

## Supplementary file 5: List of all context-mechanism-outcome configurations (CMOCs) with all data excerpts from the included documents

Context-Mechanism-Outcome Configuration (CMOC)	Sections of verbatim text used to develop each CMOC
<b>STAGE 1</b>	<b>Management offer and employees' acceptance of a mental health and well-being program</b>
CMOC 1: In a context where any investment has to produce financial returns (C), a well-being course like an MBP might trigger concerns of productivity loss (M) with management hesitant to invest in it (O1) or stopping to invest in it (O2) if it does not pay off.	<p><i>[...] mindfulness training was [...] seen as a benefit to workers and a company cost.</i> Various Industries, Europe [1]</p> <p><i>'[...] while my background and intentions of introducing mindfulness have to do with well-being and selffulfillment, the business case has to be linked with productivity for us to gain access.'</i> Consultant, Clausen Consulting, Denmark [1]</p> <p><i>'Our clients expect us to deliver results that we can measure and prove. That won't go away, as far as I can see, as it's the core of our business to have visible impact and it justifies the hours we invoice them for [...].'</i> Co-Partner, Vivien Consulting, France [1]</p> <p><i>'This is really not typical for the work that we do the rest of the time in companies. They are more flexible with it (trying mindfulness) [...] they put their faith in the unknown, I would say.'</i> Consultant, Vivien Consulting, France [1]</p> <p><i>'My focus is their happiness, but I understand that the company wants to see improvements, and there generally is a marked improvement, from feedback I've heard and seen.'</i> Consultant, Thomas Consulting, UK [1]</p> <p><i>'It's disheartening, because if they could only take a wider perspective on what mindfulness is, they could shift to seeing it as a precious and wise life philosophy, rather than only in light of what it can offer them.'</i> Consultant, Thomas Consulting, UK [1]</p> <p><i>[...] trainers and participants struggled with the idea of practicing mindfulness as an efficiency tool, but felt that efficiency claims were instrumental to justify the time dedicated to the course.</i> Various Industries, Europe [1]</p> <p><i>'How can I know that it's really useful? You know, I fear it's just become a trend, something people think has magic but is actually really basic. Isn't this stuff (mindfulness exercises) we already do? I don't fully get it, to be honest. But again, blind faith. We will see!'</i> Manager, Post-Secondary Education, Denmark [1]</p> <p><i>Although uncertainty was allowed and sometimes embraced, respondents concurred that ultimately, results would have to be evidenced, and the doubt or 'flexibility' was a provisional concession to such programs.</i> Various Industries, Europe [1]</p>

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	<p><i>'I'm still figuring out what mindfulness is all about and how it can fit into our business model. [...] While personally I support the program whole-heartedly, I'll have to find some way to prove that the program works if we are to continue with it onwards. It's just the reality.'</i></p> <p>Controller, Accounting Firm, UK [1]</p>
CMOC 2: In a context where stress and distress are stigmatised (C) participants might be reluctant to sign up for a stress/mental health programme (O1) because they are concerned that they will be seen as weak and vulnerable (M).	<p><i>Some participants suggested that the stigma associated with the act of asking for help within a workplace context could be reduced by increasing the availability and accessibility of such a programme.</i></p> <p>Healthcare, UK [2]</p> <p><i>'It would be good if the Trust would offer something like this once in a while as part of the training to let people see there is a way of coping with their stress without making them go looking for it... That they could say everybody's the same... this is available but not make you look as if you've got a weakness... Not making you feel guilty about feeling stressed (or) about wanting to seek help in any way... Cause seeking help's nearly like being a failure you know, you're always given this impression you're sick you're a failure ...'</i></p> <p>Participant #03, Healthcare, UK [2]</p> <p><i>'[...] I think it is important to use the language of "focus and productivity" rather than "stress and health" when talking about the benefits of mindfulness in the workplace. It's about improving the way we work, better planning, prioritisation and productivity, and our own awareness of how we work.'</i></p> <p>Government Department UK [3]</p> <p><i>Mindfulness does not sell itself. The most well-known applications of mindfulness are in spiritual or clinical/therapeutic settings or as daily mobile 'apps', so there is a possible stigma or reluctance in considering mindfulness training beyond these areas.</i></p> <p>[3]</p> <p><i>An internal champion, or senior sponsor, is also important in talking about mindfulness and making it 'okay' for high performers.</i></p> <p>[3]</p> <p><i>The intervention was marketed as a 'Mindful Stress Reduction' class aimed at teaching stress reduction skills, since potential participants might interpret the word 'therapy' to imply that they would be required to make deeply personal disclosures.</i></p> <p>Hospital, USA [4]</p>
CMOC 3: If an MBP appeals to an organisation's overall business strategy, values, and practices (C) it becomes an attractive investment for management (O) as it is believed to enhance not only health and well-being but also overall productivity and/or work performance (M).	<p><i>[...] they [participants, KM] experienced this study as an opportunity for personal improvement and at the same time as a factor capable of increasing their working efficiency. It thus played a strategic role in reducing the distance between the individual and the organisation and between private interest and corporate objectives.</i></p> <p>University, Italy [5]</p> <p><i>The head of the palliative care program was present at the kickoff and declared her interest in supporting the program in whatever way made sense both during and beyond the 12 weeks. She also reported seeing particular value in the new e-mail listserv as heretofore there had been no way to debrief volunteers. [...] The new communication system was envisaged as acting</i></p>

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	<p><i>both as a way to simply share details as well as to play a role in promoting team communication [...]. In sum then, from early on, the Being There Mindfully program enhanced the work of the palliative care team.</i> Palliative Care, USA [6]</p> <p><i>Buy-in was obtained by focusing on inter-organizational values and ongoing initiatives undertaken by the state agency and the academic department. These included efforts to improve the organizational climate through culture building, wellness, decreasing medication and restraint usage, and non-coercive, strengthbased, person-centered care.</i> Hospital, USA [7]</p> <p><i>‘I think if we are going to do a culture change of integrating new approaches into treatment then staff need to be trained.’</i> Manager, Hospital, USA [7]</p> <p><i>Several participants’ statements describe the value in having this local champion articulate the ‘value-add’ of the innovation by appealing to organizational cultural values.</i> Hospital, USA [7]</p> <p><i>‘We perceived a real win-win for individuals and the organisation through the increase in emotional self-regulation which mindfulness practice achieves. We knew that, if our staff are “being present in the moment”, recognising that they are about to enter a stressful situation and “putting the pause in” to control their response to situations, this would lead to better decision-making and better advice being given to clients.’</i> Manager, Global Professional Services Firm, UK, Australia [3]</p> <p><i>Head of HR at BlueBay is quoted in People Management magazine (Lewis, 2015) as saying: ‘Clients rely on our technical insight and investment decision-making, so a key focus for us is enhanced performance through clearer thinking to produce the best outcomes for our clients. Mindfulness fits really well with that.’</i> Asset Management Firm, UK [3]</p> <p><i>Mindfulness was pitched as achieving a mental state of complete awareness purely in a ‘business sense’, highlighting the benefits that increased focus, calmness and concentration could bring in a high-pressure working environment. The [...] overall aim was described as enabling staff to achieve their peak performance.</i> Asset Management Firm, UK [3]</p> <p><i>A review of the literature on nursing and healing supports the fit between nursing and MBSR. Many nursing theorists have suggested that relationship-centered care is at the heart of the nursing profession and the nurse’s identity.</i> Hospital, USA [8]</p> <p><i>Relationship-centered care can be broken down into several components: therapeutic presence, self-care, and understanding oneself as a ‘wounded healer’ (self-awareness).</i> Hospital, USA [8]</p>
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	<p><i>During the course of running a general MBSR program for patients of the hospital system, we noticed that a subset of every group we ran consisted of hospital healthcare providers (physicians, nurses, residents, etc). Although they enrolled as patients with symptoms similar to those of everyone else in the group, they experienced benefits specifically tied to their work as healthcare providers. These benefits included being able to be more fully present with their patients, enjoying their work more fully, and at times feeling that they were functioning at a higher level of competence.</i> Hospital, USA [8]</p> <p><i>During her 5-year tenure in this role at LVHHN, Capuano has increased retention and employee satisfaction dramatically, through innovative strategies such as forming a nursing advisory council, enhancing the model of shared governance, and increasing opportunities for education and professional development for nurses in the hospital system. When approached with the idea of an MBSR program for nurses, Ms Capuano believed that it would be a logical next step in her efforts to care for the nursing staff.</i> Hospital, USA [8]</p> <p><i>‘So I felt a program like this one would be an important piece of caring for nurses, which I believe will ultimately pay off in the way they care for patients.’</i> Senior Vice President, Hospital, USA [8]</p> <p><i>The programs were often described simultaneously as attempts to improve well-being, independently of economic considerations, and to improve employee productivity and performance.</i> Various Industries, Europe [1]</p> <p><i>In terms of program conception, the intervention’s economic relation to the company was often described as an investment in people, using a ‘training’ logic that mindfulness meditation would result in human capital payoffs.</i> Various Industries, Europe [1]</p> <p><i>‘We work in a high-stress environment, so it’s very important that our people are at their best. We need to be sure that we’re taking care of them in all possible ways [...]’</i> Client [1]</p> <p><i>[...] the enactment of mindfulness as practice-oriented, proactive, and individual feeds back into an ongoing construction of mindfulness programs as good investments and as performance-based</i> Various Industries, Europe [1]</p> <p><i>‘I see how they are working better [...] since we started the program. They seem to understand our clients better, and to understand each other better. Maybe they see things more clearly now because of the mindfulness exercises, I don’t know, what I do know is that we as a company are going on a good path, which makes me pleased.’</i> Manager Telecommunication, Norway [1]</p>
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	<p><i>'I see mindfulness as bringing an alignment between personal and professional aspects of their lives that allows the participants to have optimal well-being [...] a return to the fullness of themselves, and this transition is accompanied by better results in their work, as a sort of by-product of feeling better and being more satisfied with themselves [...]. My focus is their happiness, but I understand that the company wants to see improvements, and there generally is a marked improvement, from feedback I've heard and seen.'</i></p> <p>Facilitator, [1]</p> <p><i>Many of our respondents were cognizant of the urge to change business-as-usual and found in mindfulness a mechanism that might effect such a change.</i></p> <p>Various Industries, Europe [1]</p> <p><i>'I think the problem is that people keep doing things in the same way as always. It's difficult for them to change, or maybe they don't want to, and so, well, mindfulness cracks that open, but gently, so that people realize that the old model doesn't fit anymore.'</i></p> <p>Manager, IT Services, France [1]</p>
<b>STAGE 2</b>	<b>Acceptance to take on self-care</b>
CMOC 4: In a context where an MBP competes with work tasks (C) employees might be concerned that by attending training sessions and practicing mindfulness they will not be able to attain work related goals (M1) or get their job done (M2) and therefore prioritise work over engagement with the programme and its practices (O).	<p><i>The difficulty to find time away from others was the most commonly reported obstacle to adherence.</i></p> <p>Healthcare, UK [2]</p> <p><i>The primary barrier identified by direct care providers was lack of planning to provide coverage for them to attend training sessions.</i></p> <p>Mental Healthcare USA [7]</p> <p><i>'So in order for that to have worked (floor staff attend trainings) many of us would have to of covered the floor, [...] a way to make that work would have just to have offered just to the Direct Care Staff and then, you know, just one or two hours a week then we could make a plan to cover the floor. You can't have both. That's a challenge.'</i></p> <p>Participant, Mental Healthcare USA [7]</p> <p><i>The issue of protected time available to attend the eight weekly classes emerged as the largest barrier for participants. Protected time would mean that the individual was able to attend and not have to cover their patients or make up the time later. Statements such as, 'I recognize the importance, but it is always about the time,' 'there was no way I could ever commit,' 'it's lack of time,' and 'I was unable to attend because of the demand' were interpreted as time barriers. In order to attend training sessions, employees had to find coverage from a co-worker or take that time out of their own schedule.</i></p> <p>Mental Healthcare USA [7]</p> <p><i>Staff described the fact that participation was optional [...] facilitated their participation. Because this approach respected the value staff place on the limited time available to complete their responsibilities, they did not feel pressure or coerced.</i></p> <p>Mental Healthcare USA [7]</p>

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	<p><i>The difficulty of finding the time for classes mirrors one of the major barriers that participants within classes encounter [...] during the program. This barrier to implementation has also been described in a previous study of MBSR delivered in a health care setting. In a randomized controlled trial with health care professionals of a veteran hospital, 44 % of participants dropped out citing lack of time (Shapiro et al. 2005).</i> Mental Healthcare USA [7]</p> <p><i>Future efforts could avoid this barrier by providing coverage for direct care staff to attend the training [...].</i> Mental Healthcare USA [7]</p> <p><i>A practical difficulty arises when incorporating mindfulness practices into workplace contexts that are already pressurised by a competitive business environment. Creating the space for new interventions in 'the day job' can be difficult with competing priorities, initiatives, and day-to-day delivery pressures.</i> Various Business Sectors, UK [3]</p> <p><i>One dropout told me that he had performed a mental cost-benefit analysis and, while he realized that the course would be beneficial to him in the long run, he reasoned that the pressing needs of his parish had to come first.</i> Diocese, USA (Davis, 2011)</p> <p><i>The feedback identified three challenges of the brief MBSR programme, based upon managing time commitments, learning a new skill, and balancing self-care and work demands.</i> Mental Healthcare, Australia [9]</p> <p><i>'It's an issue of—it's just that fine line, that tight rope of what do you think that the staff are going to buy into? When there are so many things that you are being measured against from a metric system in a performance improvement system and then that fine line of adding something else.'</i> Facilitator #08, Member of Staff, Healthcare, USA [10]</p> <p><i>Integrating mindful, meditation practice into daily life proved to be a significant challenge for many of the participants with the logs indicating less than half the available practice sessions were used.</i> Healthcare, Australia [11]</p> <p><i>For each participant, negotiating time off the ward to attend the one-day workshop to which they were allocated proved to be challenging as rosters were often changed at short notice to accommodate the needs of staffing and workloads.</i> Healthcare, Australia [11]</p> <p><i>Creative strategies need to be developed for further/future workshop participation for nurses and midwives whose self-care needs are often postponed or neglected, as the needs of others become their priority.</i> Healthcare, Australia [11]</p>
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	<p><i>The MBI class took place in working hours, and job content did not change, which might create other demanding characteristics. It might be one of the reasons why MBI did not work out in this field [improvements in job control and job demand, KM]</i> Manufacturing, Taiwan [12]</p> <p><i>The MBCT program was [...] not well integrated into the hospital culture. Hospital administration supported the implementation of the program but was not asked to work directly to accommodate employees' schedules or interests in participating.</i> Healthcare, USA [4]</p> <p><i>[...] attendance rates declined across sessions (76% at session 2 vs. 54% at session 4) due primarily to work-related scheduling conflicts.</i> Healthcare, USA [4]</p> <p><i>Twenty-four participants provided a reason for missed sessions. The vast majority stated that they missed sessions due to work conflicts.</i> Healthcare, USA [4]</p> <p><i>'Missed one session due to being at a conference and the last due to catching up from the week at the conference... I regret missing the last one, I truly was impressed with the class.'</i> Participant, Hospital Employee, USA [4]</p> <p><i>'Unfortunately I had to miss the last 2 sessions because of department needs.'</i> Participant, Hospital Employee, USA [4]</p> <p><i>'I felt horrible for only being at half of the classes. We had operational and staffing issues that required me to stay in the department during the last 2 sessions.'</i> Participant, Hospital Employee, USA [4]</p> <p><i>'We had the [...] workshops at maybe 5:00 PM ... That's a really hard time because that's when I'm trying to triage ... who needs to be seen today, who can I push until tomorrow.'</i> Participant, Healthcare, USA [13]</p> <p><i>'It (is) challenging to find the time ... to do it. [...] I'm going and it's just like one thing after the other. ... Sometimes it's just stuff ... that you have to respond to and you know what you have to do. ... I'm not thinking about I need to take 10 min out of my time to reflect and to think. It's very hard.'</i> Participant, Healthcare, USA [13]</p> <p><i>Competing priorities [...] affected implementation of mindfulness practice.</i> Participant, Healthcare, USA [13]</p>
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	<p><i>[...] our concerns that the full MBSR program might be prohibitive for nurses and nurse aides who are already juggling multiple demands and time pressures were supported by the fact that, despite providing multiple brief sessions each week, attendance was difficult or impossible for many potential participants.</i> Hospital, Canada [14]</p> <p><i>'I find it interesting that everyone seems to be jumping on the bandwagon train of incorporating mindfulness practices into their workplace, but not purposefully making time for this.'</i> Participant, Social Worker, Canada [15]</p> <p><i>Time was identified as critical in practicing self-care and wellness, both in having and taking time to implement self-care strategies.</i> Social Work, Canada [15]</p> <p><i>[...] a few participants commented on the MSCR [mindful self-care and resiliency, KM] program length and recommended abridging the sessions, particularly when clinical work was thought to be accumulating in their absence.</i> Healthcare, Australia [16]</p> <p><i>Given the demanding schedules that many of the participants had at the hospital and at home, participants found the scheduling and timing of the course challenging.</i> Healthcare, Australia [16]</p> <p><i>Overall, participants agreed that they liked learning most of the formal mindful meditation practices [...] taught in the course. However, the lengthy home assignments acted as barriers to their successful adoption of mindfulness practices, and conflicted with their demanding work schedules.</i> Hospital, USA [17]</p>
CMOC 5: In contexts where employees are under a lot of pressure (C) adding tasks (such as course attendance and home practice) can exacerbate feelings of stress/distress (M) and result in inability to practice mindfulness (O1), dropping-out from the programme (O2) and/or lack of beneficial effects (O3).	<p><i>One volunteer chose to drop out at this stage [after the kick-off workshop, KM], finding it too difficult to sit in the chair in such a concentrated fashion when she felt unusually frenetic and anxious about work tasks.</i> Palliative Care, USA [6]</p> <p><i>'I found myself doing a lot of you know shifts and it was stressful to get to the stress management class! So there was times when it was like, "Oh my god how can I be so stressed out trying to get to the stress management class!"'</i> Participant, Mental Healthcare, USA [7]</p> <p><i>Several participants noted that the training added one more thing on top of an overburdened schedule.</i> Mental Healthcare USA [7]</p> <p><i>[...] two found that their stress levels were such that they could not continue.</i> Diocese, USA [18]</p>



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	<p><i>'There's a lot of stress in our department right now, which is exactly why we need mindfulness moments, granted, but sometimes you let that go instead of using it as a force to help you through.'</i> Facilitator #15, Member of Staff, Healthcare, USA [10]</p> <p><i>'If for some reason there was some chaos in the morning, frequently then it (the mindfulness moment) would be our after-lunch sort of regrouping effort. I found it got to the end of the day and I'd say 'Oh, gosh, I wanted to have done that and I didn't.' Just surprising in that, it did not happen as I had intended it to happen which I find, as I said, surprising only because I was so enthusiastic and so excited and continue to be so enthusiastic and excited.'</i> Facilitator #03, Member of Staff, Healthcare, USA [10]</p> <p><i>'[...] being highly stressed depletes capacity to engage in mindfulness practice: once it takes hold, it inhibits my capacity to draw on any strategies. My cognitive space is occupied with thinking through problems, preparing scenarios, anticipatory anxiety.'</i> Participant #07, Higher Education, UK [19]</p> <p><i>A number of participants discussed their experiences of distress during the 8-weeks which they directly attributed to either the intensity of the course structure, or the amount of requisite meditation home practice. [...] this distress was felt on a continuum ranging from mild discomfort to more intense anxiety.</i> Mental Healthcare, Canada [20]</p> <p><i>[...] those in the SRP2 who did not complete the follow-up data had higher levels of distress at baseline consistent with a mild disorder of mood and anxiety according to the total K10 score than those who completed follow-up who fell into the 'healthy' range.</i> University Employees, Australia [21]</p> <p><i>'One could use it if one was really, really stressed and wanted to calm down, but I think if I was so stressed about everything I had to do, it would make me more stressed to do something other than to start working on it.'</i> Participant, Physician, Healthcare, USA [13]</p> <p><i>Although the subjective reactions to the MBC were overwhelmingly positive, there were elements of stress described by the staff during the training period because of having to make time for the class during work hours, writing in the journals, and finding time to practice the techniques.</i> Pediatric Oncology, USA/Israel [22]</p> <p><i>One participant withdrew from the course at week 5, stating that she felt too stressed by the burdens of the course.</i> Pediatric Oncology, USA/Israel [22]</p> <p><i>There were no significant differences between the groups at baseline or follow-up on the MBI. Notably, nearly 100% of participants met criteria for high levels of burnout in the categories of personal accomplishment (PA) and depersonalization (DP). These findings were found in both the control and interventional arms at baseline and at the end of the study. In the</i></p>
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	<p><i>category of emotional exhaustion (EE), greater than 95% of participants in both groups, at both time points, showed moderate or high levels of burnout.</i> Pediatric Oncology, USA/Israel [22]</p> <p><i>The lack of benefit may have been because of the severity of the problem in pediatric oncology. Compared with other studies [...] our sample was significantly more stressed and burned out.</i> Pediatric Oncology, USA/Israel [22]</p> <p><i>[...] both groups' average scores were more than 1 standard deviation higher at both time points than the national (United States) average, suggesting higher than average levels of perceived stress in this group of health care providers</i> Pediatric Oncology, USA/Israel [22]</p> <p><i>. [...] some of our participants found that the course actually added stress to their day by requiring them to accomplish yet another task on top of their already very full workload.</i> Pediatric Oncology, USA/Israel [22]</p>
CMOC 6: If supervisors do not explicitly support the practice of mindfulness at work (C) employees refrain from doing the exercises (O) because they are concerned that disadvantages might result from 'taking time off for self-care' instead of working (M).	<p><i>While coworkers were largely supportive, feasibility was negatively influenced by [...] attitudes of management.</i> Public Sector, Australia [23]</p> <p><i>MMI facilitators indicated several conditions as necessary for the successful implementation of mindfulness programs into the organization [...]. These conditions included the following: (1) additional support at the institutional level, including leadership support [...].</i> Healthcare, USA [10]</p> <p><i>Moreover, there are high rates of noncompletion of the intervention and therefore questionnaires [...]. Reasons for attrition have not been explored, but may relate to [...] managers not supporting attendance [...].</i> University Employees, Australia [21]</p> <p><i>Negotiating with managers, who may have been in key posts at the planning stages but not when the groups actually came to start was also challenging. Managers who were dealing with imminent major changes to their services had so much to deal with that thinking about a staff MBCT group simply could not beat the top of their list of priorities. On the other hand, we also encountered very enthusiastic managers who remained in their post throughout the process and were delighted to be offered this resource and willing to put their own time and energy into making sure it was delivered successfully. As those seemed to be the locations where staff continued to meet to meditate after the group had finished, it seems very important to ensure managers are as on board as possible in order to increase the chances of the intervention and its effects enduring within the workplace.</i> Mental Health, UK [24]</p> <p><i>According to study participants, leaders in the agency play a significant role in establishing an environment that fostered self-care and wellness for the staff.</i> Social Work, Canada [15]</p>

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	<p><i>One participant described her practice of arriving for a meeting with clients early and preparing for the visit by meditating and getting focused for the visit. She said she was unsure if that this practice 'would be counted as work time or not ... some supervisors may not count it, others might.'</i> Social Work, Canada [15]</p> <p><i>Therefore a culture or environment that allotted time, gave permission and a place for individuals to practice self reflection, self awareness, and self-care appears leader dependent.</i> Social Work, Canada [15]</p> <p><i>Some participants alluded to an organizational culture that may inhibit individual efforts to prioritize MAP [mindful awareness practice, KM].</i> Healthcare, Canada [25]</p> <p><i>'(...) it's the whole awareness and being mindful that is not in our culture. I have never been exposed to anything like this prior to all of the education sessions I've taken.'</i> Participant #08, Healthcare, Canada [25]</p> <p><i>'I think it's great that you guys are doing the study and having it in the workplace is a great thing. Whether or not the employers were supportive of all of it is a different story, in terms of each individual, department, and directors and all of that (...) and understanding what that is. That's definitely an issue.'</i> Participant #01, Healthcare, Canada [25]</p>
CMOC 7: In an environment that lacks private or dedicated space for mindfulness practice (C), participants fear interruptions (M1) and might feel exposed in front of non-participating colleagues (M2), which negatively affects their ability to do the practices (O1) and reduces their engagement with mindfulness at work (O2).	<p><i>While coworkers were largely supportive, feasibility was negatively influenced by limited access to quiet spaces for practice [...].</i> Public Sector, Australia [23]</p> <p><i>Indeed, finding the time in a day without interruptions (e.g. phone calls, others intruding upon practice time) was the most commonly reported challenge to adhering to practice.</i> Healthcare, UK [2]</p> <p><i>'We have the moments (MM), but they are frequently interrupted because it's like the room doesn't lock and we have people come in and out. And sometimes we're doing it and somebody comes and says, "Bob, I need to talk about this" and we're like, "Oh, give us a second."'</i> Facilitator #18, Member of Staff, Healthcare, USA [10]</p> <p><i>Our quantitative results show that mindfulness enhances qualities of effectiveness and team cooperation in the daily working culture of an agile team. The qualitative open questionnaires distributed to the teams after the trial, however, draw another perspective on our findings. While several participants saw the personal use of the exercise, none would continue it in a public setting.</i> Agile Project Teams, IT, NL [26]</p>

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	<p><i>[...] although the results show statistically significant increases of effectiveness on several entries, the perceived usefulness does not raise to the level that the participants want to keep on using it in a public setting. The teams apparently encountered a barrier to introduction of these practices.</i> Agile Project Teams, IT, NL [26]</p> <p><i>Several participants in Team 4, for example, indicated that the fact that they conducted the exercises in an open space, they felt looked at by other teams.</i> Agile Project Teams, IT, NL [26]</p> <p><i>‘Yes, I want to do those exercises more often. I have chosen to do this at home and not at work.’</i> Participant Team 7; Agile Project Teams, IT, NL [26]</p> <p><i>If, as the qualitative data examples showed, people feel exposed, the practices will not function very well.</i> Agile Project Teams, IT, NL [26]</p> <p><i>[...] the lack of private space at work prohibited practice</i> Higher Education, UK [19]</p> <p><i>Program leadership advocated for stable and protected room space, which improved the delivery of the program.</i> Hospital, USA [4]</p> <p><i>‘During my workday, it doesn’t really make sense (to meditate) ... just because I don’t know where I would go and who wouldn’t bother me ... when I’m on call.’</i> Participant, Healthcare, USA [13]</p> <p><i>‘(The) socialized mind never really quite settles down when you realize that there are other people observing you.’</i> Participant, Healthcare, USA [13]</p> <p><i>Some struggled with formal meditation at work, finding that this technique was ineffective for eliciting mindfulness. One informant said that, ‘I tried to meditate here (at work) ... That was a disaster. The phone didn’t stop, people kept knocking ... It was just not good.’</i> Healthcare, USA [13]</p> <p><i>Barriers in the social context had principally to do with the subjective norm: participants did not feel at ease doing the exercises at work as the following quote by an interviewee demonstrates: ‘... So I’m standing, doing the swan exercise behind my desk and then suddenly a colleague walked in. And he said: What on earth are you doing? You know, that kind of reaction. ...’. They reported feeling a lack of privacy and understanding by not participating colleagues.</i> Research Institute, NL [27]</p>
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<p>CMOC 8: If people are used to taking care of others (C), they might feel guilty about taking time off for themselves (M) and skip training sessions and/or home practice (O1) or drop out of the programme (O2).</p>	<p><i>Interviewees described an overwhelming need to give to patients, family, and community even while they recognized that they felt used up or empty. This conflict sometimes was associated with guilt about taking time to participate in the program, even while recognizing that it was contributing to their greater effectiveness as physicians.</i> Primary Care, USA [28]</p> <p><i>The third theme from the interviews was participants' recognition of an unfulfilled need to reflect and care for themselves, and their guilt in taking the time to do so. Of the interviewees, 70% (14) placed a high value on the course having an organized, structured, and well-defined curriculum that designated time and space to pause and reflect—not something they would ordinarily consider permissible.</i> Primary Care, USA [28]</p> <p><i>'I felt this guilt about being there [silent retreat day, KM] and not being at home, and my wife didn't even make me feel guilty. It was just me.'</i> Participant #10, Primary Care, USA [28]</p> <p><i>The theme of caring for others before caring for oneself was highly relevant. As previously mentioned, nurses are often socialized to care for everyone but themselves. During the course, several nurses expressed feeling guilty when caring for themselves [...].</i> Hospital, USA [29]</p> <p><i>'I'm having trouble focusing on myself and not others' problems. It's the nurse in me.'</i> Participant, Nurse, Hospital, USA [29]</p> <p><i>Creative strategies need to be developed for further/future workshop participation for nurses and midwives whose self-care needs are often postponed or neglected, as the needs of others become their priority.</i> Healthcare, Australia [11]</p> <p><i>[...] taking time to complete a mindfulness practice often led to feelings of guilt about what they could have achieved in that time.</i> Higher Education, UK [19]</p> <p><i>[...] the course was described as an 'indulgence,' and there was a level of guilt at taking time out</i> Healthcare, UK [30]</p> <p><i>[...] our analyses yielded the finding that many participants experienced feelings of guilt when making efforts to engage in basic self-care.</i> Mental Healthcare, Canada [31]</p> <p><i>'I have my family to think of, and with my wife at home caring for our three children, spending this time on top of all the time I'm away working has got to mean that it brings a better situation for us.'</i> Participant, Accountant UK [1]</p>
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	<p><i>[...] 'being a high-level executive and a woman, I have been conditioned to succeed by ignoring my own personal needs. My orientation is to take care of everyone and everything. I am sometimes short with my staff, and don't often take time to smell the roses as I know I should. I need to be able to shift to a place of self-care more often than I do [...].'</i></p> <p>Participant #02, Executive, USA [32]</p>
CMOC 9: If the MBP competes with private time (C) participants might feel that by attending the training sessions, they have to give up other nourishing activities (M) and they have to make a deliberate choice of what to prioritise (O).	<p><i>One reason given for non-participation in the study was the fact that this course demanded a significant commitment of time and energy from people who already work long hours.</i></p> <p>Diocese, USA (Davis, 2011)</p> <p><i>'I mean truthfully, after a full day at work and we get to these staff meetings, all you want to do is go home. And the faster we get out of there, the happier we are.'</i></p> <p>Facilitator #07, Member of Staff, Healthcare, USA [10]</p> <p><i>Participant 11 discussed her sense of feeling a freedom from her usual structure, and having mixed feelings about this. On the one hand she felt liberated from strict adherence to her usual schedule of activities, while on the other hand she noted a worry about changing a selfcare routine based on exercise.</i></p> <p>Mental Healthcare, Canada [20]</p> <p><i>'Time is such an issue for us [...] If I'm not on the floor, I should be reading something for tomorrow when I'm on the floor [...] If I had an extra hour [...], I'd ... spend more time at home or get to the gym.'</i></p> <p>Participant, Healthcare, USA [13]</p> <p><i>'I know that the weekends are the big thing that everybody – especially with kids and activities and all that – it's hard to give up [...].'</i></p> <p>Participant, Emma, Teacher, USA [33]</p> <p><i>One participant mused that attending the MBSR class was initially a challenge for her, requiring an additional evening away from home beyond her existing volunteer commitment to facilitate a grief support group. She later concluded, 'This (was) my gift to myself—that is lived self-compassion.'</i></p> <p>Grief Support Group Facilitator, USA [34]</p> <p><i>To create the time to practice he had to eliminate other things. Because mindfulness practice was a priority [...] he was able to incorporate it. To find the time, he stopped going along on routine family expeditions and curtailed his attendance at professional meetings.</i></p> <p>Participant University Employee, USA [35]</p>
CMOC 10: If employees are offered an MBP through their employer (C), they see that as a sign of care and appreciation (M1) which enhances their investment in the	<p><i>Ms Capuano [Senior Vice President, KM] fully supported the program, endorsing it to managers and asking them to help employees adapt their schedules so that they could attend the program, encouraging nurses to enrol, and contributing a significant portion of the tuition costs for every nurse who signed up.</i></p> <p>Hospital, USA [8]</p>

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<p>programme (O1), engagement with the exercises (O2), and the ability to practice mindfulness (O3). Being offered an MBP at work might also facilitate investment in self-care more generally (O4) as employees feel that their health and well-being are important (M2).</p>	<p><i>Encouragement would not be limited to articles in diocesan newspapers voicing on the positive benefits of such programs, but might also include release time, financial incentives, tuition reimbursement, and so forth. Clergy would be more willing to support these initiatives if it was felt that they were being offered to all by the Church in a spirit of caring in order to promote health and wellness.</i> Diocese, USA (Davis, 2011)</p> <p><i>As one participant said to me, 'If the diocese offered this program to me, it would be a real symbol of (diocesan) support of me and my work in the Church.'</i> Diocese, USA (Davis, 2011)</p> <p><i>'I think it is important to have someone worry about the employees (...).'</i> Participant, Healthcare, Brazil [36]</p> <p><i>Since its inception in 2011, the intervention, called 'MBSR Mindfulness at Work' had been offered [...] as a stress reduction and well-being programme for all employees. Provision of the programme reflected an organisational intention to deliver more illness prevention, early intervention and well-being support for free to the workforce.</i> Higher Education, UK [19]</p> <p><i>'[...] the fact that the University ran the course seemed to be saying it's okay to take care of yourself; it gave you the right to do it [...].'</i> Participant, Higher Education, UK [19]</p> <p><i>[...] programme attendance became, for many, a demonstration of self-care (e.g. 'I'm allowing myself that hour of paying attention to me completely', (...)) 'I'm sort of valuing myself enough to say this is important' (...). Nonetheless, there appeared, for many participants, to be a process of intellectual justification, whereby taking care of one's mental and physical health needed a logical defence. This justification seemed greatly supported by the fact that the programme was embedded in, and provided free by, the organisation: 'I think it legitimised self-investment. (...) if you don't look after yourself, you're not well (...) In this organisation, in this University, it legitimised self management and looking after yourself and being nice to yourself, as opposed to always being nice to other people, so that helped me then invest some time'.</i> Higher Education, UK [19]</p> <p><i>[...] our participants [...] reported that it was the organisation's provision of free and easy access to the intervention, and thereby its representation of support for staff well-being, which also strongly legitimised their participation.</i> Higher Education, UK [19]</p> <p><i>[...] the personal and organisational legitimisation of self-care for stress management appeared foundational for investment in mindful practice.</i> Higher Education, UK [19]</p>
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	<p><i>[...] although legitimising self-care was an ongoing process (e.g. 'there is time in my busy schedule'), it is presented here as an early first stage of change as it appeared foundational to intervention engagement and the securing of subsequent benefits.</i> Higher Education, UK [19]</p> <p><i>In our provisional model, legitimising self-care directly fosters awareness.</i> Higher Education, UK [19]</p> <p><i>The workplace context played a significant role in participants' ability to strive toward self-care and wellness. As one participant explained, 'I think it would be an important message to employees that this agency values their well-being.'</i> Social Work, Canada [15]</p> <p><i>Participating in the CARE program not only validated the need for self-care but also gave teachers the permission to attain it.</i> Education, USA [37]</p> <p><i>Several participants voiced appreciation of the format of this MBSR class—that it was not merely a skill-building class intended to make them better grief group facilitators, but was instead 'for them' to use and grow as they might.</i> Grief Support Group Facilitators, USA [34]</p> <p><i>'It was about going along ... for me. And that was something I hadn't experienced before' captured the surprise that the participants felt regarding the fact that the course was focussed on their selfcare as opposed to the care of patients [...].</i> Healthcare, UK [38]</p> <p><i>'I thought if you're being allowed to do something in your work time it would be more about, em, learning a set of skills ... and I kept waiting for that to happen [...] but it didn't which I was quite pleased about.'</i> Participant, Bryan, Healthcare, UK [38]</p> <p><i>'Um, it felt, very caring (...) it comes back to what I wanted in the first place, that you could take some time out and to reflect ... um, it was just a really nice little pocket, in my week.'</i> Participant, Kate, Health Care, UK [38]</p>
CMOC 11: If employees receive official release from their work to attend training sessions (C), they feel 'permitted' to take care of self (M), which facilitates investment in the programme (O1), engagement with the exercises (O2) and/or the ability to practice mindfulness (O3). Feeling permitted to take care of self can just by itself be relaxing (O4) and stress reducing (O5), and	<p><i>Meetings occurred during work hours but at periods of low call volume so as to minimize the impact on productivity. Group meetings were scheduled at different times and days of the week to accommodate various work shifts.</i> Call Centre, USA [39]</p> <p><i>[...] the opportunity to practice during work hours was important not only to program engagement but also for practice and relaxation, even if only once a week.</i> Call Centre, USA [39]</p> <p><i>On the basis of participants' feedback, group practice led to greater program engagement and participation. It [...] provided an opportunity to take time off work to de-stress and practice the techniques once a week.</i></p>



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<p>it might facilitate investment in self-care more generally (O6).</p>	<p>Call Centre, USA [39]</p> <p><i>Ultimately [...] management must acknowledge that time is a scarce commodity informally valued among employees and must be compensated for in order to successfully implement a mindfulness training program</i></p> <p>Mental Healthcare, USA [7]</p> <p><i>Ms Capuano [Senior Vice President, KM] fully supported the program, endorsing it to managers and asking them to help employees adapt their schedules so that they could attend the program [...].</i></p> <p>Hospital, USA [8]</p> <p><i>The participants reported enjoying the simple pleasures around them, such as practicing meditation without guilt [...].</i></p> <p>Hospital, USA [29]</p> <p><i>In the future, it would be extremely helpful to provide support at both the parish and diocesan levels for release time or time-off for self-care so that participants did not feel guilty about neglecting other aspects of their ministry.</i></p> <p>Diocese, USA (Davis, 2011)</p> <p><i>'I think having the buy-in of like the two heads of the department really made a difference. And having (name) say, "I want to allow people to do this as part of their workday rather than requiring them to do it on their own time" is really useful.'</i></p> <p>Facilitator #04, Member of Staff, Healthcare, USA [10]</p> <p><i>'In any department in the hospital, there is a lot of emotions and a lot of stress that linger and I think this serves to contain some of those feelings to provide five minutes for oneself to be with others not focusing on work-related tasks.'</i></p> <p>Facilitator #19, Member of Staff, Healthcare, USA [10]</p> <p><i>[...] lack of effects in the study of van Berkel et al. [...] might be due to the intervention's being run on the participants' own time. Our intervention was implemented during paid working hours. In other studies with positive results, their MBIs were also delivered at the workplace during work hours [...]. Effective workplace health-promoting interventions need the organization's commitment to facilitating the changes both for employees and their working conditions [...].</i></p> <p>Manufacturing, Taiwan [12]</p> <p><i>[...] across each of the 4-week groups, attendance rates decreased from the first to last session. Qualitative results revealed that conflicting work demands were the primary reason for missed sessions. Indeed, this attrition rate is inconsistent with findings from previous studies of workplace employee mindfulness programs, which showed 97% retention and included approved time release to attend sessions (Klatt et al. 2015). In contrast to Klatt's (2015) study, participants in the current study did not receive institutional release to attend sessions, which may be important for enhancing intervention uptake.</i></p> <p>Healthcare, USA [4]</p>
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	<p><i>Hospital administration supported the implementation of the program but was not asked to work directly to accommodate employees' schedules or interests in participating.</i> Healthcare, USA [4]</p> <p><i>Participants described the need to find a balance between their own accountability for self-care and the challenges of self-care at their workplace. 'It's got to be a balance, right? We've got to do it on our own as well as there could be time incorporated in our job to help us.'</i> Participant, Social Worker, Canada [15]</p> <p><i>Participants in the study felt that 'promoting' self-care and wellness at work was not enough, the workplace needs to commit to staff's self-care by providing time, permission, and a place for the staff to learn and practice self-care strategies.</i> Social Work, Canada [15]</p> <p><i>Granting time and permission for participants to engage in the group sessions at work, led participants to feel less stressed, as one practitioner explained, 'over the past eight weeks I have been busier but less stressed, I have felt calmer inside and peaceful knowing that thing(s) will get done.'</i> Social Work, Canada [15]</p> <p><i>The workplace context included subthemes of time, permission, and a place to practice reflection and learn the skill of mindfulness for it to be successful.</i> Social Work, Canada [15]</p> <p><i>'Giving myself permission to use mindfulness at work and not feeling the time spend as being non-productive/wasteful.'</i> Participant, Health Care, UK [40]</p> <p><i>The full day and follow-up sessions were scheduled during work days. Participants in senior positions were able to diarize their attendance. Ward-based staff negotiated time to attend with their nurse manager or attended during days off.</i> Healthcare, Australia [16]</p> <p><i>Many participants described a new approach of taking time for themselves away from their caring roles at work or at home, such as [...] doing the exercises ... actually allocating it and naming it – (saying) that's self-care activity that you've done for today.'</i> Healthcare, Australia [16]</p> <p><i>Following the MSCR program, participants felt comfortable devoting resources to their own well-being. For example, a nurse manager who was otherwise doubtful about the benefit of the MSCR program admitted, 'I have given myself permission to allocate 30 minutes per day every day to play my piano.'</i> Healthcare, Australia [16]</p>
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	<p><i>For some professions, the organisation of work did not allow flexibility in working hours and therewith hindered participation in the training.</i> Research Institute, NL [27]</p> <p><i>[...] perceived facilitation of participation by the supervisor (<math>\beta=0.60</math>, 95%CI 0.15 to 1.04) and the organisation (<math>\beta=0.51</math>, 95%CI 0.01 to 1.02) were both positively associated with compliance. Perceived support of participation by the supervisor (<math>\beta=0.29</math>, 95%CI -0.21 to 0.79) or the organisation (<math>\beta=0.19</math>, 95%CI -0.32 to 0.69) however, were not [...].</i> Research Institute, NL [27]</p> <p><i>Stimulation by the supervisor or organisation (for instance, summoning to participate via email) alone, does not contribute to compliance. It needs to be translated into actions (practical facilitation) for it to be associated with compliance.</i> Research Institute, NL [27]</p> <p><i>Facilitation could for instance be provided by allowing flexible handling of working hours [...].</i> Research Institute, NL [27]</p>
CMOC 12: When mindfulness practices can be integrated easily into existing routines and busy work schedules (C), take up is high (O) because individuals feel they can do something for their health without having to invest extra time and effort (M1) and/or because it helps them make good use of ‘empty’ time (e.g. wait time, commute time) (M2).	<p><i>Shorter practices [...] were noted as a facilitator of engagement, for example, ‘I am still practising the breathing exercise. I think I’ll make a habit of it’.</i> Mental Healthcare, UK [41]</p> <p><i>‘I struggle to make time for things at work, but the short practices I can do during lunch.’</i> Participant, Sophie, Staff, Mental Healthcare, UK [41]</p> <p><i>‘I think it (mindful walking) is short and easy to fit into your schedule’.</i> Participant, Katie, Staff, Mental Healthcare, UK [41]</p> <p><i>Some participants noted that mindfulness was similar to their natural coping style, and hence, engaging in the intervention was not perceived as an extra undertaking.</i> Mental Healthcare UK, [41]</p> <p><i>‘I found myself in a boring meeting that didn’t have much to do with clinical patient care, and found myself looking out the window.... And there was this incredible gust of snow that blew the window off a very steep slope of roof with light behind the roof and birds flying through at the same time. I thought ... this is just a beautiful moment in time.’</i> Participant #08, Primary Care, USA [28]</p> <p><i>A number of participants suggested that 15–30 minute practice sessions might be more realistic given the business of their daily routines.</i> Healthcare, UK [2]</p>

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	<p><i>Most participants [...] were able to find some mindfulness techniques they considered helpful and beneficial (perhaps unsurprisingly, the quicker and more practical exercises such as the three-minute breathing space were the most popular).</i> Healthcare, UK [30]</p> <p><i>'You can notice you're letting your shoulders drop, releasing tension, um, hopefully it means that you're not going to be quite so tired in the shift because, you know, you've done something to nourish yourself.'</i> Participant, Nadia, Midwife, Healthcare, UK [30]</p> <p><i>'A particular thing is switching on the computer ... it does make me think "right, this has got to happen, I've got to wait for it to come on, so I could just sit quietly and just focus for a minute, and just breath."'</i> Participant, Emma, Midwife, Healthcare, UK [30]</p> <p><i>'Traditionally, it's going walking in nature that does that for us, but here in the office, these practices are much more practical, you see!'</i> Manager, Telecommunication, Norway [1]</p> <p><i>A number of participants discussed how they adopted strategies over the weeks of the course to flexibly work mindfulness practices into their weekly schedules, such as shortening the time required for sitting meditation.</i> Mental Healthcare, Canada [31]</p> <p><i>A third perception affecting motivation and adoption of mindfulness practices was their integration within interviewees' preexisting life, including work routines [...].</i> Healthcare, USA [13]</p> <p><i>'I like the on-the-go (meditation) too because it's integrated more into my everyday life ... I really ... hope that (mindfulness is) going to be present in my whole day, all of it'.</i> Participant, Healthcare, USA [13]</p> <p><i>'I found these moments where I was standing in line and ... I was like "great ... I don't have anything else to do in line, let me practice (meditation).'</i> Participant, Healthcare, USA [13]</p> <p><i>Commuting was often cited as an opportune practice time.</i> Healthcare, USA [13]</p> <p><i>'I do it ... on the subway, on the way to [work] ... as a formal thing ... it's pretty much exactly 10 min (before) I get off ... I usually meditate both ways.'</i> Participant, Healthcare, USA [13]</p>
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	<p><i>'[...] try to do it twice a day ... My cat .... likes company while he eats, so I sit with him'</i> Participant, Healthcare, USA [13]</p> <p><i>'I walk a lot ... all over the hospital. .... Usually ... I try to take that time as meditation time .... I feel my feet or just listen to the sound of my feet to ... center myself, because I never know what is going to happen. ... It's helpful for my work .... (but) I wouldn't say it's enough.'</i> Participant, Healthcare, USA [13]</p> <p><i>'I have done the best I can do to accommodate that loss (of planned practice time) by fitting small opportunities for mindfulness into my day.'</i> Participant, Healthcare, USA [13]</p> <p><i>'I had ... been using ... objectless meditation and breathing ... which is great, because you can slip in and out of it wherever, whenever. You don't have to set aside time. ... It's immediately accessible.'</i> Participant, Healthcare, USA [13]</p> <p><i>HCPs [healthcare professionals, KM] largely eschewed a classic, formal meditation practice routine, suggesting that they struggled to adopt traditional mindfulness practices. Instead, they relied heavily on informal and opportunistic practice models to increase mindfulness levels.</i> Healthcare, USA [13]</p> <p><i>Opportunistic Practice occurred within spaces—physical, social, and temporal—in the workday, enabling the completion of brief mindfulness practices ranging from seconds to minutes. Although these moments were typically unscheduled, interviewees reported anticipating their occurrence and using them in lieu of formal practice times. For example, several interviewees described changing locations or mindfulness of ambient sounds or body sensations as good opportunities for informal practice.</i> Healthcare, USA [13]</p> <p><i>'Sitting meditation and mindful walking. Meditation – find relaxing and easy to do when have spare 10 mins.'</i> Participant, Healthcare, UK [40]</p> <p><i>CARE participants did not see the CARE program as separate and distinct from other efforts in which they were engaged. Many of them connected CARE with practices they already had established and other self-care/supportive practices in which they were involved.</i> Education, USA [33]</p> <p><i>For Kasey, CARE seemed to fit nicely into her broader wellness efforts and her focus on cultivating a healthy lifestyle. Thus, the ability to connect CARE with existing knowledge or synchronistic efforts seemed to facilitate participants' understanding and assimilation of CARE.</i></p>
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	<p>Education, USA [33]</p> <p><i>Rayleen talked about how her involvement in Al-Anon 'ties in very closely with what CARE taught as far as taking things easy and just kind a taking care of yourself.' She described what she learned in CARE as reinforcing some of what she learned in Al-Anon [...].</i></p> <p>Education, USA [33]</p> <p><i>'I've been in this whole process of at that point in time of CARE, thinking about different, like the way I eat and all of that kind of stuff so it just lent itself to things I was already trying to do in my life. Even the responsive classroom stuff for kids, it kind of played into that a little as well.'</i></p> <p>Participant, Kasey, Teacher, USA [33]</p> <p><i>'I do the breathing...Sometimes it's deliberate, like those times and other times it's just sort of automatic transitioning time. Like let's say I finished the reading lesson and I'm going to sit down at my desk and then call kids up to talk to me at my desk. I'll find myself doing it at times like that to just sort of regroup and then move on, but it's not like the whole counting.'</i></p> <p>Participant, Nadia, Teacher, USA [33]</p> <p><i>It was evident that the choice of strategies that could be applied at work or at home contributed to the perceived feasibility of the program.</i></p> <p>Health Care, Australia [16]</p> <p><i>Meditation promoted relaxation and focus but was difficult to use during the working day. A compromise was to use the three breaths, a strategy seen to be easy, unobtrusive and, therefore, sustainable in routine practice.</i></p> <p>Health Care, Australia [16]</p> <p><i>[...] the strategy of three short breaths was the most frequently used as it was quick and unobtrusive and could be done in any setting.</i></p> <p>Health Care, Australia [16]</p> <p><i>A number of participants described how they had integrated aspects of MAP [mindful awareness practice, KM] into other relaxation practices such as yoga and stretching and how they had learned to fit brief practice sessions into their work days.</i></p> <p>Healthcare, Canada [25]</p>
CMOC 13: In a context where pressure and workloads are high (C1) and/or in moments of immediate stress/distress (C2), mindfulness exercises, particularly the brief ones, provide individuals with a sense of coping (M) and thereby reduce perceived stress (O). Coping mechanisms range from	<p><i>'I have noticed I am able to do the brief practice like 3-min breathing even when I am in a lot of stress.'</i></p> <p>Participant, Staff, Mental Healthcare, UK [41]</p> <p><i>'I didn't know about the 3min breathing space before (the intervention started), but I think I have always done it, especially before important meetings. I always tend to pause and relax for a bit.'</i></p> <p>Participant, Katie, Mental Healthcare Staff, UK [41]</p>

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attention regulation (M1) and enhanced awareness (M2) to taking a few breaths/deep breathing (M3), cognitive reappraisal (M4), relaxing (M5), zoning out (M6), and/or reminding oneself that these strategies are available (M7).	<p><i>‘It was like learning to swim. You don’t always swim but once you know how to you will never drown. I now know about mindfulness and the being mode, I can use it when I am stressed. (...) I have more control now.’</i> Participant, Sarah, Staff, Mental Healthcare, UK [41]</p> <p><i>‘Learning ahh about the mountain meditation for one... where you could, even in the midst of a disruptive meeting, you could step back, without losing the focus of the meeting, you could step back and take yourself to a place where these people didn’t matter and you’re just coming back to it fresh... Very useful to learn wee techniques like that.’</i> Participant 7, Healthcare, UK [2]</p> <p><i>‘I have a funny story—when hiking recently we got way off trail and ended up facing sheer rock-face with no choice but to climb up. So I found myself clinging to a rock knowing there was nowhere for me to go. I got very nervous and I am so tired my muscles were shaking. [...] At that moment I looked at the rock and thought I can either freak out or meditate. And suddenly I thought now would be a good time to meditate. So I went with taking 5 deep breaths. When I opened my eyes I saw a rock cranny I hadn’t notice and I jumped and made it. [...] So this program helped make a very stressful situation manageable. And it made clear that you can meditate in any circumstance. It helped a lot.’</i> Participant PG, Palliative Care, USA [6]</p> <p><i>‘All I do is ten minutes practice a day on the train travelling to work instead of reading my book plus one hour of me-time at work on a Friday. The confidence it gives me has helped my resilience at work.’</i> Participant, Senior Leader, Government Department, UK [3]</p> <p><i>‘The 3min of silence helped me rest and relax. It helped gather my senses back after a few hours of (usually) stressful work.’</i> Participant, Agile Project Teams, IT, NL [26]</p> <p><i>‘And the techs [...] and [...] some of the nurses, too, have said that they really appreciate when they get to participate in the mindfulness moments, but even ... when they don’t [...], kind of knowing that it’s available to, like a chance to take a three-minute break and calm down [...]’.</i> Facilitator #19, Member of Staff, Healthcare, USA [10]</p> <p><i>‘The techniques of looking at shades of green when driving in the car certainly helps me stressing out in traffic.’</i> Participant, Healthcare, Australia [11]</p> <p><i>‘Looking at the leaves technique has helped a lot with my stress levels.’</i> Participant, Healthcare, Australia [11]</p> <p><i>‘I did it before night shift to decrease my stress about not sleeping during the day before nights start’.</i> Participant, Healthcare, Australia [11]</p>
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	<p><i>[...] 'just go into a room and take time to de-stress ... there is nowhere to go here ... no time or space ... but we can make time and space.'</i> Participant, Healthcare, Australia [11]</p> <p><i>'Several teachers noted the effects of taking a breath or using deep breaths as a means to calm themselves.'</i> Education, USA [42]</p> <p><i>'I feel more peaceful and calm when I take a deep breath.'</i> Participant, Teacher, USA [42]</p> <p><i>'I learned that if I focused too much on one particular child I go crazy instead of looking at the whole overall classroom, like I feel claustrophobic. And after we went through (the training), I don't know, just after the (training) and I went back to the classroom for some reason the breathing helped a lot and just being able to concentrate on that particular child or on the whole classroom overall, just reminding myself that I can get through this.'</i> Participant, Teacher, USA [42]</p> <p><i>Many participants talked of now having 'toolkits' [...] for [...] managing stress triggers and stressful episodes.</i> Higher Education, UK [19]</p> <p><i>[...] '(a mindful practice) is like a nice detox, it just settles your mind, and then I'm alright and I'll carry on.'</i> Participant #09, Higher Education, UK [19]</p> <p><i>'When my anxiety or stress levels get too high, then I do start to feel out of control, and that's when things start to, um, go a little bit wrong ... (mindfulness) gives me an element of control.'</i> Participant, Sophie, Midwife, Healthcare, UK [30]</p> <p><i>They [employees, KM] give themselves this time to be free of all concerns, simply to be, which sounds so simple, but we rarely seem to do that these days. And when they go back to their desks [...] they have new energy, they are at their best, and they are inclined to be like this through their day.'</i> HR Director, Medical Imaging, Switzerland [1]</p> <p><i>'It doesn't stop, so I have to, in order to gain some sense of peace and keep on track [...] I can only change myself, so that's what I'm doing, so that I can better cope with what I have to somehow do.'</i> Participant, IT-Technician, France [1]</p> <p><i>'This coaching intervention has been an invaluable opportunity for me to learn skills and a practice that is not rocket science but something I can do to enhance my wellbeing, reduction in rumination and my shifting from negative place to a more positive one whenever I need to.'</i> Participant #06, Executive, USA [32]</p>
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	<p><i>‘The ability to be able to shift from the place of overwhelm to calmness is proving to be a valuable tool to me during my day. That shift happens relatively easily and seems to sustain me throughout the day.’</i> Participant #01, Executive, USA [32]</p> <p><i>‘I have been practicing twice a day since we have started the intervention, and I find that my stress shifts into a very calm and confident space once I’m done with the practice. I seem to gravitate toward the practice when things are rough for me. It is as if I’m using it as an antidote to difficult moments and events.’</i> Participant #02, Executive, USA [32]</p> <p><i>‘I am much more focused and when things seem a bit overwhelming, I take a few minutes to re-center myself with some of the techniques.’</i> Participant, Hospital Employee, USA [4]</p> <p><i>‘(I found mindfulness practice) most beneficial when I’m going into a situation that I know is going to be complicated, or ... be overwhelming. ... Being able to meditate ... before I go into the situation really makes a world of difference.’</i> Participant, Healthcare, USA [13]</p> <p><i>‘When it’s a stressful day at work, I’m feeling particularly overwhelmed, (I) just ... sit and ... do ... meditation.’</i> Participant, Healthcare, USA [13]</p> <p><i>‘I could say I’ve used mindfulness anywhere, I feel like I’ve tried to use it in ... the aftermath of (difficult) situations.’</i> Participant, Healthcare, USA [13]</p> <p><i>Participants routinely engaged in several types of informal Opportunistic and On-the-Fly practices during the workday, enabling completion of brief mindfulness practices ranging from seconds to minutes during typical and stressful situations.</i> Healthcare, USA [13]</p> <p><i>There were reports of feeling less overwhelmed and several participants pointed to the breathing exercises as a way to allow their minds to relax.</i> Participant, Pediatric Oncology, USA/Israel [22]</p> <p><i>‘STOP kept me calm and relaxed throughout the day.’</i> Participant, Pediatric Oncology, USA/Israel [22]</p> <p><i>‘I have also used the centering activity when I have to go to a meeting where I’m nervous or it’s a higher profile meeting with a parent that you never know what to expect when you walk in. I can feel myself like it’s in the pit of my stomach where I get nervous. I just take a few minutes to ... get my paperwork organized and I can just kind of think about it and center myself before the meeting gets started and I feel like it can run a little more smoothly if I can be more calm. Otherwise, I have a tendency to talk</i></p>
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	<p><i>fast and I end up with a teammate telling me to slow me down ... So if I can just organize myself a little bit, I feel like I appear more together even if I'm not.'</i> Participant FG1, Teacher, USA [37]</p> <p><i>When asked about the most helpful practices, teachers tended to identify those that immediately affected them, especially those practices that helped them take care of themselves, namely by reducing their physical and emotional stress.</i> Education, USA [37]</p> <p><i>For Kasey, the attractive CARE strategies were those strategies that did not require a daily commitment: Some of the other things that I am doing, I think the reason I am doing them is because they're not something you have to do every day. So, I'm using them as I need them, but they're not things that I have to commit to doing every day.</i> Education, USA [33]</p> <p><i>When we discussed what Kasey was using from CARE, she began by saying 'I would say that I don't use it the way it should be used. I don't use it proactively. I definitely use most of the strategies reactively.' However, she went on to clarify, 'I let my elevator get too high and then I stop and ground myself and breathe.'</i> Education, USA [33]</p> <p><i>'In class, feeling grounded and all that kind of stuff, maybe I don't even think of it of it that way anymore. But just, "I'm here. I'm present. I'm gonna do the best I can. And I'm not gonna be panicky trying to make kids do stuff. I'm just gonna relax and be the best teacher I can." You know, I think that's still a part of kinda what CARE was getting at. I think that was part of it because sometimes you just have to breathe and be grounded and try to do the best you can.'</i> Participant, Aiden, Teacher, USA [33]</p> <p><i>In addition to using wait time, Emma reported giving herself 'more time not to feel rushed' during her morning routine and using deep breathing to address situations in which she found student behavior challenging.</i> Participant, Emma, Teacher, USA [33]</p> <p><i>One young ward-based nurse recalled learning, 'skills to de-stress and I actually use them at work . . . the three sighs and I listen to the (supplied meditation) CD and sometimes it's just like ringing in my mind.'</i> Healthcare, Australia [16]</p> <p><i>'When we were actually doing the course, you know we thought it was interesting and whatever but we couldn't imagine incorporating it into our lives unless we felt a real need for it.'</i> Participant, Janet, Healthcare, UK [38]</p> <p><i>The majority of the participants did not report maintaining the formal practices of mindfulness [...] but still reported that they used the informal practices and reported employing mindfulness when faced with a situation that caused them stress.</i></p>
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	<p>Healthcare, UK [38]</p> <p><i>'[...] it's that whole sort of stop everything, focus on, and almost taking you out of yourself. [...] yeh and I think that's really quite important and that's the skill that I never had before [...] - it's like stop the world I want to get off, but just stop the world for 5 minutes.'</i></p> <p>Participant, Melanie, Healthcare, UK [38]</p> <p><i>'I remember that I will be able to use the mindfulness skills forever, focusing on the breath which can be done anywhere anytime.'</i></p> <p>Participant, Hospital, USA [17]</p> <p><i>'I have become very aware of the breathing, which suits me well. The breathing comes and goes [...] you are always carrying with you. It also gives me safety, it can bring me back to myself, and [...] it can be an indicator of how I feel at a particular moment.'</i></p> <p>Participant, GP Professional Training, NL, [43]</p> <p><i>'Sometimes too, if I'm getting really stressed or something, I try to be mindful and go walk away and just empty my brain or something.'</i></p> <p>Participant, Healthcare Manager, Canada [25]</p> <p><i>Two specific activities have been shown to provide tangible and easily accessible methods to practice mindfulness. The acronyms STOP (stop, take a breath, observe, proceed) and RAIN (recognize, accept, investigate, nonattach) help redirect the focus away from the stressful thought or event and return it to the breath, which decreases the sympathetic nervous system response to threat.</i></p> <p>Health Care, USA [44]</p> <p><i>'I could focus on myself and my body... It was a release of ... stress and energy. So this was a way not to focus on the things I had to do at work or reports I had or who I had to call, I could focus on myself and my body'.</i></p> <p>Participant, Physical Therapist [44]</p>
<b>STAGE 3</b>	<b>Acceptability of showing weakness and vulnerability</b>
CMOC 14: If individuals attend an MBP in their professional roles and functions (C) they might not talk openly about their struggles and experiences (O) because they are concerned that being seen as weak and vulnerable will hurt their professional self (M).	<p><i>Three participants agreed that the size of the group (13) was optimum in terms of facilitating openness between group members' contributions and avoiding higher levels of attrition due to feeling more inhibited in greater numbers.</i></p> <p>Healthcare, UK [2]</p> <p><i>While the data suggest that there may be some positive benefits derived from using mindfulness as part of a clergy wellness program, it is also clear that there are a number of questions that remain to be answered before it can be wholeheartedly endorsed. One of these questions concerns the advantages and disadvantages of offering the program within a particular diocese to a community of people, that is, with professionals who have contact with one another on a regular basis.</i></p> <p>Diocese, USA [18]</p>

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	<p><i>One of the challenges in engaging a group of clergy is that they may be less willing to share their personal experiences in the weekly discussion groups. Rather than being regarded as a time of letting down professional barriers, some could see this as a threat to their professional selves and become even more guarded.</i> Diocese, USA [18]</p> <p><i>In a group such as this in which they all were parish priests in the Diocese of Pennsylvania, there may have been a tendency for respondents to want to appear more 'normal' and to underreport symptoms of stress for fear that they will appear less competent.</i> Diocese, USA [18]</p> <p><i>[...] it was also evident that on occasion, the course could make participants feel uncomfortable.</i> Health Care, UK [30]</p> <p><i>Participants described not only the isolation which they experienced when faced with distress relative to the workplace but they also discussed the sense of stigma related to openly discussing such issues.</i> Mental Health Care, Canada [31]</p> <p><i>Most clients entered the intervention with mixed feelings about their competency to complete the seven session requirement. Although there was excitement around beginning the process, there was also ambivalence and self-doubt. They also expressed issues with self-disclosure. The primary concern was they were not used to disclosing due to their high-level positions where they had learned not to share too much about themselves, their fears, weaknesses, or vulnerabilities.</i> Executive Program, USA [32]</p> <p><i>In the early stages of the study, the HLEs [high-level executives, KM] indicated a difficulty in being comfortable disclosing information about themselves and sharing emotions as a result of not wanting to be seen as vulnerable. This difficulty appeared to be a cultural norm for participants relative to their position or status in the workplace. [...] What is normative according to participants is the reliance on ego for HLEs to present the appearance of power and perfection. Appearing vulnerable was not an option for any of the participants in their workplace as it is considered a sign of weakness.</i> Executive Program, USA [32]</p> <p><i>It is our view that for mindfulness to take effect, the practices have to be engaged with personally, as human beings encountering our own bodies and minds, rather than primarily as professionals scoping out techniques for later use with patients. Even though we emphasized this [...] there did seem to be a fine line within a professional context between giving staff permission to come to the groups for themselves and risking shaming, and therefore putting off, professionals who are used to presenting themselves as relatively invulnerable at work.</i> Mental Health, UK [24]</p> <p><i>Staff participants sometimes arrived late resulting in some personal responses for the facilitator to work with! Their contributions to the enquiry included experiencing the meditation as 'relaxing'; working with the content of the previous clinical encounter and</i></p>
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	<p><i>finding shopping lists uppermost in their minds. When responding to patient struggles staff tended to offer advice to ameliorate experiences.</i> Mental Healthcare, UK [45]</p> <p><i>The issue of participant mix is interesting. The group set out to explicitly normalize psychological distress. However, it appears that not all staff were entirely comfortable with this [...]. Whether the initial (score 5/7 on acceptability of a group format and on its mixed participant nature) relative reservation suggests this staff member thought that some would be inhibited in the group or that the group would be unable to adequately help the more vulnerable members or some other is unclear.</i> Mental Healthcare, UK [45]</p> <p><i>It may [...] be that the focus of struggle for staff was on the experience of working with service users. This would understandably be difficult to share in a mixed-participant group. In CBT supervision, staff report credibility to their patients as a barrier to trying new things: they find it difficult to show vulnerability to people with whom they have a professional role relationship.</i> Mental Healthcare, UK [45]</p> <p><i>An important point was made about the nature of the course, because of the course being experiential, it can touch on negative thoughts and feelings as well as positive. The latter requires to be handled sensitively, ensuring that a balance is found between the course not being seen as a therapeutic course, but also being able to put measures in place to cope with an individual's distress, if it arises.</i> Healthcare, UK [40]</p> <p><i>'I know Susan was there and you could speak with her if you needed to, but I don't know if I'd have felt comfortable doing it in that environment - going away to speak with her was showing that you were having difficulties.'</i> Participant, Healthcare, UK [40]</p> <p><i>After a discussion on the size of the group, the consensus appears to have been that it was too large to facilitate group debate, and that 9-10 people would have been a better number. A smaller room would have helped the feeling of intimacy and improved group dynamics, or perhaps splitting into smaller groups when it came to discussing issues.</i> Healthcare, UK [40]</p> <p><i>'Possibly a smaller group – 21 was quite large, felt intimidating if one wanted to speak of more difficult things that course raised up in oneself.'</i> Participant, Healthcare, UK [40]</p> <p><i>'This was a very large group and I felt it was too big to be able to talk about some of the difficulties I was having although I was able to do this in smaller groups – especially when so many people were finding it so beneficial.'</i> Participant, Health Care, UK [40]</p>
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	<p><i>'There was a bit of an atmosphere of not wanting to speak up. Small groups would have helped, but the large group was quite good - the anonymity was quite useful.'</i> Participant, Health Care, UK [40]</p> <p><i>'Maybe sharing is not as appropriate, as mindfulness is an intensely personal process.'</i> Participant, Health Care, UK [40]</p> <p><i>There was consensus that including nurses of varying seniority in the same group negatively influenced the group dynamics, constraining discussion. From the perspective of senior nurses, there was some reluctance to divulge work problems and emotional difficulties in the presence of junior staff. In turn, others became uncomfortable if they felt discussion was stifled.</i> Healthcare, Australia [16]</p> <p><i>'I found I was becoming more silent because it was just a group that wasn't very "feedback-y". And whether that was because of the participants, because [...] the majority of the group was a fairly highflying participants. ... I found that very difficult.'</i> Participant, Nurse, Australia [16]</p> <p><i>Dispenser un programme MBCT dans le cadre de l'entreprise revêt certaines difficultés. Il faut constituer des groupes qui ne font pas cas d'éventuels liens de subordination entre participants. Autrement ces liens seraient susceptibles d'entraver l'expression des échanges expérimentiels lors des séances ou d'amener certains participants à taire des informations professionnelles. C'est notamment le cas lors des exercices cognitifs où il est demandé de faire état des expériences difficiles vécues au travail, ou dans la partie psychoéducative du stress où les participants expriment les facteurs de stress auxquels ils sont soumis.</i> Industry, Luxembourg [46]</p> <p><i>'I think probably because ... you're revealing things about yourself' [...]. Here Skye notes that due to the focus on the experiential nature of the group there was an opportunity to talk about 'yourself'. This could potentially be seen as making Skye feel vulnerable and indeed there is a sense that she experienced this as initially intimidating but that this was diminished over time potentially due the non-judgemental attitude of the group.</i> Healthcare, UK [38]</p>
CMOC 15: When an MBP provides a safe space for professionals to share work related issues (C), receiving advice and emotional support from peers (M) reduces feelings of isolation (O1), enhances normalisation (O2), and might just by itself promote coping (O3) and well-being (O4).	<p><i>The group size was kept small to minimize disruption to the call center workflow while still providing an intimate setting for group interaction and sharing.</i> Call Centre, USA [39]</p> <p><i>Participants were assigned to one of three group meetings throughout the duration of the study to create cohesion and familiarity within each group.</i> Call Centre, USA [39]</p> <p><i>Managers and supervisors were excluded so that participants would be able to freely share their experience [...].</i> Call Centre, USA [39]</p>

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	<p><i>Participants reported finding actual or perceived emotional support through the simple act of sharing each other's work or life challenges as well through recognizing that they are not alone facing those challenges.</i> Call Centre, USA [39]</p> <p><i>[...] the addition of group practice and support was associated with greater program engagement and participation and an improvement in outcomes [...]. On the basis of participants' feedback, what mediated the increased benefit of group practice is most likely multifactorial, including not only greater program engagement and participation but also social support in itself. Social support can help cope with stress and promote well-being [...] and has been associated with decreased burnout and increased job satisfaction.</i> Call Centre, USA [39]</p> <p><i>For 75% (15) of the physicians, sharing personal experiences from medical practice with colleagues was one of the most meaningful outcomes of the program.</i> Primary Care, USA [28]</p> <p><i>'The most meaningful part was being with other physicians, sharing and discussing some of our experiences, and being able to have the immediate understanding of peers with respect to the struggles that we all have.'</i> Participant #16, Primary Care, USA [28]</p> <p><i>'Simply gathering, especially primary physicians who tend to be isolated in their practices.... Gathering them together into a meeting place where they were invited to reflect more deeply.... Just that is tremendous.'</i> Participant #19, Primary Care, USA [28]</p> <p><i>'But I also liked that sometimes it wasn't even (the facilitator) giving you advice, it was the other people... that was in the group...'</i> Participant #04, Healthcare, UK [2]</p> <p><i>'Yes so everything didn't have to go through (the facilitator)...'</i> Participants #01, #02, #04, Healthcare, UK [2]</p> <p><i>'Yes, their own experiences maybe that they've ... found a way of dealing with something that was bothering them that you were actually going through at that time. Like something in work or something and they had given you their advice. That, that was a good thing [...].'</i> Participant #02, Healthcare, UK [2]</p> <p><i>Others expressed appreciation for the group experience, and for them being in a group seemed to be as important as practicing the mindful techniques themselves. It seems that informal communities of caring, whether practicing mindfulness or not, would be</i></p>
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	<p><i>beneficial for clergy. This is especially true for clergy serving in small parishes who do not have the benefit of daily contact with colleagues and who are most prone to feelings of isolation.</i> Diocese, USA [18]</p> <p><i>Attending a mindfulness course with a group of previously known or unknown colleagues initiated a process of group bonding which participants found incredibly supportive and beneficial.</i> Healthcare, UK [30]</p> <p><i>'I'm not sure I'd put that (change in workplace culture) down to mindfulness itself, or whether I would put it down to the fact that we just did something as a group - whether it was more about that team bonding, team support kind of thing.'</i> Participant, Gill, Midwife, Healthcare, UK [30]</p> <p><i>Other participants discussed their sense that the group had provided an opportunity to see that other health care professionals also struggled and suffered due to job-related challenges.</i> Mental Healthcare, Canada [31]</p> <p><i>Other participants also discussed the impact of having a multidisciplinary group composition, noting that this led them to feel less isolated in their professions, and to have more empathy for individuals in related professions other than their own.</i> Mental Healthcare, Canada [31]</p> <p><i>Appreciation for the group discussions during the training was also expressed in the journals.</i> Pediatric Oncology, USA/Israel [22]</p> <p><i>The mindfulness retreat provided an opportunity for practitioners to come together and discuss topics unique to patient care issues, which can be very depleting. Support from a group of like-minded physicians is likely partly responsible for some of the benefits, and may be more difficult to measure.</i> Healthcare, USA [47]</p> <p><i>Delivery of MSCR content in a group format offered opportunity to reflect and learn from each other. Sharing with peers tended to normalize experiences of stress and reduce isolation.</i> Healthcare, Australia [16]</p> <p><i>One nurse summed this up as 'just really helpful to know that you're not alone.'</i> Healthcare, Australia [16]</p> <p><i>Participating in a group with colleagues appeared to be supportive in terms of recognition, normalising stress symptoms, and allowing participants to learn from one another.</i> GP Professional Training, NL, [43]</p>
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<p>CMOC 16: In a context where participants feel safe to explore emotional difficulties and share them with others (C), normalization of stress/distress (M1) and the experience of acceptance through group and/or instructor (M2) plant the seeds for greater (self-) acceptance (O1) and (self-) compassion (O2). The experience of acceptance through group and/or instructor can also set the ground for transforming difficult emotions (O2).</p>	<p><i>A nonjudgmental atmosphere helped participants feel emotionally safe enough to pause, reflect, and disclose their complex and profound experiences, which, in turn, provided reassurance that they were not alone in their feelings.</i> Primary Care, USA [28]</p> <p><i>In one of the classes we had to describe a traumatic experience, realizing that this was the first time I talked about it outside of the event that it happened, probably two years later. This was the first time I really expressed anything realizing that this must really mean something, having it all bottled up. That was an enlightening moment.</i> Participant #01, Primary Care, USA [28]</p> <p><i>Participants talked about the importance of the group dynamic which seemed to play a pivotal role in establishing a safe and trusting setting in which to open up and talk about the difficulties people were facing. Various adjectives were used to describe the characteristics of the group dynamic such as it feeling 'safe', 'comfortable', 'supportive', 'encouraging' and 'open' between group members.</i> Healthcare, UK [2]</p> <p><i>The description of 'an unspoken and unacknowledged bonding' that had taken place between members seemed to echo the importance of group cohesiveness as a precondition for change.</i> Healthcare, UK [2]</p> <p><i>Participants [...] described an overall accepting, normalising and non-judgemental atmosphere.</i> Healthcare, UK [2]</p> <p><i>One mechanism of change in the achievement of group cohesiveness seemed to be the facilitator's role in bringing together the disparate issues that individual group members faced by encouraging a unified approach to dealing with each problem 'through the lens of mindfulness'. This ability to synthesis individual problems into a collective way of managing them appeared to reassure participants.</i> Healthcare, UK [2]</p> <p><i>In the first week's group support meeting, one volunteer complained of experiencing high anxiety levels when meditating. The PI was happy it had emerged forthrightly and quickly as it provided a good opportunity to address how common it is for all of us to feel anxious, even when not among dying people.</i> Palliative Care, USA [6]</p> <p><i>Sharing this understanding of anxiety was very useful to the group as it normalized not having a calm mind, which is the default mode for human cognition.</i> Palliative Care, USA [6]</p>
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	<p><i>‘One day a couple weeks ago while in a crowded public area, I felt an attack coming on. [...] I recalled what you’d said in the support group about anxiety being a default for most of us and the point being just to be with it to recognize it, not try to turn it off, but turn to it . . . and so I did. And it worked. It was awesome, I simply watched the anxiety as separate from me. I have dealt with anxiety since I was little. I stopped taking meds for it. That was the biggest thing that I took from the program so far.’</i> Participant KM, Palliative Care, USA [6]</p> <p><i>‘I was hoping when we started that the mediation would make my discomfort lessen. But what I have in fact noticed is that my awareness of discomfort has shifted. Now I simply notice that I am not feeling comfortable! And I notice it is what it is and I am Ok with that. I make a mental note, that’s all. I see that this is very different from my research work. In research if something doesn’t work it’s because you did something wrong. In this work, I see that we all feel sometimes like it’s not working. And that’s life. So it’s a worldview shift to just accepting things.’</i> Participant KM, Palliative Care, USA [6]</p> <p><i>[...] nurses in the beginning of the program were challenged [...] by restlessness. As they progressed and, presumably, their minds began to settle down, unresolved emotional issues began to surface. Some of these issues included an unrecognized abuse history, a long-suppressed sadness about an ended marriage, a troubling sense of guilt about a childhood event, and a pervasive sense of resentment that was largely unseen by the participant. For the participants, becoming aware of the wound was both painful and ultimately extremely useful, helping them to move forward in their lives.</i> Hospital, USA [29]</p> <p><i>A typical quote was, ‘The body scan caused me to abruptly tear up. I felt sadness and anxiety, seemingly out of nowhere.’</i> Hospital, USA [29]</p> <p><i>[...] a participant who was an incest survivor experienced extremely unpleasant memories as she practiced her first body scan. She was unsure about whether she could return to class the following week. Encouraged by her group to stick with it, she returned every week and discovered within herself the strength to experience these memories and the associated feelings and thoughts without becoming overwhelmed by them. This discovery gave her increased confidence in herself.</i> Hospital, USA [8]</p> <p><i>As this example illustrates, in MBSR, healing happens at both the individual and the group level. Similarly, in most cultures, and even in psychotherapy, the healing of wounds is done through connecting with others. For example, in the healing ceremonies of indigenous cultures, the community is present as the demons are expelled; [...] Likewise, in the MBSR classroom, the woundedness of the patient is honored in a community. Patients are given the message that they can truly bring all of themselves into the room—even parts of themselves they consider undesirable. The MBSR group can then be a community in which these wounds can be touched, accepted, and healed.</i> Hospital, USA [8]</p> <p><i>A large increase in comments relating to self-acceptance, self-awareness, and self-care (14 of 25 nurses; 18 comments) occurred in Week 5, which continued through Week 8 and the final evaluation.</i></p>
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	<p>Hospital, USA [29]</p> <p><i>‘I’d actually go into the panic attack symptoms, which definitely gave me something to practice with, that’s for sure. So it wasn’t that it drove me away from it... it basically gave me something meaty to practice on.’</i> Participant, Professional Training for Health Professionals, Australia [48]</p> <p><i>‘It was the (interoceptive) exposure that reduced my anxiety in the end.’</i> Participant, Professional Training for Health Professionals, Australia [48]</p> <p><i>Participants described difficulties with concentration, external distractions linked to noise and music, and being physically uncomfortable when meditating. However, it was evident that they managed to use most of these experiences as something useful to work with—Grist to the mill—in the development of new mindfulness skills.</i> Professional Training for Health Professionals, Australia [48]</p> <p><i>Participants reported the development of new skills in acceptance (I. ‘I was a bit more accepting of them. Just yeah sitting back and letting that happen,’ W. ‘Managing lying and accepting the process’)</i> Professional Training for Health Professionals, Australia [48]</p> <p><i>‘The ability to observe in an equanimous manner has been the most useful tool for me personally and I expect it will be the same for others.’</i> Participant, Professional Training for Health Professionals, Australia [48]</p> <p><i>Hearing others’ accounts of workplace stress had an engaging and normalising function: ‘it does give you a sense of comfort to know that what you’re experiencing is not uncommon.’</i> Higher Education, UK [19]</p> <p><i>Resonance was also supported through group validation as everybody was experiencing some kind of stress, and there was that shared experience.</i> Higher Education, UK [19]</p> <p><i>For many, this resonance was felt to support the emergence of acceptance and compassion at a group level: ‘the shared experience which was quite nice, because I felt kind of quite isolated at the time’ [...], ‘it was very reassuring; it was a very comforting place’.</i> Higher Education, UK [19]</p> <p><i>‘I wasn’t making any changes but I was becoming much more aware.’</i> Participant, Higher Education, UK [19]</p>
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	<p><i>[...] ‘it’s being in the present moment, the centring, to actually think ‘this is now‘ [...] and it’s the acceptance of events [...]; ‘accepting people for who they are‘.</i> Higher Education, UK [19]</p> <p><i>At ease in the present represents a new way of relating to everyday events with acceptance: ,it really is being able to accept that things aren’t always great‘ [...]; ,It’s that acceptance of life events [...] it gives you strength to cope with whatever comes your way‘.</i> Higher Education, UK [19]</p> <p><i>[...] internal challenges such as distractibility, boredom and irritation were mitigated through group dialogues in which experiences were normalized by instructors and other participants.</i> Mental Healthcare, Canada [31]</p> <p><i>‘I have to say I felt very supported of course... Because there was a point, I couldn’t control my emotions. It was very upsetting for me, and I felt I had to kind of express it to the group... I felt they would have lots of questions like “what’s going on with her?” I think the way it was handled, I couldn’t have handled it better, you know, it was excellent. It relieved everything I was feeling, I felt o.k. “everything is normal”. At the beginning, because of my nature, I felt very apologetic that I had taken time from everybody and this kind of stuff. But afterwards, (Instructors) just handled it as a normal thing, so “that’s how you are feeling, it was really intense [...] So it was a very good experience for me in that respect. [...] I learned from it a lot.’</i> Participant #21, Mental Healthcare, Canada [20]</p> <p><i>Participants [...] discussed how vicarious learning opportunities provided by the group format normalized their emotions and facilitated their growth.</i> Mental Healthcare, Canada [20]</p> <p><i>‘I also found it very effective in the sense that normalizing that emotions, strong emotions, intense emotions, are real they are going to happen.’</i> Participant #18, Mental Healthcare, Canada [20]</p> <p><i>‘There was that sense in the group that no matter what happened it was going to be O.K.’</i> Participant #19, Mental Healthcare, Canada [31]</p> <p><i>‘Having a coach has enabled me to feel safe, to be open and to vent during this process.’</i> Participant #02, Executive, USA [32]</p> <p><i>‘Even though the coaching took place by telephone, I felt heard and understood, I felt the coach was engaged with me. The fact that we were using the telephone did not matter in this case.’</i> Participant #06, Executive, USA [32]</p>
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	<p><i>'I have found the coaching aspect of this experience the key for the success I am experiencing; your gentleness, your willingness not to judge me, to encourage me and to care about how I am feeling on this journey has been a really inspiring and exhilarating experience.'</i> Participant #01, Executive, USA [32]</p> <p><i>'Being accepting of my imperfections and being okay with them is really setting the stage for how I'm able to look at others without judgment and with compassion.'</i> Participant #01, Executive, USA [32]</p> <p><i>'I am learning what it means to be in the moment. As a result I notice that I am able to "feel" the feelings that come up for me no matter how harsh or difficult, and they are not having the same impact on me that they have had sometime in the past. [...] I am not running away from the pain of some of the feeling and thoughts – I am just feeling them and becoming okay with them for as you have said, the purpose of this practice is not to change things but to experience them. It seems change comes about through experiencing each moment.'</i> Participant #04, Executive, USA [32]</p> <p><i>Having the opportunity to talk about what did not work well in a safe space can provide both the coach and the participant with an advantage to manage any difficulties together that may present in the weeks ahead which could in turn keep the participant from being successful in their practice and living mindfully.</i> Executive Program, USA [32]</p> <p><i>'Gave me a chance to reflect with others, acknowledge that we are all in the same place. It's pulled us all together and appreciated other people's stress levels. Being in a group gave major benefits and positive regard for one another.'</i> Participant, Mental Health, UK [24]</p> <p><i>'Better to have one facilitator. Having three breaks up the relationship between the facilitator and the rest of the group somehow.'</i> Participant #04, Health Care, UK [40]</p> <p><i>'Would probably have been more feedback if there had been one facilitator for the whole eight weeks - get to build trust and rapport. There's an element of feeling safe.'</i> Participant #05, Health Care, UK [40]</p> <p><i>In class mindfulness practice and in discussion about the challenges of providing grief care, participants felt comfortable sharing personal and professional experiences in an encouraging and judgment-free setting.</i> Grief Support Group Facilitators, USA [34]</p> <p><i>'It is encouraging to face my own stressors with this good group of colleagues who understand what we face with griever, equipping me to "walk the walk I recommend for clients."'</i> Participant, Grief Support Group Facilitators, USA [34]</p>
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	<p><i>This atmosphere, as created by the facilitators and the group members, may be a potential reason why the group was experienced as novel [...] and as a sanctuary [...].</i> Healthcare, UK [38]</p> <p><i>'I just remember it being a really... the word that comes to mind when you say that is "Oasis".'</i> Participant, Nicola, Healthcare, UK [38]</p> <p><i>'[...] you felt very held.'</i> Participant, Bryan, Healthcare, UK [38]</p> <p><i>As articulated by a number of participants there is often a sense of competitiveness in this type of work environment that was not experienced as strongly in this group.</i> Healthcare, UK [38]</p> <p><i>'... and you often don't get that, you know at meetings (...), not that I'm saying people are judgmental but there's a different kind of atmosphere and coming together as a group like that, it felt very safe, protected [...] and I think when we're always working as hard as we do, you often don't get that kind of dynamic.'</i> Participant, Kate, Healthcare, UK [38]</p> <p><i>'I think probably because ... you're revealing things about yourself' [...] Here Skye notes that due to the focus on the experiential nature of the group there was an opportunity to talk about "yourself". This could potentially be seen as making Skye feel vulnerable and indeed there is a sense that she experienced this as initially intimidating but that this was diminished over time potentially due the non-judgemental attitude of the group.</i> Healthcare, UK [38]</p> <p><i>'I felt ... I felt like it was a place where if I wanted to say something I was kind of free to say it so I didn't feel intimidated or awkward or like I'd be judged.'</i> Participant, Luna, Healthcare, UK [38]</p> <p><i>Reported facilitators related to the provider were a good trainer-participant relationship, the ability to create a confidential atmosphere in the group [...]. A reported barrier, on the other hand, was when the trainer-participant relationship was perceived as poor, resulting in miscommunication and irritation.</i> Research Institute, NL [27]</p> <p><i>Other barriers were [...] the changing group participants and the consequent changing group dynamics (because of catching up for missed sessions in other groups) [...].</i> Research Institute, NL [27]</p>
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	<p>Participants began to practice the tools offered to them and noticed mind wandering, negative thought processes, past-oriented thoughts, and future-oriented worry. They shared feelings of anger, self-doubt, defensiveness, and irritation.</p> <p>Healthcare, USA [44]</p>
CMOC 17: In a context that allows participants to leave their professional role and status behind (C), they see their own humanity and vulnerability and the same in others (M), which might plant the seed for greater acceptance (O1) and compassion (O2).	<p><i>'For that brief period of time, I felt more wholly me ... it wasn't about anybody else .... It's just helpful to have time to reflect and I tend to just go, go, go, and I don't take a moment to pause.'</i></p> <p>Participant #19, Primary Care, USA [28]</p> <p><i>As the nurses acknowledged their needs and humanness, they began to develop greater self-kindness and reported a dramatic shift in their capacity to care for themselves.</i></p> <p>Hospital, USA [29]</p> <p><i>'To hear somebody in my professional sphere say "have compassion towards yourself" in one way or another, is very unusual. I'm used to hearing that from the Dalai Lama, or in the theoretical sense, and it doesn't hit home. To hear it in this context, it's a very powerful facilitator of the message and it's probably the deepest message I can think of... I had the sense that this is a group of people who know what it's like to be taking care of other people for a living and therefore there was a degree of a pre-existing understanding there. People have all kinds of projected fantasies on therapists, health providers, care providers and it would be very seductive to continue living in that projection... It's interesting. I anticipated (pause) there was a little trepidation, because here was a professional group. Is it going to be the usual sense of position taking and here are my credentials? I'm more experienced than you kind of thing. But it melted away very quickly'.</i></p> <p>Participant #22, Mental Healthcare, Canada [20]</p> <p><i>'Personally, I especially appreciated that we were all from different backgrounds and disciplines. It was interesting, because as much as it can be logical to yes have only doctors together to observe things, to go further, to dig deeper... it's also good for the doctors to realize that what it boils down to is a human being in front of another human being. That's the base, that's the common denominator here, it's more fundamental than having a PhD, or being a psychologist, a nurse, an acupuncturist, etc... so yes that's good too. I really wanted to say that I found it enriching and pleasant.'</i></p> <p>Participant #01, Mental Healthcare, Canada [20]</p> <p><i>'It's a very non-judgmental practice; yoga and meditation. What I found particularly useful for my work is the realization that we share all the same issue. There is no space in our profession to actually do that, and that sort of breaks boundaries between different disciplines. . . I felt a lot of connection, a connection I didn't have before with my colleagues. I felt it was very important in terms of my relations with the others to have that, that interdisciplinary team, and seeing the difficulties that I feel that I project on to myself, like "Oh my God it's just me that feels this way."'</i></p> <p>Participant #26, Mental Health Care, Canada [20]</p> <p><i>'It helped me bring out more compassion towards the doctors because I don't work, I don't have any doctors on my team and I get a lot of clients and the things they say about the doctors and I find it interesting to see how they get caught in that grind and in those difficulties. It touched me a great deal to see how difficult it is and I think that was important for me.'</i></p> <p>Participant #17, Mental Health Care, Canada [20]</p>

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	<p><i>One of the most significant findings of the study was the ability of the participants to move beyond personal vulnerabilities, fears, and executive culture to a place of acceptance which enabled them to accept themselves as they were without judgment [...].</i> Executive Program, USA [32]</p> <p><i>'I had developed an inflated ego of myself to make me feel stronger and better [...] It didn't work, but I tried to make myself believe that I was okay with myself, competent, and in charge. All the while I was as vulnerable as heck.' [...]</i> Participant, Executive, USA [32]</p> <p><i>[...] as participants' real time awareness of self [...] increased, fear diminished, they became more open, calmer, and kinder to themselves and others, and were more open to sharing their thoughts and feelings. Fear, which was a big motivator for nondisclosure, guarded communication and anticipation of negative outcomes, began to diminish as participants connected with moment-to-moment experience, without judging themselves or others [...].</i> Executive Program, USA [32]</p> <p><i>Several participants voiced appreciation of the format of this MBSR class—that it was not merely a skill-building class intended to make them better grief group facilitators, but was instead 'for them' to use and grow as they might. Having a highly trained MBSR facilitator who was not a practicing clinician reinforced this approach in the experience participants.</i> Grief Support Group Facilitators, USA [34]</p> <p><i>The participants felt the course was special because it was about their thoughts and feelings and not just about teaching them a new way to help patients.</i> Grief Support Group Facilitators, USA [34]</p> <p><i>The participants felt the course was special because it was about their thoughts and feelings and not just about teaching them a new way to help patients.</i> Healthcare, UK [38]</p> <p><i>'I think mindfulness deals with [...] a sort of unconditional right of existence, that all people have. And the consequence of that, for me, is that I don't have to prove myself, that I can simply be the way I am. And that it is OK like that [...].'</i> Participant, GP, Professional Training, NL, [43]</p> <p><i>The fifth theme was about attitude towards oneself. Participants mentioned attitudinal changes towards themselves, aspects of self-acceptance and compassion.</i> GP Professional Training, NL, [43]</p>
CMOC 18: When the facilitator is trusted and embodies mindful acceptance (C), participants feel safe to explore and test out new ways of being (M) which enables change (O).	<p><i>What became apparent across cases in this study of HLEs [high level executives, KM] was that no matter how different or difficult participants' work lives or personal lives were at the time of the intervention, the coaching element assisted them in feeling safer, calmer, trusting, and empowered; setting the stage for each of them to dive deeper into the lived experience of mindfulness and readying themselves to experience changes.</i> Executive Program, USA [32]</p>



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	<p><i>The stance of the facilitators appeared to act as a precursor to the participants feeling able to explore new ways of being, several participants alluded to be given implicit 'permission' to test out new ways of being</i> Healthcare, UK [38]</p> <p><i>'I remember at the start FACILTATOR I said (...) there is kind of homework and you can do it if you want, you don't have to do it (...) and for me I'm a real organised, I do all the pre-reading, I like theoretical, I'm a theorist kind of thing, that's how I learn, and I like the pre-course reading, I always do it, I do my homework I'm very I'm a girly swot type person, and em, to actually be given permission...just don't do it I thought okay I'll actually not do it, (laughter), so that felt a really different experience.'</i> Participant, Nicola, Healthcare, UK [38]</p> <p><i>Considering that this way of being has been successful for Nicola for most of her life, relinquishing this striving could potentially be perceived as frightening and something to be wary of so a strong facilitator is needed to give her permission to do this. Along with the facilitators giving permission for the participants to experiment with new ways of being it emerged that an important part of the group members engaging with or 'buying into' mindfulness as a concept was the facilitators appearing credible: '...in order to believe in it you kind of need to believe in them.'</i> Healthcare, UK [38]</p> <p><i>Several participants alluded to being given implicit 'permission' to test out new ways of being. In order to try out these new ways of being it appears that it is important to trust the facilitators, the participants' 'old ways' of being have been successful for them and so to relinquish elements of their personalities (such as the goal-driven and striving elements to their personalities) requires a facilitator that they experience as authentic and can trust.</i> Healthcare, UK [38]</p> <p><i>[...] the fact that the atmosphere of the group still emerges as a non-specific factor which appears to contribute to the sense of the group as a sanctuary and a safe place to experience new ways of being is important for considering how mindfulness achieves its effects in group settings.</i> Healthcare, UK [38]</p>
<b>STAGE 4</b>	<b>Integrating new behaviours at work</b>
CMOC 19: If mindfulness is seen to be incompatible with work practices (C), individuals might stop investing in it (O1) or only use it sporadically (O2) because they are concerned that it negatively affects their work performance (M).	<p><i>[The social workers, AB] reported losing confidence in MiCBT over time, which was linked to perceived unsuitability of clients and difficulties with the method of delivery [...].</i> Professional Training for Health Professionals, Australia [48]</p> <p><i>They found it impractical in everyday client-facing situations and lost faith in the model over time.</i> Professional Training for Health Professionals, Australia [48]</p> <p><i>'I don't know if I could be that prescriptive with my clients, and this is my social work training [...].'</i> Participant, Psychologist Professional Training for Health Professionals, Australia [48]</p> <p><i>The social workers [...] only implemented elements of it, in an ad hoc fashion, when they deemed it to be in their clients' best</i></p>

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	<p><i>interests.</i> Professional Training for Health Professionals, Australia [48]</p> <p><i>[...] social workers in the current study chose not to use MiCBT professionally, and showed little inclination towards further training</i> Professional Training for Health Professionals, Australia [48]</p> <p><i>For some members, the pause before the standup was useful, because they could focus on their activities done in the previous day. But for the rest of the team, the exercise was considered just not suitable with their own way of working.</i> Agile Project Team, IT, NL [26]</p> <p><i>Interviewees occasionally saw mindfulness practice as possibly interfering with job performance.</i> Healthcare, USA [13]</p> <p><i>'[...] you're jumping through hundreds of hoops to get to a point where you've got qualified and then you're continually looking for hoops to jump through, [...] and I don't think that encourages a way about being centered and non-attaining [...]'</i> Participant, Bryan, Health Care, UK [38]</p> <p><i>[...] several participants also described how heightened attention sometimes felt like a barrier to their continued mindfulness practice as well as to their daily functioning. These participants said that they did not always want to have deliberate and focused attention.</i> Hospital, USA [17]</p> <p><i>'Paying attention to extreme detail is hard and not always effective. In extreme stressful situations I need to be on automatic pilot.'</i> Participant, Hospital, USA [17]</p>
<p>CMOC 20: If participants find their new ways of dealing with workplace stress to be incompatible with workplace culture (C), disillusionment (M1) or concerns about no longer fitting with the team/organisation (M2) might negatively impact not only their engagement with mindfulness practices (O1) but also overall employee engagement (O2). An MBP can create in-groups and out-groups within an organisation (O3) with employees who have participated in an MBP and those who have not.</p>	<p><i>The data indicated that the mutual mindfulness experience facilitated a common identity and in-groups through mutual empathy and was derived from the shared desire to find more effective ways of dealing with workplace stress and reduce its impact on morale and patient interactions.</i> Hospital, USA [7]</p> <p><i>The mutual experience also served to acculturate practice, establishing it as a norm within a unit's organizational culture.</i> Hospital, USA [7]</p> <p><i>This emphasizes the need for a mutual mindfulness experience serving to minimize the distance between mindfulness in-groups and nonparticipating out-groups, consistent with the observation that collaborative efforts serve to unify separate levels of an organizational hierarchy and create an inclusive environment (Purnell et al. 2010).</i> Hospital, USA [7]</p>

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	<p><i>A note of caution was raised in the Government Department case. Open workshops for self-nominating employees may increase wellbeing and ability to cope for those individuals. However, if these results are isolated from improvements in the workplace environment or a mindful organisational culture, in some cases the results can negatively impact on employee engagement.</i> [3]</p> <p><i>[...] if, through increased self-awareness or situational awareness, individuals identify a better way of working or innovations in the company's products or services, but are not 'allowed' or not supported in implementing novel ideas, then disillusionment can quickly result.</i> [3]</p> <p><i>'[...] you would need to have a culture where everyone had to attend at least one class of it because that way it's not just a few people. If everybody has attended at some point and has that knowledge ... then it doesn't dwindle away. But if they attend a class and then they go to work and nobody else has experienced it [...] it disappears immediately.'</i> Facilitator #16, Member of Staff, Healthcare, USA [10]</p> <p><i>'And I think it's important to do it as a group, so that it's not just one person, or just the residents but not the attendings, or just the attendings but not the house doctors, or just the doctors but not the nurses. I think that it's really critical that each different constituent sees that it's a full, hospital-wide initiative that can impact anyone.'</i> Facilitator #07, Member of Staff, Healthcare, USA [10]</p> <p><i>You had students, you had senior management, you know, (University) people. It was nice ... there is a kind of, you know, when you sort of bump in to people who did it (mindfulness course) ... there's some little understanding that we've been through something together.</i> Participant, Nadia, Midwife, Healthcare, UK [30]</p> <p><i>Also, a work environment that required acting in a manner identified as 'counter to mindfulness' such as constant rushing from patient to the next and requisite multitasking were named as impediments.</i> Mental Healthcare, Canada [31]</p> <p><i>'And in my work team, this helps us ... some of the others in my group participate in it, so we have a similar way of thinking from it. But does it change the way our company does things? I doubt it. But that's ok for us (my team).'</i> Manager Accounting Services, London [1]</p> <p><i>For participants who wanted to practice at work, permission included workplaces which demonstrate an acceptance of mindful practice, as one participant articulated, 'If my reflection/mindfulness is not well received or contrary to team member's programs/processes I may not get the most out of it.'</i> Social Work, Canada [15]</p>
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	<p><i>'If I was to just sit there for 10 min and concentrate on my body, there'd be things that need to happen. I can't be at the hospital doing that, you know?'</i> Participant, Healthcare, USA [13]</p> <p><i>'It seems to just be a competition...and it's like if you do something fun, you're not doing your job [...].'</i> Participant FG4, Teacher, USA [37]</p> <p><i>Although this teacher became more aware that she should be taking better care of herself, she juxtaposed that awareness with the unspoken expectations of her colleagues, who were not participating in CARE, to whom it was difficult not to compare herself.</i> Education, USA [37]</p> <p><i>'I just wish more of my colleagues had the opportunity or were aware of it, because it's kind of like we've had our own little club here and you talk about it and it would be helpful.'</i> Participant FG4, Teacher, USA [37]</p> <p><i>Additional barriers described by the participants included [...] the lack of group discussion on how to apply mindfulness skills in the health care setting [...].</i> Hospital, USA [17]</p> <p><i>Barriers in the social context had principally to do with the subjective norm: participants did not feel at ease doing the exercises at work as the following quote by an interviewee demonstrates: '... So I'm standing, doing the swan exercise behind my desk and then suddenly a colleague walked in. And he said: What on earth are you doing? You know, that kind of reaction. ...'. They reported feeling a lack of privacy and understanding by not participating colleagues.</i> Research Institute, NL [27]</p> <p><i>If colleagues did participate, then it generated social support and coherence in the group setting of the training. This also resulted [...] in a subculture of participants with 'in crowd talk' and small jokes, as is demonstrated in the following quote by an interviewee: '... just a little joke amongst colleagues about "having a fruit moment" or talking about the sessions.'</i> Research Institute, NL [27]</p>
CMOC 21: If participants experience acceptance/compassion in the group and/or in their relationship with the instructor (C), they gain confidence in bringing this experience to difficult moments at work (M) which is experienced as stress reducing (O1) and rewarding (O2).	<p><i>'In general, I think that I am a pretty good listener. I will spend extra time with my patients if they need it, but I felt in some ways that it was kind of sucking me dry. [...] I would empathize to the point of where I would be so in their shoes. I would start to feel the way that they felt and I mean, you know, take four of those in a row in a day, and I would be just wiped out [...] It's not that I don't empathize with them anymore, but (now) I feel OK just to listen and be present with them ... and I think that [...] is a wonderful thing that you can do for patients.... I just needed to learn that myself, I guess.'</i> Participant #18, Primary Care, USA [28]</p> <p><i>'A couple of days ago I saw a patient for the second time ... he had had a liver transplant.... I was basically just listening to what happened and his wife, she said, "I just want to thank you. You're the first person who just listened to me. You know, no one else just sat there and listened. You didn't try to do anything, you just listened."'</i></p>

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	<p>Participant #11, Primary Care, USA [28]</p> <p><i>‘When I started I thought I was there to help people work through their denial and to face death, but now I know I am there simply to provide a space for their agenda, not mine.’</i></p> <p>Participant DM, Palliative Care, USA [6]</p> <p><i>‘There was a coding patient last visit and I had seen him earlier that day. So I went back to his room and saw the palliative care team and all of a sudden it was clear to me what would happen in terms of varying scenarios and I felt hopeful that we were all doing the best thing and that I was part of that in holding the sense of there being hope and dignity here—and hope looks different in different contexts of course—but overall I am accepting things as they are playing out and being a part of that playing out in my own way. I participate by bringing intentions to the situation, intentions for healing and dignity for all concerned, including myself.’</i></p> <p>Participant PR, Palliative Care, USA [6]</p> <p><i>‘The big difference is before I was overthinking and now I am more just being with. I see that I have kept my mind busy all the time. And I realize I do better work now and I am calmer if I take advantage of the quiet rather than filling up all my time. Sometimes that’s with meaningless trivia, like games on my iPhone when I am waiting for a meeting for 2 mins. So now the difference is that I notice if I am doing something just to escape the quiet.’</i></p> <p>Participant RP, Palliative Care, USA [6]</p> <p><i>‘My mindfulness practice has allowed me to acknowledge my feelings of anxiety, but not stew on them. This in turn frees up energy to be directed at the patient. It took a lot of energy to stew! I feel like I am better at letting things go . . . living in the moment more.’</i></p> <p>Participant PG, Palliative Care, USA [6]</p> <p><i>Participants observed positive changes in their relationships [...]. They were more fully present with others. They [...] reported paying more attention to their current patient, rather than thinking about the next assignment or where they were going next.</i></p> <p>Hospital, USA [29]</p> <p><i>[...] after the program ended, one nurse’s 2 adult children moved back home after being laid off from work. Previously, this may have been experienced as a demand for greater caregiving; however, she reported feeling more empathy and understanding and less pressured to ‘fix the problem.’</i></p> <p>Hospital, USA [29]</p> <p><i>Several participants discussed how a moment when one group member’s experience of feeling overwhelmed by strong emotions in a session, led to the outcome of a shift in their attitudes regarding navigating strong emotions in others.</i></p> <p>Mental Healthcare, Canada [20]</p>
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	<p><i>'It's a new territory for me in my everyday practice that, and I think I am able to listen better to what people have to say because I am trying to really just be there as opposed to 'o.k. I have a role to play, I'm here to listen but I have to fix you'. And I noticed that when I have this experience that even if something difficult happened there was a very empathetic interaction. I think I didn't have a plan that I came in with and I just ... I just was present and that worked, by itself.'</i> Participant #06, Mental Healthcare, Canada [20]</p> <p><i>'I had always, had a hard time seeing what my role was, even though I was told we weren't fixing anything. I always felt that ...my patients were coming to me to have something fixed, and that my expectation of myself was that I was supposed to do something. . . if they are not getting better then I'm not doing something. And I think I came to realize ... part of my job, was to be there with patients, and that even though that sounds simple...I think that's what this kind of confirmed for me just being there in the present moment and with their experience is, is very powerful.'</i> Participant #03, Mental Healthcare, Canada [20]</p> <p><i>[...] many participants differentiated between the practice of doing/fixing vs. being when working with patients, and how they had shifted to see both as viable possibilities.</i> Mental Healthcare, Canada [31]</p> <p><i>[...] health care professionals emphasized the central nature of awareness of perfectionism, self-criticism, focusing on others and the automaticity of a helping and fixing mode. For many, this awareness led to specific attitudinal and behavioural changes, which were identified as significant and meaningful.</i> Mental Healthcare, Canada [31]</p> <p><i>'I don't know if it's like that for others, however for me it allows me to manage, to engage with others, even when it's difficult and stressful, without shutting down.'</i> Participant, Engineer, France [1]</p> <p><i>'I am finding that [...] I am better able to notice others, to hear them better, to be present for them better. I am learning that as I accept myself without judgment or assumption, I am better able to accept others [...] and appreciate their value here in the workplace.'</i> Participant #01, Executive, USA [32]</p> <p><i>'Being accepting of my imperfections and being okay with them is really setting the stage for how I'm able to look at others without judgment and with compassion.'</i> Participant #01, Executive, USA [32]</p> <p><i>'Sitting with things that are uncomfortable I believe can impact how we deal with difficult situations on the job and helps us not to jump into making decisions that are not good for our organization or the people who are our direct reports.'</i> Participant #04, Executive, USA [32]</p>
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	<p><i>'What I noticed about the practice is that I am able to feel where my body is, where my mind is at and I am learning not to judge myself, but rather send kind thoughts to myself. I am also learning not to change my breath but to just notice it and notice everything. I like the feeling because when you are noticing things you are not trying to change things which is not normative to me. I try to change and fix things, that is, my job as a high-level executive. So this is good for me.'</i> Participant #06, Executive, USA [32]</p> <p><i>'Taking the time to notice, not judge, accept and be kind to self is a new way of being and I can see that the investment of practicing mindfulness is really paying off with my sense of esteem in that I feel okay at the times I am most vulnerable.'</i> Participant #06, Executive, USA [32]</p> <p><i>'So I had a few challenges with staff and some communication issues. Because I had just practiced a mindfulness session at my office prior to a staff meeting, I seemed a lot more open to what was being said and didn't automatically decide how to fix what I thought was problematic. Instead, I listened and the clarity of my listening seemed clearer after a mindfulness session. I was listening without judging what I was hearing or without making internal decisions relative as to how I was going to handle the situation.'</i> Participant #01, Executive, USA [32]</p> <p><i>'All you have to do to succeed is to be there. Everyone is looking to succeed at something. To know that success is simply just being and not doing. [...] I have been a superior court judge, administrative law judging, supervising judge [...] etc. To know that this gem of mindfulness has been available all along, I just didn't know it. I'm glad I'm able to take advantage of it now.'</i> Participant #03, Executive, USA [32]</p> <p><i>'I am becoming okay with the fact that I don't have all the answers and don't know everything. Not having to take responsibility for everything all the time, good or bad, is freeing. Just being able to sit with things as they unfold is freeing. Not having to do anything is wonderful.'</i> Participant #05, Executive, USA [32]</p> <p><i>'Four years ago I would have thought I was very mindful and very focused, but in reality I was pretty purposeful. ... But, being mindful to me is something really different, it's just kind of in a sense accepting things as they come as where sometimes when we set a purpose for things we have expectations. ... So, I've seen a tremendous amount of growth [...].'</i> Participant, Teacher, USA [42]</p> <p><i>Notably, MBSR participants felt better equipped to address the suffering of grieving persons in the grief support groups [...].</i> Grief Support Group Facilitators, USA [34]</p> <p><i>'I can take what I learned in this safe group and create an atmosphere in my (grief support) group that promotes mindfulness, self-acceptance and self-compassion.'</i> Participant, Grief Support Group Facilitators, USA [34]</p>
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	<p><i>'[...] learning how to sit with your own emotions and learning that they're not as scary as you maybe initially thought they were means that there's kind of a faith now and there's a kind of, em,...experience that I've had that I can draw on.'</i> Participant, Luna, Healthcare, UK [38]</p> <p><i>'When I first started if someone was upset I just immediately wanted to take their pain away (...) now I just sit with their distress, em, and just kind of look at how they can regulate that and be present with it.'</i> Participant, Luna, Healthcare, UK [38]</p> <p><i>'...the practice of doing it means that learning how to sit with your own emotions and learning that they're not as scary as you maybe initially thought they were means that there's kind of a faith now and there's a kind of, em,...experience that I've had that I can draw on.'</i> Participant, Luna, Healthcare, UK [38]</p> <p><i>In describing what gave her [Luna, KM] the confidence to become more present with patients and a reduced feeling that she needed to 'take their pain away' she notes that her own mindfulness practice had increased her 'faith' in her ability to sit with distressing emotions.</i> Healthcare, UK [38]</p> <p><i>'... with the people that I manage, I think are also feeling a bit more empowered to make their own decisions as well, as autonomous practitioners and that I've seen some good development.'</i> Participant, Kate, Healthcare, UK [38]</p> <p><i>Kate, a clinical team lead, implies that her previous reaction to a colleague asking for advice may have been to act as the 'rescuer' and offer solutions [...] whereas she now reacts in such a way as to empower colleagues through increasing their autonomy.</i> Healthcare, UK [38]</p> <p><i>Skye and Nicola both noted that they are aware that mindfulness practice is not about goal attainment and that it is more akin to incorporating a 'way of being' into daily life.</i> Healthcare, UK [38]</p>
CMOC 22: If employees see colleagues benefiting from the MBP (C), they might feel that they 'want this too' (M) leading to contagion effects with more and more people getting involved with mindfulness in an organisation (O).	<p><i>The process began through the leaders creating buy-in to the change process, followed by the participants gradually internalizing and implementing the learning in the work environment. Staff became more inquisitive and receptive to mindfulness as the training sessions got underway. One social worker characterized the phenomenon as a 'contagion effect,' describing how people observed mindfulness in practice and then 'others get into it.'</i> Mental Healthcare USA [7]</p> <p><i>[...] after training sessions were implemented on one unit, staff on other units noticed this new practice and requested implementation on their unit.</i></p>



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	<p>Mental Healthcare USA [7]</p> <p><i>By offering the training on more than one occasion, staff had the opportunity to notice peers benefiting from mindfulness, creating an environment that encouraged participation and changing the organizational culture.</i></p> <p>Mental Healthcare USA [7]</p> <p><i>The pilots' successes were explained by the Chair of the Department's staff health and wellbeing programme, in an email to this report's authors: 'The successful spread of mindfulness is because of local champions and practitioners who create a ripple effect. Their enthusiasm is infectious. Organisation change can start bottom up. Anyone can light the fires and get the passion going.'</i></p> <p>Government Department, UK [3]</p>
<b>ALL STAGES</b>	
CMOC 23: If an MBP is offered as a professional development programme (C1) or otherwise appeals to an individual's professional aspirations, values, or practices (C2), it becomes a worthwhile investment (O) as it is seen to enhance not only mental health and well-being but also professional functioning and development (M) and/or to help achieve workplace goals (M).	<p><i>All the psychologists were engaged in private practice and cited this as a motivation to engage in MiCBT training, both as a goal and as part of their current working practice.</i></p> <p>Professional Training for Health Professionals, Australia [48]</p> <p><i>'If I can practice that myself, then I know I'll be able to better manage my clients.'</i></p> <p>Professional Training for Health Professionals, Australia [48]</p> <p><i>Their professional stance was influenced by a sense of personal responsibility, which encouraged the psychologists to engage in deeper personal practice until they felt the model would work effectively for their clients.</i></p> <p>Professional Training for Health Professionals, Australia [48]</p> <p><i>'I didn't feel confident enough and it just wasn't coming through [...] with my clients. So since putting more emphasis on that myself [...] I make sure now that we go right through to the end with my clients.' The psychologists [...] reported regular continued professional use of MiCBT.</i></p> <p>Professional Training for Health Professionals, Australia [48]</p> <p><i>'My use of MiCBT declined since the eight-week course, over the past two years, and it started to improve as I prepared to enter into the (advance) training course.'</i></p> <p>Professional Training for Health Professionals, Australia [48]</p> <p><i>Mindfulness was promoted internally as a 'brain work-out', an approach grounded in neuro-science which allows people to increase their grey cell matter and neuro-plasticity, since that was thought most likely to engage with the analytical staff audience.</i></p> <p>Global Professional Services Firm, UK, Australia [3]</p> <p><i>The Head of Treatment Services [...] believes people are motivated because what the programme is teaching them is relevant and makes sense in their daily lives, both professionally and personally.</i></p>

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	<p>Transport for London, UK, [3]</p> <p><i>'You say that striving is not a good thing but that is what keeps us as executives successful is striving. I can see I'm becoming more present for me. I'm beginning to understand with your coaching that I can have balance and be successful without striving.'</i> Participant #02, Executive, USA [32]</p> <p><i>'I have some tools that I feel comfortable using with patients.'</i> Participant, Hospital Employee, USA [4]</p> <p><i>'I'm drawn to mindfulness because it intersects ... my practice as a chaplain ....'</i> Participant, Healthcare, USA [13]</p> <p><i>A third perception affecting motivation and adoption of mindfulness practices was their integration within interviewees' preexisting life, including work routines and sense of self.</i> Healthcare, USA [13]</p> <p><i>Positive experiences with mindfulness practices encouraged more mindfulness practice, as did integrating mindfulness into daily routines in ways consistent with other activities, goals, and their sense of self and identity.</i> Healthcare, USA [13]</p> <p><i>Interviewees did not simply use mindfulness practices for themselves; a few described teaching the mindfulness techniques they learned to colleagues and patients. [...] this further demonstrated that some individuals saw mindfulness practices as an effective tool for achieving workplace objectives.</i> Healthcare, USA [13]</p> <p><i>'Good ideas for treatment/suggestions for my patients (acute inpatient psychiatry).'</i> Participant, Hospital Employee, USA [4]</p> <p><i>'Part of what I teach (patients) is how to lower their stress level ... I very gently sometimes talk about ways they can breathe, just take 5 min of quiet time for themselves ... I say, "You can sit in the bathroom for 5 min, and no one will bother you, and you can breathe." ... It gives them a little more control over how they can take care of themselves'.</i> Participant, Healthcare, USA [13]</p> <p><i>'I have a client ... She has ... been in shelters, ... has a history of trauma. ... I'm aware that she needs to become more aware herself. It's hard for her to be in the moment. She's often disassociating, spacing out. So that's part of what I'm trying to bring into the session. ... This past week, we were trying to work on that, just some open awareness.'</i> Participant, Healthcare, USA [13]</p>
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	<p><i>Rather than focusing on potential conflicts between mindfulness practice and tasks, these participants saw mindfulness as a valuable tool for realizing workplace goals.</i> Healthcare, USA [13]</p> <p><i>Some staff seemed more interested in attending the group as a potential stepping stone to using MBCT.</i> Mental Health, UK [24]</p> <p><i>[...] when participants were provided the opportunity to practice their core skills mindfully, as they experienced during the group sessions, they deepened their level of attention to their clients, as described by one participant, 'I really appreciated being challenged on a basic skill (listening) which we utilize each day. I have taken this into my work and I am more mindful of where my mind is at when with clients.'</i> Social Work, Canada [15]</p> <p><i>Participants suggested that because of their professional responsibilities, they are more apt to practice or implement stress management techniques at work. As one participant stated, 'In my personal life, it tends to be day-today, whereas in my professional, I have to be accountable to someone else.'</i> Social Work, Canada [15]</p> <p><i>'To me, it (mindfulness) really is an important aspect of providing the best practice to our clients and it makes me happy to know that I work for an agency that is recognizing its (mindfulness) value.'</i> Participant, Social Worker, Canada [15]</p> <p><i>Interest in mindfulness by participants in this study was driven by their professional accountability to their clients: they noted a positive shift in their service when they managed their stress and implemented coping strategies the moment they were aware of their stress.</i> Social Work, Canada [15]</p> <p><i>Participants felt the positive outcomes associated with contemplative practices, including mindfulness, were more likely to occur at work, therefore the place for practice was at work.</i> Social Work, Canada [15]</p> <p><i>'So, I've seen a tremendous amount of growth as I've been a part of it with my kids because each year I try to do it as much as I can with my class.'</i> Participant, Teacher, USA, [49]</p> <p><i>Retreat participants also spoke about their motivation to develop their own mindfulness group within their own practise.</i> Professional Training Psychiatrists, UK [50]</p>
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	<p><i>'I certainly think elements could be brought into my general practice and I hope to be part of the larger change in our profession.'</i> Participant K, Professional Training Psychiatrists, UK [50]</p> <p><i>'It was fantastic to meet colleagues who are equally interested in mindfulness and to hear about potential ways to incorporate mindfulness into my practise, for the benefits of patients.'</i> Participant K, Professional Training Psychiatrists, UK [50]</p> <p><i>'A first for me, prolonged period of quiet introspection and increased self-awareness, (I was also having) thoughts about the pertinence of positive growth and development.'</i> Participant J, Professional Training Psychiatrists, UK [50]</p> <p><i>A few noted that CARE was a powerful model for professional development because it adopted a strengths based as opposed to deficit approach: BPD (professional development) is all 'you are doing this and this wrong,' whereas CARE's focus is completely different.</i> Education, USA [37]</p> <p><i>'I've been in this whole process of at that point in time of CARE, thinking about different, like the way I eat and all of that kind of stuff so it just lent itself to things I was already trying to do in my life. Even the responsive classroom stuff for kids, it kind of played into that a little as well.'</i> Participant, Kasey, Teacher, USA [33]</p> <p><i>Various individuals talked about how CARE provided validation that they were using effective practices in their classroom and led to changes at home and school.</i> Education, USA [33]</p> <p><i>'[...] will be using mindfulness in my studies so was extremely important for me to attend.'</i> Participant, Healthcare, UK [40]</p> <p><i>Grief group facilitators [...] reported benefits, and improved MBSR skills that could enhance their group work with grieving persons [...].</i> Grief Support Group Facilitators, USA [34]</p> <p><i>A sense of professional authenticity was voiced by several participants as they felt more comfortable conducting the relaxation activities in the grief support program manual, and more confident in adapting those activities to the needs of each grief group and group member.</i> Grief Support Group Facilitators, USA [34]</p>
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	<p><i>Skye's job as a charge nurse on a physical rehabilitation ward would likely have involved working with patients who may ruminate on past abilities or think far ahead into the future regarding their recovery. She notes that the idea that things are 'impermanent' is important to her. The idea of impermanence and not living life in the future is a central tenet of mindfulness and so here we see that Skye's personal coping style (remembering that things are impermanent in a working environment where there is an increased potential for rumination on lost abilities) fits with the ethos of mindfulness and therefore mindfulness presents as intrinsically appealing to her.</i> Healthcare, UK [38]</p> <p><i>'...when I'm talking to patients, in a one to one capacity I certainly bring mindfulness into the conversation but I might not use that term you know, but I might speak about just [...] how do you let go of thoughts that you would normally ruminate about and bringing some...calmness em to your, to your mind.'</i> Participant Skye, Healthcare, UK [38]</p> <p><i>'I started to notice the qualities of people that were teaching these types of things, the nature of how they were.'</i> Participant, Luna, Healthcare, UK [38]</p> <p><i>'I see behaviors modeled in the teachers [...] there is a sort of common tone and kind of vibe from them which I think is really attractive and I think I would love to be like that.'</i> Participant, Nicola, Healthcare, UK [38]</p> <p><i>'I would love to be like that' captures the initial appeal of mindfulness in terms of it being perceived as something that could benefit the participants in their work and home lives and the qualities of mindfulness being ones that they aspired to acquire.</i> Healthcare, UK [38]</p> <p><i>[...] the fact that MBSR was offered as part of the regular CPD programme and accredited by the professional bodies was certainly a facilitating factor</i> GP Professional Training, NL, [43]</p> <p><i>When offered as part of the regular CPD [continuing professional development, KM] programme, MBSR appeared to be feasible and acceptable for GPs.</i> GP Professional Training, NL, [43]</p> <p><i>Explicitly linking the weekly theme to the context of clinical care and supervising trainees at the start of the sessions [...] increased acceptance and facilitated learning</i> GP Professional Training, NL, [43]</p>
CMOC 24: When the teachings help participants make sense of their experience (C), they provide a sense of growth (M1) and/or control (M2) which positively affects	<p><i>'The justification given about how this (mindfulness) works, kept me motivated to keep carrying on (practice).'</i> Participant, Mental Health Care Staff, UK [41]</p>

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engagement with the MBP and its practices (O).	<p><i>'I didn't know about this technique of thinking. It (intervention) was explained nicely so you know how this (mindfulness) works and why worrying might not always be good. That kept me going'.</i> Participant, Amber, Mental Health Care Staff, UK [41]</p> <p><i>'[...] it is very important for me to understand what I am doing and why, I guess if I didn't understand the logic clearly I would have given up.'</i> Participant, Martha, Mental Health Care Staff, UK [41]</p> <p><i>'[...] if there would be more clarity of how mindfulness works I might have given it another go. I understand worrying might not help but how this (mindfulness) would help I am not sure.'</i> Participant, Charlotte, Mental Health Care Staff, UK [41]</p> <p><i>MMI facilitators indicated several conditions as necessary for the successful implementation of mindfulness programs into the organization. These conditions included [...] more education around the benefits of mindfulness [...].</i> Healthcare, USA [10]</p> <p><i>The proposed first stage of change is an experience of resonance. This could be in terms of intellectual resonance, whereby the psycho-educational components of the programme makes sense to people ('I need the evidence and I liked that and I kind of engaged with that more because I kind of understood how it worked' [...]; 'it all clicked with me quite well, right from the beginning (...) it fitted into a framework that made sense' [...].</i> Higher Education, UK [19]</p> <p><i>Many of our participants wanted the intervention to be justifiable intellectually and from the outset. Psychoeducation components and the group were important in meeting this need, typically by representing both the psychophysiology and social views of stress in ways that made sense to them.</i> Higher Education, UK [19]</p> <p><i>Specifically, psychoeducation and the effect of the group appeared to facilitate intellectual resonance and normalisation of the stress response, which in turn helped people to re-frame their stress experience as modifiable.</i> Higher Education, UK [19]</p> <p><i>'I am really enjoying the coaching on the science behind the changes that occur during practice and that occur over the long term with consistent practice.'</i> Participant #01, Executive, USA [32]</p> <p><i>'Also the educational component of this intervention was so important to me. [...] it helped me make sense of what was happening to me each time I practice [...]. As an executive, what I realized is that I have a need to know [...].'</i> Participant #02, Executive, USA [32]</p>
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	<p><i>'I was really intrigued with learning about how our brains work and that the left hemisphere is associated with rational analytics and logical process where as the right hemisphere is associated with nonverbal awareness thought and visual/special perception and the expression of emotions. I appreciated the fact that regular mindfulness practice can help us shift towards the right brain hemisphere and bring about a calm state.'</i> Participant #04, Executive, USA [32]</p> <p><i>'Todos os participantes compreenderam a realidade de um ponto de vista científico [...].'</i> Participant, Manager, Portugal [51]</p> <p><i>For Nadia, the CARE practices were not the most useful part of the training; instead learning about the neuroscience of emotion and how that applies to students in her classroom was much more informative.</i> Education, USA [33]</p> <p><i>Nadia's feedback illustrates how learning basic neuroscience regarding human emotion impacts educators in the way they process their own emotions as well as the emotional reactions of their students.</i> Education, USA [33]</p> <p><i>In the present research, one of the most impactful findings was that participants found the information about how human emotions work to be extremely useful.</i> Education, USA [33]</p> <p><i>Participants indicated that MSCR psychoeducation content helped them to recognize the impact of stress in their lives and provided coping skills.</i> Healthcare, Australia [16]</p> <p><i>'I tend to be a very concrete person and am very interested in the theory and evidence behind why something works. I didn't find this included in the class and so in some situations I found myself to be less engaged.'</i> Participant, Hospital, USA [17]</p> <p><i>Although the course instructor provided articles reviewing the research on mindfulness during the first session of the MBSR course, the evidence was not discussed in detail with the participants. Participants stated that thoroughly presenting supporting evidence is especially important among health care workers given their foundation in evidence-based medical training and health care practices.</i> Hospital, USA [17]</p> <p><i>[...] it was reported that language use that was rather vague and not down to earth to be a barrier for compliance.</i> Research Institute, NL [27]</p>
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	<p><i>Participants [...] commented on the qualitative nature of the study, sharing a preference to know, have facts, and be told what to do, rather than turn inwards and become curious about the contents of their mind.</i> Health Care, USA [44]</p> <p><i>He attributed his sustained benefits to the general lessons that he learned from Jon Kabat-Zinn's book Full Catastrophe Living, which were reinforced by participation in the MBSR program and by the community yoga classes.</i> Participant University Employee, USA [35]</p>
CMOC 25: If participants experience improvements that they attribute to their mindfulness practice (C), they continue practicing (O) because they feel that they will be OK as long as they do the exercises (M1) and/or might improve even more (M2). This might create feedback loops (O2) or even set off gain spirals (O2).	<p><i>Most participants noted that some changes brought about by participating in the intervention changed their 'way of being', and this in turn motivated them to engage more.</i> Mental Healthcare, UK [41]</p> <p><i>'As the weeks went by I realised I am changing, so I kept going (practising).'</i> Participant, Amber, Staff, Mental Healthcare, UK [41]</p> <p><i>'My job is very stressful and I am usually quite anxious at work. My colleague pointed out the other day that I have slowed down, I am calmer now. I definitely think it is because of this course so I am not going to give it up.'</i> Participant, Martha, Staff, Mental Healthcare, UK [41]</p> <p><i>'I used to get very angry very quickly. I have noticed I don't get angry so easily, it is probably because I am handling stress better these days, so I am planning to continue practice.'</i> Participant, Emilia, Staff, Mental Healthcare, UK [41]</p> <p><i>'I feel more in control of myself and less regulated by my mind. It is a good feel; I feel more liberated...I think I will continue mindfulness.'</i> Participant, Katie, Staff, Mental Healthcare, UK [41]</p> <p><i>[...] participants who perceived themselves as becoming more mindful remained more engaged with the intervention.</i> Mental Healthcare, UK [41]</p> <p><i>Themes from the current study demonstrate that perceived increase in self-compassion also facilitates engagement.</i> Mental Healthcare, UK [41]</p> <p><i>The key facilitator for participants' engagement was the perception of improved psychological well-being. This relates strongly to previous research suggesting improvements in psychological well-being and association between regular practice (Finucane and Mercer 2006).</i> Mental Healthcare, UK [41]</p> <p><i>'(Meditating) makes a positive difference—I know this because when I don't do it I am off kilter and in fact I rarely don't do it—even if I am running late, I still do it [...].'</i></p>



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	<p>Participant, Palliative Care, USA [6]</p> <p><i>Most participants expressed the desire to continue with the mindfulness practices postintervention because they recognised and valued the tangible health benefits and the increased sense of wellbeing, energy, and balance.</i></p> <p>Social Work, Australia [52]</p> <p><i>'I do it every day, because it calms me down, I work better.'</i></p> <p>Participant, Healthcare, Brazil [36]</p> <p><i>With increasing confidence that mindfulness 'works', and with a more positive and hopeful state of being, participants seemed to experience a renewed ability to cope with work demands and stress.</i></p> <p>Higher Education, UK [19]</p> <p><i>'I think of mindfulness like fitness, it's part of my routine that makes me a better person. I feel more creative, more tuned in and more relaxed because of it.'</i></p> <p>Participant [1]</p> <p><i>Moreover, there are high rates of noncompletion of the intervention and therefore questionnaires [...]. Reasons for attrition have not been explored, but may relate to [...] lack of perceived benefit [...].</i></p> <p>University Employees, Australia [21]</p> <p><i>'Now that I have a glimpse of what life can feel like, I intend to keep going there to find it.'</i></p> <p>Participant #03, Executive, USA [32]</p> <p><i>'This was a wonderful growth experience and my intention is to continue practicing beyond this study.'</i></p> <p>Participant #04, Executive, USA [32]</p> <p><i>Positive experiences encouraged, and negative experiences discouraged, further workplace mindfulness practice.</i></p> <p>Healthcare, USA [13]</p> <p><i>One interviewee stated that, the more I remind myself, 'hey, this (meditation) worked,' ... the more I find that it's easier to come to (mindfulness).</i></p> <p>Healthcare, USA [13]</p> <p><i>'I will continue in my mindful movement and sitting meditations. Also I will include the body scan from time to time as I find this enables me to sleep better.'</i></p> <p>Participant, Healthcare, UK [40]</p>
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	<p><i>'[...] you wouldn't be doing it if you didn't think something was changing about yourself.'</i> Participant, Nicola, Healthcare, UK [38]</p> <p><i>Another facilitator was an immediate perceived effect after a session of training. Interviewees reported feeling 'revitalised', 'fresh', 'energetic', and 'peaceful'. On the other hand, the immediate effect faded away in time, which was considered a barrier for further participation [...].</i> Research Institute, NL [27]</p> <p><i>'If I had a really stressful day, I just felt so much relaxed and instead of driving home like a zombie, I could actually drive and think and be aware of everything. [...] I found that very very beneficial which is why it [...] made me want to continue with it.'</i> Participant, Higher Education, Australia [53]</p>
CMOC 26: Positive effects in one area (C) can have a ripple effect leading to improvements in other areas (O) as individuals feel they have more energy at their disposal (M1), they have gained confidence in themselves and in the mindfulness approach (M2), they are better able to regulate their emotions and behaviour (M3) and/or increased awareness encourages them to take better care of their health (M4).	<p><i>Thematic analyses of informant text reports revealed observed improvements in relationships, attention, productivity, stress, emotional regulation, and vigor.</i> Public Sector, Australia [23]</p> <p><i>'My mindfulness practice has allowed me to acknowledge my feelings of anxiety, but not stew on them. This in turn frees up energy to be directed at the patient. It took a lot of energy to stew.'</i> Participant PG, Palliative Care, USA [6]</p> <p><i>Project leaders were targeted through the cross-government programme. Both these project leaders, and leaders at different levels in other cases, described a ripple effect or chain of impact. By becoming a more mindful leader, they could produce better teamworking, higher performance and improved employee experiences of the workplace.</i> Government Department, UK [3]</p> <p><i>When asked, 'Please state what you feel you got from MBSR,' responses included more self-awareness, relaxing in myself, a way to center myself, improved focus on my thoughts and needs, ability to handle stressful situations, inner peace, joy and healing, and ability to think clearly and remain calm.</i> Hospital, USA [54]</p> <p><i>Other benefits included better sleeping, driving skills, and work prioritization [...].</i> Hospital, USA [29]</p> <p><i>Another shared that she now had the confidence to walk into a car dealership alone and buy the car she wanted, including negotiating the price—for the first time!</i> Hospital, USA [29]</p> <p><i>'When you take care of yourself, you just have more to give. I'm more focused on my patients now, even though they probably wouldn't know it!'</i> Participant, Nurse, Hospital, USA [29]</p>

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	<p><i>We were surprised [...] to learn that one nurse supervisor had become fairer and more consistent and that one nurse was less interested in gossiping and complaining. These findings are promising because they suggest the potential of MBSR to transform, not only individual relationships but also the overall work environment.</i> Hospital, USA [29]</p> <p><i>Several commented on additional physical health benefits they were experiencing, including improved sleep, feeling calmer, healthier eating habits, and feeling more connected to the body—'I'm...eating wise and therefore everything falls into place for me, I feel healthier, I'm breathing better'—motivating changes in personal and professional lifestyles.</i> Social Work, Australia [52]</p> <p><i>Many mentioned that they were making better choices, particularly around work habits and caseloads, as they were more aware of their own emotional and physical fatigue and the need for rest and exercise breaks [...].</i> Social Work, Australia [52]</p> <p><i>As the teachers enhanced their ability to understand and, consequently, connect with their students, there were noticeable positive changes in the classroom and with individual children. Evident changes included the children's use of emotion words with the teacher and with one another, increased pro-social behavior, increased ability to regulate emotions, and mimicking the teacher's behavior.</i> Education, USA [42]</p> <p><i>'It's actually much more relaxed. [...] It's much more quiet. I wouldn't have believed that that could happen. [...] I actually think that being aware of myself and taking care of my own needs first and showing that sort of responsibility, because I think kids know when you're off, when you're not feeling good yourself and you're off, really, in general, motivates a sort of peaceful atmosphere for everybody. So, yes, it's pretty self-regulating now, the classroom, yes.'</i> Participant, Teacher, USA [42]</p> <p><i>One-hundred percent of teachers interviewed cited examples of changes in the overall climate of their classrooms and students' behavior resulting from teachers' increased self-awareness and utilization of skills learned in the teacher training.</i> Education, USA [42]</p> <p><i>Results showed that state and trait mindfulness are inversely related to employees' emotional exhaustion and positively related to their job satisfaction. The same relationships were found when mindfulness was induced by a self-training intervention, suggesting that the direction of effects is such that mindfulness precedes and affects emotional exhaustion and job satisfaction. Since our findings do not exclude the existence of reverse causation, it is important to note, that effects may in fact be bidirectional. Mindfulness may decrease emotional exhaustion and increase job satisfaction and set free resources that may, in turn, lead to even higher levels of mindfulness creating a positive upward spiral [...].</i> Various Industries, Germany [55]</p>
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	<p><i>[...] participants reported dynamic processes whereby, as awareness became more routine, so did self-care. They reported being more able to interrupt a stress experience and replace it with a beneficial activity (such as break-taking or exercise)[...].</i> Higher Education, UK [19]</p> <p><i>Once the core principles of mindfulness were accessible to participants, a process of upward spiralling emerged. This is [...] influenced directly by self-care, awareness and choosing new ways of responding.</i> Higher Education, UK [19]</p> <p><i>Choosing to bring positive experience into high resolution, or 'becoming more sensitive to all the good things out there' [...] was, for some, a further constituent of the upward spiralling process.</i> Higher Education, UK [19]</p> <p><i>Recovering agency was talked about by participants more than any other stage of change, and it was expressed as evolving over time, supported by detection-choice opportunity and upward spiralling.</i> Higher Education, UK [19]</p> <p><i>'[...] a few times I just decided I'm going for a massage and that way I know next week I'll feel better. In the past, I would say "o.k. I don't have time for this". Now I think that if I'm feeling good I can be more attentive and I can really do my job much better, as simple as that.'</i> Participant #02, Healthcare, Canada [20]</p> <p><i>Many participants discussed how awareness of their own tendency towards inattention or 'mind wandering' had provided a starting or entry point for refocusing and noticing other aspects of themselves and their environment.</i> Mental Health Care, Canada [31]</p> <p><i>Our data indicate that not only were participants willing to work mindfulness into their repertoire of self-care skills but that they also increased or made changes to other aspects of self-care: making time for breaks during the workday, setting limits in the workplace and prioritizing self-care more generally.</i> Mental Health Care, Canada [31]</p> <p><i>'So going early once a week for this mindfulness course has provided an escape, or rather, a way, to not be so worn out, to take care of myself better. And I do find my work goes better too, as I'm more satisfied with my life overall.'</i> Participant, Accountant UK [1]</p> <p><i>'I've experienced profound changes in myself, I would say, through the year of the course ... it's something that has stayed with me, has expanded over time. It has brought a bigger picture of existence to my life, and my relationships have deepened. I listen more carefully to others, and they in turn are more kind and patient with me. I feel we understand each other' more than before. This has meant that projects with colleagues advance more smoothly [...]'</i> Participant, Computer Technician, Norway [1]</p>
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	<p><i>‘It changes who I am, and I like this new version of myself! It makes me realize things that I wouldn’t otherwise have done, kind of like opening up a portal of creativity.’</i> Manager, Accounting Services, UK [1]</p> <p><i>Teachers reported that CARE improved their self-awareness (96%) and wellbeing (92%). They also strongly agreed or agreed that as a result of CARE they were “better able to manage classroom behaviors effectively and compassionately” (77%) and “better able to establish and maintain supportive relationships” with the children they taught (83%). Finally, participants noticed improvements in students’ (much better or better) prosocial behavior (76%), on-task behavior (66%), and academic performance (57%)</i> Education, USA [56]</p> <p><i>‘I am realizing this is not mystical or rocket science, it is really about being there for myself so I can be there for others. It really is about self-care.’</i> Participant #01, Executive, USA [32]</p> <p><i>‘I am beginning to be kinder to myself and recognize that the more I take care of me the more I will be available to help others who need me during the day at work and home. Mindfulness practice is helping with this.’</i> Participant #04, Executive, USA [32]</p> <p><i>‘By simply slowing down on purpose, everything becomes clearer for me. The freedom to just be is something I’m not regularly used to doing, it feels good. I can feel my sense of wellbeing widen.’</i> Participant #05, Executive, USA [32]</p> <p><i>‘The freedom associated with not focusing on what I am doing wrong in the practice translates and ripples out to my worklife.’</i> Participant #06, Executive, USA [32]</p> <p><i>‘I think that it was most impactful to see a change in my own wellness ... I have been more positive to all the people I work with, I have a calm that has come over me in crisis, I am feeling 100% better in my everyday life’.</i> Participant, Social Work, Canada [15]</p> <p><i>The interconnection between mindfulness, reflection, and self-care occurred through recognizing stress, reflecting on its possible causes and then implementing coping strategies that decrease stress and increase well being.</i> Participant, Social Work, Canada [15]</p> <p><i>There were journal entries that commented on reduced stress, including a greater ability to relax and to see improvements at work and in the patients.</i> Pediatric Oncology, USA/Israel [22]</p> <p><i>‘More awake in my own skin and therefore I make better choices for myself in all areas.’</i></p>
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	<p>Participant, Pediatric Oncology, USA/Israel [22]</p> <p><i>‘It’s about like finding ways to care for yourself and then in turn it just makes you better like as a facilitator, a communicator, listener, mentor, role model.’</i></p> <p>Participant, Sandy, Teacher, USA [33]</p> <p><i>Participants described feelings of inner calm that they believed, not only promoted their own well-being, but also facilitated more productive interactions with colleagues in the workplace and at home.</i></p> <p>Healthcare, Australia [16]</p> <p><i>Participants described how adopting mindfulness practices led them to pay more attention to themselves and their surroundings. Many participants described how their heightened awareness led to a cascade of positive effects. The psychological and interpersonal benefits participants described transferred into their professional roles as health care workers where they experienced increased task focus and improved interactions with colleagues and patients.</i></p> <p>Hospital, USA [17]</p> <p><i>They were making more deliberate choices, taking rest occasionally, and setting limits; additionally, they were taking better care of themselves [...].</i></p> <p>GP Professional Training, NL, [43]</p> <p><i>John found the mindfulness practices of yoga and meditation to be very exciting and very rewarding. He reported ‘gradually coming to see them as tools that I could use to do a lot of what I was trying to do, just reduce stress, focus on things, eliminate a lot of old, outmoded, and outdated things from my life to make room for new things. This seems to be the route that has been most successful for me.’ John indicated that this had affected every area of his life.</i></p> <p>Participant University Employee, USA [35]</p> <p><i>As he gained success in one area, it appeared that it gave him confidence and trust that it would be useful in other areas.</i></p> <p>Participant University Employee, USA [35]</p>
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