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Meditation at the bedside: An integrative literature review

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Meditation at the bedside: An integrative literature review

**Background:**
While some stress is necessary for growth, too much is dangerous. As Hans Selye (1955) notes, if distress is allowed to continue, eventually a person will face exhaustion and can perform no longer. Similarly, chronic high stress causes lasting damage on a person’s body and mind (Segerstrom and Miller, 2004; Felitti et al., 1998). Therefore, it is clear that modulating the stress response is essential for survival. Of the varied means of eliciting this response, meditation stands out as one of the most efficient and effective; however, the complicated side of meditation is that many differing methods exist, all seemingly effective but not always feasible. Since the relaxation response is key to modulating stress levels, it is essential to understand which forms of meditation are both effective and accessible to a hospitalized individual. The goal of this integrative literature review is to examine forms of meditation which are shown to be effective and can they be met in a hospital setting.

**Research Questions:**
1. How effective is a given meditation method in creating improved health outcomes?
2. What prerequisites are necessary for a given method and can they be met in a hospital setting?

**Methods:**
Using a total of 3 databases to acquire relevant sources: PubMed, CINAHL, and PsycINFO. A computerized literature search was conducted using the following key terms: meditation, hospitalization and nursing. Initially, searches for “meditation” found a total of 6,924 articles across the three databases. With inclusion and exclusion criteria, 20 articles were found, of which 9 were determined to be relevant to this study.

**Inclusion criteria:** Limited to peer-reviewed literature published within the past 20 years. All were available in English and in full-text form. All focused on meditation used to positive therapeutic effect in the hospital.

**Exclusion criteria:** articles that focused on meditation’s effects outside of the inpatient environment

**Results & Discussion:**
Three major factors described by the “Theory of unpleasant symptoms” are influenced by meditation and meditative practices. These factors are physical, psychological, and situational factors. Physical factors refer to observable physiologic changes, including changes in heart rate, blood pressure, pain tolerance, levels of bloodborne chemicals, etcetera. Psychological factors refer to subjective or objective changes in subjects’ mood, reported quality of life, or behavior. Situational factors refer to socioeconomic status among other factors. Meditation has been reported to help with all of these factors but a panoramic understanding of its effects is not yet known; thus, there is a need for further research into meditation’s mechanism of action as well as its effects in toto.

Nine evidence-based studies were found that address one or more of the identified factors influenced by meditation. Physical factors and psychological factors were addressed most commonly, with situational factors addressed nearly as much. It may be that meditation’s effects are more precise than data indicates, and the factors affected are a result of a more indirect process than is suggested by data. Hence, more controlled research is needed in order to identify a discrete cause and effect relationship with regards to meditation.

**Nursing Practice Implications:**
Meditation is a practice that can be performed as quickly as may be necessary. A given nurse can relax and refocus themselves with meditation in the time it takes to close the eyes and breathe. Similarly, a given patient can meditate for just a breath or for as many hours as they choose. Meditation holds great potential as an alternative or adjunct therapy; besides this fact, it is a pleasant and healing pastime.