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The impact of mindfulness on the wellbeing and performance of educators: A systematic review of the empirical literature

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HIGHLIGHTS

- Offers a systematic review of the impact of mindfulness on the wellbeing of educational professionals.
- Provides a comprehensive assessment of the value of Mindfulness-Based Interventions.
- Covers a range of wellbeing outputs, including stress, anxiety, and depression.
- Offers recommendations for future research in this area.

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ABSTRACT

Given the potentially demanding nature of teaching, efforts are underway to develop practices that can improve the wellbeing of educators, including interventions based on mindfulness meditation. We performed a systematic review of empirical studies featuring analyses of mindfulness in teaching contexts. Databases were reviewed from the start of records to January 2016. Eligibility criteria included empirical analyses of mindfulness, mental health, wellbeing, and performance outcomes acquired in relation to practice. A total of 19 papers met the eligibility criteria and were included in the systematic review, consisting of a total 1981 participants. Studies were principally examined for outcomes such as burnout, anxiety, depression and stress, as well as more positive wellbeing measures (e.g., life satisfaction). The systematic review revealed that mindfulness was generally associated with positive outcomes in relation to most measures. However, the quality of the studies was inconsistent, and so further research is needed, particularly involving high-quality randomised control trials.

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1. Introduction

There are widespread concerns about the increasingly stressful nature of many professions. This claim is based upon the observation that although the prevalence of mental illness in the general United Kingdom (UK) population has not significantly increased in the last twenty years (Office for National Statistics [ONS], 2014), since 2009 the number of sick days lost to stress, depression and anxiety has increased by 24%, while the number lost to serious mental illness has doubled (Davies, 2014). As the annual report by Sally Davies (2014), the UK's Chief Medical Officer elucidates, mental ill health is the leading cause of sickness absence in the UK, accounting for 70 million sick days (more than half of the 130 million total every year); indeed, each year between 2010 and 2014, a million workers in the UK took sick leave for longer than four weeks. Stress and mental disorders connected to work are a serious problem – obviously for the sufferers themselves, but also for their employers and the wider economy. Davies reports that the indirect costs to the UK of mental ill health in terms of unemployment, absenteeism and presenteeism (leading to loss of productivity) are estimated at between £70 and £100 billion, with £9 billion being paid by employers in sick pay and related costs.

Some jobs are often viewed as particularly stressful. Teaching is widely-regarded as one such profession. Even in countries where it is a well-respected and remunerated occupation, such as Finland (Tirri, 2011), it can still be a demanding and challenging endeavour, physically, emotionally, cognitively and socially (Blomberg & Knight, 2015). Moreover, these "inherent" challenges are frequently exacerbated by external factors, such as politically-driven structural changes and pressures. In the UK, for instance, a recent survey of 3500 members of the NASUWT (National Association of Schoolmasters Union of Women Teachers) union – a large UK union for teachers and head teachers, comprising over 300,000 members – found that over two-thirds of respondents had considered leaving the profession in the last 12 months (Precey, 2015). The findings revealed the extent to which respondents felt their wellbeing had been detrimentally impacted by their work: 83% reported experiencing workplace stress, while 67% stated that their job had adversely affected their mental or physical health (with 5% actually being hospitalised as a result). Arguably, much of this pressure relates specifically to the current context of teaching in the UK (e.g., systemic pressures in the UK education system). The top concerns cited by respondents as being responsible for their work-related stress was workload (flagged up by 89% of respondents), followed by pay (45%), inspections (44%), and curriculum reform (42%).

Given the burdens of work-related stress – both in teaching, and in occupational contexts more generally – there is an increasing recognition of the need to take preventative action to mitigate or ameliorate work-related mental health issues (George, Dellasega, Whitehead, & Bordon, 2013). Some efforts are structural, such as initiatives to provide more flexible working arrangements (Joyce, Pabayo, Critchley, & Bambra, 2010). Other remedial actions focus more on offering clinical and psychotherapeutic help to staff who may be in need; however, workers may be somewhat reluctant to avail themselves of such services, wary lest it appear on their record or prove detrimental career-wise in some way (Chew-Graham, Rogers, & Yassin, 2003). Arguably less problematic are group-based interventions and programmes aimed at alleviating or protecting against issues such as stress. (There may be less of a stigma about attending these kind of programmes, since they are often targeted at staff more "generally," rather than specific individuals.) Such initiatives can still prove difficult to implement of course; e.g., staff may be reluctant to engage in these due to perceived lack of time (Bearse, McMinn, Seegobin, & Free, 2013). However, they are nevertheless increasingly common. In recent years, among the most prominent of these types of initiatives are programmes based around mindfulness meditation – mindfulness-based interventions (MBIs) – which is the focus of this review.

Before introducing mindfulness, it is worth noting that many such interventions are not only aimed at ameliorating mental health issues, such as anxiety, but promoting wellbeing in a broader sense. Of course, wellbeing is a contested term, used in different ways in various contexts (de Chavez, Backett-Milburn, Parry, & Platt, 2005). For instance, Cooke, Melchert, and Connor (2016) identified four prominent conceptualisations of wellbeing: (1) hedonic wellbeing, also known as 'subjective wellbeing' (Diener, 2000), which encompasses constructs like positive affect and life satisfaction; (2) eudaimonic wellbeing, also known as 'psychological wellbeing' (Ryff, 1989), which includes considerations such as meaning in life; (3), quality of life (Frisch, Cornell, Villanueva, & Retzlaff, 1992), which often encompasses both hedonic and eudaimonic processes; and (4) 'wellness,' which tends to be used interchangeably with quality of life.

In addition, other conceptualisations of wellbeing emphasise its multidimensional nature. For instance, Pollard and Davidson (2001, p. 10) define wellbeing as 'a state of successful performance across the life course integrating physical, cognitive and social-emotional function.' (In constructing wellbeing as multidimensional in this way, such definitions align with influential multidimensional conceptualisations of health, such as Engel's (1977) biopsychosocial model, and the World Health Organization's (1948) inclusive definition of health as 'a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity'.) As such, in the current review, we are not only interested in the amelioration of mental health issues, but also in the promotion of 'positive' wellbeing. Thus, our analysis will consider outcomes pertaining to all four conceptualisations identified by Cooke et al. (2016), including hedonic constructs (e.g., positive affect) and eudaimonic constructs (e.g., meaning in life). We shall also look to appraise wellbeing in a multidimensional way, e.g., encompassing health and relationships. With that in mind, let's consider what mindfulness is.

1.1. Mindfulness

The past few decades have seen a burgeoning interest in mindfulness in the West, spanning clinical practice, academia, and society more broadly. Mindfulness is generally regarded as having originated in the context of Buddhism around the 5th millennium B.C.E., though its roots stretch back at least as far as the third millennium B.C.E. as part of the Brahmanic traditions in the Indian subcontinent, from which Buddhism subsequently emerged (Cousins, 1996). It came to prominence in the West particularly through the work of Kabat-Zinn (1982), who harnessed it for an innovative "mindfulness-based stress reduction" (MBSR) programme (discussed further below) which was successfully used to treat chronic pain. The term "mindfulness" is frequently used to refer to both: (1) a state or quality of mind; and (2) a form of meditation that enables one to cultivate this particular state/quality. Both uses will be deployed in this review, though the context will make clear which particular usage is intended.

In terms of (1), the most prominent and influential operationalisation of mindfulness as a state/quality of mind is Kabat-Zinn's (2003, p.145) widely-cited definition, which constructs mindfulness as "the awareness that arises through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment." Expanding on this idea, Shapiro, Carlson, Astin, and Freedman (2006) formulated a theoretical elucidation of mindfulness based on Kabat-Zinn's