

“A STUDY TO ASSESS THE KNOWLEDGE OF MEDITATION AND IT’S EFFECTS ON MENTAL HEALTH AMONG 3RD YEAR BSc NURSING STUDENTS AT SELECTED NURSING COLLEGES, BHOPAL.”

Mr. Khurshid Ahmad Khan

Lecturer
Integral University
Lucknow

Abstract- Meditation has long history across many cultures. There are many types of meditation, all involving techniques for the focusing attention. It is an efficient and effective means of reducing stress and managing pain. Traditional medicine is slowly learning and accepting the benefits of meditation as a complementary protocol in treating many mild, chronic and acute conditions. Humanity is increasingly turning towards various meditative techniques in order to cope with the increasing stress of modern-day lifestyles. More than anything else meditation is being used as a personal growth device these days—for inculcating a more positive attitude towards life at large.

AIM: The aim of the study was to assess the knowledge regarding the meditation and its effects on mental health among 3rd year B.Sc Nursing students at selected Nursing Colleges Bangalore, with a view to develop an information booklet.

METHOD: Sixty Nursing Students were selected from Nursing Colleges as a sample using simple random sampling method. Knowledge questionnaire on meditation and its effects on mental health developed by the researcher was used to assess the level of knowledge. Reliability and validity of the tool had been established. Pilot study was conducted before the data collection of the study.

RESULTS: It was found that nursing students were having moderately adequate knowledge regarding meditation and its effects on mental health (98.33%). A few nursing students (1.67%) had adequate knowledge, Chi-square value showed a statistically significant association between the total knowledge score and experience of practicing meditation ($\chi^2=6.961$)

CONCLUSION: Nursing Students were having moderately adequate knowledge regarding meditation and its effects on mental health. To maintain mental and overall health, the present findings are serious phenomena and have an implication in nursing service, education and administration.

Key Words: Meditation and its effects on mental health, Nursing Colleges, Knowledge.

INTRODUCTION

Health is a dynamic process because it is always changing. We all have times of good health, times of sickness, and maybe even times of serious illness. As our lifestyles change, so does our level of health. Wellness is the search for enhanced quality of life, personal growth, and potential through positive lifestyle behaviours and attitudes. If we take responsibility for our own health and well-being, we can improve our health on a daily basis. Certain factors influence our state of wellness, including nutrition, physical activity, stress-coping methods, good relationships, and career success¹. Each day we work toward maximizing our level of health and wellness to live long, full, and healthy lives. The pursuit of health, personal growth, and improved quality of life relies on living a balanced life. To achieve balance, we need to care for our mind, body, and spirit. If any of these three areas is consistently lacking or forgotten about, we will not be at our optimal level of health. We are constantly challenged with balancing each of these three areas throughout life¹. Mental and physical health is fundamentally linked. There are multiple associations between mental health and chronic physical conditions that significantly impact people’s quality of life, demands on health care and other publicly funded services, and generate consequences to society. The World Health Organization (WHO)

defines: *health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* The WHO states that “*there is no health without mental health.*”² Health is commonly defined as an organism's ability to efficiently respond to challenges (stressors) and effectively restore and sustain a "state of balance," known as homeostasis. A comprehensive approach to maintaining good health includes increasing self-responsibility for wellness, healthy lifestyle choices, health-promoting diet and a positive mental attitude. For centuries, humans have been aspiring to achieve healthy mind and body all at the same time¹. For maintaining a healthy body, one should follow a healthy nutrition and diet. One should eat food that are healthy, high in important nutrients, and free from chemicals to provide the body with quality fuel to function properly. One should keep mind sharp and sound by mental stimulation and exercise. The mind and body are intimately connected, and the relationship of the mind to the body in meditation is very interesting. The mind creates a situation in which we see the body as peaceful and beautiful. By creating peaceful feelings in the body, the mind is absorbed in those feelings. Although the body is the object to be healed, it also becomes the means of healing the mind which is the ultimate goal of meditation². Meditation is a mind-body practice in complementary and alternative medicine (CAM). There are many types of meditation, most of which originated in ancient religious and spiritual traditions. Generally, a person who is meditating uses certain techniques, such as a specific posture, focused attention, and an open attitude toward distractions. Meditation may be practiced for many reasons, such as to increase calmness and physical relaxation, to improve psychological balance, to cope with illness, or to enhance overall wellness².

In meditation, a person learns to focus attention. Some forms of meditation instruct the practitioner to become mindful of thoughts, feelings, and sensations and to observe them in a nonjudgmental way. This practice is believed to result in a state of greater calmness and physical relaxation, and psychological balance. Practicing meditation can change how a person relates to the flow of emotions and thoughts in the mind.²Practicing meditation has been shown to induce some changes in the body. By learning more about what goes on in the body during meditation, researchers hope to be able to identify diseases or conditions for which meditation might be useful. Some types of meditation might work by affecting the autonomic (involuntary) nervous system. This system regulates many organs and muscles, controlling functions such as the heartbeat, sweating, breathing, and digestion.²Meditation which has been practiced for thousands of years is an effective means of treating stress and managing pain. Meditation therapy is an activity that calms the mind and keeps it focused on the present. In the meditative state, the mind is not cluttered with thoughts or memories of the past nor is it concerned with future events. Meditation relies on the body's ability to switch to an alpha (resting) or theta (relaxing) brain wave state, during which the brain's rhythm slows appreciably and endorphins, the body's natural pain killers are released. During meditation, metabolism is lowered, resulting in a slower heart rate, decreased blood pressure and slower breathing.³There are hundreds of meditation techniques most of which fall into one of 3 categories: They are concentrative, mindfulness and transcendental meditation. In concentrative meditation, one simple common technique involves sitting or lying comfortably in a quiet environment, closing the eyes and focusing attention on the breath while inhaling through the nose for a count of three, and then exhaling through the mouth for a count of five. This focus on the breathing rhythm—slow, deep, regular breaths—allows the mind to become tranquil and aware.⁴ In mindfulness meditation, the mind becomes aware of, but does not react to the wide variety of sensations, feelings and images tied in with a current activity. The technique involves sitting quietly and allowing the images of the surroundings to pass through one's mind without reacting to or becoming involved with them, one can attain a calm state of mind.⁴Meditation that cultivates mindfulness is particularly effective at reducing stress, anxiety, depression, and other negative emotions. Mindfulness is the quality of being fully engaged in the present moment, without analyzing or otherwise “over-thinking” the experience. Rather than worrying about the future or dwelling on the past, mindfulness meditation switches the focus to what's happening right now.⁴ Meditation is an altered state of consciousness. It is a controlled modification of the brainwaves of a person. One can experience “meditation “when one is able force the brainwaves in the Alpha or Theta range. The experience of meditation is far more than the shift of the brainwaves which is merely a physical aspect. Meditation is the state of mind when you are neither connected with the physical body that you possess nor your sense. It is a state when you explore your true self, your source and why you are from within. Meditation transforms the attitude of a person, his perception and his overall health. This transformation is not immediate but is seen gradually in a person who practices meditation daily and judiciously.⁴ The transcendental meditation (TM) technique is a simple, natural, effortless procedure practiced for 15-20 minutes in the morning and afternoon while sitting comfortably with the eyes closed. During this technique the individual's awareness settles down and he/she experiences the simplest form of human awareness—transcendental consciousness—where consciousness is open to itself. Transcendental consciousness is a fourth major state of consciousness, a state of restful alertness, distinct from the commonly experienced states of waking, dreaming, and deep sleep. TM brings about a state of deep relaxation in which the body is totally at rest, but the mind is highly alert.⁴ In the past four decades, the transcendental meditation programme has been learned by over four million people of all cultures, religions and education backgrounds worldwide. It has been implemented in universities and schools in many countries, including Maharishi University of Management in the USA. Meditation is used in various high stress professions to ease worker tension and anxiety. It is a good way to relax, reduce or eliminate irrational fears and to enter into an altered state of consciousness.⁴ Many years ago, for linking meditation and mental health problems together, one would have to tread very carefully, as to the safety and effects meditating may have on a person with mental health problem. Research however, has scientifically proven that meditation, through contemplation and deliberation, is one of the safest practices in alternative and complementary medicine. Its numerous values have become well known and practiced for thousands of years; therefore more and more doctors are nowadays promoting the benefits of meditation as means to cure many stress related activities.⁵ Though there are several methods of meditations used for treating mental health problems, some of them differ greatly. Few of them require a person to close their eyes and be still, giving thought to the sensations felt associated with breathing, whereas others involve concentrating on a specific object, such as the flame of a candle or possibly slowly reciting scripture passages. Not considering the various techniques practices, all hold to the unique principal of quiet thought and focused attention for reaching the desired state of meditation. Postures of yoga are also habitually combined with several techniques of the meditation and it brings huge benefits to those who practice.⁵ During your time of reflection and deliberation, you will slowly start noticing a sharp awareness of your ability to concentrate your attention, resulting in the normal flow of thought slowing to a very relaxed and calming state of contemplation. With sufficient practice, you may even experience periods in meditation where thought looks like stopping. Buddhist calls this state as “Samadhi” which means an altered state of consciousness, marked by both heightened alertness and deep relaxation.

NEED FOR THE STUDY

“Nothing great was ever achieved without enthusiasm”

Emerson

For millennia, meditation has been an exclusively spiritual practice for serious seekers. By quieting the mind and deeply relaxing the body, the meditator experiences deep states of inner peace, and ultimately, higher states of awareness. There are many subtle benefits of practicing meditation—greater intuition, compassion, awareness, focuses, among others—but they are ancillary. Ultimately, meditation is the practice of mystics seeking union with God.⁶

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.⁶

As a therapeutic model, meditation has been practiced for thousands of years. It is estimated that approximately 52% of the Australian population uses complementary medicines now a days and 65 percentage of population practice meditation as a complementary therapy. Meditation can cut stress, level of anxiety, depression, anger and fatigue. The British newspaper Daily Mail reported that five short sessions of meditation could be enough to help us achieve peace of mind. The British newspaper Daily Telegraph reported that after meditation training of 20 minutes once a day for only five days, people had measurably less anxiety and lower level of stress hormone level⁶.

Many research studies have shown that when people receive appropriate mental health care, their use of medical services declines. For example, one study of people with anxiety disorders showed that after psychological treatment, the number of medical visits decreased by 90%, laboratory costs decreased by 50%, and overall treatment costs dropped by 35%⁷.

Studies have also shown that rumination and worry contribute to mental illnesses such as depression and anxiety, and mindfulness-based interventions are effective in the reduction of worry. Mindfulness meditation also appears to bring about favorable structural changes in the brain.

One recent study found a significant cortical thickness increase in individuals who underwent a brief -8 weeks- MBSR training program and that this increase was coupled with a significant reduction of several psychological indices related to worry, state anxiety, depression. Some studies suggest that mindfulness meditation contributes to a more coherent and healthy sense of self and identity, when considering aspects such as sense of responsibility, authenticity, compassion, self-acceptance and character⁷.

Research on meditation has shown significant improvements in mental health, memory, concentration, and productivity. Brain scans show that meditation shifts activity in the prefrontal cortex (behind the forehead) from the right hemisphere to the left. People who have a negative disposition tend to be right-prefrontal oriented; left- prefrontals have more enthusiasms, more interests, relax more, and tend to be happier. Researchers tested novice meditators on a button-pressing task requiring speed and concentration. Performance was greater at 40 minutes of meditation than after a 40- minute nap. Meditation helps chronically depressed patients, reducing their relapse rate by half. Meditators notice more, but react more calmly than non-meditators to emotionally arousing stimuli. Those with smoking, alcohol, and eating addictions who have been trained in meditation break their addictions with significantly lower relapse rates than those receiving standard therapies⁸.

In the past three decades, systems of self-training adapted from Eastern culture, have been practiced on an increasingly large scale in the western world. The process of meditation training can be seen from different perspectives. Alternative therapies like meditation have become increasingly popular in recent years. Studies were done among the patients visiting OPDs for 6 months; over all patients visiting OPD had used one or more complementary therapies like meditation in the past 1 year. Most patients who used alternative therapies used them on their own because of the widespread use of alternative system of medicine⁸.

A Study on the effectiveness of a meditation based stress management programme for anxiety disorder patients were conducted in the USA. 46 patients were randomly assigned to either meditation programme or education programme. Duration of programme was 8 weeks with 60 minutes sessions provided weekly. There was significant decrease in all Anxiety Scale scores for the meditation programme group compared with patients on the education programme⁹.

Studies of transcendental meditation demonstrate that it stabilizes autonomic functioning and lowers physiological arousal. It was reported to produce ongoing psychological changes such as positive restructuring of self-concepts, attainment of feelings of inner peace, and stabilizing of mood. Studies have shown that short term meditation is no more effective, so it needs to be practiced on a long term basis¹⁰.

Researchers have shown that meditation lowers levels of stress hormones. In particular, while meditating, one's cortisol level drops and stays low for hours afterward. Cortisol is one of the most important stress hormones. It is present in one's blood in small amounts all the time, but when one experience stress, their body produces much more of it. High quantities of cortisol produce unhealthy and unpleasant effects⁸.

When one meditates, it allows mental activity to slow down in a natural way while alertness is maintained and indeed enhanced. After meditating, one will feel mentally refreshed. One will feel calmer, more relaxed and have a greater sense of well- being. Benefits increase with regular practice. Meditation leads to a feeling of being at ease with the world. One may find that they have greater self-esteem, self-confidence and inner peace. They are able to concentrate more easily and their ability to learn and remember improves⁸.

Meditation helps to feel less anxious about issues that previously caused stress, and many benefits arise out of a calm state of mind. One becomes a better listener and exhibit greater empathy, which in turn leads to closer and more fulfilling relationships. Calmness brings with it the capacity for more accurate judgment and enhances problem- solving skills. Being calm results in having greater patience and tolerance and gives the composure to act in considered and constructive ways. A large body of research has demonstrated that meditation produces comprehensive improvements in mental health, enhancing positive features and reducing various forms of psychological distress⁹.

A systematic review of 144 studies found that meditation was markedly more effective in reducing anxiety than other techniques (Journal of Clinical Psychology) Meditation has also consistently been found to reduce depression, hostility, and emotional instability, indicating the growth of a more stable, balanced, and resilient personality⁹.

In another statistical review of 42 independent research results, meditation was found to be effective in increasing self-actualization- an overall measure of positive mental health and personal development. Further analysis revealed that the technique is exceptionally effective in developing three independent components of this dimension: emotional maturity, a resilient sense of self, and a positive, integrated perspective on ourselves and the world (Journal of Social Behaviour and Personality)¹⁰.

University of Wisconsin-Madison professor Richard Davidson was the lead author of a study showing that rigorous meditation leads to a significant shift in how the brain allocates attention. The ability to release thoughts that pop into your mind frees your brain to pay attention to more rapidly changing events in your environment. For example, expert meditators are better than non-meditators at detecting emotional facial expressions¹⁰.

Approximately 508 research studies have been conducted on transcendental meditation therapy. Studies showed that meditation, especially TM is effective in controlling anxiety, enhancing the immune system, and reducing conditions such as high blood pressure. Meditation has also been used successfully to treat chronic pain and to control substance abuse. In addition it can benefit those who have heart disease and hypertension. It improves exercise tolerance in CAD patients, reduces stress related hormones, and also reduces obesity¹¹.

Meditation has a tendency to calm the mind. Calming the mind actually slows brain wave activity. In a meditation state the mind is at a state of rest, outside thoughts and interference, although they may be nearby, are not allowed to take over the cognitive process of the mind¹².

Meditation has long history across many cultures. There are many types of meditation, all involving techniques for the focusing attention. It is an efficient and effective means of reducing stress and managing pain. Traditional medicine is slowly learning and accepting the benefits of meditation as a complementary protocol in treating many mild, chronic and acute conditions¹².

The area in which meditation can be used allows the individual to employ it alone or with others in the privacy of his or her own home. People today are so overburdened with high stress jobs and other activities; they can chose meditation to enter into their lives in order to help to cope with everyday stress and its deleterious effects. The meditation helps in reducing stress and giving the mind an enhanced clarity¹³

The Bsc Nursing students will be learning mental health nursing in their 3rd year of academic session. Introducing an awareness of meditation will help them manage their day to day stresses and connect it with their psychiatric disorders which they are learning during 3rd year. The investigator will gauge the knowledge of the students on meditation and its effects on mental health and will provide suggestion to practice meditation to students. So the investigator selected assessing the knowledge of meditation and its effects on mental health as the problem statement for the research.

Problem Statement:

“A STUDY TO ASSESS THE KNOWLEDGE OF MEDITATION AND ITSEFFECTS ON MENTAL HEALTH AMONG 3RD YEAR BSc NURSING STUDENTS AT SELECTED NURSING COLLEGES, BHOPAL.”

Objectives of The Study:

1. To assess the knowledge of the 3rd year B.Sc Nursing students regarding themeditation and its effects on mental health.
2. To find out the association between the knowledge scores with selected demographic variables.
3. To develop an information booklet on meditation and its effects on mental health.

HYPOTHESIS:

H₁: There will be significant difference between pre-test and post-test knowledge score regarding Burn & its management in selected hospitals at Bhopal.

H₂: There will be significant association between pre-test knowledge score regarding Burn & its management with there selected socio demographic variable.

OPERATIONAL DEFINITIONS:

Knowledge: Refers to the correct responses of 3rd year B.Sc Nursing students regarding meditationand its effects on mental health as assessed by the Structured Knowledge Questionnaire.

3rd Year B.Sc Nursing Student : Refers to the individuals belonging to the 3rd year of B.Sc Nursing course at selected Nursing Colleges Bangalore.

Meditation : Refers to practices that calm the mind and help to focus on the present. Meditation involves sitting or lying comfortably in a quiet environment, closing the eyes and focusing attention on the breath while inhaling through the nose for a count of three, and then exhaling through the mouth for a count of five.

Mental Health : Refers to a level of cognitive or emotional well being in which the individual is able to cope with the normal stresses in life, can work productively and to live a full and creative life.

Information Booklet : Refers to a structured educational material which contains information about types, techniques, advantages and the beneficial effects of meditation.

ASSUMPTIONS

3rd year B.Sc Nursing students may have some knowledge regarding themeditation and its effects on mental health.

Students may have interest to know more about the meditation and its effects onmental health.

ETHICAL CONSIDERATION: Prior permission was obtained from the research committee of RKDF College of Nursing, Bhopal, M.P. The participants were assured of anonymity and total confidentiality of information, and that any information obtained from them was solely for the purpose of the study.

METHODOLOGY :

The purpose of this section is to communicate to the readers what the investigator did to solve the research problem or to answer the research question. This section of the research tells the readers about the major methodological decision used to assess the level of knowledge regarding the meditation and its effects on mental health among 3rd year B.Sc. nursing students in selected nursing colleges.

Research Approach

Descriptive research approach

Research design

Non experimental descriptive research design

Research setting

The study was carried out among 3rd year B.Sc nursing students of two nursing colleges namely RKDF College of Nursing Bhopal (setting A) Bhaba College of Nursing Bhopal (setting B). Setting A was having 54 students and setting B was having 6 students.

Variables

Variable is an attribute of a person or object that varies that is taken on different values.

Research variable

Level of knowledge of 3rd year B.Sc nursing students regarding meditation and its effects on mental health.

Demographic variables

Demographic variables of the study subjects:

Students age, gender, marital status, religion, type of family, knowledge of beneficial effects of meditation, exposure to meditation and experience of practicing meditation.

Population

Population comprises of 3rd year B.Sc nursing students studying in two selected Nursing Colleges, Bhopal.

Sample

Sample is a subset of a population selected for participation in a study.³³ Sample size of the study consists of 60 3rd year B.Sc nursing students' studying in selected Nursing Colleges, Bhopal.

Sampling technique

For the present study, investigator used probability sampling method of simple random sampling technique from setting A and B. 54 subjects were selected from setting A and 6 subjects were selected from setting B. Thus, the sample size became 60 for the study.

Sampling Criteria

Inclusion Criteria

3rd year B.Sc nursing students

Who are available in the Nursing College during the period of data collection?

Who are willing to participate in the study?

Exclusion Criteria

3rd year B.Sc nursing students

-Who have undergone any form of training in meditation.

Data collection tool

Structured Knowledge Questionnaire will be used to collect the data, it consists of two parts.

Part 1 - Demographic proforma.

Part 11 - Knowledge questionnaire on meditation and its effects on mental health (Developed for the present study)

REVIEW OF LITERATURE

This chapter deals with selected literature related to the objectives of the proposed study. A literature review is a compilation of scientific studies pertaining to the present study. It is frequently found as a subsection of published research study. Reviews of literature also published as freestanding explorations of a body of knowledge.

A review of related literature gives an insight into the various aspects of the study which in turn develops the link between the previously existing knowledge and the current study, and enables to study the various problems encountered during the course of the study and helps by its direction in finding ways to increase the effectiveness of data analysis and their interpretation.

The investigator made a thorough search of research studies, reports and publications brought out in obstetric, psychiatry, nursing field in India and abroad. The computer search was also done for collecting the literature related to the present study.

The studies related to knowledge regarding the meditation and its effects on mental health among 3rd year B.Sc nursing students were classified under the following headings:

Meditation and its effects on mental health.

Knowledge of Nursing Students regarding the beneficial effects of Meditation.

Information Booklet.

Meditation and its effects on mental health

A study was conducted at university of Teheran, Iran to assess the effects of Transcendental meditation on mental health. This study investigates its potential benefits in enhancing mental health of an adult Muslim population. A before-after clinical trial was conducted to evaluate the effect of a 12-week meditation course on mental health of participants who were enrolled into the study by random sampling. 28-item General Health Questionnaire (GHQ) was administered on two occasions in conjunction with a background data sheet. Mean age of participants was 32.4; they were 70% female and 55% married. The results showed that GHQ scores improved significantly after the meditation course (p value: <0.001). The difference was also significant in all subgroups of the population studied. In subclass analysis of the GHQ results, the before-after score improvement was significant in improving the mental health of young adult population especially in the areas of somatization and anxiety¹⁴. ultimately aiming to reach to a stage where the individual is unaware of breathing (as if breathing has stopped) but conscious within. They were instructed to practice the same (preferably in a quiet room) for minimum of 15 minutes morning and evening. All these above tests including their examination results after meditation were evaluated after 1 ½ years. The results showed that there was significant improvement in intelligence (in relation to general knowledge). Performance in examination showed significant improvement after meditations in terms of percentage of marks. Students scored 70.68% after meditation as compared to basal score of 64.47%. The difference was statistically significant¹⁵. A study was conducted at Gyeong-Sang National University, Korea to assess the effectiveness of a

stress coping program based on mindfulness meditation on the stress, anxiety, and depression experienced by nursing students in Korea. A nonequivalent, control group, pre-posttest design was used. A convenience sample of 41 nursing students were randomly assigned to experimental (n=21) and control groups (n=20). Stress was measured with the PWI-SF (5-point) developed by Chang. Anxiety was measured with Spielberger's state anxiety inventory. Depression was measured with the Beck depression inventory. The experimental group attended 90-min sessions for eight weeks. No intervention was administered to the control group. Nine participants were excluded from the analysis because they did not complete the study due to personal circumstances, resulting in 16 participants in each group for the final analysis. Results for the two groups showed (1) a significant difference in stress scores ($F=6.145$, $p=0.020$), (2) a significant difference in anxiety scores ($F=6.985$, $p=0.013$), and (3) no significant difference in depression scores ($t=1.986$, $p=0.056$). A stress coping program based on mindfulness meditation was an effective intervention for nursing students to decrease their stress and anxiety, and could be used to manage stress in student nurses.

Knowledge of Nursing Students regarding the beneficial effects of Meditation

A study was conducted at Kyung Hee University, Seoul (South Korea), among nursing students and faculty members regarding knowledge of, experience with, and attitudes toward meditation therapy. A cross sectional survey of (n = 153), undergraduate students (n = 41), graduate students (n = 57) and faculty (n = 55) was conducted in one school of nursing. Most participants were whites (87%) and females (78%). More than 70% of the students and faculty agreed that clinical care should integrate the use of meditation therapy. More than 85% especially undergraduates students desired more education about meditation therapy. More than 65% agreed that the clinical nurse specialist or nurse practitioner role should include the use of meditation on therapy in their practice, and more than 50% agreed that they had some knowledge of meditation therapy, but only 30% had some experience. Faculty and students expressed positive attitudes toward integrating meditation therapy into the undergraduate nursing curriculum and nursing practice²⁸.

A study was conducted to determine the nurse's attitudes towards the use of complementary and alternative therapies in critical care. A total of 348 critical care registered nurses working at least 40% in medical, surgical, cardiac, neurological, and paediatric ICUs at 2 tertiary-level hospitals in a large Midwestern city were surveyed. The level of knowledge reported by 138 nurse respondents was greatest for diet, exercise, massage, prayer, and music therapy. Use of therapies was related to knowledge and training and consistent with beliefs of legitimacy and perceptions of beneficial effects. A study was conducted to investigate the level and source of Nurse practitioner knowledge of complementary alternative health care practices. Using a cross-sectional descriptive research design, a sample of 151 nurse practitioners from Missouri and Oregon completed an adapted version of Sapp's self-administered survey that explored these issues. Evaluation of the psychometric properties of the adapted instrument demonstrated good face validity, test-retest reliability. Eighty-three percent of the nurse practitioners recommended complementary alternative treatments to their patients with the most frequent being meditation, chiropractic care, acupuncture or acupressure, nutritional therapy. However, only 24% reported that formal nurse practitioner education was a source of knowledge about these treatments. Instead, over 60% relied on their personal experiences for this knowledge, as well as lay and professional journals. The result showed that nearly 9 out of 10 nurse practitioners recommend the use of complementary alternative therapies to patients, but their source of knowledge is not derived from professional education³⁰.

Information Booklet

A study was conducted at Sheba Medical Centre^{3w54}, Israel on panic disorder patients by conducting a randomized study on effect of a self-information booklet. Eighty-four patients attending an outpatient clinic due to panic disorder were randomly chosen to receive paroxetine with/without a friendly-designed brochure. Follow-up was done after 1, 3, and 12 weeks in order to evaluate whether the co-administration of paroxetine and the brochure (Group A) had a beneficial effect over the administration of paroxetine alone (Group B). After 3 weeks of therapy, Group A patients had significantly greater improvement and low anxiety level. The results obtained showed that the administration of a psycho educational brochure to panic disorder patients at the initiation of therapy had beneficial effects during the first weeks of treatment³⁹.

A study was conducted at Peter MacCallum Cancer Centre, Australia on evaluation of an information booklet for patients with colorectal cancer. A subsequent revised booklet and a questionnaire were mailed to 24 patients and 32 professionals for evaluation. Seventeen patients (71%) and 22 professionals (69%) completed the questionnaire. All patients agreed/strongly agreed the booklet was informative and written in a way they like and 94% considered it was helpful for making decisions. Professionals found it informative (95%), easy to understand (91%), felt it would help the patients to make decision (76%), felt it would be appropriate to give to patients (91%) and would improve patient knowledge and preparedness (100%)⁴¹.

A study was conducted to develop and evaluate the effectiveness of an information booklet on cancer risk factors among 30 undergraduate students of two colleges in south Delhi, India. A post test conducted on 7th day of giving the booklet revealed that the booklet was effective in increasing the knowledge of college students⁴².

A study was conducted at nursing college, Bombay hospital, India to assess the effects of saral meditation on intelligence, performance and cardiopulmonary functions. Forty two, 2nd year students of nursing college of Bombay Hospital Trust were included with prior consent in this study during the period Jan 99 to July 2000. The following parameters were studied among the students - Reaction time, maze, arithmetic ability, mental status questionnaire along with cardiopulmonary functions. Examination results were analyzed. This was followed by 3 days of training of Saral meditation. In short, students were asked to sit in a comfortable position in a chair with eyes closed and back straight. They were told to observe breathing in and out without any effort to control it. Instructions followed from time to time in a very low voice some time whispering.

RESULTS

SECTION-I Distribution of subjects according to demographic variables

Frequency and Percentage distribution of Demographic variables are presented in table 1 to 8

Table-1 FREQUENCY DISTRIBUTION OF SUBJECT BY AGE

N = 60

Variable	Categories	Frequency	Percentage (%)
Age in Years	22 - 23	43	71.7
	24 - 25	17	28.3
	Total	60	100

Fig-1 Distribution of subjects by age

Data presented in the table 1 revealed that the majority of the study subjects belonged to the age group of 22 to 23 years (71.7%) and the age group of 24 to 25 years (28.3%).

Table-2 FREQUENCY DISTRIBUTION OF SUBJECT BY GENDER

N=60

Variable	Categories	Frequency	Percentage (%)
Gender	Male	19	31.7
	Female	41	68.3
	Total	60	100

Fig-2 Distribution of subjects by gender

Data present in table 2 revealed that majority of the subjects were male (31.7%) & female(68.3%).

Table-3 FREQUENCY DISTRIBUTION OF SUBJECT BY MARITAL STATUS

N=60

Variable	Categories	Frequency	Percentage (%)
Marital Status	Single	60	100.0
	Married	0	0
	Total	60	100

Fig-3 Distribution of subjects by Marital Status

the data regarding distribution of subjects by marital status It was found that all the subjects were single (100%).

Table- 4 FREQUENCY DISTRIBUTION OF SUBJECTS BY RELIGION

N=60

Variable	Categories	Frequency	Percentage (%)
Religion	Hindu	26	43.3
	Christian	19	31.7
	Muslim	10	16.7
	Other	05	8.3
	Total	60	100

Fig-4 Distribution of subjects by Religion Status

the data pertaining to distribution of subjects by religion. It was seen that of subjects were Christians (43.3%), Hindu (31.7%), Muslim (16.7%), & Other (8.3%).

Table- 5 FREQUENCY DISTRIBUTION OF SUBJECTS BY TYPE OF FAMILY

N=60

Variable	Categories	Frequency	Percentage (%)
TYPE OF FAMILY	Nuclear	45	75.0
	Joined	15	25.0
	Extended	0	.0
	Other	0	.0
	Total	60	100

Fig-5 Distribution of subjects by TYPE OF FAMILY Status

the data pertaining to subjects' type of family. It was identified that of the subjects' belonged to nuclear family (75.0%) Joined family (25.0%)

Table- 6 FREQUENCY DISTRIBUTION OF SUBJECTS BY THEIR KNOWLEDGE OF MEDITATION. N=60

Variable	Categories	Frequency	Percentage (%)
Knowledge of Meditation	Yes	29	48.3

No	31	51.7
Total	60	100

Fig-6 Distribution of subjects by Knowledge of Meditation Status

the data related to subjects' existing knowledge of meditation. More than half of the total subject's didn't have any knowledge of meditation (51.7%). And some subject's did have knowledge of medication (48.3%) .

Table 7 FREQUENCY DISTRIBUTION OF SUBJECTS BY THEIR EXPOSURE TO MEDITATION. N=60

Variable	Categories	Frequency	Percentage (%)
Exposure to Meditation	TV	16	26.7
	Radio	0	.0
	Newspaper	13	21.7
	Health Personal	31	51.7
	Total	60	100

Fig-7 Distribution of subjects by Exposure to Meditation Status

the data related to subject's exposure to meditation. It was found that exposure to meditation via health personal (51.7%), newspaper (21.7%), TV (26.7%).

Table 8 FREQUENCY DISTRIBUTION OF SUBJECTS BY THEIR EXPERIENCE OF PRACTICING MEDITATION N=60

Variable	Categories	Frequency	Percentage (%)
Practiced Meditation	Yes	9	15.0
	No	51	85.0
	Total	60	100

Fig-8 Distribution of subjects by Practiced Meditation Status

the data related to the subjects' experience of practicing meditation. the subjects' didn't have any experience of practicing meditation (85%). And some subjects' did have experience of practicing meditation (15%).

SECION- II:**Table 9 Assessment of knowledge regarding meditation and its effects on mental health. N=60**

Knowledge	Less than 50%		50-75%		Greater than 75%	
	F	%	F	%	F	%
Meaning	12	20.00	45	75.00	3	5.00
ABC of Meditation	18	30.00	18	30.00	24	40.00
14 Points of meditation	12	20.00	35	58.33	13	21.67
Therapeutic effect	22	36.67	0	0.00	38	63.33
Physiological, Psychological and spiritual benefits	7	11.67	37	61.67	16	26.67
Benefits of meditation on Mental Health	9	15.00	34	56.67	17	28.33
Overall Knowledge	0	0.00	59	98.33	1	1.67

Fig-9 Distribution of Knowledge score on meditation and its effects on mental health.

the data pertaining to knowledge score obtained among nursing students regarding meditation and its effects on mental health. The total score on knowledge was classified as < 50% as in-adequate knowledge, 50-75% % as moderately adequate knowledge; and > 75% as adequate knowledge. It was found that majority of nursing students (98.33%) were having the knowledge between 50-75% indicating that they had moderately adequate knowledge about meditation and its effects on mental health.

Table 10 Assessment of mean percentage score regarding meditation and its effects on mental health

S.N.	Area wise	No. of items	Range Score	Mean	S.D	Mean%
1	Meaning	7	2-6	4.15	.840	59.29
2	ABC of Meditation	5	1-5	3.17	.994	63.40
3	14 Points of meditation	7	2-7	4.53	1.228	64.71
4	Therapeutic effect	1	0-1	.63	.486	63.00
5	Physiological, Psychological and spiritual benefits	6	1-6	3.82	1.066	63.67
6	Benefits of meditation on Mental Health	9	4-9	5.90	1.272	65.56
7	Overall Knowledge	35	18-28	22.200	2.2078	63.43

Fig 10 Distribution of Mean percentage score regarding meditation and its effects on mental health

the data related to knowledge of nursing students regarding meditation and its effects on mental health. It was found that nursing students had highest knowledge score percentage, mean value (65.56%) in benefits of meditation on mental health. The least knowledge mean score percentage was found in the meaning of meditation (59.29%). The mean score percentage for total knowledge (63.43%).

SECTION-III. ASSOCIATION BETWEEN KNOWLEDGE OF NURSING STUDENTS REGARDING MEDITATION AND ITS EFFECTS ON MENTAL HEALTH AND SELECTED DEMOGRAPHIC VARIABLES

Table 11 Association of knowledge score with demographic variables

N=60

		Overall Knowledge				Chi square
		Below median		Above median		
		Frequency	%	Frequency	%	
Age in Years	22 – 23	25	67.6	18	78.3	0.799 ^{NS}
	24 - 25	12	32.4	5	21.7	DF=1
Gender	Male	9	24.3	10	43.5	2.405 ^{NS}
	Female	28	75.7	13	56.5	
Marital Status	Single	37	100.0	23	100.0	0.0 ^{NS}
	Married	0	.0	0	.0	DF=1
Religion	Hindu	12	32.4	7	30.4	0.491 ^{NS}
	Christian	15	40.5	11	47.8	DF=3
	Muslim	3	8.1	2	8.7	
	Other	7	18.9	3	13.0	
Type of Family	Nuclear	27	73.0	18	78.3	0.212 ^{NS}
	Joined	10	27.0	5	21.7	DF=1
	Extended	0	.0	0	.0	
	Other	0	.0	0	.0	
Knowledge of Meditation	Yes	16	43.2	13	56.5	1.001 ^{NS}
	No	21	56.8	10	43.5	DF=1
Exposure to Meditation	TV	12	32.4	4	17.4	2.529 ^{NS}
	Radio	0	.0	0	.0	DF=2
	Newspaper	6	16.2	7	30.4	

	Health Personal	19	51.4	12	52.2	
Practiced Meditation	Yes	2	5.4	7	30.4	6.961*
	No	35	94.6	16	69.6	DF=1

* is significant ^{NS} is not significant

Table 11 projected the data pertaining to demographic variables of the study subjects and their association with knowledge score. Chi-square values were obtained to assess the association. It was found that there was a statistically significant association between the experience of practicing meditation with their knowledge score ($\chi^2=6.961$).

NURSING IMPLICATION

The purpose of meditation is to make our mind calm and peaceful. If our mind is peaceful, we will be free from worries and mental discomfort, and so we will experience true happiness; but if our mind is not peaceful, we will find it very difficult to be happy, even if we are living in the very best conditions. If we train in meditation, our mind will gradually become more and more peaceful, and we will experience a purer and purer form of happiness. Eventually, we will be able to stay happy all the time, even in the most difficult circumstances. Prevention is better than cure and primary prevention basically advocates the principles of maintaining physical health, psychological wellbeing, social and spiritual health. Mental health professionals belonging to the discipline of psychiatry, clinical psychology, psychiatric social work and psychiatric nursing have the professional obligation of giving health education guidance and counselling to the nursing students to gain knowledge on meditation and its beneficial effects to physical, social, mental, and spiritual well-being. Similarly, yoga consultants, meditation therapist and counselling nurses should also help students to practice meditation to overcome their day-to-day stresses and to increase productive in their academics. The findings of the present study have implication in the field of nursing practice, education, research and nursing administration

NURSING PRACTICE

The study shows various degrees of deficiency in the Burn and burn management knowledge among the staff nurses. The study reveals that the correction of deficiency needs to be an ongoing process. It highlights the need for special attention in providing additional and up-to-date information on Burn and burn management which is the basic life support for the high-risk neonates.

NURSING EDUCATION

Meditation is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Meditation is used together with conventional medicine, and alternative medicine is used in place of conventional medicine. Conventional medicine is medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses. Some health care providers practice both meditation and conventional medicine. Psychiatric nurses who render their services in psychiatric hospitals, in therapy sessions, counselling's to family have to use knowledge on meaning, techniques, therapeutic effect, Physiological, Psychological and spiritual benefits to provide productive outcome to patients suffering with various illness. With regard to overall health, it is not known what influence meditation may have over the body, but research is ongoing. Its effect on health has been studied in patients suffering from fibromyalgia, cancer, hypertension, and psoriasis and various psychiatric illnesses.

NURSING ADMINISTRATION

Based on the findings of the parent study it was very clear that no nursing students had a class on meditation and its effect on mental health. It is the responsibility of university administrators to include curriculum on meditation, techniques, therapeutic effects and its benefits on mental health in nursing education. Administrators in the field of nursing are required to take responsibility to equip future nurses with sufficient information, provide suitable teaching aid and creating appropriate schedule to conduct knowledge management programmes on meditation for nursing students. The main focus of university administrators is to motivate and provide a atmosphere to develop innovative educational material. Necessary administrative support should be provided to conduct and evaluate health education programme in nursing colleges.

NURSING RESEARCH

From the findings of the present study, it is evident that nursing students studying at the nursing colleges had moderately adequate knowledge. Having a poor knowledge is bliss and having adequate knowledge is very important. But having moderately adequate knowledge is a serious issue wherein one will not be able to achieve much needed benefits from practicing meditation. There is a need for intervention research to improve the knowledge of nursing students regarding meditation and its effects on mental health. Though researches have been conducted on meditation and beneficial effects of meditation, still it will be very good if intervention studies are conducted on meditation and its effect on mental health. Thoughtful, rigorous study is needed to elucidate how and to what extent meditation may complement the higher education enterprise. Among people subject to physical isolation, meditation benefits may be blunted unless physical contact is also addressed. Physical stress and mental stress are increasingly common phenomena in our rapidly changing and stressful modern society. There is great promise for integrating meditation into higher education. Still, while the body of meditation research is growing, comparatively little research has been devoted to applications in educational contexts specifically and even less so in higher education.

SUMMARY:

This chapter presents the summary of the entire study. The main objective of the study was to assess the knowledge regarding the meditation and its effects on mental health among 3rd year B.Sc Nursing students at selected Nursing Colleges Bangalore, with a view to develop an information booklet.

CONCLUSION

The study was undertaken to assess the knowledge of nursing students regarding meditation and its effects on mental health. To obtain results the data was computed and analyzed by using descriptive statistics and inferential statistics. The following conclusions were made from the findings in the present study.

ACKNOWLEDGEMENTS

Authors wish to extend sincere gratitude to all the staff nurses in selected hospital, BHOPAL , U.P.for active participation in our study.

REFERENCES:

1. <http://www.womens-fitness.org/index.php> ; 2008
2. <http://nccam.nih.gov>
3. <http://spiritualguidedmeditation.com/mind-body-spirit/healing-of-mind-and-body-through-meditation.html> ; 2008
4. <http://www.healthpguide.org>
5. <http://www.spiritualhealth.com>
6. Cavin N, Frisch L. Psychiatric mental health nursing. 3rd Edition. Thomas Delmar Learning Ltd; 2007.
7. Sunnen VG. Journal of human psychology. Meditation practice and research. New York;
8. http://www.meditation_uk.com
9. <http://www.innerrewards.com>
10. Tang YY. Short term meditation training improves attention and self regulation PNAS. 2007.
11. Medscape Today. Current opinion in psychiatry. Lippincott Williams & Wilkins; 2008.
12. Malhotra S, Bhatia GS, Pandhi P. Journal of ethno pharmacology. Volume 75. Issue 2-3. Elsevier Science Ltd; 2001.
13. Shannahoff DS. The Journal of alternative and complementary medicine. Volume Number 1. Mary Ann Lieber Inc; 2004..
14. Yunesian M, Aslani A, Vash J, Yazdi AB. Clinical Practice and Epidemiology in Mental Health. Effects of transcendental meditation on mental health. Vol. 4, No. 1: 2008
15. Shah AH, Joshy SV, Mehrotra PP, Potdar N, Dhar HL. Indian Journal of Medical Science. Effect of saral meditation on intelligence, performance and cardiopulmonary functions. Vol 55. Issue 11 : 2001.
16. Kang YS, Choi SY, Ryu E. Department of Preventive Medicine, Institute of Health Science, School of Medicine, Gyeong-Sang National University, 92 Chilam-dong, Chinju 660-751, Republic of Korea.