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Qualitative Research on Long-term Mind-body Practice Experiences of Healthcare Professionals†

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Growing evidence supports the effectiveness of mindfulness-based practices, including meditation, yoga, and qigong, in clinical settings. Accordingly, mind-body practices (MBPs) are utilized in diverse clinical fields such as medicine, psychology, and nursing. In this context, it is necessary to discuss the roles and attitudes of healthcare professionals who use MBP, an area of study underexplored in prior research. This study aimed to understand healthcare professionals' perspectives on the effectiveness and clinical application of MBP and further suggest their roles and attitudes in clinical settings. Six healthcare professionals with long-term experience in MBP were recruited. Data were collected through semi-structured interviews and analyzed using thematic analysis. A total of five themes were generated: 1) building my own practice system, 2) positive experiences gained through MBP, 3) obstacles when applying MBP in clinical settings, 4) a mentor who helps patients' practice move in the right direction, and 5) efforts to apply the practice in clinical settings. Although healthcare professionals have experienced positive effects of long-term MBP, they recognize its limitations when applying MBP in clinical settings and make various efforts to address them. This study sheds light on attitudes and roles appropriate for healthcare professionals to adopt when utilizing MBP in clinical settings.

Keywords: Mind-body practice, Mindfulness, Healthcare professional, Qualitative research

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The term mindfulness is a translation of the early Buddhist word “Sati,” and is defined as an intentional state of non-judgmentally paying attention to the inner experience of the present moment (Kabat-Zinn, 1990; Shapiro et al., 2006). Mindfulness has been studied and applied in various health-related fields, including medicine, nursing, and psychology (Creswell, 2017; Loucks et al., 2015; Ruiz Fernández et al., 2020). Standardized mindfulness-based programs have been developed to treat various diseases and disorders. The first standardized mindfulness-based program was developed to reduce stress in patients with chronic pain (Kabat-Zinn, 1990), followed by standardized programs to prevent the relapse of depressive disorders (Teasdale et al., 2000). Mindfulness-based programs effectively address psychological symptoms such as depression, anxiety, and stress (González-Martín et al., 2023) and help improve participants’ physiological stress responses and immunity (Oyler et al., 2023; Pascoe et al., 2017).

Mind-body practice (MBP) can be defined as a technique that combines mental concentration, breathing control, and physical movement to promote physical and mental well-being. Various religious traditions, including Buddhism, Hinduism, and Taoism, have developed their own MBPs, such as meditation, yoga, and qigong. Recently, these practices have been conceptualized as mindfulness-based training. Kabat-Zinn′s (1990) MBSR, which is the starting point of mindfulness-based training, is based on Vipassana, which is based on the Theravada Buddhist tradition. However, mindfulness, which is meditative attention, is not limited to Vipassana, and is commonly applied to various practice traditions such as yoga, qigong, and tai chi. For example, yoga consists of three elements: Asana (posture) Pranayama (breathing), and Dhyana (meditation), and similarly, qigong emphasizes the control of breathing, body, and mind. They commonly emphasize the control of the mind as well as breathing and body, which shows that MBPs share the principle of mindfulness. Recently, different practices involving movement, such as yoga, qigong, and Tai Chi, have been categorized as mindful movement or exercise (Payne & Crane-Godreau, 2013). Yoga, qigong, and Tai Chi are used in different clinical settings as part of interventions to reduce depression, anxiety, stress, and pain (Büssing et al., 2012; Qi et al., 2022). Interestingly, mindfulness is considered a psychological mechanism explaining the effects of such dynamic practices on emotional regulation (Yeung et al., 2018). In summary, mindfulness is the basic premise of various MBPs and is considered a common factor of practices rooted in different traditions.

MBP can be applied into clinical settings in various ways, including within clinician‐patient

relationships, even if not part of a standardized program. Mindfulness is associated with certain essential qualities of clinicians, including therapeutic presence and empathy (Cooper et al., 2020). According to previous studies, mindfulness training improves clinicians' therapeutic presence and empathy (DeMauro et al., 2019; Lamothe et al., 2016), and clinicians with high levels of mindfulness have positive relationships with patients, thus improving the quality of patient care (Beach et al., 2013). Also, mindfulness contributes to preventing burnout among clinicians. Previous studies have shown that mindfulness training reduces burnout among healthcare professionals (Lamothe et al., 2016) and improves their quality of life (Lomas et al., 2019). In this way, MBP was originally a religious-based practice, but it has recently been actively utilized in clinical settings. The clinical context is distinguished from the religious context in that it emphasizes evidence-based treatment based on scientific research. This study aims to explore what effects MBP has in clinical settings that emphasize evidence-based treatment, and how it should be utilized in the future.

Recently, many qualitative studies on MBP have been conducted, most of which have investigated participants' experiences (e.g., patients; Frank & Marken, 2022). Previous studies have shown that mindfulness meditation can help patients in the following ways: increasing self-awareness and acceptance toward their condition, reducing symptoms, enabling the development of effective coping skills, and promoting a sense of belonging (Morone et al., 2008; Simpson et al., 2022; Tate et al., 2017). Similarly, patients who practiced yoga showed symptom improvement through increased autonomy and improved coping skills (Capon et al., 2019). Other studies have shown that Tai Chi increases patients' self-confidence and reduces different physical and mental disease symptoms, contributing to an increased desire for self-care among patients (Desrochers et al., 2017; Niles et al., 2016). These studies show that mindfulness training not only ameliorates patients' symptoms but also changes their overall attitudes, perspectives, and lifestyles.

Although many studies have explored patients' experiences engaging in MBP, few have explored the experiences and perspectives of healthcare professionals who guide MBP in clinical settings. Some studies have implemented mindfulness-based programs for healthcare professionals, but most have examined the short-term effects (Hunter et al., 2018; Valley & Stallones, 2018) or aimed to train clinicians to deliver mindfulness interventions in clinical trials (Gibbons et al., 2014). Although some qualitative studies have explored healthcare professionals' experiences and perspectives on MBP, they have primarily explored the

therapeutic elements of the practices, with few insights regarding the roles and attitudes of healthcare professionals (DeMauro et al., 2019; Shireen et al., 2022). Therefore, this study aims to suggest the role and mindset of healthcare professionals when applying MBP in clinical settings.

The main questions are as follows: i) How do experienced healthcare professionals practice MBP, and what are their experiences? ii) What does MBP mean to them personally or professionally? iii) How do they apply MBP in clinical settings? In answering these questions, we aim to understand the effectiveness and application of MBP in clinical settings, and further suggest the role and attitude of healthcare professionals who utilize MBP. This will serve as a reference for healthcare professionals who are newly implementing MBP for various purposes (e.g., improving patient symptoms or clinician–patient relationships and preventing clinician burnout), to guide their future work.

Methods

Overview

This study was approved by Kyung Hee University Institutional Review Board (KHSIRB-23-107(RA)). This study is an exploratory qualitative study based on thematic analysis using an inductive approach. Thematic analysis is a theoretically flexible qualitative analysis method that involves the identification, analysis, and description of patterns in textual data (Braun & Clarke, 2006; Terry et al., 2017). Epistemologically, this study is based on a constructivist perspective, according to which knowledge does not exist as a single reality because it is reconstructed in different contexts and by various factors, such as the relationship between the investigator and participants (Braun & Clarke, 2006). As this study targets professionals in various health-related fields, we expected that their realistic contexts in the clinical setting will influence their perspectives on practice. That is, the principal investigator conducted the study while recognizing that there is no single “correct” reality and that participants’ responses are subjective experiences that can vary depending on their personal perspectives.

Participants

Healthcare professionals with long-term experience in MBP were recruited. The inclusion criteria were as follows: i) participants with more than three years of experience in MBP (e.g., meditation, qigong, Tai Chi, and yoga) and currently practicing regularly, and ii) professionals in health-related fields (e.g., doctors, clinical psychologists, and counselors).

Table 1. Participant information

No.	Participant	Age	Sex	Clinical field (years)	Type of practice (years)
1	A	71	Male	Clinical psychology (30)	Kukseondo and K-MBSR (49)
2	B	67	Male	Medicine (44)	Tai-chi and Taoist practice (26)
3	C	48	Male	Health psychology (10)	Vipassana and Yoga (20)
4	D	54	Female	Rehabilitation psychology (10)	Vipassana and Yoga (17)
5	E	68	Male	Korean medicine (34)	Qigong (35)
6	F	47	Male	Korean medicine (23)	Qigong and Tai-chi (25)

Note. K-MBSR = Korean version of Mindfulness Based Stress Reduction

There were no exclusion criteria. The participants were recruited through purposive and snowball sampling. First, participants who met the inclusion criteria were recruited through the research team's network, and additional participants were recruited through participant recommendations. After completing the interview, the participants were paid KRW 200,000.

A total of six healthcare professionals with long-term experience in MBP were recruited (Table 1). All participants were professionals with more than 10 years of experience in MBP and healthcare. They work in a variety of clinical settings as doctors or psychologists, and practice different traditional disciplines such as Vipassana, yoga, qigong, and Tai Chi.

Interviewer

Interviewers play a key role in qualitative research. Following an inductive approach, we verified the researcher's professional background in advance, aiming to control any biases from the researcher's preconceptions that could affect the analysis process (Braun & Clarke, 2006). The principal investigator is a health psychologist and a meditation instructor. The principal investigator has 10 years of personal experience in mindfulness meditation and three years of experience in meditation instruction. The principal investigator mainly conducts mindfulness practice for adults complaining of mental distress and conducts lectures focused on improving the self-regulation abilities of college students. Further, the principal investigator has been engaged in mindfulness and meditation-related research to address psychosomatic issues such as frailty and emotional dysregulation.

Data collection

Data were collected through semi-structured, in-depth interviews. The semi-structured interview questions are presented in Table 2. Starting with self-introductions, the participants' experiences and perspectives related to MBP

Table 2. Semi-structured interview questions

No.	Items
1	Self-introduction as a mind-body practice and healthcare expert
2	What does mind-body practice mean to you?
3	What do you experience during mind-body practice?
4	Have you experienced changes in your daily life through mind-body practice?
5	Are you applying mind-body practices in clinical settings?

were explored in various contexts. Following an inductive approach, the interview questions were narrowed down from open-ended questions to specific questions (e.g., "What does mind-body practice mean to you?" → "You said it's for myself rather than for others. Is there a specific reason or trigger for why you think that?"). The semi-structured interviews were conducted by the principal investigator and each interview lasted approximately 1.5 h. The interviews were conducted in the participants' personal offices or rented public study rooms. All interviews were recorded with the participants' consent and the recordings were subsequently transcribed.

Data analysis

Data analysis was conducted in accordance with Braun and Clarke's (2006) six-phase guidelines. First, the interview recordings were transcribed. To increase familiarity with the data, the researchers read and reread the transcripts. Second, the data were coded. When generating codes, the following steps were taken: (a) as many potential themes as possible were considered; (b) relevant data were coded comprehensively so that context was not lost; and (c) the data could be uncoded, coded once, or coded several times. Both semantic and latent codes were utilized in coding. Third, the generated codes were combined into groups (i.e., subthemes) based on similarity and then recombined into higher-level groups (i.e., themes). During this process, candidate themes and subthemes were organized using tables and figures to increase visibility. Fourth, the candidate themes and subthemes were reviewed and repeatedly revised at two levels. At Level 1, the coded data were reviewed to ensure that they formed themes with consistent patterns. At Level 2, individual themes were reviewed to ensure that they adequately represented the entire dataset. If not appropriate at each level, the themes were changed or additional data codes were generated. This process was iterative. Fifth, each theme was assigned a name that reflected its essence. Finally, based on the confirmed themes, an analysis was conducted, and a final report was written. At this point, vivid examples or excerpts that captured the essence of the points were included in the analysis results.

To increase the reliability of the analysis, two coders performed coding and theme extraction. The first and second coders are health psychologists with PhDs in psychology who have experience in qualitative research. Both have many years of experience teaching meditation. Code generation was independently performed by the first coder and second coder, and the coding results were compared. In case of inconsistent codes, they were agreed upon through discussion between the first and second coders.

To increase the validity of the analysis, first, regular meetings with researchers were held to reduce bias that may occur during the reflective interpretation process. During the regular meetings, the interview questions were developed, and the data, codes, and themes were reviewed from various perspectives. The research team consisted of two health psychologists and one Korean medicine doctor, all of whom are qualified meditation instructors. Second, the inductive approach was maintained by continuously and critically considering the researchers' positions and preconceptions so that their experiences and perspectives would not bias data interpretation. Third, the thematic analysis results were shared with the participants and reviewed by them, to ensure that they reflected the participants' actual experiences and perspectives.

Procedures

Each recruited participant was informed of the study's background, procedures, benefits and risks, and privacy policy. After the introduction of the study, written informed consent was obtained from all participants. After receiving consent, semi-structured interviews were conducted. Participant recruitment and interviews were conducted from June to July 2023. Qualitative analysis of the interview data was conducted following the six-step guidelines of Braun and Clarke (2006) and was conducted from January to May 2024.

Results

From the thematic analysis, a total of five themes and 21 sub-themes were generated (Table 3). The themes are as follows: 1) building my own practice system, 2) positive experiences gained through MBP, 3) obstacles to applying MBP in clinical settings, 4) a mentor who helps patients' practice move in the right direction, and 5) Efforts to apply practice in clinical settings.

Table 3. Summary of themes and examples from participant interviews

Themes	Sub-themes	Examples from participant interviews
Building my own practice system	Why I started practicing	"I started it for personal healing purposes at first because I was personally burnt out at work."
	Methods and principles of various practices	"I think there is a difference in what you focus on when approaching (training)."
	Through trial and error, I discovered the practice that suits me	"In fact, I have been looking for a really good teacher for 40 years, since I was in college."
	Confidence in one's own practice	"It's so commonplace, so why do we find it so amazing? I consider that (presence) a very important value and I still live with it."
Positive experiences gained through mind-body practice	Physical and psychological relaxation	"You enter a state where your mind is refreshed, your body is comfortable, and there is no resistance."
	Vitality	"I'm 70 years old. My dreams are still growing bigger."
	Calmness and equanimity	"excitement, desire, and thoughts all subside."
	Creativity	"Now, there are many ideas that come to me like insights from unresolved issues. 'Oh! It would be good to do research like this.' 'The client is giving me a headache. It would be good to recommend this to him in this way.' I get a lot of ideas."
	Full awareness	"I can look at it from a little bit of a distance."
	Psychological maturity	"That person was like that. I want something and that person wants something different. Now, I understand things like that."
Obstacles to applying mind-body practices in clinical settings	The difficulty of consistent self-care	"It's important to do it consistently for a long time. There are many people who start something for a while and then make excuses, saying they're busy, something comes up, and then they stop."
	The mindset of only seeking quick and easy ways	"If I teach this to Korean medicine doctors, they won't do it because it's hard. Who wants to work hard for a year?"
	Potential side effects of practice	"There are times when I get confused. That's because when I meditate or do qigong, I experience situations that I have never experienced before. I can't interpret them because they are different experiences from my previous ones."
A mentor who helps patients' practice move in the right direction	Wanting to share positive experiences with others	"I want to teach good things to as many people as possible."
	A philosopher who constantly thinks	"We have to always think about the patients and how we can help them improve. We have to

		carry out the philosophy, that's philosophy."
	Embodiment of practice through the body, not through concepts	"If you don't practice every day, you won't be able to maintain that level, and it will just become empty talk."
	Being with the patient	"Even if you're here, there are many cases where you can't focus on the story. Even the counselor…The power of meditation helps me become a better therapist."
Efforts to apply practice in clinical settings	Establishing realistic training goals	"I personally think that it's not about living something special, but rather helping me live my daily life in a completely balanced way."
	Integration of traditional wisdom and modern methodologies	"So I think we shouldn't stick to traditional methods of practice. I think we need to actively change it."
	A personalized approach to healthcare	"I can't recommend meditation to just anyone. I recommend it to people who have a motivation and a tendency to observe their own minds first. I recommend it to introverts who tend to reflect on their own minds."
	Practical efforts to teach the practice easily	"It might be more helpful for them to just record a few videos on a YouTube channel."

Theme 1: Building my own practice system

This theme illustrates the process through which participants established their own practice systems, involving four sub-themes. Although the reasons for starting the practice and methods of practice varied, they had something in common: they developed their own practice routines through trial and error.

Sub-theme 1.1: Why I started practicing. This sub-theme relates to the participants' initial experiences when they first began MBP. Participants began MBP for different reasons. One participant had a specific goal of healing.

"I started it for personal healing purposes at first because I was personally burnt out at work." (C)

Although some participants started MBP with a clear purpose, this was not the case for all. Some participants began practicing by chance, without any specific reason, citing for example a vague attraction to Eastern traditions.

"At first, I was drawn to it without knowing why. I just did it because it was fun, and I was drawn to it, so I did it because I liked it." (B)

"When I was a junior in college, I was very attracted to our oriental traditions...I also became interested in oriental martial arts. So now I started training like that, and as part of that, I started going to the Kukseondo center." (A)

There was no particular need for a special

reason or trigger to start MBP in some cases. One participant recalled the trigger for starting the practice as if it was a chance encounter.

"I had been interested in art therapy for about 10 years, and then one day I suddenly came across meditation. The word mindfulness, the word that meant non-striving, suddenly appealed to me. Before that, I had no experience in meditation or anything like that." (D)

Sub-theme 1.2: Methods and principles of various practices. The participants practiced following diverse traditions. However, it should be noted that the differences between practices are merely differences in the goals of each tradition and the mechanisms used to achieve these goals; they do not mean that one practice is superior to another.

"I think that DanJeon breathing or yoga is about drawing in energy, exerting strength, and expanding my capabilities...But there is no such concept in Vipassana or something like that. It is different from preventing the energy inside me from escaping unnecessarily and bringing in water (energy) from the outside." (C)

"I think there is a difference in what you focus on when approaching (training)." (F)

In this study, the participants' MBP consisted mainly of the Vipassana practice for awareness and insight and the qigong practice for the circulation and regulation of energy called Qi. One participant described the principles of Vipassana practice as follows:

"I get asked a lot, 'What is meditation?' Meditation is being here now. That's all I say. That's all there is to it. Just be here now. If you're listening to me right now, you're meditating...If I see something right now and I hit a wall, and the wall comes into contact with me, that's a moment of meditation...When you wash the dishes, just wash them. When you walk, just walk. When you talk, just talk. Like that." (D)

Other participants explained the principles of qigong practice as follows.

"When we practice sitting postures, we should think more about the routes through which the energy flows." (F)

"Also, by doing DanJeon breathing, the lower abdomen becomes hot and something like this, the energy is now being communicated. It goes up through the fingertips and toes, the waist, and the spine...This is the common starting point of training in the Far East." (A)

Sub-theme 1.3: Through trial and error, I discovered the practice that suits me. This sub-theme is related to the various trials and errors that the participants experienced as they engaged in MBP. Participants experienced various side effects while learning the practice and sometimes doubted their own practice methods. However, one participant expressed

that this trial and error process brought with it real learning and insights.

"Actually, I have been interested in this (practice) since I was in college, so I continued to study it. I visited many teachers…In fact, I have been looking for a really good teacher for 40 years, since I was in college." (B)

The participants were not easily discouraged by failures, such as the ineffectiveness of certain methods or their side effects. They found the practice that suited them best through many trials and errors. They developed their own practice systems through the process of directly experiencing and comparing various MBPs. If they had given up practicing after just one trial that yielded unsatisfactory results, it would have been impossible for them to develop their own practice systems.

"When I actually teach meditation or actually meditate in my daily life, I try to do it in the morning. There is a reason why I do it in the morning…What about an hour or two after waking up? We get phone calls, we read newspapers, we think about things to do…We get excited. Our thoughts come up without us even realizing it." (A)

"When I only practiced Tai Chi, I would just feel refreshed and energetic after doing it and not feel tired. But, when I practiced Tai Chi while practicing Taoism, the quality of Tai Chi completely changed. So you have to do it together. It's not something that can be done individually." (B)

Sub-theme 1.4: Confidence in one's own practice. This sub-theme shows the participants' sense of belief in their own practice systems. The participants were highly satisfied with their respective practices, and they practiced with confidence and passion. They followed their own practice systems diligently and truly enjoyed the practices, even if they were routine.

"So there is no time to just rest…It is such a great joy. So everything else becomes trivial. All the pleasures of the world seem trivial. Compared to this (practice), they are so ridiculous." (B)

Thus, the practices have become the greatest source of happiness that the participants have found in their lives. Sometimes, the enlightenment gained through practice becomes an important value in life and a precept for living in the present. One participant recalled an experience of the day when the value of presence was realized through the practice.

"I still remember that experience…I just walked along a path barefoot. For an hour or two. And then I sat down under a tree. I could smell the forest. I could hear the birds. I could see ants passing by…It's so commonplace, so why do we find it so amazing? I consider that (presence) a very important value and I still live with it." (D)

Further, confidence in the practice led to a desire to share its positive effects with others.

"I started meditation first and then changed my career path to become a healthcare professional, and as I went through that caree r…I experienced that it was helpful to people. I also wanted to share this. Also, since I know it well, I gained some confidence that I could teach it well." (C)

Theme 2: Positive experiences gained through MBP

This theme was related to the positive effects that the participants experienced during their practice. Interestingly, although the MBP methods were different, the positive effects experienced by the participants shared some commonalities. This theme was divided into six sub-themes: physical and psychological relaxation, vitality, calmness and equanimity, creativity, full awareness, and psychological maturity.

Sub-theme 2.1: Physical and psychological relaxation. This sub-theme relates to the physical and psychological relaxation experienced through MBP. The participants reported a sense of physical relaxation and mental refreshment during the practice, such as deep and comfortable breathing, improved digestion, and reduced pain.

"You enter a state where your mind is refreshed, your body is comfortable, and there is no resistance." (F)

"I feel like my breathing is improving, not just in quantity, but in quality." (F)

"Now, when I use the computer a lot or experience stress or pain in my daily life, I feel better after doing it. Or, when I'm too tense at work, I usually do yoga in the evening and do shavasana and relax. My body feels completely relaxed and my digestion actually improves. If I have a headache or other pain, it clears up a bit. That's how it is." (C)

Sub-theme 2.2: Vitality. This sub-theme demonstrates the feeling of vitality experienced through MBP. Physical and psychological relaxation boosted participants' vitality.

"Physically, I feel relaxed, and my lower abdomen feels hot. When I breathe according to my DanJeon practice, my lower abdomen feels warm. I feel energized." (A)

The participants shared that they lived each day with energy and clear goals.

"When I practice Tai Chi, I never feel tired. When I practice all day long, I don't really know what fatigue is. I'm always full of energy." (B)

"I'm 70 years old. My dreams are still growing bigger. That's why I'm full of energ y…I have a reason to live and an effort to live, so I live diligently and live young." (E)

Sub-theme 2.3: Calmness and equanimity. This sub-theme demonstrates the calmness and equanimity that the participants experienced through MBP. In daily life, we often get caught up in dysfunctional ruminations, such as guilt about the past or anxiety about the future. In contrast, thanks to their practices, this study's participants experienced a calm state with reduced dysfunctional rumination.

"In English, it is expressed as calm...a state where my mind is completely calm...excitement, desire, and thoughts all subside." (A)

Participants were able to maintain emotional stability without being overwhelmed by negative experiences.

"In the past, when someone said something, I would think about it for a long time and give it a lot of meaning, but now, I don't even try to understand why that person said something. I just think, 'He just said that.' 'I got angry for a moment.' I think things like remembering it, giving it meaning, and getting really angry about it, have decreased significantly." (D)

"Most of the patients are nice people, but sometimes there are strange people. They come and really make me angry. In the past, I would have been really angry and had a hard time controlling myself, but now it's easy. I'm more relaxed." (B)

Sub-theme 2.4: Creativity. This sub-theme is related to the creativity experienced through MBP. During the practice, people may experience moments of enlightenment when something suddenly comes to mind. These moments are often called "Aha! experiences." Participants experienced cognitive catharsis as their worries and concerns were thus resolved.

"Some words, sentences, or images suddenly pop out. I didn't intend it, but something I had been thinking about suddenly pops out." (F)

"Now, there are many ideas that come to me like insights from unresolved issues. 'Oh! It would be good to do research like this.' 'The client is giving me a headache. It would be good to recommend this to him in this way.' I get a lot of ideas." (A)

One participant experienced unconscious thoughts that suddenly emerged into consciousness. Although difficult to understand rationally, these experiences sometimes lead to important life decisions.

"On the eighth day of my 10-day retreat at the center, the word 'India' suddenly came to me. I was just practicing, and the word just came to me. It was such a strange experience. Because I had never thought about India before. Not even once. I had never traveled anywhere. I had never traveled or thought about going. No one around me had been to India...So the word 'India' suddenly came to me. And my body felt very light. And I went back to school and submitted my resignation the next day. And I went to India." (D)

Sub-theme 2.5: Full awareness. This sub-theme is related to the awareness experienced through MBP. Through practice, participants can objectively observe their inner experiences such as bodily sensations, emotions, and thoughts. These effects of MBP are called decentering and distancing (Shapiro et al., 2006; Teasdale et al., 2000). Decentering refers to not identifying with an experience and looking at it from a distance (Safran & Segal, 1990).

"I can look at it from a little bit of a distance…It's not like I'm completely free from it, but I'm able to look at it as it is and acknowledge it. I think that part is getting a little better." (F)

Through MBP, participants are able to look into their inner thoughts, emotions, and sensations and understand how the body and mind work. One participant described this experience as the process of becoming more intimate with oneself. In other words, full awareness through MBP enables objective and balanced self-reflection.

"Especially when I do Vipassana, I can now see how my mind moves and creates negative emotions. There is a cognitive change that comes from insight." (C)

"I think that meditation is the medium that allows me to become the most intimate with myself. I think that meditation is something that allows me to understand myself, accept myself, and become more intimate with myself." (D)

Sub-theme 2.6: Psychological maturity. This sub-theme shows the psychological maturity experienced through MBP. Decentering and distancing through MBP provide the freedom to make life choices autonomously. This freedom leads to self-regulation, an aspect of psychological maturity that can be achieved through mind-body training.

"I have a pattern of reacting automatically as soon as someone says something that makes me angry…I think the biggest benefit of meditation, Vipassana, is giving myself a little bit of space to take a break, relax my mind, and choose my reaction." (C)

"In the past, I just made decisions based on my temperament. Now, rather than being temperamental, I make rational judgments about what I should do and what I shouldn't do. I think my rational judgments have gotten a little better." (D)

The participants grew through the process of confronting traumatic events and resolving psychological conflicts independently. In this process, decentering and distancing became resources that allowed them to willingly confront past traumatic events and endure pain. This process of confrontation is related to intentional rumination, which induces posttraumatic growth (Eom & Cho, 2016).

"I had this desire. I had this complex. I

experienced some pain in the past that I had forgotten. I am looking at them one by one and melting them away." (A)

"I used to do things like compassion meditation for people I held grudges against or thought negatively about. Now, I feel some emotional catharsis and…cognitive changes. That person was like that. I want something and that person wants something different. Now, I understand things like that." (C)

Theme 3: Obstacles to applying MBP in clinical settings

This theme relates to the various obstacles that must be considered when applying MBP in clinical settings. Although the participants experienced a variety of positive effects through practice, this does not mean that they considered MBP a panacea that can be applied to all situations. The difficulty in continuing practice, the desire to pursue a quick and easy path, and the potential side effects of practice make MBP difficult to apply in clinical settings.

Sub-theme 3.1: The difficulty of consistent self-care. This sub-theme indicates that MBP may be difficult to sustain as a self-care training method. MBP requires the active participation and cooperation of patients, making it different from treatment approaches such as surgery or medication. However, the barriers to commencing traditional practices make it difficult for beginners to start practicing, and even if they do, it is difficult for them to continue practicing.

"The barrier to entry for beginners is high… If you present something difficult to them from the beginning, they won't dare. They'll say, 'I know it's good, but I don't want to do it.'" (F)

"People don't have perseverance…It's important to do it consistently for a long time. There are many people who start something for a while and then make excuses, saying they're busy, something comes up, and then they stop." (B)

Continuous practice is required to maintain positive change. However, continuing the practice requires considerable patience, which is why some people fail to continue. If MBP is not repeated as a daily routine, the temporary experience will only have a temporary effect, and it will be impossible for positive changes to continue in daily life.

"At that time, I had only been doing it for a short time…I wasn't used to it. I was doing it intensively, so I went deep, but it wasn't a habit or a pattern for me. When I was meditating, I would say, 'Oh, good,' but then I would go out and fight." (C)

When faced with this phenomenon of easily returning to the state before practice, practitioners may lose their will to continue their practice. In addition, concerns about how

long they should continue their practices and whether they are on the right path may lead to doubts about and distrust in their practice. This makes it difficult for them to persevere and devote themselves to self-care. Consequently, people seek quick and convenient methods instead of self-care approaches that require much time and effort.

Sub-theme 3.2: The mindset of only seeking quick and easy ways. This subtheme is related to an inappropriate mindset toward MBP. A beginner's impatience to quickly achieve the goal and obsession with doing well can make it difficult for one to continue practicing.

"I think they can go faster if they don't get greedy about their breathing. Many people think that they have to breathe hard. If you do it hard, it takes strength…I think it actually interferes with good breathing…I think it's important to do it well, but I think it's important to just do it." (F)

The mindset of choosing the quick and easy way can also be an obstacle to the use of MBP in clinical settings. In addition, the unfavorable perception of MBP prevents attempts to understand and utilize new perspectives and methods.

"If I teach this to Korean medicine doctors, they won't do it because it's hard. Who wants to work hard for a year? If I tell them to do this, they'd rather just copy a simple prescription or do simple acupuncture than do this…It's too hard, it's hard, so they won't do it." (E)

"Actually, I wanted to teach at my alma mater…When I talked to the orthopedics professor, he just laughed. He had no idea about Tai Chi and said, 'What nonsense are you talking about?'" (B)

Sub-theme 3.3: Potential side effects of practice. This sub-theme illustrates the potential side effects of MBP. Unexpected side effects can occur during practice, particularly when the practice is not in line with one's level of progress or purpose. One participant who began practicing for healing recalled the following experience of a practice that was not apt:

"Yoga is not cult-like, but the level of difficulty was too high for my physical condition at the time. At first, I was surprised and started doing it, but it was too burdensome, and my symptoms worsened. In fact, my back hurt more, and things like that." (C)

Ironically, the abilities developed through practice can become a double-edged sword and cause suffering. For example, when awareness increases through practice, it is easier to recognize prior negative experiences that may have been brushed aside in the past without much consideration. If one does not learn the

proper ways to deal with negative experiences, practice can actually be detrimental. In this regard, one participant stated:

"I think there are pros and cons. Because my ability to recognize myself increases that muc h…I have some will or thoughts that try to lead me in a good direction, but I also become more sensitive to negative emotions that come from me or negative aspects that I feel from others…If I don't handle it well, it can actually hurt me or become a factor that upsets my own control." (F)

Additionally, beginners may have confusing experiences that are difficult to interpret from conventional perspectives.

"There are times when I get confused. That's because when I meditate or do qigong, I experience situations that I have never experienced before. I can't interpret them because they are different experiences from my previous ones." (F)

Thus, with its numerous positive effects, MBP can also have many side effects, although not necessarily as severe as the side effects of medications. This finding suggests that MBP cannot be a panacea that can be applied in all situations and that healthcare professionals must maintain professionalism and take responsibility as clinicians as well as practitioners when employing MBP.

Theme 4: A mentor who helps patients' practice move in the right direction

This theme highlights the role of MBP instructors in the clinical setting. The participants are both healthcare professionals and mentors who help patients steer their practice in the right direction, accompanying their patients with altruism. They are philosophers who constantly think and reflect and true practitioners who acquire practice as wisdom, not just knowledge.

Sub-theme 4.1: Wanting to share positive experiences with others. The participants wanted to share their positive experiences with others, as indicated in the following quotes:

"I think that practicing is the right thing to do in my life. So, the most important thing is to practice the mind and body techniques, gain enlightenment, and help others from there." (A)

"I want to teach good things to as many people as possible. That's why my dream is to create a Taoist university. Someday, when I complete my studies, I will start teaching." (B)

Sub-theme 4.2: A philosopher who constantly thinks. Guided by their practice, the participants are essentially philosophers who constantly think and reflect. They are always curious and eager to learn. This attitude has led to a quest to discover fundamental

treatments for patients in clinical settings.

"We have to always think about the patients and how we can help them improve. We have to carry out the philosophy, that's philosophy." (E)

"Physical therapy often involves physical approaches, but I realized that cognitive elements are very important in the body, so I studied rehabilitation psychology in graduate school…I thought that some children needed a unique approach. So in graduate school, I used art therapy to think that I should approach the children in this way. So I focused a lot on art therapy." (D)

Sub-theme 4.3: Embodiment of practice through the body, not through concepts. A true practitioner should go beyond conceptually knowing the practice and try to embody it. To apply MBP in clinical settings, healthcare professionals should become practitioners themselves.

"I need to have a lot of energy to be able to pass it on to someone else. However, if I just force myself to perform acupuncture while I'm exhausted, something will go wrong with my body. That's why I need to continue to build up my energy even in my daily life…" (E)

"I have to experience this myself, then I can explain it to others, teach them the know-how to get back on track, and give some advice to people who are struggling mentally. If you don't practice every day, you won't be able to maintain that level, and it will just become empty talk." (A)

For them, the practice translates to a way of life in itself. One participant expressed:

"Even if I teach mindfulness, am I a person who transmits the knowledge of mindfulness? Or am I mindful myself?…I think a lot about wanting to be that kind of (mindful) person… Not someone who transmits (mindfulness) to someone but just living a life where this can melt everything from 1 to 10 in my life. I think a lot about that." (D)

Sub-theme 4.4: Being with the patient. The participants are mentors who accompany patients in a horizontal clinician–patient healthcare model. In clinical settings, therapists must be able to fully empathize with patients and make genuine efforts to approach their suffering through presence. One participant remarked:

"Even if you're here, there are many cases where you can't focus on the story. Even the counselor…Because of your own problems or issues, that's no longer being present…I also do that sometimes. But now, the power of meditation helps me become a better therapist." (C)

The role of the therapist is not to unilaterally instruct the patient in a vertical relationship, but to be present with the patient. Therapeutic

presence is also important when guiding practice.

"When I go to practice meditation, I think I talk a lot about 'practicing together' rather than saying that I am guiding. We practice together. I am not guiding you. It is a time for us to feel and experience together. And I think we actually practice together." (D)

Theme 5: Efforts to apply practice in clinical settings

This theme describes healthcare professionals' attempts to apply MBP in clinical settings, including establishing realistic training goals, integrating various perspectives and methodologies, and providing a personalized approach to healthcare.

Sub-theme 5.1: Establishing realistic training goals. This sub-theme relates to MBP goals that fit the clinical setting. They can vary depending on the context. In a religious context, practitioners may pursue far-off goals, including religious enlightenment or spiritual transcendence, and may be willing to follow strict ascetic precepts to achieve these goals. By contrast, healthcare professionals practice and teach based on realistic goals. For them, MBP is not something esoteric, but rather a tool for living well in daily life.

"People want to get rid of suffering. They want to get rid of this feeling. They keep talking about getting rid of it. There is no such word. It doesn't exist. It's important to not fight the feeling that I want to get rid of it." (D)

"I personally think that it's not about living something special, but rather helping me live my daily life in a completely balanced way." (F)

Therefore, the participants believed that it is important to set appropriate training levels that match realistic goals and to engage in the practice safely and sustainably.

"So I think it is not important to learn and master advanced and excellent training methods, but rather to maintain a training intensity that I can handle." (F)

Sub-theme 5.2: Integration of traditional wisdom and modern methodologies. Since ancient times, various MBPs have emerged across the Eastern and Western regions. Among them, traditional practices such as meditation, yoga, and Taoism have been developed over thousands of years, while trainings such as the Alexander Technique and Feldenkrais have been developed relatively recently. In recent years, Vipassana meditation, a traditional practice of early Buddhism, has been standardized in a modern way (Kabat-Zinn, 1990; Teasdale et al., 2000). This sub-theme is related to the integration of traditional practices with modern methodologies.

Traditional practices may be robust and in-depth, having resulted from accumulated know-how across generations. For example, one participant stated:

"So, I think that in a way, the reason why old training methods are stable is one of those reasons. It's because errors and such have been reduced over time, and there are many experiences accumulated about what can occur while learning the method." (F)

However, as previously mentioned, high entry barriers to traditional practice make it difficult for beginners to start and maintain their practice. Therefore, to increase compliance with MBP in clinical settings, various efforts are required to reinterpret and transform it in a modern way, rather than just sticking to traditional methods.

"You need to have know-how…Rather than teaching in a traditional way, you need to add a little fun so that the person can have fun and be drawn in. Otherwise, if you teach in a rigid, old-fashioned way, many people will drop out. So I think this is an area that needs development." (B)

"So I think we shouldn't stick to traditional methods of practice. I think we need to actively change it and, as I mentioned earlier, continue to reinterpret it in a way that lowers the barrier to entry for people, even if it's at a low level, so that they can easily accept it and practice it in their lives." (F)

Synergy occurs when traditional practices are combined with modern psychotherapeutic techniques. One participant described the complementary relationship between traditional practices and modern psychotherapeutic techniques, as follows:

"I don't think it can be seen as simply the effect of practice. It includes a lot of psychological aspects. So, just because you attend practice sessions, they don't teach you things like that, specific methods…I think I received more psychological help. When I do that, I learn what to do, how to think, and think about that person. This isn't something I learned from meditation." (C)

"I can now apply the education or learning as a counselor or healthcare professional to real life. Through meditation. When that situation arises...But even if you know it in your head, why can't you apply it, even with experts? If I meditate, the success rate increases a little bit." (C)

Sub-theme 5.3: A personalized approach to healthcare. The participants carefully applied MBP in the clinical context, considering each patient's characteristics and developmental level. For example, considering the developmental level, psychotherapy may sometimes be prioritized over MBP. Further, depending on personality characteristics, the preferred interventions may vary.

"But I really wonder what benefit there is in doing this (meditation) with people who don't have their basic needs met. I think those people need counseling or psychological treatment first." (C)

"I can't recommend meditation to just anyone. I recommend it to people who have a motivation and a tendency to observe their own minds first. I recommend it to introverts who tend to reflect on their own minds. There are a lot of people who don't have much interest in looking into their own minds." (A)

MBP is not a panacea for all illnesses. Self-care techniques, such as relaxation techniques and mindfulness, are just one of many options for managing health, with the others including surgery and medication (Benson & Klipper, 1975). MBP may be well-suited to treat conditions that require ongoing self-management, such as chronic illnesses.

"In the case of recommending things like Chamjang, it is recommended for patients with chronic diseases. Next, patients with serious diseases like cancer, in other words, patients who need continuous management…Next, patients with psychosomatic disorders, who are exposed to too much stress and whose nervous systems or other parts of their bodies are out of balance, leading to physical symptoms." (F)

Some participants underscored the need to determine methods tailored to each patient. Further, while they emphasized universal principles of practice, such as concentration and flow (i.e., mindfulness), they did not adhere to specific traditions or methods to learn these principles. Various methods were recommended, depending on the individual's preference.

"What do meditation, DanJeon breathing, yoga, and Zen all have in common? They are all about concentration and flow…Then, eating can also be a good form of meditation. Don't just mindlessly scoop up your food, but chew it for a long time, savor its taste, be grateful, and concentrate. That can also be a good form of meditation…Everyone has different preferences, so do what you like…Everyone is different. I can't force anyone to like Tai Chi." (B)

Sub-theme 5.4: Practical efforts to teach the practice easily. This sub-theme introduces specific practical efforts to apply MBP in clinical settings. Some participants struggled to develop a training system that suits people's modern lifestyles, and made special efforts to help beginners practice independently.

"They say even 10 minutes is too long…So shouldn't we lower the standards significantly for people in modern times? Lower the barrier to entry" (F)

"Second, even if they came and did it once, it's not like they completely learned it and left, so there were some limitations. So now, it

might be more helpful for them to just record a few videos on a YouTube channel." (F)

Since the mind is difficult to observe directly, it is not easy for all to understand the principles of practice. Some participants explained the principles of MBP using various metaphors, including ripples, spinning tops, and idling. This was part of an effort to explain the rather abstruse principles of MBP in an easy and persuasive way.

"I often use the expression 'calming down the ripples.' This is an apt metaphor for the state of mind in the Far East. I liken the mind to water, and the ripples are caused by various thoughts, worries, and emotional excitement. When you throw a stone into a pond, ripples appear. What is the quickest way to calm these ripples?…Everyone wants to quickly end their ruminations, but they don't know how to do it. When I use this metaphor, I can come up with a solution. I can answer that the best way is to keep a distance and observe." (A)

Discussion

The first key finding of this study is that healthcare professionals develop their own practice systems over a long period of time. Although the reasons and methods of practice may vary from practitioner to practitioner, what they have in common is that they go through various trials and errors to find the practice that fits them. They gained confidence in their practice systems by experiencing and comparing the various practices directly. The practice has become a part of their lives, and they truly enjoy it despite the repetitive practice routine.

The second key finding is that healthcare professionals experienced various positive physical and psychological effects of MBP. Relaxation is a common positive experience during practice (Sapthiang et al., 2019). The relaxation response is a state in which the parasympathetic nervous system is activated, reducing blood pressure, pulse, respiration, and heart rates, and is considered a homeostatic mechanism against the fight-or-flight response (Benson & Klipper, 1975). The relaxation response is induced by four conditions: a comfortable posture, a quiet space, focused attention, and a non-judgmental attitude (Benson & Klipper, 1975). Focused attention and non-judgmental attitudes are two aspects associated with mindfulness (Bishop et al., 2004). This finding suggests that various MBPs, such as meditation, yoga, and qigong, share a common relaxation mechanism. The relaxation response allows the body to maintain homeostasis after stress, resulting in less fatigue and more vitality. Previous studies have shown that fatigue is reduced and vitality is increased through MBPs such as meditation and yoga (Danucalov et al., 2017; la Cour & Pertersen, 2015). This finding suggests that

MBP, regardless of the type, can increase vitality.

These findings suggest that MBP could enhance emotional regulation abilities. Most people often experience racing thoughts, including repetitive thoughts such as guilt about the past or anxiety about the future. These dysfunctional thought patterns have been found to cause depressive and anxiety disorders and sleep problems (Nolen-Hoeksema, 2000; Shallcross et al., 2019). The functioning of the default mode network provides neurological evidence that our minds are constantly active, even during rest (Mason et al., 2007). In contrast, the participants in this study experienced calmness and equanimity while practicing MBP. Calmness refers to a quiet state of the mind, where racing thoughts linked to depression, anxiety, worry, and desire are reduced. In fact, previous studies have shown that mindfulness training, such as meditation and yoga, reduces dysfunctional rumination (Li et al., 2022) and increases positive emotions, such as calmness and comfort (Kearney et al., 2014). Equanimity refers to a state of emotional stability that is not shaken by one's desires. Experiences such as pleasure and displeasure and compulsive desires for objects that provide such experiences cause automatic behavioral conditioning, which can ultimately lead to suffering (Grabovac et al., 2011). Decentering and non-attachment are concepts similar to equanimity. Decentering refers to not identifying oneself with a specific experience, but rather looking at it from a distance (Safran & Segal, 1990). Non-attachment refers to a flexible and balanced way of relating to one's experience without clinging to or suppressing it (Sahdra et al., 2010). According to previous studies, MBP, such as mindfulness meditation, increases decentering and non-attachment (Hoge et al., 2015; Joss et al., 2020) and further improves emotional regulation (Eberth & Sedlmeier, 2012).

These findings suggest that MBP changes one's perspective on the self, promotes objective reflection, and furthermore, that these cognitive changes lead to psychological maturity. Insight and full awareness can emerge in the states of relaxation and equanimity. Participants reported having insightful experiences as part of their practice, during which something suddenly occurred to them. Insight, also known as the "Aha! experience," is a cognitive catharsis that occurs when a previously unsolvable problem is solved by acquiring a new perspective that is different from the existing one (Shen et al., 2018). Mindfulness involves non-judgmental attention to the present moment, a third-person metacognition that breaks away from the existing first-person self-concept. Decentering provides an insightful experience because it entails breaking away from existing ego-centered patterns by allowing us to look at an experience from a distance without identifying

with it (Yoon & Park, 2023). The participants reported a clear awareness of their bodies and minds while practicing. In a decentralized state, objective and balanced awareness is possible (Whitehead et al., 2018), and non-judgmental awareness of internal experiences such as thoughts, emotions, and bodily sensations allows us to fully understand how our body and mind work (Sahdra et al., 2010). Previous studies have shown that MBPs, such as meditation and yoga, improve one's ability to be aware of the body and mind (Rivest-Gadbois & Boudrias, 2019; Treves et al., 2019). MBP ultimately leads to psychological maturity. Mindfulness allows us to let go of our old, habitual, and automatic reactions and begin to make intentional choices about our lives. Decentering becomes a positive resource that allows us to intentionally confront past traumatic events (Eom & Cho, 2016). Further, psychological maturity extends beyond personal well-being to include forgiveness and compassion for others. Previous research has shown that non-attachment increases empathy and compassion in people and helps improve interpersonal relationships (Sahdra et al., 2010). Thus, self-transcendence may be a natural result of the enlightenment gained in the process of letting go and accepting oneself.

The third key finding points to several limitations when applying MBP in clinical settings. Despite the positive effects of MBP, several factors hinder its application in clinical settings. The first factor is the characteristics of the practice itself. MBP is not a passive intervention approach like medication or surgery but a self-care technique that requires active participation. Therefore, patients are required to have considerable patience and exert constant effort. Moreover, the high barriers to commencing traditional practices make it difficult for beginners to start or continue such practices. These barriers include setting excessively high goals or adhering to strict methods. Second, as a personal factor, the automatic tendency to choose a quick and easy method may conflict with the principles of MBP. Patients′ desire for perfectionism or their impatience could induce the "doing mode," which violates the principle of "non-striving," one of the seven attitudes of mindfulness emphasized in mindfulness-based stress reduction (MBSR) (Kabat-Zinn, 1990). Excessive obsession strains the body and mind and hinders continuous practice. Therefore, consistent practice, while letting go of hankering and impatience, is required to achieve and maintain positive change. The problem of impatience is not limited to patients. Healthcare professionals are also tempted to choose quick and easy approaches. They often prefer to prescribe drugs rather than help patients develop the capacity to solve their problems. Considering the issues of overtreatment, such as the misdiagnosis of hypertension due to

white-coat hypertension (Benson & Klipper, 1975; Cobos et al., 2015) and overprescription of opioid analgesics for chronic pain (Paulozzi et al., 2006), it may be necessary to reconsider the rationality of prescriptions. Third, as a contextual factor, unfavorable perceptions of MBP make it difficult to utilize it in clinical settings. Recently, many studies have been conducted on complementary and alternative medicine, indicating an increasing number of related interventions in clinical settings (Clark et al., 2015). Nevertheless, the high risk of bias and mechanisms that are difficult to explain biologically (e.g., Qi, Prana) lead to pessimistic perceptions of MBP (Stone, 2014). Therefore, various efforts, including high-quality research, are required to improve these perceptions.

MBP has been proposed as an alternative method to reduce the side effects of medications. Although the risk of MBP is not as high as that of medications, the potential side effects of MBP cannot be ruled out. For example, excessive practice beyond one's capacity can cause unintended problems such as hypertension. In addition, abilities gained through practice can actually become a cause of psychological distress. For example, if self-awareness increases after practice, one may become sensitive not only to positive experiences but also to negative experiences. Additionally, practice can lead to confusing experiences that are rather disconnected from daily life. In fact, MBP can cause psychotic symptoms such as hallucinations and delusions (Taylor et al., 2022). Thus, MBP not only has positive effects but also various side effects. Therefore, it is necessary to recognize and manage these side effects.

The fourth key finding highlights the role of healthcare professionals in guiding MBP. They should become mentors who help patients practice correctly. The potential side effects of MBP suggest a need for professional instructors to recognize and manage these problems in a timely manner. Four characteristics of the participants, as healthcare professionals and practice leaders, were identified. First, they are compassionate and altruistic. They have confidence in their practice system and have a genuine desire to share the positive effects with others. Second, they are philosophers who reflect on and explore their practice further. They do not settle for an easy and quick path, but constantly think about ways to truly help patients, even if it is difficult and takes a long time. They are pioneers who find better paths for their patients. Third, they embody their practice. Practice is not simply knowledge that is conveyed but wisdom that must be embodied. Therefore, healthcare professionals should be good role models who embody the practice rather than simply conveying knowledge of the practice so that patients can follow along voluntarily. Fourth, they are companions who

walk with the patients. In a horizontal clinician-patient relationship, healthcare professionals should fully empathize with patients, prevent potential problems in their training, and encourage them to continue their training.

The fifth key finding demonstrates some practical know-how required for applying MBP in clinical settings. First, it is important to establish realistic goals in clinical settings. The practice goals can vary depending on the context, but high-level goals such as religious enlightenment or spiritual transcendence may not fit with the goals in clinical settings. In addition, unrealistic goals can become a barrier to commencing MBP and hinder consistent practice. After establishing realistic goals, such as improving health and regulating emotions, appropriate practices can be planned. According to a previous study, MBP strengthens self-centrality, thereby benefiting well-being (Gebauer et al., 2018). Although this finding contradicts the practice goal of self-transcendence (non-self) in Hindu and Buddhist traditions, it suggests that the effects of MBP may vary depending on the context and goals. In other words, mindfulness is a behavior modification technique that helps individuals achieve their goals. Second, traditional wisdom needs to be reinterpreted in a contemporary context. For example, MBSR is a standardized program based on Buddhist traditional practices that was developed to reduce stress in patients with chronic pain (Kabat-Zinn, 1990). Subsequently, a standardized program combining mindfulness and cognitive therapy was developed to prevent the relapse of depressive disorders (Teasdale et al., 2000). In addition, the principles of mindfulness have been applied in various therapeutic approaches, such as acceptance-commitment therapy and dialectical behavior therapy (Hayes et al., 2006). Third, individual characteristics should be considered when applying MBP in clinical settings, as its effectiveness may vary depending on individual traits or motivations. Evidence suggests that it may be more effective for people who are more curious about their inner experiences (Tang & Braver, 2020) and who have positive attitudes and expectations regarding meditation (Buric et al., 2022). Another study found that people with high shame have difficulty with self-compassion and that it is more effective for such people to practice self-compassion after practicing compassion toward others (Park & Kim, 2019). These findings suggest the need for a customized approach tailored to individual traits and motivations. Finally, the participants made various efforts to teach the practice easily. Videos of the practice were produced and shared for free and various metaphors were used to persuasively explain the principles of the practice. These practical efforts could increase compliance with the practice and ultimately increase its effectiveness. Previous

studies have shown that the effectiveness of mindfulness meditation is positively related to the frequency of participation (Baer et al., 2012; Spijkerman et al., 2016), suggesting that it is important to increase compliance with MBP. Methods for improving compliance with the practice should be designed and verified.

This study had several limitations. First, the results have limited generalizability because this was a qualitative study with a small sample size. Nevertheless, the vivid experiences and perspectives of healthcare professionals who have been practicing MBP for years were revealed. Second, this study did not explore the experiences of novice clinicians and practitioners; exploring this aspect in future research will provide a clearer picture of the conflicts and problem-solving processes encountered when applying MBP in the healthcare field.

Conclusion

This study could serve as a reference for healthcare professionals seeking to apply MBP in clinical settings, providing insights on related strategies, perceptions, and challenges. We suggest several recommendations when applying MBP in clinical settings.

First, healthcare professionals should be aware of the limitations of MBP as well as its effectiveness. MBP can increase physical relaxation and vitality, help regulate emotions, and induce cognitive and behavioral changes, but improper practice can actually cause adverse effects such as hyperarousal, hypersensitivity, and altered cognition. Therefore, healthcare professionals should maintain a horizontal relationship with patients, check on their practice, and guide them to develop their practice in the right direction.

Second, healthcare professionals should become philosophers who constantly explore to promote the well-being and growth of patients. MBP, which originated from various traditions, tends to set goals too high or adhere to strict methods. Excessively high goals and strict methods can become obstacles for beginners. Therefore, when applying MBP to clinical settings, healthcare professionals should set appropriate goals and develop optimal methods to achieve them. Evidence-based scientific research should also be conducted to support their methods.

Third, it is important for healthcare professionals to first become practitioners who embody mindfulness with patience. Expectations for immediate results(e.g., impatience) and perfectionistic obsessions are obstacles to applying MBP for both clinicians and patients. Doing mode is a valuable resource for personal achievement and development, but it sometimes becomes a source of shame and anxiety. Excessive doing mode can even turn short

MBP breaks into something boring, uninteresting, and painful. It is difficult to make patients practice MBP on their own. Therefore, healthcare professionals should be good role models who inspire patients as pioneers.

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건강 전문가의 장기간 심신 수련 경험에 대한 질적 연구

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임상장면에서 명상, 요가, 기공과 같은 마음챙김에 기반한 수련의 효과를 지지하는 증거들이 제시되고 있다. 이에 따라, 심신 수련은 의학, 심리학, 간호학 등 다양한 임상 현장에서 활용되고 있다. 심신 수련을 활용하는 건강 전문가의 역할과 태도에 대한 논의가 필요하지만, 이러한 주제는 아직까지 충분히 탐구되지 않았다. 본 연구는 심신 수련의 효과와 임상 적용 방법에 대한 건강 전문가의 관점을 이해하고, 나아가 임상 현장에서 그들이 가져야 할 역할과 마음가짐을 제안하는 것을 목표로 삼는다. 여섯 명의 장기간 심신 수련 경험을 갖는 건강 전문가들을 모집하였다. 반구조화된 인터뷰를 통해 자료가 수집되었으며, 주제 분석을 통해 질적으로 분석되었다. 총 다섯 개의 주제가 발견되었다. 1) 자신만의 수련 체계 구축, 2) 심신 수련을 통해 얻은 긍정적인 경험, 3) 임상 현장에서 심신 수련의 적용할 때의 장애물, 4) 환자의 수련이 올바른 방향으로 나아가도록 돕는 스승, 5) 임상 현장에서 수련을 적용하기 위한 노력. 건강 전문가는 장기간 심신 수련을 통해 긍정적인 효과를 경험했을지라도, 심신 수련을 임상현장에서 적용할 때의 한계점을 인식하며, 이를 해결하기 위한 다양한 노력을 기울였다. 본 연구는 임상 현장에서 심신 수련을 활용할 때 건강 전문가가 취해야 할 적절한 태도와 역할을 제언하였다.

주요어: 심신 수련, 마음챙김, 건강 전문가, 질적 연구