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Effects of Meditation on Chronic Pain Management among Older Adults

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MEDITATION AND CHRONIC PAIN AMONG OLDER ADULTS

Effects of Meditation on Chronic Pain Management among Older Adults

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Submitted in partial fulfillment of the
the requirement for the degree of
Doctorate of Nursing Practice

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Department of Nursing Doctor of Nursing Practice Program Scholarly Project Approval Form

This is to certify that **Katelyn Forsell** has successfully presented her scholarly doctoral project entitled “**Effects of Meditation on Chronic Pain among Older Adults**” and fulfilled the requirements for the Doctor of Nursing Practice degree.

Date of presentation: April 13, 2023

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Presentations

Presentation to the graduate nursing faculty at Augsburg University in April 2023.

Dedication

This DNP-FNP scholarly project is dedicated to my family, my husband, Chad, for always supporting, encouraging, and loving me through this journey. And, for my children, Audrey, Paisley, and Braxton, for inspiring me, usually when I needed it the most.

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Abstract

The older adult population is expected to continue to grow. This population is more susceptible to facing chronic health conditions that often contribute to pain. Pain affects many aspects of an individual's life and can be debilitating, affecting physical and mental wellbeing. Chronic pain among older adults is often not well managed. Mindfulness meditation is a holistic healing modality that literature supports for pain mitigation (Creswell & Khoury, 2019). This scholarly project provided mindfulness meditation sessions to older adults in an independent and assisted living facility setting to help educate and guide them in reducing chronic pain. Pain reduction scores occurred after implementing mindfulness meditation sessions at the residential facility among these older adults. These promising results suggest the effectiveness of mindfulness meditation pain reduction. Further, mindfulness meditation can help advance the nursing practice by educating patients on using this modality to reduce pain and improve quality of life and patient outcomes.

Keywords: older adults, elderly, mindfulness meditation, chronic pain, assisted living facility, holistic healing, chronic health conditions

Effects of Meditation on Chronic Pain Management among Older Adults

Chapter 1

Many older adults, age 65 and older, struggle with chronic pain in the United States of America. According to Cavalieri (2005), pain is often undertreated or not treated. Due to the lack of pain management, other health complications can result, such as depression and decreased ability to manage chronic health conditions properly. Quality of life among older adults living in their communities is often greatly affected by unmanaged chronic pain (Molton & Terrill, 2014). By the age of 65, 62% of Americans will have more than one chronic condition (Jaul & Barron, 2017) that could be contributing considerably to their pain. The topic of chronic pain in older adults is essential to the study of Integrative Primary Care and the clinical work for Integrative Family Nurse Practitioners. Chronic pain is a common issue many older adults face due to chronic conditions; unfortunately, chronic diseases are rising (Jaul & Barron, 2017). Aside from the current opioid epidemic, the overuse of non-opioid pharmaceuticals can induce substantial adverse reactions, especially drug-to-drug interactions among older adults (Hsu, 2017). Therefore, a more holistic approach to pain management has great potential to offer a safer alternative to pain management and lessen reliance on and risk of pharmaceuticals for older adults receiving home care services. This DNP-FNP scholarly project aims to identify the benefits of mindful meditation on chronic pain management in the older adult population receiving home care services.

Problem Statement

Many older adults face chronic pain, which significantly affects their quality of life. For this scholarly project, chronic pain is defined as pain lasting longer than six months. Molton and Terrill (2014) found that 60%-75% of older adults struggle with persistent pain. The rates are

increased among individuals residing in assisted living or long-term care settings. There are many different causes of chronic pain. The most common causes of chronic pain among the older adult population are arthritis, cancer, diabetes mellitus, cardiovascular, and neurological diseases (Robeck, 2014). Despite the cause, chronic pain can negatively impact life quality, especially by affecting sleep, activity, and mood (Molton & Terrill, 2014). Unmanaged pain can negatively affect sleep habits, resulting in daytime fatigue. According to Molton & Terrill (2014), older adults experiencing pain are twice as likely to have difficulties falling asleep, staying asleep, or sleeping for too long; therefore, further affecting the individual's activity level and mood.

Older adults experiencing pain often fear worsening their pain, resulting in decreased activity levels. Falls are a common fear primarily due to the instability with walking due to chronic pain; injury from a fall can worsen the problem. The individual affected often misses out on social engagement and activities that bring them joy because of less physical activity. When there is a reduction in physical activity due to pain, weight gain, and even obesity, weight gain, in turn, can contribute to an increase in pain (Molton & Terrill, 2014).

A reduction in activity levels can cause individuals to isolate themselves in their homes and lose their freedom to leave as they wish and participate in activities. When chronic pain affects the ability to participate in activities that bring joy to the individual, mood can be drastically affected, which increases the risk of depression. Individuals with chronic pain have increased rates of depression (Clark, 2020). The complications of unmanaged pain can result in the individual's decreased ability to properly manage chronic diseases such as congestive heart failure or diabetes mellitus. For instance, daily weights are essential for proper congestive heart failure management; if pain affects the ability to stand on the scale to obtain weight, that individual is at increased risk of promptly identifying fluid retention. Poorly managed health

conditions can increase disease exacerbation, hospitalizations, further increased pain, and decreased life quality.

There are many options for pain management. Often pharmaceuticals are looked to as an easy solution. Unfortunately, medications for pain management come with risks and a variety of potential side effects. The older adult population usually has comorbidities that can increase the risk of adverse reactions or drug reactions with pain medication (Molton & Terrill, 2014). NSAIDs are often used for pain management; however, they are contradicted in individuals' renal or cardiac issues, prevalent in the older adult population. Anticonvulsants like Lyrica and Gabapentin are often used for nerve pain usually caused by Diabetes; however, they can cause sleepiness. Opioids are used for severe pain, but these are not ideal due to increased overdose rates and adverse effects like dizziness and drowsiness (Molton & Terrill, 2014). The increased risk of dizziness and sleepiness caused by many pain medications can increase falls, worsening pain. Nonpharmacological holistic remedies for pain management interventions, like mindful meditation, have decreased risks and help treat pain. Chronic pain drastically affects many components of an individual's life and can take a toll on the wellbeing of the person experiencing the pain. It is vital for improved wellbeing and quality of life that pain is more appropriately managed in the older adult population.

Purpose of the Scholarly Project

This scholarly project aims to identify the effectiveness of mindful meditation on pain management among the elderly population residing in their homes. The goal is to increase the quality of life among older adults by decreasing the experienced pain. Pain often stands in the way of individuals participating in events and activities that provide them joy and enrich their

lives. Hopefully, with improved pain management, individuals with chronic pain will enhance their happiness and wellbeing.

Clinical Question

Chronic pain is a burden many older adults face, which can negatively affect their quality of life. Investigating effective holistic interventions with less adverse effects to better manage pain can be beneficial. This scholarly project's clinical question is: Will teaching mindfulness meditation increase chronic pain management among older adults in their home setting?

Objectives

- Define chronic pain for older adults.
- Explain the negative results of chronic pain on quality of life.
- Explain the effectiveness of mindful meditation on the management of chronic pain.
- Teach mindful meditation to willing older adults who experience chronic pain to utilize it in their home setting.
- Evaluate the effectiveness of mindfulness meditation on the management of chronic pain.

Patient Population and Healthcare Setting for Implementation of Project

The setting for this scholarly project's implementation will occur in the home of individuals age 65 years and older affected by chronic pain. The health care setting for the implementation of the project will be individuals receiving skilled nursing home care. The implementation will occur in one Independent and Assisted Living Facility called Village Shores, Located in Richfield, MN. Many of these individuals often face chronic pain. Older adults who wish to learn mindfulness meditation and explore its impact on their everyday pain

experience will be offered to teach and support this healing modality in their home setting. Individuals participating in the mindfulness classes will assess their pain levels at various intervals during their home care. A numeric pain scale will be utilized 0-10 (least to worst pain) to identify if mindful meditation helped decrease their pain.

The Context for the Scholarly Project

The context in which this project will occur will be in the homes of older adults receiving home health services. The reinforcement for the mindful meditation will come from follow-up interviews and reviews of the individual's numeric pain rating documentation to see if the intervention was beneficial for their pain management.

The Population for this Practice Innovation

The population benefitting from this mindful meditation holistic practice innovation will be older adults, age 65 and older, who experience chronic pain. For this scholarly project, chronic pain is defined as pain experienced for six months or longer.

DNP Essentials

This scholarly project incorporates the Essentials of Doctoral Education for Advanced Nursing Practice (DNP). DNP Essential III is accomplished by analyzing research and applying the research to practice. DNP Essential VI involves collaborating with other professionals to improve pain management. Mindfulness meditation applies to the DNP Essential VII by decreasing the risk of worsening chronic health conditions due to unmanaged pain. Lastly, this scholarly project utilizes DNP Essential VIII by improving the older adult population's quality of life and outcomes by decreasing their chronic pain.

Quality of life means something different to each individual. Chronic pain can negatively affect sleep, activity, and mood, all of which may limit or lessen an individual's quality of life.

The burden of chronic illness with chronic pain can be detrimental. Improvement of quality of life begins with better management of chronic pain. Chronic pain is very prevalent in our society, especially among older adults. Chronic pain can lead to decreased activity levels, social engagements, and declined chronic health conditions. There are adverse effects related to pharmaceutical pain management interventions. Mindful meditation is a holistic healing modality that does not have associated adverse risks. This project is grounded in the belief and research that mindfulness meditation is an effective healing modality for lessening chronic pain in older adults living in their homes. This project creates a path for older adults to access teaching and support on mindfulness meditation to incorporate into their pain management. Chronic pain is a burden so many older adults face that can negatively impact their happiness and quality of life. The following chapter discusses a comprehensive literature review related to older adults, chronic pain, mindfulness meditation, nurse theorist, Jean Watson, and her theory of human caring.

Chapter 2

Mindfulness meditation positively affects chronic pain management in the older adult population (Zeidan and Vago, 2017). This chapter is the literature review that supports and grounds this scholarly project with older adults. Aging among the adult population in the United States is on the rise, and this population typically has one or more chronic health conditions (National Institute of Health (NIH), 2017). With the increase in older adults, the prevalence of chronic health conditions will also increase. Chronic pain is a common complaint of many individuals, especially among older adults. Pain is often attributed to chronic health conditions. The presence of pain can, in turn, make the management of health conditions more difficult. Mindfulness meditation has been proven to be effective in improving health and wellbeing and controlling pain management. Kabat-Zinn (2013) states that mindfulness is essential to invite the pain to soften and invoke healing. Mindfulness meditation is the act of being in the moment, not to change anything but just be in the current time as things are. This chapter's literature review provides researched insights into the older adult population, chronic pain, mindfulness meditation, and three of ten Caritas Processes from Jean Watson's theory of human caring to guide this DNP-FNP project. These insights will support and guide this DNP-FNP scholarly project.

The Older Adult Population

General

Older adults aged 65 and over are expected to continue to rise in the United States, and globally the population of older adults is getting older is also expected to continue to grow. The life span of older adults is also increasing worldwide (Patel et al., 2013). According to Rural Health Information (RHI) Hub (2020), more than 46 million older adults are currently in the

United States. By the year 2050, that number is expected to grow to approximately 90 million individuals. By 2050 the number of individuals age 85 and older is expected to triple (Jaul & Barron, 2017). With the increase in older adults among our population, the medical care provided towards chronic health conditions will also rise.

Chronic Health Conditions

According to the NIH (2017), 85% of older adults will experience at least one chronic health condition. 60% of this population have at least two chronic health conditions. Among these chronic conditions, cardiovascular disease, osteoporosis, and dementia are the most common among older adults, age 85 and older (Jaul & Barron, 2017). The prevalence of diseases such as osteoarthritis, Diabetes, and movement-related disabilities is increasing in our society due to age and weight (Jaul & Barron, 2017). These chronic conditions take much effort among the individual to properly manage. Stress factors come with chronic health conditions, including; cost, navigating the health care system, and implementing interventions to manage the disease (NIH, 2017). Dealing with the difficulties of chronic health conditions can affect their quality of life. Among the elderly population, falls resulting from activities of daily living (ADLs) are common (Jaul & Barron, 2017). Chronic health conditions alone can contribute to significant pain experienced by the individual. Combining chronic health conditions with the potential for falls and difficulties with ADLs can further exacerbate the pain and cause considerable stress.

Chronic Pain

Many individuals commonly experience chronic pain. According to Lestoquoy et al. (2017), chronic pain is experienced by 56% of adults in the United States. It is widespread among the older adult population, age 65 and older, because of the high prevalence of chronic diseases contributing to this pain. However, according to a meta-analysis performed by Patel et

al. (2013), the frequency of pain among older adults ranges from 24% - 72% of the time, depending on the study. Variations to the numbers reported can be attributed to the use of different survey methods, inadequate samples, cognitive impairment resulting from dementia, and the subjectiveness of pain reporting (Patel et al., 2013). According to Patel et al. (2013), few studies use objective measurements for pain measurement. Pain is a uniquely individual experience and, therefore, difficult to measure. Pain can be unpredictable. It can limit the ability to participate in activities. Loved ones and care providers often do not understand or recognize the pain; therefore, the individual experiencing the pain is at risk of not being believed when describing their pain (Lestoquoy et al., 2017). Among those experiencing disability, pain is the most common complaint that causes an inability to perform ADLs and mobility (Patel et al., 2013). According to Lee (2014), the cost of pain in the United States is over 635 billion dollars per year because of lost productivity and treatment. Aside from substantial financial costs, there are other significant issues that pain can cost the individual, the ultimate being it affects the quality of life and happiness.

Types of Chronic Pain

There are many different reasons older adults complain of chronic pain. The most common causes are arthritis, cancer, diabetes mellitus, cardiovascular, and neurological diseases (Robeck, 2014). The most common types of arthritis are rheumatoid arthritis and osteoarthritis. They both cause swelling, pain, and stiffness in the joints (Mayo Clinic, 2020). Osteoarthritis happens when the cartilages of the joints break down. Rheumatoid arthritis occurs when the immune system attacks the joint (Mayo Clinic, 2020). The specific mechanism of widespread pain in individuals with rheumatoid arthritis is not well understood (Lee, 2014). According to Lee (2014), treatment for inflammatory arthritis, which includes rheumatoid arthritis, typically reduces the inflammation.

However, not much research has been completed on treating the pain itself, especially using nonpharmacological methodologies.

Another common type of chronic pain results from cancer. Cancer becomes more prevalent with aging; however, it can affect individuals at any age. Pain from cancer is typically attributed to the tumor pressing on nerves, bones, and organs (American Cancer Society (ACS), 2020). Spinal cord compression happens when cancer metastasizes to the spine. Bone pain can occur when cancer spreads to the bones. Cancer treatment by chemotherapy or radiation can help stop cancer spread, ensuring the problem does not worsen (ACS, 2020). Surgical pain and phantom pain are other types of pain that can result from cancer.

Neuropathy pain is one of the most common complaints of Diabetes Mellitus (Schreiber et al., (2015). Neuropathy often causes damage to the nerves in the legs, feet, and hands. This pain is frequently described as a numb, burning, sharp, shooting, or 'pins and needles sensation. According to Schreiber et al. (2015), 90% of individuals with Diabetes Mellitus type I or II are affected by neuropathy. The pathophysiology of neuropathy pain is not fully understood. However, it is understood that hyperglycemia plays a role in developing this pain (Schreiber et al., 2015). This type of pain is typically treated with anticonvulsants, such as Gabapentin or antidepressant medications. (Schreiber et al., 2015). Other pharmaceuticals are also used; according to Schreiber et al. (2015), there is not much significant research to prove their effectiveness.

Cardiovascular disease can contribute to the experience of chronic pain. Arrhythmias are when the heart is beating abnormally and can be a symptom of heart disease. These can cause chest discomfort for the individual. Congestive heart failure is another type of cardiovascular disease more prevalent in older adults. Unmanaged congestive heart failure can cause swelling due to fluid retention, more commonly in the legs, contributing to pain and discomfort. Lastly, a neurological

disorder can also contribute to pain. According to Dignity Health (2020), neurological pain syndrome happens when the nervous system is not functioning correctly. There are neurological pain syndromes where the nerve signals pain even when pain is not occurring. Diabetic neuropathy, radiculopathy, and shingles are all types of neurological pain syndromes. Other contributing factors to neurological pain include; amputation of a limb, chemotherapy or radiation, spinal nerve injury, or central nervous system disorders such as; multiple sclerosis or Parkinson's disease. Because of the burden pain poses on individuals' lives, mental health can be negatively affected.

Mental Health

Unfortunately, mental health can be negatively affected by chronic pain. Depression in itself can also cause pain (Hall-Flavin, 2019). Because of this, a cycle can evolve where pain worsens depression, and then the worsening depression further exacerbates the pain; thus, it may be essential to treat both the pain and the depression in these individuals (Hall-Flavin, 2019). Chronic pain often causes depression because of the adverse effects that depression has on the life of the one affected, including issues with sleep and increasing stress. According to Sheng et al. (2017), it has been found that up to 85% of individuals affected by chronic pain also struggle with depression. The exact association between chronic pain and depression is not entirely clear. However, studies have found connections between pain and depression-induced neuroplasticity changes and neurobiological mechanism changes (Sheng et al., 2017).

Medication

Pharmaceuticals are frequently used to treat pain, especially chronic pain, in our society. According to Zeiden and Vago (2017), expenses to Medicare for steroid injections have increased by over 629% and over 423% for opioid medications due to substantial increases in chronic pain.

Medicines pose a risk because of potential adverse effects, especially among the older adult population. Many older adults are on multiple medications because of chronic health conditions. Multiple medications increase their risk of adverse effects as well as a drug to drug interactions. Medicines for the treatment of chronic pain further add to troubles. According to Robeck (2014), older adults typically have more significant body fat and decreased muscle mass and body water, which risks using water-soluble medication because it becomes more concentrated. The fat-soluble drugs have longer half-lives because they are released more slowly from the body. The liver in older adults tends to be smaller, which requires close monitoring because it may not be functioning correctly (Robeck, 2014). Renal disease is also more prevalent in older adults. Therefore, this is necessary to consider these factors when prescribing medication that can be incredibly hard on the kidneys, such as nonsteroidal anti-inflammatory drugs (NSAIDs) (Robeck, 2014).

According to Mayo Clinic (2020), typically, NSAIDs would be safe if there are no underlying kidney issues; however, this medication's overuse can lead to kidney issues, fluid retention, and hypertension. Opioids are typically prescribed for acute pain but pose a substantial risk because of potential addiction. According to Mayo Clinic (2020), the body adapts to taking opioids, thus building up a tolerance and requiring more medication to obtain pain relief. Long-term use of these medications may cause dependence, which can spiral into addiction. Opioids cause the most prescription drug overdoses in the United States (Mayo Clinic, 2020). Antidepressants and anti-seizure medications have shown effectiveness in treating chronic pain. These medications can also cause dizziness and drowsiness concerning adverse effects for older adults who have already been considered a high fall risk (Mayo Clinic, 2020). This type of medication or others with similar adverse effects potentially contributes to falls, leading to further increased pain; thus, exacerbating the issue at hand. Pharmaceuticals come with many potential

adverse reactions, especially among the older adult population. Despite pain management complications, it is beneficial for wellbeing, physical, and mental health to treat the pain. Holistic, integrative approaches to pain management have been shown to decrease pain with minimal adverse reactions.

Mindfulness Meditation

Mindfulness meditation is the act of being in the moment. Meditation is an ancient practice that comes from Buddhism and other Eastern religions (Healthline, 2020). The meditation method has been around for over 5,000 years. However, it was not until the 1960s this practice began to be researched in the Western world and linked its physical health benefits. Robert Benson's research in the 1960s and 1970s proved the benefits of meditation on health promotion, relaxation, stress reduction, and improved wellbeing (Mitchell, 2013). This practice has been around for a long time. However, it may be that during the hectic and distraction-filled world we live in, the benefits can be even more significant.

According to Mindful (2020), meditation focuses on our sensations, emotions, and thoughts. The practice of mindfulness enables individuals to take time and breathe without judgment. The regular course of mindfulness meditation becomes a more accessible tool that can assist in many ways. Stress reduction using meditation has been proven effective throughout much of the literature (Mindful, 2020). Stress and pain often coincide because of uncertainty when either will occur and affect the individual's life and activities.

Similarly, Mitchell (2017) discusses the adverse effects of stress on the body because of the increased stress hormone levels released into the body. Increased pressure can put individuals at an increased risk of cardiovascular disease, gastrointestinal disease, adrenal fatigue, and more.

These types of illnesses can, in turn, cause more pain. The benefit of mindful meditation, as opposed to medications, is the benefit of stress and pain reduction, with minimal side effects.

Miller (2019) discusses how mindfulness is not something to be accomplished or mastered but rather an experience of being in the moment that can be improved with practice. Many benefits come with mindful meditation. Chronic pain can be reduced with this practice. According to Zeidan and Vago (2017), mindfulness meditation effectively treats chronic pain in the clinical setting. Similarly, Lestoquoy et al. (2017) states that incorporating integrative medical group visits, which included a provider and a meditation instructor, showed promising benefits in addressing pain and depression. Morone et al. (2009) also reported the benefits of meditation. This study involved individuals who partook in an eight-week meditation program, which improved chronic low back pain among these older adult participants.

Many factors contribute to the complex subjective experience of pain. According to Zeidan and Vago (2017), the experience of pain is constantly changing because of sensory, cognitive, and affective factors. Perceptions of what problems may mean to one individual will differ depending on experiences, expectations, and mood. The act of mindfulness meditation effectively decreases pain through several neural mechanisms (Zeidan & Vago, 2017). Encouraging patients to utilize this technique for pain mitigation could help reduce their pain while improving their wellbeing and quality of life. Meditation is not something the patient needs to excel at; however, it is more accessible with ongoing practice and a more effective tool with minimal side effects. Meditation is also helpful for numerous other reasons. The benefit of mental health is enormous, especially because decreased mental health and pain experience often go hand in hand. Jean Watson, a nursing theorist, has significant viewpoints that align with

improved wellbeing by holistic approaches and improving health by looking at the individual as a whole.

Jean Watson

Jean Watson is a nursing theorist who found it essential to look at the whole person when providing care. Her human caring theory was established between 1975 and 1979 while a professor at the University of Colorado (Watson, 2020). Watson states that this theory was her first effort to enhance nursing's meaning, emerging as a discipline. She wanted to ensure that values and knowledge would result in patients receiving quality nursing care (Watson, 2020). Her theory of human caring incorporates four concepts: a human being, health, environment or society, and nursing. This nursing philosophy is vital to health promotion, illness prevention, caring for the ill, and restoration of health (Petiprin, 2020). Watson's theory and approach also include ten Caritas Processes that provide a substantial foundation for providing care (Petiprin, 2020). In the westernized world of medicine, holistic and faith-based healing modalities are often overlooked. Watson utilizes holistic interventions and positive, loving energy to promote healing. These are described in greater detail within her Caritas Processes.

Jean Watson's ten Caritas Processes are the framework for her theory of human caring. The first three Caritas Processes will be utilized to help guide this DNP-FNP scholarly project. The first Caritas Process elaborates on the values of providing kindness and compassion to others and ourselves. These values are so critical as health care providers. When health care providers care for themselves, it is more likely they will have a greater capacity to give care, compassion, and kindness to others. Meditation is something that helps calm the mind and improve mental wellbeing. Both health care professionals and patients can use this healing modality. In Watson's second Caritas Process, she elaborates on the importance of instilling hope into the patient,

especially when Western medicine does not have any further treatment options. It is still vital to use hope and faith to instill a sense of wellbeing for the patient. When there is no additional help from western medicine, meditation can be a helpful tool. Lastly, Watson's third Caritas Process discusses the sensitivity to one's self and others. She discusses the improvement of personal spiritual practices. Mindfulness meditation can help improve one self's spiritual practices, calm the mind and expand sensitivity to oneself and others.

This project focuses on improving health among older adults by lessening the chronic pain experience through mindfulness meditation. Mindfulness meditation is a holistic healing modality that has proven to decrease pain and has minimal side effects. Jean Watson's theory of human caring aligns with the philosophy of managing chronic pain with a holistic approach and understanding that chronic pain has a substantial impact on many dimensions of an individual's life. Chapter three will discuss the project and Jean Watson's theory of human caring. Watson's theory of human caring and three Caritas Processes ground the intention, design, and implementation of this DNP-FNP project to restore a greater sense of well being and comfort for older adults living with chronic pain.

Chapter 3

Jean Watson is a foundational nursing theorist that has provided substantial guidance for caring in the nursing profession. Watson's theory of human caring demonstrates the necessity of love and kindness for healing to occur. She also emphasizes the importance of self-care for all persons, including caregivers. She encourages self-actualization on a personal and professional level. Watson frames her theory with ten Caritas Processes which assist in applying her theory. Concepts embedded in Watson's Caritas Processes such as caring, presence, and mindfulness provide an excellent basis and guidance for how participants are engaged during this DNP-FNP project. These concepts assist with attention and planning for this project to decrease chronic pain among older adults using mindfulness meditation. Education on the importance of caring for oneself through mindfulness meditation will be provided to older adults experiencing chronic pain during this project's implementation. The implementation will occur at an assisted and independent living resident in a Minneapolis, MN suburb, through a series of weekly meetings to educate and practice mindfulness meditation. The details of the implementation plan are given in Chapter 4. This chapter provides an overview of Watson's theory, a discussion of three concepts within her theory as expressed within three Caritas Processes, and some ideas for implementing and applying Watson's theory and Processes in this DNP/FNP project.

Watson Overview

Jean Watson is a nursing theorist who has contributed significantly to the field of caring science. Her theory of human caring provides significant guidance for health care professionals to provide deep caring for patients and care for themselves. This theory asserts that transpersonal relationships and caring moments are the basis for patients' psychological and physical healing (Wei & Watson, 2019). Wei and Watson (2019) reported that when Watson's human caring

theory is applied to interprofessional teams, it enhances human interactions and promotes an environment of caring and healing. Within the theory of human caring, Watson has created ten Caritas Processes that guide her theory's application. Caritas is derived from a Latin word and means appreciating, cherishing, and sharing for all (Sitzman & Watson, 2018). Understanding the deep meaning behind the Caritas Process is vital to the concepts they convey. According to Watson (2018), these processes have been a theoretical guide for caring practices worldwide. The Processes are utilized not only in the nursing profession but in universal human caring as well. Watson continues to evolve the Caritas Processes with changing times and needs. Watson (2018) reports a shift in her language and intention for Caritas Processes by adding Veritas, which means to seek the truth. This additional meaning reflects the complexity of authentic caring. The use of Watson's Caritas processes provides guiding concepts for this DNP-FNP project. From Watson's theory of human caring, three Caritas Processes and three concepts within those Processes will be described and discussed.

Concepts from Caritas Processes

Caring

Watson emphasizes the importance of caring as the foundation of the nursing profession. Her theory applies to the nursing profession and can be applied in all walks of life and vocations. Watson's first Caritas Process, "Practicing Loving-kindness & Equanimity for self and others," emphasizes the importance of providing love and kindness to ourselves and others (Watson, 2007). Caring promotes healing; therefore, patients need to receive a caring presence to heal and promote wellness (Petiprin, 2020). Caring moments are a monumental aspect of Watson's theory of human caring, in which she encourages nurses to provide to patients. The occasion of caring moments is when the nurse comes together with the patient to be fully present in an environment that promotes

authentic connection within the current space and time (Sitzman & Watson, 2018). This deep interpersonal relationship, which both individuals experience, can provide a spiritual connection that promotes healing (Sitzman & Watson, 2018). Being mindful of the importance of caring moments and allowing for the occurrence when the time arises can improve the connection with the patient and enhance their healing.

Watson believes that caring can look different depending on the patient and situation, and therefore there is no correct way to provide care (Sitzman & Watson, 2018). Sometimes love, and empathy can be shown by providing a safe environment for the patient and family to talk with the caretaker. Love and kindness can be provided by giving the patient a sense of calmness by providing comfort. Other times, caring within nursing can be demonstrated as furthering education and training to keep updated with the latest research to provide the best possible care and interventions to the patient.

Creating caring moments and sharing kindness during patient care is essential for healing to occur. However, so often, nurses offer constant care to their patients, which can be draining, and consequently, the necessary time to provide care for themselves is not taken (Sitzman & Watson, 2018). Watson's theory of human caring offers insight into the necessity to provide care for oneself, therefore giving the ability to provide care and love to others. Watson (2018) reports that a caring consciousness to care for oneself is developed when caring is provided. A caring consciousness is created by a transpersonal caring connection and being fully present in the patient's interaction. With this consciousness, positive energy transmits, which promotes love and healing (Watson, 2018). Providing loving care to oneself helps promote fulfillment in one's own life. Thus, this improves the ability to provide care to patients and all other individuals in our lives. Sitzman and Watson (2018) recommend practicing love and compassion to oneself every day,

even when, and perhaps most notably when life does not seem to be going as planned. Perhaps providing love to oneself when life is in disarray is the most critical time to give yourself grace. A phenomenal way to provide caring to oneself and others is the act of being authentically present. Adding to the concept of caring, this DNP-FNP project incorporates the idea of presence.

Caring is an essential basis for this project. The education of meditation will be provided with love and kindness to individuals experiencing chronic pain. Giving genuine caring and compassion is fundamental for the healing and improvement of chronic pain. Individuals need to know that their pain and the hardships that transpire, as a result, are understood. Providing the individuals who participate in this project with caring moments through mindfulness meditation will help them feel love and kindness. Throughout this project, compassion and love will be provided to individuals experiencing chronic pain.

Presence

Watson's second Caritas Process stresses the importance of being authentically present to honor patients' interior and spiritual worlds (Sitzman & Watson, 2018). Nurses are often very busy with many tasks to complete daily; thus, slowing down to give the patient company and presence can be difficult due to time constraints. Watson, however, reminds us of the importance this concept has for healing to occur. According to Sitzman and Watson (2018), being authentically present helps provide faith and hope to individuals. These spiritual components are essential. Often in our Westernized world of medicine, this can easily be overlooked. Part of wellness and healing encompasses spiritual, emotional, and energetic components, along with the physical component, which is so often where the focus of healing lies (Sitzman & Watson, 2018). When presence is provided to patients, it enables the ability to assess for emotional wellbeing. Caring for the mind, body, and soul of the patient is foundational for the best outcomes and quality care, focusing on

the person as a whole. To accomplish this, the nurse should consciously make an effort to be fully present while providing care to the patient.

Mindfulness

Mindfulness is the act of being in the moment. According to Kabat-Zinn (2013), being mindful is not trying to get the individual to do or feel something in particular, but rather to be in tune with where you are already at and aware of the actual experience in the moment. Mindfulness is another vital concept of Watson's theory of human caring. Being mindful when providing care to individuals is crucial, especially for them to feel loved and heard. With many tasks to accomplish in the busy nursing profession, interactions with patients can be done mindlessly because the focus is on the next task at hand. Being mindful while at the moment will also help provide better care as we are more in tune with the patient's needs.

Frequently, we listen to respond instead of listening to understand. Sitzman and Watson (2018) provide the example of being fully present by listening to the entirety of what the patient has to say without interruptions. Thus, it is vital to take the time to be present, listen, and understand; this helps to provide faith and hope. The third Caritas Process honors and respects sensitivity to self and others' beliefs and spiritual practices (Sitzman & Watson, 2018). This Caritas Process encourages being fully present to other beliefs and practices through mindful listening and learning. The spiritual practices of individuals can vary dynamically. Various integrative healing practices are utilized to give presence and alternative healing modalities to individuals. Besides meditation, energy medicine, acupuncture, Reiki, biofeedback, massage, intentional consciousness, and acupuncture are others (Sitzman & Watson, 2018). Regardless of the type of spiritual practice utilized, the key in respecting is cultivating mindfulness, love, and compassionate curiosity, according to Sitzman and Watson (2018).

Watson explains the idea of cultivating curiosity, which is a method in attempting to establish calm and positive dynamics in difficult situations (Sitzman & Watson, 2018). To accomplish this, understanding the reasoning behind an individual's actions or words with calmness is essential. Perhaps the lashing out of a person is not ill-intended but rather feelings of fear and not being heard. Therefore, the utilization of cultivating curiosity assists in bettering situations without reacting poorly and worsening the matter. Further, the concept can be utilized in all caring interactions. Mindfulness plays an essential role in cultivating curiosity because it is with the mind, we can step back and understand another person's actions and reasonings.

Applications of Theoretical Concepts & Project Guidance

This DNP-FNP project aims to improve older adults' quality of life experiencing chronic pain using mindfulness meditation. Watson's theory of human caring, along with three Caritas Processes and three concepts within those Processes, provide the theoretical framework and guidance for this project. Watson believes in the importance of offering loving-kindness to ourselves and others. For this project, offering mindfulness meditation education and practice will support and encourage older adults to provide love, care, and kindness to themselves as a means for greater comfort in their life. The practice will assist individuals in slowing down and being present in the moment. Meditation allows for being, just as one is, in the current moment. Meditation also promotes mindfulness and stillness in the present moment. Watson discusses the importance of being mindful and present to others. The participants of this project will be provided with a mindful presence demonstrating love and kindness.

Learning mindfulness meditation is intended to help the individual provide love and care to themselves. This love and care are vital in creating a new caring consciousness for oneself and others, even when living with chronic pain. Sitzman and Watson (2018) express the importance

of practicing loving-kindness to oneself, which this project will encourage the participants. Living with chronic pain can negatively affect one's quality of life in many ways: physically, emotionally, spiritually, and psychologically. Incorporating mindfulness meditation can assist in improving mental health as well as other dimensions of life. Focusing on the person as a whole, as suggested by Watson, includes the mind, body, and spirit (Sitzman & Watson, 2018).

This DNP-FNP project intends to improve the quality of life for elders living with chronic pain through incorporating mindfulness meditation practice. Jean Watson's theory of human caring, along with three of her Caritas Processes and three concepts of caring, presence, and mindfulness, guide the design and implementation of this DNP-FNP project. The performance of this project will occur to provide education on mindfulness meditation which can assist older adults in chronic pain management.

Implementation of the Project

This project will be implemented by teaching a mindfulness meditation practice to willing individuals who live with chronic pain and live in an independent/assisted living residence. A group will be held for the facility's willing residents to discuss the potential benefit of meditation on pain management and provide the education necessary to use meditation independently. A group will be held to instruct a mindfulness meditation session to allow meditation education and practice. The group will be encouraged to further their mindfulness meditation practice on their own in a calm environment. A pre-and post-input from participants regarding their chronic pain and the benefit of meditation will be collected to determine effectiveness.

Jean Watson's theory of human caring is foundational to the nursing practice. Many concepts frame her theory. Of those concepts, applications of caring, presence, and mindfulness

are vastly crucial to this DNP-FNP project's guidance. Incorporating these essential concepts helps to care, understand, and provide compassion to individuals experiencing chronic pain. Chapter four will discuss the methodology and evaluation of this DNP scholarly project. The academic and clinical approach throughout the entire process of the project will be described. The plan of the evaluation process for the project will be explained. Data collection measures, results, and goals of implementation of these findings will be identified.

Chapter 4

Mindfulness meditation can be an excellent method of chronic pain relief among older adults. Chronic pain is a common debilitating occurrence in this growing population. Often, individuals are not familiar with mindfulness meditation or are not aware of its use for the purpose of pain mitigation. This DNP-FNP project was implemented in an older adult's residential community setting. The analysis of this scholarly project identified positive outcomes from using the holistic healing modality of mindfulness meditation for chronic pain relief among older adults. The purpose of this chapter is to describe the methodology and evaluation of this mindfulness meditation DNP-FNP project on the reduction of chronic pain among the more aging adult population.

Describe the Project

This project aims to improve the quality of life among seniors who are limited to participating in their life wholly due to chronic pain. Chronic pain affects millions of Americans (Yong, 2021). Chronic pain is more prevalent in the older adult population because of chronic health conditions that frequently affect this population, such as arthritis, cancer, diabetes mellitus, and cardiovascular and neurological diseases (Robeck, 2014). According to Robeck (2014), by 2040, 25% of the population will encompass older adults ages 65 and older. Identifying helpful avenues for pain management in this increasing population of older adults will improve the quality of life for the individuals whose lives are negatively affected by chronic pain.

Specifics

A mindfulness meditation group was held at an assisted living and independent living facility in Richfield, MN. The facility has a morning meditation group that meets daily.

However, the facility typically utilizes a pre-recorded meditation due to the time constraints of the staff. According to the facility activity director, information regarding the benefits of meditation on chronic pain management had not been shared with individuals who typically attend the meeting. Approval for this DNP-FNP project was obtained from the activity's director, director of nursing, and the physical therapist that typically coordinates the morning meditation sessions to teach mindfulness meditation to mitigate and lessen the distress of living with chronic pain.

Plan

The plan for this scholarly project is to participate in the assisted living ongoing morning meditation group two separate times to lead a group of older adults in a mindfulness meditation session. An introduction will first and foremost be provided to the participants of mindfulness meditation and education regarding the possibility of benefits of mindfulness meditation on decreasing chronic pain in older adults. The room for the meditation session will be quiet, with dimmed lighting and closed blinds to provide a calm and relaxing environment. According to Rowland (2020), creating a soothing space with decreased distractions will assist individuals in feeling relaxed and focused during mindfulness meditation, thus helping improve success. The participants will lead a 10-minute body scan mindfulness meditation developed by the Office of Patient-Centered Care & Cultural Transformation (Mirgain, 2016). A soothing voice will be used to lead the group of participants in the body scan meditation. After the completion of mindfulness meditation, a period of reflection will be provided. Individuals will then be provided with a post-survey questionnaire regarding their pain scale rating before and after the meditation to determine if improvement occurred. The participants will be asked using a questionnaire if

mindfulness meditation was helpful and if they intend to use it in the future to assist with their chronic pain and comfort.

Implementation and Evaluation Process

The participants for this scholarly project are older adults aged 65 or older that experience chronic pain. Participants were obtained for this DNP-FNP project by encouraging individuals in the facility who had chronic pain to attend these mindfulness meditation sessions. During home health skilled nursing visits with individuals in the facility for various health issues, chronic pain was frequently encountered as a difficulty affecting an individual's quality of life. Throughout the nursing visits, mindfulness meditation was explained to these individuals. The purpose of the DNP-FNP project was to help older adults better manage their pain using mindfulness meditation. The home health patients living in the facility who are seeking ways to manage their chronic pain and improve their quality of life attended did not have prior experience with meditation in the past. Other participants were individuals who regularly participated in the daily meditation sessions held at the assisted and independent living facility. Therefore, some individuals were more familiar with mindfulness meditation than others which provided a diverse group of experiences with mindfulness meditation. The mindfulness meditation session took place in a large room with dim lighting and about ten people seated in rows of chairs. The mindfulness meditation session is held following an activity group in the morning near the gym. Before beginning the session, an explanation was provided to the participants about the benefits of mindfulness meditation on decreasing chronic pain. A body scan meditation was chosen for zoning in on each part of the body to assist in recognizing judgment-free, relaxing, and helping to release the pain noticed.

A questionnaire was utilized to collect data for this DNP-FNP scholarly project. A questionnaire is a set of questions that aims to collect data from the individual responding. A questionnaire is a research tool and a way to gather information. According to Houser (2019), data collection is frequently completed using surveys and questionnaires. The advantages of utilizing a questionnaire for data collection are that it is cost-effective, easy to administer, anonymous, and allows for generalization (Houser, 2018). A simple seven-question feedback questionnaire was constructed to gather insight into the benefits of mindfulness meditation on chronic pain for the small group of ten older adults that attended the meditation session. The questionnaire included questions from how they were feeling before and how they were feeling after the mindfulness meditation session. Participants also freely gave feedback in conversation after the session ended regarding their thoughts and feelings of their personal experience.

Positive feedback resulted from the questionnaire. Three of the ten participants reported using meditation specifically for pain management before the sessions were held. Five participants out of ten reported feeling comfortable, and three out of ten felt partially comfortable after the session utilizing mindfulness meditation independently as a pain relief healing modality. However, two out of ten reported not feeling comfortable using mindfulness meditation without being led by another individual in a group setting. Therefore, for the individuals who do not feel comfortable utilizing mindfulness meditation independently, at least the education was provided on the benefits to the healing modality on chronic pain so those individuals can continue attending the daily meditation sessions in the facility.

There was a significant improvement in pain score rating from before the body scan mediation to afterward. Seven of the ten participants reported a decrease of pain from before beginning the meditation to post-meditation. Two individuals reported no pain before or post

mindfulness meditation. One individual reported the same pain score pre and post-meditation. Improved pain score rating is a positive indication that older adults had improved pain management from partaking in the body scan session provided. One individual provided feedback that it was not loud enough; thus, this was taken into account, and the meditation reading was projected more loudly for individuals to hear more clearly.

A conversation was held post-meditation sessions about the experience from the participants. A couple of women reported that they had never done a body scan meditation before and liked it. It was also reported that they typically listen to a pre-recorded meditation, and it was better to have someone in person leading them in a meditation session. Individuals seemed very grateful and eager for more meditation sessions, which is a positive result. Another positive outcome included one participant who had no experience before being informed about the benefits of going to the meditation sessions almost daily.

Further, an educational brochure was created to hand out to individuals to help remind and instill the benefits and tips of mindfulness meditation on chronic pain. Some of the individuals who attended the reflections are still visited for skilled nursing visits. Thus, further encouragement and follow-up regarding the use of mindfulness meditation are provided. Other individuals who may not have attended can receive the educational brochure and attend the daily meditation session held in the facility. Feedback was provided to the activity's director about an in-person mindfulness meditation session over the pre-recorded.

This DNP-FNP project consisted of implementing two mindfulness meditation sessions at an independent and assisted living facility to help decrease chronic pain. A total of ten participants aged 65 and older were evaluated. The evaluation process involved a simple seven post-survey questionnaire that the individuals filled out after the session. The feedback received

was positive and provided promising hope that mindfulness meditation can decrease chronic pain in the growing population of older adults. Chapter five discusses in length the conclusions from this DNP-FNP project, its significance for FNP practice, and implications for future care for elders living with chronic pain.

Chapter 5

Mindfulness meditation is a holistic healing modality which literature supports helps reduce chronic pain. Older adults are a population that is particularly affected by chronic pain as they are frequently combating chronic health conditions that often coincide with pain. This scholarly project supports the benefits of mindfulness meditation on chronic pain management and improving the quality of life among older adults. Several DNP essentials have been emphasized within this DNP-FNP project. Further, critical reflection of this project demonstrates potential advances in primary care utilizing the knowledge of mindfulness meditation in chronic pain management. Mindfulness meditation is impactful for the nursing practice as a whole because it can assist with the reduction of debilitating chronic pain among older adults, thus improving pain management and quality of life.

DNP Essentials & NONPF Competencies

DNP Essential III states Clinical Scholarship and Analytical Methods for Evidence-Based Practice, which is addressed in this DNP-FNP project by analyzing mindfulness meditation research and application to practice. This DNP Essential was achieved by an extensive literature review of mindfulness meditation and its benefits on chronic pain. Mindfulness meditation courses were also experienced to gather more insight into the holistic healing modality and share this tool with others. Application to practice was accomplished in this DNP-FNP project by leading mindfulness meditation sessions to decrease chronic pain among older adults. Research supports the use of this holistic modality as a method of chronic pain relief, thus providing individuals who experience chronic pain with evidence-based education on mindfulness meditation for this use as beneficial to decreased pain and increased quality of life.

DNP Essentials are advanced skills utilized in advanced practice. DNP Essential VI involves Interprofessional Collaboration for Improving Patient and Population Health Outcomes. This Essential was incorporated by collaborating with other professionals throughout the implementation of this DNP-FNP project. Collaboration and discussion with the Director of Nursing at the independent and assisted living facility was necessary to obtain approval to implement this DNP-FNP project. This Essential included education regarding the benefits of mindfulness meditation on chronic pain in older adults. The activities director and the lead physical therapist were the primary individuals to negotiate access to participate in the meditation sessions at the facility. This collaboration was necessary to provide mindfulness meditation sessions to improve patient outcomes by decreasing chronic pain.

Essential VII Clinical Prevention and Population Health for Improving the Nation's Health was the focus for the entire project to improve the quality of life of elderly adults living with chronic pain and offer the healing modality of mindfulness meditation as a powerful tool for lessening chronic pain and discomfort. Chronic pain can contribute to worsening health conditions. Chronic pain affects physical and mental wellbeing, which impedes all of one's life, especially if the individual has other major health concerns that need attention and care. Individuals with chronic health conditions and pain can have a more difficult time managing their health. Therefore, mindfulness meditation can help to decrease pain, thus improving chronic health conditions. Essential VIII Advanced Nursing Practice skills were applied throughout this DNP-FNP project through theory and evidence-based interventions, promoting health and wellbeing within the elderly living with chronic pain.

This scholarly DNP-FNP project utilizes NONPF competencies to assist in the improvement of chronic pain among older adults. The Scientific Foundation competency was

accomplished by reviewing literature on the benefits of meditation and apply this research to this project. Leadership Competency applies critical and reflective thinking to one's leadership. This competency was utilized through discussions and collaboration with organizational leaders to initiate implementation of this project. The competency of Practice Inquiry was utilized by providing leadership to implement new knowledge and practice into a unique community setting and evaluated the impact.

Critical Reflection

Advances Nursing Practice

Chronic pain in the elderly often can negatively impact all aspects of an individual's life. This DNP-FNP project advances the nursing practice because it applies evidence-based practice that supports mindfulness meditation to reduce chronic pain. Stress triggers stress hormones that cause inflammation that further worsens pain (Ehrman, 2020). Mindfulness meditation helps calm your mind and focus your attention, which can help release endorphins, putting the body in a more relaxed state, so less pain is experienced (Ehrman, 2020). According to Creswell & Khoury (2019), research in over 200 studies have found mindfulness meditation beneficial in reducing depression, anxiety, and stress; this is a powerful modality for lessening pain. Mindfulness meditation is also very inexpensive and accessible for the elderly population, using videos and apps prevalent in our society.

Gaps in Literature

The literature shows the use of mindfulness meditation can be helpful for the reduction of chronic pain. There are gaps in the literature that provide insight on whether mindfulness meditation is beneficial for specific chronic pain conditions (Howley, 2020). However, it is essential to note that the side effects of mindfulness meditation are minimal to none. The

experience of mindfulness meditation can help calm the mind and ease stress and anxiety, which, if left unchecked, can contribute to the worsening of an individual's pain experience. Further studies to determine the effectiveness of mindfulness meditation on chronic pain would be essential.

Authenticity of Project

This scholarly project displays authenticity in several regards. Literature reflects that chronic pain in the older adult population is often treated with pharmaceuticals. Chronic pain affects the quality of life of those involved. The use of pharmaceuticals for pain management in the elderly can add complications, risk and expenses which are challenging and sometimes dangerous in contrast to mindfulness meditation. Mindfulness meditation as a means of chronic pain relief is not something that many older adults are aware of or understand fully. Holistic healing modalities are not as commonly researched however are gaining popularity primarily through education. The authenticity reflects relevant literature gathered and applying Jean Watson's theory of human caring to design and shape a meaningful project to advance health and wellbeing in a particular population.

Participants and Self Understand

Many participants of this scholarly project understood mindfulness meditation differently. They understood meditation as a method of calming the mind and reducing stress. The new insight for participants in the mindfulness meditation sessions was realizing that this modality could be helpful in the long-term management of chronic pain. When this is not known, often individuals do not know to use this modality when they are experiencing pain and need the mindfulness meditation session the most. Throughout this project, I have understood myself differently by exploring my ability to guide and teach others about mindfulness meditation. I feel

more comfortable discussing the benefits of mindfulness meditation and helping individuals with chronic pain understand how this healing modality can assist them with pain management, thus improving their quality of life. Doing this project has helped me explore how I can assist in healing holistically as a care provider.

Transformative Work of the Project

The transformative work of this project took place with the education that mindfulness meditation could be used for pain relief. Individuals who had never used meditation in the past now use this modality several times a week to assist in pain relief. The conversation is growing among residents at the independent and assisted living facility about the meditation group held in the morning, which is now expanding in numbers. During skilled nursing visits, elderly individuals are encountered who are living with chronic pain. Education can be provided to older adults facing chronic pain about the benefits of mindfulness meditation. They are also encouraged to utilize the daily meditation group held in the building for chronic pain management. The educational experience at the facility during the mindfulness meditation session and conversations with the facility's key stakeholders began a new interest and awareness of how mindfulness meditation can impact health even when living with chronic pain. Also, there is a new understanding and awareness that mindfulness meditation can be done at home with little training. This work has the potential to transform lives of older adults living at this facility experiencing chronic pain. Hopefully, mindfulness meditation education can continue to impact many older adults in the community by reducing chronic pain and thus improving their quality of life.

Implications of Findings for Advancing Nursing Practice

Improving patient outcomes, better management of chronic health conditions, and improving quality of life through the knowledge, teaching and use of mindfulness meditation is an advancement in nursing practice. The findings of this scholarly project showed the benefits of mindfulness meditation on chronic pain in older adults. These implications are essential for advancing the nursing practice because decreasing chronic pain is at the root of improving patient outcomes, management of chronic conditions, and quality of life in this population. With this knowledge of a holistic healing modality that is helpful for pain reduction, nurses can better equip their patients with a valuable tool to decrease their pain and stress levels. When nurses are familiar with the benefits of mindfulness meditation, they can share and educate others; thus, improving health outcomes.

This DNP-FNP scholarly project aimed to improve chronic pain among the older adult population. This population is increasing worldwide, and often, their pain is not well managed, which negatively affects their quality of life. Jean Watson's theory of human caring helped to guide and empower this scholarly project. The implementation occurred at an independent and assisted living facility in Richfield, MN, providing mindfulness meditation sessions to older adults and educational handouts. Positive feedback resulted from the project by reports of reduced pain post mindfulness meditation. The transformative work of this scholarly project has the potential to enrich advanced nursing practice through the knowledge, skill and application of mindfulness meditation to help lessen the experience of chronic pain and improve the quality of life of individuals.

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Appendix A

Mindfulness Meditation Tips for Chronic Pain

Katelyn Forsell, DNP-FNP Student

- Find a quiet and calm space
 - Relax and be as you are
 - Take a deep breath
- Fully accept how you are feeling without judgment

Appendix B

Feedback Questionnaire

Pre-Survey Questions

- 1) Prior to meditation, how would you rate your pain on a scale of 0-10 (0 being the least amount of pain, 10 being the worst)?

0 1 2 3 4 5 6 7 8 9 10

- 2) Have you used meditation in the past?

Yes No

- 3) If so, has meditation helped you specifically with pain management?

Yes No

Post-Survey Questions

- 1) After meditation, how would you rate your pain on a scale of 0-10 (0 being the least amount of pain, 10 being the worst)?

0 1 2 3 4 5 6 7 8 9 10

- 2) Did you find this to be helpful in learning the practice of meditation?

Yes Partially No

- 3) Do you feel comfortable in practicing meditation independently?

Yes Partially No

- 4) Would you use meditation for the purpose of pain control in the future?

Yes Partially No

Mindfulness Meditation among Older Adults for the Management of Chronic Pain

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DNP-FNP Student

*Submitted in partial fulfillment of the requirement for the degree of Doctor of Nursing Practice
Augsburg University*



Objectives

- Identify the significance of this scholarly project in addressing the pain of older adults
- Define mindfulness meditation and the benefit it has on pain management
- Explain Jean Watson's theory of human caring and how this pertains to the implementation of this scholarly project
- Describe the implementation of the project and evaluate the results

Background

- The population of persons over the age of 65 is increasing in the U.S. and globally.
 - 46 million older adults are currently in the United States
- Chronic pain affects many older adults
- Pain in this population is often caused by chronic health conditions
- Pain negatively affects quality of life
- Pain affects mental health
- Issues with pharmaceuticals
 - Addiction, ineffective relief, constipation, sleepiness, risk of falls
 - Cost of opioid medications has increased 423% due to chronic pain


(Patel et al., 2013; Rural Health Information (RHI) Hub, 2020)

Problem Statement


Chronic pain drastically affects many components of life for older adults, thus negatively affecting their quality of life.

Therefore, it is vital for improved well-being and quality of life that pain is more appropriately managed in the older adult population.


(Patel et al., 2013)



Purpose of the Scholarly Project & Clinical Question



AIMS TO IDENTIFY THE EFFECTIVENESS OF MINDFULNESS MEDITATION ON PAIN MANAGEMENT AMONG OLDER ADULTS POPULATION RESIDING IN THEIR HOMES.



WILL TEACHING MINDFULNESS MEDITATION IMPROVE CHRONIC PAIN MANAGEMENT AMONG OLDER ADULTS IN THEIR HOME SETTING?

Objectives

Define	Explain	Explain	Teach	Evaluate
Define chronic pain for older adults.	Explain the negative results of chronic pain on quality of life.	Explain the effectiveness of mindful meditation on the management of chronic pain.	Teach mindful meditation to willing older adults who experience chronic pain to utilize in their home setting.	Evaluate the effectiveness of mindfulness meditation on the management of chronic pain

- 150 hours of mindfulness meditation training and education hours were accomplished in preparation for this DNP-FNP project and practice.
- This education set the stage for knowledge to this project.

Population, Setting & Context

Older adults aged 65 and older affected by chronic pain

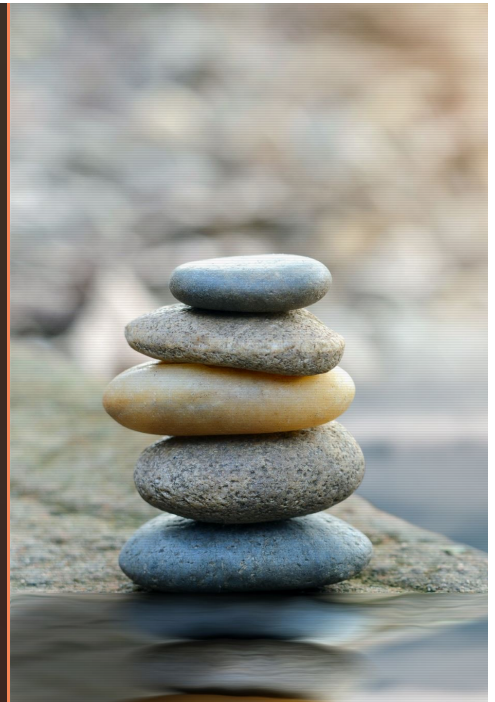
Implementation of a mindfulness meditation teaching occurred within an ALF in their activity room

Reinforcement of mindful meditation will come from follow up interviews and reviews of individual's numeric pain rating to identify the effectiveness.

Mindfulness Meditation

- Act of being in the moment
- Focuses on our sensations, emotions, and thoughts
- Helpful tool with minimal side effects to help decrease pain.
- Assists with mental wellbeing and decreasing anxiety and depression.
- Meditation is not something to excel at or master
- Practice of meditation leads to improved ability to be in the moment.
- No need to excel or master meditation to gain benefit


(Sheng et al., 2017)



Jean Watson

- Theory of human caring
- Guidance for the DNP-FNP project
- Transpersonal relationships & caring moments
- Importance of self care
- Act of being in the moment
- 10 Caritas Process

(Watson, 2007; Peprin, 2020))



Humancaringeducation.org

Jean Watson's Theory of Human Caring

Essential to look at the whole person when providing care

In line with mindfulness meditation

Her nursing philosophy is vital to health promotion, illness prevention, caring for the ill, and the restoration of health

Holistic and faith-based healing modalities are often overlooked

Watson reminds us of the importance for healing and caring for patients.

(Watson, 2007; Peprin, 2020))

Applications of Theoretical Concepts & Project Guidance

- Guidance of Jean Watson helped improve quality of life of older adults by incorporating mindfulness meditation to decrease pain
- Mindfulness meditation education supported individuals in providing love, care, and kindness to themselves
- Improved mental, spiritual, and physical health
- Assisted individuals in slowing down and being in the moment

(Watson, 2007; Peptrin, 2020)

Gaps in Literature

- Unclear whether meditation is beneficial for specific chronic pain conditions.
- Not much data on mindfulness meditation with the older adult population



Methodology & Evaluation



2 Mindfulness meditation groups held at an ALF

Available daily although typically by a pre-recorded meditation

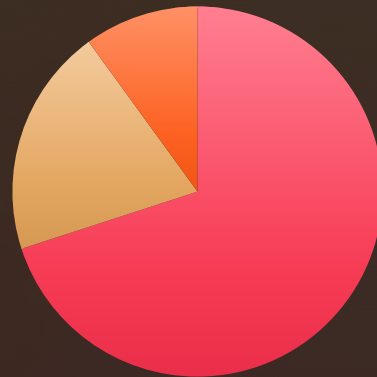


Introduction and education provided prior to session regarding mindfulness meditation's benefits on chronic pain



7 question questionnaire provided to gather information of pain before and after

Pain Scale Ratings



■ Improvement in Pain ■ No Pain Pre or Post ■ No Pain Improvement

Implementation of the Project

- Nursing visits were utilized to inform residents about mindfulness meditation and encourage attendance at the mindfulness meditation session.
- Others that regularly attend the meditation group, informed of the benefits meditation can have on chronic pain
- Reflection was held after the session



DNP Essentials

NONPF Competencies

DNP Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice.

DNP Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

Essential VIII: Advanced Nursing Practice

Scientific Foundation competency: reviewing literature on the benefits of meditation and apply this research to this project.

Leadership Competency: critical and reflective thinking to one's leadership, this is accomplished by discussion and collaboration to initiate implementation of this project.

Practice Inquiry competency: providing leadership to implement new knowledge and practice into a unique community setting and evaluated the impact.

Advances to the Nursing Practice

- Meditation can help calm the mind, decrease stress & anxiety which puts the body in a more relaxed state thus decreasing pain
- Spreading knowledge to patients and providers
- Improve pain, improve adherence to chronic illness management & improve patient outcomes



Authenticity & Transformative Work

- Project helped to offer a nonpharmaceutical pain relief strategy
- Individuals expressed gratitude for exposure to body scan meditation
- Increased attendance to the meditation session at facility
- Reports of meditation being used independently to help with pain



Reflections, Learnings & Implications

- Older adults were grateful for this experience and learning opportunity
- Mindfulness meditation is not well known for its benefit of pain relief
- Chronic pain significantly affects the quality of life for those affected
- There is an interest in further education about meditation among this population
- Providing these sessions was valued and helpful

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