

Meditation for Stress Reduction Webinar

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Abstract: Have you ever searched the internet before calling a doctor when you were not feeling well? There are hundreds of websites recommending stress reduction for overall health improvement. Meditation is a proven technique to reduce stress. Unfortunately, many adults feel they do not have enough time to meditate. The purpose of this instructional design project was to develop a Web page on Facebook.com and teach a webinar on the topic of meditation to change the way adults feel about stress reduction. The Facebook Page took into consideration the implications of using social media for learning and was in alignment with goals of the U.S. Department of Health and Human Services. Techniques for teaching in the affective domain and Gagne’s “Nine Events for Instruction” were used to create the webinar. All 11 adult women participants reported immediate feelings of relaxation during the webinar and 45% of participants started practicing meditation to reduce stress after participating in the webinar. An implication for future research includes utilizing other asynchronous methods of instruction instead of a live webinar.

Introduction

It has been known for over a decade that stress causes illness (Manning, Jackson & Fulisier, 1996). Meditation has been proven to reduce stress (Hussain & Bhushan, 2010). “Meditation is not only beneficial to the state of its practitioners’ psychological health, but is also effective in enhancing their psychological well-being by storing up high EI [emotional intelligence] and maintaining a positive attitude towards perceived stress” (Chu, 2009). Nevertheless, many adults do not meditate.

Unfortunately, “Only 12 percent of adults have Proficient health literacy, according to the National Assessment of Adult Literacy. In other words, nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease” (U.S. Department of Health and Human Services [HHS], 2012). The U.S. Department of Health and Human Services encourages health professionals to work with adult educators to develop and deliver health lessons. Their goal is to increase health knowledge and reach adults who may not connect with traditional health outreach methods. The purpose of this

instructional design project was to develop a Web page on Facebook and teach a webinar on the topic of meditation to change the way adults feel about stress reduction.

Although practicing meditation is typically an individual activity, learning about meditation and encouraging others can be done as a group. Synchronous learning environments can build a sense of community among the participants (Shield, Atweh & Singh, 2005). The webinar format of this instruction created a place for learners to come together and connect in real time, in the same place.

“There is a mismatch between the reading level of health information and the reading skills of the public. In addition, there is a mismatch between the communication skills of lay people and health professionals” (HHS, 2012). To avoid this, the content of the webinar included easy to understand diagrams and pictures. Any technical concepts were clearly stated in layman’s terms. To make the message even clearer, each slide had 10 words or less on it. The webinar format made it possible to conduct frequent checks for understanding and answer questions contributed to the success of the webinar.

The Facebook page was developed to supplement the Webinar. “Information literacy—the ability to negotiate the opportunities and risks of the Internet age—is an increasingly important aspect of higher education. Facebook presents students with choices about how to use technology in creative and useful ways while avoiding the pitfalls. Facebook also emphasizes the importance of creating content over simply consuming it” (The EDUCAUSE Learning Initiative, 2006). Participants were encouraged to share their experiences with meditation and give feedback to others’ posts.

It is a goal of the U.S. Department of Health and Human Services to improve the usability of information on the Internet since studies have shown that adults have trouble locating health information on websites (HHS, 2011). Participants were encouraged to explore different types of meditation on-line and post links for others to access. “Good link labels help user performance while bad or ambiguous labels hurt their performance” (Gee, 2009). The Facebook page provided participants with a familiar layout and well labeled links to information explaining the benefits of meditation, introductions to several different kinds of meditations, and a “What is Your Meditation Style” quiz.

A recent study showed that using videos to supplement distance-learning courses enhanced student motivation and supported independent learning (Simo et al., 2010). Therefore, video links were included on the Facebook website that sparked interest, provided examples of how to meditate and gave verbal instructions of how to log on to the Webinar.

Methods

Gagne’s Nine Events of Instruction and techniques for teaching in the affective domain were used to create the webinar. Table 1 shows how these two styles of teaching were integrated into the instructional slides.

Table 1: Webinar Slides correlated to Gagne’s Nine Events and the Affective Domain

Gagne’s Event	Description of Webinar Slide	Affective Domain (Miller, 2005)
Gain attention	5 celebrities were shown, participants had to guess what they had in common (They all meditate) Oprah had her own slide	“...an individual learns attitudes by observing the behaviors of others and modeling or imitating them.”
Inform learner of Objective	Objectives were listed in simple terms to involve participants with what they will be learning during the webinar	“involve the learner in planning, production or delivery of the message”
Stimulate recall of prior knowledge	Have you ever heard this advice, “Take a Deep Breath”, “Count to Ten” or “Go to your Happy Place”? When and why? Did you follow that advice? Did it help?	“By motivating students to reflect on their attitudes, instruction may lead to an increase in their intensity and permanence.”
Present the material	Information was chunked Each slide used limited, keywords Pictures were used on every slide Medical research and diagrams of how meditation works inside the body were given at the beginning	“When the information presented is important to the viewer and familiarity is low, an intellectual message will likely be more persuasive...”
Provide guidance for learning	The sequence of learning the techniques was organized so that by the time the webinar was over, each technique could be practiced together as one meditation	“the persuasive component should not merely restate the information provided earlier, but should elaborate and expand upon it”
Elicit performance	Three meditation techniques were practiced Each participant wrote a personal affirmation	“the recipients' own cognitive responses to it are numerous as well as favorable”
Provide feedback	Peers gave feedback on each other’s own, self written affirmation as part of a discussion I gave feedback during the breathing techniques and visualization practice	“Following the cognitive and persuasive components with a discussion may help to make the attitude change more permanent, since self-generated messages are more memorable than received ones”
Assess performance	At the end of each technique I asked, “How do you feel?” 60% of the questions on the pre- and post-survey were open ended questions.	“In assessing attitude learning, any Likert-type scales or similar close-ended measurements should be used in tandem with more open-ended instruments.”
Enhance retention and transfer	Referring Participants to the Facebook site to share their experiences and contribute to the page with links and information they find relevant.	“provides learners with an opportunity to express or act out the target attitude, and responds to that expression with positive reinforcement.”

Using Blackboard Collaborate, two live, interactive webinars were taught to two different groups of adults. Each webinar lasted approximately 1 hour. The webinar allowed participants to see the instructor via the video feature so breathing techniques could be demonstrated and non-verbal communication could be seen. The slides focused on the learning objectives, introduced the Facebook page, and aimed to build a learning community among the participants for ongoing support. Participants were encouraged to respond to questions but it was not a requirement, as detailed in the consent form they filled out prior to attending the webinar.

After the first webinar, participants were asked few questions to help evaluate the class. The second webinar was taught after their suggestions for improvements were integrated. Suggestions included changes in the flow of the class and several slide revisions. Long explanations of medical processes were avoided and speech was slow and clear because according to the U.S. Department of Health and Human Services (2012), "People's ability to understand health information is related to the clarity of the communication. Health professionals' skills, the burden of medical jargon, and complicated healthcare delivery systems affect health literacy."

The meditations introduced included two easy breathing techniques, how to write and use personal affirmations, and a 3-minute visualization to give participants simple ways to start their own meditation practice. "Increased self-efficacy, that is, a person's belief in his or her ability to accomplish a desired task, is a key factor in decision-making. A high self-efficacy for a task may mean that a person is more likely to try it" (HHS, 2012). Frequent checks for understanding and positive feedback were given after participants were allowed to try each method.

A public Web page on Facebook was developed called "Meditation for Stress Reduction". The page was designed to be a place where adults can learn about Meditation and participate in a support system that encourages a daily meditation practice. Before the webinar, informative articles, research papers, demonstration videos and audio podcasts of sample meditations were posted. Each link was read, watched or listened to prior to posting to be sure that it would validate meditation as effective and allow participants to explore different kinds of meditations for stress reduction. Care was taken not to include any links that were religiously biased or solely used for the purpose of marketing meditation classes or products.

On the Facebook page, information was posted about the Webinar. Interested adults read the consent form and completed a survey prior to attending the class. Participants were solicited with a Facebook Event so anyone could see who was attending and possibly feel more comfortable signing up. In addition to the date and time information of the class, two self-recorded Jing videos were posted. The first one demonstrated how to log on to the Blackboard Collaborate web conferencing class, including where to find the link on the Facebook site. The second video showed what to expect once the class started, briefly highlighting the response tools participants could choose to use, and the overall format of the webinar.

Results

The first Webinar had 3 participants and the second Webinar had 8 participants, all women. Although it was offered to both men and women Facebook Users, only women responded to the event posting on Facebook indicating whether or not they could make it. Several of those who could not attend the live webinar asked for another webinar to be taught.

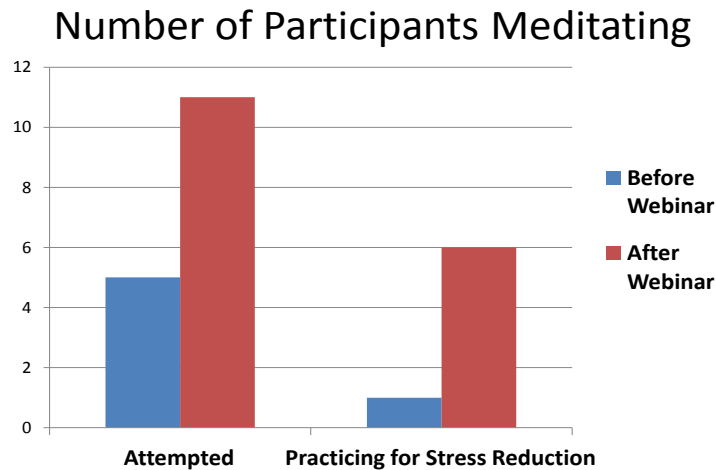
During the webinar, participants immediately experienced stress reduction benefits from the breathing and visualization techniques. Table 2 shows what participants wrote in the chat box when asked how they felt after having a chance to practice the technique. One participant was unable use their chat box feature, but later sent an email stating “You really got my curiosity [sic] up for meditation. I really enjoyed when I learned.”

Table 2. Responses during Second Webinar

Chat Box Comments during Webinar: After participants practiced a meditation technique, they were asked how they felt.
I feel relaxed and actually am breathing fully which is not normal for me.
wow just that little bit made me feel so good, i need to do this more often
I am more relaxed then when I began.
It is relaxing, thanks melissa

Figure 1 shows that the webinar provided an opportunity for 6 participants to attempt meditation for the first time. After the webinar, at least 45% of the class started a new practice of meditation for stress reduction. The post-survey was anonymous, so it is assumed that the person using meditation for stress reduction prior to the webinar continued with their practice.

Figure 1. Number of Participants Meditating



Participants completed the same pre- and post-webinar survey form to assess learning and evaluate if there were any shifts of attitudes regarding using meditation for stress reduction. Most questions were open-ended. Responses indicating a shift of attitude in participants towards using meditation for stress reduction are shown in Table 3.

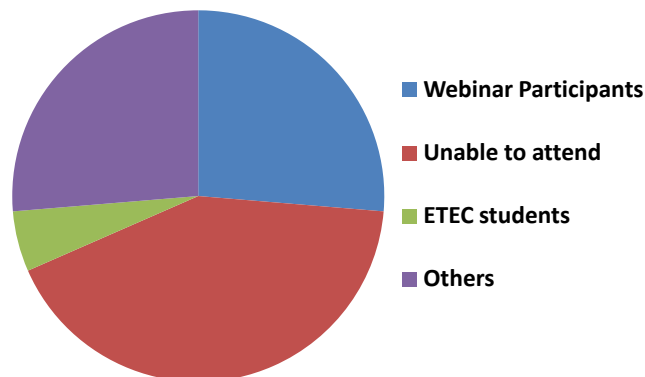
Table 3. Survey responses after Webinar

Post Webinar Survey Comments for Question 10: Overall, describe your feelings towards using meditation for stress reduction.
I feel more relaxed and I noticed I try not to fly of the handle. Meditation makes me think relax., relax, relax. Melissa I want to thank you for your presentation. Meditation has reduced my blood pressure 20 points.
I am certainly beginning to be a believer, I have felt less stress.
I feel compelled to incorporate meditation in my daily life more now then ever.
beneficial yet I find clearing the mind can be difficult... but even a little clearing of the mind helps keep me sane!
I think it is highly beneficial, because you can use it anywhere. When I am on my job site, I can use my mantras and affirmations. It helps me not beat myself up.

The Mediation for Stress Reduction Facebook page received 20 “Likes”. This means 20 people will receive status updates when someone posts things to the page. The page will appear on their profile or “Wall” for easy access and for friends to see what they like. Figure 2 shows that most “Likes” were from users who were unable to participate in the live webinar.

Figure 2. People who “Like” the Facebook Page

People who “Like” the Facebook Page



One person commented on two of the links posted before the webinar started. Two webinar participants posted links after the webinar, a link to a meditation magazine and a podcast link from National Public Radio. Three people, including two who did not attend

the webinar, accessed a link from the page and took a quiz to determine what type of meditation would be beneficial to them. This started a threaded discussion about their results with the researcher.

Eight people are “Talking about the page” on their own Facebook walls, including this comment, “Wow what an uplifting weekend! Between Melissa Bachmann’s wonderful “Meditation for Stress” webinar...” Two comments posted on the Meditation for Stress Reduction Wall were: “After the web class I put my huge raft in the pool and did the breathing exercise, it was awesome!” and, “I’ve been really sick and I’m using your breathing to try to feel better. I think its helping.”

Implications or Discussion

“The way we ‘package’ health information and services can greatly increase self-efficacy” (HHS, 2012).

Many people are still unsure of how an online webinar works. One participant originally signed up, but then canceled because her webcam was not working. Although she was contacted and assured that was not necessary for her attendance, she still did not log on for the class. Other potential participants may have been just as hesitant to come simply because of their lack of experience with the web conferencing format.

Several people who could not attend the webinar requested that another session be held. Ideas for future revisions include utilizing an asynchronous format to present webinar information and demonstrations. Posting the power point presentation in a narrated Voicethread format or making a video recording of the webinar in the Blackboard class would most likely have elicited more participants.

Conclusion

Health education is an important goal of the U.S. Department of Health and Human Services. “The benefits of health literacy improvement include improved communication, greater adherence to treatment, greater ability to engage in self-care, improved health status, and greater efficiency and cost savings to the health system as a whole” (HHS, 2012).

There are many known health benefits of stress reduction. A low level of health literacy could be the reason that adults are not developing a practice of meditation. The design of the Meditation for Stress Reduction Webinar promoted health literacy through clear communication using layman’s terms. Meditation techniques explained were easy, giving participants confidence and motivation. The webinar showed examples using pictures and diagrams explaining how meditation reduces stress, participants were allowed to practice the meditations and received feedback from the instructor and peers.

Adults are looking to the internet to find health information to prevent, diagnose, and treat illness. Health websites need to be designed for learners who may have low health

literacy. The Facebook page provided a format adults are familiar with and gave clear access to links. It provided a community-based learning environment and chances for participants to ask questions, give peer feedback or share their experiences. The Facebook page featured introductions to different types of meditation with clear evidence from reliable sources to validate meditation's effectiveness for stress reduction.

Participants in the Meditation for Stress Reduction Webinar learned to view meditation as a method to reduce stress and were encouraged make efforts to integrate it into their daily routine. Gagne's Nine Events of Instruction kept participants in an active, social learning mode during the webinar. Affective domain teaching techniques added to the overall success, changing participants' attitudes towards using meditation for stress reduction. Before the class only one person was practicing meditation to reduce stress. After the class six out of eleven participants were using meditation to reduce stress.

While immediate feedback and interactivity were a benefit of the live webinar instruction, attendance was low due to unfamiliarity with the web conferencing format or conflicting schedules. Although the webinar format may become more popular in the future as web-conferencing becomes more prevalent, this study showed that adults feel too busy or hesitant to participate in live sessions. For future revisions, an asynchronous delivery method could be more beneficial.

Webinar Power Point slides are available at: <http://melissabachmann.weebly.com/final-masters-project.html>

The Facebook page link is: <http://www.facebook.com/pages/Meditation-for-Stress-Reduction/162527070508491>

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