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Psychosocial Outcomes from Self-Directed Learning and Team Mindfulness in Public Education Settings to Reduce Burnout

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Abstract

Attaining psychosocial health for learners self-identifying as burned out is challenging. Yet, positive psychosocial outcomes are possible. Learner burnout is reducible if learners accept their and others' rights to self-direct their learning. This acceptance requires a community that demonstrates team mindfulness. Successful self-directed learning with team mindfulness is possible at diverse academic levels and in various public education settings. The author co-founded three such educational initiatives aiming to reduce burnout in learners. To reveal the results, the author assesses the total works published since 2020 regarding these initiatives, using narrative methodology. Some form of consensus decision-making is imperative for team mindfulness—it may take different forms. For these initiatives to succeed online, a participant-trusted facilitator who takes on the role of an authentic leader is necessary. If one is lacking, the participants may achieve positive psychological outcomes but not the positive social consequences of a decision-making method upholding team mindfulness. In working with burned-out learners, positive sociological outcomes are possible when a group focuses on self-directed learning and has a learning-related team mindfulness goal in common. By summarizing the positive psychosocial effects regarding burnout and outlining the difficulties of these publicly supported programs for self-directed learning, future research directions are suggested on this topic.

Keywords: psychosocial health; burnout; self-directed learning; team mindfulness; public education; narrative analysis; facilitator; authentic leader; consensus decision-making



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1. Introduction

1.1. Psychosocial Health, Burnout, and Self-Directed Learning

Psychosocial health was a new, poorly defined term within psychology in 2021 [1]. A statistically validated model then interpreted it as the “sexual, emotional, social, environmental, cognitive, religious, moral and spiritual satisfaction” of a person [1]. This interpretation views the psychosocial from the perspective of the individual. From a community frame of reference, psychosocial health involves the conscious reciprocal adjustment and dependence between individuals and their social environment [2]. The individual aspect concerns body-dependent experiences or perceptions affecting psychological and mental processes that define individual lifestyles [2]. The social level comprises relationships and networks. These include interpersonal dynamics representing social support and social capital [2]. Given their intermingled association, prominent researchers have considered the relationship between the psyche and the social to be a continuum [3,4]. Others, however, have evaluated this understanding as too linear [5,6]. This assessment is

due to the multi-dimensional network of relationships involved in psychosocial health [7]. In various ways, psychosocial health can suffer. One way is when the emotional exhaustion and cynicism representing burnout are evident [8].

The first description of burnout was in 1974 [9]. An occupation-dependent syndrome from unsuccessfully managed chronic workplace stress, energy depletion, or exhaustion characterizes burnout. With the resulting compromised activity, burnout causes an increased work-related mental distance, negativism, or cynicism that reduces professional efficacy. These points regarding burnout were those recognized by the World Health Organization in 2019 [10]. In 2021, a panel of 50 experts from 29 countries assessed 88 unique definitions of burnout, reaching a Delphi consensus that “In a worker, occupational burnout or occupational physical AND emotional exhaustion state is an exhaustion due to prolonged exposure to work-related problems”—representing a harmonized definition of the term [11].

Burnout, however, is not limited to adults who receive remuneration for their efforts. Burnout in students can begin as early as primary school [12], affecting their academic performance [13]. Burnout for students can remain as they progress through the school system—especially during middle school [14]. This result is evident when there are excessive requests or demands of the education process on them, resulting from school-supported competition that they perceive as increasing daily [15]. School progression and success are tied directly to student psychosocial health, with burnout resulting from a lack of progress or success [16]. In higher education, moderate levels of burnout prevail in different populations of university students in all courses worldwide [17]. Burnout is a significant problem for post-secondary learners in healthcare settings [18]. It represents the most notable reason for dropout intentions [19].

Given that the comprehensive nature of psychosocial health makes it difficult to decipher, it is reasonable to make burnout manageable. One way is to recognize that the psychosocial implications for health in reducing burnout in educational settings are divisible into individual-focused and socially dependent aspects [20]. From the individual perspective, the learning emphasis then shifts to reducing burnout. In considering psychosocial health, burnout reduction in learners necessitates concentration on what the person values in their learning [21]. The concomitant change is from institutionally supported academic competition to learning based on learner values [22]. In making this shift, providing resources for learning replaces demands being made on students [23]. Concerning the second aspect of psychosocial health—social support—in contrast to viewing other learners as competitors, there is a redirection to consider them as team members to reduce burnout [24]. In this regard, team mindfulness—a shared belief by team members that their interactions involve non-judgmental awareness and attention in processing team-related experiences [25,26]—is a relevant distinction [27].

For psychosocial health, self-directed learning is the focus when concentrating on what the individual values in learning [28]. During the self-directed learning process, the learner sets goals; determines the assessment of progress; defines the structure, timeline, and sequence of activities; identifies resources; and actively seeks feedback [29]. Dependent on a level of self-understanding and initiative, self-directed learning is the expectation at the post-secondary level [30]. Malcolm S. Knowles initiated research on self-directed learning regarding adults in the 1970s [31,32]. As such, the association of self-directed learning with adult education is common [31,33]. Through this focus by Knowles, there is now a substantial body of research on self-directed learning regarding adults [34–38]. Unlike adults, children are not expected nor encouraged to self-direct their learning, with some considering that the inability of children to self-direct their learning represents the fundamental difference between adults and children [36].

Not all research on self-directed learning assumes that children, by definition, cannot self-direct their learning. Some consider the universal support by society and parents [39] for standardized schooling [40] to be why most children do not self-direct their learning [41]. The result is that most young people do not identify the need nor have the mindset to self-direct their learning in formal learning contexts [42]. Following the tradition of self-directed learning interpreted through the work of A. S. Neill [43–45] of free schooling [46] and John Holt [47–49] of unschooling [50], the learner initiates self-directed learning based on personally held values with the understanding that children can be recognized to have these values if they are permitted to have the opportunity [28], in contrast to a focus on completing the assignments of standardized learning directed by a government-approved predesigned curriculum [51]. To avoid intellectual obsolescence [52] and enable active aging [53], self-directed learning following a curriculum is essential in adults in the Knowles tradition. In contrast, self-directed learning in the tradition of Neill and Holt does not depend on an age-related differentiation. Instead, it is attainable when learners know what they value, and personal awareness guides their learning [54].

There has not been a similar level of research regarding the work of Neill or Holt in understanding self-directed learning compared with that of Knowles. Without this significant research basis, self-directed learning lacks encouragement in schools, remaining unrecognized by most young people [36]. Discouragement of value-based self-directed learning is a problem because the expectations of standardized learning often result in depression and anxiety in learners [55,56], which are recognized as serious mental health problems [57,58]. The World Health Organization defines depression as a loss of pleasure or interest in activities for significant periods, leaving the person feeling sad, irritable, and empty [59]. The definition of anxiety is intense and excessive fear and worry [60]. There is a strong association between burnout and the development of depression and anxiety, with the extent of interrelationships remaining unclear [61].

Self-directed learning is enhanced in supportive communities, leading to learning in various settings in daily life [62]. Yet, problematically, the expectation is that self-directed learning is solitary [63–65], so communities of self-directed learners are seldom available [66]. This lack of reported communities supporting self-directed learning for young people is especially so, as few studies focus on self-directed learning in childhood [67]. Much of the peer-reviewed research on self-directed learning following the Knowles tradition is decades old [68–72], with the emphasis on newer research limited to the professions [73–78]. Of these publications, the psychosocial effects of self-directed learning comparing solitary to group arrangements is not a focus. However, “21st-century learning” does not only rely on cognitive competencies, such as problem-solving. It is also dependent on interpersonal (e.g., collaboration) and intrapersonal (e.g., self-regulation) competencies [79]. These competencies are those that are promoted with team mindfulness [80].

1.2. Self-Directed Learning Programs to Reduce Burnout Supporting Psychosocial Health

The work by this author is unique in focusing on the effect of self-directed learning in the Neill/Holt tradition on groups of young people and adults concerning the psychosocial implications of reducing burnout. This work regards three self-directed learning opportunities: Alpha II Alternative School, the Health Narratives Research Group, and the Health Narratives Research Process.

Alpha II Alternative School is a senior elementary and secondary public school with the Toronto District School Board developed over the 2006–7 academic year as a self-directed learning environment for young people co-founded by the author. The creation of this school follows the plan that this type of self-directed learning would be the direction

of public education for the 21st century as set out in a 1968 provincial government document [81]. From 1968 to 1976, public schools in the province modified programs to further self-directed learning. However, in 1976, the government set aside the 1968 document to return to teacher-directed learning [82]. The author was a junior high and high school student during this period who benefitted from the freedom to self-direct her learning. Becoming a secondary teacher in 1981, the author became aware of the level of burnout that the students were experiencing from the change to curriculum-driven learning, compared to the self-directed learning of five years before. When the author had her children, she searched for a public elementary school in Toronto that might continue to uphold learning based on the 1968 document [81]. There was one elementary school in Toronto still adhering to self-directed learning—ALPHA. Once her daughter enrolled in ALPHA in September 2006, a group of ALPHA parents approached the author, wanting to create an Alpha II. As the author worked at establishing and administering self-directed programs at the University of Toronto for the seven years preceding the birth of her children, the author was eager to join in this creation with her experience in this area.

Grades, tests, curricula, and diplomas are not features of Alpha II. Young people self-direct their learning based on what they personally value in a community where determining school-wide decisions is by consensus. Each point of view is added to the outcome, representing the decision. As such, there is no voting. One person disagreeing with a community resource allocation proposal requires a modification in the proposal until everyone can at least live with the solution. The philosophy of the school is evident in its website [83]. At this school, the provincially qualified teachers are mentors rather than instructors. Those young people attending the school who are interested in post-secondary education apply either as homeschoolers or, after 21, as mature students. The author was among the parents who worked with the Board to create the school and is the only co-founder remaining associated with the school. Open since September 2007, the school continues to thrive in the public setting [83]. The positive psychosocial value of such self-directed learning for young people is the subject of comprehensive psychological research published in 2017 [84].

Alpha II remains unique as a public school supporting self-directed learning based on the personal values of those enrolled, where community-wide decisions use a method of consensus decision-making that includes each perspective. Also, there are few studies of the conceptual relationship between self-directed learning and inclusion, as evidenced by a 2025 systematic review [85]. Applying this philosophy to other public schools is possible but requires the commitment of the board of education, the parents, the teachers, and the young people. Given the aim of public schools to support standardized learning, meeting all these criteria is difficult but necessary for a new focus on mentoring [86]. To encourage those interested in developing public self-directed programs for young people, the author conducted a scoping review providing the background for self-directed learning [39].

The Health Narratives Research Group (HeNReG) is an author-created offering developed along with the Hannah Chair in the History of Medicine through the Health Arts and Humanities Program based at the Toronto Mount Sinai Hospital that began in the fall of 2015 [87]. This group was created in response to the previous roles of the author at the University of Toronto in designing, implementing, and administering various programs at the School of Graduate Studies in general and specifically in the Faculty of Medicine and the Department of Physics. In several capacities, the author met researchers at different stages of their careers who admitted to being burned out, yet they believed they had no ready way of mitigating their burnout. An interest in helping to reduce the burnout experienced by researchers associated with the University of Toronto was why the author initiated the development of the HeNReG.

Researchers (ranging from undergraduate students to professors emeriti) who self-identify as burned out decide to join the HeNReG once they become aware of the group. Prompted by a series of research-related questions developed by the author, participants write “stream of consciousness” [88,89]—perhaps choosing to access what they value most regarding their thoughts, feelings, moods, and expectations of themselves as researchers of health-related concerns [90]. Participants can respond in any way they choose to the prompts. They self-direct primarily from this self-regulation in this group. Following their response, the participants have the opportunity to read their written reply to the group to elicit questions that further reveal the intention of their response. Again, participants are self-directed regarding whether they want to share with the group. Nevertheless, participants almost unanimously chose to share when the group meetings were in-person as the group demonstrated team mindfulness.

As a result of COVID-19 limitations, the in-person group moved online in March 2020 [91]. They continued online until the end of the pandemic, May 2023 [92]. During this period, the participants self-directed whether and for how long they chose to attend the weekly online group and selected the group members with whom they would associate online. Almost all the group members participating online self-directed to respond to the facilitator-initiated prompts only. Consequently, after May 2023, the group evolved to one-on-one to accommodate the preferred online involvement of participants. Since 2023, this one-on-one process has been offered online to those health researchers who self-identify as experiencing burnout as the Health Narratives Research Process (HeNReP). The author developed this process similar to the in-person HeNReG, except the writing prompts provided by the facilitator are answered by the participant online when it suits the participant to engage rather than based on a pre-determined group schedule. As such, the one-on-one process is entirely self-directed by the participant. The team mindfulness of the HeNReG regards the two-person team of the participant and facilitator.

In using the HeNReG or HeNReP, there are several publications on how the group or one-on-one process can benefit participants in various settings [93–95]. Employing the HeNReG method online for graduate student supervision is the topic of a 2021 publication [94]. Setting up these groups and administering them is discussed in detail. The second application regards creating a HeNReG for decreasing burnout in public health nurse practitioners, published at the beginning of 2024 [95]. This publication was the first to extend the use of the HeNReG process from researchers to practitioners. It begins with a detailed account of the past results of the HeNReGs over the years and then provides a section on successfully transforming the research group into a practitioner group. The third publication from the end of 2024 regards the one-on-one HeNReP [96]. This work focuses on how the online HeNReP can be adapted to help participants who develop increased non-work-related depression and anxiety while participating in the offering. Noted is the importance of the facilitator in providing the necessary supportive online atmosphere for the participant to continue with the process even under challenging circumstances, who develops a hopeful resilience. The facilitator assumed the role of an authentic leader in this regard [97].

In a 2023 systematic review of narrative interventions to reduce burnout in healthcare settings, 1663 articles were screened for eligibility, with 33 meeting the inclusion criteria. The result of 20 studies was that mindfulness-based practices were adopted [98], with the remainder using meditation, yoga, and acupuncture. Other interventions promoted a positive mindset. The interventions included developing gratitude, journaling, participating in choirs, and engaging a coach. Organizational interventions were workload reduction, job crafting, and creating peer networks. The HeNReG and HeNReP are among those interventions that focus on creating a positive mindset through responses to prompts

and encouraging doodling while also creating an organizational change by creating peer networks in a private space. There was a report of significant improvements in 29 studies regarding well-being, work engagement, quality of life, and resilience. Simultaneously, reductions in burnout, perceived stress, anxiety, and depression were the result [98].

1.3. Study Aim and Hypothesis

Using narrative methodology, this study investigates the range of publications regarding self-directed learning opportunities created by the author in public education settings, concentrating on the psychosocial effects of reducing burnout. These are at the secondary and post-secondary levels. This study intends to (1) summarize the necessary ingredients to reveal the positive psychosocial effects in these public settings, (2) specify the difficulties, and (3) suggest future research directions. The question is whether reviewing the previous publications by the author can provide additional insights beyond that already published in answering how publicly funded self-directed learning opportunities affect psychosocial outcomes of learners self-identifying as burned out. If so, how can self-direction lead to psychosocial outcomes that can reduce burnout in learners? The hypothesis is that the publications by the author on these self-directed learning opportunities can provide additional insights, revealing how self-direction creates positive psychosocial effects regarding burnout while outlining the difficulties, and provide suggested future research directions on this topic.

2. Materials and Methods

2.1. Materials

The materials for this investigation are publications by this author regarding the three author-created opportunities for self-directed learners in public education settings.

The basis of the Alpha II program evaluation is recognizing it as a Toronto District School Board alternative school [99]. The school must maintain its distinct philosophy. It has done so since 2007 with no change. The measurement of student success is through four pathways. One is the smooth transition to a more traditional school aided by the mentors if there is no longer a good fit of the young person with the school philosophy. Another is to college—especially since those enrolled at Alpha II can attend college courses while still in high school [100]. A third is attending university as mature students in the same manner as would be the case for homeschoolers. A significant portion of those whose entire secondary school career was at Alpha II have completed four-year university degrees—two are currently in a PhD program. The final pathway is a direct one to work, often facilitated by programs arranged by the mentors through the school, with business owners who then choose to hire the young person at the end of their high school career. This information was publicly available on 10 April 2025 at the most recent Alpha II open house for prospective students, which the author attended.

Evaluation of the process employed by the HeNReG and HeNReP was through the Faculty of Medicine nomination, where the author was awarded the coveted Arbor Award in 2015 by the University Alumni Association for creating the HeNReG and its “life-changing” success in mitigating researcher burnout [101]. The award is the highest honor the university grants to volunteers, given for sustained contributions to specific academic units or for broader contributions to the university at large [102].

2.2. Narrative Analysis Methodology

Narrative inquiry is the method of analysis [103]. Its selection is to interpret the details of the publications by the author. Narrative analysis is an inquiry that goes beyond a text description to analyze content and structure by contextualizing their meaning in social

and historical terms [104]. There is no consensus on reporting guidelines for narrative analysis regarding the review of publications; however, chronological descriptive order is usual [105]. The selection for this narrative analysis is chronological ordering. The purpose is to reveal relevant aspects of the published works that are not presented in the publications but are now identifiable when considering the psychosocial aspects of the programs. All of these texts are available for scrutiny by any interested researcher, acting as an aid to avoid bias. Identifying specific features of each publication is guided by the purpose of this study—their psychosocial implications. The question asked regarding each publication is: What are the psychosocial results of the program, both positive and negative, and suggested future research based on the results?

The application of this methodology is to the three public education opportunities. They are Alpha II Alternative School, the Health Narratives Research Group (HeNReG), and the Health Narratives Research Process (HeNReP). Regarding the outcomes of students enrolled in the Alpha II program, there are two publications [106,107], with the publication [107] additionally discussing outcomes for HeNReG participants while the meeting was in person. Several works were published beginning with COVID-19 on the group results [108–113]. They include information regarding the HeNReG before and after the COVID-19 restrictions moved the group online. There is one publication concerning the HeNReP [96]. The narrative analysis representing the results of this study relates to each of these different public education settings concerning the relevant publications by the author.

2.3. Data Triangulation

Various ways produced data triangulation for the work to be examined. The data for [106] were from (1) the Alpha II website [114], (2) the author attending specific community meetings of Alpha II and recording the agenda items, and (3) the founding documents of the school [115]. The data assessment was with the Alpha II teachers (mentors). This assessment occurred during the 2018/2019 school year through a series of meetings. The focus of these was on considering the responses of the young people at the weekly school meetings. The mentors presented the data at these staff meetings, or they were heard firsthand by the author at the weekly school meeting.

Part of the publication [107] is relevant to the HeNReG. The data regarding the group came from recording the weekly meetings from the 2017/2018 academic year. As part of the information regarding the group, the author tabulated several variables. These include (1) when the participant initially contacted the facilitator (the author), (2) their research position, (3) their health-related specialty, and (4) the result of their attendance as reported by the participant in their twice-yearly feedback forms. Several means of obtaining data were used for the basis of the publications [108–113]. One was in the entries of the private Facebook groups set up yearly by the author as the facilitator of these groups for recording the minutes of the meetings. The information posted to the yearly private Facebook groups included (1) the prompts, (2) responses to the prompts by each participant, (3) further questions by participants to each other, and (4) any doodles the participants made during the meetings that they wanted to share with the group, as doodling was encouraged.

Additionally relevant for obtaining data on participation in the HeNReG meetings are (1) the individual participant results of the twice-yearly feedback forms for each academic year (including both multiple choice questions and longer written answers) and (2) a tabulation by the author of the number of questions asked by participants, and when they asked them. These results are organized by those asking the fewest questions to those asking the most. The comprehensive tabulation for each year from 2018/2019 to 2021/2022 is in [108]. Data for the publication on the HeNReP were from (1) the facilitator/author-created information that participants received by email about the process before agreeing

to join, (2) the private Facebook group postings set up for each HeNReP, (3) the Google feedback form results once there was process completion by the participant, and (4) email messages sent by the participant to the facilitator [96]. As the HeNReP facilitator, the author has privileged access to these documents with the promise of anonymity to the participants.

This study will refer to the data used in writing each of the previous publications on Alpha II Alternative School, the HeNReG, and the HeNReP. This study produced no new data. The aim is a narrative analysis of these previous publications from the perspective of psychosocial outcomes regarding participant burnout. The earlier publications present the data. This study does not replicate their publication. To examine the data, please see publications [96,106–113].

3. Results

The narrative analysis of the publications divides the results into the three forms of self-directed learning opportunities in public education settings for which the author is a founder. This narrative analysis aims to discover aspects of the publications by the author on these opportunities that lacked highlight in the publications. There is no duplication of information from publications [96,106–113].

3.1. Alpha II Alternative Publications

Alpha II attracts different types of young people to enroll. These types include those who are (1) burned out from standardized learning, (2) feel their style of learning does not fit with standardization, and (3) homeschooled before attending Alpha II. For those who are homeschooled, these include those who are naturally of the age wanting to continue their learning in a publicly supported space with additional resources to those they can access on their own. It also includes homeschoolers who desire a daily social connection with their peers.

The 2020 publication on Alpha II [107] differentiates the learner types of young people who have historically enrolled at the school. The identification is of three kinds of learners—self-expressive, self-absorbed, and self-directed. They can come from any of the three backgrounds. However, this is not to say that this identification labels the learners or that they are treated differently at the school from this recognition. The distinction of these three types of results regards the author examining the relationship of the young people to the school retrospectively in association with the school mentors during the 2018/2019 school year. Concerning psychosocial results, it is in this regard that these categories are relevant. Self-expressive learners direct their actions by their interest in having momentary enjoyment rather than what they value in their learning. The self-absorbed are learners dedicated to what they currently study. They do not consider how their current interest relates to what they value as learners. Self-directed learners are the third type of learners. They direct their learning based on what they value. These categories regard a specific period during their enrolment at the school. Young people can, and often do, change from one kind of learner to another while at Alpha II.

Reconsidering these three types of students from the perspective of psychosocial outcomes concerning burnout produces a novel finding. One of the questions asked in the 2020 publication was why self-expressive and self-absorbed learners would be interested in enrolling at Alpha II if they are not inclined to be self-directed. The answer at the time concerned Alpha II being the preferred option to schools demanding standardized learning. As such, this answer directly related to those young people who attend Alpha II feeling burned out from standardized learning. This conclusion remains. However, dividing the psychosocial outcomes into individual psychological and social aspects is relevant in interpreting the results. Consequently, learners who enroll at Alpha II who demonstrate

being self-expressive or self-absorbed rather than self-directed are primarily intent on creating a positive psychological outcome for themselves, and the social outcome they seek is not related to learning at Alpha II. The evidence for this conclusion is the responses from the young people in [107]. Please refer to that publication for these.

In considering the participation of the young people in the weekly school meeting the author also attended with the mentors, the following are the conclusions arrived at in consultation with the mentors in a series of staff discussions. The self-expressive learner is interested in positive social outcomes but not those regarding their learning. Their positive social outcome concerns daily enjoyment with others at the school. Alpha II is ideal for such outcomes by permitting young people to determine what they do throughout the day. For the self-absorbed, they are interested in a positive social outcome regarding learning, but not one that is school-related. Instead, these positive social outcomes concern those engaging with them in the same activities—either at off-school in-person meetings or, more frequently, online.

This study reexamines these conclusions and finds that both the self-expressive and self-absorbed learners at Alpha II are gaining positive psychological outcomes alone regarding their learning at the school. In contrast, self-directed learners have positive psychological and social outcomes regarding their school-related learning activities. To mitigate burnout regarding learning, there must be positive psychological and social outcomes [116]. Recognizing this, the differences in how the three types of learners at Alpha II interact in the school-wide meetings to make decisions that affect the school are relevant.

3.1.1. Community Meetings

The 2020 publication notes the problems arising at school-wide community meetings [107]. The 2024 article focuses on the method of group-wide decision-making [106]. With the primary aim of Alpha II being that each person has the support to self-direct their learning, a decision-making practice was necessary that incorporates each point of view into the final decision. Enacted when founding the school with the Toronto District School Board was a form of consensus decision-making to permit this [117]. The form is that each person provides their viewpoint for every matter discussed. If a person does not want to participate in discussing a particular issue, they pass. The discussion continues until there is a presentation of all points of view and the proposed solution is acceptable to everyone. This process is often time-consuming and, as a result, has been resisted by those learners who are not interested in the self-directed learning of others at the school—that is, those characterized as the self-expressive or the self-absorbed. This study recognizes that the process is opposed particularly by those who self-identify as burned out.

The resulting animosity of those who are not self-directed learners at the school towards this method of decision-making led to considering whether other non-education-related groups supporting self-direction have devised successful methods of decision-making that promote positive social outcomes. The identification was the decision-making methods of two groups—Stray Kids, a Korean popular (K-Pop) group, and Autscope, a yearly conference for autistic individuals held in England.

Related in [106]: in 2017, the 20-year-old leader of the K-Pop group Stray Kids hand-picked each of the then eight other members (seven since October 2019) under JYP Entertainment. Since then, they have agreed on their goals as a group—so much so that, unusual in K-Pop, they have signed on for an additional seven years with JYPE. They became interesting due to what appears to be their usually employed decision-making method—using rock, paper, scissors to decide on group-wide, non-music-related matters to which there might be disagreement. Using this type of consensus decision-making method at Alpha II would mean that for any group-wide matter that did not involve what the

learner personally valued concerning self-directing their learning, they could use rock, paper, scissors to settle the matter (how to do this with more than two players is outlined here [118]). Nevertheless, using rock, paper, scissors (yet to be tried at Alpha II) might not be a successful solution for learners at the school because, unlike Stray Kids, these learners do not hold one vision in common for their learning. Furthermore, there is no burnout in the members of Stray Kids regarding their relationship with the group and their urge to excel as performers, unlike some learners at Alpha II. For evidence regarding this, please see [106].

At the Autscope conference held yearly in England for individuals on the autistic spectrum [106], socializing decisions result from each person choosing a badge at the beginning of the event. The badges are different colors. Attendees who do not want to interact with others select to wear a red badge. Those who would like to interact if they give their permission choose to wear a yellow badge. A participant who wants to interact with others but requires help initiating conversations wears the green badge. The person selecting a white badge or who does not wear one identifies that interactions are unproblematic for them. During an Alpha II school-wide community meeting at the end of 2024, there was a discussion about using the Autscope system. Alpha II members might try this method so that those recognized as self-absorbed can determine how they want to participate in the community meetings (or generally during the school day). However, a solution for the self-expressive learner is not provided in adopting this method since they have no difficulties expressing what they want to communicate. Their problem at the meetings is not wanting to participate if the meeting is not enjoyable. In this regard, employing rock, paper, scissors might be a better fit for these young people.

Suggestions are presented in the publication [106] for decreasing the discomfort of burned-out young people who are not inclined to be self-directed learners. Creating and maintaining team mindfulness is the aim. There are other techniques for improving psychosocial outcomes in students to decrease their burnout [116]. However, these specific suggestions are to improve the school group meeting process, promoting the school philosophy of consensus decision-making. Doing so recognizes Alpha II as a unique alternative school in the Toronto District School Board. It also creates the team mindfulness necessary to provide positive psychosocial outcomes to reduce self-identified burnout in young people.

3.1.2. Psychosocial Outcomes

Identified here is that positive psychosocial outcomes are possible at Alpha II if the young person is selecting to be a self-directed learner, as there is a low correlation between self-directed learners and burnout [119]. Self-expressive or self-absorbed learners have positive psychological outcomes regarding their learning at Alpha II but not positive social outcomes concerning their learning. Instead, their positive social outcomes come from interpersonal enjoyment at Alpha II if they are self-expressive, or these outcomes emerge outside the school with the self-absorbed learners. A final type of learner who attends Alpha II but is not likely to stay has adverse psychosocial outcomes for their learning. This type of learner comes to Alpha II not because they are interested in self-direction but because they or their parents consider all other schooling inappropriate for the young person. These young people have been unable to meet the demands of standardized learning and feel burned out, but they and their parents still believe that standardized learning is the only acceptable form of education. As such, while at Alpha II, they remain depressed and anxious as an expression of their burnout [120]. Regarding their learning, they cannot accept the value of self-directed learning. In concentrating on self-directed learners, Alpha II has developed an extensive input protocol to ensure that young people enrolled are a good fit and do not leave the school with poor psychosocial outcomes [121].

3.2. Health Narratives Research Group Publications

There are more publications regarding the results of the HeNReG compared with Alpha II, although Alpha II is the older of the two educational offerings. There is a higher number of publications because reporting on research results on the school is not required. In contrast, yearly historical reporting was an aspect of the HeNReG through the Department of Psychiatry in the Temerty Faculty of Medicine.

Participants in the HeNReG received a document outlining the operation of the HeNReG when they initially contacted the facilitator to join the group. The following statement was part of that document: “By joining, members agree their work may be anonymously referenced in presentations given and/or scholarly articles written by the facilitator regarding the yearly results of the HeNReG.” Participants agreed to this statement by emailing the facilitator regarding their intention to join the group.

3.2.1. Pre-COVID-19

The first report on the HeNReG is the same publication that initially discusses Alpha II. It was published in 2020 but written pre-COVID-19 [107]. From 2015 to 2020, the group was a weekly, in-person, two-hour meeting in which participants who self-identified as burned out regarding their research related to health responded to a series of writing prompts created by the author (as the facilitator) regarding their research experience. The participants would write “stream of consciousness” [88,89] for five minutes. Once they had finished their responses, each one would read out loud what they had written. Then, one by one, the participants would ask a follow-up question to the response, starting with the same word of the week as the prompt.

The word of the week followed a pattern of questions beginning with when, where, who, what, how, and why, in that order. These questions presented prompts beginning with the most objective questions starting with “when” and, over the weeks, they evolved to the most subjective questions, starting with “why”. There were twenty-eight sessions, with four weeks devoted to each of the when, where, who, and what questions, five weeks to how questions, and six weeks to why questions. There were additional weeks once the questions became more subjective, as accessing the subjective reasons the researchers felt depression and anxiety related to their research in being burned out was the ultimate purpose of the endeavor. An aspect of the group initiated by one of the participants in 2018 was the encouragement of group-wide doodling at the meetings. When participants were waiting their turn to read what they wrote or ask another participant questions, if they chose to, they would doodle. Most participants chose to engage in doodling because of the attractive art materials and paper supplied by the author as the facilitator. These aspects added to the team mindfulness displayed by the group members.

Unlike Alpha II, where people might attend the school for reasons other than focusing on being self-directed in their learning, those who chose to engage in the in-person HeNReG during the first five years of its operation presented themselves as committed to self-directing their learning and coming to know about the self-directed learning process of the other members of the group. As such, those who participated consistently over the twenty-eight weeks had positive psychosocial outcomes, reducing their depression and anxiety related to work. These outcomes were evident from the written feedback they provided twice an academic year [107].

3.2.2. March–April 2020

As a result of the lockdowns from the COVID-19 pandemic in mid-March 2020, the HeNReG became an entirely online group. It met weekly on the Facebook app created yearly to record group member responses [109]. Prompts would be sent to the group

members over Messenger by the facilitator the day before the meeting. Then, as the facilitator, the author would go online weekly for two hours to the private Facebook group set up for the HeNReG. This time was the same as the in-person meeting pre-COVID-19. Starting the meeting, the facilitator would type in all the responses sent by Messenger to the weekly writing prompt into the private Facebook group created by the facilitator. The group included all members of the HeNReG for that academic year. The private Facebook group had the same organization each week. Each person's response was under their name. The substantial difference from the in-person meeting was that, rather than all participants providing questions to each other once their reply to the prompt appeared online, the only questions reliably posed were from the facilitator. Other group members might choose to type a question or not.

The hypothesis regarding moving the group online was that using the private Facebook group, in contrast to the in-person meetings at the hospital, would do little to disrupt the group function. The reason for this hypothesis was that the participants had provided feedback in their biannual feedback forms that the HeNReG served a vital, enjoyable, personally revealing function. As anticipated, the group participation continued to be high. However, most participants who joined the two-hour weekly online meeting in the private Facebook group did not provide questions to all those at the meeting as they would have in person. Instead, they selected only a few people to whom they posed questions.

Furthermore, the expectation was that those involved in this synchronous format would each provide their doodles or drawings at the end of the meeting, as doodling continued to be encouraged online. Instead, a 50% participation rate in doodle submission at the end of the two-hour meeting was the norm. It was unclear whether the change in doodle participation was because the group members did not see others creating, as they would have at the in-person meeting, due to the uncertainty regarding the pandemic, a lack of drawing materials, or other reasons. Please see [109] for the details regarding the changes to the meeting.

3.2.3. The 2020/21 Academic Year

The following academic year for the HeNReG began in October 2020. Meetings at the hospital remained prohibited as a result of the ongoing pandemic. Thus, a new private Facebook group for the year was the site of the online weekly two-hour meetings. Researchers joined the group with the same commitment to engaging in and completing the process as pre-COVID-19. However, there was diminished participation by the group members from the year before in attending the full two-hour meetings, both in the questions asked to participants and the doodles posted to the group at the end of the meeting. As such, there was a lack of team mindfulness in the online group. Given that those who participated did so because they felt burned out as healthcare researchers during the unsettling period of the continuing pandemic, some could not contribute as they might have wanted because they reported they had limited energy to invest. The details of this academic year, compared with all the previous years of the group from its beginning in 2015, are presented in [112]. The change in the doodling of the group members for the 2020/21 academic year is the focus of [111].

The results were unexpected regarding the psychosocial outcomes of the group for the first full year of meeting online because of COVID-19 limitations. From their twice-yearly feedback responses analyzed in [112], participants considered that they were self-directing their participation in the group and had a positive psychological and sociological outcome. However, their online behavior demonstrated otherwise. The participants were either self-expressive or self-absorbed in their learning over the 2020/21 academic year, similar to those who might enroll at Alpha II. Those who were self-expressive joined the meeting to

have a break from their burnout, but they participated only as long as it was enjoyable to do so. Sometimes, they would attend the two-hour meeting for only ten minutes to respond to the prompts provided by the facilitator. What they did not do was ask questions of others or answer the rare questions that others posed to them. Those describable as self-absorbed attended the meetings rarely and looked to see what had happened once the meeting was over—often, immediately after the end. These participants would then respond to the prompts when and if they chose. What is surprising from their feedback responses, recorded in [112], is that the self-expressive and the self-absorbed did not recognize that they were not participating in the group in the manner intended. An inability to appropriately self-reflect is a feature of poor team mindfulness regarding burnout [122].

Noted in [112], the team mindfulness evident pre-COVID-19 was lacking in the HeNReG over the first full year of online meetings. Pre-COVID-19 research indicates that moving a group meeting online is sufficient for the group to demonstrate a lack of team mindfulness [123]. This result is unwanted as team mindfulness is a significant ingredient in reducing burnout found in groups [124]. Once the group meetings were entirely online, the group focus became answering the prompts that the facilitator would post. In this regard, the previous equal participation of group members was no longer a group feature. When participation is unequal, group trust and cooperation are diminished [125,126], and group members are less likely to participate [80]. The result is that the lack of team mindfulness in the group may have been instrumental in the increase in non-research-related depression and anxiety reported by some group members, evident in the change in their doodling behavior. This was the case, although the group members believed the online HeNReG effectively reduced their research-related burnout. A detailed examination of this result regarding the doodling aspect of the group is in [110]. After the facilitator no longer provided the intriguing art materials to participants, as were offered when the group met in person, the HeNReG members had less desire to doodle [111]. Doodling was one of the ways team mindfulness was supported in the group when it met in person. The relevance of doodling to increasing team mindfulness has been reported elsewhere [127].

A question from the results of the 2020/21 academic year is why some participants developed increased depression and anxiety resulting from personal matters unrelated to their work as researchers over the course of the COVID-19 pandemic [110,111], while others participating in the HeNReG did not. Those who did not see an increase in their depression and anxiety were considered to express hopeful resilience [128,129]. Resilience alone is a process of effectively adapting to significant sources of stress or trauma, supporting recovery from adversity [130,131]. Resilience permits the person to return to a previous level of interaction pre-COVID-19 [132]. However, during the pandemic, “hopeful resilience” was necessary for HeNReG members to develop a new and more satisfying adaptive perspective to their work as researchers [113]. It is a new, adaptive perspective that defines hopeful resilience [128,129,133]. Those participants remaining with the group during the entire 28 weeks of the offering had this hopeful resilience. Their team mindfulness was demonstrated through their online participation—continuing to ask all the other participants questions and answer the questions they were asked. The reason for this response is that they developed a more satisfying adaptive perspective regarding their research work, appreciating the perspectives of others [108,134]. In effect, their psychosocial outcome regarding their burnout represented that of self-directed learners at Alpha II because, similar to these young people, they saw themselves as part of a community of self-directed learners where each person’s point of view mattered to the outcome of the group meeting [107].

3.2.4. The 2021/22 Academic Year

By the second academic year of the pandemic, the HeNReG remained an online-only group meeting. As reported in a 2023 publication [108], team mindfulness was compromised further in the second year. In contrast to the pre-COVID-19 period, the group members were less inclined to participate in the intended manner of the group. Their reduced inclination was both regarding question-asking and the creation of doodles. Again, similar to the first year of the online-only HeNReG meetings, participants were not directly aware that their demonstration of team mindfulness was lacking, as evidenced by their feedback responses.

Consideration was made to why members maintained they were participating in the group as intended and that it was helping their burnout. This matter was examined by referring to two features of the group—a diversity of membership and the group using a continuous feedback model. These stated points made the HeNReG uniquely attractive to the members. However, there was a more substantial reason for the lack of team mindfulness and self-reflection. Based on the presented analysis, participants must be self-directed learners to demonstrate a combination of positive social outcomes and positive psychological outcomes. From the feedback quotations presented in [108], the most likely interpretation is that participants were either self-expressive in their learning or self-absorbed learners. Unfortunately, there were those participants who felt guilty about not participating. The facilitator became aware of participants feeling guilty when they stopped participating from comments made to the facilitator expressing their guilt when they decided to stop their group membership [108]. The interpretation is that they did not accept the value of self-directing their learning because they indicated that they had a lot going on and were disappointed in themselves for not participating as much as they wanted [108]. To this extent, they lacked positive social and psychological outcomes and remained burned out. In this way, they were similar to the young people selecting to enroll at Alpha II but then leaving. The similarity is that they cannot accept the value of self-direction in their learning [107,135].

The relationship each participant had with the author as the facilitator was sustained. “Authentic leadership” is the reason for this outcome presented in [113]. This term represents a type of leadership that can influence a group to achieve a common goal [97]. Authentic leadership is possible to be undertaken by self-aware individuals [136–138]. It has been found to be particularly well-suited for healthcare settings connected with the development of resilience [139]. The finding was that, for the in-person HeNReG, the idea of an authentic leader doesn’t correspond because of the egalitarian group construction. However, once the group moved online due to COVID-19, the egalitarian feature of the HeNReG became less evident. Instead, participants viewed the online interactions assuming the facilitator was the leader. At the same time, they were accepting of the author as such. This acceptance was because they desired the common goal for the group to follow the HeNReG process, although some were unable to extend it to consider the other group members as part of their team when the group was online. In this case, these participants considered the facilitator an authentic leader regarding the HeNReG process but not regarding online group management.

Authentic leaders are identified by their focus on inspiring colleagues to recognize and depend on core values rather than people management [140]. Why authentic leadership was insufficient to create team mindfulness in the online HeNReG meetings may result from lacking another requirement for successful authentic leadership—an absence of organizational politics [141]. Whereas in person, the facilitator could stress that all participants were equal and treat group members as such, once online, participants may have become aware that there were differences in their academic status, with those of a lower rank

or those of a higher rank not feeling comfortable in online participation. Examining the outcome of the online HeNReG, this appears to be the case.

Essentially, the role of the authentic leader is to define common goals [140,141]. Accepting the leadership of the facilitator as authentic precipitated the group in becoming a one-on-one process. Another reason is the trusting relationship each group member had individually with the facilitator. Therefore, beginning the 2022/23 academic year, the group offering was one-on-one as an online meeting between a health researcher and the facilitator. It was then renamed and restructured as the HeNReP [108].

3.3. *The Health Narratives Research Process*

The online group process of the HeNReG evolved to the one-on-one online meetings between the facilitator and participant of the HeNReP. Publication of the following information on the HeNReP is in [96] regarding holding these one-on-one online groups. Similarly to the HeNReG, participants received a document outlining the operation of the HeNReP when they initially contacted the facilitator to join the group. The following statement was part of that document: “By joining, a participant agrees that anonymous reference can be made to their responses in presentations given or scholarly articles written by the facilitator regarding the results of the HeNReP.” Participants agreed to this statement by emailing the facilitator regarding their intentions to join the group.

Completing the process as a HeNReP remains unique in reenergizing the research careers of participants who initially self-identify as burned out. However, choosing this burnout reduction method is not equivalent to participant completion. If any of the following exist: (1) a high level of depression or anxiety, (2) confusion in using the online platform, (3) perceived work overload, or (4) a wait time for the start-up of the process, these negatively affect the completion of the online one-on-one intervention by participants. These represent the four reasons identified from the feedback forms that participants completed regarding the HeNReP [96]. Consequently, participants may express feelings of guilt or shame in their feedback for not being able to complete the process. These features add to their negative mental health symptoms related to burnout. The implication is that the HeNReP completion is not guaranteed. However, the completion of the process leads to success in reducing burnout. This result regards the feedback provided by participants provided in [96]. For burned-out researchers to complete the intervention, (1) depression and anxiety must be stable, (2) confusion is diminished, (3) the process should begin immediately, and (4) participants consider their work level manageable. This result follows from participants not completing the intervention when at least one of these four points was present [96]. These results led to a revision in the information participants received about the process for joining a HeNReP. The information now includes a statement that participants may not complete the process under certain adverse conditions while assuring them that shame or guilt is unnecessary if this occurs.

Evolving the HeNReG to the HeNReP regarding psychosocial outcomes accomplished two things. The first: those describable as self-expressive or self-absorbed in their learning did not participate in HeNRePs. Researchers who self-directed their learning in their participation and did so with the level of commitment that permitted them to complete the process decreased their burnout. The result is positive psychosocial outcomes. There was a second result. In having no perceived outlet for self-expressive or self-absorbed participation as was possible with the HeNReG, a higher percentage of participants in the HeNReP than with the HeNReG left the process. These researchers started the process but had various reasons for leaving. What identified them as lacking the ability to self-direct their learning was the guilt—and sometimes the shame—they expressed in being unable to finish the process. For these participants, the result was a negative psychosocial

outcome. The possibility is that if the group included additional people, the participants who could not fully commit to the social aspect of the group might have had positive psychological outcomes. This possibility would result in just responding to the prompts. With the HeNReP, the participants had to show themselves in the online group and interact with the facilitator. As such, they recognized their inability to participate appropriately. This result represents a level of recognition they would not have had to address in the larger HeNReG online meetings.

4. Discussion

From the results, self-directed learning following the Neill/Holt tradition can potentially produce positive psychosocial outcomes but requires learners to accept their own and others' rights to self-direct their learning regarding what they personally value in a community that demonstrates team mindfulness. Team mindfulness is a feature of self-directed programs when all group members accept the group's core values, which was noted regarding the one-on-one HeNReP but especially true in the case of Alpha II. Team mindfulness is contingent on the mentorship of an authentic leader who defines the common goals [141,142] and focuses on these core values rather than people management [140]. Although differentiated in [107] as self-expressive, self-absorbed, or self-directed as individuals, there is also a social component to this learner identification. Part of the reason for their placement in these categories would result from whether the young person recognized the mentors as authentic leaders. As such, there may be young people ready and willing to be self-directed at Alpha II upon enrollment who felt unable to achieve this goal because they did not consider the mentors to represent authentic leaders. In considering psychosocial health, this possibility becomes relevant in a way that was not the focus of [107] nor related in the section discussing Alpha II. Research has emphasized the role of the team over self-importance for authentic leadership to be recognized by the team, enacted through listening and collaborating [142]. With this consideration, regardless of the quality of the intake process at Alpha II, if the young people admitted to the school do not find authentic leaders in the mentors, they may begin as self-directed learners but convert to either self-expressive or self-absorbed learners as a consequence of considering the group to lack team-mindfulness. In this way, it is evident that the social role of the mentor as an authentic leader is equally important to individual considerations regarding the psychosocial health of self-directed learners in these programs, something recognized regarding this study's consideration of psychosocial health.

The need for self-directed learning to support personal well-being has been reinforced as a necessary priority [22]. Self-directed learning is found to be possible at different academic levels and in various public education settings, as is evidenced by the co-founding of the Alpha II Alternative School and the creation of the Health Narratives Research Group and the one-on-one Health Narratives Research Process—both the latter achieving a decrease in the depression and anxiety from the burnout of participants who complete the process associated with the group and one-on-one. Being reenergized to return to their research work rather than being unable to continue with their research as a result of their burnout is the evidence. A 2019 systematic review and meta-analysis found no conclusive overlap between burnout and depression and burnout and anxiety [143]. However, a 2021 study published in 2023 showed strong associations between burnout and depression and burnout and anxiety, but their exact interrelationships remain unclear [61].

The author outlines the creation of opportunities for self-directed learning in the public setting in various works published since 2020. What is required to make the online offerings succeed is a mentor/facilitator who takes on the role of an authentic leader whom participants trust [144] and who stresses the core value of self-directed learning

in a community based on accepting others as equal participants [145]. If the participants lack such a mentor/facilitator, they may achieve positive psychological outcomes as self-expressive or self-absorbed learners; however, they will miss the positive sociological outcomes from a well-functioning group decision-making method based on consensus decision-making. It is also possible that they may experience psychological outcomes that are negative if, for whatever reason, they do not engage in self-directed learning.

Strengths and Limitations

This study has as a strength examining previous work by the author on a topic—psychosocial implications of self-directed learning in consensus-based communities promoting team mindfulness regarding burnout reduction. The results of this reassessment of these publications are not in the previous work. The reason is that none of the original studies focused on psychosocial outcomes in relation to burnout. This current study is valuable because producing positive psychosocial outcomes is necessary for burnout mitigation in secondary [146] and post-secondary healthcare-related learners [147].

There is a growing body of information on socio-emotional learning. However, in contrast to learners, the target of most is the well-being and psychological health of the educators [148]. Other research in this area investigates practicing healthcare professionals [149,150] or is limited to professional education [151,152] or post-secondary students [153,154]. Additionally, the social aspects of psychosocial are neglected [151,152]. This work is unique in its concentration on the psychosocial implications of burnout experienced by those who participate in self-directed learning opportunities in various public education settings at more than one learning level—representing another strength of this assessment.

This work did not consider the range of research on intrapersonal and interpersonal competencies in self-directed learning. The reason is that such research is not examining the psychosocial outcomes of self-directed learning programs. Instead, the research regards learners self-directing in following standardized programs, equating self-directed learning to what is expected of all students at the level of postsecondary learning [155]. As such, self-directed learning in these assessments is more closely aligned to self-regulation to accomplish goals rather than learner choice in what to learn. This result is because the focus is learner agency [156]. Moreover, the goal of these studies is learner autonomy [157]. The aim is not to support the learner to learn based on personal values to mitigate burnout as in the programs examined in this study. In this regard, self-directed learning is one of the five 21st-century skills that all educators should instill in students [158]. In this way, the 1975 Knowles definition of self-directed learning [32] represents a focus on adults who are responsible for the everyday learning necessary in directing their lives [31] rather than learners who are seeking to find their place in the world based on what they value as individuals [43,45,47–49]. Nevertheless, in not assessing this literature, this research is limited.

A study accomplished by one author—the same author who wrote the publications—is a limitation, as cognitive bias might be a factor [159]. To counteract this bias, the assessed work is publicly available for scrutiny. However, the author has archived much of the data for these previous publications as a co-founder of Alpha II or as the facilitator of both the HeNReG and the HeNReP. The archives of Alpha II are private to protect the identity of the young people who were associated with the school. Alpha II is not a research study; it is a school. As such, data collection on the young people in the school is not for a scholarly purpose leading to publication. Any data collected are for maintaining school records, representing why it is necessary to keep these records private. With the HeNReG and HeNReP, participants join with the assurance that their identities are protected. Consequently, the data used in these studies is not available for inspection. What

is possible is to contact Alpha II to confirm the points regarding the school or contacting the author to join a HeNReP to determine the process is as specified in this account. The contact information for the school is available on the website home page [160]. To organize a HeNReP, please send the author an email. The address is available on the first page of this publication.

Another limitation is that few publications are on self-directed learning in communities representing team mindfulness for reducing burnout in learners [85]. Those of the author represent the majority. Including the psychosocial implications of these programs, this work represents the only contribution. Consequently, lacking independent research on this topic, the results of these interventions may be conditional on the particular facilitator, the geographic area, and the supportive history of the jurisdiction regarding self-directed learning.

Although moving to self-directed learning is argued to be a necessary priority [22], adopting self-directed learning, where the focus is on what learners value, is not simple. Beyond the results of these publications, learners experiencing difficulty accepting self-directed learning as viable is the result internationally [161]. Although research has shown that self-directed learners directed by what they value are successful in life by the measures generally used to judge success, those researching in this area and publishing in peer-reviewed journals are few [84].

5. Conclusions

Based on the results of this study, the question has been answered affirmatively regarding whether an examination of the previous publications by the author can provide additional insights beyond those already published in answering how publicly funded self-directed learning opportunities affect psychosocial outcomes of learners self-identifying as burned out. Providing these additional insights involves separating psychosocial outcomes into the psychological and social components. Each one is then regarded separately in examining the publications about self-directed programs founded by the author at the secondary and post-secondary levels.

There is confirmation of the hypothesis that reexamining the publications by the author on self-directed learning opportunities provides additional information to (1) summarize the positive psychosocial effects of self-directed learning in communities where consensus decision-making promotes team mindfulness to reduce learner burnout, (2) outline the difficulties, and (3) provide suggested future research directions on this topic.

The outcome of the assessment using narrative research methodology is that the effect of these self-directed programs can be positive or negative psychologically. With team mindfulness, the result can be a positive social outcome. The finding is that when learning is self-directed, the result is a positive psychological outcome, decreasing depression and anxiety regarding learning. For learners who believe they lack the right to self-direct what they learn because such learning is not standardized, the outcome is negative psychologically. For self-directed learning to have a positive social outcome, learners require a community of self-directed learners who make group-wide decisions through consensus decision-making where each person's values are supported and mentors to these groups are recognized as authentic leaders. There are times when learners other than those who are self-directed participate in these programs—the self-expressive and the self-absorbed at Alpha II, and those who feel guilt concerning their participation in self-directed learning in the HeNReG and HeNReP. In these cases, the community does not flourish. The finding is that community flourishing requires team mindfulness. As such, self-directed learners who are members of learning communities demonstrating team mindfulness are those with positive social outcomes. Members of groups lacking team mindfulness do not show

positive social outcomes regarding the group, although the participants may demonstrate positive psychological outcomes. They lack positive social outcomes because they do not accept group members as integral to their learning, either for individual reasons or because the group does not have an authentic leader. To have positive psychosocial outcomes, participants are self-directed learners within groups demonstrating team mindfulness. Self-directed learners, as part of such groups, can make strides in decreasing their depression and anxiety associated with meeting standardized expectations in learning and regarding burnout.

Suggested future research directions include continuing to monitor the outcome of these public education offerings for self-directed learners and studying using other consensus decision-making methods in these groups to determine their effectiveness in promoting team mindfulness. Additional research on the role of the mentors at Alpha II and the facilitators of the online groups as authentic leaders is a further suggestion. Such research would investigate if they have the best chance of improving psychosocial outcomes in these groups. Lastly, there is a paucity of research concerning the psychosocial effects of self-directed learning in learning communities supporting the type of consensus decision-making that promotes team mindfulness. In this regard, there is a need for research directed to all levels of learning along with international comparisons.

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