

The Salutogenic Effects of Prayer and Meditation on Health Perception, Behavior and Outcomes

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Outline

- Introduction
- Background
- Purpose
- Neurophysiology of Prayer and Meditation
- Conceptual Framework
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- Results and Discussion
- Nursing Implications
- Conclusion

Disclosure

Presenter	Maryclaret Ndubuisi-Obi, MSN, RN	Lilian Allen, Ph. D., RN
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Session Goals

- To share the salutogenic effects of prayer and meditation on Health Perceptions, Behaviors and Outcomes

Session Objective

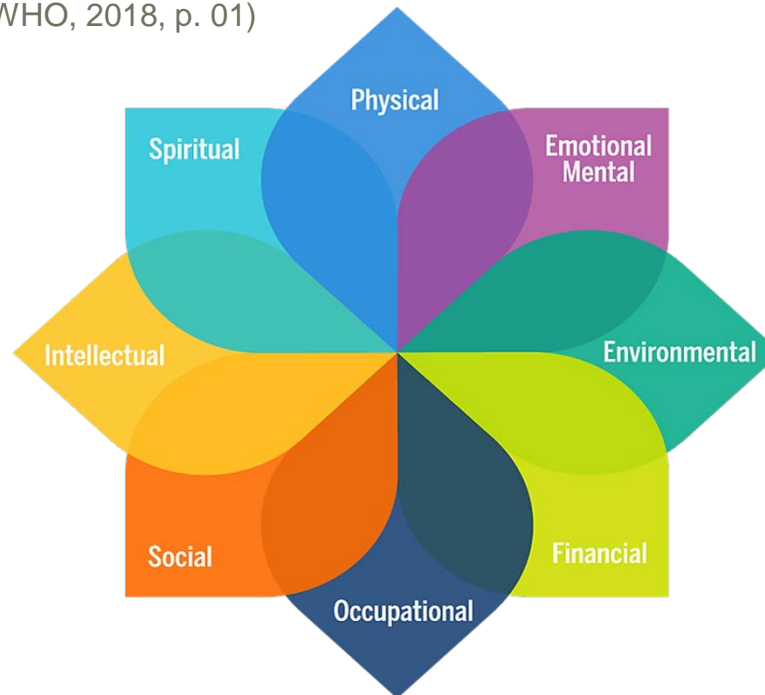
- Understand, acknowledge and utilize the findings of this integrative literature in health promotion and patient advocacy
- Recognize spiritual healthcare as an integral role within nursing care practices
- Understand the barriers to spiritual care in nursing practice
- Gain insight into the impact of spiritual health as a complimentary and alternative therapeutic modality in nursing care and within global healthcare systems

Introduction

What is Health?

World Health Organization:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2018, p. 01)



Definitions

- **Spirituality**

- Oxford English Dictionary:

- “The quality of being concerned with the human spirit (the non-physical part of a person which is the seat of emotions and character) or soul as opposed to material or physical things”

“Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. It is expressed through beliefs, values, traditions and practices” (Hughes et al., 2017).

Definitions

- **Religion**

- Oxford English Dictionary:

“One of the systems of faith that are based on the belief in the existence of a particular god or gods, or in the teachings of a spiritual leader”

“**Religion** is a subset of spirituality, encompassing a system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the sacred, divine, God (in Western Cultures), or ultimate truth, reality, or nirvana (in Eastern Cultures)” (Hughes et al., 2017).

Definitions

■ Prayer

- Oxford English Dictionary:

“A solemn request for help or expression of thanks addressed to God or an object of worship”

Although some who pray do believe in God or a Higher Power, “such a belief is not a necessary prerequisite for prayer” (Ameling, 2000).

■ Meditation

- Oxford English Dictionary:

“focusing one's mind for a period of time, in silence or with the aid of chanting, for religious or spiritual purposes or as a method of relaxation”

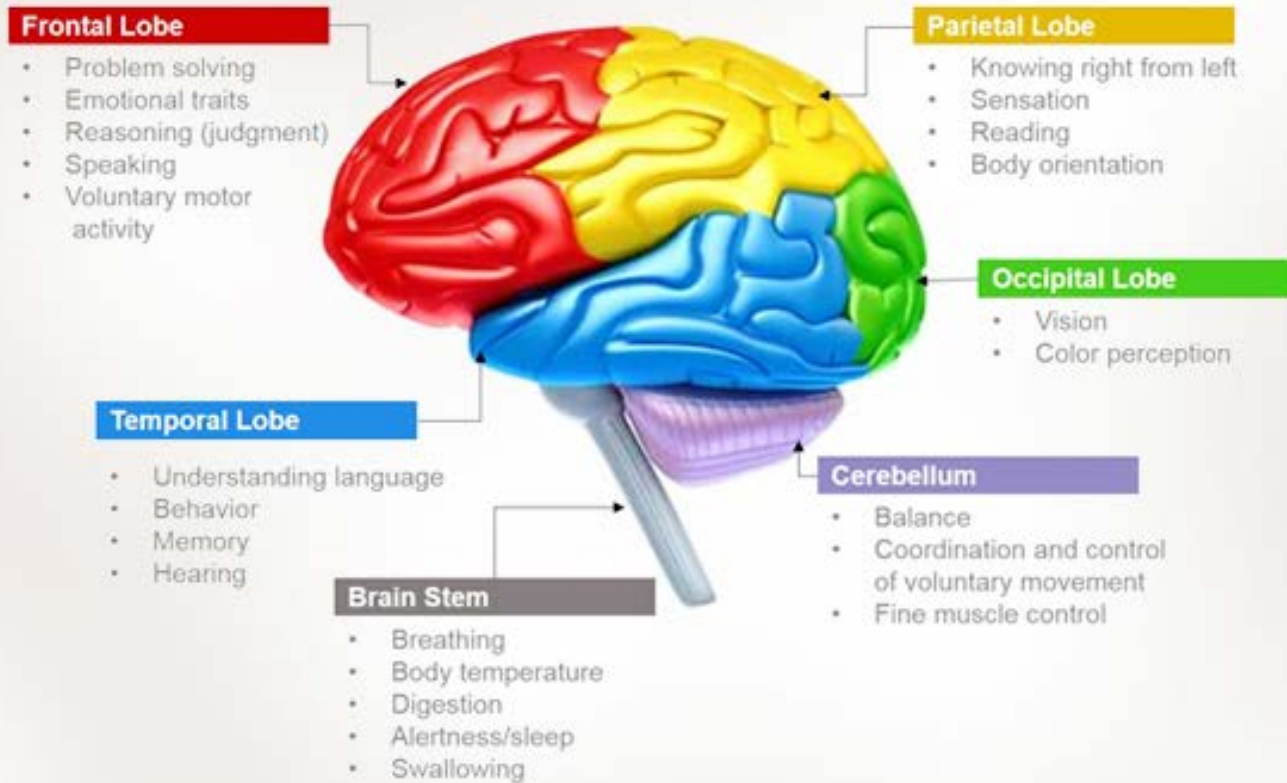
Meditation allows a person to turn his or her attention “away from the usual stream of chattering thoughts to that still, calm interior place where one may encounter the sacred” (Ameling, 2000).

Background/Significance

- Skepticism of Spiritual Health
- Influence of Spirituality in Modern Nursing
- Convergence of Nursing, Spirituality and Neuroscience



Anatomy of the Brain

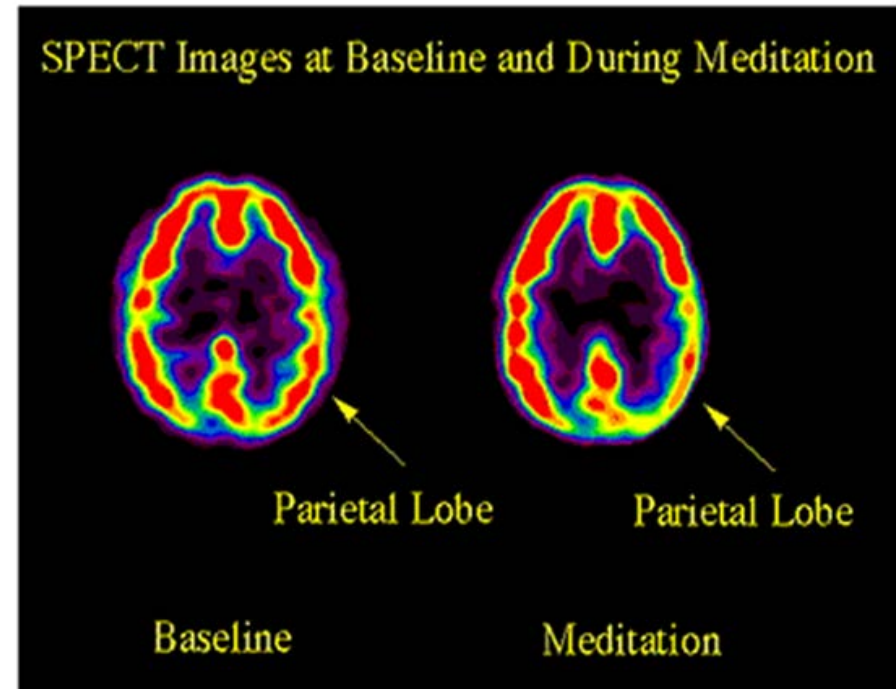
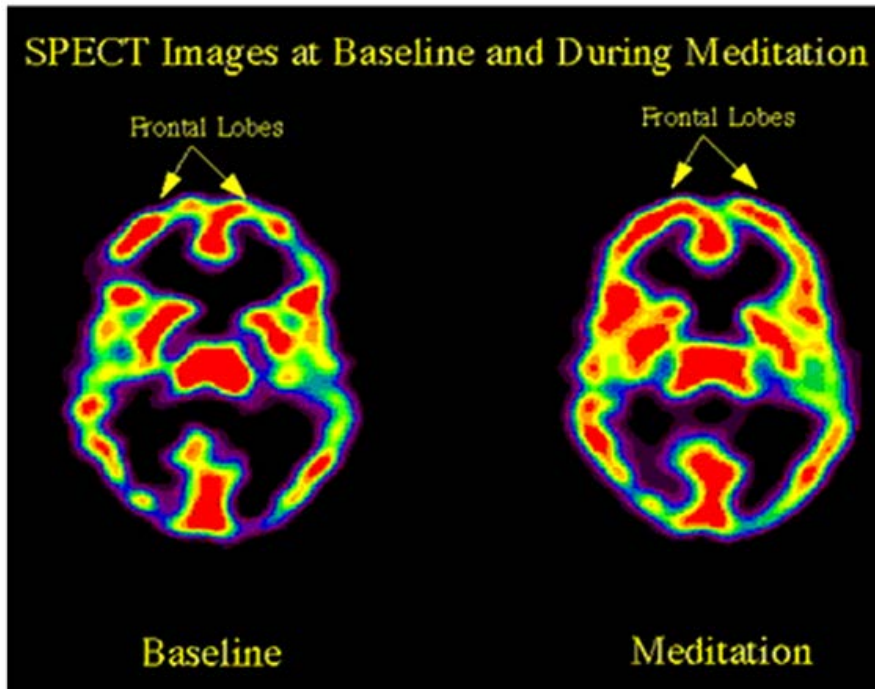


Purpose

- To determine the salutogenic effects/benefits of prayer and meditation to improved health; whether or not such benefit correlates to improved health perception, health behavior and health outcomes.

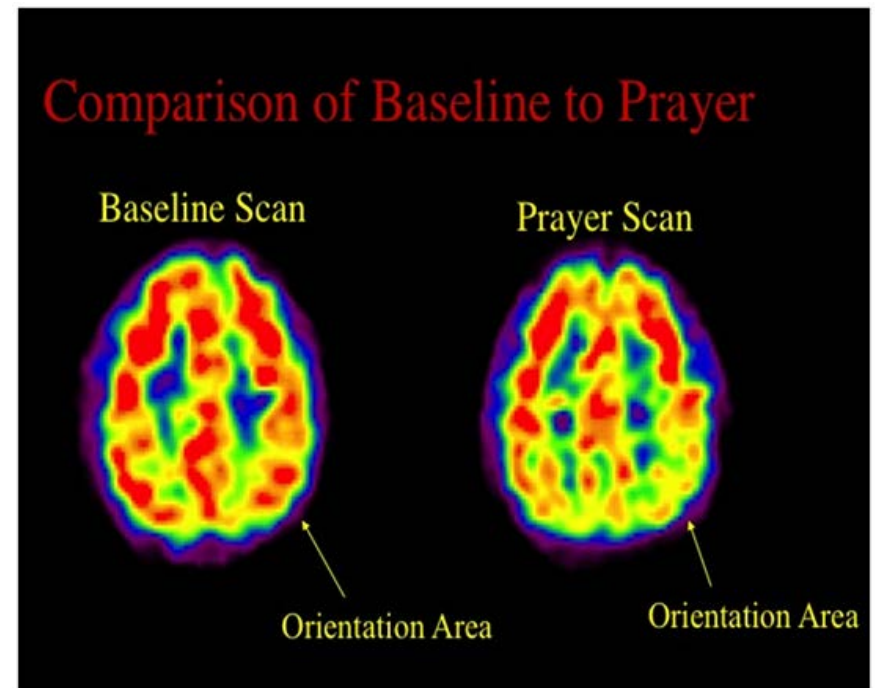
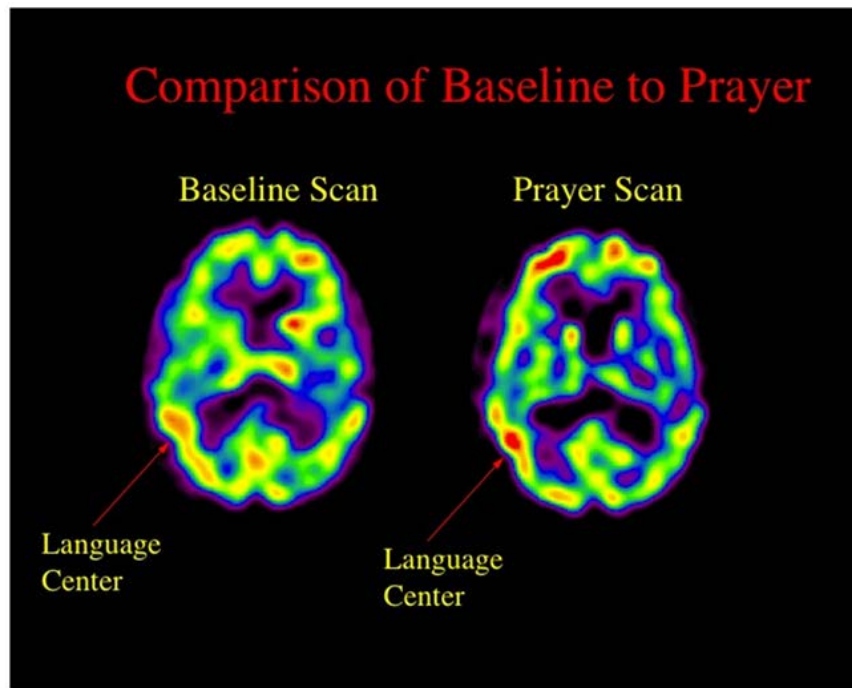
Neurophysiology of the Brain

- Frontal Lobe (Language Center)
- Parietal Lobe



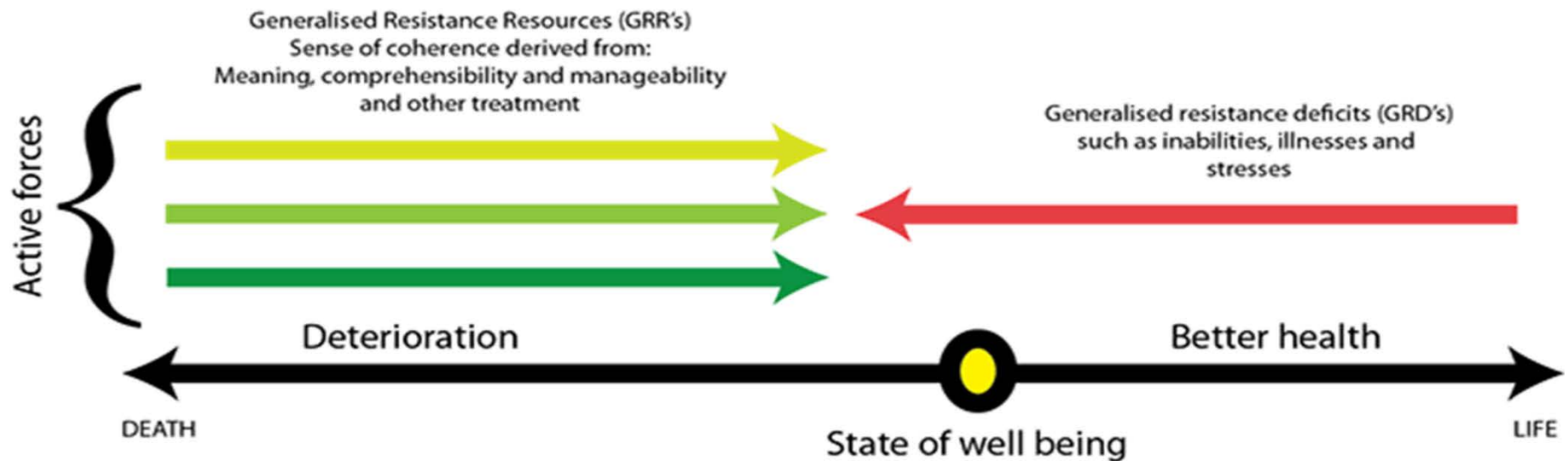
Neurophysiology of the Brain

- Temporal Lobe (Language Center)
- Superior Parietal Lobe (Orientation Center)



Conceptual Framework

The Salutogenic Theory



The salutogenic effect

Methods

Integrative Literature Review (ILR)

Figure 3: Diagram of Review Process

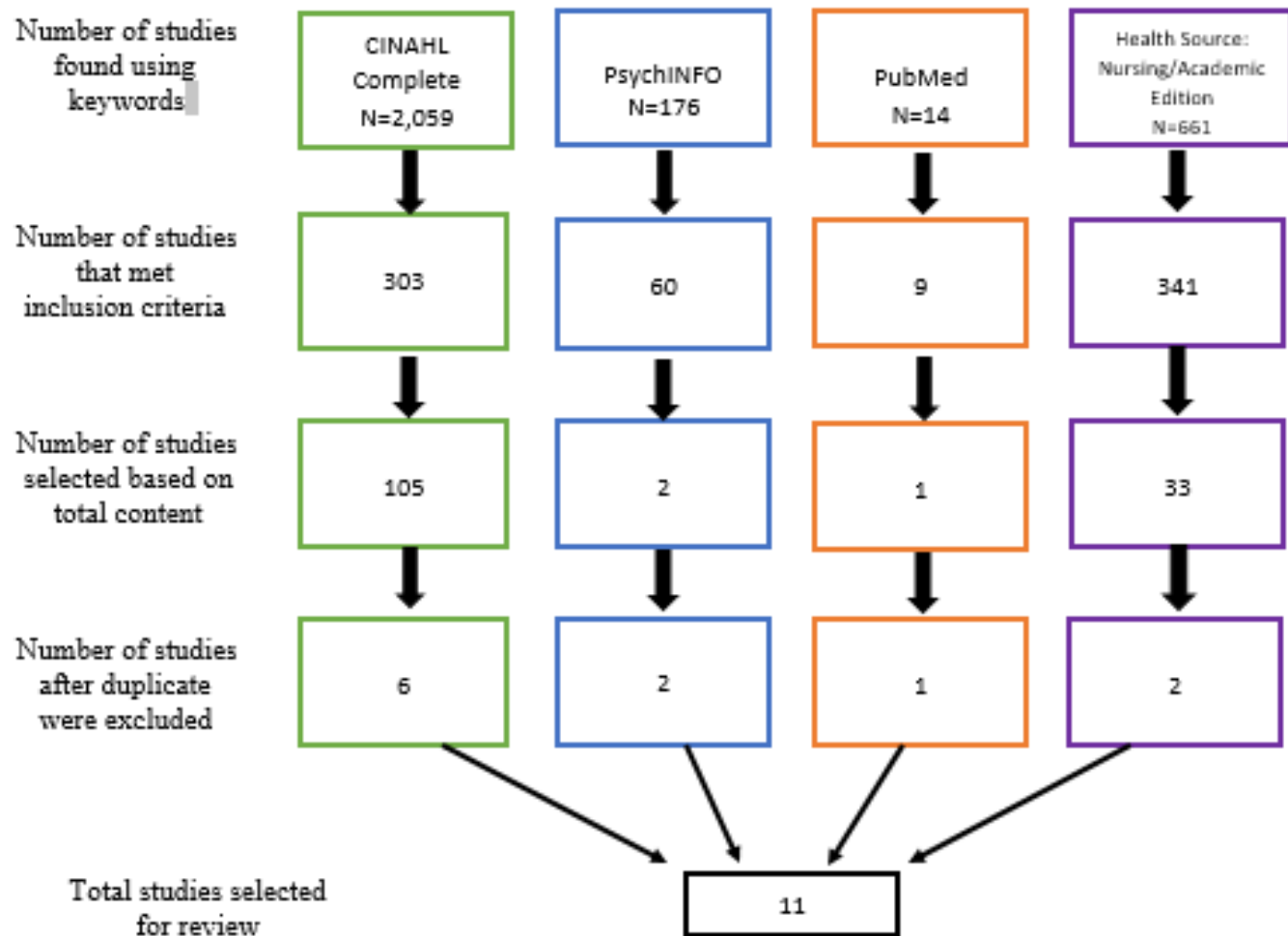


Diagram of Review Process and Study Selection. Adapted from the Diagram provided by Shimpuku and Norr (2012) and edited to demonstrate the databases used and the articles selected during the integrative literature review. This method enables the reader to reproduce the search results and understand the methodology used to gather information based upon the chosen research topic.

Results

Health Perception	Health Behavior	Health Outcomes
Placebo Response (Andrade et al., 2009)	Decrease problematic/disordered eating (Merkes, 2010)	Decrease Pain Decrease Anxiety Decrease Stress (Simao et al., 2016)
Increase sense of coherence (Lindstrom, 2010)	Decrease cigarette use/alcohol use (Ruscio et al., 2015)	Decrease BP Decrease HR Decrease HA1C (Merkes, 2010)
Increase (+) outlook (Gonclaves et al., 2015)	Decrease opioid use/abuse (Chen, 2016)	Improve immune functioning (Merkes, 2010)
Enhance mood Enhance self esteem (Ferguson, Willemsen, & Castaneto, 2010).	Increase (+) coping mechanisms (Merkes, 2010)	Alter melatonin Alter serotonin (Newberg, 2017)
		Increase recovery (Simao et al., 2016)
		Decrease hospital stay (Simao et al., 2016)

Discussion

■ Barriers

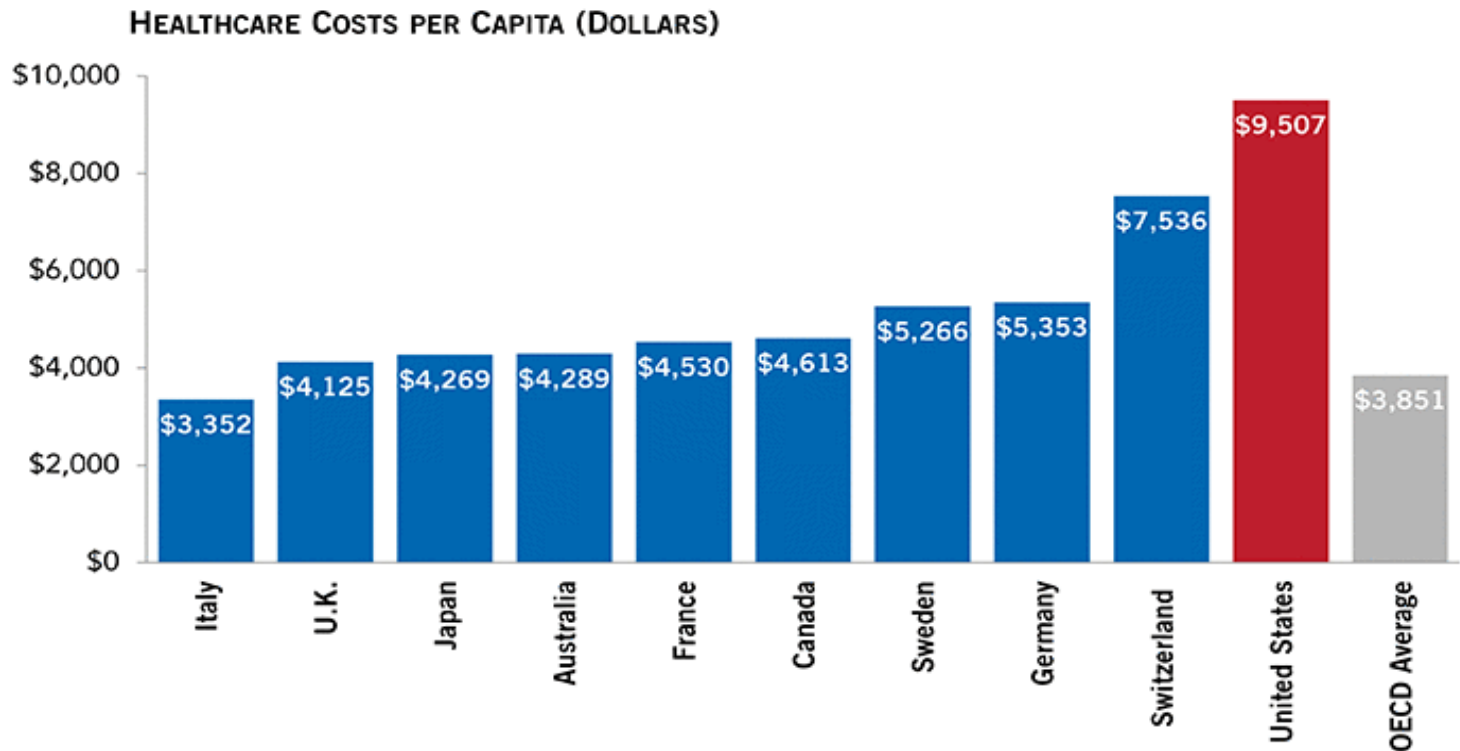
- A perception of insufficient time
- Preoccupation with other Nursing Roles
- Misunderstanding of Spiritual Care
- Fear of patient response
- Lack of appropriate skill sets
- Lack of training in Nursing Education
- Fear of crossing professional boundary
- Lack of organizational Support/Emphasis

Discussion

- Points of Efficacy
 - Healthcare Cost



United States per capita healthcare spending is more than twice the average of other developed countries



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Discussion

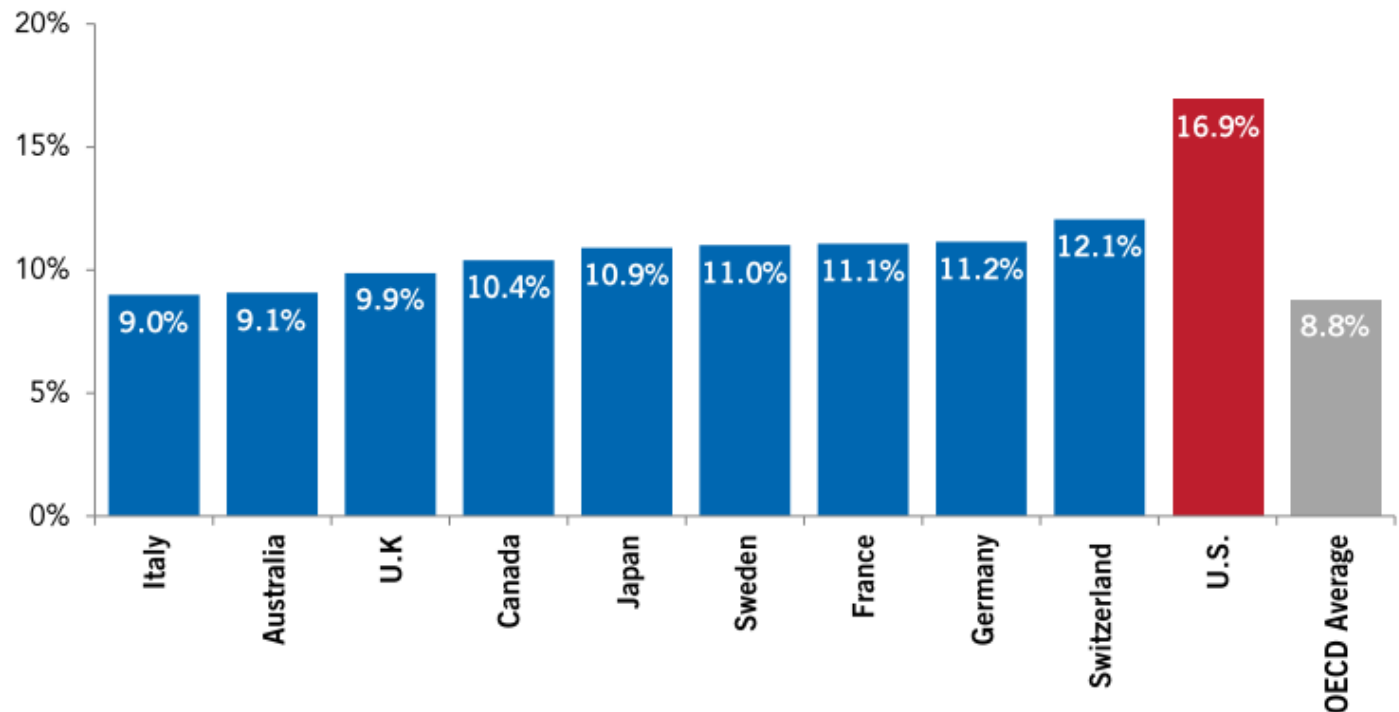
■ Points of Efficacy

- Healthcare Costs



Healthcare expenditures in the U.S. are much higher than those of other developed countries

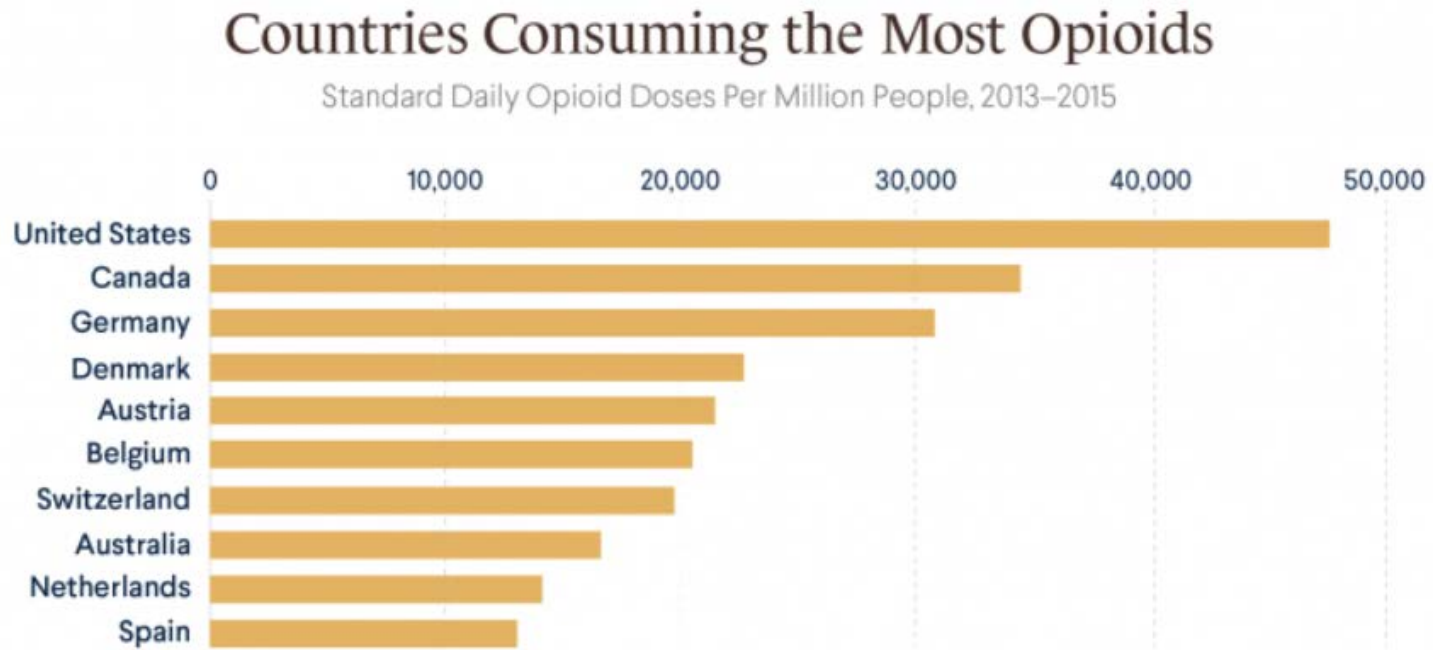
NATIONAL HEALTH SPENDING (% OF GDP)



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Discussion

- Points of Efficacy
 - Opioid Epidemic



Source: UN International Narcotics Control Board

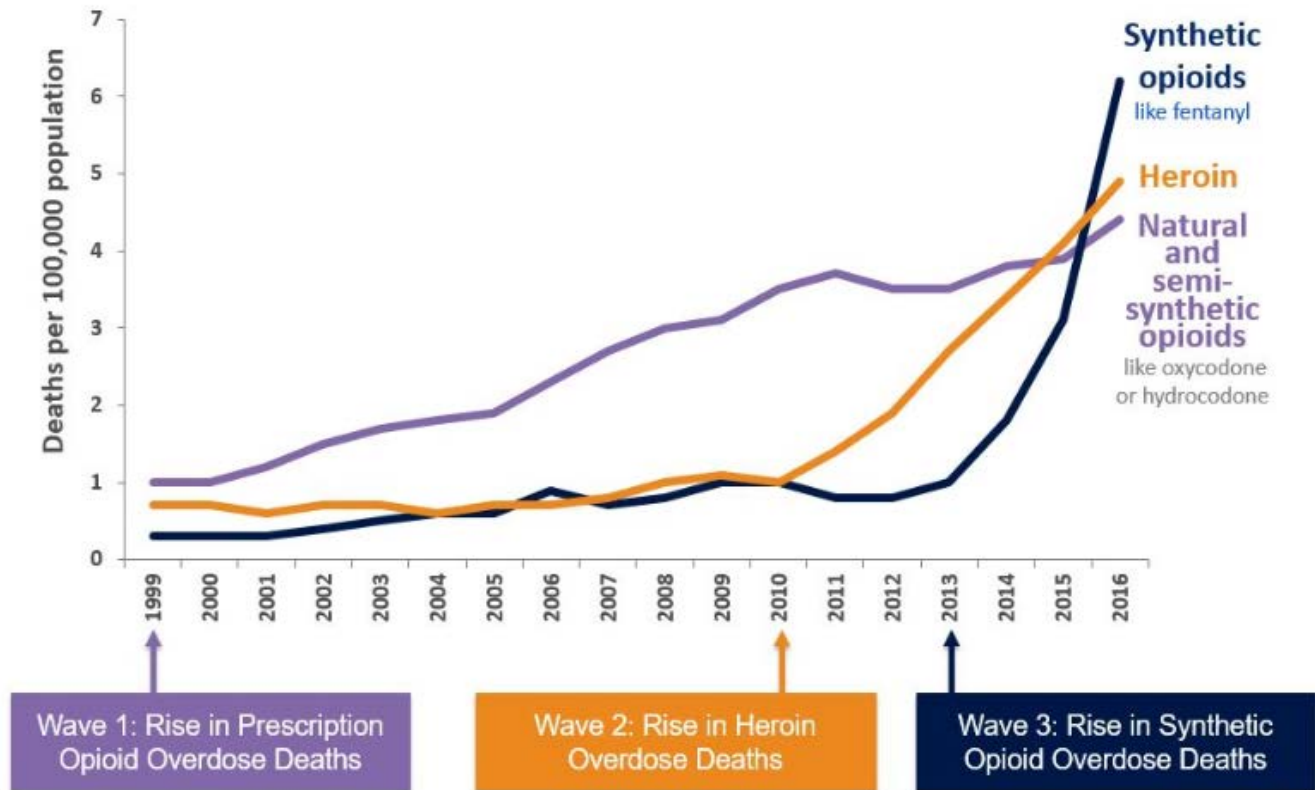


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Discussion

- Points of Efficacy
 - Opioid Epidemic

3 Waves of the Rise in Opioid Overdose Deaths

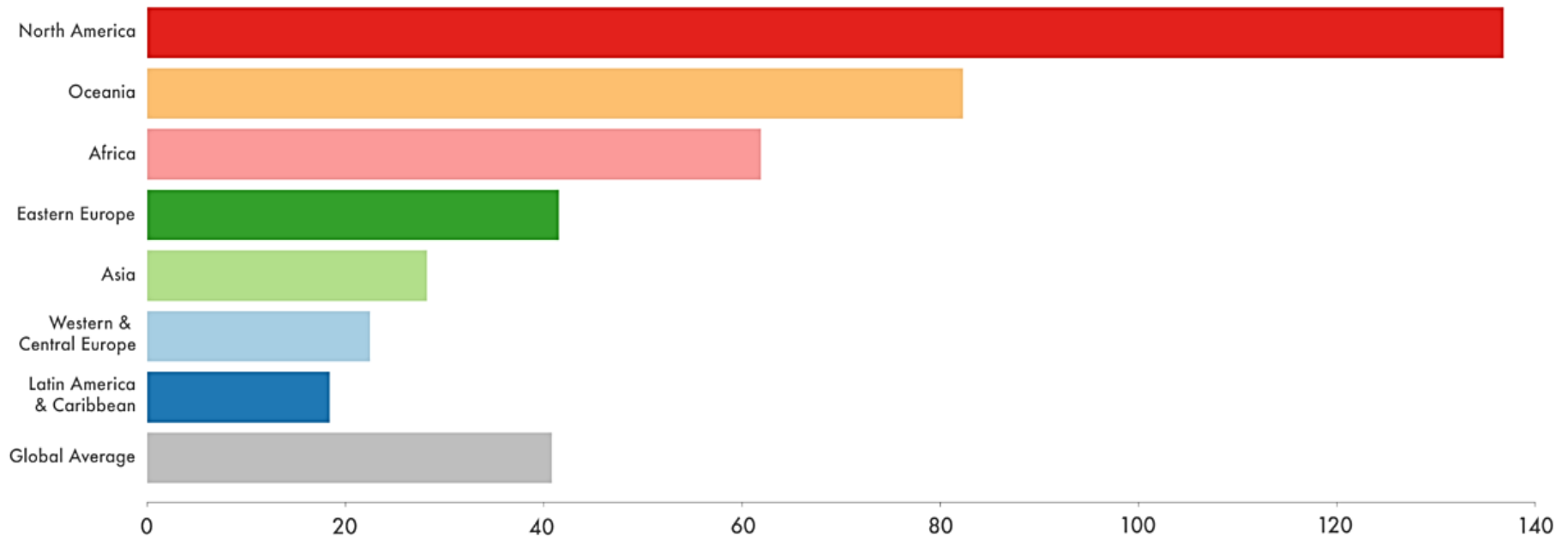


SOURCE: National Vital Statistics System Mortality File.

Discussion

■ Points of Efficacy Opioid Epidemic

Drug-related mortality rate per million aged 15-64

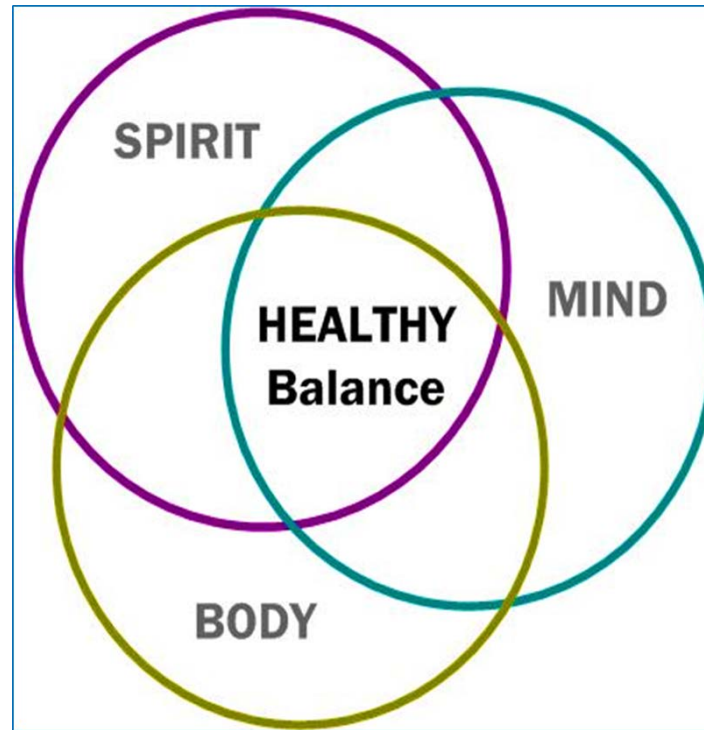


Discussion

■ Nursing Implications

- Spiritual Care Screening & Assessment Tools
- Spiritual Care Policies and Guidelines
- Incorporation into Nursing Academic Curricula
- Incorporation into Nursing Employment Training
- Accessing Pastoral Services
- Spiritual Self Awareness
- Acceptance in Modern Nursing
- Advocates in Patient Care

Conclusion



It is time to bring spiritual health back to the forefront of nursing care



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Questions??

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