

**Inquiry into Mindfulness as an Approach to Teach and Learn the Practice of
Nursing**

By

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Abstract

In this paper, I advocate for the potential of mindfulness as a pedagogical tool that supports the teaching and learning of the practice of nursing. It is my conviction that mindfulness based in contemplative pedagogy can offer a foundation of teaching and learning to both students and teachers by emphasizing a way of being and knowing that must be developed in order to enact the practice of nursing. I contend that mindfulness can support nurse educators to be responsive to each moment, to each other, to each student, and to each patient as a way to navigate the multiple demands and inherent unknowns in the world of nursing education.

Gratitude

I would like to begin by expressing my gratitude and appreciation for the opportunity to explore and write on a subject matter that is both personally and professionally meaningful. I would like to thank and acknowledge my project supervisor, Dr. Gweneth Doane, and my project committee member, Dr. Anne Bruce, for their time, patience, and knowledge. I would also like to thank Dr. Madeline Walker for being especially generous with all her support. Thank you for your guidance and wisdom through this journey.

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Inquiry into Mindfulness as an Approach to Teach and Learn the Practice of Nursing

Focus and Framing

My journey in the Master of Nursing education program has been an adventure, as life has summoned me to go within and be still and silent with myself in order to manage life events that I was not prepared for. As a result, I began to practice mindfulness, which has now developed into a life skill for me to use in both my personal and professional life. When I am mindful, I am more aware of when I am in a state of tension, a state of ease, or somewhere in between. Through this awareness of my state of being, I begin to gradually accept the state I am in on a moment-to-moment basis; this continuous practice of moment-to-moment awareness and acceptance has been personally and professionally transformational. For this reason, I now seek to unite the practice of mindfulness with the role of a nurse educator. I contend that mindfulness can offer nurse educators a way of being (i.e., ontology) and a way of knowing (i.e., epistemology) that enhances and informs nursing education, particularly in teaching and learning the practice of nursing.

As a nurse educator, I have come to realize that I am responsible and accountable first for my state of being then for my saying and doing. Accordingly, my first priority is to be present and aware in each moment as a way to enhance my state of being and knowing, and then from this place of presence, let my words and interactions unfold with my students. This process requires an ongoing effort, as my habitual way of being is to be occupied with my thoughts and concerns. As such, I make a recurring commitment to give attention to my task at hand and to who is in front of me in each moment. In addition, I have come to realize that in nursing education, just as in life, there is not a one-size fits-all solution. It is my assertion that in remaining aware and thoughtful of my own state of mind, I will be more available and better able

to respond to those I teach and work with. As a nurse educator, my desire is to inform both the heart and the mind of my students. By being fully present with my students, I hope to be more attuned and, in turn, flexible in meeting their learning needs.

Nursing is an honour as it provides the opportunity to be of service and contribute to the well-being of others. Nurses are required to treat people with respect and dignity and to practice responsibly and ethically in accordance with the standards of nursing. Nursing education not only includes teaching the science of nursing such as anatomy, physiology, and pharmacology, but also prepares students to think critically, to interact with all members of society, to serve and care for the sick, to teach health-giving behaviours, to empower individuals towards their own well-being, and to implement positive change in the health care system. The use and blending of all of these competencies and attributes is an important component of nursing education and requires a way of knowing that I believe can be generated through the practice of mindfulness. For this reason, it is my aspiration to advocate for mindfulness as a worthy consideration in nursing education.

In this project, I explore how mindfulness could be used by nurse educators as a means to cultivate and bring forth a way of knowing that may well enhance the practice of nursing. Although there is currently a great deal of lay literature describing mindfulness, there is a lack of empirical research in education overall. Similarly, insufficient literature linking mindfulness and nursing education exists. Given that mindfulness continues to have a profound and encouraging effect on my own nursing practice, I have been inspired to offer a beginning reflection on mindfulness and its relevance to nursing education. Specifically, I will (a) provide a brief literature review on mindfulness; (b) discuss the practice of mindfulness, highlighting four central elements; (c) identify some pragmatic ways mindfulness could support nursing education;

and (d) identify gaps in current knowledge and outline future questions for inquiry related to nursing education.

Literature Review

To create the groundwork for this project, I explored and analyzed current literature using the database Cumulative Literature Index of Nursing and Allied Health Literature (CINAHL) from approximately 2000–2010. I also searched for articles in the Educational Resources Information Center (ERIC) from approximately 2000–2010. In CINAHL and ERIC, I used the search terms “mindfulness”, “mindfulness in education”, “mindfulness in nursing”, and “mindfulness in nursing education” as relevant terms for this literature review. I included “full text” and “academic journals” to further refine my search. In an effort to enhance my own knowledge, I also searched for academic books on mindfulness and education using the website amazon.ca with the search term mindfulness. As I did my literature search, I came across and included related literature using the term “contemplative practice” and “contemplative pedagogy”. Lastly, there were a few articles from the 1990s that I have included, as I found the information still relevant.

Through exploring the available literature, I discovered there is a small, yet growing, body of information available on the application of mindfulness and contemplation in education. Much of the literature referred to the founding work of Kabat-Zinn (2009) called mindfulness based stress reduction (MBSR). Although MBSR is valuable in developing one’s practice of mindfulness, I will not be specifically discussing MBSR in my project. For the purpose of this project, I will look at mindfulness as a way of being and as a pedagogical tool that can be used to enhance teaching and learning the practice of nursing. I consider mindfulness to be a facet of contemplative practice, as mindfulness can include periods of contemplation and wonder (Zajonc, 2006a). Therefore, in this project, I will utilize the term contemplative practice along with mindful practice. I would also like to acknowledge that the practice of mindfulness may be

regarded as a form of meditation and of practicing spirituality; however, in this project I will refer only to the secular use of mindfulness rather than the spiritual application.

Lastly, although my review is brief, I provide a solid overview of mindfulness and its possible application to nursing education. I will outline four common themes that occur in the literature pertaining to the practice of mindfulness: (a) new possibilities of action, (b) empowerment, (c) ease and well-being, and (d) kindness and compassion. The goal of this literature review is to provide information as to how mindfulness can be used in the field of nursing education.

Description of Mindfulness

According to several authors, the common depiction of mindfulness is that it is a moment-to-moment awareness of what is occurring in the present (Hanh, 1987; Schoeberlein & Sheth, 2009; Siegel, 2007). Furthermore, there is consensus among various authors that mindfulness is a path to inquiry into and understanding of the self (Hirst, 2003; Kabat-Zinn, 2009; Schimdt, 2004; Schoeberlein & Sheth, 2009; Siegel, 2007; Zajonc, 2009). It was also pointed out in the literature that mindfulness can be applied to all facets of life (Hanh, 1987; Kabat-Zinn, 2009; Schimdt, 2004). Moreover, the literature has emphasized that practicing mindfulness requires as well as brings forth kindness and compassion toward the self and others (Kabat-Zinn, 2009; Schimdt, 2004; Schoeberlein & Sheth, 2009; Siegel, 2007). Holland (2006) has concisely summarized the process of mindfulness:

Mindfulness is an inclusive focus on anything in the present moment of one's experience.

This awareness occurs through a nonjudgmental acceptance of all that arises in the mind and body as one observes one self. This is accomplished by using the sensations of one's breathing as a means of staying in the present moment, and from that vantage point,

observing the thoughts, feelings, and physical sensations that arise and dissipate as each moment is formed. The breath, then, offers a gentle anchor and is a practical vantage point from which to observe because it is always present but also always changing; as such, breath is an immediately available metaphor for life itself. (p. 1848)

Holland's (2006) summary provides a definition of mindfulness as well as the relevant components of mindfulness: breath, awareness, and acceptance. Holland also alluded to the transient nature of mindfulness. In this way, mindfulness can be considered as a lived moment-to-moment experience rather than a static experience. In reviewing the literature, I identified, according to my topic of interest, common themes that the benefits of mindfulness could be grouped into. I accordingly categorized these into four groups: the first is new possibilities of action, the second is empowerment, the third theme is ease and well-being, and the final theme is kindness and compassion. Next, will be a discussion of each of these themes. Following that, I will consider the application of mindfulness in education.

New possibilities of action. The reviewed literature has shown that there is much value in practicing mindfulness. One significant point of view is that mindfulness can create new possibilities of action (Hanh, 1987; Kabat-Zinn, 2009; Macdonald & Shirley, 2009). In one longitudinal study I was able to find, Holzel et al. (2011) investigated changes in brain gray matter in relation to participation in an MBSR program. Their research into anatomical magnetic resonance images confirmed increases in gray matter concentration, signifying that participation in MBSR is associated with changes in parts of the brain associated with learning and memory processes, emotion regulation, self-referential processing, and perspective taking. Hanh (1987), who is a Buddhist monk and teacher of mindfulness, explained that mindfulness can help each individual to choose their actions. Macdonald and Shirley (2009), who for four years led mindful

teaching seminars and gathered information from teacher participants, supported the claim that when the body is relaxed and the mind is calm, different possibilities of action become available than when one is in a state of stress. Similarly, Kabat-Zinn (2009), through his vast clinical experience working with the MBSR program, has also maintained that practicing mindfulness can bring about stillness, composure, and understanding. Furthermore, Siegel (2007), who is a psychiatrist, educator, and director of the Mindsight Institute, has found through the literature and from his clinical experience that the practice of mindfulness promotes flexibility and the ability to notice one's environment and the circumstances that are occurring in the present moment. Siegel (2007) has pointed out that being mindful in this way guides one to take into consideration the context and perspective that play a role in each moment. Therefore, mindfulness can also assist in perceiving another person's point of view. Siegel further supported this claim by reporting that mindfulness also heightens the ability to perceive nonverbal cues and sense what may be occurring for others and, in this way, can strengthen relationships.

In brief, it is found that practicing mindfulness helps one to manage challenging situations by staying focused, present, flexible, and available (Kabat-Zinn, 2009; Schoeberlein & Sheth, 2009). Managing challenges and recognizing new possibilities of action are both necessary in nursing practice, where urgency and change are inherent. Therefore, I believe it is appropriate to include the practice of these skills in nursing education.

Empowerment. Chinn (2004), a nursing professor, believed that empowerment is the development of personal strength that comes from listening respectfully to oneself as well as to others. Chinn suggested that empowerment comes from treating oneself and others with reverence and respect. This is relevant to nursing education, as it is the combination of listening to the self and listening to others that enables both educators and students to be caring,

compassionate, and considerate of the person who is in front of them. Being responsible to oneself is the fundamental nature of empowerment. Several researchers pointed to empowerment as a result of practicing mindfulness (Hanh, 1987; Hirst, 2003; Kabat-Zinn, 2009; Zajonc, 2009). Zajonc (2009) affirmed that mindfulness is a powerful technique to guide our attention back over to that which we do have control: ourselves. Kabat-Zinn (2009) pointed out that mindfulness can offer a gateway into personal knowing and a way to summon the personal resources that are inherent in all individuals. Kabat-Zinn further claimed that practicing mindfulness is a commanding tool for healing and understanding oneself. Furthermore, Hirst (2003), who explored mindfulness in relation to mental health, wrote that mindfulness supports us to learn from reflection and consider the foundation of our current knowledge. Hanh (1987) summarized nicely that when we are mindful, we are able to master and restore ourselves.

Ease and well-being. The next qualities that are brought forth through the application of mindfulness are ease and well-being. According to Kabat-Zinn (2009), practicing mindfulness can help develop and advance health and well-being while also decreasing anxiety and pain. Much of the research involving mindfulness has been able to establish evidence for links between mindfulness and decreased stress and anxiety. For example, Kang, Choi, and Ryu (2009) used a pre- and post-test design on 41 nursing students to measure stress, anxiety, and depression. In this study, the experimental group attended ninety-minute mindfulness-based sessions for eight weeks. The results showed the mindfulness meditation program to be an effective intervention to decrease the stress and anxiety of nursing students. Next, Cohen-Katz, Wiley, Capuano, Baker, and Shapiro (2005) tested MBSR on 27 nurses who practiced mindfulness techniques six days a week. Using quantitative data, they investigated whether MBSR decreased burnout. Their findings showed significant reductions in emotional exhaustion.

Similarly, Poulin, Mackenzie, Soloway, and Karayolas (2008) designed a brief MBSR program for nurses to be implemented in workplace settings using a quasi-experimental design comparing a mindfulness intervention program to a traditional relaxation program. The findings of their study showed both programs resulted in improved relaxation and life satisfaction, and those in the mindfulness program showed a particular trend toward improving emotional exhaustion.

A more specific study was done by Davidson et al. (2003), who did a randomized controlled study on the effects on brain and immune function of an eight-week clinical training program in mindfulness meditation. In this study, they measured brain electrical activity before and right after the program and then again at four months after the program. In addition, at the end of the eight-week program, both groups received an influenza vaccine. The results illustrated significant increases in left-sided anterior activation: a pattern associated with positive affect. Their findings also demonstrated significant increases in antibody titers to influenza vaccine for the meditation group compared to the non-meditation group.

Schonert-Reichl and Lawlor (2010) did a quasi-experimental study evaluating the effectiveness of a mindfulness education program in grades four to seven. They used pre-test and post-test self-report measures to evaluate optimism, general and school concept, and positive and negative affect. The results of this study revealed that participants in the program showed significant increases in optimism from pre-test to post-test.

Lynch, Gander, Kohls, Kudielka, and Walach (2011) did a study exploring the feasibility of implementing a new eight-week mindfulness-based program called mindfulness-based coping with university life. This study examined anxiety and depression, perceived stress, mindfulness, and personally relevant change before and immediately after the program. Significant change

was observed in the experiment group in the areas of perceived stress, depression, and personally relevant change.

Brown and Ryan (2003) did a theoretical and empirical examination of the role of mindfulness in psychological well-being. This study revealed that both dispositional and state mindfulness predicts self-regulated behaviour and emotional states. Their clinical intervention study with cancer patients demonstrated that increases in mindfulness correlated to reductions in mood disturbance and stress.

Irving, Dobkin, and Park (2009) reviewed empirical studies done on health care professionals participating in MBSR, which showed that practicing mindfulness contributes to self-care and well-being. Similarly, in his literature review on MBSR, Praissman (2008) found MBSR was an effective treatment for reducing stress and anxiety. Kabat-Zinn (2009) also maintained that exercising this moment-to-moment awareness prepares the body and mind to develop calmness regardless of anxious feelings that may arise. Siegel's (2007) research further demonstrated that practicing mindfulness enhances one's physiology, mental functions, and interpersonal relationships. According to Siegel, specific uses of mindfulness regulate emotions, improve thinking patterns, reduce negative attitudes, decrease overwhelm, and increase empathy. Within the field of nursing education, ease and well-being are desirable traits for both educators and students as they cope with work load, numerous demands, and a variety of educational requirements.

Kindness and compassion. As mentioned previously, kindness and compassion were common threads throughout the literature on mindfulness. Greeson's (2009) review on empirical and theoretical work on mindfulness supported the claim that mindfulness enhances attention, awareness, acceptance, and compassion. According to Siegel (2007), coming to understand one's

mind through awareness cultivates kindness and compassion towards oneself, which may then naturally extend to others. Various authors have maintained that through the practice of mindfulness, individuals can begin to accept and eventually embrace their mind with kindness and compassion (Hanh, 1987; Kabat-Zinn, 2009; Siegel, 2007). Siegel (2010) has also noted that those with mindfulness skills are found to be more empathetic towards others. I believe that when mindfulness is put into practice by the nurse educator, the benefits will be experienced by both the educator and the students. In the field of education, Schoeberlein and Sheth (2009) pointed out that when educators connect mindfully with students through attention and communication, educators begin to foster a compassionate relationship. Furthermore, Schoeberlein and Sheth claimed that when students feel connected to and supported by a compassionate teacher, academic performance can be enhanced.

Although it is beyond the scope of this paper to examine the impact of mindfulness practice upon patients, it is probable that even patients can benefit as the educator conveys kindness and compassion to the nursing student, who then may be more likely to convey this to their patients. I will now look more specifically at the role of mindfulness in education.

Mindfulness in Education

There is a growing body of literature exploring the role of mindfulness in education (Adarkar & Keiser, 2007; Hart, 2004; Holland, 2006; Hyland, 2009; Jennings & Greenberg, 2009; Schoeberlein & Sheth, 2009; Siegel, 2010; Zajonc, 2006a, 2009). As has been mentioned previously, mindfulness is a facet of contemplative practice since mindfulness can include periods of contemplation and wonder (Zajonc, 2006a). In general, Zajonc (2006a) has noted that secular contemplative practices are being progressively more respected by educators throughout North American universities and colleges. Holland (2006), however, acknowledged that asking

students to practice moments of silence poses a paradox for many educators, as this type of practice may not be perceived as academic or a convincing way to learn. On a similar note, Hart (2004) contended that even though contemplation is indeed an inherent way of knowing, it is still slow to being embraced in today's curriculum and pedagogy. Nonetheless, Zajonc (2006b) expressed confidence that secular contemplative practices can benefit both faculty and students and plays an important role in education.

A way of knowing. Together with fostering compassion and awareness of multiple perspectives, mindfulness practice can also be a way of knowing. According to Hart (2004), contemplative practices are about deepening awareness and embracing a new way of knowing. Contemplative practice embraces a knowing that comes through silence and witnessing the contents of our mind. Similarly, Zajonc (2006b) pointed out that contemplative practice works to sculpt one's attention in a way that individuals begin to recognize and even come to appreciate multiple worldviews. This way of knowing opens and activates the mind, bringing forth a new worldview (Hart, 2004). In this way, Hyland (2009) considered mindfulness practice as paving the way for valuable and profound learning.

Benefit to educators. Based on the literature reviewed, it seems that mindfulness practice is a tool that educators can use daily to potentially create a more compassionate pedagogy (Adarkar & Keiser, 2007). According to Palmer (1990), educators create a classroom that is warm and welcoming when they practice mindfulness. Schoeberlein and Sheth (2009) have written a book based on their experience of mindful teaching; they have maintained that in a classroom where the teacher leads mindfully, modeling can be a commanding strategy, where if the teacher is calm, students will instinctively consider their own sense of calm. Furthermore, Jennings and Greenberg (2009) considered that mindfulness practice may help reduce teachers'

stress. Similarly, Schoeberlein and Sheth wrote that educators practicing mindfulness can benefit from improved focus and awareness, increased responsiveness to student's needs, stress management, stress reduction, and overall well-being. Macdonald and Shirley (2009) have also pointed out that teaching in a mindful manner generates an open mind, allowing educators to interact with students as they are now, not as we want them to be. Zajonc (2009) has noted that when educators bring this level of awareness to their interactions and listen from the centre of their being, a new kind of relationship with students can be born. Similarly, O'Reilly (1998) has noted that when an educator is truly present, he or she is more likely to voice what students need to hear.

Benefit to students. Schoeberlein and Sheth (2009) pointed out that teaching mindfully creates an environment in which students can develop academically, emotionally, and socially as well as an environment in which teachers are professionally and personally nurtured. Macdonald and Shirley (2009) have also noticed that for students, the simple gesture of a few minutes of silence to process the day and become aware of what is going on inside them and outside of them can make a valuable difference to their state of mind. In the same way, Brady (2007) agreed that moments of silence can help students to transition into and bring their focus on to the course at hand. Brady further conveyed that mindfulness promotes a deeper understanding of course material and also fosters a more personal relationship with course content. According to Hirst (2003), mindfulness can also encourage students to learn from reflection and raises their awareness of the choices they have in what they think and do. Finally, Siegel (2010) has demonstrated through his research that mindfulness can also increase effectiveness and achievement in school and work.

To summarize, although little empirical research exists, literature describing mindfulness purports that the practice of mindfulness is beneficial, especially in the areas of ease and well-being. In the literature there is agreement of the value and usefulness in incorporating mindfulness practice into existing teaching methodologies. I contend it is promising that mindfulness practice is suitable in nursing education. Mindfulness practice can serve as a platform from which to teach with awareness, new insight, new knowledge, and new choices of action. Even sitting in silence for a few moments and practicing breath awareness can begin to foster compassion and kindness and an epistemology that is based on insight and embracing multiple perspectives (Zajonc, 2006b, 2009).

Without Mindfulness

Several authors have identified the importance of mindfulness in education, and thus, these practices are gradually becoming more acceptable (Adarkar & Keiser, 2007; Hart, 2004; Holland, 2006; Hyland, 2009; Jennings & Greenberg, 2009; Schoeberlein & Sheth, 2009; Siegel, 2010; Zajonc, 2006a, 2010). According to the literature, the obverse, lack of mindfulness can be detrimental because the mind is often in a state of unrest, quickly shifting from thought to thought, and often in a random manner (Hyland, 2009). Kabat-Zinn (2009) suggested that in a constant state of doing, one may become trapped in the urgency of matters, possibly creating a state of tension and even an unconscious way of being. Furthermore, Kabat-Zinn has noted that this lack of awareness can become a habitual state of mind and, consequently, can influence everything we do. Moreover, Kabat-Zinn wrote that without mindfulness, we may not be conscious of our body, its signals, and its messages. Similarly, Siegel (2010) has also contended that without mindfulness, we are more likely to become overwhelmed by the emotions we experience. Siegel (2007) claimed that without mindfulness, we may not only miss moments of

attuning to ourselves, but also miss attuning to each other. Finally, Hirst (2003) has noted that when we do not pay attention to what is in our minds, we may also compromise the care we provide to others. This is especially important to reflect on within the field of nursing education where students are preparing themselves to care for others.

Discussion

This literature review suggests that mindfulness is a fitting strategy, and as a nurse educator, I would like to consider the application of mindfulness in nursing education, as nursing involves the fluid process of being, knowing, and doing, moment to moment, patient to patient (Sitzman, 2002). Teaching and learning the practice of nursing is likely to bring about concern of one's skill and abilities and possibly even overwhelm and anxiety; thus, mindfulness can serve as a tool to help maintain a sense of direction and balance. I propose that mindfulness practice and a mindful approach to teaching and learning the practice of nursing will better prepare new nurses in anticipating and responding to patients' needs. I will discuss the limitations in the literature specifically involving mindfulness and nursing education in a later section. I will now introduce the practice of mindfulness followed by a discussion on mindfulness in nursing education.

Practicing Mindfulness

“All shall be brought into our presence” (Barks & Moyne, 1997, p. 114).

In this piece, I will discuss the practice and performance of mindfulness. In reviewing the various literatures, I have found that there are multiple perspectives on mindfulness, yet common to these are at least four integral elements. These four fundamentals to mindfulness are breath, attention, self-awareness, and personal knowing (Hanh, 1987; Kabat-Zinn, 2009; Siegel, 2007). The blending and balance of these four faculties of breath, attention, self-awareness, and personal knowing, I believe, can help to cultivate and put into motion the practice of nursing as a way of being, knowing, and doing. In this section, I will explore each of these components individually, even though they are not separate, but rather are interconnected parts that together bring forth mindfulness.

The notion of mindfulness has roots in Buddhist as well as other meditative traditions (Brown & Ryan, 2003). Brown and Ryan (2003) further noted that mindfulness is a way to heighten one's consciousness, which is comprised of both one's awareness and one's attention in each moment. Simply put, mindfulness is a way of being: an ontological position of being in a state of presence with each unfolding moment. Mindfulness can be described as an awareness of one's states of mind while being aware of one's actions (Schoeberlein & Sheth, 2009). For example, when being mindful, a nurse educator becomes aware of how she or he is feeling while working with a student to help them understand the requirements of an assignment. Mindfulness is not about the past or future, but rather the here and now (Hirst, 2003). Along these lines, mindfulness is a lived experience, a way of being. Mindfulness is a call to be at attention and observe each moment of life (Hanh, 1987). In this way, the nurse educator working with a

student would observe his or her state of mind and begin to notice: Is there a sense of ease, or is there a sense of discomfort?

There is no right or wrong way of being, so instead of judgment, there is simply an observation of one's state of mind. It is fundamental to embrace anything that is in the present moment of one's experience (Holland, 2006). Often, simple acknowledgment of what one is feeling is all that is needed. For example, just bringing attention to the impatience a nurse educator might feel can cause the feeling of impatience to subside. In recognizing this sense of being impatient or frustrated, the nurse educator can then adjust his or her way of being or, if possible, even choose to take a few minutes away from working with the student. This ability to recognize one's mindset requires giving one's full attention and focus to the present moment (Hirst, 2003). Simply stated, mindfulness is a moment-to-moment awareness of what is being experienced (Schmidt, 2004).

Observation of one's frame of mind also requires a willingness to witness one's outlook in that moment: be it happiness, sadness, joy, frustration, anger, or silliness. This level of noticing can sometimes create unease; in this case, what is needed is to allow the discomfort to exist. Resistance to a feeling or thought can actually create persistence of that feeling or thought. On the other hand, allowance and acceptance of what comes forth creates freedom to be and even choose differently in the next moment. In reading this, a nurse educator may feel overwhelmed at the thought of paying this level of attention to the self while at the same time also trying to engage with students. This is understandable, considering that when one begins the practice of mindfulness, the multitude of thoughts and feelings that come into awareness can feel intense. In this case, a nurse educator can begin a gentle practice of mindfulness when he or she is not in the midst of teaching.

The beauty of mindfulness is that it can be applied to all aspects of life (Schmidt, 2004). This moment-to-moment awareness can be brought to all activities, experiences, and relationships (Schmidt, 2004). Accordingly, in nursing education, mindfulness can be harnessed in every interaction with every student: from role modeling in the lab and in clinical settings, to preparation of lesson plans, to marking of assignments, and in doing self and peer evaluations. Mindfulness pedagogy then also becomes a lived experience: a way of being that flows and shifts in each situation. In relationships, mindfulness involves being situated in the present with the person with whom there is interaction (Schmidt, 2004). For instance, nurse educators could be fully present and attentive to each student they are engaging with, one student at a time. Mindfulness may begin with establishing attentiveness towards the self, but as a result of being in a state of attentiveness, the person or task that is the focus at hand also receives a quality of attention. Furthermore, when one has awareness of self in the moment, there is great potential to reflect on one's strengths and weaknesses and then act thoughtfully and responsibly. This very notion of being responsible and accountable in each moment, in order to be, to know, and to do in each situation, exemplifies the practice of nursing. Through exercising mindfulness, this type of practice can then be experienced.

Another aspect of mindfulness is being insightful to context and at the same time having a willingness to explore multiple perspectives, which fosters the ability to perceive various points of view instead of just one (Langer, 1993). With the practice of mindfulness, one can develop and harness this ability to select how and if to respond in each teaching and nursing situation. In this way, being mindful can grant individuals the opportunity to choose their actions (Hanh, 1987). For nurse educators, mindfulness can be an opening through which comes choice in selecting the response that is made to the multiple teaching and learning opportunities as well as

to the diverse learning needs of nursing students. Mindfulness is the means and the end, the seed and the fruit (Hanh, 1987). This means that mindfulness is the process and the result, a living experience. It is one moment at a time.

In an academic context, mindfulness can further serve as way to transition students into the workplace, as it provides a useful tool that can support them during times of stress (Poulin et al., 2008). Furthermore, mindfulness can be mutually beneficial for nurse educators and their students as a way to cope with academic and practice demands by bringing attention to their breath and the present moment.

Kabat-Zinn (2009) remarked that those who begin to observe the dialogue in their mind may find it interesting to note that their thoughts are often not to do with the present moment. If this is the case, it is important to consider the impact this has on one's way of being and doing. Alternatively, I believe with awareness and attention in each moment, understanding and wisdom can then be revealed to inform the practice of nursing. Doane (2002a) upheld that when individuals are not held in their habitual patterns, they can awaken their heart and become compassionate. In the same way, when nurse educators consciously let go of their own concerns, they are more able and willing to focus on their students (Doane, 2002b). Otherwise, nurse educators may neglect to truly listen and relate to their students. It is for this reason that practicing mindfulness in nursing education is imperative. I will now discuss the four components of mindfulness beginning with the breath and invite you to participate while reading with the intention that you may begin to experience mindfulness even now.

Breath

The breath is constant and is a secure place from which one can observe; the breath is always there, yet always changing, just as life itself (Holland, 2006). The practice of paying

attention to the breath can help to bring one's attention into the present moment. By attending to each breath, one is developing concentration and awareness and recognizing that each breath, each moment is unique and impermanent (Hooker & Fodor, 2008). Taking time to pause and pay attention to the breath allows one to be aware of fleeting thoughts and emotions and may guide individuals in responding constructively (Schoeberlein & Sheth, 2009). Breathing in, this is what I am feeling, and breathing out, this is what I am feeling. Ott (2004) reminded us that mindfulness requires resolve and a willingness to observe what is taking place without judgment, worry, or anticipation. This discipline is realized by patiently and fully observing our breath (Ott, 2004).

It may seem that the day-to-day pace of life may not allow for time to attune to ourselves or each other (Siegel, 2007). However, even just five minutes of breathing mindfully, giving one's full attention to their breath, can prime the mind and body to channel mindfulness throughout the day (Schoeberlein & Sheth, 2009). Imbedded in one's day-to-day activities are spaces of inaction. These precious instants, when recognized, can serve as calmness during a hectic day (Epstein, 2003b). Schoeberlein and Sheth (2009) explained that even at the centre of chaos and activity, educators can find an awareness of calm. They suggested that nurse educators can deliberately create space in their day by pausing to pay attention to their breath and rest. Schoeberlein and Sheth further noted that these spaces of rest prompt one's attention to focus yet again on what is currently occurring. For example, commuting from home to school can, in fact, provide a wonderful opportunity to pay attention to one's breathing and to practice mindfulness (Schoeberlein & Sheth, 2009). Witnessing one's breath is also a powerful way in which to pay attention to one's state of mind that naturally fluctuates between the spaces of tension and ease.

When an individual begins the practice of mindfulness, the mind may wander into problem solving, analyzing, or storytelling. All that is needed is to gently guide one's attention back to the breath (Ott, 2004). Therefore, as I am writing this, my mind is taking me as a nurse educator to the pile of papers that I need to mark; hence, I gently remind myself that this piece of writing is my task at hand right now. Deliberate attention to my breath brings me out of my mind chatter and focused back on what is in front of me right now. Indeed, there are times to problem solve, analyze a situation, and plan for the future; these too can all be done mindfully when chosen as the task at hand. I will now progress from attending to the breath in each moment to next observing the mind and body.

Attention

As an individual's attention expands from the breath to his or her state of mind and body, he or she can gradually begin to notice how and if they are participating in each moment. Being considerate and attentive to both the mind and the body are integral elements of mindfulness (Epstein, 2003b). This attentiveness is purposeful and a chosen way of being (Epstein, 2003b). Paying attention in this way can help one recognize their body's signals (Schoeberlein & Sheth, 2009). The body then becomes a guide (Ott, 2004). By being in a state of presence, one is able to notice subtle shifts taking place in the body.

The physical body is intelligent and communicates a feeling of unease, a need to change position, or a need to rest (Ott, 2004). A person can ask: is my body tense, is my posture constrained, or is there a sense of ease and well-being within me? Is my mind accepting of this moment, this task, or is there resistance or resentment? When the body is relaxed and the mind is calm, different possibilities of action become accessible than when one is in a state of stress (Macdonald & Shirley, 2009). Again, as I am writing this, I simply become aware of my

shoulders and my neck and facial muscles. This acknowledgment of my body then gives me the opportunity to relax and shift any areas that are tense. Even with this simple adjustment, my writing begins to flow with much more ease. When my task at hand is marking papers, I apply the same principles beginning with attending to my breath, then my body, and then my mind. When I do this with one paper at a time, the quality of attention positively serves the way I mark and, in turn, hopefully better serves my students. Accordingly, by paying attention to the breath, body, and mind, nurse educators can begin to cultivate and expand their level of self-awareness.

Self-Awareness

The practice of mindfulness coexists with the practice of self-awareness (Schoeberlein & Sheth, 2009). Self-awareness involves being present to the emotions and or reactions that come forth, if possible, without resistance (Zander & Zander, 2002). This means allowing and even welcoming one's current frame of mind. Self-awareness includes observing, as a commentator would observe and report on a sports game. As an example, when I am marking papers, I may notice at some point that I get weary and maybe even develop a feeling of impatience. As a result of this reflection, comes an awareness of choices that could be available to me; for instance, I could decide to take a short break, decide to go to the next paper, or even debrief with a colleague. The idea here is to develop a nonjudgmental acceptance of that which surfaces in the mind and body (Holland, 2006). As an individual becomes more accepting of oneself, he or she can become more accepting of others. When I practice this with myself as a nurse educator, I may become more compassionate when I see students getting fatigued. In this way, mindfulness becomes foundational in relating to the inner self and, in turn, can help develop compassion for other's (Schimdt, 2004). Acceptance of self can be manifested over again by using the breath as an anchor, as one's thoughts, feelings, and physical sensations come and go with each moment

(Holland, 2006). Accordingly, paying attention to the breath both initiates and sustains self-awareness through which comes forward the fourth element of personal knowing.

Personal Knowing

The final element of mindfulness I will consider is personal knowing. Siegel (2010) suggested that connecting with oneself begins with reflecting on one's thoughts and feelings. It is through this self-awareness and self-acceptance that a relationship with oneself can gently and gradually be developed. This is necessary, as I consider the various aspects of the inner self as a reflection of the various aspects of the outer world (Zajonc, 2006b). For this reason, I believe that one's inner experience is reflected in their outer experience. In this way, one's inner world is a small-scale version of all that is in the outer world. Being receptive to the inner self then facilitates receptivity to the outer world (Hart, 2004). Therefore, when one accepts the different parts of their own psyche, they can then more easily accept others in our diverse society (Zajonc, 2006b). As individuals develop a relationship with self, they move toward harmony of the mind, body, and spirit (Hentz & Lauterbach, 2005). Furthermore self-awareness, self-knowledge, and caring for self are essential in generating caring relationship with others (Hentz & Lauterbach, 2005). I will now explore how developing the practice of mindfulness can inform nursing education.

Mindfulness in Nursing Education

Do you think I know what I am doing? That for one breath or half-breath I belong to myself? As much as a pen knows what it is writing or the ball can guess where it is going next. (Barks & Moyne, 1997, p. 16)

Through my literature review, I found only a few articles that have been published specifically on mindfulness in nursing education. To begin with, Young, Bruce, Turner, and Wolfgang (2001) found that student nurses with mindfulness skills experienced improved physical, emotional, social, and mental health. Young et al. also found that third-year nursing students who participated in an eight-week MBSR program were empowered to attain balance in their lives, and these students would endorse integrating MBSR into nursing curriculum. Poulin et al. (2008) and Young et al. maintained that these mindfulness skills would prepare student nurses to enter a demanding workplace. Beddoe and Murphy (2004), Poulin et al., and Young et al. all found that nursing students who participated in an eight-week MBSR program had significantly reduced anxiety. Lastly, Beddoe and Murphy suggested that when students use mindfulness to quiet their minds and observe the present, they may be better able to respond to their patients.

As an educator, Palmer (2007) affirmed that if I do not know myself, then I cannot know who my students are. He claimed good teaching necessitates self-knowledge that serves both the relationship with students and the manner of teaching. For instance, Palmer proposed that an educator's ability to interact with their students and their subject is shaped by their ability to identify with themselves. As such, he affirmed that one's capacity to connect and relate to students depends not on specific teaching methods, but rather on the capacity to trust oneself

with a willingness to be vulnerable in the service of education. Accordingly, it is necessary to be connected with oneself before connecting with others (Siegel, 2010).

Through self-awareness and self-knowing, nurse educators can develop an increased capacity to cultivate caring relationships with their students. Personal knowing can also support the translation of one's values into their teaching practice. When one is mindful of living their values, such as caring, compassion, and kindness, they are better able to bring these into realization (Watson, 2002a). Professionally, one can choose to practice in a manner that is aligned with and strengthens their values (Swanson, 2000). When one acts in accordance with their values, the individual feels harmonious, healthy, and whole (Watson, 2002b). On the other hand, when one is not attentive to living their values, it can create a feeling of disharmony and disorder (Watson, 2002b). When nurse educators develop their practice of mindfulness as has been previously described, what begins to arise is a knowing of oneself. This relationship with oneself is fundamental to being responsible and accountable for one's choices and actions in each moment. It is this responsibility and accountability in each moment that gives rise to expressing the practice of nursing. I will now explore ways that mindfulness can be introduced into nursing education as well as practical applications of mindfulness.

Mindfulness as a Pedagogical Strategy

Mindfulness informs teaching from an epistemological perspective by offering both the educator and the student an additional way of knowing: an in-the-moment knowing that occurs when one is fully present. Johns (2001) believed that within each unfolding moment, an intuitive knowing takes place. Correspondingly, Zajonc (2009) conveyed the need to be still and emancipate the knowing within. Similarly, Tolle (2005) believed that wisdom comes forth not from thinking, but instead from an inner knowing that manifests through the act of giving

someone or something one's full attention. In this way, mindfulness generates an active and moment-to-moment method of knowledge development. Zajonc (2006a) contended that mindfulness works to help the mind to value and even welcome a range of worldviews.

Mindfulness and pedagogy can be linked, as teaching is enhanced when educators are fully present (Schoeberlein & Sheth, 2009). Mindfulness can deliver the ontological piece of teaching, since an educator's way of being is just as important to consider as the content that is taught. Schoeberlein and Sheth (2009) declared that a master teacher is mindful, aware of self, and attuned to the student. When an educator is mindful, there is less potential for overwhelm, as their attention is brought to the present moment. As nurse educators teach mindfully, they may be more available to their students, more responsive to their students. Even though multiple demands continue to exist, the educator is attentive to each moment at a time and to each student at a time. Mindfulness allows educators to consider their actions as they go along (Jordan, Messner, & Becker, 2009). This is significant in nursing education, as it reflects the critical thinking process that is required of nurses to practice safely and competently according to the situation at hand.

Moreover, mindfulness facilitates awareness of the thoughts and feelings that emerge when educators are teaching (Conklin, 2009). Conklin (2009) further purported that in noticing the thoughts that are passing through the mind at any given moment or observing the experience in a particular moment, the educator gains insight and clarity into themselves and others; subsequently, as they acknowledge their thoughts and feelings, educators can develop compassion and understanding towards themselves and others. Furthermore, as nurse educators attune to themselves and to their students, they begin to experience how naturally learning can unfold (Diekelmann & Smythe, 2004). Hart (2004) revealed that educators who explore their

own contemplative mind are better able to guide their students in this endeavor. O'Reilley (1998) discussed that being present as an educator requires her or him to be attentively listening to their students instead of judging and evaluating what is taking place. Zajonc (2009) has identified that even though contemplative pedagogy requires ongoing practice and patience, students quickly come to realize and value these exercises. O'Reilley has suggested that guidelines on a structure of contemplative pedagogy should be minimized, as it is important for educators to create an intuitive approach rather than a prescribed approach.

Practical Applications of Mindfulness

Nurse educators may choose from a variety of approaches, such as mindful breathing, mindful tasting, and free writing, to engage students in mindfulness. Zajonc (2009) wrote that contemplative pedagogy includes applications that range from silence at the beginning of class to various practices that exercise one's attention, such as reading out and pondering on a piece of poetry. Similarly, Hart (2004) suggested a range of practices from poetry to contemplation to initiate a contemplative state and quiet mind. In my own teaching, I have shared inspiring quotations with my students that reveal attributes of nursing from leadership to caring and then simply allowed students to reflect on the quotations in silence for one to two minutes. According to Zajonc (2009), mindful or thoughtful exercises encourage students to engage in a more reflective and experiential interaction with classroom content. O'Reilley (1998) claimed that these mindful practices provide freedom from the constant chatter of the mind.

A nursing class, be it in anatomy and physiology, or communication, or even the clinical setting can all begin with a moment of silence. As has been previously discussed, it is in silence and stillness that we come to know. Brady (2007) claimed that the power of silence at the beginning of each class provides time for students to transition and focus themselves for class

activities. For students, this simple gesture of a few minutes of silence to process the day and become aware of what is going on within them and around them can make a valuable difference to their state of mind (Macdonald & Shirley, 2009). According to Brady, the sound of the Japanese bell is one method that can be used at the beginning of class to support students to stop and become centred. Subsequently, nurse educators may begin by checking in with their students, remembering to first check in with his or her self. In this way, within the context of mindfulness pedagogy, taking attendance can provide a structure that urges acknowledgment of the students (Schoeberlein & Sheth, 2009).

Schoeberlein and Sheth (2009) recommended that before teaching begins, it is important to recognize and acknowledge if students are sleepy, distracted, or feeling weighed down. As a result, the educator then knows where the students are at and can then proceed accordingly rather than struggling for their responsiveness. Schoeberlein and Sheth explained that it is much more productive to work consciously with the energy level of the students. When connecting mindfully with students, educators begin to foster a compassionate relationship exemplified by respect and open communication (Schoeberlein & Sheth, 2009). Consequently, teaching within the framework of mindfulness pedagogy creates an environment in which students can develop academically, emotionally, and socially as well as an environment in which teachers are professionally and personally nurtured (Schoeberlein & Sheth, 2009).

As has been formerly stated, in a classroom that is led mindfully, modeling can be a commanding strategy, where if the teacher is calm, students will instinctively consider their own sense of calm (Schoeberlein & Sheth, 2009). In this manner students are given the experience of what it is like to be dealt with mindfully and then can perhaps do the same with their patients. Accordingly, when nursing students have the experience of being taught mindfully, they also

may be inspired to take a breath, be conscious of their inner resources, and be present for their patient(s) before entering a room (Brown, 2003) . In this way, nurse educators are modeling a way of being and a way of interacting with the world; they are modelling the art of nursing. Schoeberlein and Sheth (2009) believed that students learn more from what the educator does and how the educator is being than from what the educator is saying. They purported that in this fashion, modeling silence can also work effectively when wanting to quiet down a classroom. When educators teach mindfully, they give attention to receiving their students' attention to commencing, they may take mini breaks during the class, and formally acknowledge the conclusion of class. In this type of a classroom, it can become customary to listen, respect, and accept. In this type of classroom, there is a practice of kindness and compassion to oneself and to one another.

Nurse educators play an important role that comprises the position of a coach, mentor, guide, and facilitator. Teaching in general is multifaceted, dynamic, and filled with unscheduled occurrences requiring nurse educators to be alert, aware, flexible, and responsive. Additional responsibilities of teachers include curriculum planning, lesson planning, selecting material, designing learning activities, working with a variety of students, role modeling, and evaluating students. I believe that patience, attentiveness, and responsiveness are valuable and fundamental qualities for educators (Schoeberlein & Sheth, 2009). These qualities can be garnered by incorporating simple mindfulness techniques into one's teaching practice (Schoeberlein & Sheth, 2009). For example, a simple technique that I use in my classroom, both at the start and the end of class, is ringing a chime and sitting in silence for a few minutes to bring our awareness into this moment, into this classroom. The students in this class have come to look forward to this ritual. In this way, mindfulness can be meaningfully infused into individual teaching styles and

support students without requiring them to have their own practice (Schoeberlein & Sheth, 2009).

Mindfulness is an approach that nurse educators can use to be open to and even bring forth the students' present level of knowing and perspective. Then, beginning with the students' understanding, the nurse educator may go through a process of contemplation and inquiry. Zajonc (2009) has pointed out that a part of contemplative pedagogy also includes contemplative inquiry, which is posing questions such as: "Why do I...?" or "How can I...?" or "What is the nature of...?" This type of inquiry is fundamental to teaching and practicing nursing. Furthermore, Zajonc noted that it is in becoming aware of our routine views that we can possibly then embrace new ones. Zajonc also suggested that contemplative practice and contemplative inquiry can inform how we act in the world. Nurse educators can use this process of inquiry to further guide their students to use their present level of understanding to connect with and integrate new knowledge. This co-creative process between the nurse educator and the student can be realized through the practice of mindfulness.

As has been identified before, the process of mindfulness comprises attention, awareness, acknowledgement, and gradual acceptance of one's experience; acceptance then brings about transformation of one's experience (Siegel, 2007). When mindfulness is practiced, it can serve as a powerful technique to guide our attention back over to that over which we do have control: ourselves (Zajonc, 2009). In nursing education, I believe that the mind is best utilized when one's attention is placed on the person, topic, or task at hand. Siegel (2007) pointed out that being fully present creates new possibilities of action. In this way, when attention is brought to oneself as a nurse educator or a nursing student, one can begin to inquire: Am I being caring and compassionate? Do I know what to do? Do I know how to do it? Do I need to ask for help?

Mindfulness informs this way of being, knowing, and doing, as it calls for being attentive and aware in each moment. Teaching and learning the practice of nursing requires this ability to be, to know, and to do moment to moment with each patient in each situation. Thus, as nurse educators aim to teach and role model the practice of nursing, mindfulness can serve as a way to stay grounded no matter the situation or patient that is one's current experience.

Living and working mindfully can lead one on the path to self-discovery (Williamson, 2003). With mindfulness, individuals become engaged with their gifts and limits: their capacities and vulnerabilities (Williamson, 2003). This path of self-discovery can illuminate nurse educators' and students' areas of strength and learning needs. For instance, when practising mindfulness while demonstrating a skill in the laboratory setting, the nurse educator can be mindful out loud so that students can hear the process. Highlighting the process of knowledge development, instead of just content, mindfulness offers a new way of being (Siegel, 2007). This way of being can serve as a powerful tool for nurse educators to use in their teaching.

Teaching Mindfully

“If he is indeed wise he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind” (Gibran, 1996, p. 34).

As I experience life, I realize that my strength comes not from managing others, but instead comes from being aware of what is going on within me and then working with what is going on within me. For instance, by taking a few minutes at the beginning of class to centre myself, I am better able to give my full attention to the students and the topic of discussion. In this state of presence and attentiveness, more stories, examples, and questions flow through me that are relevant to the topic at hand. My practice of mindfulness has also prepared me to be more comfortable in pausing before answering as well as being at ease with silence in the classroom. In the moments where I begin to feel uncertain or self-conscious, I pause and simply acknowledge to myself that I am feeling uncertain. In acknowledging this feeling, I allow the feeling; in allowing the feeling, I am once again attentive and present. When nurse educators build their mindfulness practice, they can access a state of presence in the midst of teaching (Schoeberlein & Sheth, 2009). Mindfulness can permeate the educator’s actions and outcomes by him or her simply expressing awareness and attention to their students (Schoeberlein & Sheth, 2009). Overall, mindfulness promotes awareness of context and differing perspectives, flexibility, effectiveness, and increased empathy (Siegel, 2010): all of which play a significant role in the nursing education.

Teaching is comprised of observing, trusting, letting be, and creating a space for the student to come into one’s own (Bergum, 2003). Yet classes are not always designed to nurture and engage the body, mind, and spirit (Irving & Moffatt, 2002). Nonetheless, O’Reilly (1998) questioned if it is possible to design a classroom that can grant both educators and students the

permission to nourish an inner life. Palmer (1990) believed that as educators practice mindfulness pedagogy, a classroom that is warm and welcoming can be created. As well, in this type of learning, perhaps the teaching and learning of nursing can truly flourish.

Educators who care about their teaching and care about their students tend to bring forth a sense of well-being (Palmer, 1992). Using mindfulness, one can be in touch with their essence and their place in the world (Williamson, 2003). As part of my commitment to teaching mindfully, I plan to build a regular practice of mindfulness. In addition, I intend to incorporate time to be still and be aware of myself into my work time. My current practice is to incorporate a few minutes of stillness with my students before I start teaching. For example, when I arrive at the school or in the classroom, I remind myself to pause and notice the colours, light, sounds, and energy of where I am. Next, I check in with my own energy and my own mind chatter. In this way, I begin to align with the present moment, embed, and tune into myself. With the intention of creating a space of acceptance, when my students arrive, I aim to make eye contact with them, greet them, and listen as they begin to speak. The whole of this practice begins with my intention to teach, learn, and live with kindness and compassion.

I will now address three specific qualities that nurse educators are invited to develop through the practice of mindfulness: (a) listening, (b) being present and available, as well as (c) being open and aware. I contend that each of one of these qualities enhances the ability of the nurse educator to teach and role model the practice of nursing. I will begin with the first attribute of listening.

Listening

“There is a way between voice and presence where information flows. In disciplined silence it opens, with wandering talk it closes” (Barks & Moyne, 1997, p. 32).

Listening is an essential tool of communication that can create profound relatedness between nurse educators and nursing students. Wright (2006) maintained that it is through listening that we connect with one another. According to Stickley and Freshwater (2009), listening requires being present and engaged. I trust that the more present I am, the more available I will be to listen. My intention as a nurse educator is to get to know my students by truly listening to their needs and perspectives. As such, I aspire to also role model and inspire student nurses to then listen to their patients' needs and perspectives. Wright proposed that paying attention to others in this way is at the very heart of nursing. Furthermore, Jasmine (2009) suggested that giving attention to another requires thoughtful use of posture, facial expressions, and eye contact in order to express genuine interest. Jasmine also pointed out that maintaining eye contact during listening is vital to having one's attention perceived. Similarly, Stickley and Freshwater explained that listening is an active process that involves all the senses, so that one hears the sigh, feels the anxiety, and sees the despair. They maintained that when one is present to the relationship between self and another, listening becomes an embodied experience. As a result, listening can become a lesson in mindfulness as the nurse intuitively connects between self and another (Stickley & Freshwater, 2006).

Genuine communication happens in the moment, so to truly communicate we must be free and available in the moment. One cannot think and fully pay attention to someone at the same time. Likewise, when one is distracted with their thoughts while trying to listen, they are too preoccupied to truly listen (Wright, 2006). For when we are talking to our self, we are only occasionally checking in with the other instead of truly listening. As a nurse educator, I would like to consider the possibility of listening in a way that encourages students to become known as they are being listened to (O'Reilly, 1998). O'Reilly (1998) suggested that students become

skilled at listening when they are being listened to. In this way, we can develop the capacity to listen in our nursing students by first listening to them. As a nurse educator, this ability to listen to the students will require a state of presence and awareness of self. If educators can bring this level of awareness to their interactions and listen from the centre of their being, a new kind of relationship can be born (Zajonc, 2009). When one listens without formulating opinions and responses, an opening is created to receive the external conversation (Palmer, 2007).

It is important for nursing students to learn about listening, kindness, and compassion, as these are necessary qualities to develop for the practice of nursing. Mindfulness gives educators the opportunity to role model this listening, kindness, and compassion. The effort to listen a little longer and more carefully can begin a positive spiral (Nichols, 2009). Listening at a deep level takes courage, as it requires setting aside one's considerations in order to be fully present for and attentive to another (Wright, 2006). This takes me into the next quality of being present and available.

Present and Available

A state of presence is a gift an educator can give to their students by being attentive to them, aware of them, and available for them. When educators let go of their uncertainties, the ability to listen and hear the potential in students and their experience is enhanced (Doane, 2002a). Being available as an educator is being available in the moment (Epstein, 2003a). This kind of availability creates the sense that each moment is inexhaustible in attention, and time appears to slow or stand still (Epstein, 2003a). I trust that mindfulness pedagogy is the access to this state of attention, and when practiced in nursing education, it will serve to create a learning environment that delivers nursing knowledge through awareness, attentiveness, and

responsiveness to one another. This leads me to consider the last quality of being open and aware.

Being Open and Aware

Teaching and learning is multidimensional as educators and students bring forth their individual knowledge, attitudes, and skills into the classroom, and educators are required to piece together these individual details (Schoeberlein & Sheth, 2009). Thus, mindfulness supports educators in being open to and aware of their students while managing the multiple intricacies involved in teaching. Furthermore, in order to harness the ability to fit these pieces together, nurse educators must begin by understanding their own inner experience, next recognize their students' needs, and then apply fitting educational strategies (Schoeberlein & Sheth, 2009). A way for nurse educators to come to know their own inner experience is through the practice of self-care, which I will now explore.

Self-Care

My personal intention is to support and care for myself so that I may serve and support my students from a place of fullness. In order to maintain a teaching practice using mindfulness pedagogy, a personal commitment of self-care, a form of self-regulation, is mandatory. It is important for nurse educators to remember to give to and take care of not only their students, but also themselves. Caring for self is foundational to caring for others and comes before caring for others (Hentz & Lauterbach, 2005). Furthermore, caring for self creates the groundwork for caring for and about others (Schoeberlein & Sheth, 2009). A component of self-care includes taking the time to rest and restore.

Schoeberlein and Sheth (2009) pointed out that it is important to rest every day. This alone can sometimes be personally and professionally challenging (Brown, 2003). However,

individuals must be generous with themselves before one can be generous with others (Swanson, 2000). Accordingly, maintaining one's health and wellness is part of the responsibility of a nurse educator. I choose to nurture myself by participating in activities that ground and centre me, such as going for a walk and taking time to be silent. Journaling and exercise are additional tools that can be used to support educators to focus on the present (Epstein, 2003a). It is vital to take time to go inward and be available to oneself. As individuals take the time to be still and reflect, they begin to know themselves. Finally, taking this time to relax and reflect can expand one's ability to be mindful and simplify life (Swanson, 2000).

The Time to Begin is Now

Those who are experienced in the practice of mindfulness and reflective practice contend that it is never too late to begin a practice of mindfulness (Watson, 2002b). Therefore, begin when you are ready: whenever and wherever that may be (Watson, 1999, 2002b). Tolle (2005) revealed that when one is present and fully in the now, this presence will flow into and transform what one does.

Practicing mindfulness can begin in circumstances where the practice can be relatively easy (Schoeberlein & Sheth, 2009). For instance, my own mindfulness practice began when I had time on my own without distraction. Going for a walk and spending time with nature are two traditions I still use to bring myself into the present moment. Mindfulness allows for moments of being quiet with the self, which can cultivate deep, inner well-being (Zajonc, 2009). What is important is to be in a mode of noticing and observing, but not thinking (Tolle, 2003). It is helpful to rest one's awareness on a tree, a flower, and a plant to see how still they are, how deeply rooted in being they are. In this way, nature can teach us to be still (Tolle, 2003). Either practice of formal meditation or informal reflection can transform reactivity into compassionate

response (Macdonald & Shirley, 2009). The intention is to begin to find a balance between being and doing in both one's personal and professional life (O'Reilley, 1998). For instance, when there is a feeling of overwhelm, one can try to take twice as long on a task, which can turn out to be quite restful, or one can simply choose to be (O'Reilley, 1998). Tolle (2003) believed that intelligence works silently; thus, it is through silence that creativity and solutions can be discovered.

When I practice mindfulness, I have experienced many moments of calm and inspiration. As a result, I am drawn to spend more time in stillness. Tolle (2003) further claimed that mastery of life comes from letting go and giving up control. In this way, when one raises their own consciousness, they can profoundly touch those around them (Tolle, 2005). It is my hope that as nurse educators are fully present, it will support their teaching in a way that truly exemplifies the practice of nursing. In this state of being, knowing, and doing, nurse educators can truly be of service to their students.

In this section on mindfulness in nursing education, I have explored mindfulness as pedagogy and have attempted to illustrate the process of teaching mindfully through listening, being present and available, as well as being open and aware. I also introduced the practice of self-care as an integral component of teaching mindfully. At this point, I would like to acknowledge that not all educators will share my perspective on the relevance and usefulness of mindfulness in nursing education. I am aware of and support the many valued methodologies used in nursing education, my intention is not to replace these methodologies, but rather to offer a potentially complementary approach for consideration.

Future Inquiry

As I have developed my own practice and knowledge of mindfulness, I have found plenty of lay literature on the practice of mindfulness. I acknowledge that there is a growing body of research on the physical and psychological benefits of mindfulness. There is also an emerging body of literature on mindfulness and education. Where there is a gap in current knowledge is research on mindfulness and higher education. More specifically, research relating mindfulness and nursing education is especially limited. As a result, there is a need for further knowledge development in this field. Nursing research could begin to explore the benefits and impact of mindfulness practice to nursing education. For instance, does the inclusion of mindful practices support nurse educators to teach the practice of nursing? Does mindfulness in nursing education decrease the stress of nurse educators and nursing students? Does mindfulness used in nursing education increase kindness and compassion in nursing educators and nursing students?

Future studies could also be aimed at exploring how mindfulness practice can help to translate nursing knowledge into nursing action. Additional investigations could also aim to provide information on how to incorporate mindfulness into existing curricula. For instance, which mindfulness practices would work well in the classroom and which would work well in a clinical setting? Further inquiry is also needed to determine how open and willing faculty and students are to practice mindfulness, as well as what type of instruction and support faculty would need to bring mindfulness into their teaching. In the meantime, I recommend that faculty interested in mindfulness explore resources currently available and even begin a personal practice of mindfulness.

Conclusion

In this paper, I am advocating using mindfulness as pedagogy to access a state of presence. I am proposing a shift in precedence to first being present in the moment, out of which will flow the knowing and the doing. I believe this state of presence will open up new possibilities for nurse educators wanting to fully express the art of nursing. Mindfulness is a practice that involves giving attention to the breath, body, and mind. In a state of mindfulness, nurse educators are better able to fully express and exemplify the practice of nursing. This position of attentiveness begins to cultivate self-awareness and self-knowledge, which initiates a way of knowing. With mindfulness, nurse educators can advance their capacity to be responsive, to listen, and to accept themselves, each other, and their students as they are in each moment. My intention as an educator is to work with care, compassion, responsibility, service, and generosity. All of which, to me, exemplify the practice of nursing. I assume the role of an educator with great passion and responsibility. I am committed that education be meaningful, relevant, and enlighten both the heart and the mind.

My intent throughout this project has been to introduce mindfulness pedagogy as a possible way to teach and learn the practice of nursing. I have provided a review on mindfulness including the central elements. I have highlighted how mindfulness can inform nursing education. In addition, I have revealed the role of the nurse educator and the significance of self-care when using mindfulness as pedagogy. I hope I have left readers with the curiosity, interest, and inspiration to explore the role of mindfulness pedagogy in their educator role.

Remember then that there is only one important time, and that time is now. The most important one is always the one that you are with. And the most important thing to do is good for the one who is standing at your side. For these . . . are the answers to what is most important in this world. (Muth, 2002, p. 28)

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