



Mindfulness and Healthcare Leadership

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Abstract

In today's evolving healthcare landscape, effective leadership requires more than traditional management approaches. Stress and burnout among healthcare leaders have significant implications for patient outcomes and organizational efficiency. Mindfulness practices offer a strategy for leaders to enhance their well-being, resilience, and leadership effectiveness. This paper explores how mindfulness can reduce burnout, foster emotional intelligence, and improve healthcare environments by promoting collaboration and innovation. Through mindfulness, leaders can cultivate empathy, strengthen organizational trust, and create psychologically safe workplaces, ultimately leading to better healthcare delivery, improved provider well-being, and positive patient outcomes.

Keywords: workplace, mindfulness, leadership, healthcare

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正念和醫療保健領導力

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摘要

在當今不斷變化的醫療保健環境中，有效的領導需要的不僅僅是傳統的管理方法。醫療保健領導者的壓力和倦怠對患者的治療結果和組織效率有重大影響。正念練習為領導者提供了增強幸福感、適應力和領導效率的策略。本文探討了正念如何透過促進協作和創新來減少倦怠、培養情緒智商並改善醫療環境。透過正念，領導者可以培養同理心，加強組織信任，創造心理安全的工作場所，最終帶來更好的醫療服務、改善醫療服務提供者的福祉和積極的患者治療效果。

關鍵詞：工作場所、正念、領導、醫療保健

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收稿日期：2024.09.16；接受日期：2025.09.03

I. Introduction

In today's dynamic and interrelated healthcare workplace, effective leadership needs to extend beyond traditional hierarchical structures. Healthcare leaders need to navigate complex interpersonal dynamics, balance tight budgets, be responsive to the organization and those they manage, as well as cultivate a culture of collaboration to achieve organizational goals.

Effectively managing the stress related to their roles is the focus of one the quadrants of the Quadruple Aim as burnout and dissatisfaction results in lower patient satisfaction, reduce patient outcomes, and may lead to increased cost (Bodenheimer & Sinsky, 2014). Healthcare leadership is the process of influencing and guiding individuals, teams, and organizations within the healthcare system toward achieving shared goals that improve patient care, promote health, and enhance organizational performance (West et al., 2015). Studies have found that mindfulness interventions may improve aspects of leaders' well-being, resilience, and leadership capability (Catapano et al., 2023; Cohen et al., 2023; Donaldson-Feilder et al., 2019; Urrila, 2022). Mindfulness serves as a valuable approach for leaders to develop and cultivate environments that promote to productivity and innovation. Therefore, this paper explores how mindfulness can be used as a strategy for healthcare leaders to use to improve the work-life of healthcare providers and may ultimately impact health outcomes. While prior research has established the benefits of mindfulness practice for healthcare professionals, the present study makes three substantive contributions to this domain. First, we advance a novel integration of contemplative practices with leadership development frameworks and training ecologies in healthcare settings (Giles, 2016; Lesser, 2019). Second, our work pioneers the incorporation of behavioral economic

principles with deliberate practice frameworks to elucidate how mindfulness practices can be optimally embedded within healthcare training paradigms (Fritz et al., 2019; Peter et al., 2023). Third, we establish an empirical-practical nexus by demonstrating how evidence-based mindfulness protocols can be effectively translated into healthcare leadership contexts (溫宗堃, 2015; 蕭真真, 2024; Leadership Institute, 2024; Li et al., 2023) .

1. Current Healthcare Leadership Environment

Unlike most industries, healthcare leaders operate in environments where decisions directly impact human lives. The consequences of errors (e.g., misdiagnoses and surgical mistakes) are irreversible, creating unparalleled stress (Li et al., 2023). This contrasts with general enterprises, where risks are typically financial or operational. Healthcare providers routinely manage trauma, grief, and patient suffering—a level of emotional labor rarely required in corporate settings. This depletes resilience and demands unique coping strategies (Green & Kinchen, 2021). The delivery of health care is shifting to reduce some of the traditional hierarchies, care delivery now relies on interdisciplinary collaboration and collaborative practice. This duality complicates leadership approaches (Fritz et al., 2019).

Burnout, defined as exhaustion, disillusionment, reduced feelings of accomplishment, and reduced work-related motivation, has become a pervasive concern for healthcare and its leadership (Li et al., 2023). It has been reported that the cost of burnout is at US\$4.6 billion annually, translating to US\$ 7,600 per physician in practice (Han et al., 2019). Moreover, the connection between burnout and risks to patients through medical errors has garnered much attention in the recent years. A recent meta-analysis of the impact of burnout in healthcare found 14 of the 21 studies

reviewed reported links between significant clinical errors and medication errors (Li et al., 2023).

2. The Importance of Mindfulness in Healthcare Leadership

Healthcare leadership requires rapid, high-stake decision-making under stress. Mindfulness enhances prefrontal cortex function (常佑康等, 2017; Feruglio et al., 2021) while reducing amygdala reactivity (Azab, 2022), creating the ideal neural balance for crisis leadership. Mindfulness not only improves leadership effectiveness but also strengthens an organization's ability to remain sustainable and thrive in the rapidly changing and dynamic healthcare landscape (Kennedy et al., 2021). Mindfulness can provide several benefits for leadership to address challenges in leadership such as resistance to change, power imbalances, or cultural barriers. For example, healthcare providers face significant stressors, including long hours, high patient volumes, and an enormous weight of responsibility. Mindfulness practice has tools to manage stress, build resilience, and prevent burnout, thereby promoting an environment to sustain their effectiveness over time (聖嚴法師, 2020; Green & Kinchen, 2021).

Effective leadership requires emotional intelligence, empathy and compassion toward both patients and staff/colleagues. Emotional intelligence refers to the ability to perceive, understand, regulate, and use emotions in effective and constructive ways. It plays a crucial role in interpersonal communication, decision-making, stress management, and leadership, especially in high-pressure fields like healthcare (McNulty & Politis, 2023; Saikia et al., 2024). The practice of mindfulness can foster emotional intelligence, empathy, and a deep sense of connection, which promotes

authenticity in leadership creating a culture of compassion and bolstering trust within their organizations (Jiménez-Picón et al., 2021; Purnomo et al., 2020). Mindfulness also supports clearer thinking and better focus which is critical for making sound decisions (Feruglio et al., 2021). It has also been shown to promote overall organizational well-being by reducing stress and increasing feeling of well-being (Cheng et al., 2023; Fazia et al., 2021). Mindfulness can promote employee well-being, reduce turnover, and create environments which can foster the delivering high-quality care. Given the tremendous stress on healthcare leaders, there is a general call for strategies to address the stress and challenges facing health providers.

3. Understanding Mindfulness and Meditation

Mindfulness refers to a state of present-moment, non-judgmental awareness, which can be developed through both formal meditation practices and informal, everyday activities (Kabat-Zinn, 2003). Meditation is typically conceptualized as a formalized practice involving the regulation of attention to cultivate specific cognitive or affective states, often conducted in structured sessions (Lutz et al., 2008). That is, mindfulness is a mental state, and meditation is a set of practices that are intended to promote mindful awareness, enhance mental clarity, and support emotional regulation (Chiesa & Malinowski, 2011). Meditation practices include mindfulness meditation, loving-kindness meditation, and focused breathing exercises, have demonstrated efficacy in reducing stress, enhancing cognitive function, and promoting overall well-being (聖嚴法師, 2020; Batchelor, 2013; Lu et al., 2018). Empirical evidence from neuroscience and behavioral science demonstrates the efficacy of these practices in enhancing cognitive flexibility, emotional regulation, empathy, and resilience—core competencies

in healthcare leadership (Carroll et al., 2022; Good et al., 2016). These mindfulness-based approaches have become more common in medicine, psychology, neuroscience, healthcare, education, and in business leadership (溫宗堃, 2015; 蕭真真, 2024; Petchsawang & Duchon, 2012; Reb et al., 2020; Tu et al., 2022) .

II. Integration of Mindfulness Practice into Healthcare Leadership

Implementing mindfulness-based approaches in healthcare remains challenging, but it may ultimately be a key pathway to fostering joy at work and enabling providers to shape their roles for greater impact, meaning, and success for everyone working and training in healthcare (Banerjee et al., 2017; Sos & Melton, 2024). Integrating Buddhist concepts such as “rejoice in others’ merit “, “praise “, “trust “, and “affirmation “ into mindfulness practice initiatives can enhance work-life balance and emotional intelligence that help healthcare professionals build a fulfilling life around their work (果光法師, 2023; 溫宗堃, 2013, 2015; Klein et al., 2020; Monteiro et al., 2015; Spinelli et al., 2019) . This paper provides an opportunity to explore new strategies for addressing the needs and stressors of the healthcare workforce. It proposes a shift in how healthcare education is delivered and suggests improved methods for giving feedback in both healthcare training and the broader workforce.

Healthcare providers are responsible for training the next generation of professionals. While much is known about healthcare education—such as the fact that studying increases knowledge, study methods affect learning outcomes, coaching (i.e., educational support and guidance)

improves performance, and the way coaching is delivered influences the pace of improvement—what is often overlooked is the diversity in how individuals learn. Learners absorb material at different rates, and their “ramps” to mastering content vary significantly. These differences require a highly flexible approach, which is not typically present in current healthcare training or workforce environments. Effective coaching also depends on providing constructive, well-structured feedback, a skill that is often lacking in traditional healthcare education. Effectively delivered feedback is essential for facilitating learners’ progression from direct instruction to independent practice, enabling them to develop confidence and trust in their own competencies—an aspect that is often undervalued in prevailing training models (Fuentes-Cimma et al., 2024; Kozato et al., 2023; Pangastuti et al., 2022; Pelgrim et al., 2012).

In surgical education, teaching and feedback on operative technical performance are critical for trainees’ skill development and professional growth. While surgical training methodologies are largely standardized to ensure patient safety and procedural consistency, the role of feedback as a central mechanism in learning acquisition remains under-recognized and insufficiently systematized across programs. This lack of structured feedback diminishes opportunities for trust-building and individual empowerment, which are essential in high-stakes learning environments. Standardization, though grounded in the principles of scientific rigor and designed to minimize error, can inadvertently constrain adaptive thinking and suppress clinical judgment—an issue referred to as “algorithm fatigue” (Fritz et al., 2019). Moreover, the persistent demand for flawless performance, particularly in life-or-death surgical contexts, heightens psychological strain among trainees (Millar et al., 2024). This pressure contributes to what Kapadia et

al. (2021) have termed “perfectionism trauma,” a phenomenon intensified by a culture that equates mistakes with failure, rather than opportunities for growth. The psychological toll of such environments underscores the need to contextualize standardization not only as a pedagogical tool, but also as a cultural and emotional force within Western medical education—one that prioritizes precision, control, and infallibility. In response, incorporating mindfulness and contemplative practices becomes not merely beneficial but essential. These approaches can help counteract the emotional burden of high-performance demands by fostering resilience, self-awareness, and emotional regulation, ultimately supporting more humane and sustainable training ecosystems (de Oliveira Vidal et al., 2024).

Over the last decade an enormous amount of information from study and data has been generated to show in fact that current methods of feedback are an essential and ultimately critical influence in entrustability and independent practice (Fuentes-Cimma et al., 2024; Pangastuti et al., 2022). In the development phases of deliberate practice, the main goal is improvement of performance rather than enjoyment and is often performed without immediate reward (Kapadia et al., 2021). Many healthcare team members have been through deliberate practice to improve performance. The four pillars of deliberate practice include: growth mindset and motivation; practicing outside of one’s comfort zone; consistency; and feedback (Ericsson, 2008). Educators look for all these pillars in healthcare workforce training as learners and providers acquire skill sets necessary for adequate healthcare delivery. Practicing out of one’s comfort zone can be particularly stressful as healthcare team members manage new information, new techniques which are required in the ever-changing landscape of healthcare delivery for these lifelong learners. Consistency is also powerful to ensure ongoing

quality of care. The fourth pillar feedback, how we feedback information and performance evaluations to those taught and performing within the healthcare workforce ecology is oftentimes overlooked and the least well studied or standardized of the main practice pillars. And yet feedback carries enormous influence for entrustment, entrustability and eventually appropriate trust and self-trust in a provider's ability to care independently for patients. For example, in surgery there are training paradigms and standardized approaches for extensive deliberate practice, but few require standardized feedback practice.

1. Deliberate Practice

We now know more clearly that deliberate practice does not necessarily equate with independent practice (Ericsson, 2008). Many healthcare educators are beginning to recognize that deliberate practice does not guarantee providers expressing confidence in independent management. This is quite disturbing, especially in the light that excellence in deliberate practice does not imbue or guarantee a sense of independence nor corresponding excellence in independent practice. Where is the disconnect? How can we improve our current training methodologies to better improve the outcomes in healthcare workforce training, sound, and safe independent practice.

In Millar et al. (2024) article, approximately 25% of graduating general surgery residents believe that the current curriculum doesn't prepare them for independent practice. Furthermore, their faculty teachers do not universally consider resident trainees ready for independent practice. What is happening in the current training approaches, in the way we train our residents that 23% of surgical residents do not feel trust in their training or self-trust (trust in themselves) to label themselves independent practitioners?

We posit that individual behavior dictates trust and therefore entrustment and thus entrustability is based on the individual's behavior. However, there also may be a big role that the training ecology plays where a harsh non-nurturing feedback ecology may cause trainees to question themselves, to become disillusioned, demoralized with their training and their own abilities. This feedback ecology can be expressed by individuals or expressed by an organization. It is up to leadership to understand a change these ecologies.

2. Entrustment and Entrustability

Entrustment and entrustability are central to deliberate practice and the development of independent healthcare providers. Studies highlight the importance of trainer-trainee relationships and the need for clear definitions of teacher entrustment and trainee entrustability (Dean et al., 2017; Iqbal et al., 2018; Sutton et al., 2018). Entrustment decisions, unlike traditional assessments, carry real consequences and align with the shift toward outcome-based education through entrustable professional activities (Shorey et al., 2019; Ten Cate & Chen, 2020). What can we learn from current deliberate practice models to enhance the predictability and independence of trainees in the workforce? The way educators entrust trainees to perform independently (entrustability), which in turn boosts their self-confidence and autonomy (entrustment), is often influenced by the trainees' behaviors within their work environment (Moore et al., 2017). Stated another way, the ecology in which trainees learn and ultimately the ecology in which they work is impactful in garnering self-trust and entrustability for independence. The clinical learning environment for healthcare professionals is a lifelong influence in skill acquisition and one in which providers and administrators are responsible for maintaining and supporting. All healthcare leaders are

responsible for creating a culture that will produce self-trust and does not erode trust during training of deliberate practice which influences outcomes for independence of practice. Responsibility extends at the hospital team level, and to the bedside where these trainees and healthcare providers are observed and evaluated.

Educators' trust in resident performance is significantly influenced by their reactions to and perceptions of the training experiences. Positive role modeling by clinical educators is a key factor in fostering the development of professional and competent behaviors among trainees (Jochemsen-van der Leeuw et al., 2014). The steering of excellent education is not directional at times, it is soft, it is supportive, it is compassionate. Often appropriate feedback requires a softening of the traditional command and control that abounds in medical and healthcare training (Gupta et al., 2020; Okland et al., 2020). Appreciating that individual behavior dictates trust makes one more cognizant of subtleties within the behavior of individuals that allows trust to be recognized and grown. Entrustment is based on individual entrustability. The question remains then what are these traits of entrustment and begin to understand how to train and foster trust in our trainees' abilities to render good healthcare. How do we foster trainees to trust themselves, to allow educators to trust them and thus build entrustment in our training to ultimately deliver independence of practice? There is learner response to any traumatic reactive teaching episode and inadequate feedback can be harmful and can degrade an individual's confidence with performance. After a traumatic or stressful event, if there is a failure in trust or entrustment, emotional disillusionment and demoralization sets in, trust degrades. Without a nurturing ecology, the loss of trust worsens disillusionment in oneself, disillusionment in the teaching mechanisms, decreased trust in the very

ecology in which healthcare workforces teach and function.

The current way we teach in healthcare is mentally traumatic, the way we teach in surgery is notoriously traumatic and can create disillusionment, it allows individuals to question themselves without appropriate feedback (Fritz et al., 2019). It forces individuals to suffer independently, and it does not universally create an environment where entrustment and entrustability can flourish. Ultimately, there are paths to improving the way we train the healthcare workforce, we can support entrustment. Examining the psychological and behavioral responses to traumatic events helps define domains of trusted performance. These are areas we can categorize to assess for entrustability and entrustment. Resilience, emotional distress, anger management, physical symptoms like distraction, mental health conditions such as depression and anxiety, health behaviors involving alcohol or substance abuse, and interpersonal conflicts are all factors that influence entrustability and entrustment. These are domains that can be managed and improved during training and development of today's healthcare work force. Not only should we assess for excellence in deliberate practice but also foster these softer skills during training and especially during evaluation and feedback (Kapadia et al., 2021). Are trainees delivering excellent care, and do they exhibit resilience, low distress, stable or well-managed psychological health, and other healthy behaviors? This is all linked to the mental well-being of the individuals we train and work with. Nurturing both the trainees' and trainers' mental health to reduce fear, manage anger, and foster trust in both trainees and work processes can create a more supportive and effective path toward entrustment and entrustability.

3. Shifting Focus in Healthcare Leadership

The healthcare industry is characterized by several distinct features that set it apart from other sectors, particularly with regard to its mission, operational complexity, ethical considerations, and workforce dynamics. Unlike many industries driven primarily by profit, healthcare is inherently mission-oriented, with a central focus on the preservation and enhancement of human well-being (果光法師, 2023; 聖嚴法師, 2020; Sonnino, 2016). It operates within high-stakes, high-stress environments where decisions can carry life-or-death consequences, requiring exceptional levels of clinical judgment and emotional resilience (Shanafelt & Noseworthy, 2017). Furthermore, healthcare delivery relies on complex interdisciplinary collaboration among diverse professional groups, each bringing specialized knowledge and unique perspectives (Daly et al., 2014). These settings also involve substantial emotional labor, contributing to elevated risks of burnout among healthcare professionals (West et al., 2018). These defining characteristics have profound implications for leadership, management practices, and organizational development, necessitating approaches that prioritize psychological safety, team-based communication, ethical integrity, and support for clinician well-being.

Given the unique characteristics in healthcare industry, the cultivation of emotional intelligence and mindfulness among healthcare leaders is not merely beneficial but essential. The question is no longer whether we can teach mindfulness and emotional intelligence to healthcare leaders, but how we must do so to meet the evolving needs of the profession. Trust, empathy, and self-awareness are not fixed traits; they are teachable, learnable skills that can be nurtured through structured interventions grounded in contemplative

practices. Emerging research in behavioral science highlights that behavior in healthcare is deeply influenced by perceptions of risk, stress, and uncertainty (Peter et al., 2023). These perceptions often serve as barriers to adaptive learning and collaborative trust—both with others and within oneself. Mindfulness-based training can reduce these perceived threats, enhancing leaders' capacity to regulate emotion, build trust, and make sound decisions under pressure. In a system where behavioral dynamics drive outcomes, integrating mindfulness into leadership development offers a high-impact, evidence-informed strategy to foster resilience, emotional intelligence, and psychological safety—cornerstones for effective and compassionate healthcare leadership.

Ultimately behavior change in leadership during training and feedback can increase trust (Islam et al., 2021). Predictability in behavior supported by a nurturing work ecology creates an environment that fosters entrustment and entrustability in individual performance. As leaders we understand that past individual performance is the best predictor of future performance. We can lean on individual leaders with high emotional intelligence and have them cross train individuals with less developed skill sets. There are specific traits in behavior that healthcare leaders can strive to stimulate within their employees and system. Within behavior economics the mindset of a trusted corporation and the mindset of a trusted individual is similar. Individuals and their leadership create dependability which perceive through corporate culture (Lee, 2020). Consistence of healthcare trainees allows us to trust them because their behavior is predictable just like corporations with great reputations such as Apple.

Also, an enormously important trait as a healthcare worker is to be a connector. Do trainees or current providers connect to the healthcare system

structure, to an individual audience such as the patient or do they disrupt connection because of arrogance, ego, inability to work with others, mental health issue? Ultimately, are they equanimous to all customers or patients; is there minimal to no bias in decision making? All these traits can be and should be part of evaluation and feedback. Can providers function in an environment with a certain amount of fear and still make decisions there are ethical and reproducible?

Behavioral science helps point toward a path to teaching and training entrustment and thus entrustability. We can train, develop, and hopefully retain healthcare professionals with improved self-trust, entrustability and sound independent practice skills. This will allow leaders to trust employees with patients, learners, and departments. Ultimately our systems can foster entrustment if they can learn to practice compassionate accountability during feedback processes (Lesser, 2023). The current “militaristic” hierarchy of how we train and lead our healthcare workforce is not very nurturing, it does not engender trust. Nurturing entrustment and compassionate accountability allow the individual to feel that they can work and grow safely into independent practitioners. Leaders in healthcare training and delivery systems need to improve here. The adage which has driven most of us for generations, “suck it up”, no longer works. Resilience is something leaders in healthcare should support and can be enormously impactful in improving. The quality of training and care delivery is dependent on nurturing and fostering a trusted and independent practitioner who delivers quality healthcare. Few healthcare leaders appreciated this years ago. We as healthcare providers and leaders were taught to compartmentalize. To ignore fear and trauma versus debriefing post error and traumatic events. As a healthcare system we are improving in re-examining mistakes but not in debriefing emotions and empathy for

healthcare providers who created the error. Leaders should work to deliver entrustment and compassionate accountability in healthcare systems for wider, long-term benefit for our healthcare work force and learners. There is enormous potential to combine mindfulness, emotional intelligence within our leadership styles to foster resilience, improve mental health in our healthcare providers and trainees (Gogo et al., 2019; Greenberg et al., 2022).

Addressing the pervasive culture of overwork in healthcare requires more than acknowledgment, it necessitates a fundamental shift in leadership philosophy and practice. In a cross-sectional study of 3,000 US physicians almost 60% took less than three weeks of vacation, 70% worked during their vacation (Sinsky et al., 2024). While current healthcare norms often value constant productivity and self-sacrifice, these behaviors are reinforced by leadership models that historically underemphasize well-being. For meaningful change, healthcare leaders must not only model but also actively embed practices that prioritize self-care, rest, and resilience within the organizational culture. Mindfulness practice offer concrete, evidence-based tools to support this transformation. These practices enhance leaders' emotional intelligence, self-regulation, and situational awareness—capacities essential for recognizing burnout risk and fostering a more humane, sustainable work environment (Good et al., 2016; West et al., 2018).

As healthcare leaders work through the lens of mindfulness and emotional intelligence, we can strive to produce organizational psychological safety. This approach supports and nurtures resilience, improved communication, reduces error, and increase collaboration as teams (Lesser, 2019). The adage that we do go further together is true and borne out within organizations that strive to deliver psychological safety as part of their leadership culture. It is protective of burnout; it improves retention and is

more likely to produce professional fulfillment. Ultimately it is healthcare leadership's responsibility to create an environment where the healthcare workforce and trainees feel safe to develop themselves as learners and improve their provider skills with confidence. This may require healthcare organizations to value diversity of thought which adds to professional fulfillment and possibly retention. Organizational psychological safety is important according to Harvard Business review this translates into; 56% increase in performance if employees and individuals feel a belonging, 33% overall improvement in financial performance and 50% more productive workforce (Giles, 2016). If employees trust their leadership and organization, they are more likely to produce innovative solutions. If employees and trainees feel psychologically safe, they begin to trust themselves and trust the ecology in which they work.

In *Seven Practices of a Mindful Leader*, Lesser (2019) explores what leader can do to improve their own perceptions and subsequently their work environments and organizations. He guides leaders as to the best approach to foster an environment that allows self-exploration, an environment where it's safe to train so that the self begins to trust. This self-trust begins to enrich confidence and performance and thus entrustability begins to flourish. There are methods which healthcare leaders can learn to foster psychological safety if they can realign to a more mindful and emotionally intelligent approach to leadership. If realized, healthcare leaders can support learners and providers to be more independent, resilient, nurturing, compassionate, and subsequently more dependable. Healthcare leaders can change the system from command and control to compassionate accountability producing a psychologically safe ecology. As leaders we can change the biases and the habits that we were taught through an exploration in mindfulness-based approaches to emotional

intelligence in leadership training. We can introduce new language and goals such as resilience, psychological safety, compassionate accountability to create both internal exploration and external responsiveness in our trainees and providers (Lesser, 2019). The healthcare workforce will become less reactive and more responsive, less angry, more appreciative of self-care, and healthier. As leaders imbue a culture into their organizations that allow themselves and peers to nurture the culture, the leader will also become more nurturing. Through mindfulness training we now know from neuroscience data that the neuroactivating systems in humans can be rewired to reduce the amygdala hijack that makes humans so reactive (Azab, 2022). We can employ this knowledge and training in emotional intelligence to deliver a nurturing healthcare environment that is innovative, dependable, and remains competitive.

III. A New Direction in Healthcare Leadership

We don't have to abandon all our traditional approaches in healthcare leadership, but we can inflect them toward a new direction of compassionate accountability and psychological safety. This will require healthcare leaders to adopt mindfulness techniques to practice, and explore new approaches to how they lead, grounded in emotional intelligence. We can learn to train and to work with compassionate accountability, abandoning the traditional militaristic mindsets. Internal growth will create external changes in organizational culture. Trust and entrustability will be restored. Understanding mindfulness-based techniques such as micro practices, breathing, body scanning, seated meditation, mindful eating, journaling, mindful movement, and visualization can improve leadership emotional

intelligence (Caporale-Berkowitz et al., 2021; Kaoun, 2019).

There are techniques called microexpressions developed to allow real time practice during work. The program implemented at Rutgers University, New Jersey, US, focused on inward exploration and outward expression has been developed at large public university to aid with nudging our work habits as leaders and providers toward a more mindful based work output (Leadership Institute, 2024). For example, the acronym SODA: Stop, Observe yourself, Detach, elevate your Awareness can assuage anger reactions. WAIT: Why Am I Talking, encourages mindful listening. Another microexpression which can be learned easily is the 3 H's technique: When meeting with a healthcare trainee or provider ask yourself as a manager, do they want to be heard, hugged (comforted), or helped? More often employees just want to be heard or experience compassionate accountability from their leadership. Many other microexpressions are available to produce micro-changes in day-to-day mindfulness-based habits. The achievement of a Rutgers directed program has now led to 16 faculty and staff participants enrolled in a train the trainer course to propagate a mindfulness approach to emotional intelligence throughout the university.

Our healthcare learners and providers are changing. The world of healthcare is evolving, and our corporate ecologies need to change with them to keep up. A mindfulness-based approach to work and training allows for a more resilient and flexible healthcare workforce. Through practice, we can become increasingly compassionately accountable together. We can understand as leaders that change happens and accepting change allows us to lead from a place of comfort. There is opportunity in the evolving obstacles of providing a healthy healthcare workforce to understand and begin to practice emotional intelligence and mindfulness. Acting with mindfulness

and emotional intelligence should be developed in training for all healthcare providers and trainees. This will ultimately translate into more compassion in the workforce and at the bedside for our patients. As healthcare leaders, we must continue to innovate, have the courage to look at change, grab that change, and realize that that is where the reward lies. Everyone has their own tapestry of life, unique stories driving their health and unhealthy behavior. Understanding what drives health behaviors will help ensure a thriving and quality driven healthcare workforce now and in the future.

The integration of mindfulness in healthcare leadership necessitates a dual-pronged approach, where leaders must actively engage in personal practice while systematically empowering their teams. First, healthcare managers should embody mindfulness themselves through structured training (e.g., workshops) to enhance their decision-making, emotional regulation, and resilience—qualities critical in high-stakes environments (Azab, 2022; Reb et al., 2020). Institutions must also allocate resources, such as on-site mindfulness sessions or mindfulness-based leadership programs, to formalize this adoption (Leadership Institute, 2024). Second, leaders must cultivate a culture of mindfulness by promoting awareness of its benefits and providing accessible tools (e.g., guided apps, micro-practices like the SODA protocol) for subordinates (Purnomo et al., 2020). Research demonstrates that when mindfulness is modeled at both the leadership and organizational levels, it contributes to enhanced psychological safety and promotes organizational citizenship behaviors among employees (Bonde et al., 2023; Ni et al., 2023). Thus, the approach must be top-down and bottom-up, ensuring alignment with healthcare's unique demands. Future studies could explore dose-response efficacy of such dual interventions across medical specialties.

While this paper focuses on healthcare leadership, emerging research

suggests that mindfulness practices can be equally transformative for individuals in leadership roles, albeit in different ways depending on their specific responsibilities and contexts. For example, healthcare administrators may benefit from mindfulness by enhancing strategic decision-making, emotional regulation, and systems-level thinking under pressure (Good et al., 2016). In contrast, attending physicians, especially those instructing surgical interns, can use mindfulness to cultivate present-moment awareness, improve communication, and model calm, focused behavior during high-stress situations (Irving et al., 2009). The similarities across roles lie in capacity to build self-awareness, reduce reactivity, and foster interpersonal attunement. However, differences may emerge in application. For example, administrators may apply mindfulness to policy, leadership presence, and organizational culture, while clinicians may integrate it into moment-to-moment patient interactions and teaching practices. Tailoring mindfulness programs to role-specific challenges can increase relevance and uptake. As such, future studies should explore mindfulness-based interventions that are adapted for various leadership levels to maximize impact across the healthcare system.

IV. Conclusion

In conclusion, mindfulness practice holds immense potential to enhance the effectiveness, resilience, and compassion of healthcare leaders, thereby contributing to improved patient outcomes and organizational well-being. By integrating mindfulness-based practices into healthcare leadership training and organizational development initiatives, healthcare organizations can cultivate cultures of compassion and excellence in patient care. Embracing mindfulness in healthcare leadership is not only a strategic imperative but

also a moral imperative, reflecting a commitment to the well-being of both patients and those who serve them. While this study demonstrates the benefits of mindfulness practice for healthcare leadership and training, its findings are contextually rooted in the unique pressures of healthcare environments. The extent to which these results generalize to other industries—such as corporate, education, or other sectors—merits further investigation.

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