internalized oppression; supporting reflexive engagement with service users; and better mitigating work-related stress and role conflict

Theoretical Framework

This research project explored transformation at individual, group, and system levels. Table 6 illustrates the initial theoretical framework envisioned by the study author in the application of constructs from transformative learning pedagogy that were used in the research project to support transformative learning outcomes at each level.

At the individual level, the study explored student self-care capacity building in a student learning intervention on mindfulness for self-care. At the group level, the research team engaged in iterative cycles of deep learning and reflection which offered an opportunity for team member transformation throughout the project cycles. What was learned at the individual and group levels supported a vision of transformation at the system level where student preparedness was reimagined to include student self-care in health professions education.

Table 6

Initial Theoretical Framework Envisioned for Transformation Potential in the Research Project

Transformative Learning Theory Constructs	Activities to Foster Perspective Transformation	Potential Learning Outcomes
Critical Reflection 		 Individual-Level Self-Care Capacity
Collaborative Inquiry 		 Group-Level Learning
Unitive Discourse 		 System-Level Student Preparedness in Health Professions Education

CHAPTER 2

RESEARCH METHODOLOGY

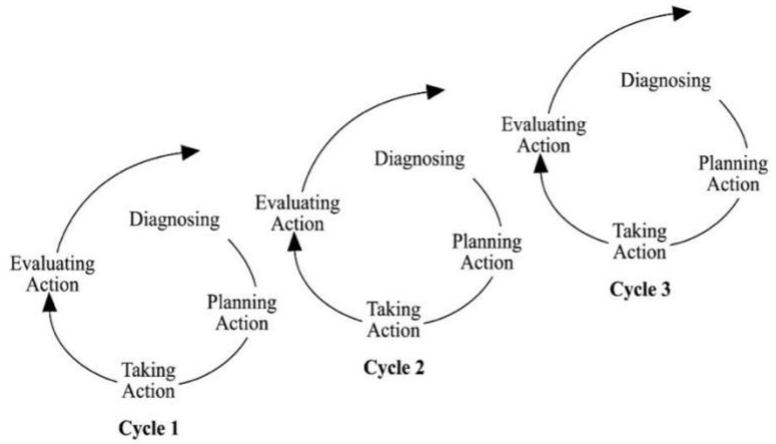
This study aimed to explore student self-care in the context of student preparedness within health professions education and investigate the transformative potential of a learning intervention aimed at building student self-caring capacity at a four-year access college. The main research question asked: *What can be learned at the individual, group, and system levels that advances the theory and practice of transformation in the context of undergraduate preparedness for student self-care in health professions education?* The project used the Action Research methodology (Coghlan & Brannick, 2014) and the asset-based approach of Appreciative Inquiry (Cooperrider & Whitney, 2001) to guide its research efforts.

Action Research

Action Research (AR) is a research methodology used in organizational development that aims to improve organizational performance by engaging in cycles of collaborative inquiry (Coghlan & Brannick, 2014). Members of the research team serve as active participants on the ground floor to generate actionable insight and knowledge to inform the organizational issues being addressed to learn how best to change them. AR methodology is conducted in iterative cycles of constructing, planning action, taking action, and evaluating action (see Figure 8). Reflection and inquiry at first-, second-, and third-person levels are important components of each AR cycle and for the overall learning culture of the team.

Figure 8

The Action Research Cycle (Coghlan & Brannick, 2014)



An AR cycle, as described by Coghlan and Brannick (2014), first entails the *constructing* phase. This is where the team collaborates to verify the problem of study in the research context, which includes collecting and examining data to better understand the problem and defining the team's desired purpose or organizational future state. Next is the *planning action* phase. Here is where the team uses the knowledge and insight gained from the constructing phase to design a plan for the *taking action* phase. The team then implements the planned action, collects data throughout the process, and then takes *evaluating action* to assess what was learned. Intended and unintended outcomes are reflected upon by the team to inform repeated AR project cycle(s).

Action Research for Transformation

There is more than one style or approach to Action Research. McCormack & Dewing (2012) propose four different paradigms of AR that differ depending on how researchers utilize its methodology. One example they give is the technical paradigm, often noted in early AR literature. While keeping the participatory quality of AR, the technical paradigm utilizes the more traditional scientific investigative approach with a focus on problem solving through

measurement and testing. Other paradigms mentioned include the practical paradigm, the emancipatory paradigm, and the transformational paradigm (McCormack & Dewing, 2012).

This AR study utilized the transformational paradigm. Transformation was explored as "both an end and a means" (McCormack & Dewing, 2012, p. 6) in the research project. This allowed for the possibility of transformation at more than one level, to occur among not only study participants in the learning intervention, but also research team members and at the organizational or system level. McCormack & Tichen (2006) propose that transformational research allows for creative expression and provides access to other ways of knowing outside of the confines of empirical knowledge, such as embodied, spiritual, or emotional knowing, which may promote human flourishing - a central purpose of conducting research for transformation.

Appreciative Inquiry

Appreciative Inquiry (AQ) is a method used in organizational development that utilizes an asset-based approach and values positive experiences and outcomes rather than problems and challenges. It involves identifying and mobilizing existing strengths, resources, and potentials within an organization to build a positive and sustainable future. The application of AQ in a research study consists of five phases: Definition, Discovery, Dream, Design, and Destiny (Cooperrider & Whitney, 1987). See Figure 9.

Appreciative Inquiry begins with the first two phases of *definition* and *discovery*. The definition phase asks *what is the topic at hand?* This phase calls for clarifying a positive area of focus that guides the rest of the phases in learning, knowledge sharing, and action. In this phase, it is useful to begin by turning the issue or challenge into a positive, affirmative statement, such as what the organization hopes to embody. *Discovery* aims to highlight the *positive core* relating

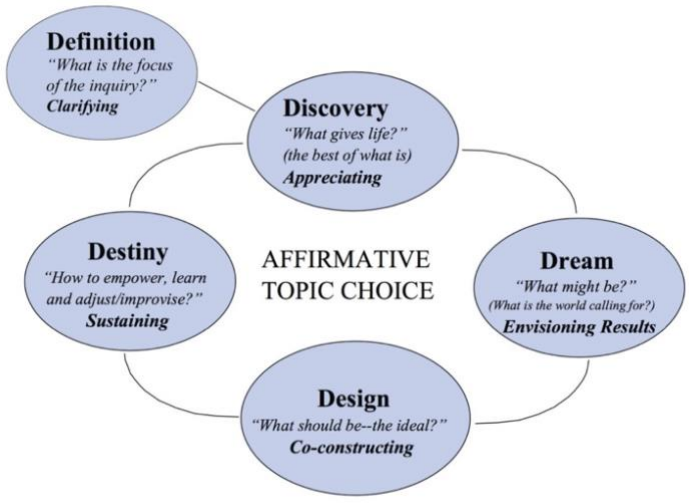
to the research area of focus. The positive core is the organization's strengths, best practices, and resources. Here, participants may be invited to tell stories of when the organization is at its best.

The third, fourth, and fifth phases of AQ are *dream, design, and destiny.* Dream asks, *What could be next?* The research team identifies clear and meaningful visions of the future inspired by the positive core. Participants may share their hopes and aspirations to paint a compelling picture of what the organization could become. Additional questions may include: *What is the world calling us to become? What does an ideal future look like?* The *design* phase is where the team builds upon the dream by articulating values, norms, systems, and structures that must be in place for the dream to become a reality.

The fifth and final stage of AQ is *destiny*. It asks *what does success look like*? The destiny phase establishes how to deploy and deliver what was designed. It outlines specific, measurable goals and encourages the organization to use positive questioning to empower learning and adjust through the change process.

Figure 9

Appreciate Inquiry's 5D Model (adapted from Cooperrider & Whitney, 2005)



Research Methods

This dissertation aimed to answer the overarching question, *What can be learned at the individual, group, and system levels that advances the theory and practice of transformation in the context of undergraduate preparedness for student self-care in health professions education?* The Action Research (AR) team engaged in iterative cycles of inquiry, data collection and analysis, and reflection that supported the answering of the research project question, *What can be learned from this project that informs student self-care capacity building in the context of student preparedness in undergraduate health professions education?*

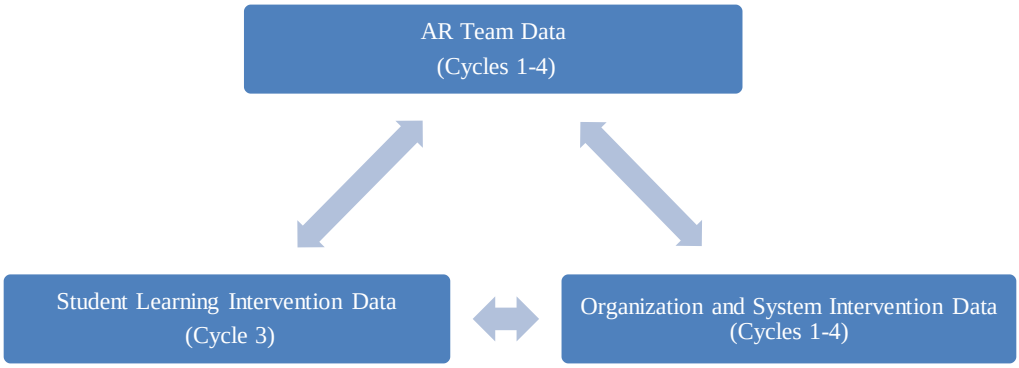
Overview

In the first two cycles of the project, the research team implemented interventions to learn more about the context of the problem and to explore ideas for a small-scale pilot student learning intervention that would investigate the potential of building student self-care capacity. This included an organizational investigation and early data collection in the form of surveys and interviews among health professions workers and students enrolled in health professions undergraduate programs. This also included a team member self-reflection learning circle that explored literature on interventions within health professions education and addressed burnout and compassion fatigue in the context of student preparedness.

During the third research cycle, the team co-constructed and implemented a 6-week mindfulness for self-care student learning intervention that included survey and focus groups data collection, in addition to researcher observational reflections. Cycle four focused on meaning-making of the project findings and system-level opportunities. Team-level learning data were collected during all four cycles. Figure 10 displays each of the data categories, illustrating that what was learned at each level informs, and potentially transforms, the other categories.

Figure 10

Project Data Relationships by Level Categories



Data Gathering Methods

In AR cycle 1 early construction and planning phases, the team developed three project sub-questions that helped guide and organize the research project efforts. Table 7 displays a clear connection between the project sub-questions and corresponding data-gathering techniques.

Table 7

AR Project Research Questions and Data Gathering Techniques

Project Sub Questions	Data Collection
What can be learned from the organizational or system-level to guide this project? (AR cycles 1-2)	• Organizational documents • Literature review
What can be learned from students, healthcare workers, and research team members to guide this project? (AR cycles 1-3)	• Formative surveys and interviews • Surveys and focus groups • Researcher reflections • Team meeting transcripts
What organizational assets, strengths and opportunities can be utilized to support and sustain student preparedness for self-care in undergraduate health professions education? (AR cycle 4)	• Data analysis reports • Team meeting transcripts

Table 8 provides an overview of data collection that occurred throughout the project by individual, group, and system learning levels for each phase of the AR Project. The project included individual-level data gathered from surveys and interviews during two different cycles of the AR project. Individual data collected during Cycle 1 was to learn more about stress in health professions working environments and current self-care behavior and perceptions among students and health professions workers. Individual data collected during Cycle 3 were from the mindfulness learning intervention. Group-level data included the project meeting transcripts and researcher observational feedback forms that were used in the intervention. System-level data collection included organizational documents and literature reviews.

Table 8

Data Collection Method by Learning Level, Method, Sample, and AR Cycle

Level	Method	Sample	Cycle
Individual	Survey	Healthcare Workers	1
Individual	Interviews	Healthcare Workers	1
Individual	Survey	Students	1
Individual	Intervention Surveys	Students	3
Individual	Intervention Focus Groups	Students	3
Group	Meeting Transcripts	AR Team Members	ALL
Group	Researcher Observational Feedback Forms	AR Team Members	3
System	Organizational Investigation	System Documents	1
System	Literature Review	Existing Literature	1-2

Formative Data Collection

Action Research project intervention activities in Cycle 1 included data collection to learn more about the organization and system-level problem and current student and healthcare worker self-care practices and perceptions of self-care. Organizational documents were collected to understand the context of the problem within the organization. Literature reviews were conducted to understand the current state of the healthcare crisis and what was currently being done to address the challenges.

Formative survey data were also collected from students enrolled in Access College health professions degree programs and survey and interview data from healthcare workers practicing in healthcare workplaces to assist the study team in further understanding the problem and to inform the student learning intervention. Both students and healthcare workers participated in the Mindful Self-Care Survey (Cook-Cottone & Guyker, 2018).

Mindful Self-Care Surveys. The Mindful Self-Care Scale (MSCS) is a 33-item validated 5-point Likert survey designed to measure self-care behavior. Self-care behaviors measured in the survey are associated with physical and emotional well-being, such as mindful relaxation, physical care, self-compassion and purpose, supportive relationships, supportive structure, and mindful awareness. The scale is intended for use among individuals to assist in identifying strengths and weaknesses in self-care behavior and for use among researchers assessing self-care behavior in research interventions. (Cook-Cotton & Guyker, 2018)

The MSCS survey also includes three additional items outside of the six domains: *I engaged in a variety of self-care activities*, *I planned my self-care*, and *I explored new ways to bring self-care into my life.* See Appendix A for the full MSCS scale with subcategories and item

questions. Table 9 displays the six subdomains used in the scale and a sample question item for each domain.

Table 9

Mindful Self-Care Scale Domains and Example Sample Items (Cook-Cottone & Guyker, 2018)

Sample of Mindful Self-Care Scale Items by Domain	
Select the number that reflects the frequency of your behavior (how much or how often) within the past week (7 days):	
Never (0 days) | Rarely (1 day) | Sometimes (2 to 3 days) | Often (4 to 5 days) | Regularly (6 to 7 days)	
1 | 2 | 3 | 4 | 5	
Mindful relaxation	I did something intellectual (using my mind) to help me relax (e.g., read a book, wrote).
Physical care	I exercised at least 30-60 minutes
Self-compassion and purpose	I reminded myself that failure and challenge are part of the human experience
Supportive Relationships	I felt supported by people in my life
Supportive Structure	I maintained a manageable schedule
Mindful Awareness	I had a calm awareness of my thoughts

The research team chose the survey for use in the project because it addresses mindful self-awareness as an important component of self-care. The definition the authors use describes self-care as *a lifestyle, or daily routine, of being mindful and attending to individual behaviors, including one's relationships and environment* (Cook-Cottone & Guyker, 2018).

The implementation process included importing the scale into Qualtrics® so that participants could take the survey online. All participants of the survey were required to sign an

informed consent form before proceeding to the survey. One team member requested that we also collect demographic data. Students were asked to report their name, gender, age, and decided program of study. Health professions workers were asked to report their name, gender, age, field of work, and how many years they have worked in the field. AR team members also took the survey to allow for a more nuanced understanding of the data responses and for an opportunity to collect reflexive data.

Students were recruited to participate in the survey through an email announcement that was distributed to students enrolled in Access College health professions degree programs and through faculty announcements. Health professions workers were identified by the AR Team members who actively participated in community health center partnerships.

Interviews with Healthcare Workers. Dialogue and Critical Incident Technique (CIT) interviews (Ellinger & Watkins, 1998; Flanagan, 1954) focusing on self-care perceptions and behaviors were conducted with healthcare workers in Cycle 1. The CIT (Ellinger & Watkins, 1998; Flanagan, 1954) is a specialized interview process that aims to collect data through the experience of *critical incidences* for insight into practical organizational or workplace problems. This technique aligned nicely with the action research methodology due to its intention of gaining a deeper understanding of workplace challenges. Content from the interviews was used to gain insight into self-care perceptions and behaviors from the field and to inform the experiential learning intervention conducted with students in Cycle 3.

Seventeen healthcare professionals working at community partnerships where Access College students participate in shadowing and applied learning experiences were recruited by AR team members to participate in the interviews. Interview participants were chosen due to their role of working in complex healthcare environments for at least ten years. Interviews were

virtual and recorded and transcribed with the teleconferencing software Zoom®. Informed consent forms were collected before the start of all interviews. Both dialogue and CIT interviews were preceded with a welcome message by the interviewer which included an explanation for the purpose of the interview, and a definition of self-care (Cook-Cottone & Guyker, 2018):

> *Self-care is defined as the process of being aware of and attending to one's basic physiological and emotional needs including the shaping of one's daily routine, relationships, and environment as needed to promote self-care.*

Fourteen dialogue interviews were conducted by student volunteers who were trained by research team members. Three critical incident interview participants were identified, recruited, and interviewed by the Project Lead. The dialogue interview script consisted of eight questions displayed in Table 10. See Appendix E for the full dialogue interview script.

Table 10

Formative Data Dialogue Interview Questions

	Dialogue Interview Questions
Q1	Describe your perception of self-care in relation to your field of work.
Q2	How important do you feel self-care is when working in your field of work?
Q3	In your opinion, what are the top challenges workers are currently facing in your field? Are these top challenges also ones you have or are currently experiencing? Please explain.
Q4	How important is the working relationship with your co-workers in supporting self-care?
Q5	How important is the working relationship with your supervisor in supporting self-care?
Q6	How important are the relationships in your life outside of work, such as with family and friends, in supporting self-care?
Q7	Are there current daily practices or habits you have for protecting yourself from workplace stress?
Q8	What advice on self-care would you give to students pursuing your field of work?

The three CIT participants were professionals in healthcare and public health emergency response. The participants were chosen by the Project Lead for their lived experiences related to working in the 21st-century healthcare workplace and in higher education. The CIT interview included five questions[2] displayed below in Table 11. See Appendix F for the full CIT interview script.

Table 11

Formative Data Critical Incident Interview Questions

	Critical Incident Interview Questions
Q1	Think about a time you experienced a stressful healthcare situation when you did not practice self-care. What happened? Who was involved (no names, just roles)? How did you handle it? How did it turn out? What was it about this incident that made it seem significant? What conclusions did you draw from this incident?
Q2	Think about a time you experienced a stressful healthcare situation when you did practice self-care. What happened? Who was involved (no names, just roles)? How did you handle it? How did it turn out? What was it about this incident that made it seem significant? What conclusions did you draw from this incident?
Q3	Think about a time you witnessed a student experience a stressful healthcare situation that relates to this problem. What happened? Who was involved (no names, just roles)? How did they handle it? How did it turn out? What was it about this incident that made it seem significant? What conclusions did you draw from this incident?
Q4	Is there anything that you know of that GGC is currently doing to support student learning of self-care in healthcare education? If not, why do you think that is the case? Do you have any suggestions? If so, do you have any suggestions for improvement?
Q5	In light of what you have now talked about, is there anything else you would like to tell me (or you think I should know) about this problem?

[2] Adapted from Stephenson, T. (2015). Midnight running: How international human resource managers make meaning of expatriate adjustment.

Student Learning Intervention Data Collection

The AR team co-constructed a six-week mindfulness self-care transformative learning intervention that included 20 health professions students at Access College. Pre- and post-surveys were administered through Qualtrics® and included questions related to dimensions of self-care behavior from the Mindful Self-Care Scale (Cook-Cottone & Guyker, 2018). Post-survey items also included the TROPOS scale (Cox, 2021) and additional questions relating to participant experience in the course.

Two AR team members participated in the intervention to record first- and second-person data and to ensure session quality. Intervention process data included observational notes and reflections on participating in the workshop sessions. Additional data collected included two post-intervention focus group recordings that took place approximately one week after the last day of the workshop. See Table 12 for intervention data collection and purpose.

Table 12

Student Learning Intervention Data Collection, Analysis Type, and Purpose

	Data Collected	Analysis Type	Purpose
20	IRB Informed Consent	N/A	Ethics and Responsibility in Research
20	Attendance Records	N/A	Process Quality Assurance
17	Pre- And Post-Intervention MSCS Surveys	Quantitative	Mindful Self-Care Behavior Assessment
17	Post-Intervention TROPOS Survey	Quantitative	Transformative Outcomes Assessment
12	Researcher Perspective Feedback	Qualitative	1st person AR Team Experience Process Quality Assurance
17	Additional Post-Intervention Open Response Survey Questions	Qualitative	Process Quality Assurance Participant Experience
2	Post-Intervention Focus Groups	Qualitative	Participant Experience

Transformative Outcomes and Processes Scale. The Transformative Outcomes and Processes Scale (TROPOS) (Cox, 2021) is a recently developed survey that measures transformative learning outcomes among participants in educational and research settings. The 5-point Likert instrument includes 30 items divided into four sub-scales of assessment: social support, attitude towards uncertainty, criticality, and transformative outcomes.

The AR team chose to use this scale because it fit nicely with the aims of the research project's learning outcomes. It also gave insight into the effectiveness of the intervention for fostering transformation and self-care capacity-building. The AR team co-constructed the intervention learning environment with transformative learning strategies for fostering critical self-reflection, collaborative inquiry, and unitive discourse within a safe and supportive environment. Examples of questions included in the survey are listed in Table 13 below. See Appendix B for the full TROPOS scale.

Table 13

Examples of Post-Student Learning Intervention TROPOS Survey Items (Cox, 2021)

Sub-Scale	Survey Item
	As a participant in this course…
Social Support	My fellow students and I respected one another
	I felt it was safe to participate in the group as my authentic self
Attitude Towards Uncertainty	I was open to new possibilities
	I found stepping outside my comfort zone helped me learn
Criticality	I challenged my own beliefs
	I explored new ways to think about my beliefs
Transformative Outcomes	My deeply held beliefs changed
	This course changed my life

Post-Student Learning Intervention Additional Survey Items. The AR team added additional self-report items to the post-intervention survey. For example, the first question after the TROPOS asks about a change in the perception of self-care as selfish:

> *If you perceived self-care as selfish before the course, do you still perceive self-care as selfish after having taken the course? Please explain.*

The purpose of including this particular question was to address findings from Cycle 1 healthcare worker interview data analysis that revealed the assumption *selfcare is selfish* as a possible barrier to self-care. The AR team was curious if the intervention supported perspective transformation about the assumption. The other open-ended items were included to gain feedback to inform future interventions, such as *Was this course successful for you?*

Additional data collection included questions assessing perceptions related to mindfulness and self-care, and learning outcomes related to self-awareness, self-care, and self-compassion. The self-report questions were designed as 5-point Likert scale items. These additional items are listed in Table 14 below. See Appendix C for a complete list.

Table 14

Post-Student Learning Intervention Additional Survey Questions

	Additional Survey Questions
Please rate 1-5, where 1 is Strongly Disagree and 5 is Strongly Agree:	
Q1	*Mindful Self-care is important for my well-being.*
Q2	*Mindfulness practice is beneficial for my self-care.*
Q3	*I have an improved sense of self-awareness.*
Q4	*I have a better understanding of how to bring self-care into my life.*
Q5	*I have a better understanding of how to bring self-compassion into my life.*
Q6	*I plan to practice more self-care in my daily life.*
Q7	*I plan to practice more self-compassion in my daily life.*

Post-Student Learning Intervention Focus Groups. Focus groups are a type of group interview where participants engage in a discussion with a facilitator (Gall et al., 2010). Two virtual post-intervention focus groups were conducted on Zoom® with mindfulness intervention participants and members of the AR team who participated in the intervention. Each meeting included a different set of participants to accommodate conflicting schedules but included the same set of questions. Both meetings were recorded and transcribed. The Team Lead facilitated the group with the open-ended questions listed in Table 15. The purpose of the focus groups was to gain additional insight into participant experiences.

Table 15

Post-Student Learning Intervention Focus Group Questions

	Group Interview Questions
Q1	What did you experience or learn in the mindfulness course?
Q2	What did you learn in the mindfulness course?
Q3	How do you feel now compared to before the course?
Q4	Has your perception of self-care changed during the course? If so, how?
Q5	Has your practice of self-care improved because of the course? If so, how?

Researcher Observational Feedback Form. An important type of data collection often used in research is observation (Gall et al., 2010). In addition, AR methodology requires participatory engagement during all project activities among research team members (Coghlan & Brannick, 2014). Two members of the AR team fully participated in the learning intervention along with the student participants but also took observational notes. This allowed for firsthand researcher observation and reflection data. The members submitted feedback after each course session by filling out a Qualtrics® form the team created before the intervention. The form was used to collect process information related to the transformative learning environment and for the

team members to record any additional feedback related to the session and their own growth and learning. Examples of items on the form are listed in Table 16 below. See Appendix D for the full list of researcher observational feedback items.

Table 16

Example of Items on the Researcher Observational Feedback Form

	Examples of Researcher Feedback Form Prompts
Q1	From your perception, did the session feel emotionally safe and supportive? Feel free to explain.
Q2	From your perception, was there an invitation for critical reflection (including self-reflection)? Feel free to explain.
Q3	From your perception, was there a sense of openness for collaborative inquiry? Feel free to explain.
Q4	From your perception, was there active student engagement? Feel free to explain
Q5	Please provide any feedback about your own growth and learning from the session.

Action Research Team Learning

All research team meetings were held virtually, approximately once a month with Microsoft Teams® teleconferencing software. The Project Lead recorded and transcribed each meeting. All members of the research team signed informed consent forms to participate in the action research study. The Project Lead provided an agenda before each meeting and meeting minutes after each meeting to all team members. Meeting-related transcripts and AR project documents were stored on the organization's Microsoft Teams® account in the AR Team Action Research channel. All AR team members were encouraged to access project documents at any time throughout the research project.

Data Analysis Procedures

Data collected during the research project were analyzed by the AR Team members according to the data collection method in answering the overarching project question, *What can be learned from this project that informs student self-care capacity building in the context of student preparedness in undergraduate health professions education?* Quantitative analysis methods were used with formative and pre-/post-intervention survey data and qualitative analysis methods with interview, focus group, and open-ended survey question transcripts. The AR study team was fortunate to have a professional statistician among its members to assist with statistical analyses as well as a researcher familiar with thematic and Grounded Theory (Glaser & Straus, 1967) methods.

Cycle 1 Formative Data Analyses

Surveys. Quantitative descriptive statistical analysis of the project survey data collected in AR Cycle 1 was generated using the statistical software SPSS®. Survey data was first downloaded from the data collection software Qualtrics®. The data file was then uploaded into SPSS®. Analyses included participant averages and reliability scores for each survey item (Nunnally & Bernstein, 1994, p. 264). Cronbach's alpha coefficient was used to determine the reliability and internal consistency of the 33-item MSCS scale (Cook-Cottone & Guyker, 2018).

Interview Transcripts. Qualitative thematic analysis was used for analyzing Cycle 1 dialogue and Critical Incident Technique (CIT) interviews (Ellinger & Watkins, 1998; Flanagan, 1954). Transcript data were anonymized and cleaned to remove participant names, timestamp data and transcription errors. Three members of the research team were responsible for identifying themes, or any "salient, recurring feature" (Gall et al., 2010, p. 350) among the dialogue interview transcript data. The team members counted the frequency of occurrence of the

themes among the interview participants, as outlined in a methods sourcebook by Miles et al. (2014). The themes were then compiled into a Microsoft Excel (2021) spreadsheet and used in the team's formative study data findings report. The study team explored the data findings to make meaning of participant insights and to inform the project's intervention.

The Team Lead analyzed the CIT interviews and identified key themes that also informed the project's learning intervention. One key finding from interviews among healthcare workers was the perception that self-care is selfish. This insight was used during the data collection construction phase of Cycle 3 where the team included a post-intervention survey item asking students if they experienced a shift in the perception of self-care as selfish.

Cycle 3 Student Learning Intervention Data Analyses

Surveys. Cycle 3 quantitative survey data analyses were conducted using the statistical software SPSS®. Intervention survey data files were downloaded from the data collection software Qualtrics® and then uploaded into SPSS® for analysis.

Pre- and Post-Intervention Mindful Self-Care Surveys. The 33-item MSCS scale (Cook-Cottone & Guyker, 2018) data analyses included mean scores, or participant averages, across domains. A matched pair t-test was used to determine differences between pre- and post-intervention MSCS survey data. Change scores were calculated with associated p-values to show statistical significance. A p-value threshold of less than .05 was used to evaluate the likelihood of whether the observed change occurred by chance. (Gall et al., 2010)

Post-Intervention Transformative Outcomes and Processes Survey. The 30-item TROPOS scale (Cox, 2019) analyses included descriptive statistics calculating for mean, median, and mode scores and standard deviation variance scores. Median scores reveal the middle-value data point not affected by outliers, and mode scores are values found most frequently in the data

set items. Standard deviation scores were used to evaluate data dispersion, or how spread out the data were from the average scores. (Gall et al., 2010)

Post-Intervention Additional Survey Questions. Post-intervention data collection included several additional items related to perceptions of self-care and course satisfaction. Mean scores from a total of seven 5-point Likert scale items were calculated to gain insight into perceptions related to self-care. Data from three open-ended questions about participant satisfaction were evaluated and recorded as valuable participant feedback to inform future interventions.

Post-Intervention Focus Group Transcripts. Qualitative methods used for the post-intervention focus group transcripts were informed by Grounded Theory (Glaser & Straus, 1967), where data were segmented, open-coded, and thematically analyzed to allow for inductive meaning-making. Prior to the analysis, the two transcripts were anonymized by assigning each participant an identification number and removing their names. For example, the first participant in the transcript was assigned P1, the second participant P2, etc. Participant labeling was consecutive across both focus group transcripts, whereas participants in transcript 1 were labeled 1-7 and participants in transcript 2 were labeled 8-13. Next, the transcripts were cleaned by removing extra spaces and time stamps that were generated by the transcription process.

The first analysis phase included segmenting the data by research question and open-coding the data line-by-line, where team members assigned codes to participant feedback that seemed significant or interesting to the study. The open-coding process allowed for concepts and patterns in the participant data to emerge organically, rather than forced. The research team considered this an important initial step in the analysis for two reasons: 1) to prevent overlooking important findings that might have otherwise been missed with a more confined lens, and 2) to

inhibit confirmation bias. The codes were then recorded in a spreadsheet divided by focus group question. Codes relating to question 1 were labeled as QIC1, Q1C2, etc.; codes relating to question 2 were labeled Q2C1, Q2C2, and so forth. Direct quotes from the transcript were copied and pasted in the spreadsheet in the corresponding spreadsheet row, along with the code and participant ID for easy reference. For example, a quote relating to the first code listed under question 2 (Q2C1) by participant 1 (P1) was labeled as Q2C1 P1 next to the quote. An example of this is displayed in Table 17 below.

Table 17

Example of Open-Coding Process

Focus Group Question	Code		Participant Quote
Q2: What did you learn in the course?	Q2C1:	Mindfulness Techniques	Q2C1 P1: "I learned how to cultivate mindfulness meditation through walking and breathing"

The second analysis phase included aggregating the codes into thematic categories. The Team lead reviewed the codes against the intervention surveys subscale categories and discovered a comprehensive and appropriate fit. The research team confirmed this method to be used for identifying themes, considering how it might enhance the credibility of the intervention's findings. Six Mindful Self-Care Scale (MSCS) (Cook-Cottone & Guyker, 2018) subscales were chosen as themes: Self-Compassion and Purpose (SCP), Supportive Structure (SS), Mindful Awareness (MA), Variety (GEN1), Planning (GEN2), and Exploring (GEN3). Key quotes from open-coding analysis were selected to evidence each theme. Table 18 displays an example of mapping a code and participant quote to the SCP subscale theme.

Table 18

Example of Transcript Qualitative Analysis Matching a Code to a Mindful Self-Care Theme

MSCS Subscale Theme Item	Corresponding Code and Participant Quote
SCP1: I kindly acknowledged my own challenges and difficulties.	CODE: Q1C3a: Self-compassion, such as kinder toward self QUOTE: "I feel like this course taught me to be a lot more kinder to myself when it comes to it, because I feel like I criticized myself so much for not doing meditation right or not doing this right."

The criticality (CR) and transformative outcomes (TRO) subscales from the TROPOS (Cox, 2019) were also used as themes in this same process. Our interpretation of the subscale themes was informed by Cox (2019):

> ***Criticality:*** *A learner questioning beliefs of oneself and others (regardless of method), evaluating the validity of such beliefs, and re-framing these beliefs.*
>
> ***Transformative Outcomes****: A learner's profound re-assessment of beliefs, typified by changed assumptions and a more inclusive, open perspective toward self and others.*

Each subscale was assigned a theme identifier, such as CR1. The subscale items identified as best fit for code mapping are listed below:

I discovered contradictions in my beliefs (CR1)

I challenged my own beliefs (CR2)

I explored new ways to think about my beliefs (CR3)

my deeply held beliefs changed (TRO1)

I made major changes to my life (TRO2)

My view of myself changed (TRO3)

This process allowed us to identify emerging participant insights and compare the data with other data analysis findings. Table 19 is an example of mapping a code and participant quote to a TROPOS subscale theme.

Table 19

Example of Transcript Qualitative Analysis Matching a Code to a Transformation Theme

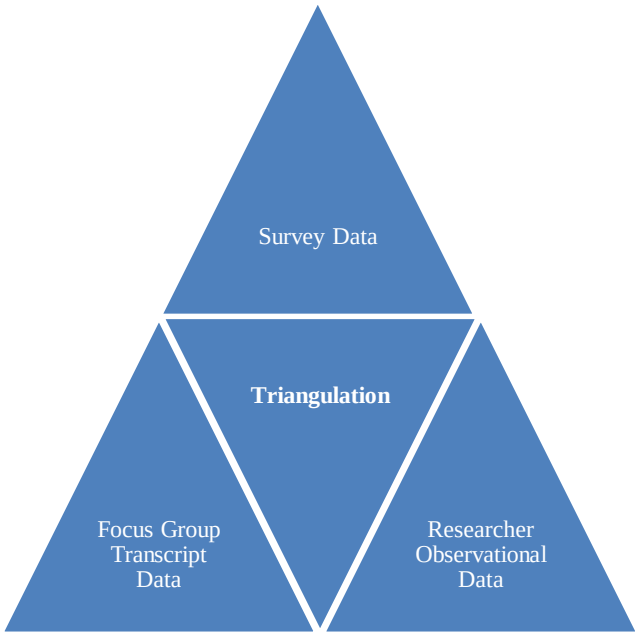
TROPOS Subscale Theme Item	Corresponding Code and Participant Quote
TRO1: transformative outcomes	CODE: Q4C3 P1: change in belief about self-care practices QUOTE: "Before the course, I viewed self-care as activities like exercise or rest..and now I understand that taking care of my mental and emotional health is just as important as taking care of my body."

Triangulation of the Data

Triangulation of data refers to the process of using multiple methods of data collection to cross-verify study findings (Gall et al., 2010). Data triangulation enhances the credibility of the study findings by comparing results from different perspectives. By incorporating surveys, interviews, focus groups, and AR team member observational data, the research team was able to limit conclusions against bias based solely on one type of evidence, allowing for a more comprehensive understanding. For example, by comparing intervention findings for criticality and transformative outcomes evidenced in multiple sources (the focus group transcripts, survey feedback, and researcher observational data), the study team was able to strengthen the case for perspective transformation in the study. Figure 11 displays the data components used for the pilot intervention.

Figure 11

Pilot Intervention Data Components Used for Triangulation



The Importance of Rigor and Quality in Research

The overarching methodology used for the research project is AR (Coghlan, 2019). Action Research allows for careful inquiry, deliberate planning, and critical reflection on intentional actions. Coghlan and Brannick (2005) state that the basis for validation in AR is the "conscious, and deliberate enactment of the action research cycle" (p. 7). An AR methodology emphasizes the importance of reflection within each cycle to ensure project rigor and quality. Members of the research team acknowledged their key roles and influence in the organizational structure and processes and were invested in the pursuit of collaborative inquiry for the study's proposed purpose.

Throughout all cycles of the research project stages and phases, each member of the research team engaged in first- and second-person reflective inquiry to provide valuable insight that is often overlooked in traditional research methods. Levin (2012) suggests that to build integrity in AR, it is necessary to create a professional distance between personal involvement and the actual change process. First-person inquiry invited team members to reflect on their own learning-in-action and experiences of being in the research team and activities. First-person inquiry was also important to consider how closeness to the research may be causing bias through pre-understanding of the organization and the role-duality of being situated in the organization as an employee and in the study as a researcher (Coghlan, 2019).

Second-person inquiry took place during the iterative discourse of the AR cycles in the face-to-face dialogue of the constructing, planning, action, and evaluation stages. It is here where team members challenged assumptions that may have been taken for granted, provided alternative explanations, and explored study limitations (Hynes, 2012). It is important to note that several members of the research team were professionally qualified to work with quantitative and qualitative data analysis in research. Other members of the research team looked to them for their expertise and constructive criticism during all phases of the research project including the data collection, analysis, and the reporting process.

All study activities were overseen by the Internal Review Board (IRB) at the University of Georgia. All personnel and participants involved in the study signed an informed consent form approved by the IRB. Any changes made to the study post-IRB approval that were not within the scope of the policy and procedure guidelines resulted in a study resubmission for approval before any study changes were made.

Subjectivity Statement

As with any research project, it is important to acknowledge one's perspective and how that perspective may be influencing the study. I recognize that being an educator of health and wellbeing and engaging in a study on self-care, particularly in the context of the student population I serve, will result in bias. In addition, the benefits I have experienced for myself in cultivating a practice of self-care through mindful living certainly color the lens through which I perceive self-care for others. While this project was firmly supported by the literature, and informed by alternative perspectives of the research team, the risk of confirmation bias toward mindfulness and self-compassion needs to be considered. In working with the student population at Access College, I have the pre-understanding that self-care is not a one-size-fits-all solution to life's problems and that there are privileges and barriers associated with self-care behavior. I recognize many of those privileges within myself. As a member of the dominant culture in the United States with a background of a middle-class family, I had positive role models and a support system that many of the students who participated in this study would not have had. I also acknowledge that there are many variables within myself, including unconscious ones, that I often take for granted. A few of the conscious variables are my education, experience, and expertise in self-care behavior.

The collective research team recognized several assumptions in the research project. First, research team members shared the view that the organization is responsible for holistic student preparedness in undergraduate education. Team members also assumed that the organization would be ready and willing to adopt recommendations for including self-care as a necessary competency in its student preparedness programming for healthcare education. In

addition, study team members considered their assumption that fostering transformation can be achieved by a step-by-step formula and that it is inherently a positive endeavor.

It should also be noted that students who volunteered to participate in the intervention may have had a readiness for change, which may not represent the readiness for change in the larger student population. Study team members and/or participants may have also held biased perspectives related to self-care, such as having privileges relating to support or other protective factors. Barriers to self-caring behavior are real concerns, particularly for many first-generation and low-SES students enrolled at Access College.

CHAPTER 3

THE ACTION RESEARCH PROJECT

Introduction

The story of this Action Research project interweaves first-person reflection of my leadership journey, pieces of theory and practice from the literature on learning, leadership, and organizational change, and a narrative analysis of team-level experience through the lens of learning and change. The chapter begins with a third-person description of practical elements related to the project's organizational context, which includes my positionality, a brief description of my research team, a detailed problem framing, and a table outlining a grand overview of the project's cycles. The chapter then shifts into a first-person storytelling of my lived experience over approximately two-and-a-half years in Action Research dissertation work, beginning with my readying to lead (initiation) followed by a selective telling of what occurred within four iterative Action Research project cycles.

Organizational Context

This Action Research (AR) case study took place at a four-year Access College (AC) in the Southeastern USA. At the time of this project, Access College was ranked as the most ethnically diverse student body in the Southern region and among public regional colleges in the nation (US News & World Report, 2021). A high proportion of college students enrolled at AC were first-generation[3] and/or receiving federal low-income college financial aid (Complete College Georgia, 2022).

[3] Students who reported their parents' highest education level as Middle School/Junior High or High School on their financial aid applications.

Access College had five schools: a School of Health Sciences (SHS), a School of Science and Technology, a School of Liberal Arts, a School of Business, and a School of Education. The initial context of this research project was within the SHS which included the undergraduate programs in Nursing, Patient Navigation, and Public Health. At the time of this project, the Patient Navigation and Public Health programs were new, having begun in the Fall semester of 2021. As the research project progressed, its organizational context expanded to include other health professions degree programs such as Pre-Med Biology and Social Work.

According to the SHS school handbook, students enrolled in the health science degree programs were prepped for their careers by "developing the knowledge and skills necessary to function in healthcare delivery systems[4]" and "receiving specialized content to prepare them to be work-ready for these fields" (AC School of Health Sciences, 2022). A preliminary internal investigation into the school's programming revealed that it addressed student preparedness in two ways: 1) through campus-wide career readiness efforts in its career advising center and 2) through the curriculum and applied learning experiences taught in upper-level courses.

While the school sought to develop and improve its student preparedness efforts to achieve its mission and vision for student success, the investigation discovered that neither the career advising center nor the programs' curriculum sufficiently addressed student self-care as a necessary competency or skill for student preparedness.

[4] It is important to note that many of the students who enroll in the Public Health degree program have goals to pursue healthcare worker positions. In addition, post-pandemic research on the state of the Public Health workforce reveals similar outcomes in healthcare. A report from 2021 states that more than half of employees in Public Health report at least one symptom of post-traumatic stress disorder and nearly one in three considered leaving the industry within the next year (de Beaumont Foundation, 2021).

My Positionality

My position within this organizational research project was as an Instructor of Health Sciences. I began my full-time faculty position in SHS at AC in the Fall of 2022. I taught courses in Patient Navigation and Public Health and at the time of this project was the only full-time faculty member supporting these programs other than the Chair of Health Sciences. I worked closely with the Chair in course development and student preparedness. All other faculty supporting the Patient Navigation and Public Health programs had adjunct appointments and were non-voting members of the SHS which concentrated the power of change to myself and the Chair. I also served on a pre-health advising committee where I worked with other faculty organizing student activities with a career development and advising center and mentoring students pursuing career paths in health professions-related fields such as Public Health, Medicine, Nursing, and Exercise Science. The pre-health advising committee experience gave me access to other faculty invested in student preparedness for health professions education.

The Action Research Team

The AR team for this study was organized in January 2023. I recruited faculty based on shared interests, personality, positionality, and motivation for student well-being. Initially, the research team included the project sponsor, however, due to conflicting commitments, she was removed. A Professor of Social Work was added to the team in December 2024 at the recommendation of the Professor of Sociology due to their shared work experience. All AR team members supported health science, pre-health, or health professions undergraduate degree programs across campus at AC. Team members are listed in Table 20.

Table 20

Action Research Team Members by Professional Title, Department, and School

Title	Department	School
Instructor (Project Lead)	Health Science	Health Sciences
Professor	Exercise Science	Science and Technology
Associate Professor	Biology	Science and Technology
Professor	Sociology	Liberal Arts
Associate Professor	Social Work	Liberal Arts

The Organizational Problem

This AR project addressed student preparedness for health professions degree programs at AC. Health professions include (but are not limited to): Nursing, Public Health, Patient Navigation, Exercise Science, Social Work, and Counseling. At the time of this dissertation, student preparedness programming at AC was falling short of providing learning opportunities that addressed the social-emotional and self-regulatory skills necessary for students to flourish in their future workplaces and careers. Due to high-stress work conditions and increased workplace complexity in those fields, a new student preparedness paradigm was needed – one that included self-care capacity building to meet the adaptive challenges of the 21st-century workplace.

Project Overview

The project team engaged in the research project over two years, adhering to four iterative cycles of an AR methodology (Coghlan & Brannick, 2014) and utilizing Appreciative Inquiry (AQ) (Cooperrider & Whitney, 2005) framing. The project question that guided the research efforts was: *What can be learned from this project that informs student self-care capacity building in the context of student preparedness in undergraduate health professions education?* Table 21 outlines each AR cycle with AQ overlay offering a consolidated view of the

study's activities and progression over time, and Figure 12 displays an overview of the larger project map of activities and outcomes.

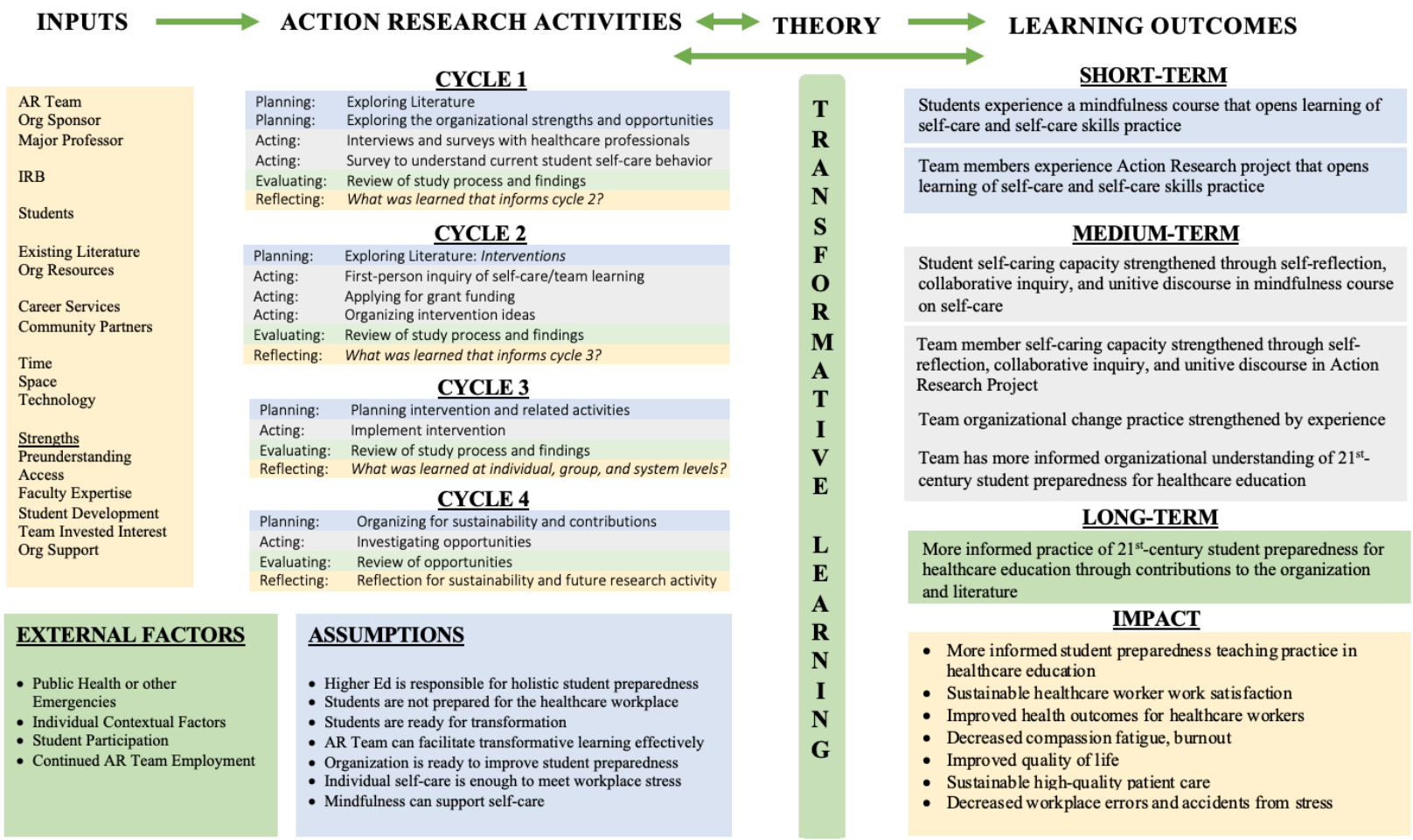
Table 21

Overview of Action Research Activities by Cycle with Appreciate Inquiry Phase Overlay

AR Cycle 1: Organizational and System Investigation Intervention AQ Definition & Discovery Phase: *What Is?*	
	Meeting discussions and reflections
Planning:	Exploring system & org challenges, strengths/opportunities
Acting:	Interviews & surveys
Evaluating:	Review of study process and findings
Reflecting:	*What was learned that informs cycle 2?*
AR Cycle 2: Exploration of Literature and Researcher Self-Care Circle AQ Dream Phase: *What Could Be?*	
	Meeting discussions and reflections
Planning:	Exploring Literature: *Interventions*
Acting:	First-person inquiry of self-care/team learning
Acting:	Organizing for student learning intervention
Evaluating:	Review of study process and findings
Reflecting:	*What was learned that informs cycle 3?*
AR Cycle 3: Student Learning Intervention AQ Design Phase: *What Should Be?*	
	Meeting discussions and reflections
Planning:	Planning intervention and related activities
Acting:	Implement student learning intervention
Evaluating:	Review of study process and findings
Reflecting:	*What was learned at individual, group, and system levels?*
AR Cycle 4: Sustainability and Contributions AQ Destiny Phase: *What Will Be?*	
	Meeting discussions and reflections
Planning:	Organizing for sustainability and contributions
Acting:	Investigating opportunities
Evaluating:	Review of opportunities
Reflecting:	Reflection for sustainability and future research activity

Figure 12

Project Map of Activities and Learning Outcomes



The Action Research Story

Initiation

In the Summer and Fall semesters of 2022 (before the start of the research project), I learned about Action Research (AR) from courses I was taking in a Doctor of Education program in Adult Learning, Leadership, and Organizational Change. The courses were designed to initiate students into the doctoral learning journey of becoming scholar-practitioners of leading change, emphasizing the imperative of utilizing the AR methodology for deep learning and insight into real-world problems. The epistemological purpose of engaging doctoral students in the AR process was to help us understand real-world problems and learn how to change them (Reason and Torbert, 2001). Watkins et al. (2023) describe AR as a practical activist methodology that aims for change inside the research setting, noting its power for constructivist meaning-making at individual, group, and system levels (p. 9). The authors note the timeliness of the research methodology, stating that AR is appropriate for use in complex, volatile environments due to the dynamic learning nature of its paradigm (p. 11).

Leading change through AR requires an *orientation to inquiry*, inviting the active engagement of research members in a shared mission of curiosity into practical challenges (Reason & Bradbury, 2008, p. 1). Unlike traditional research, team members act as insider agents, prioritizing the value of working *with* subjects in a participatory way rather than *on* subjects in a depersonalized, clinical approach. An AR team typically experiences several careful iterative learning cycles of constructing, acting, evaluating, and reflecting throughout the change project (Coghlan & Brannick, 2014).

In the early semesters of learning about the art and science of leading change, I spent countless hours reflecting on the many challenges in the work of undergraduate academia,

wondering where I might be of best service in this opportunity. I reflected on my own intentions as an educator, considered my strengths and competencies, and engaged in many informal conversations with other faculty members about their challenges in our workplace. After about six months into the doctoral program, I began actively recruiting faculty to be on my AR project. I made strategic decisions about who I wanted on my team based on the vibes I felt about their personalities, the information I had about their positionalities across schools, and my judgment of their authentic investment in their role as educators. I also met with the Chair of Studies within my school to sponsor the research project.

Action Research Cycle 1

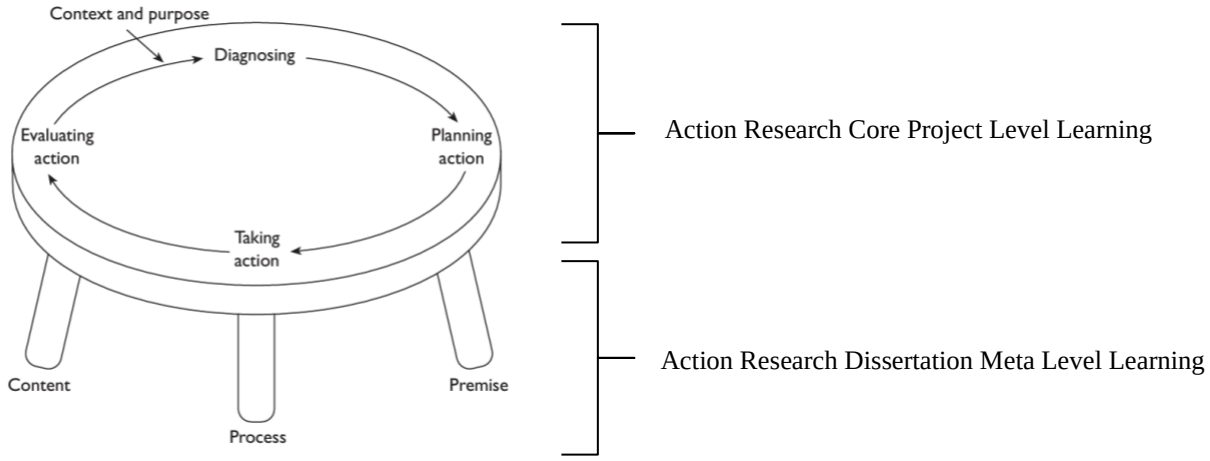
Action Research (AR) cycle 1 took place over Spring and Fall semesters of 2023, with the first meeting in January. In the months leading up to the first team meeting, I held private meetings with faculty I had worked with in my school, or on campus-wide committees to discuss my research project ideas. I explained the AR process as best I could at the time and made sure they understood the level of engagement the project would require, including signing a consent form that would allow me to collect group-level data from our meetings for use in my dissertation.

Watkins et al. (2023) explain the importance of collecting data from team members as human subjects to learn about individual and group learning (p. 14). Coghlan and Brannick (2014) illustrate the action research dissertation process as a meta-cycle of inquiry (Figure 13), where the action researcher simultaneously engages in the action research learning cycles of the core project with the team while reflecting on the project and what the researcher is learning (p. 25). The authors name three types of reflexivity performed by the action researcher, initially identified by Mezirow (1991): content, process, and premise. The authors describe content

reflection as it relates to what is happening and evaluated in the project; process reflection as it relates to how things are being done; and premise reflection as it relates to inquiry about underlying assumptions and perspectives (p. 26)

Figure 13

Action Research Meta Cycle of Inquiry (Coghlan & Brannick, 2014, Adapted by the Author)



Definition and Discovery

I prepared for our first team meeting by being intentional about entering into the initial *constructing* phase of the AR cycle where team members would be invited into shared inquiry. I was also intentional about how that inquiry and planning would be framed. I learned about the practice of Appreciative Inquiry (AQ) (Cooperrider & Whitney, 2005) in a research article I came across in my studies. It is an asset-based approach to research and includes phases that invite an appreciative lens for what is hoped for, inspiring imagination for utilizing organizational supports that could contribute to the project's success rather than focusing on

what is deficient. I felt this framing would be important because many faculty meetings across campus at the time could be described as negative and often contentious. Our college was experiencing a period of low morale and I did not want to default to a business-as-usual approach, missing out on an opportunity for leaning into a new leadership practice. I also did not want to set the stage off poorly, giving my AR team the impression that this would be like other more traditional research projects.

A piece of literature that came my way early in the doctorate program was Otto Scharmer's *The Essentials of Theory U*. In this book, Scharmer (2018) offers a guide for changing systems with what he refers to as an awareness-based method. He describes the initial step of the process as *co-initiating*. Co-initiating is a starting point concept for consciousness-based systems change research. Having participated in team projects before in professional workplaces, I wanted the essence of this dissertation work to feel different. While much of what was before me was unknowable, I knew that I wanted to work on something more aligned with who I am and something that I cared about. I knew I wanted something more authentic, heart-centered, and alive and less stale and depersonalized. I also knew I wanted to use this opportunity for growth and challenge myself in leadership by showing up in new ways and pressing against my edges of comfort. Scharmer's advice resonated.

A key principle of co-initiating is deep listening. Scharmer suggests "listening to your intention or what life calls you to do, listening to others and core partners in the field, and listening to listening to what emerges" (p. 78). He states that co-initiating invites an atmosphere of shared understanding around the purpose of the gathering, the purpose of the research, and provides an opportunity for the emergence of questions that guide the research project. I felt as

though his perspective mapped nicely onto the practices I was already utilizing for the project, and offered a practical, yet deeper way of engaging with the work.

Listening to Intention. Weeks before the first Action Research team meeting, I went on long, quiet walks and listened to stream-of-consciousness narratives that emerged in my head around my intention for this work. I have engaged in a mindful walking practice for years and found it beneficial for creative generativity and insight into my current state. By doing this, I was made aware of what I was inspired by and excited about, but also of my assumptions and insecurities about the uncertainty of the future and my ability to lead. I had learned from some of my professors in the program to expect resistance to AR among more traditional scientists. This made me nervous because I did not have much experience leading a research project of my own, and all my team members outranked me in years of experience and expertise.

On one of my walks, I noticed I was daydreaming about a recent conversation I had with a colleague. She was sharing with me her opinion about the lack of socioemotional skills among nursing students in the recent cohorts. I felt her feedback was important organizational insight I could use for my research project and I asked her if she would be willing to participate in an interview with me about the problem. I immediately sensed a shift in the energy of the conversation: her body language and facial expression changed. She did not answer my question and diverted the conversation toward something else. I asked again, and received the same response, followed by a brief statement that she needed to get to a meeting. Upon reflection, I wondered if this experience was revealing a hesitation: *what might happen if the word got out about our students not being prepared?* Our school of nursing was held in high esteem across the state, often praised and acclaimed as a competitive option for students. Perhaps she was afraid it

would reflect on the nursing program reputation, or worse - her performance as a leader in the program.

Some common thoughts about embarking on this research project that emerged during my walk were:

What if nobody wants to talk about this problem?

How are YOU going to get faculty to "buy into" Action Research?

How will YOUR dissertation project benefit them?

Am I going to be wasting their time?

Why should they let YOU lead them in this work?

CAN I lead them in this work?

As I listened, I acknowledged the uneasiness in my body: restricted lung capacity, heart palpitations, the disturbance in my gut – the embodied experience of existential dread. I kept walking. Instead of distracting myself away from discomfort, diverting my attention towards something more comforting, I attended to the experience of the present moment with as much non-judgment as I could muster in a practice Thich Nhat Hanh (1975) describes as mindfulness.

I was aware of what I was experiencing and remained observant and curious, using the moment for valuable insight to bring what otherwise would remain subconscious, or out of awareness, into conscious awareness. This practice opened an opportunity for me to engage with myself more objectively. It allowed me to be self-aware of my insecurities, identify my needs, and consider my response for attending to those needs. For example, I used that experience to realize my fear of failure and to identify my need to align my intention for engaging with this work with a commitment to a state of acceptance - whatever emerged, even if it made me uncomfortable, *was going to be okay*.

Listening to Others. Soon after, I took my first safe steps forward by creating an agenda and sending out the first meeting invitation. Eventually, I had to take the more precarious steps of tiptoeing into the actual first meeting by signing in, and then stepping out on the virtual stage by pressing the camera and mic icons on my screen.

I started the meeting with a typical choreographed sequence, *Welcome, everyone – I am so glad you are here,* introductions, and an invitation for round-robin light-hearted conversation about holiday break experiences. I noticed my hyper-awareness of timekeeping and how I took advantage of pauses in conversation to back-lead the moment, allowing my anxiety to force movement toward a familiar direction for productivity. But I caught myself – *this is improv, let the moment lead* and took a deep belly breath, relaxed my shoulders, opened my chest, and then softened my presence for listening. Next, I set forth to create an inquiry about our intention to engage in this work:

> *My hope is to form a research team that investigates…what does it mean for these students going forward to be successful? Are we covering all the bases already, and if not, which ones [student preparedness skills] should we be focusing on?*

A conversation ensued around our current understanding of the problem, how the organization proposed to address it through career readiness competencies, and the different ways faculty were addressing it in their own classes or research projects. Figure 14 displays keywords taken from the transcript of our dialogue.

Figure 14

Word Cloud of Keywords from the First Action Research Team Meeting Conversation

Listening to What Emerges. I listened as the faculty took turns speaking. There were times I wanted to interject but paused instead of responding. I noticed some faculty members spoke more passionately than others. To my surprise, an emergence arrived from the conversation organically:

> *TEAM MEMBER 1: So critical thinking skills, internships, teamwork, communication, connection, career exploration. But all of these are really to help students sell themselves, right?*
>
> *TEAM MEMBER 2: Or to figure out where they wanted to sell themselves to, I guess.*
>
> TEAM MEMBER 1: *Right. But also I feel that we need to be preparing students for the reality of what they're going into, whether it's public health or healthcare. There's a lot of burnout, right? There's so much research on it, a lot of burnout, a lot of hostility. We've heard about workplace violence, we've heard about people not being able to communicate effectively.*

> *TEAM MEMBER 3: You know, we teach a philosophy of caring. There's a whole concept, a whole theory of, you know, caring, whole-person care, holistic health. But the focus is really on the patient and patient care. And so how do we turn that around a little bit to make sure that they're able to practice that [for themselves]?*

By opening inquiry around the need to clarify our shared intentions, holding space for deep listening, and allowing for a natural, unforced progression of conversation, I felt as though we were participating in a shared way. The meeting felt generative, and we quickly ran out of time. Below is the shaky closing statement I made during our first meeting:

> *Thank you all so much for coming to the table. And the last words I want to say that I forgot to mention is that I want you to know my intention for this group is that we would have shared power. It wouldn't just be like this is MY research and this is how it's gonna go. First of all, that's not really who I am and secondly not the research methodology that I'm being taught at all for leading my dissertation. [It's more of] what does it mean to be participatory in your research and how do we start moving forward with a different view of leadership that is filled with shared power versus, like, how we are used to doing it with this leader that's heavy-handed and all that. So it's just a whole different shift in energy. This approach will include a lot of reflection…I may give you some prompts for some first person-inquiry on your perspective on how it's, you know, benefiting the students or how you have been affected…*

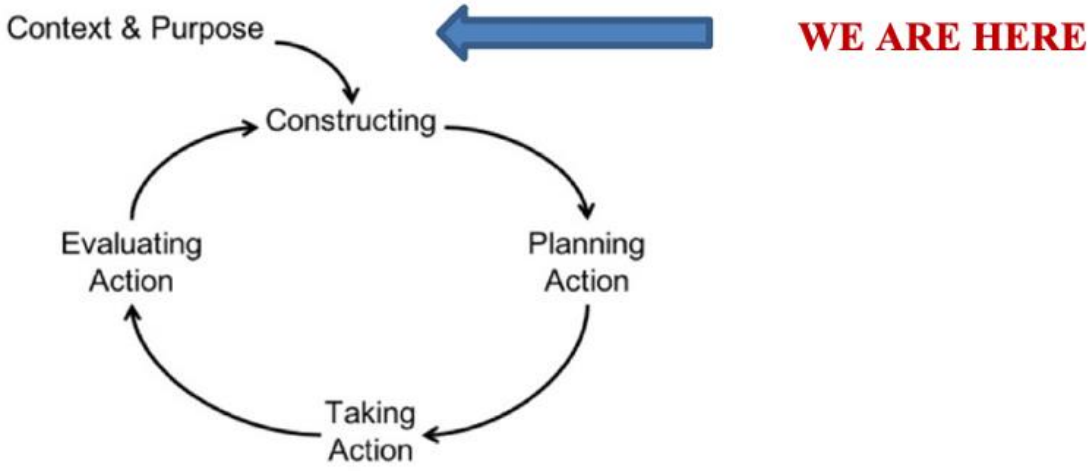
We took turns bowing out of the meeting with our goodbyes. I was so relieved. I closed the virtual curtain feeling pretty good about it and briefly typed up some meeting minutes outlining our next steps.

Over the next several meetings, I nervously taught several iterations of the AR methodology, which was new to all of us. It was clear there was a lack of understanding of participatory research and AR methodology. It was not immediately clear to team members how or why the research members were part of the data collection I would be using for my dissertation work. Despite this, all members trusted the process and continued to engage in the project. In each meeting, I felt the need to continue sharing the image of the Coghlan and Brannick (2014) AR cycle, highlighting our current placement.

I continued this practice throughout the research project as an anchoring piece for clarity and purpose in team meetings, shifting the arrow each time to illustrate where we were on the cycle. Figure 15 displays an example of the image of the AR Cycle and placement I would share in our meetings.

Figure 15

The AR Cycle (Coghlan and Brannick, 2014) Adapted by the Author for Project Use



What Gives Life?

In the 3rd meeting of our AR planning stage, I took advantage of the Discovery phase of the AQ framework (Cooperrider & Whitney, 2005) to invite discourse around our organizational opportunities, strengths, and assets that could be used to support our project. We found this phase to be a useful tool for inviting inquiry and highlighting what AQ refers to as the *positive core* of an organization. The AR team members were invited to consider what we could appreciate in the context of Access College and our research project. At the time of this project, organizational morale was at an all-time low, and faculty members at Access College had moved forward with a vote of no confidence in the organization's leaders. I felt this activity was important to generate a sense of gratitude for what we could work with and to begin the process of envisioning the possibilities for our future state. Table 22 outlines the list generated by the AR Team.

Table 22

Organizational Opportunities, Strengths, and Assets Suggested by Team Member

Team Member	Opportunities, Strengths & Assets
1	A course in Health Science that includes self-care and stress management as part of a collaborative care model
3	Invested, supportive caring faculty
2	Faculty-led pre-nursing e-portfolio project
3	Pre-health advising committee support
3	Pre-health advising course shell for student resources
5	A simulation laboratory in the Health Science building
2	Access College seed grant funding for research projects
2	Department funding for conference travel
1	Career Services department support

Over the semester, it was clear that team members were taking this research project seriously by contributing to collaborative discourse for further clarifying and defining our research focus. I conducted a literature review on the current state of the healthcare workplace and several members attended healthcare conferences. In our meetings, we discussed what we were learning which solidified our opinion for the pressing need for change. During our 4th AR Cycle 1 meeting, team member 3 stated what she had learned at a recent Public Health conference on the state of the healthcare workplace:

> *One-fifth of healthcare professionals have left the field since 2020 and 47% are forecasted to leave by 2025. Healthcare is in a continued crisis and it doesn't look to be getting better anytime soon (Health South Connect Conference, Atlanta, GA, 2023)*

She also shared a snippet of what she had read in a recent Gallup Poll (2022):

> *Gallup's State of the Global Workplace report shows that despite some workplace efforts, workplace stress remains at an all-time high with workplace well-being stagnant).*

What was also apparent in our conversation was that what we were learning about in terms of healthcare burnout was also resonating with us as educators. Education is also a helping profession, and many of us have experienced compassion fatigue of our own attending to student crises, such as homelessness and food insecurity. Our conversations provided a direction that pointed toward a sense of urgency around student resilience and self-care capacity building as our student preparedness focus. I left that meeting questioning how honest I was being with my students about what to expect in their future careers.

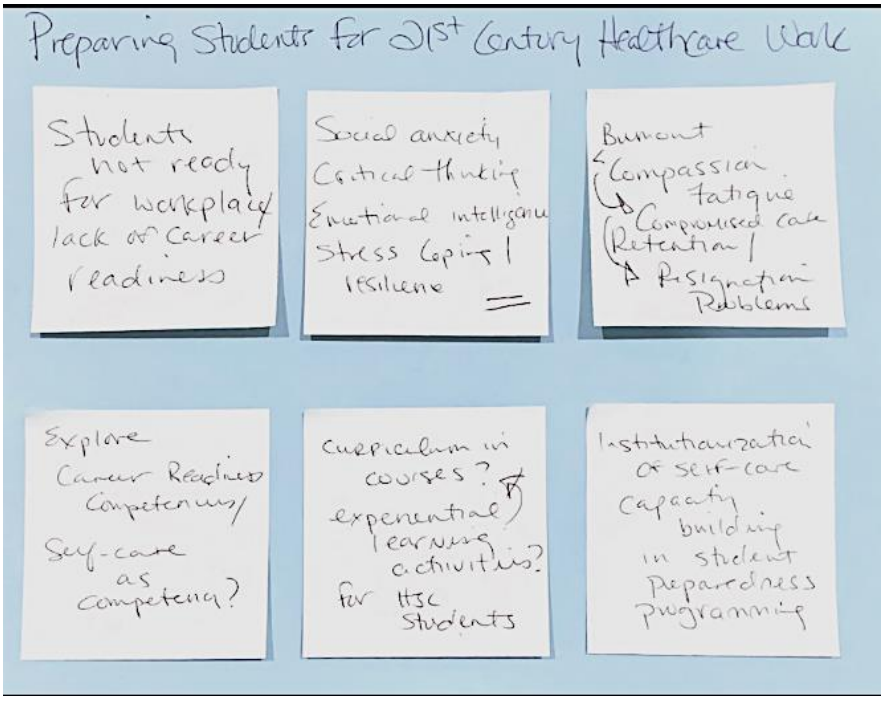
The AR team meeting conversations also revealed what Coghlan and Shani (2008) refer to as the bias of preunderstanding in participatory Action Research. Preunderstanding refers to the first-hand knowledge and lived experience insider researchers have about the organization

and project before they engage in the research. All the AR team members were faculty who, through personal interaction with students, were able to share firsthand knowledge of student strengths and weaknesses and we were able to get a feel for what may be needed to support them in their future careers.

Faculty were also able to interact with collaborative partnerships where students participate in applied learning experiences. Informal conversations and observations among students, faculty, and healthcare partnership supervisors gave us additional insight. However, the research team recognized the importance of gathering additional data into the context of the problem, so we took action, and conducted preliminary organizational investigations. Figure 16 displays a collage of sticky notes with early ideas I put together during a team meeting as we grappled with identifying our organizational challenge and what to do about it.

Figure 16

Notes From an Early AR Project Planning Meeting



Taking Action

Watkins et al. (2023) state that one of the first actions a research team should take once the team has started meeting is "assessing the present state of the organization in light of the desired state*"* (p. 99). As good stewards of the AR process, the research team conducted preliminary investigations in Cycle 1. We first investigated the current organizational state of student preparedness within the SHS and in the larger organization of AC. We also collected and analyzed formative survey and interview data from the field on current self-care behaviors among health professions students at AC and among local health professions workers.

Organizational Investigation: Career Readiness or Student Preparedness? Early conversations among research team members revealed a shared interest in student success in the workplace. It was discovered that our initial assumptions about student preparedness did not differentiate between career readiness and student preparedness. We repeatedly used the term career readiness when referring to the development of student preparedness and often referred to existing career readiness services at the college for organizing activities for student preparedness.

The team knew AC offered career readiness services through its Career Development and Advising Center (CDAC). Upon inquiry into those services, we learned that through the CDAC, students can access resources for personality assessment and mentoring for matching degree programs to student interest; resume and LinkedIn profile coaching; mock interviewing, a lending clothes closet to address professional attire inequities; and *Mastering Career Readiness (MCR)* - an optional, asynchronous, career readiness training course focusing on competencies such as professionalism, leadership, and teamwork (Access College, 2023).

In exploring the literature, we found that career readiness is often defined as "a foundation from which to demonstrate requisite core competencies that broadly prepare the

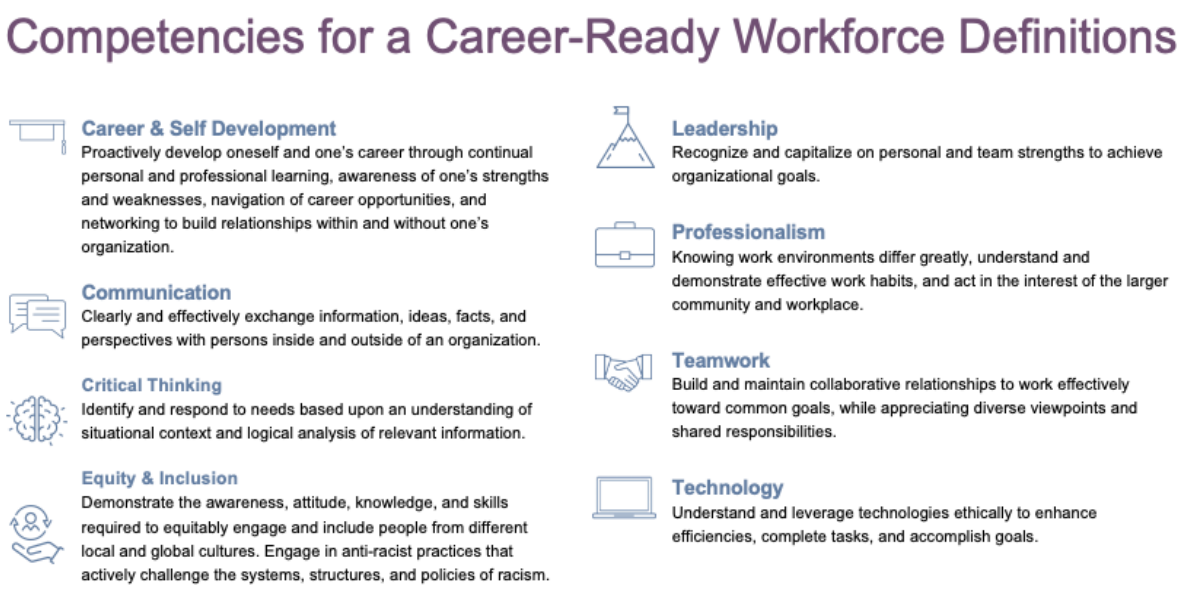
college-educated for success in the workplace and lifelong career management" (NACE, 2023). Further, competency is defined as "the combination of observable and measurable knowledge, skills, abilities, and personal attributes that contribute to enhanced employee performance and ultimately result in organizational success" (Human Resources-UNL, 2017, p. 1). However, despite the current investment in career readiness, the research team discovered that only 43% of college seniors reported being "career ready" after college (McGraw-Hill, 2018). In addition, a more recent graduate employability report found that among 1,000 recent graduates, 49% did not apply to entry-level jobs because they felt underqualified (Cengage Group, 2022).

Upon further investigation, we learned that career readiness has a history of addressing the need to ensure student success in entry-level career positions with a sole focus on employer demands (Nunamaker et al., 2017). The early conversations on career readiness, as argued by Peck (2017), were provoked by "2,500 years of older generations bemoaning younger generations for not living up to the same standards as their predecessors in the workplace," and that employers sometimes refer to this as the "skills gap" (Levesque, 2019). We also learned, as the conversation on career readiness continued, that career readiness efforts have been challenged to keep up with emerging technologies, societal trends, and disruptive forces (Levesque, 2019). For example, the more historically prized technical, or *hard* skills now share the limelight with social-emotional "people", or *soft* skills in terms of what 21st-century employers recommend for job success (Ibrahim et al., 2017). In addition, literature on employability focuses on developing the "T-shaped professional," emphasizing the importance of boundary-spanning competencies such as open-mindedness, inquiry, listening, and emotional intelligence, in addition to acquiring a depth of expertise in one's discipline (Ing, 2008; Harris, 2009; Beirema, 2019).

The research team's preliminary investigation revealed that the college utilizes a popular career-readiness competency framework from the National Association of Colleges and Employers (NACE). The recently updated NACE 2021 core competencies identified as most important to employers include a combination of hard and soft skills: career and self-development, communication, critical thinking, equity and inclusion, leadership, professionalism, teamwork, and technology. Figure 17 describes the NACE 2021 core competencies.

Figure 17

NACE Core Competencies, 2021



***Evaluation*.** After learning about the history of career readiness and reviewing the NACE competencies, the research team discussed the possibility of an important variable being missed in the paradigm: the generational shift in workforce culture, flipping the traditional perspective of solely meeting employer demands to meet *employee* demands. We found that younger generations, such as Gen-Z (born 1997-2012) have workplace expectations such as increased flexibility, wellness perks, and authenticity from their employers, whereas previous generations did not (Berger, 2022). One team member shared what they had read about in an interview with the Vice President of Talent Development at LinkedIn, where it was stated "we're seeing this younger cohort of workers demand that employers care about them as whole people, and the ability to understand their career path is worth more than a paycheck" (Abril, 2022).

Reflection. After discussing the findings from the preliminary career readiness investigation at our college, the research team determined that what the project aims to explore for student preparedness is not within the current support scope of institutional career readiness efforts. I shared the following insight with the team during a meeting:

> *Current career readiness efforts are seemingly controlled by a business supply and demand model of meeting employer needs, where students are seen as customers of education…but also products to be sold. It does not include competencies for student human flourishing that do not also meet employer needs. It's not seen as a responsibility of higher education.*

Here is where career readiness and our intention for student preparedness diverged. The AR team did not see an opportunity to disrupt the career readiness paradigm in a meaningful way at this time and decided to use our collective creative vision to explore other alternatives.

Gaining Insight from the Field: Students and Healthcare Workers. The AR Team collected additional data in Cycle 1 to provide further insight into the research problem. We wanted to hear perspectives on self-care from students and health professions workers in the field and learn more about their current self-care behaviors. The team distributed surveys among AC students and local health professions workers. We also conducted interviews with local healthcare professionals. Findings from the surveys and interviews were used to clarify the problem the research team was aiming to address and to inform how the team moved forward.

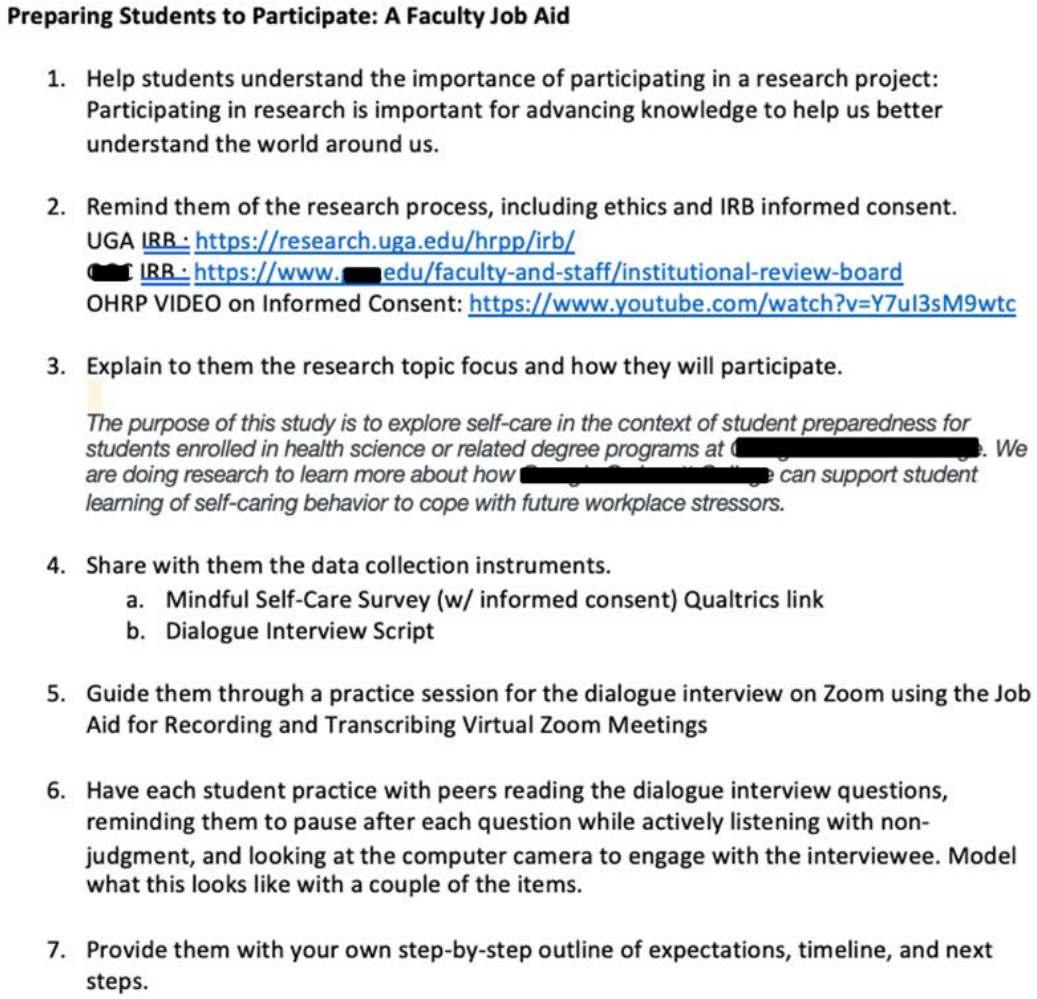
Surveys on Self-Care. The AR team worked together to plan, organize, and collect the surveys. The research team chose the Mindful Self-Care Scale (Cook-Cottone & Guyker, 2018) as the survey to assess behaviors associated with self-care. Two team members familiar with Qualtrics® imported the survey scale items and all members of the team participated in the editing of the surveys. In total, we collected 70 surveys from students enrolled in health professions degree programs and 17 surveys from health professions workers.

Interviews with Health Professions Workers. Fourteen dialogue interviews and three Critical Incident Technique (CIT) interviews (Ellinger & Watkins, 1998; Flanagan, 1954) focusing on self-care perceptions and behaviors were also conducted with health professions workers (see Appendices B and C). The team decided that it would be a great experiential learning activity to allow our students to conduct the dialogue interviews.

Figure 18 is a job aid I created for the team members to use with their students in this process. We also created a job aid for the students on how to use Zoom® when conducting the interviews. We prepared the students by allowing them to play around with the Zoom® software and interview each other in class.

Figure 18

Faculty Job Aid Created to Assist Students in Dialogue Interviews



Preparing Students to Participate: A Faculty Job Aid

1. Help students understand the importance of participating in a research project: Participating in research is important for advancing knowledge to help us better understand the world around us.

2. Remind them of the research process, including ethics and IRB informed consent.
   UGA IRB : https://research.uga.edu/hrpp/irb/
   [redacted] IRB : https://www.[redacted]edu/faculty-and-staff/institutional-review-board
   OHRP VIDEO on Informed Consent: https://www.youtube.com/watch?v=Y7ul3sM9wtc

3. Explain to them the research topic focus and how they will participate.

   The purpose of this study is to explore self-care in the context of student preparedness for students enrolled in health science or related degree programs at [redacted]. We are doing research to learn more about how [redacted] can support student learning of self-caring behavior to cope with future workplace stressors.

4. Share with them the data collection instruments.
   a. Mindful Self-Care Survey (w/ informed consent) Qualtrics link
   b. Dialogue Interview Script

5. Guide them through a practice session for the dialogue interview on Zoom using the Job Aid for Recording and Transcribing Virtual Zoom Meetings

6. Have each student practice with peers reading the dialogue interview questions, reminding them to pause after each question while actively listening with non-judgment, and looking at the computer camera to engage with the interviewee. Model what this looks like with a couple of the items.

7. Provide them with your own step-by-step outline of expectations, timeline, and next steps.

Data Collection Challenges. Formative data collection efforts went mostly well, however, there were some challenges. One challenge with survey data collection occurred during participant recruitment. We had been using the term “healthcare” for the research project but wanted to include students enrolled in other health professions such as Social Work. The language on the consent form was updated to include “and other health professions” to avoid confusion among students taking the survey. There was also a challenge of some team members

wanting to offer students extra credit for taking the survey, however, we needed to keep the data anonymous for confidentiality purposes. The team decided to allow students to screenshot the confirmation page they received after taking the survey to receive the extra credit.

Interviews with healthcare professionals provided some challenges as well. There were some logistical hiccups in utilizing Access College's Zoom® software account when logging on with healthcare professionals, due to them having accounts outside the organization. In addition, having students conduct the interviews required time and patience from the research team to conduct training and create detailed instructional documents. Relying on students to submit the transcripts from their Zoom® accounts back to the research team was also a challenge at times.

Evaluation of Formative Data Collection. Team members worked together and analyzed the survey and interview data. Table 23 is a summary of survey findings among students and healthcare workers. Survey data analysis indicated good reliability and internal consistency for both the student and health professions participant survey data (Cronbach's alpha coefficient scores of 0.904 and .914, respectively). A score of 0.7 or higher is generally considered to indicate good reliability and internal consistency. Survey data analysis among health professions students showed a *rarely to sometimes* mean self-report score on how often they practice self-care behavior such as mindful relaxation, planning self-care, physical care, and for *exploring new ways to bring self-care into my life*. These findings were not surprising to the team, as we were often made aware of student anxiety levels and poor lifestyle habits in our day-to-day interactions with students.

Tables 24 and 25 display dialogue and critical incident interview findings among health professions workers. Qualitative thematic analysis of health professions worker interviews revealed insight into participants' perceptions related to self-care. One important finding that

emerged was the belief that self-care is selfish, despite unanimous agreement among participants that self-care for the healthcare worker was *very important*. One interviewee described her experience with self-care quite consciously, stating:

> *I was not raised to think of myself. The women in my family, like a lot of families in the South, are taught to focus on the care of others. I think that's why I was drawn to healthcare in the first place. Putting myself first is hard, and I often feel guilty. Self-care feels selfish. The first time I heard about self-care for myself I was like, that's not how I was raised...*

The team also noticed some interviewees seemed to unconsciously divert attention away from perceiving the benefits of self-care for the self. For instance, when asked about the importance of healthcare worker self-care, a common theme emerged emphasizing the importance of being a role model *for their patients*, missing the importance of self-care for their own well-being. It is important to note that interviewers were careful in defining self-care at the start of the interview (see appendices B and C for interview scripts) and participants took the Mindful Self-Care Survey (Cook-Cottone & Guyker, 2018) before the interview to enhance participant understanding of the project's definition of self-care.

Additional findings from the thematic analysis of interviews among healthcare workers included perceptions related to the importance of planning self-care, supportive relationships, and systems-level support of having good communication with your workmates and supervisor.

Cycle 1 Evaluation and Reflection

Cycle 1 of this project was all about defining and clarifying our research focus. We learned about our organization and what would and would not support our work. We also learned about each other as we embarked on this project journey together. While we delved into the

problem framing to bolster our understanding, we needed to get moving on to the next part of the story – deep diving into solutions. Much of what transpired over the first two semesters of this project was within the scope of traditional scholarly research activities and organizational inquiry. Over the next semester in Cycle 2, however, we would be leaning into more non-traditional, reflective practice and participating in our own deep learning of self-care.

Table 23

Cycle 1 Mean Score Survey Results by Mindful Self-Care Survey Item

MINDFUL SELF-CARE SURVEY ITEMS	STUDENTS	PROFESSIONALS
Mindful Relaxation	2.94	3.43
Physical Care	2.41	2.73
Self-Compassion and Purpose	3.32	4.03
Supportive Relationships	3.80	4.39
Supportive Structure	3.47	4.04
Mindful Awareness	3.33	3.90
I engaged in a variety of self-care activities	3.17	4.00
I planned my self-care	2.64	3.72
I explored new ways to bring self-care into my life	2.75	3.44

Note. Mean scores between 2-3 indicate an average response *rarely to sometimes*
Mean scores between 3-4 indicate an average response *sometimes to often*
Mean scores between 4-5 indicate an average response *often to regularly*

Table 24

Thematic Analysis of Dialogue Interviews, Keywords and Phrases (N=14)

Q#	Keywords or Phrases by Question, followed by participant response frequency
Q1	**Describe your perception of self-care in relation to your field of work**. physical health (3); role model, focus on patient (4); socio-emotional understanding (2); sleep (1); vulnerability (1); help-seeking behavior (1); self-compassion (1) preventative care (3); mental reset (1); time to relax (1); being intentional, planning (1); not realistic (1); setting boundaries (1); having fun (1)
Q2	**How important do you feel self-care is when working in your field of work?** "very" or "so" or "essential" (14); no one talks about it, told to be tough (1); exhausting take care of others (2); important to not get sick (1); for the benefit of others (5)
Q3	**In your opinion, what are the top challenges workers are currently facing in your field?** not enough time with patients (2); worker shortage (4); lack of resources (3); lack of pay (3) disrespect from patients (1); lack of education on handwashing (1); covid-19 (1); lack of empathy (1); overworked (1); burnout (1); high turn-over (1); exhaustion (3); lack of sleep (1); secondary trauma (1); compassion fatigue (1); time management (1)
Q4	**How important is the working relationship with your co-workers in supporting self-care?** "very or vital" (7); "pretty" (1); "it helps" or "somewhat" (2); friendships (2); emotional support (6); shift work support (5) preventing mistakes (1); voicing opinions, brainstorming (1)
Q5	**How important is the working relationship with your supervisor in supporting self-care?** "important" (3); "very" or "extremely" (3); fear-based (3); good communication (4); feeling good about job, worth it (7); time off (10); increases morale (2)
Q6	**How important are the relationships in your life outside of work, such as with family and friends, in supporting self-care?** "most important" (2); "very" or "critical" (2); " helps out a lot" (1); work-life balance - childcare (1); work-life balance for quality of relationships (6); focus on family not getting sick if have medical conditions (1); for support (6); for love (1); communication (1); provides balance (1); nice to have for fun (1)
Q7	**Are there current daily practices or habits you have for protecting yourself from workplace stress?** time with family and friends (3); reading (2); listening to music/podcasts (9); watch tv/movies (2); mindfulness/cognitive reframing of guilt (2); healthy boundaries (1); mindfulness of stress (1); hobbies or things you enjoy (4); religious activities (4); drink water (10); exercise (4); eating healthy (1); infectious disease prevention (1); driving (1); relying on co-workers for support (3)
Q8	**What advice on self-care would you give to students pursuing your field of work?** exercise (1); work-life balance (1); time with family and friends (1); dialectical behavioral therapy (1); self-soothing techniques (1); authenticity (1); wash hands/wear gloves (1); be intentional about what you want to do (1); get rest 1); eat healthy (1); drink water (1); take breaks when overwhelmed (1); not taking things personally (9); deep breathing (1); meditation and relaxation (1); develop a support team (1); find enjoyable activities outside of work (2); start with a plan (2); shadow others in the field (2); self-advocacy (2)

Table 25

Thematic Analysis of Critical Incident Interviews, by Healthcare Professional (N=3)

Themes identified by Interview Participant	
Nurse Educator	
• The risk of compromised care under high-stress conditions	• The importance of debriefing and social support in the healthcare workplace
• The lack of student preparedness programming around self-care	• The importance of social support and appreciation in the healthcare workplace
Public Health Emergency Response and Health Sciences Educator	
• The risk of losing employees from workmate conflicts due to high-stress conditions	• The need for self-care training for faculty and students and to have it institutionalized
• Society and culture are not supportive of self-caring behavior, self-care feels selfish	• The need for self-compassion training to address compassion fatigue
Oncology Nurse	
The need to provide coworkers in the healthcare workplace a space to take breaks	• The importance of self-care practices such as reflective journaling

Action Research Cycle 2

Action Research Cycle 2 took place Spring semester of 2024 after a year-long cycle of investigative practice of defining and diagnosing our research focus. It was clear that after the team had analyzed the data from Cycle 1, it was time to move into inquiry for planning action.

Coghlan and Brannick (2005) state that to conduct Action Research (AR) is to focus on knowledge *in action* (p. 7). It differentiates from traditional research that focuses solely on the third-person perspective and integrates first- and second-person inquiry (Reason & Bradbury, 2001). The theoretical underpinning of this dissertation utilized transformative learning theory (Mezirow, 2009) to envision transformation at individual, group, and system levels. Having a more thorough understanding of transformative learning concepts and practice at this time in my doctorate journey, it was here in Cycle 2 that I introduced them to my team.

Throughout the AR project, the AR team participated in practices used in transformative learning pedagogy such as critical self-reflection, collaborative inquiry, and unitive discourse (Cranton, 2002). Its most prominent use among team members for first- and second-person reflection was in Cycle 2 where I invited the team to participate in a self-care learning circle. Members were asked to self-reflect on self-care interventions we were exploring in the literature and to consider envisioning a self-care learning intervention for students.

What Might Be?

Like many students who learn about transformative learning theory for the first time – it was love at first sight for me. I found that transformative learning theory deeply aligned with my own purpose and practice in education. I had been a passionate educator in higher education and my community for over ten years at the time of my doctorate journey and did not realize there was a whole field of theory and practice for this work. In my enthusiasm, I conducted an

amateur-level genealogy of transformative learning for a doctorate course assignment and marveled at the ages-long legacy of educators in the pursuit of transformation for a more educated and liberated society. Table 26 displays my findings for the project at that time.

Table 26

The Author's Amateur Transformative Learning Genealogy Project

Early Philosophy →	Biology, Psychology & Society →	Education & Society →	Transformative Learning →	Interpretations, Criticisms & Applications →	Trends & Contributions
Socrates (470-399 BC) Ethics Socratic method **Plato** (428-348 BC) The Republic Dialectic philosophy **Aristotle** (384-322 BC) Peripatetic philosophy	**Darwin** (1809-1882) Origin of Species **Marx** (1818-1883) Communist Manifesto Class consciousness	**Dewey** (1859-1952) Constructivism Reflection **Montessori** (1870-1952) Scientific pedagogy	**Freire** (1921-1997) Conscientization Social-Emancipatory TL	Psychoanalytical/ developmental: **Dirx/Boyd –**Individuation (2000) **Boyd/Meyers** -Redefinition (2008) **Dirkx** – Role of emotion (2006) Soul work (2012) **Daloz** – Psychodevelopmental (2012) **Illeris** – Identity (2014) **Kegan** (1946-) Constructive-developmental; Meaning-making	**Scharmer** (1961-) Theory U (2016) **Nicolaides** (1969-) Generative L (2022) Complexity (2015) Ambiguity (2015)
	Freud (1856-1939) Psychoanalysis Psychic structures **Jung** (1875-1961) Collective Unconscious Archetypes Personality **Gestalt Psychology** (1880-1967) Holistic perception	**Piaget** (1896-1980) Cognitive development **Knowles** (1913-1997) Andragogy **Lewin** (1890-1947) Social Psychology Change process	**Mezirow** (1929-2020) Psychocritical TL Rational	Other perspectives: **hooks -** Transformative pedagogy and multiculturalism (1993) **Cranton** (1948-2016) Authenticity Extrarational perspectives **Taylor** Neurobiological/emotional (2001) Critique (2012)	**Perry** Transformation of Being (2021) **Gunnlaugson** Metatheory of TL (2008) **Hoggan** Metatheory of TL (2016)
	Erikson (1902-1994) Psychological Development Identity crisis **Maslow (**1908-1970) Hierarchy of needs Self-actualization	**Habermas** (1929-) Domains of learning Critical Theory **Kuhn** (1962-) Concept of Paradigm	**Kolb** (1939) Experiential L Reflection cycles (1984)	**O'Sullivan -** Integral TL Cosmological context (2002) **Scott –** Social construction (2003) **Johnson-Bailey/Alfred** Black women in TL practice (2006) **Tisdell/Tolliver** Cultural and spiritual (2001,2006 2013) **Merriam/Ntseane** Cultural and spiritual (2008)	**Tisdell** Spirituality & creativity (2023)

Planning

As educators in higher education, all my AR team members were familiar with the effectiveness of experiential learning theory and practice. One team member was the lead on a campus-wide research initiative to institutionalize experiential learning activities across multiple programs and to measure student learning outcomes. It was not clear to me, however, that the team knew of transformative learning theory and practice. As it turned out, like me, transformative learning theory and practice was completely new for all the AR team members except for one who could relate it to Paulo Freire's Pedagogy of the Oppressed (1968). No AR team members were familiar with Jack Mezirow, nor other names associated with the theory. I found myself questioning why this was the case and whether this phenomenon was a negligence of educative practice in higher education.

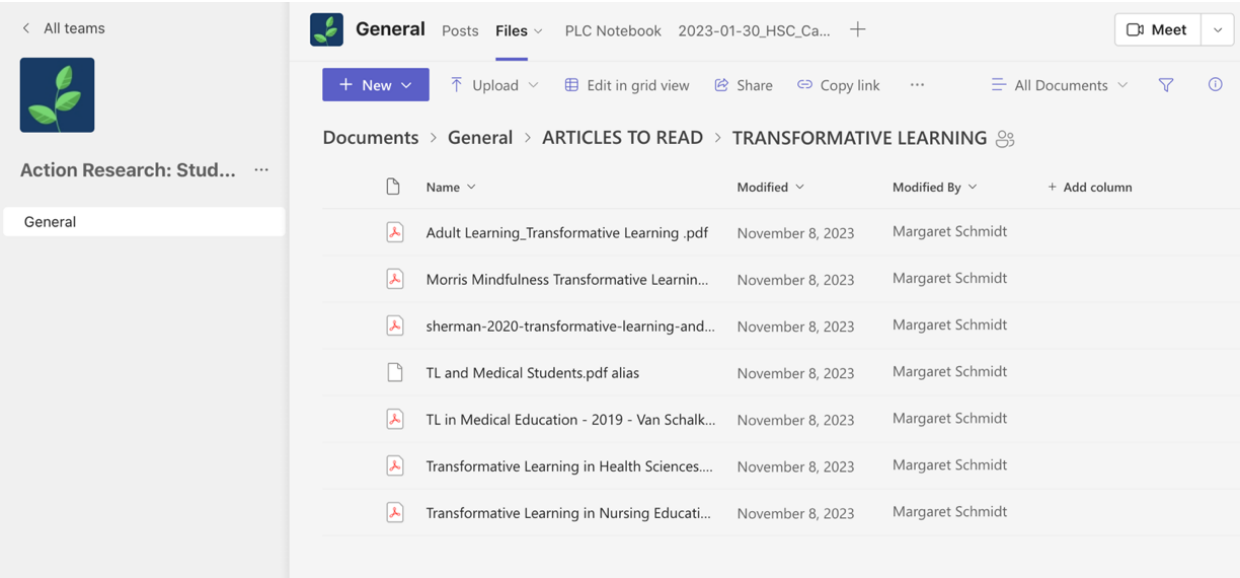
In my planning for the team's Cycle 2 self-care learning, I introduced transformative learning theory by sharing articles for suggested reading before our team meetings to discuss what we learned and to generate thoughts about using the theory to inform our research practice and project co-planning. I chose articles that clearly explained the theory and used it in a relatable way to our project. For example, I shared *Transformative Learning Theory in the Practice of Adult Education* (Dirkx, 1998) and *Transformative Learning and Well-Being for Emerging Adults in Higher Education* (Sherman, 2021). I also shared two scoping reviews situated in the literature for health education, *Transformative Learning as Pedagogy for the Health Professions: A Scoping Review* (Van Schalwyk et al., 2019) and *Applying Mezirow's Transformative Learning Theory into Nursing and Health Professional Education Programs: A Scoping Review* (Rojo et al., 2006). Figure 19 displays the folder of shared readings in our MS

Teams® Channel I uploaded in November 2023 during the end of Cycle 1 in anticipation of the next semester's team learning.

Once we had a collective understanding of the theory, I shared pedagogical strategies noted in the literature to foster transformation (Cranton, 2009). All AR Team members agreed that transformative learning was an ideal theory to inform the planning of the project's student learning intervention. The next step was deciding what the learning intervention would focus on.

Figure 19

AR Team Project Files on MS Teams



Taking Action

Over the next several months of the semester, the team engaged in what I called a *self-care circle*. Each month we were assigned to read articles and/or watch videos on a research topic related to self-care. Each member was asked to participate in first-person reflection by

relating what was learned about the self-care topic to their own lives and discussing it with the team at the beginning of each meeting for second-person inquiry. I felt as though this activity was important to hold the team accountable for learning about self-care interventions in the literature but also for each member's own self-caring[5].

My idea was for the self-care circle to be experienced as a transformative learning environment of its own, where we participated in critical self-reflection, collaborative inquiry, and unitive discourse. The members of the AR team were invited to critically reflect upon their own thoughts, attitudes, emotions, and behaviors related to each month's learning topic and offer some insight into barriers and supports of self-caring behavior. Table 27 displays the learning topics by month.

Table 27

List of Topics for AR Cycle 2's Self-Care Circle

Month	Topic
JANUARY	SELF-COMPASSION
FEBRUARY	PSYCHOLOGICAL FIRSTAID
MARCH	EMOTIONAL INTELLIGENCE
APRIL	MINDFULNESS

[5] Education is also an industry in need of self-care due to stressors that contribute to burnout (Pope-Ruark, 2022).

During our team meetings, most of the team members shared about self-care personal explorations, challenges, and learning. In the 2nd self-care circle meeting in February 2024, AR team member 3 expressed gratitude for how the process was improving her life. She said:

> *I feel as though I am getting more out of this project than I am putting in. I feel really grateful to be learning about self-care. I'm not so good at my own self-care and I'm looking forward to learning more.*

Leaning into Leading When Things Go Wrong

During the first two self-care circle meetings, however, I picked up on some reservations about what I perceived to be a holding back of sharing among two members of the team. While some of the team members displayed a high level of vulnerability for sharing very personal reflections, two others did not. Below is an excerpt from a team meeting transcript:

> Team Lead to Team Member 2: *What were your thoughts about the concept of self-compassion? Did you have any take-aways or anything you feel you could relate to?*
>
> Team Member 2: *No, Not really. (silence…)*
>
> Team Lead to Team Member 3: *What about you? What were your thoughts about the concept of self-compassion? Did you have any take-aways or anything you feel you could relate to?*
>
> Team Member 3: *Same. Remind me what the definition of it is again?*

I suddently felt a feeling of embarrassment. The intial fears I had for leading this project came to surface and I thought maybe I asked too much of the team as individuals. I also assumed I had failed to assess the group's readiness, or comfort, to engage in the level of vulnerability the self-care circle was inviting.

Readiness for Change and the Role of Internal Change Agents. Readiness for change is a concept often used in organizational research to assess an organization's readiness, or ability, to change. However, readiness for change also applies to individuals. Armenakis et al. (1993) describe readiness for change as a process with similar outcomes to the literature on transformative learning: "creating readiness involves proactive attempts by a change agent to influence the beliefs, attitudes, intentions, and ultimately the behavior of the change target" (p. 683). At this point in the project, I had not considered myself to be a change agent in the context of my AR team, nor had I considered my AR team members to be a change target.

The authors also describe change agent attributes: credibility, trustworthiness, sincerity, and expertise (p. 690). It was true that my team members had not known me for very long, and it was not clear to me how long the other members had known each other, or to what extent they had worked together before. There had not been enough time for us to form the types of relationships that might have been supportive for the level of vulnerability I had expected to be displayed in the meetings.

The literature on readiness for change emphasizes the importance of an awareness around a need for change, identifying a discrepancy between a current state and a desired end state. It also notes the importance of individual or collective efficacy (Armenakis et al., 1993). While we all participated in taking the self-care survey in Cycle 1, I did not make it clear that one purpose of our taking the survey was to self-reflect on our survey results, identifying areas of improvement before moving into the self-care circle. In addition, I was realizing that I had no idea about my team members' efficacy, or confidence, in their ability to change. Amenakis et al. (1993) state "a change agent should build the target's confidence that is has the capability to

correct the discrepancy" (p. 686). They also state "change agents can also manage opportunities for organizational members to learn thorough their own activities" (p. 689).

After reflecting on what I had experienced in the the team meeting, I decided to take it upon myself to try and improve the level of comfort and safety in the meetings. Levi and Askay (2021) suggest that improving interpersonal relations is critical for teamwork for increased psychological safety and offers the benefits of reduced conflict, improved trust, and communication. I also knew that a sense of safety is an important element in the transformative learning environment (Cranton, 2002). I decided to implement a group inquiry strategy that I had learned in one of my doctorate courses called Discovery and Action Dialogue (DAD) from Liberating Structures[6] (2023).

The DAD activity is designed to get participants thinking about solutions to problems to discover practices and behaviors that enable others to be successful. I felt that the DAD activity would be ideal for the problem of members not sharing personal reflections due to its relevance in fostering interpersonal relations among teams and that the prompting of questions would provide a structure to the sharing. The DAD activity I adapted for the team included questions such as *How do you know when you need to practice self-care? What do you do to effectively practice self-care?* and *What prevents you from doing this or taking these actions all the time?*

Since our team did not meet in March due to too many conflicting time schedules and research activities, and in April's meeting not all team members were present, I decided to implement the activity at our end-of-semester meeting. One member (who had not participated in

[6] Liberating Structure developed by Henri Lipmanowicz and Keith McCandless together with a group of coaches working to eliminate MRSA transmissions in hospitals: Sharon Benjamin, Kevin Buck, Lisa Kimball, Curt Lindberg, Jon Lloyd, Mark Munger, Jerry Sternin, Monique Sternin, and Margaret Toth. Inspired by Jerry and Monique Sternin's work in Positive Deviance.

first-person reflection sharing), changed their meeting status from *accept* to *decline* after learning the self-care sharing activity was on the meeting's agenda. I noticed a sense of disappointment in myself and decided to practice something I had learned in one of my doctorate courses: humble inquiry.

Humble inquiry is a gentle, non-judgmental approach that seeks understanding rather than control (Shein, 2013). Instead of assuming you know the answers to something, it creates space for genuine curiosity and understanding. I let go of what I was trying to force and arranged a private meeting with the team member instead. I valued this team member's contributions to the project and did not want to jeopardize our relationship or lose them as a member of the team. Our private meeting went very well, and to my surprise, they felt safe sharing their personal reflections on self-care. I chose not to pry into why they did not participate in sharing during the meetings. The other team member who had not been sharing during the meetings accepted the invitation to the final self-care circle and participated in the DAD activity.

Reflection and Evaluation

Overall, I felt as though the self-care circle was an important learning opportunity to gather first-person insight to inform our understanding of the problem and to explore real-world interventions related to self-care. I also viewed the activity as successful in terms of our own learning and sharing about self-care. During the final April meeting, one member exclaimed *I thought it was only me*! when discussing personal experiences with stress, illustrating the social learning power of community, and participating in the Action Research process. It also evidences the potential for team member transformative learning by engaging in critical self-reflection, collaborative inquiry and unitive discourse within the container of a safe learning environment.

The self-care circle also provided important insights for our second-person inquiry. What emerged during our final self-care circle meeting was an important turning point for the project. Members shared their personal experiences of when they knew they needed to practice self-care and realized in conversation that mindfulness training could be a valuable intervention. Having explored the different topics of self-care over the semester allowed the team some direction to apply what they learned. Below are pieces of the meeting transcript illustrating team member self-reflection:

> *TEAM MEMBER 2: I know when I need to practice self-care if I can't fall asleep at night. I never have trouble sleeping so if I can't then I know.*
>
> *TEAM MEMBER 4: I know it when I feel it in my body. My shoulders are tense and my back hurts. Sometimes I'll get a headache.*
>
> *TEAM MEMBER 1: Me too! I feel tightness in my chest and start getting headaches.*
>
> *TEAM MEMBER 1: Something I have noticed when I am stressed out is that I start banging into things or stubbing my toe. One time I slammed my finger in a drawer. That's when I need to just sit my ass down for a bit and get in control of myself and breathe.*
>
> *TEAM MEMBER 2: I notice it when I do really dumb things like what I did the other day when I was cleaning up after dinner. I dumped a full bowl of food I had put together to save right in the trash by accident. I just wasn't paying attention.*
>
> *TEAM MEMBER 3: Yeah. When I'm stressed out it sometimes feels like I've got dementia. My brain is just not working right.*

What followed was a conversation about the importance of self-awareness in the practice of self-care. Team member 2 shared how valuable it might be if we were to implement mindfulness training for the students around self-care and self-compassion. Team member 3 shared the idea that if we could just get the students to engage in help-seeking behavior because of improved self-awareness around personal needs, it would be beneficial for students' mental health and well-being.

Earlier in the semester, the AR Team applied for a seed grant opportunity at Access College to fund our project's student learning intervention. About mid-semester we were happy to learn we were awarded funds for our project and excited about the possibilities of what we could do. We concluded our final meeting conversation with the idea to offer a mindfulness for self-care training intervention for students the following Fall. I added to the conversation by reminding the team the importance of incorporating transformative learning pedagogy into our intervention design to support student self-care capacity building. Since our seed grant budget included the hiring of a mindfulness professional to facilitate the student learning intervention, we all agreed I would contact a potential facilitator so we could interview them before August.

Action Research Cycle 3

Action Research cycle 3 moved quickly to plan and organize efforts around a mindfulness intervention for undergraduate students. Due to logistical and administrative urgency related to preparing for implementation mid-semester, much of what took up the early semester meetings felt more task-oriented than reflective compared to the previous AR cycles. In our first AR meeting of the semester, we organized a list of what needed to be done. Table 28 is the list of tasks we created to organize our efforts.

Table 28

Student Learning Intervention Planning by Task Item

Task items
1. Secure facilitator contract
2. Work with Accounts Payable for facilitator and student payment forms
3. Contact Facilities to reserve large, private room with A/V equipment, chairs
4. Create flyer for recruitment of 20 Health Professions students
5. Create tool for screening participants
6. Update IRB application and consent forms
7. Develop Data Collection Tools
8. Order 20 journals and yoga mats
9. Request reimbursement

There was a surge of excited energy among AR team members who had not been present in the first two cycles. I felt as though I might have been experiencing what Gersick (1988, 1991) had described as *punctuated equilibrium* in her research on work teams, group dynamics, and revolutionary change. Punctuated equilibrium in organizations refers to an abrupt shift in energy that spurs evolution or change as opposed to a gradual progression of change over time. It describes a disruption in the steady state of equilibrium and status quo. The concept was adopted from evolutionary theory to explain punctuations, or sudden transformations, after long periods of stability. These brief periods are often important opportunities for change, fueling efforts toward activity and engagement.

I was not sure why the team was experiencing a sudden flux of increased engagement, but I considered the idea that it could have been an extension of excitement due to the newness of a semester, or that the team members were working with something more known and actionable, as opposed to Cycle 2 which focused on learning and reflection. I also felt at this time in the project as though I was more ready to lean into the practice of giving the work back, a skill I had been working on in my personal development for adaptive leadership (Heifetz & Linsky, 2002).

Leaning into Adaptive Leadership

Over the summer before Cycle 3, I had taken a course with Dr. Aliki Nicolaides at the University of Georgia on adaptive leadership. She opened the course for a shared understanding of the definition:

> *Adaptive leadership is a practice of readying to respond to the complex and surprising twists and turns of evolution that are in constant movement in all living systems so that ecologies of transformation for self and society can emerge and give way to mutual flourishing* (Nicolaides, 2024).

My notetaking from the course revealed an intriguing question related to my work in the AR project, *How do we create adaptive space within our action research teams?* There were also additional scribbles in my notes I found important to my learning in the course (I am unsure if they are my own interpretations or direct quotes from Dr. Nicolaides):

> *The purpose is to discover our connectedness, to dissolve our illusion of separateness*
>
> *Create more room for unexpected responses…not shutting down what is new*
>
> *We are called to embrace the present moment with curiosity rather than judgement*

Concepts like higher consciousness, ecologies, and mutual flourishing were introduced to the class. These concepts felt familiar to me in personal practice but new in the context of leadership.

Up until about a year into the doctorate program, I had a history of resistance to leadership. Below is an excerpt from an assignment I wrote for Dr. Nicolaides' course:

> *I am experiencing a deep shift in my understanding of leadership and my relationship to its practice. For all my adult life, I had a habit of very consciously resisting the idea of myself as a leader, despite the evidence of how I have moved through my world into positions of perceived "authority", albeit small. Like many others in my social groups, I had developed a deep disdain for the concept of leadership due to a decades-long awakening and realization of suffering caused by religious and patriarchal power.*

Throughout my life, I had met very few leaders I trusted. To me, leadership meant competition and survival. Most leaders I had experienced felt fake. Many seemed privileged, seemingly out of touch, willfully ignorant, and dismissive of the lived reality of those beneath them. Adaptive leadership, however, felt like a way forward for me - a way for me to engage differently with leadership in a way that felt authentic.

Previously in the doctorate program I had taken a course with Dr. Cynthia Sims on leadership theory where I had initially started questioning my assumptions about leadership. The course included a basic history lesson on leadership, and leadership development, and explored different styles of leadership. I was initially drawn to transformational and servant leadership styles (Dugan, 2017; Northouse, 2021), as they seemed to resonate with me the most at the time. Below is a leadership philosophy statement I constructed for an assignment in that course:

> *My responsibility as a leader is to inspire motivation toward acting from a place of higher consciousness for the service of others. I believe that acting from a place of higher*

> *consciousness emphasizes the greater good and is a shift away from self-serving leadership approaches…my commitment and respect for lifelong learning of empathy is a practice for keeping an open heart to expand my understanding of the perspectives and experiences of others.*

The experience of crafting a leadership philosophy statement led to an important deep dive into meaning-making around my work as a leader-educator. I see that course now was a great starting place for my journey into more intentional leadership practice, as it clarified my values and purpose.

The literature on adaptive leadership describes it as a necessary and timely divergence from top-down leadership practices to meet the complexity of 21st-century challenges (Heifetz & Linsky, 2002). Adaptive leadership theory recognizes the need for context, depth, and a greater understanding of defining complex problems (also known as adaptive challenges) that cannot be met with technical (or known) solutions. It is a leadership practice of mobilizing people to tackle tough challenges and thrive (Heifetz et al. 2009, p. 14). In particular, its practice calls for an openness to learning, experimentation, and vulnerability in the mobilization of people invested in helpful strategies (Johnston & Berger, 2011).

I felt that practicing the techniques of adaptive leadership in the learning environment of my action research project was an opportunity to bolster my leadership development. Table 29 is a list of skills and actionable items informed by the semester's readings and by Dr. Nicolaides' class sessions I identified for my own becoming. I used this list to guide the rest of my time working with my AR team, and in other areas of my life.

Table 29

The Author's Adaptive Leadership Self-Development List

Skill	Actions
Humble inquiry and active listening, practicing non-judgment and curiosity about another person's experience more often.	Asking for help from others to tell me when I get off-track. I would like to start the habit of prefacing my interaction with people by communicating my intention and requesting they hold me accountable.
Initiating hard conversations and keeping my heart open during times of conflict and confrontation.	Reminding myself to not take conflict personally. Apologizing and starting over when I get it wrong.
Giving the work back.	Taking some risks to see what happens when I ask others to do more.
Self-compassion.	Practicing acceptance that I will get it wrong sometimes.
Resist fixing/saving.	Letting it be. Remembering that complex challenges are not immediately solvable, or they would not be complex. It's ok
Working on self-trust.	Refining my ability to attune to my inner experience.

Learning about leadership in my doctorate journey was transformative for me. Where once I felt a strong resistance to the idea of myself as *leader*, I was more open to the possibility of what I could offer in a leadership role. Where I once felt too soft to lead, I realized new potential within myself. I felt as though my capacities for deep self-reflection, vulnerability, and engaging with discomfort could be important assets in the practice of good leadership.

Planning: What Should Be the Ideal?

The first order of business in Cycle 3 was to find a skilled mindfulness facilitator to lead the student learning intervention. Through a quick online search, we were able to find a mindfulness professional with a local mindfulness group who was willing to work with our students. The team met with the facilitator several times to get her on board with the purpose of the research study: building student capacity for self-care. Below is a script I crafted around what we perceived capacity building to mean within the context of a mindfulness course on self-care for students in undergraduate health professions education:

> *We perceive building capacity for self-care to mean opening one's attitude, belief, or perception about one's relationship to self-care. It is about attending to oneself with curiosity and to learn and practice new skills that may aid in their own well-being and resilience in the face of workplace stressors.*

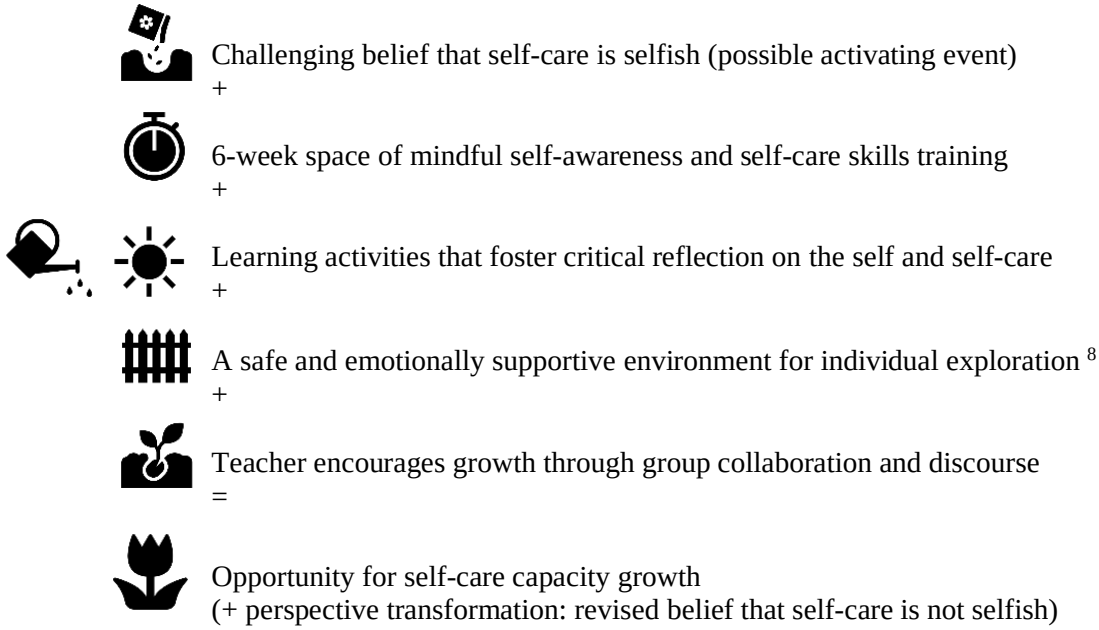
We also wanted to make sure the facilitator understood we were wanting to use transformative learning pedagogy to foster perspective transformation among the students in the course. I presented her with some literature on transformative learning and a few empirical research articles that were easy to understand. I also shared with her what the AR team had found in our data analysis with healthcare workers about how some perceived self-care to be selfish[7]. Figure 20 is an illustration I crafted to show our thinking around how transformative pedagogy could be used to foster perspective transformation using the key teaching strategies in a transformative learning environment, as described by Cranton (2002): safety, collaborative inquiry, unitive discourse, and critical reflection. The figure was inspired by a quote from Thich

[7] Interview data collected among healthcare workers suggest a possible barrier to self-care is the perception that self-care is selfish.

Nhat Hanh, an internationally recognized Buddhist monk who passed away in 2022, about how teachers can support human flourishing through mindfulness. He used the metaphor of growing beautiful flowers.

Figure 20

Example of Student Perspective Transformation Within a Self-Care Learning Intervention



In the final meeting with the facilitator before the intervention, I was made aware of some unconscious assumptions I had around how the mindfulness sessions would go. For example, I was surprised when she requested chairs for all the participants. I realized I had envisioned something quite different - a circle of Buddha-like participants seated in a yoga position *on the floor*, since that had been my own experience in mindfulness programs. My perceived expertise

[8] New directions for transformative learning suggest incorporating *edge-emotions* theory into practice (Mälkii, 2019)

in mindfulness facilitation was met with some felt resistance to her insistence on using chairs, because I knew that if I were to lead the program, we would all be seated on the floor.

McCallum & Nicolaides (2015) describe the importance of bringing objects of the unconscious to consciousness so that they lose the potential to sabotage conscious action. The authors also suggest taking a breath and withholding the urge of *knowing* our expertise. By pausing in what we think we know, there is space for other knowing and the potential for new directions and insight. Instead of pushing back, I decided to pause, lean into adaptive leadership practice, and invited the team into inquiry with her about needing chairs. The facilitator shared with us that in her many years of experience, even young adults are often off put by having to sit on the floor, and some students are simply not able to get up off the floor without discomfort or embarrassment. After this understanding, we all agreed to create an environment for the mindfulness sessions where chairs were set up in a circle. I felt that by opening to the possibility to go with the facilitator's expertise rather than taking a top-down leadership approach, we were setting up a relationship for shared governance and mutual respect.

Much of what was needed to plan this intervention was supported by the team's engagement with organizational resources, as initially identified through our methodological practice of Appreciative Inquiry (AQ) in Cycle 1. By identifying early on what could be utilized in our efforts, we were able to quickly make use of what our schools had to offer. For example, the SHS administrative personnel were able to assist us in coordinating with accounts payable and facilities management to achieve what was needed to make the intervention successful.

Recruitment. The team divided its efforts to recruit student participants. Team member 2 proposed that we create a flyer that advertised the mindfulness course to emphasize stress-coping to attract students, and the team agreed. We also needed to create a registration form and a

screening process to ensure that students who registered for the course were enrolled in a health professions program and serious about participating. Our seed grant funding allowed for participant compensation of up to $60 (ten dollars for each session), a journal, and a yoga mat for each participant. We knew these incentives would attract students and planned accordingly.

Once the flyer and registration form were created, we distributed the flyer among health professions department listservs. I distributed it within the School of Health Sciences for Nursing, Public Health, and Patient Navigation students; team members 2 and 3 distributed it within the School of Science and Technology among pre-health Biology and Chemistry students, and team members 4 and 5 distributed it within School of Liberal Arts among students in Human Services programs.

Data Collection Planning. The AR team moved quickly making decisions around what measurement tools would be needed to collect the data we wanted to analyze from the intervention. We knew we wanted to collect data on participant self-care behavior, perceptions about mindfulness and self-care, and perspective shifts related to mindfulness and self-care. In our Cycle 2 readings about transformative learning we explored the Transformative Learning and Outcomes Scale (TROPOS) (Cox, 2019) and decided to include it as part of the post-course survey to measure perceptions of the intervention learning environment and transformative outcomes among the participants. We also chose to include the Mindfulness for Self-Care Scale (MSCS) (Cook-Cottone & Guyker, 2018) we used in our formative data collection in Cycle 1 to measure self-care behavior change. We included the MSCS as a pre- and post-course survey. The post-course assessment also included items related to participant satisfaction with the program, participant feedback on their favorite parts of the course, and items asking about perceptions related to the importance of mindfulness for self-care and self-care as beneficial for well-being.

The team decided to collect data from post-course focus groups with participants and reflective researcher perspective data about the course learning environment, student engagement, and researcher growth and learning. The team also created a log for collecting participant attendance data.

The team worked together to import the IRB consent form and all measurement items into Qualtrics® for the pre- and post-assessments. We worked over several weeks prior to the intervention to edit and revise the measurement tools. We also worked on screening the 31 participants who had registered for the course. We created a list of our top 20 health professions students to contact, with a back-up list of at least five others in the event selected students did not show up for the orientation. Two weeks before intervention start date, we contacted our top 20 participants and were ready to go.

Taking Action

A week prior to the start of the 6-week intervention, the facilitator provided a two-hour orientation overview on self-care, self-compassion, stress biology, mindfulness science for improving resilience and well-being, and information about the logistics and expectations of the six-week training. The facilitator also led the group into a guided meditation and body scan exercise. Students were invited to sign the consent form and participate in the pre-intervention survey.

The student learning intervention course was adapted from the popular Mindfulness-Based Stress Reduction (MBSR) program developed by Jon Kabat-Zinn in 1979 at the University of Massachussetts. The website jonkabat-zinn.com (2024) cites over 2,000 research articles and reviews on its program, receiving exponential growth in attention since the early

2000s. As recently as 2022, Dr. Kabat-Zinn discussed the role of mindfulness in Public Health with the U.S. Surgeon General Dr. Vivek Murthy.

The facilitator of our student learning intervention was a certified MBSR practitioner with many years of training and experience facilitating mindfulness groups in the Southeastern United States. She shared with us her journey into mindfulness practice when she owned a veterinary business. She had undergone her own transformative experience in a mindfulness training and realized she wanted to become certified to teach it to others. In her experience, veterinarians experienced very high levels of distress and burnout.

We were grateful for her availability to lead this training for the students. She was careful to incorporate what she had learned about self-care, self-compassion, and transformative learning pedagogy in the research project from our meetings, into her intentions for leading the course. Table 30 outlines the mindfulness for self-care intervention content used by the facilitator throughout the 6-week course. It also includes transformative learning pedagogy practices used by the facilitator for each session, as revealed by the researchers' observational feedback data.

The Intervention. The 6-week mindfulness training took place each week for one hour in a large meeting space located in the AC college library. As participants arrived, they were asked to sign an attendance sheet, put on a name tag, and take a seat. I would often remind participants to place their cell phones on silent before the sessions began. Figure 21 is a picture I took of the sign-in table before the start of one of the sessions.

The facilitator and the research team members made an intentional effort to blend in with the participants to reduce the potential perception of formal authority, such as dressing down in casual wear, situating within the circle in the same way as the participants, using plain, informal language, and interacting in the group as participants in a shared, authentic, and equitable way.

Table 30

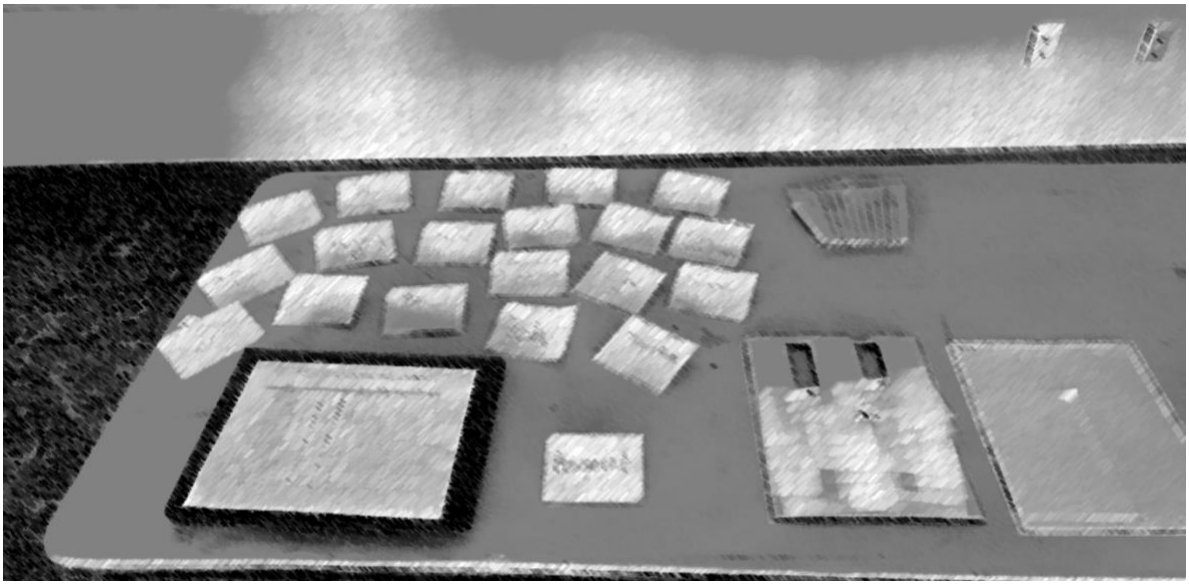
6-Week Mindfulness for Self-Care[9] *Content and Transformative Learning Pedagogy Practices*

Course Content	Transformative Learning Pedagogy
Orientation: Overview of self-care, self-compassion, stress science, mindfulness practices, well-being, and logistics of course.	Safety, Respect, Honesty
Class 1: Attention and Awareness. Participants were offered an experiential introduction to the relationship between mindful attention and awareness. Practices included a sensory practice and body scan.	Safety, Respect, Honesty, Collaborative Inquiry, Unitive Discourse
Class 2: Discernment and Response. Participants began to explore ways of responding to challenges during meditation as a way of responding differently to challenges in life. Mindful yoga was introduced.	Safety, Respect, Honesty, Critical Reflection, Collaborative Inquiry, Unitive Discourse
Class 3: Pleasant Experiences. Participants explored the relationship between pleasant experiences, embodied sensations, and habits. The wellbeing benefits of attending to moments of ordinary happiness were discussed. Sitting Meditation was introduced.	Safety, Respect, Honesty, Critical Reflection, Collaborative Inquiry, Unitive Discourse
Class 4: Unpleasant Experiences. Participants explored the relationship between unpleasant experiences, embodied sensations, and habits. The relationship of body sensation, stress, and stress reactivity was discussed. Walking meditation was introduced.	Safety, Respect, Honesty, Critical Reflection, Collaborative Inquiry, Unitive Discourse
Class 5: Stress and Stress Responding. Participants continue their exploration of the relationship between attention, awareness, and stress responding. The role that conditioning plays in perception and habitual ways of reacting was discussed.	Safety, Respect, Honesty, Critical Reflection, Collaborative Inquiry, Unitive Discourse
Class 6: Reflection and Intention. Participants reflected on what they had learned and consider intentions for future engagement with mindfulness practices for self-care.	Safety, Respect, Honesty, Critical Reflection, Collaborative Inquiry, Unitive Discourse

[9] Course is based on the tenets of the University of Massachusetts Center for Mindfulness in Medicine, Healthcare, and Society Mindfulness for Stress Reduction (MBSR) Program.

Figure 21

Intervention Sign-in Table, Blurred to Protect Participant Identity



The meeting space had large windows which allowed for natural light to fill the room, and the chairs were arranged in a circle. Each class started on time. The facilitator began the sessions by leading participants in a centering practice of slow, guided mindfulness meditation and body scan, a present-moment awareness exercise for noticing tension in different parts of the body. After the centering exercise, she would call each student's name and invite them to say a word or two about how they were feeling or what they wanted to share about their experiences of practice over the past week. After check-ins, the class would move into the week's training topic. Sometimes she would share a few slides on a large screen, or simply guide the class into the mindfulness training practice.

The large space allowed for physical movement during the sessions, as the facilitator would often invite the group to get up out of the chairs to engage in mindful movement of

standing yoga poses. Session 4 included walking meditation as a form of mindfulness practice. Figure 22 was captured from a recording taken during session 4 and blurred with artistic effect to protect participant identity.

Figure 22

Image Capture from Intervention Course Session 4 Recording

The facilitator ended each session with a recap and encouraged daily practice of what was learned over the previous weeks and in the current session. She reminded participants of the website she created which offered materials to support what had been learned in class, such as the pleasant event calendar from Mindfulness for Stress-Based Reduction training (Kabat-Zinn, 2012). She would also follow up with an email, thanking students for their participation and

providing links to the website and daily activity materials. Figures 23, 24, and 25 respectively show the pleasant event calendar activity sheet, examples of mindful movements we were guided into during sessions, and screenshots of the facilitator's website.

Figure 23

Pleasant Event Calendar, Kabat-Zinn (2012)

Pleasant Event Calendar

What was the Experience?	Were you aware of the pleasant feelings when this was happening?	How did your body feel during this experience?	What moods, feelings and thoughts accompanied this experience?	What thoughts are in your mind now as you write about this experience?
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				

2012 Jon Kabat-Zinn, *Full Catastrophe Living, 2nd edition, Random House, NY*

Figure 24

Standing Yoga Poses, Kabat-Zinn (2013)

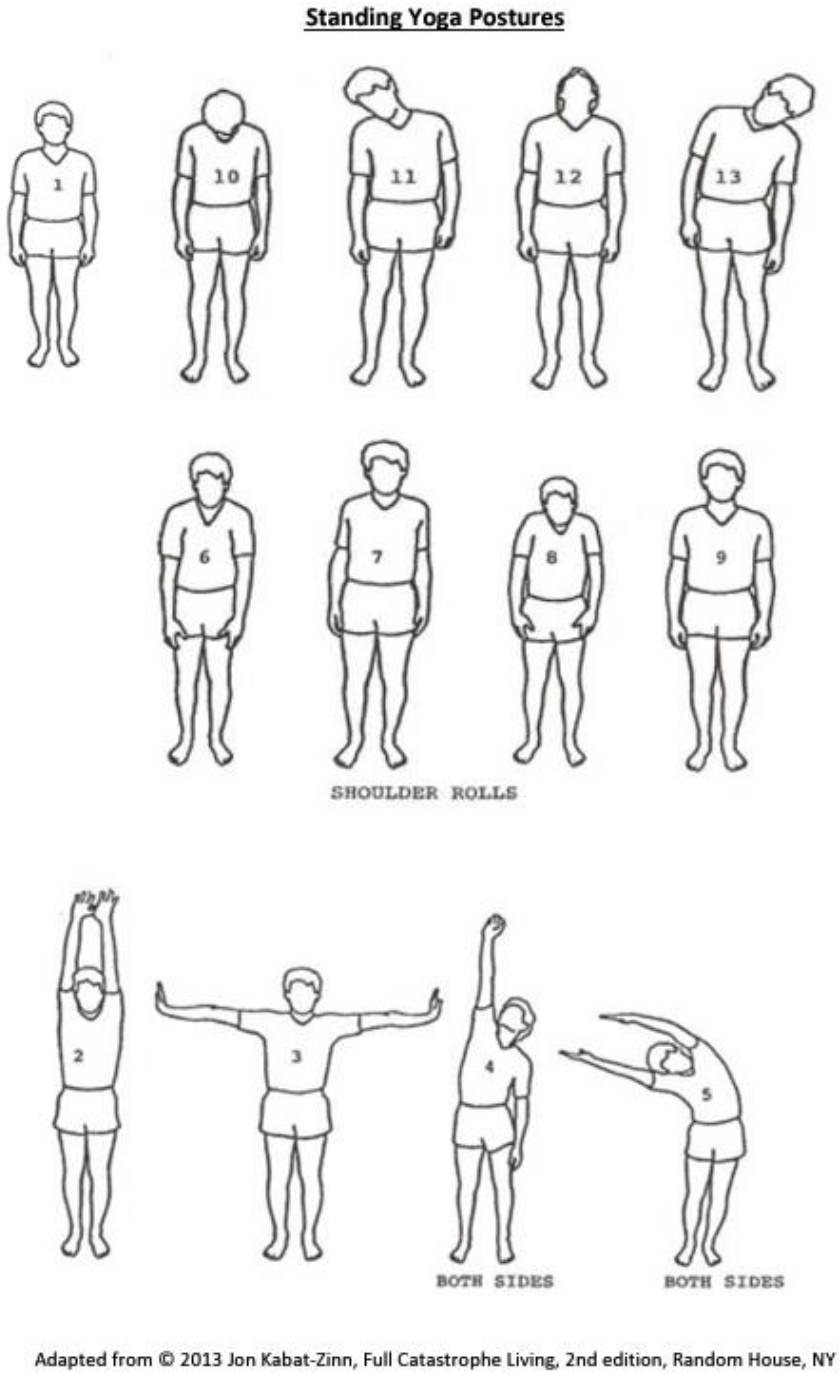
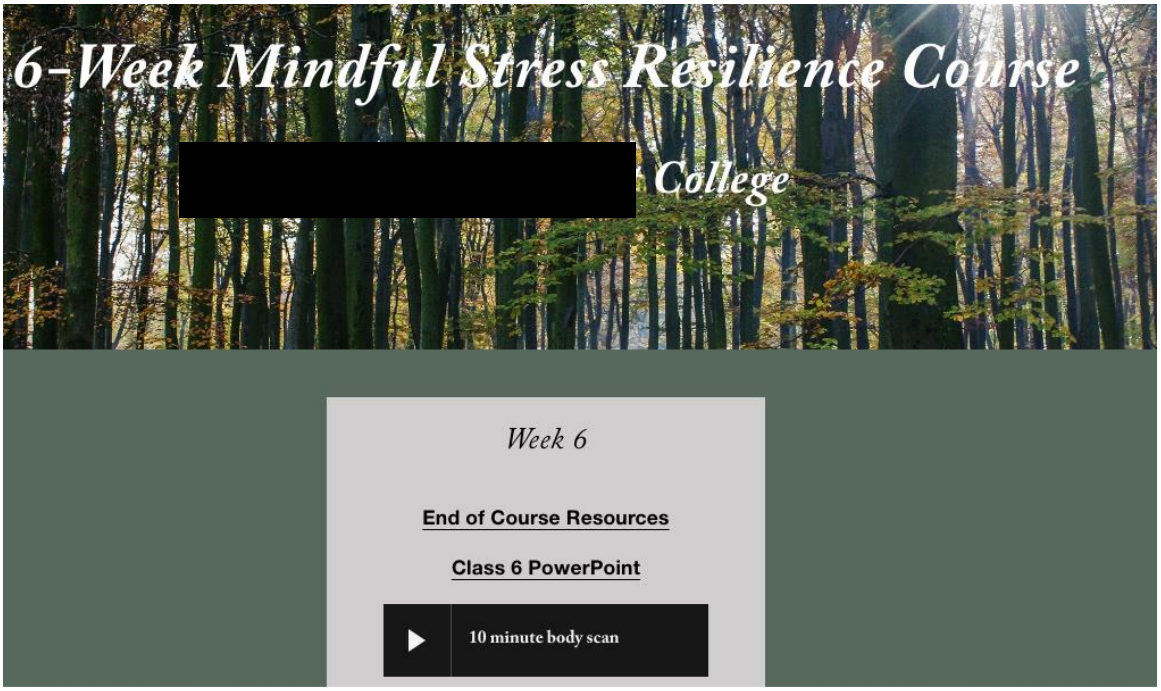
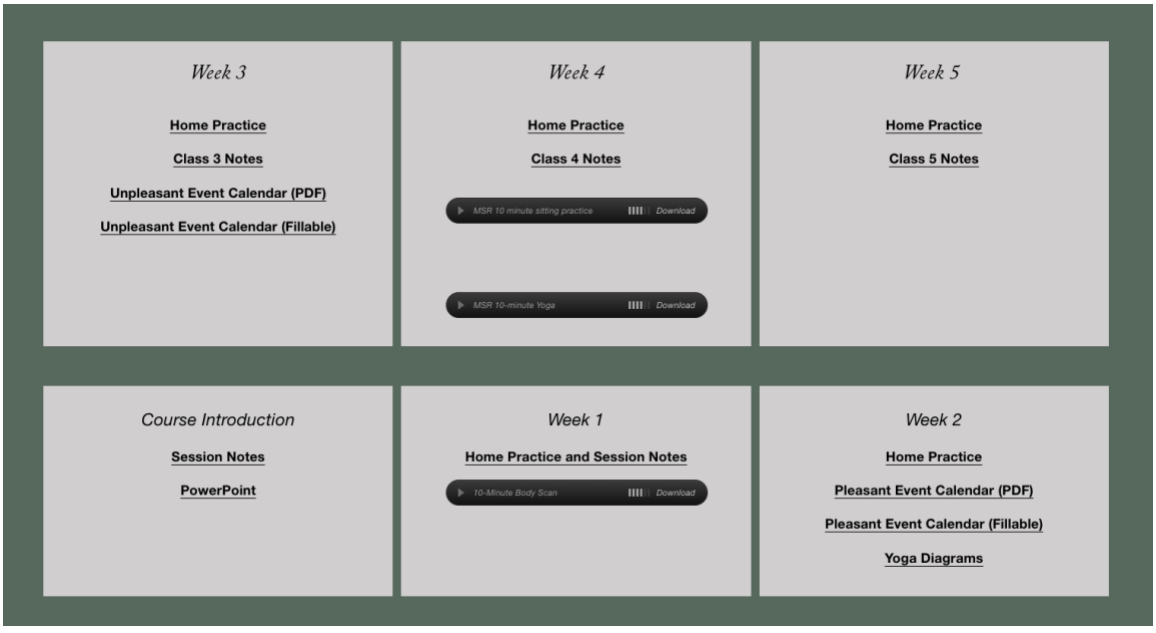


Figure 25

Screen Captures of the Facilitator's Website





Evaluation and Reflection

A total of 17 out of 20 students successfully completed the course. Immediately following the course, I sent out a post-course survey and an online form with various dates and times to schedule the post-course focus group. It was discovered that the students were not able to join the focus group at the same time, so the AR Team decided to hold 2 focus groups instead. Both focus groups took place within two days after the final session. A total of 16 participants logged in for the focus group meetings, however only 13 actively participated by providing feedback that was recorded for transcription. All 17 participants took the post-course survey.

Intervention Challenges. Several challenges took place early in the intervention. First, four students who attended the orientation had decided that they did not want to take the course after all. I had to follow up quickly with students on our waiting list. Once we were able to replace the four students, we had to make decisions about student absences. While we were recording all the sessions, we did not want to give participants the impression that they could take the course asynchronously. However, we did decide that students could miss up to two in-person sessions and would still get compensated if they watched the recording and provided some feedback to evidence their learning. The facilitator and I coordinated keeping track of students who had made up the sessions during the week.

The second challenge that presented itself had to do with team members as participants. Initially four team members agreed to participate along with the students. After the first session, two members decided they were not able to participate after all due to be called upon to attend other meetings. The team had decided to schedule the intervention during what is referred to as the “college hour.” The college hour takes place from 2:00-3:00 PM on Tuesdays and is a dedicated time where no classes are scheduled. We chose that time to accommodate students’

schedules but anticipated missing out on or own committee meetings for six weeks. Two members were not able to make it happen. However, myself and team member 3 were able to participate in the course and record a total of 11 reflection reports.

A third challenge that presented itself took place during the first session. During a round-robin session opening, a participant had revealed a severe trauma she had just experienced and started crying. The facilitator was supportive but did not want to mislead the student into thinking that the mindfulness course would be enough to meet her trauma with the healing that she was looking for. She suggested that the student also seek out therapy. The facilitator took the incident as an opportunity to explain the boundaries of what the course could offer. The student stayed for the remainder of the session but then quickly left afterward. I felt terrible for the student and was unsure if I should have followed up with her, but also realized I did not pay attention enough to get her name. I did glance at the participant attendance sheet and narrowed it down to about five names, but also considered my responsibility to attend to the situation, and whether I held an unconscious intention was to try to fix the situation. I decided to let it go and trust that if she took enough initiative to join a mindfulness group, then I could trust her to seek out what she needed on her own. The student did return to the class.

Other challenges were related to logistics. On the first day upon arrival to the room where our intervention took place, the door was locked. I had to contact the facilities department to open the door, which was stressful due to the time constraints of the room rental. On another occasion, a student who had arrived a few minutes late was not able to join the session because the door had accidentally locked and we were in meditative practice and did not notice. Other mishaps included the audio-visual system not working and the chairs having not been set up.

Researcher Observations. AR Team Member 3 and I completed the course along with the 17 participants. We would enter the class intentionally dressed down to blend in, as some of the students knew us more professionally as teachers and we wanted to break down perceptions of authority. After each session, we would complete an online Qualtrics® form prompting us to capture our observations and experiences. We would also record reflections during class in a journal that was the same as the one participants had been given at the beginning of the course to avoid making our observational roles as researchers obvious. Table 31 displays the observational feedback questions and selected observational feedback we submitted after the sessions.

Table 31

Researcher Observational Feedback on the Intervention Sessions

Question	Observational Feedback
Did the Session Feel Emotionally Safe and Supportive?	*[Her] demeanor feels safe, open, and nonjudgmental. She is also patient with others and their responses. All responses were met with support and acceptance. She allowed pauses between her prompts and participant responses. (week 2)* *I am amazed at how comfortable the students are in sharing their personal experiences (week 3)* *As someone who tries to be aware of bias as much as I can, I feel there is a very inclusive feel (week 3)* *We had a participant share that she had to have an unexpected surgery and was feeling overwhelmed by school. Many participants had supporting messages and advice for her. (Week 6)*
Was There an Invitation for Critical Reflection?	*We reflected on what recently caused us stress and our physical reactions to it. (Week 2)* *Yes. The facilitator often invites critical reflection. For example, inviting critical reflection of being down on oneself when*

	experiencing wander thoughts – instead inviting a sense of accomplishment for noticing that thoughts had wandered. (Week 2) *Yes. The facilitator offered self-reflection on unpleasant experiences and responding versus reacting. (Week 4)*
Was There a Sense of Openness for Collaborative Inquiry?	*The facilitator has a way of framing the exercises with an invitation for curiosity. There was an openness for inquiry around experiences that one might take for granted. At times there was genuine laughter which I think creates a sense of openness for inquiry. (Week 2)* *The facilitator does a lot of guiding and prompting but she did offer open-ended questions for collaborative inquiry. (Week 2)* *There was some interaction from participant to participant during discussions this time, showing increased openness in discussions among participants instead of just responding to instructor prompts individually. (Week 3)*
Was There a Sense of Unitive Discourse Among the Participants?	*Yes. We all seemed to recognize similarities and subtle differences in our experiences with stress. (Week 2)* *Yes. As the participants shared their experiences, they often piggy-back off of what another student had shared, sometimes comparing and contrasting. (Week 4)*
Was There Active Student Engagement?	*There are about 8 students who seem to be very comfortable verbally sharing. Others seem engaged from the looks of their body language and attention but did not share verbally. (Week 1)* *Yes. Everyone participated in the check-in, and everyone participated in the movement exercises. (Week 3)* *Yes. I would say there was more active student engagement this week than any other session. Several students contributed quite a bit and we heard from some students who had not shared before. (Week 4)* *Yes. Each student participated in all activities. (Week 6)*

Once all post-intervention data were collected from the participants, the AR team worked hard over the following weeks to analyze the data. One team member conducted quantitative analyses of the survey data, and three members participated in qualitative analyses of the focus group transcripts and the open-response feedback data from the surveys. We met several times to discuss what the data revealed about the students' experiences and learning and what we could make of the intervention for undergraduate self-care capacity-building in the context of student preparedness for health professions programs.

I also decided to hold a private debriefing interview session with the AR Team Member 2 who participated in the intervention along with me. It was an opportunity to allow her to share personal insights relating to the course and her growth and learning. Below are a few interactions captured in the transcript.

> **Me:** *What do you think was the very best outcome for the students in the class, in the context of student preparedness?*
>
> **AR Team Member 2:** *I think learning the definition of self-care, and that it's okay. And then, you know, all of the techniques…which I think was the most transformative….putting that together to where they felt like we gave them permission…and then gave them tools to where they could apply it to their lives.*
>
> **Me:** *Do you think that this sort of has, like a capacity-building, or like, a ripple effect to where they could take the ability to self-reflect into other areas of their life?*
>
> **AR Team Member 2:** *Yeah, I think so. Some of them talked about checking in with themselves and that could work in any situation. Where, like, am I? Am I okay? What's going on here? And thinking about things before you do them. It gives them a different perspective that works for all situations.*

AR Team Member 2: *One of the things that astonished me, I guess, was the whole thing about savoring positive experiences to balance out negative stuff, because I tend to be more of a whiner, more of a negative person, and then I beat down on myself for being that way, like, I shouldn't be this way, so instead of trying to blame myself for not being something that I'm not, there's a way to, you know, help that. That's what was so amazing for me. But I feel like everybody else has their own little amazing thing in there, just because of the variety of practices she taught us.*

Me: *Do you think that the students learned in the intervention is something necessary for student preparedness?*

AR Team Member 2: *Now that I've gone through it, I would say yes, because it's absolutely necessary for you to be able to not just operate on instinct but to sit back and reflect and wait. If you were to ask me that question before the course I might have said it'll be helpful but not necessary.*

Me: *Would you say that you experienced a perspective transformation in the course?*

AR Team Member 2: *Yeah, yeah. I mean, I'm still not probably doing that great at changing things I want to change, but I know, you know, there are small things that I've been able to do, even if it's just taking a few deep breaths. Maybe I don't feel like I can commit to doing a whole body scan practice but I can take a few deep breaths and see if that brings me to the present. I think there is a lot I'm taking away that changes my perspective.*

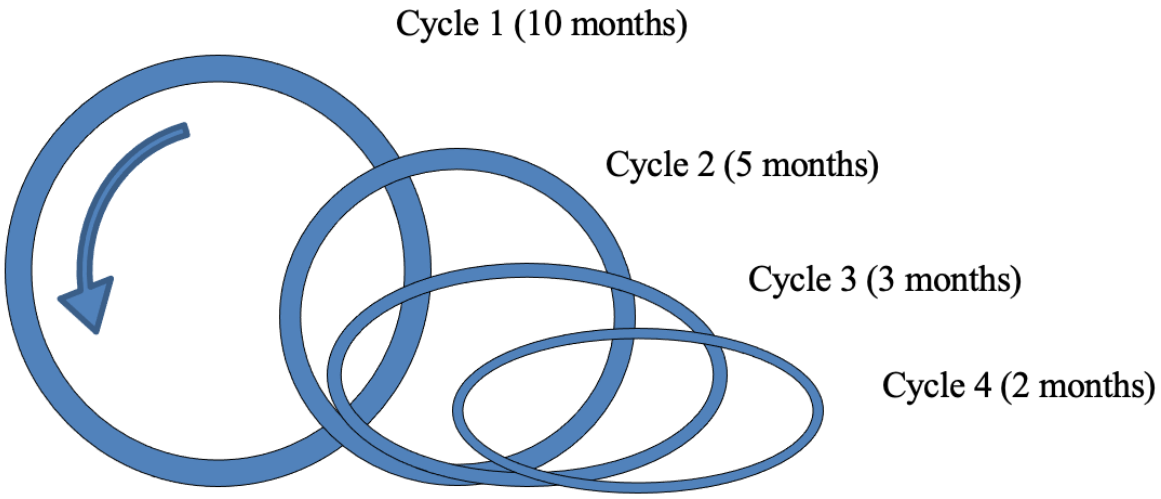
Action Research Cycle 4

Our final research cycle included meetings to compile intervention findings, reflect upon what we have learned in the AR project over the past couple of years, and discuss actionable plans for affecting sustainable change, including contributions we could make to the literature. This cycle was the shortest of the AR project, completed in November and December 2024 before faculty left for Winter break. It should be noted, however, that while this dissertation outlines the project cycles quite neatly, many of its activities overlapped across cycles, which resulted in shorter cycle durations as the project progressed.

Coghlan and Brannick (2005) explain "in any action research project there are multiple action research cycles operating concurrently" (p. 23). For example, due to the initial process of envisioning a future state in Cycle 1, it was inevitable that the team would prepare to address Cycle 4's sustainability during Cycles 2 and 3. Part of this is due to working within practical organizational constraints at AC College, such as our curriculum timeline for new course proposals or deadlines for seed grant applications. I can also personally attest to gathering information from conferences I attended in Cycle 2 about academic journals I wanted to present to the team in Cycle 4 in our discussion of publishing our research. Figure 26 displays AR project cycle overlaps where Cycle 1 represents a timeline project cycle of 10 months. The figure also displays smaller circles over time, indicating a shorter cycle period, where Cycle 2 is a circle half the size of Cycle 1 representing a 5-month cycle that overlaps with Cycle 1; Cycle 3 is even smaller, representing a 3-month cycle that overlaps with Cycles 1 and 2; and Cycle 4 is the smallest, representing 2 a month cycle that overlaps with Cycles 2 and 3.

Figure 26

AR Project Cycle Activity Overlap and Shorter Cycle Duration Progression



What Will Be?

For our final AR project learning activity, I invited the team to an in-person meeting on campus. Up until this point, all of our AR project meetings had to be conducted virtually due to conflicting faculty schedules. I created an agenda that included an overview of the AR cycles and activities we had participated in over the past two years, a summary of the findings from the learning intervention, and the final learning activity. The exercise I had planned was to explore different ideas we had for sustainably supporting student self-care capacity building in our undergraduate health professions programs. I also wanted us to start moving towards actionable steps for extrapolating what we had learned to a broader systems context of usable knowledge in publishing some of the project's findings.

I decided to utilize another Liberating Structures® activity called *What, So What, Now What?* (Lipmanowicz & McCandless, n.d.). The activity's purpose is to simultaneously honor the

historical context of shared work experiences, invite individual perspectives, and creatively explore future potentiality. I was very curious to hear about my team members' first-person experiences and learning in the project. I was also hopeful that, collectively, we would be able to generate some great ideas for sustainability and future research.

Taking Action

The team members gathered for the meeting in a conference room on campus. I made sure to reserve a room that had A/V equipment I could use to display the agenda on the screen. We were seated at a round table, which was conducive to facing each other in conversation, and had brought in lunch to create an informal and friendly ambiance.

We spent about an hour revisiting our shared research history and project findings. While Team Member 2 and I shared our experiences having participated in the intervention, Team member 4 chimed in about her inability to participate. I had remembered that she attended the first meeting and then let me know immediately after that she had too many conflicting responsibilities to make the commitment going forward. In the meeting, however, she stated "just so you know, I cannot sit still. I always have to be doing something. It feels too anxiety-provoking for me to just sit there. Like, if I'm watching TV, I need to also be cross-stitching or something." I immediately felt this was valuable insight and wondered if this might have been the real reason she opted out of the intervention.

I responded by sharing some research I had learned about trauma-informed care and how mindfulness can be a useful tool for recognizing the dysregulation of the nervous system (Kachadourian et al, 2021). Team Member 2 explained that they were the same way until the mindfulness course. She shared what the facilitator taught her about the non-judgmental aspect of mindful self-awareness, and how she no longer feels like she has to sit still to practice. I then

shared my opinion about the ubiquitous influence of capitalist societal norms on our behavior, where we are rewarded with feelings of good for being productive and punished with guilt for self-caring. In this sense, self-care can be interpreted as radical (Lorde, 1988) since its practice counters the status quo.

Team Member 2 reminded me of an experience I had told her about earlier that semester in my own department, where I had pushed back on being assigned to serve on too many department committees. The role I was in as an Instructor was already overburdened with responsibilities outside of my rank and pay grade. I told my department Chair that I could not serve on all that I had been assigned to and needed to prioritize my self-care. I received a response that I also needed to consider other people's self-care in sharing the workload since we were understaffed, alluding to the idea that my self-caring was selfish and revealing the systemic unconscious complicity workplaces uphold in making system failures the burden of workers, which leads to worker burnout. It was an interesting conversation, but we needed to move on. I made a mental note to reflect on this interaction later, and led us into the activity.

The questions I prompted for the activity were: *What happened in the research project? What meaning can you make of it, or why is it important? What next actions make sense?* Each AR team member was given about ten minutes to write down their responses on a sheet of paper. We then shared our responses in a round-robin fashion for each question and listened to what we each had written.

Evaluation and Reflection

Some insights gathered from the responses related to group-level learning: the practice of action research for organizational change, organizational shortcomings for student preparedness, definitions and interventions that support self-care, transformative learning, mindfulness

techniques that support self-care, and insight into the effectiveness of the mindfulness training for supporting self-care capacity among the students. Below are some excerpts from our sharing:

> **AR Team Member 2**: *We identified problems related to self-care in health professions…then we created a mindfulness-based self-care training for a group of students that successfully helped them grow in self-care awareness and practice. Individuals in healthcare were not informed on the definition of self-care and have little techniques to help them improve their self-care. They don't have full awareness of what is healthy. The intervention was successful and transformative. Now we need to figure out how to teach these skills at an institutional level for faculty and larger groups of students. We need to figure out the best way to train faculty…and they can incorporate it into their own courses.*
>
> **AR Team Member 3**: *I learned a lot about Action Research, we helped students and faculty become more mindful. We learned that students really do need help with getting in touch with their selves. [We need to] expand this to all students and faculty by bringing mindfulness to the classrooms.*
>
> **AR Team Member 5**: *[We] piloted ideas on how to address self-care health professions students. Firstly providing an understanding of self-care and a recognition of its importance and fostering a sense of positivity when it is often seen as selfish. [We] can focus this information in multiple classes starting in pre-nursing classes. The more the students understand that self-care is necessary, the better that health professions will be. We should provide interested faculty with mindfulness training and write papers to get this information out into the world.*

After our sharing, we focused our discussion on brainstorming for organizational-level implementation. Table 32 displays some actionable ideas and notes brought forth in the meeting.

Table 32

Actionable Ideas for Sustainability in the Organization

IDEAS	NOTES
A self-care elective course for health professions students	COMPLETED
Embed course in Living Learning Community for health professions	Discuss with Academic Success Will need IRB approval
Use course to conduct research on self-care capacity building among students	
Seed grant project for faculty training on mindfulness for self-care for campus-wide course integration	Application due FEBRUARY 2025
Incorporate self-care training at different levels of the undergraduate journey, such as freshman orientation course, Human Anatomy and Physiology module focusing on stress response and mindfulness	Discuss with faculty across departments as part of Quality Enhancement Plan?
Revising course goals across departments to adopt self-care learning outcomes	
Facilitating a Registered Student Organization on mindfulness and self-care	Discuss with students; would need an initial facilitator

The first actionable idea on our list was in development throughout the project. A 3000-level elective course entitled *Prepared for Care: A Health and Well-Being Course for Health Professionals* was created using insights learned in the AR project during Cycle 2. The course was designed to utilize transformative learning pedagogy, mindfulness meditation for stress coping and self-care, and to explore socioecological barriers and protective factors related to self-care and human flourishing. It includes learning outcomes such as identifying stressors

specific to careers and health professions, demonstrating an understanding of self-care practices, describing the intersection of culture, society, and health and well-being outcomes, and developing a personal philosophy of care. The course will be used primarily as a learning opportunity for student preparedness, but secondarily to further investigate the potential of experiential learning activities aimed at building self-care capacity.

The course was reviewed and voted on by the School of Health Sciences in Cycle 3. After unanimous department approval, it was then reviewed by the Dean. The Dean was very supportive and asked that the course be revised for potential cross-listing with the college's nursing program so that nursing students could take it as an elective, as their program only allows program-specific courses. The Dean then submitted it to be further reviewed by the college-wide curriculum committee, where it was approved for the college course catalog, with its potential first course offering in Fall 2025.

The team also discussed applying for seed grant renewal to focus on mindfulness training for self-care capacity building among faculty in the context of faculty development so that we could integrate mindfulness training into their courses. The idea is to introduce concepts of mindfulness for self-care training during freshman year, and then re-introduce them at multiple stages of a student's academic journey. We envisioned it in the context of a public health prevention strategy, inoculating the individual with a series of mindfulness injections for sustainably protective purposes for well-being.

At the time of this project, there was already a Quality Enhancement Plan project in place at Access College for implementing experiential learning activities in courses across schools to enhance student learning outcomes. A similar model could be used for student preparedness. The team also discussed the power of revising course learning outcomes to ensure the initiatives did

not get lost over time, as changes to learning outcomes must be approved through department channels and the campus-wide curriculum committee.

We ended the meeting with contributions to the literature we wanted to make with our findings from this research project and shared several ideas for potential papers we could submit to different academic journals. We agreed to continue our collaboration the following semester for writing and attending to our list of activities that support organizational and system-level change.

CHAPTER 4

RESEARCHER INSIGHTS AND CONTRIBUTIONS

This final chapter reveals what was learned at the individual, group, and system levels from the dissertation project. It includes empirical findings from the action research case study, summaries of the author's meaning-making of those findings, and a discussion of potential contributions to actionable knowledge. The overarching research question that guided this dissertation was, *What is learned at the individual, group, and system levels that advance the theory and practice of transformation in the context of undergraduate preparedness for student self-care in health professions education?*

At the time of this dissertation, the study author was a faculty member in health science education at a four-year access college. Student preparedness efforts in healthcare and other health professions programs did not address the adaptive challenges of the 21st-century workplace, which often lead to industry-specific "costs of caring," known as burnout and compassion fatigue (National Academies of Medicine, 2019). Preparing students to thrive amidst these challenges was understood to require a transformation of self-care capacity, or adapting within learning experiences that foster meaning-making for self-care (Heifetz et al., 2009; Nicolaides, 2015). The study author led an action research team through four iterative cycles of exploration and learning, which included a pilot investigation on the effectiveness of a 6-week mindfulness for self-care intervention among health professions students at Access College. Transformative learning pedagogy was utilized in the intervention for self-care capacity building.

What was learned at the individual, group, and system levels that advance the theory and practice of transformation in the context of undergraduate preparedness for student self-care in health professions education?

The overarching dissertation research question asked what was learned that advances the theory and practice of transformation in the context of undergraduate preparedness for student self-care in undergraduate health professions education at individual, group, and system levels. Transformation in this study was viewed as the ability to adapt or transform through life-changing experiences (Mezirow, 1991). The study used transformative learning pedagogy (Cranton, 2016) to foster transformation at the individual and group levels and to explore the potential for organizational and systems-level change. The individual, group, and system-level findings from this study were triangulated with evidence from multiple data sources. Table 33 displays a list of data sources from the case study and literature review topics used in this dissertation at each learning level.

Table 33

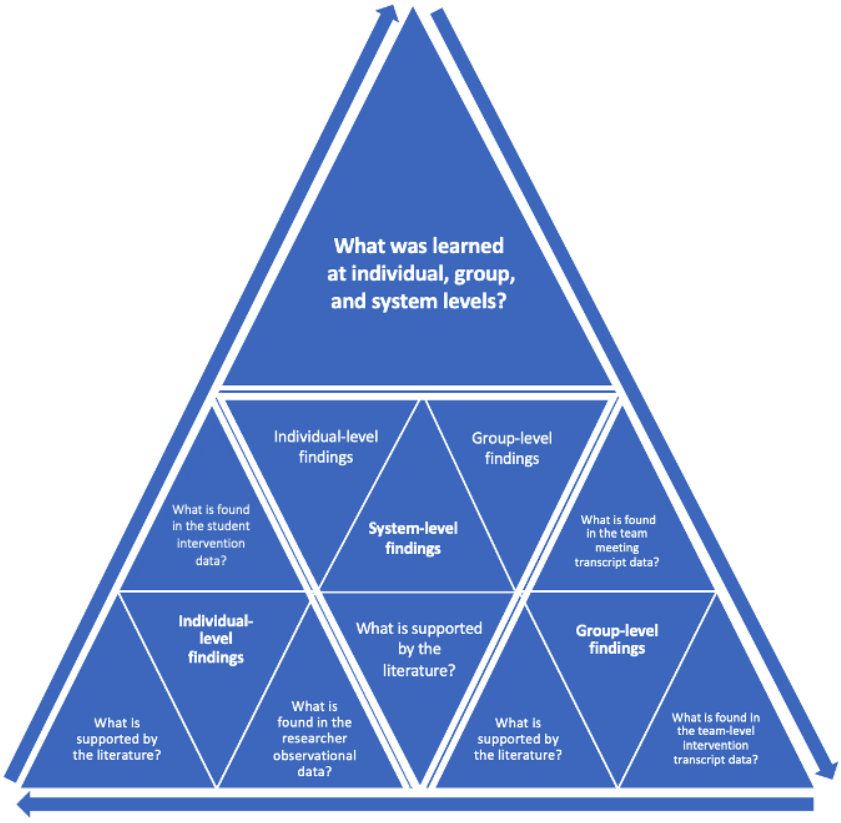
Triangulation of Data in the Dissertation Case Study

Learning Level	Data Source from Case Study	Literature Review Topics
Individual	Survey & Focus Group Data Researcher Observational Data	Healthcare, Education, Self-Care, Transformative Learning
Group	Team Meeting Transcripts Team Learning Interventions	Learning, Leadership, and Organizational Change
System	Individual-Level Findings Group-Level Findings	Education and Healthcare Systems, Career Readiness and Student Preparedness

Individual-level findings were supported by pilot intervention data, researcher observational data, and the literature on healthcare education, self-care, and transformative learning. Group-level findings were found by analyzing meeting transcripts, group-level learning interventions, and the literature on learning, leadership, and organizational change practice. System-level findings were envisioned by using what was learned at the individual and group levels and by what is already known about actionable system-level change in education and healthcare. Figure 27 displays a matrix of data that supported the dissertation's overall findings.

Figure 27

Dissertation-Level Data Triangulation Matrix



Overview of Key Findings

The action research case study in this dissertation asked, *What can be learned from this project that informs student self-care capacity building in the context of student preparedness in undergraduate health professions education?* The project team engaged in four iterative learning cycles over a period of two years that focused on: 1) the organizational and system-level problem, 2) learning and self-reflection on interventions in the literature, 3) the implementation and investigation of a 6-week experiential learning pilot project for students, and 4) organization and system-level change.

At the individual level, the research project found that a six-week mindfulness for self-care training utilizing transformative learning pedagogy effectively fostered learning that supports self-care capacity building among students. Data analysis from the pilot intervention revealed student learning outcomes that suggest perspective transformation, or revisions of beliefs and assumptions about self-care that may have been a barrier to student self-caring behavior.

At the group level, the research team participated in the Action Research practice of deep learning and reflection (Coghlan & Brannick, 2014) that offered opportunities for improved organizational change practices, shared learning of self-care, and enhanced understanding of the importance of self-care capacity building in student preparedness programming for undergraduate health professions education. Faculty members who participated in the project previously had little or no knowledge of transformative learning praxis but found it may have contributed to student learning outcomes in the pilot intervention.

At the system level, the research team explored undergraduate student preparedness in health professions education at Access College and the state of the health professions

workplaces. Based on those findings and what was learned at the individual and group levels, the team reimagined student preparedness to include self-care as an important competency in undergraduate health professions education, which inspired actionable plans to affect organizational change and provided insight for recommendations to organizational and system-level leaders. Table 34 is an overview of key research findings by learning level.

Table 34

Overview of Key Research Study Findings by Learning Level

Level	Key Research Study Findings
Individual 	A 6-week professionally led mindfulness for self-care training that utilized transformative learning pedagogy was effective for fostering learning that supports self-care capacity building among students. Beliefs and assumptions about self-care, such as self-care is selfish, may be a barrier to self-caring behavior. The use of transformative learning pedagogy in a mindfulness for self-care learning environment may have supported perspective transformations that contributed to student learning outcomes in the pilot intervention.
Group 	Organizational change practice was strengthened by team-level experiential learning through Action Research methodology, Appreciative Inquiry framing, and the study author's use of adaptive leadership practices. Team learning of self-care, its barriers, and practice in the context of the self and for student preparedness for health professions was enhanced through active participation in the project. Transformative learning theory and praxis was not previously well known among faculty across disciplines at Access College but may be important for fostering deep learning and capacity building among students.
System 	Burnout and compassion fatigue are serious health professions workplace challenges that compromise worker well-being and caregiving and contribute to health professions worker shortages. Current career readiness efforts for undergraduate health professions programs lack sufficient student preparedness that address and/or build capacity for industry specific stressors of burnout and compassion fatigue and base competency priority on employer wants and needs.

Individual Level

Mindfulness for Self-Care Pilot Investigation Findings

Study data collected from students who participated in the 6-week mindfulness for self-care pilot investigation revealed the effectiveness of mindfulness training supported by transformative learning pedagogy for building student self-care capacity. The definition of self-care used throughout the study was:

> "*The daily process of being aware of and attending to one's basic physiological and emotional needs, including the shaping of one's daily routine, relationships, and environment as needed to promote self-care"* (Cook-Cottone & Guyker, 2018).

Self-care capacity building was defined by the study team as the *opening of one's attitude, belief, or perception about one's relationship to self-care, and about attending to oneself with curiosity to learn and practice new skills*. The study team envisioned self-care capacity building as an important component in undergraduate health professions education to support student well being and resilience in the face of 21st-century workplace stressors.

The action research team evaluated the study data at the individual level by examining participant responses collected from the course survey questions and the focus group transcripts. The study team explored the quantitative data analysis results from change scores related to self-care behavior from the pre-and post-Mindful Self-Care Survey (MSCS) (Cook-Cottone & Guyker, 2018), post-course survey scores related to transformative learning from the Transformative Outcomes and Processes Scale (TROPOS) (Cox, 2021), and post-survey scores from additional survey questions related to student perceptions of self-care, learnings in the intervention, and future plans for practice. The team also explored qualitative analysis findings

from post-course survey open-ended questions and participant responses from two post-course focus groups.

Mindful Self-Care Behavior

The team utilized the MSCS survey (Cook-Cottone & Guyker, 2018) to assess pre- and post-intervention self-care behavior. The MSCS scale is a validated 5-point Likert scale instrument that asks questions about the frequency of behavior across six domains: *Mindful Relaxation, Physical Self-Care, Self-Compassion and Purpose, Supportive Relationships, Supportive Structure, Mindful Awareness,* along with three additional items, *I engaged in a variety of self-care activities, I planned my self-care,* and *I explored new ways to bring self-care into my life.*

Results. The MSCS data analysis revealed increases in scores for *Physical Care* (0.47 ± 0.62), *Self-Compassion and Purpose* (0.53 ± 0.87), *Supportive Relationships* (0.35 ± 0.61), *Mindful Awareness* (0.65 ± 0.61), and for the following items: *I engaged in a variety of self-care activities* (0.65 ± 0.93); *I planned my self-care* (0.88 ± 0.93); and *I explored new ways to bring self-care into my life* (0.94 ± 1.03).

The change score for *I explored new ways to bring self-care into my life (GEN3)* had the highest change score among the items on the list. Pre-course data show *rarely (1 day per week) to sometimes (2-3 days per week)* average student responses for this item (2.41 ± 0.87), whereas post-course data show a shift in average student responses to *sometimes (2-3 days per week) to often* (4-5 days per week) (3.35 ± 1.00). *I planned my self-care (GEN2), I engaged in a variety of self-care activities (GEN1), Mindful Awareness,* and *Self-Compassion and Purpose* were also among the higher change scores.

Scores for *Mindful Relaxation* and *Supportive Structure*, highlighted in grey in table 35, did not show statistical significance with p-values of .083 and .332, respectively. The data analysis used a p-value threshold of less than .05 and therefore, the study team did not use those scores for data evaluation. Table 35 displays the MSCS survey data analysis results for participants' subscale pre-test and post-test averages and change scores, including standard deviations.

Table 35

Pre, Post, and Change Scores, and p-values for Mindfulness Self-Care Behavior (N=17)

Scale Items	Pre-test	Post-test	Change	p-value
Mindful Relaxation	**3.00 ± 0.61**	**3.35 ± 0.61**	**0.35 ± 0.79**	**.083**
Physical Care	2.65 ± 0.61	3.12 ± 0.49	0.47 ± 0.62	.007
Self-Compassion and Purpose	3.29 ± 0.69	3.82 ± 0.73	0.53 ± 0.87	.024
Supportive Relationships	3.71 ± 0.85	4.06 ± 0.83	0.35 ± 0.61	.029
Supportive Structure	**3.76 ± 0.75**	**3.94 ± 0.75**	**0.18 ± 0.73**	**.332**
Mindful Awareness	3.41 ± 0.62	4.06 ± 0.66	0.65 ± 0.61	<.001
General 1	2.88 ± 0.78	3.53 ± 0.72	0.65 ± 0.93	.011
General 2	2.35 ± 0.86	3.24 ± 1.03	0.88 ± 0.93	.001
General 3	2.41 ± 0.87	3.35 ± 1.00	0.94 ± 1.03	.002

Note. (1 = never (0 days); 2 = rarely (1 day); 3 = sometimes (2 to 3 days); 4 = often (4 to 5 days); 5 = regularly (6 to 7 days). P-value threshold .05.

Transformative Outcomes and Processes

The TROPOS (Cox, 2021) is a survey instrument intended to explore the degree to which participants have experienced transformative learning in an educational program. The survey utilizes a 5-point Likert scale and includes domains associated with the transformative learning environment, such as participant perceived *Social Support*, and participant experiences related to *Attitude Towards Uncertainty*, *Criticality*, and *Transformative Outcomes*. Students took the

TROPOS survey within one week after having participated in the 6-week mindfulness for self-care course.

Results. Survey results indicate students reported average scores that reflect *agree* to *strongly agree* for *Social Support* (4.29 +/- .47) and *Attitude Towards Uncertainty* (4.06 +/- .43). *Social Support* is defined as "a learner's constructive engagement with a social group whose members exhibit mutual trust and respect, thereby facilitating a balance between support and constructive critique" and *Attitude Towards Uncertainty* is defined as "a learner's attitude toward anticipating or experiencing a loss of certainty, typified by feeling stumped, confused or experiencing a sense of stepping outside one's comfort zone" (Cox, 2021, p. 384). Items associated with *Criticality* and *Transformative Outcomes* resulted in average student scores of *neutral* to *agree* (3.35 +/- .70, 3.65 +/- .61, respectively). Table 36 displays the TROPOS results by scale category.

Table 36

TROPOS Results by Subscale Category (N=17)

TROPOS SURVEY ANALYSIS SCORES

	Social Support	Attitude Towards Uncertainty	Criticality	Transformative Outcomes
Mean	4.29	4.06	3.35	3.65
Median	4.00	4.00	3.00	4.00
Mode	4	4	3	4
Std. Deviation	.470	.429	.702	.606
Variance	.221	.184	.493	.368
Minimum	4	3	2	3
Maximum	5	5	5	5

Note. 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

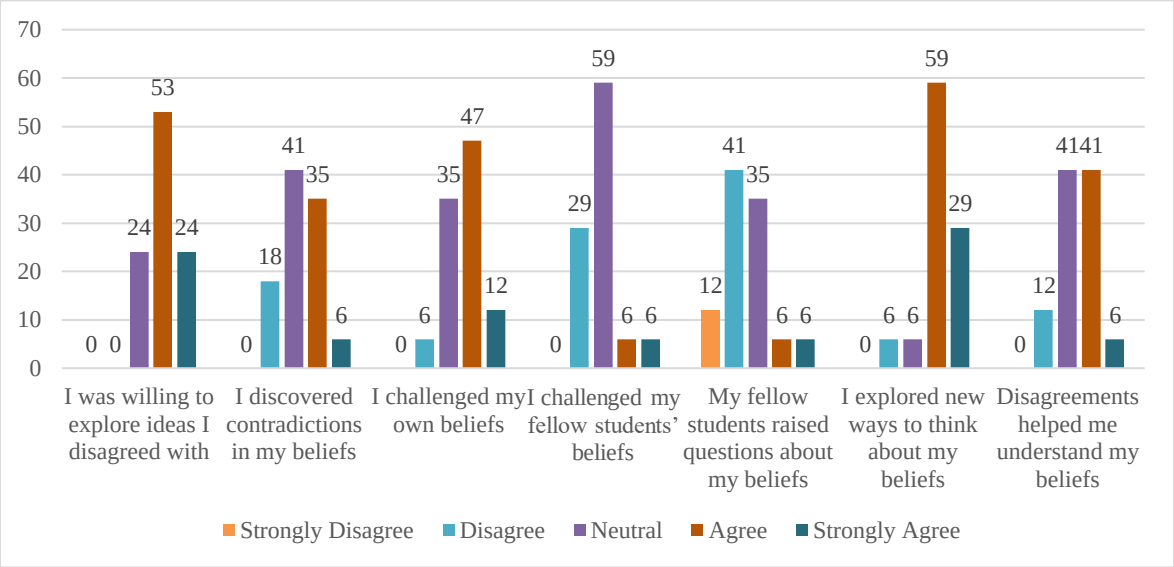
***Criticality*.** Survey items associated with the TROPOS subscale *Criticality* were further analyzed to evaluate the percentages of responses per question item. *Criticality* is defined as "a learner questioning beliefs of oneself and others, evaluating the validity of such beliefs, and re-framing beliefs" (Cox, 2021, p. 384). Criticality includes critical reflection and critical self-reflection and is seen as an essential component of perspective transformation (Mezirow, 2009; Cranton, 2016). Survey items included *I was willing to explore ideas I disagreed with, I discovered contradictions in my beliefs, I challenged my own beliefs, I challenged my fellow students' beliefs, my fellow students raised questions about my beliefs, I explored new ways to think about my beliefs*, and *disagreements helped me understand my beliefs.*

Key findings from the data analysis on *Criticality* reveal that 88% of participants selected *agree* or *strongly agree* in response to *I explored new ways to think about my beliefs*; 77% of participants selected *agree* or *strongly agree* in response to *I was willing to explore ideas I disagreed with*; and 59% selected *agree* or *strongly agree* in response to *I challenged my own beliefs*.

Fifty-three percent of participants responded *disagree* or *strongly disagree* to *my fellow students raised questions about my beliefs*, with 35% responding *neutral*. It may be important to note that this was the only item in the survey results indicating any responses for *strongly disagree*. Fifty-nine percent of students responded *neutral* to *I challenged my fellow students' beliefs*, with 29% responding *disagree.* Scores for *disagreements helped me understand my beliefs,* and *I discovered contradictions in my beliefs* revealed less difference between *agree* or *strongly agree (47% and 41%, respectively)* and *neutral* or *disagree (53% and 59%, respectively),* with slightly more responses for *neutral or disagree*. Figure 28 displays student response percentages by criticality item.

Figure 28

TROPOS Criticality Student Response Percentages by Item (N=17)



***Transformative Outcomes*.** Survey items associated with the subscale transformative outcomes were also further analyzed to evaluate the percentages of participant responses per item. *Transformative Outcomes* measure "a learner's profound re-assessment of beliefs, typified by changed assumptions and a more inclusive, open perspective toward self and others" (Cox, 2021, p. 384). TROPOS scale items listed in the survey under transformative outcomes were: *my deeply held beliefs changed, I developed a greater sense of responsibility toward others, I changed my goals for the future, I made major changes in my life, my view of myself changed, my view of the world changed,* and *this program changed my life*.

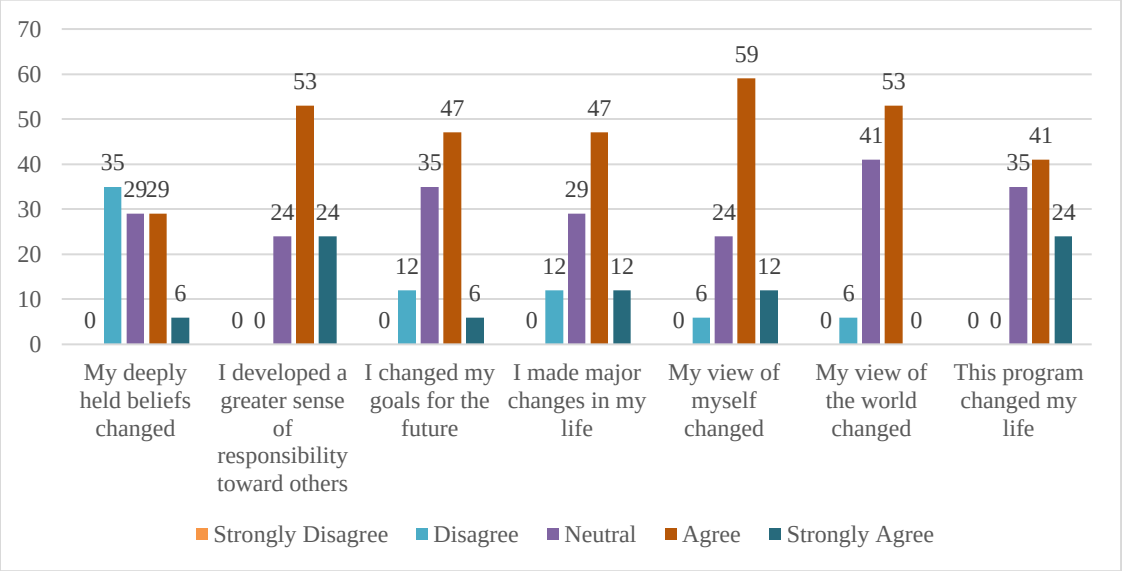
Seventy-seven percent of participants responded they *agree or strongly agree* with *I developed a greater sense of responsibility toward others* as a result of participating in the program. When responding to *my view of myself changed, 71% responded agree or strongly*

agree. Other key findings include 65% of participants selected agree or strongly agree for *this program changed my life.*

Sixty-four percent of participants chose *neutral* or *disagree* when responding to *my deeply held beliefs changed.* Response scores for *I changed my goals for the future, my view of the world changed, and I made major changes in my life* revealed smaller differences between *agree* or *strongly agree* (53%, 53%, and 59%, respectively) and *neutral* or *disagree* (47%, 47%, and 41%, respectively). No participant responses were recorded for *strongly disagree*. Figure 29 displays percentages of student responses for the TROPOS transformative outcomes.

Figure 29

TROPOS Transformative Outcomes Student Response Percentages by Item (N=17)



Self-Care Assumptions, Program Success, and Favorite Parts

The research team collected pre- and post-course open-response participant data related to assumptions and perspectives about self-care, perceptions, and experiences related to program success, and post-course feedback related to favorite moments in the course.

Self-Care Assumptions. Before participating in the 6-week mindfulness for self-care course, students were asked to reflect on and describe any assumptions they held about taking care of themselves in the pre-course survey. Thirteen out of 17 survey participants responded to the question. Key insights taken from participant responses were:

> "I feel as though self-care is a bit indulgent. I could never distinguish between self-care and laziness."
>
> "Sometimes self-care can feel a little selfish when I have a lot on my plate, even though I know it is necessary for my physical and mental health.".
>
> "I feel selfish when I have to take care of myself and put myself first."
>
> "Feeling like it's selfish to partake in self-care if nothing productive comes out of it."

Other responses about self-care assumptions included individual interpretations of what self-care is such as working out or stress management, and personal opinions about self-care not being important, or wishing they were better at self-care behavior.

After having taken the course, the post-course survey asked participants *If you perceived self-care as selfish before the course, do you still perceive self-care as selfish after having taken the course?* Six out of 17 survey participants responded to the question, with only a few responding to answer in a way that matched the question's intent. It may be important to note that this question was asked at the end of the survey, after the students had already responded to

questions from both the MSCS and TROPOS surveys. It is quite possible participants were experiencing survey fatigue. Key insights from the participant responses were:

> "I don't perceive self-care as selfish anymore because I now know that the implication of putting yourself first in self-care is really about preventing burning out and being your optimal self to be the best for others."
>
> "I don't see self-care as selfish after having this course. In fact, more confident and feel better standing by my 'no's'"
>
> "I did a bit before, but now I see it as taking care of your well-being, and it's okay to do some self-care"

Course Success. Before taking the course, participants were asked *If this course is successful for you, what would that look like?* Fifteen out of 17 students responded. Participant responses revealed course expectations related to feeling less stressed and more centered, and learning new coping skills such as acceptance, openness, and appreciation for self and others:

> "A successful course could result in a reduction in my stress level. I might feel calmer and more centered, with a greater ability to cope with everyday pressure."
>
> "If this course was successful for me, I would be able to reduce my stress in difficult situations."
>
> "Learning to be okay with taking time for myself."
>
> "I think it would deepen my knowledge of self-care and build my self-esteem."
>
> "I'd hoped to have a calmer mentality, maybe a little more joy in my life with more genuine smiles and me being able to cry and open up more to people.
>
> "If it were successful, I would leave the course with a higher appreciation for myself and the things I do, as well as an appreciation for nature and those around me.

After taking the course, the students were asked *Was this course successful for you*? All 17 participants gave affirmative responses, followed by descriptions that revealed new learnings, increased self-compassion, self-acceptance and self-awareness, and reduction in perceived stress:

> "Yes it was a successful course. I was able to discover a body and mind scanning that I didn't know before. I was also able to listen to other students and how they cope with stress."

> "Yes, this course allowed me to become kinder and more patient with myself, as well as understand my peers more."

> "Yes, since I was able to learn some mindfulness techniques that I can incorporate into my daily life."

> "Yes, I have a better understanding of how to cope with stress and learn some self-care from the class. I learned the walking meditation, body scan, and stop exercise."

> "I think this course was successful because I learned about the importance of awareness. I feel like with this, I can make better choices and learn what I need in order to prevent unnecessary future stress."

> "Yes, attending to my emotional needs is self-care."

Favorite Parts. Participants were also asked to provide feedback on their favorite parts of having taken the course. All 17 participants responded. Key themes identified in the analysis related to meeting new people, group sharing, and feeling as though they could open up with others Many stated their favorite parts of the course were the mindfulness skills they learned, such as the guided meditations, mindful walking, the body scan, or yoga stretches. Some participant responses were:

> "Getting to meet the new people around me and knowing I am not alone in stress. There are so many others who are going through the same thing as me."

> "My favorite part of having this class was to be able to meet new people and to be able to share our thoughts."

> "My favorite part of learning about this class was the walking meditation, body scan, and the stop exercise. I feel like things like these are helpful and they can be put into our daily lives in school life. Walking meditation was good especially when I have a day off to do some exercise at the park. The yoga and the body scan I learned to put into my life when a busy schedule and I have been sitting at a desk for at least like 6 hours. I try to get up and stretch. Relieve some of the tension, pain, and stress in my body."

> "My favorite time during the course was when we practiced guided meditation sessions. Those moments allowed me to truly disconnect from daily stress and focus on being present. I found the exercises calming and transformative, helping me develop a deeper sense of awareness and inner peace. The group discussions afterward were also valuable, as hearing others' reflections enriched my own experience."

> "The various practices we learned such as breathing and moving meditation
> I liked how easy it was to open up to others."

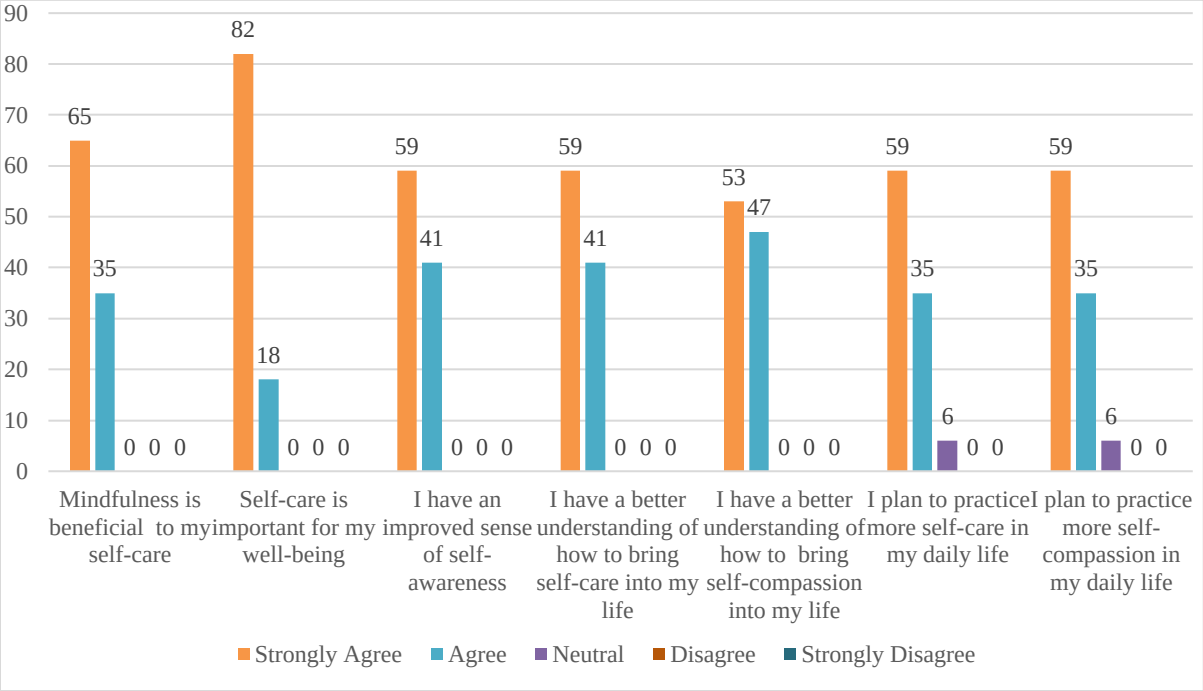
Perceptions, Self-Awareness, and Future Practice

The research team included seven additional 5-point Likert scale questions in the post-course survey to assess student perceptions related to the importance of mindfulness for self-care, self-care for personal well-being, and whether the program was effective in supporting an improved sense of self-awareness, a better understanding of how to bring self-care and self-compassion into their own lives and plans for future practice.

Data analysis of participant survey responses revealed 100% of participants chose *agree* or *strongly agree* for the following items: *mindfulness is beneficial for my self-care, self-care is important for my well-being, I have an improved sense of self-awareness, I have a better understanding of how to bring self-care into my life,* and *I have a better understanding of how to bring self-compassion into my life*. Ninety-four percent responded *agree or strongly agree* to *I plan to practice self-care in my daily life* and *I plan to practice self-compassion in my daily life,* revealing only one participant (6%) had chosen *neutral* for each. There were no responses for disagree or strongly disagree for any of the items from the 17 participants. Figure 30 displays percentages of participant responses for the additional survey items.

Figure 30

Percentage Response Results by Additional Survey Item (N=17)



Focus Group Feedback

Two post-course focus groups were held within two days after the intervention to gather additional participant feedback about what the students experienced and learned in the mindfulness course, how participants felt after having taken the course, how their perception of self-care changed during the course, and how their practice of self-care improved because of the course. A total of 16 out of 17 participants attended the focus groups.

The open coding qualitative analysis process of the transcripts revealed themes that aligned with the MSCS (Cook-Cottone & Guyker, 2018) and TROPOS (Cox, 2021) subscales. In particular, the most frequent themes that emerged from participant feedback were associated with improvements in *mindful awareness, self-compassion and purpose, supportive structure,*

engaging in a variety of self-care activities, and *exploring new ways to bring self-care into my life*. Some key quotes from the transcripts were:

> "[The course] helped me recognize my emotions and my thoughts without judgment, [which] allowed me to respond more calmly to stressors"
>
> "This course taught me to be a lot kinder to myself"
>
> "Before the course, I often felt overwhelmed by the constant thoughts, responsibility, and external pressures that made it difficult to find peace. But I can say that now I'm able to pause, to breathe, and respond with more patience and intention."

Transcript analysis also revealed themes of critical reflection and transformative outcomes, such as changes in beliefs about what self-care means, changes in how they viewed themselves in relation to self-care or mindfulness practice, and changes in how they viewed or responded to themselves. Below are some responses shared by participants:

> "Before the course. I viewed self-care as activities like exercise or rest. But the course taught me that self-care involves nurturing the mind and emotions through practices like mindfulness and now I understand that taking care of my mental and emotional health is just as important as taking care of my body."
>
> "My perception on it has definitely changed, because beforehand I would probably walk past people trying to do like meditation or something, and be like, Oh, God, they're hippies! But now I'm like. you know, I am that hippie. It's fine."
>
> "[self-care] can be seen as like treating yourself with expensive stuff…or like spending money. But now I think…self-care can be things that are accessible to you."
>
> **"**Instead of saying, Oh, I get, I have to go to this course. I get to say I get to go to this course, and I get to expand my knowledge and mindfulness and stress relieving."
>
> "I feel like this course taught me to be a lot kinder to myself…this course taught me to think before I say anything or do anything. And I think that really did change my mindset."

Table 37 displays the qualitative analysis of focus group transcripts by codes and themes. Table 38 displays the codes and themes with direct quotes by focus group question.

Table 37

Qualitative Analysis of Focus Group Transcripts by Themes and Codes

Themes	Codes
Self-Compassion and Purpose (SCP) • Acknowledging own challenges and difficulties • Engaging in supportive self-talk • Reminding self that failure and challenges are part of human experience • Gave myself permission to feel my feelings	Q1C3a: self-compassion, such as kinder toward self Q4C1: self-compassion as self-care Q4C3: mindfulness as a lifestyle Q2C1: mindfulness techniques Q2C3a: managing emotions; reframing thoughts Q3C1: emotional balance and stress management Q3C2: centeredness, slowing down and mindful presence Q3C3: acceptance of uncontrollable circumstances; discomfort Q3C4: Increased self-compassion Q3C5: increased gratitude Q3C6: reframing thoughts Q5C7: self-compassion and kindness
Supportive Structure (SS) • Maintaining balance between demands of others and what is important to me	Q1C3b: setting boundaries, taking breaks Q4C2: self-care is setting boundaries Q2C2: grounding techniques Q3C1: emotional balance and stress management Q5C1: setting boundaries for self-care Q5C2: prioritizing time for rest and relaxation Q5C3: balancing responsibilities with personal time Q5C4: learning to say no to social obligations Q5C5: self-discipline as self-care Q5C7: self-compassion and kindness
Mindful Awareness (MA) • I had calm awareness of my thoughts • I had calm awareness of feelings • I had calm awareness of my body • I carefully selected which of my thoughts and feelings I used to guide my actions	Q1C1: transformative experiences, such as increased awareness, being present Q1C2: balanced and mindful approach, such as slowing down, greater calm Q4C4: appreciating the present moment Q2C1: mindfulness techniques Q2C3: managing emotions; reframing thoughts Q3C1: emotional balance and stress management Q3C2: centeredness, slowing down and mindful presence Q3C3: Acceptance of uncontrollable circumstances; discomfort

	Q3C5: Increased gratitude Q3C6: Reframing thoughts Q5C4: Learning to say no to social obligations Q5C5: Self-discipline as self-care
Engaging in a Variety of Self-Care Activities (GEN1)	Q4C1: self-care practices Q4C3: mindfulness as a lifestyle Q2C1: mindfulness techniques Q2C2: grounding techniques Q3C1: emotional balance and stress management Q5C2: Prioritizing time for rest and relaxation
Planning Self-Care (GEN2)	Q5C2: Prioritizing time for rest and relaxation Q5C4: Learning to say no to social obligations Q5C5: Self-discipline as self-care
Exploring New Ways to Bring Self-Care into Life (GEN3)	Q4C1: self-care practices Q4C3: mindfulness as a lifestyle Q4C4: appreciating the present moment Q2C1: mindfulness techniques Q2C2: grounding techniques Q3C1: emotional balance and stress management Q3C2: centeredness, slowing down and mindful presence Q5C2: Prioritizing time for rest and relaxation
Transformation • Criticality (TRO1) • Transformative Outcomes (TRO2)	Q1C1: Transformative experiences Q4C3 P1: Change in beliefs about self-care practice Q4C5 P9: Perception shift about self in mindfulness practice Q4C1 P12: Change in beliefs about self (criticism/judgement to self-kindness) *Q1C3a: Self-compassion, such as kinder toward self* *Q4C1: self-compassion as self-care* *Q2C3a: managing emotions; reframing thoughts* *Q3C1: emotional balance and stress management* *Q3C2: centeredness, slowing down and mindful presence* *Q3C3: Acceptance of uncontrollable circumstances; discomfort* *Q3C6: Reframing thoughts*

Table 38

Qualitative Analysis of Focus Group Transcripts, Evidencing Themes with Direct Quotes

Themes and Corresponding Codes by Focus Group Question	KEY QUOTES
Q1: ***What did you experience in the mindfulness course?***	Q1C1 P4 "I realized that I need to learn how to slow down, and it actually made me be aware of how to slow down"
Self-Compassion and Purpose Q1C3a: Self-compassion, such as kinder toward self **Mindful Awareness** Q1C1: Transformative experiences, such as increased awareness, being present, and improved coping skills to manage stress Q1C2: Balanced and mindful approach, such as slowing down, greater calm and presence, breathing. Helped manage stress response **Supportive Structure** Q1C3b: setting boundaries, taking breaks	Q1C1 P1 "I experienced a greater sense of inner calm, clarity, and control." Q1C1 P8 "I kind of experienced the sense of, maybe not peace, but calmness, like a small portion of time where I could just kind of let all the sort of hectic aspects of my life like take a back seat…and just be in the present rather than worrying about my future, or like trying to sort out, like, what happened in the past." Q1C1P11 "it helped me recognize my emotions and my thoughts without judgment, [which] allowed me to respond more calmly to stressors, which was beneficial to me"
Q2: ***What did you learn in the mindfulness course?***	Q1C1 P9 "I feel like this course taught me to be a lot kinder to myself…this course taught me to think before I say anything or do anything. And I think that really did change my mindset."
Self-Compassion and Purpose Q2C1: mindfulness techniques; Q2C3a: managing emotions; reframing thoughts; **Mindful Awareness** Q2C1: mindfulness techniques; Q2C3: managing emotions; reframing thoughts; **GEN1: Variety** Q2C1: mindfulness techniques Q2C2: grounding techniques **GEN3: Exploring New Ways**	Q1C1 P1 "I learned how mindfulness enhances focus, sharpens mental clarity, and fosters emotional resilience contributing to greater overall well-being." Q1C1 P13 "I also learned that it's okay to take a break from things that stress you out…the most valuable lesson that I learned from this class was valuing…value yourself like you are important."

Q2C1: mindfulness techniques Q2C2: grounding techniques	Q2C1 P2: “I learned the meditation skills...I guess one thing that I really learned is breathing like, how like I like calm myself down when we're doing the landing exercises and like really like paying attention to my breathing” Q3C4 P2: “this course helped me to like to know more about self compassion, and so apply that” Q3C5 P10: “So one thing I really learned is that I don't really consider all the pleasant stuff in my life that happened. and I didn't really notice that I took so much for like granted, unless people were sharing about their pleasant experiences. And I was like, I'm taking this for granted, or I'm taking that for granted, I should really just sit back and look at my life and be like. Wow! This happened to me, and it was amazing I should be grateful for that”
Q3*: How do you feel now compared to before the course?* **Self-Compassion and Purpose** Q3C1: emotional balance and stress management; Q3C2: centeredness, slowing down and mindful presence Q3C3: Acceptance of uncontrollable circumstances; discomfort Q3C4: Increased self-compassion Q3C5: increased gratitude Q3C6: Reframing thoughts **Supportive Structure** Q3C1: emotional balance and stress management **Mindful Awareness** Q3C1: emotional balance and stress management Q3C2: centeredness, slowing down and mindful presence Q3C3: Acceptance of uncontrollable circumstances; discomfort Q3C5: Increased gratitude Q3C6: Reframing thoughts **GEN3: Exploring New Ways** Q3C1: emotional balance and stress management	Q1C1P11: “I feel a little more centered after this mindful course, I feel more controlled and manage. I can manage my stress…I feel more organized in my mind when I'm doing all the mindfulness techniques that we did like the breathing meditation and the body scan.” Q3C1 P1: “before the course I often felt overwhelmed by the constant thoughts, responsibility, and external pressure that made it difficult to find peace. But I can say that now I'm able to pause, to breathe and respond with more patience and intention as before.” Q3P1 C7: “I feel like I'm more better prepared now than I was 6 weeks ago, because I'm kind of under like…oh, there's a lot of things going on right now from like school to my sister's wedding, and all that, so like trying to study and help out with her…I'm able to like, take a moment and take everything that I learned in the course, and it helped me with my studies and life all around.” Q3C2 P2: “So something I was going to say was applying mindfulness when I speak, because before, like, I often like speak to speak when

Q3C2: centeredness, slowing down and mindful presence

people like when we start to have a conversation, but now I tend to like, listen very carefully to speak, and just like slowing down my words when I speak with people."
[feeling more intentional when listening]

Q3C5 P10: "I didn't really notice that I took so much for like granted, unless people were sharing about their pleasant experiences. And I was like, I'm taking this for granted, or I'm taking that for granted, I should really just sit back and look at my life and be like. Wow! This happened to me, and it was amazing I should be grateful for that." [feeling more grateful]

Q3C6 P4: "Instead of saying, Oh, I get, I have to go to this course. I get to say I get to go to this course, and I get to expand my knowledge and mindfulness and stress relieving." [reframing]

Q3C6 P6: "I just gotta focus on doing what I can my best part, and if it's good enough, it's great. And if it's not, it's okay. You know, it's not the end of the world. We can always try again, or we can always just wait a little longer." [feeling sense of self-acceptance]

Q4*: How has your perception of self-care changed during the course?*

Q4C1 P12: "I didn't really look at meditation as self-care for a while, because honestly to me, it felt like a chore"

Self-Compassion and Purpose
Q4C1: self-compassion as self-care;
Q4C3: mindfulness as a lifestyle
Supportive Structure
Q4C2: self-care is setting boundaries;
Mindful Awareness
Q4C4: Appreciating the present moment;
GEN1: Variety
Q4C1: self-care practices
Q4C3: mindfulness as a lifestyle
GEN3: Exploring New Ways

Q4C2 P7: "So now, after this course, I'm able to kind of put that boundary, I guess, to kind of say, okay, I need to take some time to myself. either away from studying or stuff, and just take some time, and and once I do that, I'm more aware of how relax I can be if I take that time to step back a little bit."

Q4C2 P4: "I definitely learned how to say No. I always struggled to say no, even though in the back of my head I know you have an essay due tomorrow. You like need to finish it, you know. So I definitely did learn how to respect my time and respect other people time as well."

Q4C1: self-care practices
Q4C3: mindfulness as a lifestyle
Q4C4: appreciating the present moment
Q4C5: perception shift

Transformation
TRO1 Criticality
TRO2 Transformative Outcomes

- Change in belief about self-care practices (TRO2a)
- Change in belief about self (criticism/judgement shift to kindness) (TRO2b)

Q4C3 P1: "Before the course. I viewed self-care as activities like exercise or rest. But the course taught me that self-care involves nurturing the mind and emotions through practices like mindfulness and now I understand that taking care of my mental and emotional health is just as important as taking care of my body."

Q4C3 P11: "[self-care] can be seen as like treating yourself with expensive stuff…or like spending money. But now I think…self-care can be things that are accessible to you."

Q4C5 P9: "My perception on it has definitely changed, because beforehand I would probably walk past people trying to do like meditation or something, and be like, Oh, God, they're hippies! But now I'm like. you know, I am that hippie. It's fine.

Q5: ***How has your practice of self-care improved, or has it improved because of the course. and then, if so, could you say a little bit more about that? And like, how has it improved?***

Self-Compassion and Purpose
Q5C7: Self-compassion and kindness
Supportive Structure
Q5C1: Setting boundaries for self-care
Q5C2: Prioritizing time for rest and relaxation
Q5C3: Balancing responsibilities with personal time
Q5C4: Learning to say no to social obligations
Q5C5: Self-discipline as self-care
Q5C7: Self-compassion and kindness
Mindful Awareness
Q5C5: Self-discipline as self-care
GEN1: Variety
Q5C2: Prioritizing time for rest and relaxation
GEN2: Planning
Q5C2: Prioritizing time for rest and relaxation

Q4C3 P8: "I think my self-care has improved like I'm going out on more walks. I'm kind of taking more time, like, I said before to like, think things through being like kinder in terms of like how I view myself for what I'm doing. So yeah, I think this course helped me improve in terms of self-care."

Q4C3 P3: "by self-awareness, and by doing that I could again come back to self-love. being aware of how I speak as well. Sometimes I've noticed if I don't speak at all means a lot more just being present, you know, doing most I can for patients, or just holding their hand, because, you know, they could still sometimes hear you or just feel you. So in this class. I realized [it's] just that simple, you know. Just be aware, be present."

Q4P2 P2: "Yeah. So I was just going to like talk about what P3 just spoke about. She said that we should enjoy the moment, and I feel like that is actually a great thing."

Q4C2 P3: "so I will take time to love myself. I will say I need my bath. Give me a minute, I would say I need to help you so I could get my

Q5C4: Learning to say no to social obligations
Q5C5: Self-discipline as self-care
GEN3: Exploring New Ways
Q5C2: Prioritizing time for rest and relaxation

sleep. I have been my last priority, and I need my sleep, so now I let everybody know you will not take my time."

Summary of Individual-Level Findings

What was learned at the individual level provided insights into the effectiveness of a six-week mindfulness for self-care intervention that utilized transformative learning pedagogy aimed at building student self-care capacity. Results from the study data revealed many of the students experienced increased self-awareness and adopted new perspectives and practices for meaning-making around self-care, including stress management and self-compassion, that may support their overall well-being and flourishing.

The case study adds to the literature on findings that support the use of mindfulness and self-compassion interventions for individual-level psychosocial outcomes (Chiapetta et al., 2018; Ferrari et al., 2019; Burner & Spadaro, 2022; Di Mario et al., 2023). It also adds to the literature on the use of transformative learning praxis for capacity building in undergraduate health professions education. Figure 31 displays a word cloud generated from student keywords and phrases in the post-pilot intervention transcript data.

Figure 31

Word Cloud of Key Words from Participant Transcript Data

The Use of Transformative Learning Pedagogy and Learning Outcomes

This study evidences the role that transformative learning pedagogy may have played in supporting the learning outcomes among the participants. Researcher observational feedback revealed the intervention adhered to its intentions to utilize practices for fostering perspective transformation by providing a safe and honest learning environment, respectful and accurate discourse, and offering opportunities for critical reflection on beliefs and assumptions (Cranton, 2002). See Figure 7 in Chapter 1. Survey data revealed participants reported they felt safe to explore attitudes toward uncertainty and had social support among their peers. Overall, individual-level findings from this study suggest the pilot intervention was successful in fostering learning outcomes that supported perspective transformation and self-care capacity building.

Perspective Transformation. Perspective transformation is a hallmark of transformative learning (Mezirow, 1978, 1991, 1995, 1996, 2009) and can be described as a psychocritical process that results in a change to a *frame of reference*. Mezirow (2009, p. 22) defined frame of reference as a "structure of assumptions and expectations on which our thoughts, feelings, and habits are based." His theory proposes that *habits of mind* make up these structures with the conditioned beliefs and attitudes that influence our point of view in such a way that they "tacitly direct and shape a specific interpretation and determine how we judge, typify objects, and attribute causality" (p. 84).

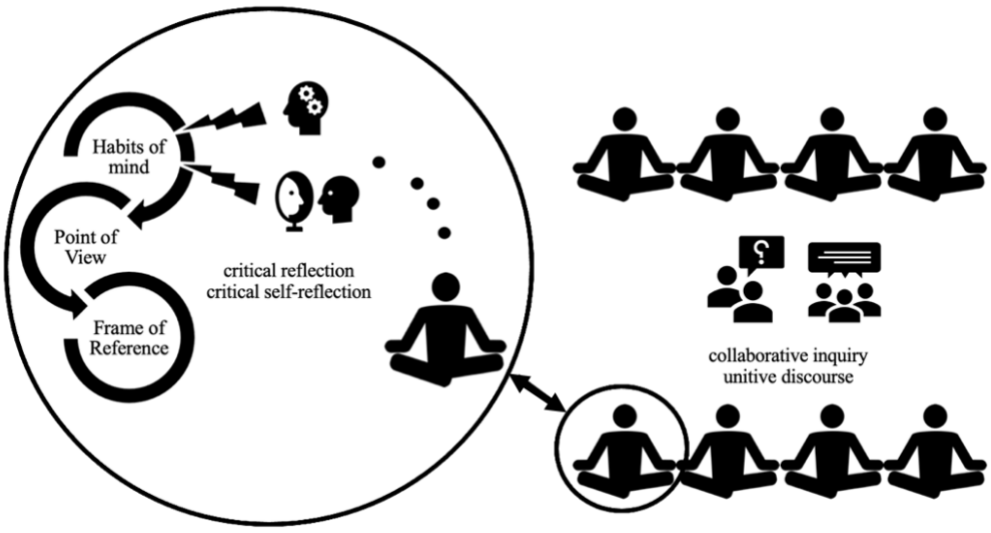
Critical reflection and critical self-reflection on one's habits of mind are key learning activities in the process of perspective transformation and can be supported by collaborative inquiry and unitive discourse in an intentionally facilitated transformative learning environment (Cranton, 2002). Cranton (2002) describes critical reflection as the process of questioning beliefs

and assumptions, assessing their validity in light of new information, and considering their sources and underlying premises, and critical self-reflection as placing particular emphasis on one's self in relationship with beliefs, assumptions, and actions.

Collaborative inquiry and unitive discourse offer the opportunity for the shared articulation of beliefs, which may provide the conscious clarity needed to effectively challenge habits of mind and open to alternatives. According to Mezirow's theory (1978), this challenge, or disorienting dilemma, can cause an effect on one's point of view whereby, ultimately influencing one's frame of reference. Figure 32 illustrates the synthesis of Mezirow's theoretical constructs (1978) and Cranton's pedagogy (2002) for transformative learning conceptualized in the dissertation project for the 6-week mindfulness self-care pilot intervention.

Figure 32

Pilot Intervention Synthesis of Mezirow's Theoretical Constructs and Cranton's Pedagogy



While it is important to remember that perspective transformation is impossible to know for sure (Cranton, 2016), survey and interview data analysis from the pilot intervention do suggest that the practices used in the intervention by the facilitator may have fostered learning outcomes that support perspective transformation. Participant survey responses and transcript analysis on criticality and transformative outcomes provide evidence that students experienced revision of beliefs and assumptions related to 1) what self-care means, 2) their relationship to self-care practice, and 3) how they viewed themselves in relation to self-care as a result of participating in the mindfulness for self-care pilot intervention. Table 39 displays examples of potential revised habits of mind, evidenced by self-report quotes from transcripts about new assumptions, beliefs, and attitudes among students who participated in the mindfulness pilot intervention.

Table 39

Potential Revised Habits of Mind in the Pilot Intervention Data

Example Quotes of Revised Assumptions, Beliefs and Attitudes in Pilot Intervention Data
"Before the course, I viewed self-care as activities like exercise or rest. But the course taught me that self-care involves nurturing the mind and emotions through practices like mindfulness and **now I understand that taking care of my mental and emotional health is just as important as taking care of my body**."
"**I don't perceive self-care as selfish anymore** because I now know that the implication of putting yourself first in self-care is really about preventing burning out and being your optimal self to be the best for others."
"I think my self-care has improved like I'm going out on more walks. I'm kind of taking more time, like, I said before to like, think things through **being like kinder in terms of like how I view myself for what I'm doing**. So yeah, I think this course helped me improve in terms of self-care."
"**My perception on it has definitely changed**, because beforehand I would probably walk past people trying to do like meditation or something, and be like, **Oh, God, they're hippies**! But now I'm like. you know, **I am that hippie**. It's fine."

Capacity-Building. The author of this dissertation explored further into the study data to answer the question, *Do the intervention data provide evidence to support student self-care capacity-building, or the opening of one's attitudes, beliefs, or perceptions about one's relationship to self-care, attending to oneself with curiosity to learn and practice new skills*?

Participant survey responses reveal increases in student scores for *I explored new ways to bring self-care into my life,* and for *I had a calm awareness of my thoughts, a calm awareness of my feelings, and a calm awareness of my body,* revealing possible engagement of embracing oneself in present-moment curiosity and non-judgment mindfulness practices. Additional survey data show participants, on average, selected *agree* to *strongly agree* for *attitude towards uncertainty.* Items under this subscale included: *I felt comfortable suspending my judgment, I was open to new possibilities, I often felt hesitant in what I believed to be true, I benefited from suspending my judgment, I found discomfort could be an important part of learning, I found stepping outside my comfort zone helped me learn,* and *I often felt uncertain about my beliefs.* Transcript analysis also confirms findings of participant openness to new perspectives and practices that suggest the mindfulness for self-care learning intervention did offer an experience that supported self-care capacity building as defined by the research study.

Author's Note. The emphasis on individual-level transformation in this dissertation work is due to the study author's positionality as an educator. Much like Freire and Mezirow, the author finds purpose in individual learning as a means for larger system-level change (Freire, 1968; Mezirow, 2009). In the context of health professions education, it is imperative that student preparedness efforts address and foster self-care capacity building among society's potential up-and-coming leaders due to the intensity and pervasiveness of industry-level stressors. As Pipas (2020) urges, by changing ourselves, we can change the culture.

Group Level

What was learned at the group level, as evidenced by the Action Research Story in Chapter 3, was supported by the participatory nature of Action Research (Coghlan, 2019) practice, the asset-based approach of Appreciative Inquiry (Cooperrider & Whitney, 2009), and the study author's challenges in learning to lead adaptively (Heifetz et al., 2009). Adherence to the Action Research methodology of planning, acting, evaluating, and reflecting (Coghlan & Brannick, 2014) fostered a transformative learning environment where the study team engaged in cycles of intentional and collaborative inquiry, unitive discourse, critical reflection, and critical self-reflection (Cranton, 2016).

While the Action Research methodology can be viewed as a macro group-level intervention of its own, the study author embedded several micro group-learning interventions into the study. The purpose of the micro group-level learning interventions was to enrich the study with team member insights and engage collaboratively. The team participated in learning interventions throughout the 2-year action research study during Cycles 1, 2, and 4 (Cycle 3 focused on the student learning intervention).

The micro group-learning interventions focused on activities that aimed to: 1) identify organizational assets that could be used in the study, 2) explore self-care learning interventions, and 3) capture team-level experiences and meaning-making from participating in the action research activities and brainstorm about organization and system-level change. Table 40 displays an overview of micro group-level learning interventions experienced in the research project and a description of the purpose of each intervention.

Table 40

Overview of Group-Level Micro Learning Interventions in the Project

Cycle	Intervention Activities	Purpose	Micro Learnings
1	*What Gives Life?*	To identify organizational assets to support research project efforts	Setting an asset-based approach for the research project early on provided the expectation of a positive team environment. Many organizational supports were identified early on in the project which supported project efficiency and success.
2	Self-Care Circle, including the Liberating Structures *Discovery and Dialogue* Activity	To explore interventions in the literature related to research project focus and participate in first-person deep learning and self-reflection about self-care	Some faculty may have experienced emotional discomfort in the self-care circle. Adaptive leadership practices and a Liberating Structures activity were helpful in navigating the complexity.
4	Post-Mindfulness Course Intervention Researcher Interview	To capture the researcher perspective of participating in the mindfulness for self-care learning intervention	Faculty need mindfulness for self-care training just as much as students do, but time constraints and discomfort with vulnerability may be barriers.
	Liberating Structures Activity *What, What Now, What's Next*	To discover team member experiences and perspectives about what was learned in the research project, why it is important, and next actionable steps	Action Research and Transformative Learning were new for faculty in higher education across disciplines.

Cycle 1 Micro Group-Level Learning Intervention

Appreciative Inquiry's methodology (Cooperrider & Whitney, 2009) inspired the first learning intervention, where the team explored the question, *What gives life?* in a brainstorming session around organizational assets at Access College that could support the case study's efforts. This Cycle 1 learning activity offered a positive perspective on what the team could appreciate about the organization. The activity also supported efficiency throughout the project, where the team members could readily utilize the list of structural supports, such as a seed grant funding opportunity team members had identified in the activity.

This activity occurred early in the research project, allowing the team members an opportunity to start with a forward-thinking approach to the project that emphasized positivity, collaboration, and a feel for each member's level of engagement, experience, positionality within the organization, and ability to envision change. The transcript from this activity revealed all team members brought different ideas to the table in a shared and generative way. Team members often referred to the assets identified in this activity throughout the project, paying attention to organizational deadlines or other important news that could impact the study's use of those assets.

Author's Reflection

As I reflect on this activity, I realize I initially underestimated the power this activity would have in supporting the efficiency and success of the overall project. The ripple effect of envisioning potentiality within the boundaries of organizational resources early on invited a balance between hopeful possibilities and achievable expectations throughout the project cycles.

Cycle 2 Micro Group-Level Learning Intervention

The second group-level intervention was the self-care learning circle in Cycle 2. Team members were immersed in a self-reflection learning circle as they explored self-care interventions in the literature such as self-compassion (Neff, 2020), emotional intelligence (Persich et al., 2021), and mindfulness (McCusker, 2022; Morris, 2021) and were invited to critically reflect on their self-care attitudes, beliefs, and practices. The study author discovered an opportunity to lead adaptively as challenges related to team member readiness were revealed due to the level of vulnerability the group's sharing invited and the differences among team members' comfort for sharing.

Adaptive leadership practices listed in Chapter 3's Action Research Story, such as active listening, humble inquiry, and resisting fixing, were beneficial for the study author's leadership development practice and for leading the group. A Liberating Structures *Discovery and Dialogue* activity was also found to be useful in overcoming team member reservations and gathering group-level insights.

This intervention was important for supporting self-care capacity building among the team members, as educators are also at risk for burnout and compassion fatigue. Research shows mindfulness and self-compassion training to be beneficial to healthcare educators (Rayner et al., 2021; Neff, 2020). This micro intervention was used by the study author as a transformative learning environment (Cranton, 2019), offering an opportunity for team member openness and deep learning within the safety of shared group collaboration and exploration. As revealed in Chapter 3's Action Research Story, the self-care learning circle resulted in fostering individual and group-level learning and insight into what might give the most opportunity for the learning intervention that was used in the case study.

Author's Reflection

I made assumptions about readiness for vulnerability among my team members. Humility and courage were important skills for me to lean into. Practices I learned about in adaptive leadership helped shift my assumptions about leadership and I felt, in a sense, gave me permission to think outside the box of what traditional leadership practices would call for.

An additional and important insight I gained from this learning circle was remembering that each person has a unique set of experiences and knowledge that often do not match the experiences and knowledge of one's own. These differences can be assets in a team environment but also barriers when not respected.

Cycle 4 Micro Group-Level Learning Intervention

The third and final group-level intervention was used to gain insight into learning, meaning-making, and envisioning what could be made by having participated in the research project. This intervention occurred during Cycle 4 and had two components: an interview with the team member who participated in the mindfulness for self-care learning intervention with the study author and a group activity inspired by Liberating Structures, *What, So What, Now What?*

Interview with Team Member

The interview with the team member revealed the power of participatory engagement in the learning intervention. Transcript analysis reveals the team member felt they had experienced perspective transformation of what self-care meant to them and how they could get their needs met through the self-awareness and stress-coping techniques they learned in the mindfulness intervention. It also revealed an increase in their understanding of how important mindfulness practices can be for self-care and the necessity of including mindfulness for self-care in student preparedness for health professions education.

What, So What, Now What?

The *What, So What, Now What?* Liberating Structures learning activity invited inquiry around individual team-level perspectives of what happened in the research project, what meaning could be made from it, and what all of this meant in the context of organizational and system-level change. The activity findings revealed team members not only learned about action research, but also the learning-in-action experience of its participatory and reflexive methodology. The team learned about self-care for themselves and others through the opportunity of deep inquiry, and increased awareness around self-care capacity building as an essential skill or competency in student preparedness. They also learned about transformative learning theory and how it can be used to support transformation in higher education. Actionable next steps identified by the team included plans for more research activities, organization-level institutionalization of self-care across undergraduate programs of study, and contributions that could be made to the literature.

Author's Reflection

Transcript analysis reveals that faculty members on my research team realized the need for their own self-care. Initially, four out of five members of the team had planned to participate in the mindfulness for self-care learning intervention, but only myself and one other participated. Time constraints and conflicts due to faculty responsibilities and psychological discomfort with sitting still were identified as the main reasons team members did not participate. Both factors invite inquiry around organizational and capitalistic societal norms related to productivity and chronic stress.

An important insight I gained from working on this research project with faculty was the lack of knowledge we had about action research as an effective and valid research methodology

for change within organizations, which include higher education institutions. It is also not commonly understood that organizational or system-level change in higher education can be led by members of the faculty. In addition, there is a lack of knowledge of transformative learning theory, its pedagogy, and its purpose in higher education. Education on adult learning theory and practice is mostly absent from new faculty induction and training. Most teaching faculty in higher education prioritize content and curriculum from their area of expertise, yet give little attention to the art and science of teaching and learning.

The Author's Organizational Change Practice

This dissertation project combined the use of Action Research methodology (Coghlan, 2019), Appreciative Inquiry framing (Cooperrider & Whitney, 2009), and practices from adaptive leadership (Heifetz et al., 2009) and found them to be complementary and synergistic, contributing to the study author's perceived success of the research project.

The Action Research methodology (Coghlan & Brannick, 2014) provided a clear and actionable structure that grounded the research project in a real-world problem and encouraged good trouble (Lewis, 2018) curiosity, productivity, and reflection. Its participatory and iterative learning cycle framework allowed for shared governance, collaboration, and adaptability.

Appreciative Inquiry (Cooperrider & Whitney, 2009) framing fostered an environment of generative positivity that made working collaboratively with team members a pleasant experience. It also reminded the study author to focus on organizational and team strengths amidst a time of low organizational morale. For example, the research team was fortunate to have supportive interaction with our collaborative learning partnerships and to have first-person access to the population we were working with. We also recognized and respected the wide array of experiences, skills, and talents each member brought to the research project. Overall,

Appreciative Inquiry framing fostered a collective spirit of openness and curiosity, where team members displayed kind and respectful behavior. There was often laughter and smiles in the team meetings, which the study author believes enriched the learning dynamic.

Adaptive leadership (Heifetz et al., 2009) practices utilized by the study author throughout the research project were challenging yet viewed as essential to the study author's leadership development journey. Practices such as giving the work back to team members, self-compassion during times of perceived failure, and resisting fixing or saving every situation were particularly challenging. The study author found that holding herself accountable to the clear leadership development goals as listed in Chapter 3's Action Research Story was important not only for practice in the research project, but also for showing up as a leader in other areas of her life. Figure 33 displays the author's organizational change practice used in the research project.

Figure 33

The Study Author's Organizational Change Practice

System Level

What was learned at the system level for this dissertation was informed by existing literature, data from organizational and system investigations, and findings at the individual and group levels. Literature reviews conducted early in the study author's dissertation revealed a crisis of healthcare worker burnout, compassion fatigue, and compromised care where self-care practices were found to be beneficial (Cuartero-Castener et al., 2021; Burner & Spadaro, 2023; Couser, 2020; Neff et al., 2020; Parry, 2017). It also revealed mindful self-awareness and self-compassion as protective factors, with compassion satisfaction at the top of needs associated with healthcare worker self-actualization (Hotchkiss, 2018).

Discoveries made from an early organizational investigation confirmed the value of the research project's efforts – student preparedness programming in health professions at Access College, nor current system-level career readiness competencies, addressed the industry crises of burnout and compassion fatigue. It was also discovered from Cycle 1 interviews with healthcare workers that while self-care was perceived as essential to well-being, certain assumptions about self-care, such as self-care is selfish, were potential barriers to self-care behavior.

The author of this dissertation also found a gap in the literature on student self-care in undergraduate preparedness, healthcare and health professions programs, and transformative learning pedagogy during Cycle 1. While the study author found overwhelming support in the literature for the effectiveness of mindfulness and self-compassion programming aimed at reducing healthcare worker burnout and compassion fatigue (Chiapetta et al., 2018; Ferrari et al., 2019; Di Mario et al., 2023), only two articles initially found by the author focused on students (Burner & Spadaro, 2022; McCusker, 2022) and no studies were found to mention transformative learning pedagogy. McCuster (2022), however, did utilize reflective writing in the

study, and found mindfulness learning activities encouraged critical reflection on self-care behavior in relation to work-related stress, role conflict, and service.

A study conducted by Burner and Spadaro (2022) was of particular interest to the dissertation research project. The authors conducted a four-week mindfulness training focused on caring for the self among 58 first-year nursing students and found that mindfulness techniques practiced out of class by participants were beneficial for improving self-care practices, although they were not sustained at a 4-week follow-up. The authors also did not find a change in self-reported stress among the students and noted that the use of only four mindfulness sessions (among other factors) may not have been sufficient to show the desired reduction in stress. The study did not mention the use of adult learning theory or practices associated with transformative learning pedagogy.

A Caution About McMindfulness

While mindfulness meditation has ancient roots in Eastern philosophy (Shapiro, 2007), the recent mindfulness movement, coined "McMindfulness" by author Ronald Purser (2019), reveals the popularity of its use for Western capitalist purposes. Much like what happened with yoga in the United States, mindfulness has been commodified as a modern-day snake oil. A quick internet search will result in thousands of links, images, and videos, promising a changed life and oftentimes asking for money. A major criticism of the Western mindfulness movement is that it avoids holding economic and political structures responsible as the cause of human suffering, where the burdens of oppression are placed on the person. In a sense, it offers "spiritual bypassing," where one may be enticed by spiritual highs, bypassing uncomfortable but important reality (Fox et al., 2017). In workplaces, this means not holding an organization accountable for its culture, practices, or demands that contribute to worker suffering. Many

workplaces have even jumped on the mindfulness bandwagon, implementing cheapened mindfulness training as performative and ineffective employee wellness programming.

Despite the criticisms of its current misuse in the West, a literature search will also reveal thousands of research articles discussing its effectiveness for well-being and human flourishing. Many of the articles mention Mindfulness-Based Stress Reduction (MBSR) (Zinn, 1979), an evidence-based mindfulness training program that emphasizes mindfulness meditation's historical lineage and integrates intentional and holistic mindfulness teaching strategies. The effectiveness of the MBSR program should highlight not only the sustained relevance of mindfulness but also emphasize the importance of how mindfulness meditation is taught.

Mindfulness is mostly about paying attention. It can be understood as the opposite of wandering attention, or operating on autopilot. Living in a capitalist society makes this hard, as we are conditioned by ubiquitous norms that praise incessant productivity and distraction by stimuli that keep us in an unrealized, seemingly rewarded stress state. Waking up to living mindfully can be seen as a counter to capitalism, as a taking back of one's power from external forces. In this way, mindfulness may even be radical. However, mindfulness also takes time, and practice. It is also not unlike Freire's conscientization (1968), Bandura's self-efficacy (1977), Lorde's radical self-care (1988), and Mezirow's perspective transformation (1991) in that its liberatory power and potential lie in individual transformation.

The Importance of Transformative Learning Pedagogy in Capacity-Building

It may be worth noting here the importance of utilizing transformative learning pedagogy in educative capacity-building efforts versus the use of traditional knowledge or skill acquisition. For instance, the mindfulness self-care training by itself may not have been enough to foster the type of learning that prepares students to thrive amidst the complexity of workplace

stressors. Preparing students for adaptive challenges of workplace stress requires learning that will last – a bolstering of being, or resilience, that empowers them to respond protectively. While this is a challenging task for educators, this type of learning may be best achieved through transformation, fostered through an intentionally designed transformative learning environment of safety, critical reflection, collaborative inquiry, and unitive discourse (Cranton, 2019). The findings from this dissertation's pilot intervention evidenced the effectiveness of transformative learning pedagogy in a mindfulness intervention that aimed to build student capacity for self-care.

It may also be important to note that while many mindfulness training programs aim for stress reduction among their participants, the mindfulness training utilized in this dissertation study was not intended for this purpose. Mindfulness training was a tool for increasing student self-awareness so that they may realize opportunities for responding to their life experiences by choice, such as by using the practices learned in the intervention or even for help-seeking behavior. In this sense, it may be seen as a doorway into individual perceived free will and empowerment. This is important because, as Cranton (2016) writes, "the educator who has created an environment conducive to learner empowerment has set the stage for working toward transformative learning…where learners must decide to undergo the process themselves" (p. 105).

The use of transformative learning pedagogy, namely critical reflection, also provided an opportunity for the participants to critically reflect on their understanding of self-care and their relationship to its practices for their overall health and well-being. For example, pre-intervention data show many students reported they held assumptions that self-care was too much, unattainable and expensive, or simply related to skincare. Post-intervention data show some

students reported having held the belief that self-care was selfish before the study, but that they no longer believed that to be true after the study. Other data show students shared experiences in the course circle where they were showing up differently in their lives, such as appreciating pleasant experiences more, or being curious about self-compassion. These findings are important because they reveal the possibilities for change among students in educational interventions.

The Role of Dialogic Communication and Empowerment in Learning Environments

One benefit of researcher observational data is for deep insights into the experiences of the learning environment. Researcher observational data from the mindfulness for self-care pilot intervention showed the facilitator of the mindfulness for self-care course engaged in a skilled practice of dialogic communication with the group, where participants were invited into shared conversations about their personal experiences with different mindfulness exercises. Dialogic communication can be used as a group facilitation strategy that allows for conversation that is co-created by the group rather than controlled by the leader. Cranton (2016) suggested promoting learner empowerment in transformative learning environments by "empowering students to exercise power through and in discourse…and by encouraging learner decision-making" (p. 93). The author of this dissertation, though their insights gained from the participatory experience in the mindfulness intervention, feels as though this element was of particular importance for the transformative learning environment and the overall outcomes of the learning intervention.

Dialogic communication has been noted in the literature in various contexts to support empowerment and agency among individuals and in groups to collectively enact social change. An early contributor to the conversation on individual empowerment through communication is Paulo Freire, a Brazilian educator and philosopher. Working to improve adult literacy in Brazil, he used dialogic communication to foster critical reflection about societal class and power in

what he coined *conscientization*, or consciousness-raising, among his students. In his famous 1968 book *Pedagogy of the Oppressed*, he describes his work as emancipatory, viewing literacy as a means for individual empowerment to affect social change.

In a review of case studies on empowerment and communication, Rogers & Singhal (2016) state "communication processes that raise individual and collective efficacy also contribute to individual and collective empowerment" (p. 68). The authors provide a definition of empowerment that is similar to self-efficacy (Bandura, 1977): "a process through which individuals perceive that they control situations" (p. 67) and suggest this perceived power can also lead to other behavior changes. Key lessons learned from their review provide important insight into the factors that support empowerment and change:

1. *The empowerment process fundamentally consists of dialogic communication. Individuals gain a belief in their power to achieve desired goals through talking with others, particularly peers.*

2. *The process of empowering individuals occurs especially in small groups. These groups often must be organized by a trainer or change agent, who then withdraws from the scene, with the groups, hopefully, continuing.*

3. *The small groups that serve as informal schools of empowerment may be organized for a specific purpose, such as combating a particular social problem, but then the members of these groups gain a sense of empowerment and often attack other problems that are perceived as important to them.* (p. 82)

An example of dialogic communication documented in the mindfulness pilot intervention course occurred in the fourth session, after a week of practicing noticing daily pleasant experiences. The facilitator stated,

> *I am curious about your experiences in noticing pleasant experiences this week. I would really like to hear about what you all noticed or how it might have made you feel in the moment. Would anyone like to open up sharing for the group?*

Her conversational approach was authentic, humble, and gentle. She first invited individual self-reflection, where participants had an opportunity to consider their own experiences. She then invited an opportunity where student experiences were openly shared and explored with one another. During that fourth session, researcher observational data showed many students responded with a disposition of autonomy, describing their experiences with confidence. This was a shift from earlier sessions in the course when students seemed hesitant in their sharing, where their responses sounded more like shy questions. This shift was particularly noted in the study author's reflection journal during the later sessions in the course.

Also noted by the study author was a disposition of curiosity among the students about other participant experiences. The use of dialogic communication created an environment of felt inclusivity and seemingly broke down perceived power imbalances between the facilitator and participants and between participants who displayed more readiness to share and those who did not. It supported an openness for sharing and mutual respect among participants, where the goal of the conversation was understanding rather than agreement – something the facilitator would often remind the participants of.

> During one session of the mindfulness course, the facilitator shared the following: *Mindfulness is not just self-awareness. It is also recognizing the opportunity to respond by choice. This choice comes about by realizing alternatives to what you otherwise might do when you are simply operating on autopilot.*

Individuals who can self-advocate in new ways by making new choices may be more able to meet workplace stressors with a strengthened capacity. Bandura states that such empowerment is "gained through development of personal efficacy that enables people to take advantage of opportunities and to remove environmental constraints" (p. 477). Examples of this could be

noticing opportunities for practicing stress management techniques, enforcing healthy boundaries at work or in their personal lives, or simply asking for help when they need it.

The Role of Mindfulness in Transformative Learning

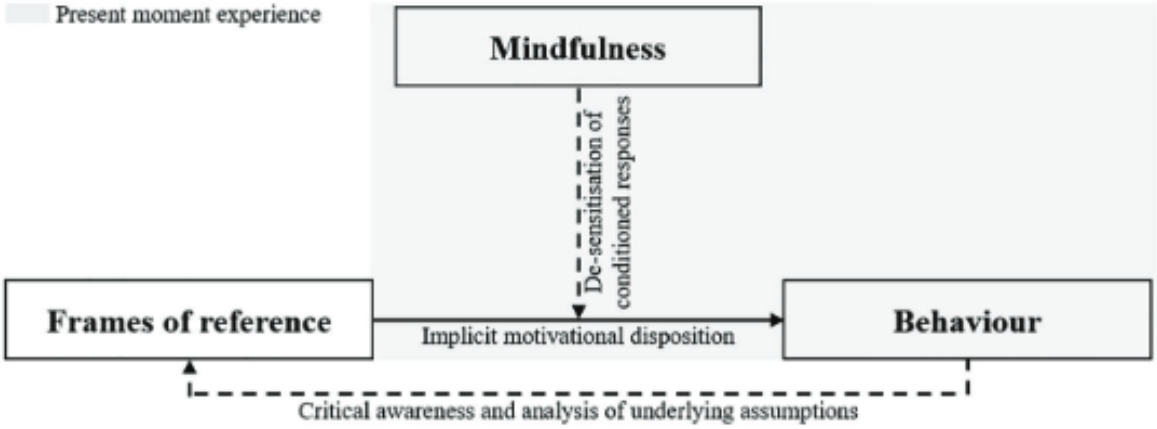
This dissertation discusses the use of transformative learning pedagogy in a mindfulness for self-care training course. It proposes that intentional transformative learning praxis (safety, inquiry, criticality, discourse) played a role in possible self-care capacity building or learning outcomes of the mindfulness intervention. Morris (2020), discusses a reverse, but complementary, scenario: the role mindfulness may play in transformative learning.

Morris (2020) presents a theoretical model that illustrates a top-down meta-cognitivist understanding of mindful attention and its relationship to perspective transformation. The author proposes present moment awareness (mindfulness) as a mediating de-sensitizer of conditioned behavioral responses, allowing a person to engage in critical awareness and analysis of underlying assumptions to transform one's frame of reference or perspective. Other contributors to mindfulness research have also viewed present-moment awareness as a mediator or gatekeeper for moderating behavior (Levesque & Brown, 2007). Figure 34 displays Morris' model of incremental transformative learning theory process through mindfulness.

It is important to point out that mindfulness is not limited to self-awareness, as one can focus their present-moment attention on the environment around them. Traditional mindfulness practice also has the element of non-judgment or acceptance, in addition to paying attention (Hanh, 2015).

Figure 34

The Incremental Transformative Learning Theory Process Through Mindfulness (Morris, 2020)



Morris' model seems to make sense in the context of this dissertation's learning intervention. Building self-care capacity through perspective transformation in the intervention required a mindfulness state where critical awareness and analysis of one's underlying assumptions about self-care and his or her conditioned responses to environmental stress. With practice, Morris' model proposes that one's implicit conditioned reaction to, for example, a workplace stressor, would incrementally become desensitized or less automatic, opening space for a more intentional, chosen response.

Addressing Discomfort in Perspective Transformation

An important component in the transformative learning environment is psychological safety, as Cranton (2016) states "the process of transformation can feel quite threatening when it brings into question the identity, or an identity, through which we have interacted with ourselves and the world (p. 53). Cranton is referring to the emotional discomfort one may experience in the

process of critical reflection, as she states in an earlier work, “It is easier and safer to maintain habits of mind than to change” (2002, p. 65)

Mälkii (2019) argues for the importance of addressing, embracing, and harnessing emotional discomfort, or *edge-emotions,* as important signals for learning and broadening our comfort zones. Through training in the “anaerobic threshold of the mind” (p. 64), noticing, discerning, and exploring assumptions about emotional experiences, lingering on the urge to act, gently reframing, and letting go while attending to our assumptions are identified as important approaches. The author mentions mindfulness as a technique that allows us “to perceive and attend to our emotions, fostering connection to them and grounding us to a more relaxed bodily state” (p. 65).

Contributing to the Conversation on Mindfulness and Transformative Learning Praxis

Both authors, Morris (2020) and Mälkii (2019), address the role mindfulness may play in transformation. Insights from this dissertation’s student learning intervention may provide additional contributions to the conversation about the influence non-judgment and educator or facilitator presence may have on psychological safety.

Mindfulness Non-Judgment

It is important to note the juxtaposition of critical reflection, which requires judgment and is noted in the literature as a key element in the transformation process, and non-judgment, a key element in the practice of mindfulness. Mindfulness is the practice of present-moment awareness with non-judgment (Hanh, 1984). In the student learning intervention, students were invited into a practice of non-judgment awareness of the self. Some practitioners refer to this experience as being a curious watcher, as if one is getting on an observation deck and witnessing the self objectively, without the sway, distraction, or cloudiness of emotionality. An example of what

this might look like in an emotional experience might be the difference between feeling angry, “I feel angry” and the awareness that one feels angry, “I am aware that I feel angry”. The first statement is emotionally charged and constrained, while the latter has an openness, a space between the observer and the self that is observed. It is in this space that allows one to engage in inquiry, and reflection, before shifting into judgment and/or response. This is also the space where Morris (2020) suggests the opportunity for desensitization of conditioned responses.

It is interesting to consider if the invitation of non-judgment practice prior, or layered in conjunction with, the invitation for criticality in the student learning intervention, had the potential to interact with individual perceived safety in such a way as to moderate emotional reactivity, or edge emotions (Mälkii, 2019), that could have otherwise impeded perspective transformation. Researcher observational feedback shows the facilitator began each course session with a guided meditation into present-moment awareness and an invitation for non-judgment practice. Non-judgment practice may offer a psychological distance, or safe space, from perceived wrongness that allows one to relax enough to engage with a disorienting dilemma or activating event. Mindfulness techniques of self-awareness and acceptance are often effectively used in cognitive behavioral therapies for emotional regulation in behavioral health settings (Sheldon, 2011). It is also interesting to consider if the collective group practice of non-judgment in the student learning environment enhanced perceived safety potential.

Facilitator Presence

It is also important to emphasize the role a professionally trained mindfulness facilitator may have played in fostering transformative learning outcomes among the participants in the student learning intervention. Insights from researcher observational data reveal facilitator

characteristics that may have contributed to a sense of neutrality, or that of not being judged, in the environment, potentially fostering safety and trust among the participants.

Facilitator Appearance. Researcher observational data show a deemphasis on the facilitator's physicality, where her appearance was characteristically neutral. For example, she wore no apparent makeup and no jewelry outside of simple round studs in her ears. Her haircut and clothing were plain in style and gender ambiguous. While there was no robe, which is often seen in spiritual settings, there was a sense of humility and simplicity about her, symbolic of a non-attachment philosophy that aligns with some spiritual and wisdom traditions. The emphasis, rather, seemed more on her being-ness or presence in the group.

Facilitator Demeanor. Researcher observational data from the study also reveal the facilitator had an *essence of patience, compassion, and a non-judgmental peace about her*. During the sessions, her posture was upright but relaxed, and her facial expressions were calm and kind. She had a welcoming way about her, such that when speaking to the group, she would span the room for each participant by slowly moving her head in the direction of her gaze as if she was letting each of them know that she recognized their unique presence in the room. Her body movements were slow but complementary to what she was communicating. For example, when inviting inquiry, she would relax her arms into a more outstretched position, opening her hands palms-up, sometimes first bringing them into her chest to touch her heart center if she was communicating something from her own personal life or perspective.

Her speech was clear, soft, and even-toned. When listening to the group, her gaze was on whoever was speaking and her hands were carefully folded on her lap. There was a neutrality, an emotional evenness, of response to whatever was being shared by the participants, and she made clear that there was no expectation of outcomes or wrong answers, but rather non-judgment and

unconditional acceptance, a practice which she referred to as *holding space*. She did not seem to give special attention to participants in the group who spoke more often or call out participants who were more reserved in sharing.

While clear expectations for the learning environment were established early on and gently reminded throughout the course (such as arriving on time, limiting interruptions, and communicating respectfully in the group), there did not seem to be a sense of fear of punishment if expectations were not met or if mistakes were made. There was a sense that the students wanted to be there beyond the incentive for payment and trusted the facilitator.

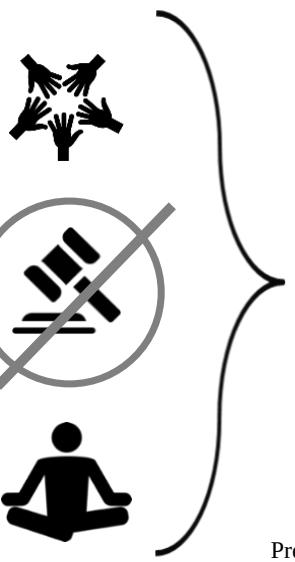
Reimagining the Theoretical Framework

The initial understanding of the theoretical framework (see Table 6) proposed a very clear one-way relationship between transformative learning constructs and activities in the learning environment that foster perspective transformation. Practices noted in the literature on transformative learning theory list critical reflection, unitive discourse, and collaborative inquiry as key elements of the learning environment that foster perspective transformation (Cranton, 2002). These practices were used to inform the planning of the student learning intervention.

Throughout the dissertation journey, the study author gained new insights into the relationship between transformative learning and mindfulness from scholarly exploration of the literature (Mälkii, 2019; Morris, 2020) and from discoveries in the findings from the student learning intervention. The revised theoretical framework illustrates a more dynamic, two-way interacting relationship between the learning environment and the theory constructs. It suggests that elements in the mindfulness learning environment such as nonjudgment and facilitator presence (beyond the learning activities as initially proposed), may influence a learner's engagement with the process of perspective transformation. See Table 41.

Table 41

Reimagined Theoretical Framework in the Research Project

Transformative Learning Theory Constructs	The Mindfulness Learning Environment	Potential Learning Outcomes
Critical Reflection Collaborative Inquiry Unitive Discourse		Individual-Level Self-Care Capacity Group-Level Learning System-Level Student Preparedness in Health Professions Education

Concluding Summary

This dissertation project provided a rich learning opportunity for the study author and the action research team. The purpose of the action research project was to explore student self-care capacity building in the context of student preparedness in undergraduate health professions education. Study findings among health professions students who participated in the pilot intervention revealed evidence of heart-centered learning in the form of mindful self-awareness and self-compassion, important self-care practices for lessening burnout and compassion fatigue (Pipas, 2020; Gustafsoon & Hemberg, 2021; Cuartero-Castaner et al., 2021).

The pilot study findings further emphasized the importance of transformative learning pedagogy in fostering capacity building for self-care. Participants faced barriers to self-care practice rooted in beliefs and assumptions about self-care, which the training addressed through critical reflection, unitive discourse, and collaborative inquiry in a supportive learning environment. The study author's insights on the use of dialogic communication in the mindfulness pilot intervention placed particular emphasis on the role empowerment may have played in perspective transformation. Additional insights about the role of non-judgment and facilitator presence in the student learning intervention may add to the conversation on mindfulness and psychological safety in transformative learning praxis.

Additionally, group-level findings underscored the role of deep reflection and shared learning within the Action Research framework (Coghlan and Brannick, 2014). Action Research, combined with practices from Appreciative Inquiry (Cooperrider & Whitney, 2009) and adaptive leadership (Heifetz et al., 2009), emerged as an effective methodology for collaborative teamwork and driving organizational change in higher education. These approaches supported the project's overall success by building learning for actionable strategies that embed self-care as an essential competency in undergraduate health professions education.

What was learned at the system level revealed the crisis of burnout and compassion fatigue in health professions, and a call for new heart-centered leadership (LeClerc, 2020; LeClerc & Pabico, 2023). It also revealed the urgency for a paradigm shift in higher education from an inept career readiness model that prioritizes capitalist employer wants to a student preparedness model that prioritizes human flourishing needs. Table 42 displays system-level recommendations informed by this dissertation project's key findings.

Table 42

System-Level Recommendations by Research Study Findings

Key Research Study Findings	System-Level Recommendations
A 6-week mindfulness for self-care training that utilized transformative learning pedagogy was effective for fostering learning that supports self-care capacity building among students.	Institutionalize professional development for mindful self-care practices for the benefit of worker well-being and student educative purposes.
Beliefs and assumptions about self-care, such as self-care is selfish, may be a barrier to self-caring behavior. Transformative learning pedagogy may have been beneficial for fostering perspective transformations that contributed to student learning outcomes in the pilot intervention.	Identify and address barriers to worker self-care such as beliefs and assumptions that may inhibit self-care behavior. Utilize transformative learning pedagogy for potential perspective transformation in educative opportunities.
Organizational change practice was strengthened by team-level experiential learning through Action Research methodology, Appreciative Inquiry framing, and the study author's use of adaptive leadership practices. Team learning of self-care and its importance in the context student preparedness for health professions was enhanced through active participation in the project.	Support and incentivize faculty-led participatory action research projects, encourage asset-based language and inquiry, and provide professional development on adaptive leadership practices for system leaders.
Transformative learning theory and praxis was not previously well known among faculty across disciplines at Access College but may be important for fostering deep learning and capacity building among students.	Offer faculty training on adult learning theory and praxis, such as adopting the training in new faculty induction programming. Address burnout and compassion fatigue in student preparedness for health professions education.
Burnout and compassion fatigue are serious health professions workplace challenges that compromise worker well-being and caregiving and contribute to health professions worker shortages. Current career readiness efforts for undergraduate health professions programs lack sufficient student preparedness that address and/or build capacity for industry specific stressors of burnout and compassion fatigue and base competency priority on employer wants and needs.	Prioritize experiential student learning for capacity building rather than knowledge acquisition. Institutionalize student self-care as a competency into career readiness and health professions student preparedness programming. Shift career readiness priorities from employer wants and needs to include student flourishing by considering industry specific challenges.

Final Remarks

Good student preparedness in higher education is about envisioning potential. It is about attending to the dynamic interplay of student readiness and societal forces. It is about critically assessing educational programming through the lens of human flourishing. It is about alleviating suffering, and it is also about love.

Self-care is an adaptive challenge. There are no right ways of practicing self-care, inasmuch as there is no assurance that the self-care practices we relied on yesterday will be sufficient to alleviate tomorrow's suffering. From my own experience in this doctorate journey, I can attest there were days my best efforts from 20+ years of skill-based training failed to rescue me, but mindfulness allowed, at the very least, an awareness and a space for self-compassion and acceptance. There was also an opportunity for inquiry into how I might respond differently. Mindful self-care is about awakening a sensitivity for sensing the self, asking what might serve now, in the present moment, situated within the complexity of being.

Self-care is also a radical challenge. We live in a time when the societal forces of capitalism condition us for distraction, disconnection from the authentic self, and addiction to instant gratification. It is no wonder that self-care and mindfulness have both been dismissed as 21st-century clichés. Self-care has been reduced to perceptions of selfishness, skincare, or bubble baths, and mindfulness is misunderstood as an impossible-to-obtain Buddha-like Zen state. Mindful self-care also disrupts our robotic-like busyness. It calls for an intentional commitment to sitting in quiet inquiry and opening to vulnerability. It allows for curiosity, possibility, reflection, and criticality. It is also a practice that takes time, which is counter to that which we are used to, and many of us feel as though we have no extra time.

The misunderstandings of self-care and mindfulness deprive us of the benefits of their transformative potential for the individual and greater society. Further, the call for community, a *sangha,* of higher consciousness, and mindful living has never been needed now more than ever. This is not easy. Even faculty on this dissertation's research project found themselves opting out of participating in the richness of a 6-week professionally-led mindfulness course, suggesting a possible misalignment of priorities, conflicting pressures from institutional and societal forces, and/or perhaps even individual discomfort. While more research is needed on transformation in the context of undergraduate preparedness for student self-care capacity building in health professions education, there is also the question, *how might we, as researchers, teachers, and readers explore our own capacity building for self-care, and support one another in pursuit of a more liberated, flourishing society*?

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APPENDIX A

Mindful Self-Care Survey Scale (MSCS) (Cook-Cottone & Guyker, 2018)

Mindful Self-Care Scale

Please Cite as: Cook-Cottone, C. P., & Guyker, W. M. (2018). The development and validation of the Mindful Self-Care Scale (MSCS): An assessment of practices that support positive embodiment. *Mindfulness*, 9(1), 161-175.

The Mindful Self-Care Scale (MSCS, 2018) is a 33-item scale that measures the self-reported frequency of behaviors that measure self-care behavior. Note, there are an additional three general questions for a total of 36 items.

Self-care is defined as the daily process of being aware of and attending to one's basic physiological and emotional needs including the shaping of one's daily routine, relationships, and environment as needed to promote self-care. Mindful self-care addresses self-care and adds the component of mindful awareness.

Mindful self-care is seen as the foundational work required for physical and emotional well-being. Self-care is associated with positive physical health, emotional well-being, and mental health. Steady and intentional practice of mindful self-care is seen as protective by preventing the onset of mental health symptoms, job/school burnout, and improving work and school productivity.

This scale is intended to help individuals identify areas of strength and weakness in mindful self-care behavior as well as assess interventions that serve to improve self-care. The scale addresses 6 domains of self-care: mindful relaxation, physical care, self-compassion and purpose, supportive relationships, supportive structure, and mindful awareness. There are also three general items assessing the individual's general or more global practices of self-care: engaging in a variety of self-care activities, planning self-care, and exploring new ways of bringing self-care into the individual's life.

Contact information: Catherine Cook-Cottone, Ph.D. at cpcook@buffalo.edu

Circle the number that reflects the frequency of your behavior (how much or how often) within past week (7 days):

Never (0 days)	Rarely (1 day)	Sometimes (2 to 3 days)	Often (4 to 5 days)	Regularly (6 to 7 days)
1	2	3	4	5

Reverse-Scored:

Never (0 days)	Rarely (1 day)	Sometimes (2 to 3 days)	Often (4 to 5 days)	Regularly (6 to 7 days)
5	4	3	2	1

The questions on the scale follow.

Mindful Self-Care Scale

Mindful Relaxation (6 items)

I did something intellectual (using my mind) to help me relax (e.g., read a book, wrote)	1	2	3	4	5
I did something interpersonal to relax (e.g., connected with friends)	1	2	3	4	5
I did something creative to relax (e.g., drew, played instrument, wrote creatively, sang, organized)	1	2	3	4	5
I listened to relax (e.g., to music, a podcast, radio show, rainforest sounds)	1	2	3	4	5
I sought out images to relax (e.g., art, film, window shopping, nature)	1	2	3	4	5
I sought out smells to relax (lotions, nature, candles/incense, smells of baking)	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

Physical Care (8 items)

I drank at least 6 to 8 cups of water	1	2	3	4	5
I ate a variety of nutritious foods (e.g., vegetables, protein, fruits, and grains)	1	2	3	4	5
I planned my meals and snacks	1	2	3	4	5
I exercised at least 30 to 60 minutes	1	2	3	4	5
I took part in sports, dance or other scheduled physical activities (e.g., sports teams, dance classes)	1	2	3	4	5
I did sedentary activities instead of exercising (e.g., watched tv, worked on the computer) **reverse scored**	5	4	3	2	1
I planned/scheduled my exercise for the day	1	2	3	4	5
I practiced yoga or another mind/body practice (e.g., Tae Kwon Do, Tai Chi)	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

Mindful Self-Care Scale

Self-Compassion and Purpose (6 items)

I kindly acknowledged my own challenges and difficulties	1	2	3	4	5
I engaged in supportive and comforting self-talk (e.g., "My effort is valuable and meaningful")	1	2	3	4	5
I reminded myself that failure and challenge are part of the human experience	1	2	3	4	5
I gave myself permission to feel my feelings (e.g., allowed myself to cry)	1	2	3	4	5
I experienced meaning and/or a larger purpose in my *work/school* life (e.g., for a cause)	1	2	3	4	5
I experienced meaning and/or a larger purpose in my *private/personal* life (e.g., for a cause)	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

Supportive Relationships (5 items)

I spent time with people who are good to me (e.g., support, encourage, and believe in me)	1	2	3	4	5
I scheduled/planned time to be with people who are special to me	1	2	3	4	5
I felt supported by people in my life	1	2	3	4	5
I felt confident that people in my life would respect my choice if I said "no"	1	2	3	4	5
I felt that I had someone who would listen to me if I became upset (e.g., friend, counselor, group)	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

Supportive Structure (4 items)

I maintained a manageable schedule	1	2	3	4	5
I kept my work/schoolwork area organized to support my work/school tasks	1	2	3	4	5

Mindful Self-Care Scale

I maintained balance between the demands of others and what is important to me	1	2	3	4	5
I maintained a comforting and pleasing living environment	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

Mindful Awareness (4 items)

I had a calm awareness of my thoughts	1	2	3	4	5
I had a calm awareness of my feelings	1	2	3	4	5
I had a calm awareness of my body	1	2	3	4	5
I carefully selected which of my thoughts and feelings I used to guide my actions	1	2	3	4	5

Total _____

Average for Subscale = Total/# of items _____

General (3 items – not to be averaged)

I engaged in a variety of self-care activities	1	2	3	4	5
I planned my self-care	1	2	3	4	5
I explored new ways to bring self-care into my life	1	2	3	4	5

APPENDIX B

Transformative Outcomes and Processes Scale (TROPOS) (Cox, 2021)

Table A1. 30 Items Used in Full Study

Scale and Item #	Item Text
Social Support	
1	My fellow students often made an effort to understand my perspective
2	I usually felt safe sharing my opinions
3	I could raise questions about my fellow students' beliefs without fear of being shut out
4	My fellow students and I supported one another
5	Group discussions were usually inclusive of differing perspectives
6	I trusted my fellow students
7	My fellow students and I respected one another
8	I felt it was safe to participate in the group as my authentic self
Att. toward uncertainty	
1	I felt comfortable suspending my judgment
2	I was open to new possibilities
3	I often felt hesitant in what I believed to be true
4	I benefited from suspending my judgment
5	I often felt surprised by what I learned
6	I found discomfort could be an important part of learning
7	I found stepping outside my comfort zone helped me learn
8	I often felt uncertain about my beliefs
Criticality	
1	I was willing to explore ideas I disagreed with
2	I discovered contradictions in my beliefs
3	I challenged my own beliefs
4	I challenged my fellow students' beliefs
5	My fellow students raised questions about my beliefs
6	I explored new ways to think about my beliefs
7	Disagreements helped me understand my beliefs
Transformative outcomes	
1	My deeply held beliefs changed
2	I developed a greater sense of responsibility toward others
3	I changed my goals for the future
4	I made major changes in my life
5	My view of myself changed
6	My view of the world changed
7	This program changed my life

Note. Subscale items for *social support, attitude toward uncertainty,* and *criticality* preceded by the phrase: "While I was a student in the graduate program." Items in subscale *transformative outcomes* preceded by the phrase: "As a result of the graduate program."

APPENDIX C

Post-Intervention Additional Survey Items

Some people report feeling guilty when practicing self-care due to the perception that caring for the self is selfish. If you perceived self-care as selfish before the course, do you still perceive self-care as selfish after having taken the course? Please explain.

What was your favorite part of having taken the course?

Was this course successful for you? Please explain.

Are there any suggestions you have for making future mindfulness courses better?

On a Scale of 1-5 where 1 is Strongly Disagree and 5 is Strongly Agree, please rate the following:

- Mindfulness practice is beneficial for my self-care.
- Self-care is important for my well-being

On a Scale of 1-5 where 1 is Strongly Disagree and 5 is Strongly Agree, please rate the following:

As a result of participating in this course...

- I have an improved sense of self-awareness.
- I have a better understanding of how to bring self-care into my life.
- I have a better understanding of how to bring self-compassion into my life.
- I plan to practice more self-compassion in my daily life.

APPENDIX D

Mindfulness Researcher Perspective Feedback Form

From your perception, did the session feel emotionally safe and supportive? Feel free to explain.

From your perception, did the session feel inclusive for all? Feel free to explain.

From your perception, was there an invitation for critical reflection (including self-reflection)? Feel free to explain.

From your perception, was there a sense of openness for collaborative inquiry? Feel free to explain.

From your perception, was there a sense of unitive discourse among the participants? Feel free to explain.

From your perception, was there active student engagement? Feel free to explain.

Please provide any other feedback about the session.

Please provide any feedback about your own growth and learning from the session.

APPENDIX E

Dialogue Interview Script

This interview is intended for professionals working in the health professions related to health and wellbeing. This may include fields of work such as Healthcare, Public Health, and other health professions.

In this research study, *self-care* is defined as "the process of being aware of and attending to one's basic physiological and emotional needs including the shaping of one's daily routine, relationships, and environment as needed to promote self-care" (Cook-Cottone & Guyker, 2018).

Name_____ Gender_____ Age ____ Field of Work_____ Years in Field?_____

Interview Questions:

1. Describe your perception of self-care in relation to your field of work.
2. How important do you feel self-care is when working in your field of work?
3. In your opinion, what are the top challenges workers are currently facing in your field? Are these top challenges also ones you have or are currently experiencing? Please explain.
4. How important is the working relationship with your co-workers in supporting self-care?
5. How important is the working relationship with your supervisor in supporting self-care?
6. How important are the relationships in your life outside of work, such as with family and friends, in supporting self-care?
7. Are there current daily practices or habits you have for protecting yourself from workplace stress?
8. What advice on self-care would you give to students pursuing your field of work?

APPENDIX F

Critical Incident Interview Script

Critical Incident Technique Questions

Hello and thank you for agreeing to participate in this interview.

The purpose of this interview is to learn more about self-care in relation to student preparedness in healthcare education.

This interview will be confidential, however, it will be recorded and transcribed for research purposes.

In this research study, *self-care* is defined as the process of being aware of and attending to one's basic physiological and emotional needs including the shaping of one's daily routine, relationships, and environment as needed to promote self-care.

Cook-Cottone, C. P., & Guyker, W. M. (2018). The development and validation of the Mindful Self-Care Scale (MSCS): An assessment of practices that support positive embodiment. Mindfulness, 9(1), 161-175.

I am trying to learn more about how GGC can support student self-care in the context of student preparedness in healthcare education. I would like to ask you some questions about a few of your most significant experiences related to this problem. I would also like to ask you about how you interpreted these experiences, and what happened.

1. Think about a time you experienced a stressful healthcare situation when you did not practice self-care. What happened? Who was involved (no names, just roles)? How did you handle it? How did it turn out? What was it about this incident that made it seem significant? What conclusions did you draw from this incident?

2. Think about a time you experienced a stressful healthcare situation when you did practice self-care. What happened? Who was involved (no names, just roles)? How did you handle it? How did it turn out? What was it about this incident that made it seem significant? What conclusions did you draw from this incident?

3. Think about a time you witnessed a student experience a stressful healthcare situation that relates to this problem. What happened? Who was involved (no names, just roles)? How did they handle it? How did it turn out? What was it about this incident that made it seem significant? What conclusions did you draw from this incident?

4. Is there anything that you know of that GGC is currently doing to support student learning of self-care in healthcare education? If not, why do you think that is the case? Do you have any suggestions? If so, do you have any suggestions for improvement?

5. In light of what you have now talked about, is there anything else you would like to tell me (or you think I should know) about this problem?

1 Adapted from Stephenson, T. (2015). Midnight running: How international human resource managers make meaning of expatriate adjustment.