Work Stress, Culture, and Leadership:
Building a Culture of Health through Mindfulness into Action

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INTRODUCTION

To support efforts to build a culture of health, this research aims to identify learning outcomes and methods for developing culture-general capabilities that apply in any intercultural setting (from studies done in Norway, USA and Ecuador). Health is a basic human right and an overarching goal of *Healthy People 2020* in the United States is to provide every person with the same opportunity to stay healthy, regardless of race, ethnicity, gender, economic conditions, social status, environment, and other socially determined factors. Healthy People 2020 was developed by the U.S. Department of Health and Human Services, to commit to eliminating the "range of personal, social, economic, and environmental factors" that prohibit one from attaining health, and implement policies that "achieve health equity" for all Americans. Healthy People 2020 observed that disparities in health are in groups of people who have "experienced greater social or economic obstacles to health" because of "their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, physical disability, sexual orientation or gender identity, or other characteristics historically linked to discrimination and exclusion". Having these characteristics linked to discrimination and exclusion produces chronic stress. *Chronic stress* refers to high stress sustained over extended periods of time. Chronic stress occurs among adults, but among young people more frequently, and it is more closely related to maladaptive health behaviors and mental health problems, than acute stress, or episodic triggers of stress (Leonard, Gwadz, Ritchie, Linick, Cleland, Elliott, & Grethel, 2015; Carter, Garber, Ciesla, & Cole, 2006). Children in poverty are more likely to experience both chronic and acute stress than their affluent peers (Almeida, Neupert, Banks, & Serido, 2005).

Brennan-Ramirez, Baker, and Metzler state that inequitable distribution of sociocultural determinants of health, explains in part why some Americans are healthier than others (2008, p. 4). Braverman describes sociocultural determinants of health as the societal conditions and psychosocial factors (external factors), such as opportunities for employment, access to health care, hopefulness, and freedom from cultural bias that have an impact health (2014, p. 6). Currently, we are addressing external factors as a way to have an effect regarding disparities in health. Dees describes about how beliefs about health and disease vary across cultures, ethnicities, races and faiths (2007, p. 34). However, it is common for Western people to have an ethnocentric approach regarding health. An ethnocentric approach can be a source of conflict. "Belief regarding health, illness and healing vary among different cultures" (Dees, 2007, p 35). This chapter is proposing to build a culture of health through addressing factors from within, by using the methodology called Mindfulness into Action. Chakkarath (2009) suggests that Western psychological concepts no longer are the only valid scientific concepts inside the discipline. Further, he suggests that psychology as a discipline can only profit from an indigenous approach because it can introduce traditions of thought and alternative empirical and theoretical approaches that can both chal-

lenge and contribute to psychology's universalistic orientation. For that reason by paying attention to our wholeness, the Mindfulness into Action methodology includes indigenous practices from America, Africa, and Oceania (Vergara, Wallace, Du, Marsick, Yorks, et al., 2016b).

Healthy People 2020 report proposes a paradigm shift that "achieving health equity requires valuing everyone equally" (2015). Wallace (2008) describes this paradigm shift as moving from a hierarchical authority (A/B) in interpersonal and organizational relationships to non-hierarchical equality (A=B) (p. 5). "This requires work on our guiding theories, models, and approaches to research and global leadership" in order to move toward equity for all (Wallace, 2008, p.7). "Subsequent shifts in our professions, may interact with larger societal shifts that all reflect the new paradigm based on a non-hierarchical equality prevailing on all levels and in all interactions" (Wallace, 2008, p. 8). Movement toward this new paradigm is facilitated by the (2016a) Mindfulness into Action methodology (Vergara, Wallace, Du, Marsick, Yorks, Gordon, et al., 2016b; 2016c; 2016d). Individuals, organizations, communities, and society will be transformed by a societal shift reflecting this new paradigm. This chapter is proposing the future research required to better define and operationalize this critical construct of developing health equity via a non-hierarchical equality as we build a culture of health.

BACKGROUND

Previous data from Mindfulness into Action studies done since 2009 (Vergara, 2016a) suggest that participants typically reported every week that they found unknown behaviors, which were based on their unknown bias and thought patterns, and how these ideas were running their lives (social conditioning). The definition of *unknown assumptions* in this study refers to their embodiment and expressing themselves in our "unknown bias" (Vergara, Wallace, Du, Marsick, Yorks, Gordon, et al., 2016d). This realization can be described by the fourth quadrant "unknown" of the Johari window (Griffin & Moorhead, 2010) that is a visual representation of our behaviors (Vergara, Wallace, Du, Marsick, Yorks, Gordon et al., 2016b).

The problem is that "seemingly good people" act on the socially conditioned, unconscious bias without challenging potentially harmful assumptions and generalizations before acting on them (Ross, 2014, p. vii). The fact that somebody "exhibits bias unconsciously does not change the negative impact of the behavior" (Ross, 2014, p. xxi).

In 1955, Luft and Ingham created the Johari window as a tool to better understand our relationship with others and with ourselves. Our taken-for-granted assumptions or unconscious bias are somewhat reminiscent of pre-existing sociological concepts such as socialization. Due to the nature of our unknown assumptions (fourth quadrant), I took the approach of investigating it through grounded theory (Vergara, 2016a).

Our unknown assumptions (unconscious bias) are embedded in our subconscious, so they are difficult to identify. Thus when doing research, the open-ended form of grounded theory allowed me to study a fundamental method of thinking and perceiving the social (social psychological) processes of the participants. With grounded theory, I was able to explain the process in theoretical terms and the properties of the theoretical categories, and provide the causes and conditions of the process. When researching with the Mindfulness into Action methodology, I applied grounded theory using Charmaz's (2006) approach, which has taken into account the theoretical and methodological developments of grounded theory for the past four decades (Vergara, 2016a).

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