

‘It’s my secret space’. The benefits of mindfulness for social workers

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Abstract: Social workers are at high risk of job-related stress that can impair their wellbeing and professional practice. Although organisational support is a fundamental requirement, it has been argued that social workers need to develop emotional resilience to help them manage the demands of the job. This mixed-method study examines the effects of an eight-week mindfulness training course on several resources previously found to underpin resilience in social workers (emotional self-efficacy, psychological flexibility, reflective ability and self-compassion) together with aspects of wellbeing relevant to the role (compassion fatigue, compassion satisfaction and perceived stress). Participants’ perceptions of the benefits of mindfulness for their wellbeing and professional practice are further explored via the content analysis of open-ended questions and semi-structured interviews. Emotional self-efficacy, psychological flexibility and compassion satisfaction increased following the intervention and compassion fatigue and perceived stress were reduced. No significant changes were found in reflective ability and self-compassion. The qualitative data provided greater insight into the potential benefits of mindfulness for the wellbeing and job performance of social workers and factors that might encourage and discourage its use.

Keywords: compassion; mindfulness intervention; stress; wellbeing

Introduction

There is evidence that social workers are at greater risk of work-related stress and burnout than most other occupational groups (McFadden, 2015; Health and Safety Executive, 2017). Heavy caseloads, limited resources, low control and support, dealing with trauma, working within a blame culture, and being subjected to intense public scrutiny and mistrust have been identified as particularly stressful aspects of the job (Grant and Kinman, 2014; Ravalier, 2018). A systemic approach to supporting the wellbeing of social workers is crucial, where interventions are integrated into public policy and organisational practice (Kinman and Grant 2016). Nonetheless, it is argued that social workers require personal resilience to manage the emotional demands of the job (BASW 2018; Collins, 2017).

Research and debate about emotional resilience in social work is growing (e.g. Adamson *et al.*, 2012; McFadden, 2015). Although resilience is incorporated into ‘the official discourse of social work education and practice’ (Collins, 2017, p.85), there is little agreement about its meaning and how it might be supported (Grant and Kinman, 2013; McFadden, 2015).

Resilience is seen as an individual trait, a feature of the external environment and a dynamic interplay between personal and contextual factors that facilitates optimal functioning during times of adversity (Southwick *et al.*, 2014). Research with social workers has also highlighted the complex nature of resilience (Adamson *et al.*, 2012; Grant and Kinman, 2013; Kapoulitsas and Corcoran, 2014). Accordingly, this study conceptualises resilience loosely as a set of individual cognitive, behavioural and emotional characteristics that enable positive adaptation to environmental challenges (Bonanno, 2004; Neenan, 2009).

Some of the personal characteristics that support resilience in social work professionals have

been identified and there is evidence that it can be developed through carefully-targeted interventions. A wait-list-controlled study of early-career staff found that a multi-modal intervention, comprising cognitive behavioural strategies, goal-setting and mindfulness, enhanced some of the qualities previously linked to resilience (Kinman and Grant, 2017). More specifically, emotional self-efficacy, self-compassion and reflective skills increased over time and compassion fatigue and psychological distress reduced. Although the independent effects of each strategy were not tested, mindfulness training was rated particularly highly at follow-up.

There is some evidence that mindfulness might increase resilience by enhancing emotion management skills, reducing stress and facilitating a growth perspective, with particular benefits found in complex and emotionally demanding professions (Hulsheger *et al.*, 2013; Parkes and Kelly, 2014). This suggests that mindfulness could support emotional resilience in social workers. The present study, therefore, evaluates the effects of a mindfulness intervention on several factors previously found to underpin resilience and wellbeing in the profession. It further explores participants' experiences of the programme and the benefits of mindfulness for their wellbeing and job performance.

Mindfulness

Mindfulness is the ability to focus one's awareness on the present moment while acknowledging and accepting feelings, thoughts and bodily sensations; it is about being fully present in your life, knowing what you are experiencing, and relating to these experiences in an open and receptive manner (Kabat-Zinn, 2004). Studies have demonstrated the positive effects of mindfulness on health, quality of life and social functioning in clinical and community settings in different countries (De Vibe *et al.*, 2017; Hofmann *et al.*, 2010;

Sharma and Rush, 2014). Mindfulness training is used increasingly in the workplace as part of staff development and wellbeing initiatives. Research findings indicate that it can protect against work-related stress and improve job performance (e.g. Hulsheger *et al.*, 2013; Irving *et al.*, 2009). Several pathways have been identified that explain the positive effects of mindfulness. It can increase the capacity for attention and self-awareness, helping people recognise the ‘early-warning’ signs of stress and enabling them to identify ways to enrich their personal resources (Hugh-Jones *et al.*, 2018; Lindsay and Creswell, 2017). The increased acceptance of feeling states and heightened emotion management skills synonymous with mindfulness can also reduce rumination and cultivate kindness towards the self (Hugh-Jones *et al.*, 2018; Hulsheger *et al.*, 2013; Shapiro *et al.*, 2007). Mindfulness can also help people set more effective boundaries between work and personal life, thereby improving recovery and work-life balance (Marzuq and Drach-Zahavy, 2012).

Mindfulness has also been associated with attributes that underpin wellbeing and positive functioning at work such as self-control; mental clarity, attention and concentration; problem-solving and creativity; successful adaptation to challenges and positive reappraisal following failure (Chiesa *et al.*, 2011; Hanley and Garland, 2014; Lebudá *et al.*, 2016; Moore and Malinowski, 2009; Ostafin and Kassman, 2012). Mindfulness can also enhance work engagement, “a positive, fulfilling state of mind characterised by vigour, dedication and absorption” that is the antithesis of burnout (Schaufel *et al.*, 2002, p.74).

Mindfulness and social workers

The need for social workers to develop effective stress management skills has been widely emphasised, but very few studies have evaluated interventions systematically. Mindfulness practice not only has potential to reduce stress, support resilience and wellbeing in social

workers, but may also offer additional benefits for practice. For example, mindfulness can intensify feelings of relatedness, empathy and compassion and reduce hostility and defensiveness (Borders *et al.*, 2010; Dekeyser *et al.*, 2008; Hülshager *et al.*, 2013). More mindful individuals may also engage more effectively with people from different cultural backgrounds due to their non-judgemental outlook and tendency to seek multiple perspectives (Thomas, 2006).

Although the potential benefits of mindfulness for social workers are recognised (e.g. Shier and Graham, 2010; Thomas and Otis, 2010; Trowbridge and Lawson, 2016), few intervention studies have been conducted. There is some evidence that mindfulness training can reduce stress and improve working relationships in qualified social workers (Crowder and Sears, 2016; McGarrigle and Walsh, 2011) but, so far, most research has been conducted with students. A recent case-controlled study found improvements in social work students' mental health, stress and resilience following mindfulness training (Roulston *et al.*, 2017), while other research found reduced anxiety and self-consciousness and enhanced listening skills during encounters with service users (Birnbaum, 2008; Goh, 2012).

The current study

This study uses a mixed-methods approach to examine the effects of an eight-week mindfulness training programme on outcomes previously linked with emotional resilience in social workers: emotional self-efficacy, reflective ability, psychological flexibility and self-compassion (Kinman & Grant, 2011; 2017). Also considered are its impact on aspects of wellbeing: compassion fatigue, compassion satisfaction and perceived stress.

Previous research with social workers has found that emotional literacy, defined as the ability

to appraise, express, regulate and utilise emotions, is closely linked to resilience (Authors own, 2011) and that mindfulness can cultivate its key characteristics such as emotional clarity, self-regulation and the ability to ‘repair’ negative affective states (Hulsheger *et al.*, 2013; Schutte and Malouff, 2011). This study extends these findings by examining the effects of mindfulness on levels of emotional self-efficacy; a novel facet of emotional literacy that captures people’s ability to understand emotional complexity, perceive and manage the emotions of themselves and others, and use emotions to facilitate thought (Caprar *et al.*, 2008). Little is yet known about emotional self-efficacy in occupational settings, but its relevance to the wellbeing and professional functioning of social workers is evident.

Also examined are the effects of mindfulness training on social workers’ capacity for reflection, flexibility and compassion towards themselves and others. These factors have previously been associated with resilience and wellbeing in this context (Kinman & Grant, 2011, 2017). The capacity for non-critical self-awareness central to mindfulness could increase insight into thoughts, feelings, values and beliefs that, in turn, may nurture reflective abilities. Psychological flexibility, or successful adaptation to fluctuating situational demands, is also linked to resilience, as it can help people adapt their mental resources and behaviours and balance competing needs and life domains while remaining committed to fundamental goals and values (Kashdan and Rotterburg, 2010).

The study further examines the effects of mindfulness training on aspects of compassion: compassion fatigue, compassion satisfaction and self-compassion. Compassion is essential for effective social work practice, but chronic work stress and lack of support can engender compassion fatigue which is characterised by feelings of indifference to the suffering of others (Radey and Figley, 2007). By fostering a prosocial outlook, mindfulness may reduce

compassion fatigue and intensify feelings of compassion towards others and satisfaction with supporting them. As mindfulness aims to enhance self-acceptance as well as acceptance of others, it may also increase compassion towards the self which is essential for the sustained wellbeing of helping professionals. Indeed, the characteristics of self-compassion (i.e. lack of self-judgement, feelings of common humanity and the ability to attend to, but not over identify with, negative thoughts (Neff, 2003), are also key facets of mindfulness. As a fundamental goal of mindfulness is to improve stress management and coping skills, this study also considers the effects of the intervention on perceived stress (i.e. the degree to which situations in one's life are considered stressful).

To summarise, this study examined the effects of mindfulness training on several resources previously found to underpin resilience in social workers: i.e. emotional self-efficacy, psychological flexibility, reflective ability and self-compassion. It further examined the impact of training on facets of wellbeing relevant to the social work role: i.e. compassion fatigue, compassion satisfaction and perceived stress. To provide more in-depth insight into participants' experiences of mindfulness training and their feelings regarding its potential value, qualitative data obtained from open-ended questions and semi-structured interviews were also obtained.

Method

Design

This study uses mixed methods to evaluate the effects of a mindfulness programme. The quantitative element utilises a non-randomised, pre-post design to identify changes in aspects of emotional resilience and wellbeing following the intervention. Qualitative data were obtained from open-ended questions and interviews following completion of the programme.

Participants

The original sample at Time 1 (T1) comprised 26 social workers which represented the entire cohort. The sample was 85% female with a mean age of 43 years ($SD = 10.65$) and most (85%) identified as White British or White Other. The majority (82%) worked on a full-time basis and their length of experience ranged from 1 to 28 years ($M = 10$, $SD = 6.11$). The number of participants who completed the questionnaires reduced from 26 to 18 at Time 2 (T2). Four participants agreed to be interviewed after the programme had ended.

Interviewees were all female and worked on a full-time basis.

Procedure

An invitation to participate in the mindfulness programme was communicated via the Local Authority where potential participants worked. When social workers were invited to participate in evaluating the study, it was emphasised that this was voluntary, and they could either: a) attend the course and participate in the study or b) attend and not participate.

Participants were asked to complete online questionnaires via an email link at two timepoints: T1: two weeks before the first session and T2: eight weeks after programme completion. To match the two questionnaires, a personal code was requested. At T1, participants were invited to take part in personal interviews to discuss their experiences in greater depth; those who completed questionnaires at both time-points and had agreed to be interviewed were subsequently contacted.

The mindfulness intervention

An eight-week course, led by an experienced mindfulness practitioner (who was also a qualified social worker), introduced participants to mindfulness. The course was an adapted

form of Mindfulness Based Stress Reduction/Mindfulness Cognitive Therapy. It included a range of practices and reflective exercises (such as body-scan, breathing and the self-compassion break) designed to help participants reduce the impact of worry and rumination and improve their wellbeing. It aimed to raise participants' awareness of when they engage in unhelpful thought patterns, helping them bring their attention back to the present moment and encouraging them to relate to themselves and others with more empathy and kindness. Some additional input was also included on the neurobiology of stress and learning. Participants received a course handbook with weekly readings and guidance together with CDs and optional downloads of the mindfulness practices. The course had been previously piloted with groups of social workers and line managers.

Measures

Demographic and job-related information was obtained at T1. Validated scales assessed the study variables at both timepoints. Mean scores across items were taken for each scale. Unless otherwise indicated, higher scores on each measure represent higher levels of the variable assessed.

Emotional self-efficacy was assessed by a 24-item scale developed by Choi *et al.*, (2013) which measures the ability to perceive and manage emotions in oneself and others, use emotions to facilitate thought, and understand emotional complexity. An example item is: 'When my mood changes, I see new possibilities'. A 5-point scale from 1 = 'Strongly disagree' to 5 = 'Strongly agree' was used. Cronbach alphas: T1 = 0.87; T2 = 0.89.

Reflective ability was measured by a 23-item scale developed by Aukes *et al.*, (2007). This assesses the ability for self-reflection, empathic reflection and reflective communication. An example item is 'I can see an experience from different standpoints'. Responses are obtained

on a five-point scale ranging from 1 = 'Strongly disagree' to 5 = 'Strongly agree'. Cronbach alphas: T1 = 0.84; T2 = 0.88.

Psychological flexibility was assessed by a 10-item scale developed by Bond *et al.*, (2011). This measures the ability to persist with or change one's behaviour when pursuing goals and values. Responses are obtained on a 7-point scale ranging from 1 – 'Never true' to 7 = 'Always true'. Items include 'My thoughts and feelings do not get in the way of how I want to live my life'. Cronbach alphas: T1 = 0.88; T2 = 0.91.

Self-compassion was measured using the 12-item questionnaire developed by Raes *et al.*, (2011) encompassing self-kindness, self-judgement, common humanity, isolation, mindfulness and over-identification. An example item is: 'I try to see my failings as part of the human condition'. A five-point scale is used ranging from 1 = 'almost never' to 5 = 'almost always'. Cronbach alphas: T1 = 0.85; T2 = 0.87.

Compassion fatigue and satisfaction were assessed by the Professional Quality of Life Scale (Stamm, 2010). Ten items each assessed compassion satisfaction (e.g. 'I have happy thoughts and feelings about those I help) and compassion fatigue (e.g. 'I feel overwhelmed as my caseload seems endless'. Both used a five-point rating scale from 1 = 'never' to 5 = 'very often'. Cronbach alphas: compassion fatigue: T1 = 0.87; T2 = 0.85; compassion satisfaction: time 1 = 0.90, time 2 = 0.91.

Stress was assessed by the 10-item Perceived Stress Scale (Cohen *et al.*, 1983). This measures the extent to which people appraise the situations in their life as stressful, for example: "How often have you felt nervous and stressed? Response options range from 0 = 'Never' to 4 = 'Very often'. Cronbach alphas: T1 = 0.89; T2 = 0.84.

Evaluation of training

At T2, participants were asked to report how often they practiced mindfulness using four-point scale from 0 = 'Not at all' to 3 = 'Very often (every day)'. They were also asked to indicate how beneficial they found the training using a response scale ranging from 0 'Not at all' to 3 = 'Extremely'. Finally, an open-ended question asked participants to describe any ways in which the mindfulness exercises had been helpful.

Interviews

Semi-structured telephone interviews (n = 4) were conducted after the final training session. Questions covered issues such as the extent to which participants found the mindfulness training useful for their personal and professional wellbeing and for their professional practice and the opportunities and barriers regarding its use. The interview data and data obtained from the open-ended question were pooled and thematically analysed using the framework developed by Braun and Clarke (2006). This involves familiarising oneself with the data, generating initial codes, identifying and reviewing themes, defining them and generating a written analysis of themes using examples from the text.

Ethics

The study complied with the ethical requirements of the British Psychological Society and was approved by the ethics committee of the University of Bedfordshire, UK. As stated above, social workers could choose not to participate in the mindfulness programme, participate without being part of the evaluation, or withdraw without penalty. Those who agreed to participate were assured of their anonymity and confidentiality both in writing and

at the start of the first session. The local authority gave permission to obtain data, as they wished to establish whether the mindfulness training yielded any benefits for staff. Data were kept on a secure password protected website.

Results

Changes in study variables

Mean scores for each of the variables at T1 and T2 were calculated. A series of paired samples t-tests evaluated the effectiveness of the mindfulness training in improving the outcome measures. Cohen's effect size values are reported to indicate the practical significance of the findings, where 0.20 is considered small, 0.50 medium and 0.80 large (Cohen, 1992). Table 1 provides mean scores for both conditions, results of the t-tests and the effect sizes. Levels of emotional self-efficacy ($p < 0.001$), psychological flexibility ($p < 0.05$) and compassion satisfaction ($p < 0.01$) all increased following the intervention and compassion fatigue ($p < 0.001$) and perceived stress ($p < 0.001$) reduced. The changes in the mean scores for emotional self-efficacy and perceived stress between T1 and T2 were of high practical significance, while those for compassion fatigue, compassion satisfaction and psychological flexibility were moderate. No significant changes were observed in levels of reflective ability and self-compassion following programme completion.

TABLE 1 ABOUT HERE

Analysis of the data obtained at T2 indicated that one-third (33%) of the sample were practicing mindfulness frequently (every couple of days), but over half (58%) used it rarely

(once a week or so). Only one participant reported never having practiced mindfulness after the training finished. Most (83%) indicated that they found the course to be either extremely (58%) or moderately (25%) beneficial, whereas the remainder (17%) found it slightly beneficial.

Qualitative responses

Analysis of the data from the open-ended question and interviews indicated that the training had been well-received and was generally considered beneficial for the participants' wellbeing and personal and professional functioning. Positive comments were made about the course content and the skills and knowledge of the teacher. Most participants indicated that her experience as a qualified social worker enhanced the relevance of the training, as she had insight into the job and the demands they experienced. The majority indicated that the techniques included were easy to learn but the shorter exercises, such as breathing and the mindful pause, were generally considered more practical than the longer ones, such as the body scan.

Overall, evidence was found that mindfulness helped participants to manage the stress of the job and had potential to enhance their emotional resilience. Some disclosed that participating in the programme had been transformational and mindfulness had become part of their everyday routine. For example,

'I have incorporated the exercises into my working day without realising it. When we were first taught to do them, I thought this would never happen as I am always

rushing around and never still, but now they have become part of how I work and help me remain well.'

When reflecting on the benefits of mindfulness, participants commonly reported that it had improved their mental clarity, for example: *'I can make more space in my mind and avoid a cloudy head'* and helped them achieve a state of tranquillity: *'I have re-acquainted myself with what stillness and calm feels like ... I had totally forgotten'*. Others remarked that the increased self-awareness arising from mindfulness helped them recognise the early warning signs of stress, raising their awareness that action was needed to avoid going into 'panic mode'. One participant disclosed that being more mindful had helped her recognise the risks of over-extending herself: *'I no longer feel like I am spiralling out of control - it has given me time to unwind and breathe'*.

Mindfulness was thought to increase effectiveness at work in several ways. Being more present in the moment improved participants' concentration and stopped them *'running on autopilot'*, as well as enhanced their awareness of the cognitive and emotional processes influencing their decisions and actions. Being more mindful was also widely believed to stop emotional reactions from one work task 'spilling over' into the next. Learning to pause before rushing into action was one of its most commonly-cited benefits, for example:

'Before a meeting, or in between client visits, I take a moment to ground myself and breathe rather than whipping everything up, rushing off and then galloping through it.'

Several participants indicated that taking a mindful pause during the working day helped them prepare psychologically for challenging situations such as attending court or speaking at case conferences. It was also considered a useful way to restore emotional equilibrium after stressful meetings or difficult conversations. The benefits of mindfulness for interactions with service users were also recognised, in terms of improved listening skills and the ability to determine what people were ‘really saying’. In turn, this helped participants avoid the mistakes and misunderstandings that can occur under conditions of high pressure, improving the quality of decision-making. An increased focus on the present also discouraged participants from ‘going into fixing mode’ with service users. For example,

‘I find that mindfulness helps you be ‘in the here and now’ with the family rather than springing into action and thinking of their end goal. This can be difficult in child protection work as we can lose sight of why we are there.’

Several participants also mentioned that mindfulness had enabled them to notice things that had gone right as well as wrong and not dwell excessively on their perceived shortcomings or failures.

The positive effects of mindfulness on the personal life of participants were also recognised. One of its most important benefits was the ability to avoid ruminating about work concerns and restore their physical and mental resources. For example,

‘Following the training, I realised I was carrying work around in my head all the time which was draining me. I realised that when I switch off my computer I also need to switch off work in my mind.’

Although the benefits of mindfulness were acknowledged, lack of time and competing professional and personal demands were considered major barriers to its practice. As one participant reported:

'Time is a huge barrier. A full diary makes being mindful challenging, especially when juggling everything simultaneously is the norm for social workers.'

A further obstacle to using mindfulness was a reluctance to prioritise self-care due to feelings of guilt, and the need to give themselves 'permission' to relax. For example:

'The main barrier to being more mindful is me. I cannot allow myself to relax, as I am always busy inside and outside of work and it all seems rather self-indulgent. So, I guess I need to work on myself.'

To maximise the benefits of mindfulness, participants often highlighted the need to incorporate exercises into one's daily routine and take a 'moment' when the opportunity arose. Several participants felt that the workplace was not conducive to mindfulness practice, so they had to be creative in finding the right time and place, for example:

'I do it in my car in the morning. It is my secret space where I can take a breath and contemplate' and 'If I know I am going to have a busy day, I do an exercise before I leave home before I get bogged down with phone calls and meetings.'

Several participants indicated that they found it easier to be mindful during the classes, as they had the time, space and 'permission' to fully engage. For this reason, some believed that regular top-up sessions would refresh their knowledge of mindfulness and reinforce its

benefits but acknowledged that finding time to attend them would be challenging. Some indicated that they had recommended mindfulness training to their colleagues, further highlighting its perceived benefits. Another recommended that teams should undergo training together and highlighted the positive impact that working with a colleague who had also completed the programme had on their practice. The key role played by organisations in not only providing training to staff, but also fostering an environment that supported mindfulness was highlighted. As one participant commented:

‘Mindfulness is brilliant, but it is not our team culture and is a long, long way away from becoming a social work culture. This must happen if mindfulness is to become sustainable.’

Discussion

This study has extended knowledge of the value of mindfulness for social workers. Improvements were found in several capacities previously found to underpin resilience and wellbeing in this professional context. Emotional self-efficacy, psychological flexibility and compassion satisfaction increased after the intervention and compassion fatigue and perceived stress reduced. Overall, the training was evaluated positively with many participants highlighting its benefits for their practice as well as their wellbeing. The data obtained from open-ended questions and interviews offered greater insight into participants’ perceptions of its value.

The finding that social workers perceived reduced stress after mindfulness training corresponds with previous research (McGarrigle and Walsh, 2011). Some evidence was

found that mindfulness may raise awareness of the early warning signs of stress before it becomes unmanageable and provide tools to offset its negative effects on wellbeing and job performance. The improvements found in emotional self-efficacy and psychological flexibility highlighted in the quantitative and qualitative data support and extend studies conducted in other occupational contexts (Christopher *et al.*, 2018; Hulsheger *et al.*, 2013). The findings highlight the potential for mindfulness to enhance social workers' ability to detect and manage the emotional states of themselves and others, increase flexibility by overriding automatic thoughts and behaviours, and promote the capacity for self-determination. These are key resilience-building qualities that can not only protect social workers from adverse psychological outcomes, but also help them flourish in a complex and rapidly-changing working environment.

Compassion satisfaction increased following the intervention and compassion fatigue reduced. A lack of empathy towards service users has serious implications for the wellbeing and effectiveness of professionals (Radley and Figley, 2007). Compassion satisfaction, or the positive feelings derived from assisting others, facilitates close empathic relationships and can prevent compassion fatigue and burnout (Stamm, 2010). Compassion fatigue is not the absence of empathy but a form of empathic distress occurring when professionals attempt to care for others in the absence of sustainable self-care practices (Klimecki and Singer, 2012). Self-compassion is a fundamental aspect of self-care that is likely to support the development of resilience over time. Although no significant differences were found in levels of self-compassion following the mindfulness training, the qualitative data suggested some improvements in self-care practices. The difficulties that social workers often experience in prioritising their own wellbeing, and a tendency to see self-care as an indulgence, were highlighted. Although a perceived lack of time and feelings of guilt can discourage workers

from being as compassionate towards the self as they are to others, this is an ethical requirement for safe work and essential for resilience-building and sustained wellbeing. The need to emphasise the importance of self-compassion and encourage effective self-care from the early stages of social work training has been previously highlighted (Grant and Kinman, 2014; 2017). The findings of this study suggest that mindfulness could be a key component of this 'emotional curriculum', but more research is needed to explore how it might influence positive self-care practices more directly.

Surprisingly, no significant improvements were found in reflective abilities, previously associated with resilience and wellbeing, following the intervention. Nonetheless, the mean score for reflective ability at the start of the study was high (3.96 on a 5-point scale), suggesting that participants' capacity for reflection was already well-developed. It is plausible that people who are 'naturally' reflective and more in tune with their internal states would find mindfulness more appealing, as it requires the capacity to analyse personal experiences and actions deeply. There is some evidence that meditation attracts people who are more intuitive and open to experience (Crescentini and Capurso, 2015), but the role of reflective tendencies and 'dispositional' mindfulness in encouraging participation in workplace mindfulness training should be examined.

Although the training was generally well-received, and benefits were highlighted, several factors discouraged social workers from practicing mindfulness. Shortage of time, the competing demands of professional and personal life and a tendency to prioritise the needs of others (discussed earlier) were particularly common. Previous research indicates that social workers need to 'allow' themselves to be mindful and recognises the importance of

dedicating sufficient time to developing the skills (McGarrigle and Walsh, 2011). There is evidence that ‘booster’ sessions can help maintain the positive effects of mindfulness (Christopher *et al.*, 2018). Some participants in this study expressed an interest in follow-up sessions but recognised that finding time to attend further training would be challenging.

Offering shorter mindfulness training programmes might be appealing for social workers, as less time commitment is required. A recent meta-analysis found that brief mindfulness training can be as effective as a standard 8-week programme in reducing distress in working people (Virgili, 2015). There is also growing evidence that web-based mindfulness training is convenient and cost-effective and can improve wellbeing in organisational settings (Spijkerman *et al.*, 2016). Moreover, training delivered by smartphone can also be effective in reducing stress (Lindsay *et al.*, 2018). Several apps are available that introduce people to mindfulness principles, offering guided meditations that can be customised to individual needs. In the current study, participants appeared to value the opportunity to interact with peers to learn techniques and share experiences, so future training could combine face-to-face meetings with on-line group sessions and top-ups, while encouraging the use of apps on a day-to-day basis.

This study has provided insight into the benefits of mindfulness for the wellbeing and effectiveness of social workers, but it has limitations. Like many other intervention studies (see Biron *et al.*, 2012), the initial sample was small and reduced further. To validate the findings of this research, larger samples are required with extended follow-up as benefits gained from interventions often diminish (Biron *et al.*, 2012). The small sample also precluded a consideration of demographic and work-related factors (such as job experience)

in the uptake and benefits of mindfulness training and this should be considered in future research. Whether participants had prior experience of mindfulness, or similar techniques, should also be examined and the extent to which they practiced the techniques during the study period could be captured using daily diaries rather than providing global estimates based on recall. The main limitations of this study, however, are the self-selected sample and the lack of a control group. Participants who found the training more helpful or enjoyable may have been more likely to propound its benefits in the open-ended questions and agree to be interviewed. Although controlled trials are considered the ‘gold-standard’ for evaluating the effects of interventions (Jamieson and Tuckey, 2016), it is recognised that individual-level randomisation of stress-management interventions across different organisations is difficult (Noblet and Nielsen, 2018). Finding a matched group of social workers who are experiencing similar demands, equally attracted to mindfulness and committed to undergo training could prove challenging.

Although evidence for the benefits of mindfulness is growing, it has been argued that “the enthusiasm is ahead of the evidence” and claims for its positive effects are not necessarily substantiated (Farias and Wikholm, 2016, p. 330). Nonetheless, high-quality systematic reviews reviewed in this paper confirm its potential and the findings of this study offer further support for integrating mindfulness training into social work education to support the qualities underpinning resilience and wellbeing. Previous research has highlighted its benefits for the emotional and professional development of social work students and its potential to encourage self-care (Birnbaum, 2008; Goh, 2012). Growing evidence for the benefits of mindfulness interventions across different cultural groups also support their use by social workers working in other countries (Sutcliffe *et al.*, 2016).

As well as a pedagogical tool, the value of mindfulness in helping social work educators reflect on their own practice has been recognised (Lynn, 2010). Further insight is needed, however, into how mindfulness can be cultivated in social work at all levels, as well as its benefits over time. Future research should follow a cohort of students from registration into their Assessed and Supported year to explore the long-term effects of mindfulness training for wellbeing and professional practice. Whether mindfulness can help social workers avoid unhelpful rumination about work and improve work-life balance should also be examined, as it could be a useful tool to set boundaries and improve recovery. It should be acknowledged, however, that although mindfulness may be effective for some people in some working environments, it will not have universal appeal and is not a panacea. Moreover, there is some evidence that awareness of difficult feelings and memories (a key aspect of mindfulness) may exacerbate rather than reduce psychological problems (Shapiro, 1992), but little is known about its potential 'dark side' in organisational contexts. Mindfulness training is likely to be most effective as part of a tool-box where social workers can select the most appropriate technique to enhance their resilience and their wellbeing (Kinman and Grant, 2017).

Individual-level interventions such as mindfulness cannot in themselves support the wellbeing of social workers over the long-term. Systemic approaches are required where evidence-based interventions are carefully integrated into public policy and organisational practices (Kinman and Grant 2016). Most importantly, organisational-level interventions are crucial to address the many structural causes of stress in social work, such as high caseloads, inadequate supervision and low resources (Ravalier, 2018). Without such actions, interventions that seek to enhance the capacity of staff to cope with stress may be viewed

with suspicion. Nonetheless, mindfulness could be part of this multi-pronged approach to support the resilience and wellbeing of staff. There is also evidence that mindfulness can be developed at multiple levels within organisations and supported through personal, relational and social practices (Reb and Atkins, 2015). These ‘collective’ forms of mindfulness can enhance leadership effectiveness and improve relationships between line managers and subordinates (Sutcliff *et al.*, 2016; Wasylikiw *et al.*, 2015). Nonetheless, little is yet known about the nature and impact of mindful leadership in social work organisations.

In conclusion, this study provides evidence that mindfulness may be a relatively cost-effective way of supporting resilience, wellbeing and effectiveness in organisational settings and, compared to the cost of sickness absence and attrition, should be considered by social work employers as part of a systemic approach.

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Table 1. Pre/post scores for study variables

Outcomes (scale)	<i>M</i> (SD) Pre	<i>M</i> (SD) Post	t-value	Effect sizes
Emotional self-efficacy (1 – 5)	3.47 (0.42)	3.89 (0.31)	-4.12***	0.87
Reflective ability (1 – 5)	3.96 (0.36)	4.02 (0.21)	-0.44	0.09
Psychological flexibility (1 – 7)	4.88 (0.86)	5.37 (0.50)	-2.40*	0.49
Self-compassion (1 – 5)	3.00 (0.64)	3.27 (0.44)	-1.74	0.35
Compassion fatigue (1 – 5)	2.68 (0.61)	2.15 (0.54)	3.15**	0.63
Compassion satisfaction (1 – 5)	3.63 (0.53)	3.97 (0.32)	-2.78**	0.64
Perceived stress (0 – 4)	2.98 (0.57)	2.51 (0.42)	4.12***	0.87

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.