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Title: The role of Buddhist teachings in enhancing harmony in life of Thai people living with HIV/AIDS

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Abstract

Background: HIV diagnosis is a life-altering event. People living with HIV/AIDS are faced with intense suffering because diagnosis with the disease causes insecurity, uncertainty, and hopelessness. However, some people living with HIV/AIDS in the South of Thailand have capability to adjust themselves to live in harmony with HIV/AIDS.

Objective: To reveals the significant role of Buddhism teaching in enhancing harmony in the lives of Thai people living with HIV/AIDS.

Method: The paper draws on the results of four qualitative research studies which were conducted in the South of Thailand. Data of four studies were gathered from total 101 Thai Buddhist participants with HIV/AIDS in the South through in-depth interviews, participant observations and field notes through in-depth interviews, participant observations and field notes. Data analyses were guided by phenomenology and grounded theory.

Results and conclusion: Being diagnosed with HIV/AIDS and living with HIV/AIDS results in the participants' life being overshadowed by HIV/AIDS, including being highly stigmatized from "social disgust" and the perception that it is a terminal illness. Four studies found that in the processes by which participants overcame their suffering and living in harmony with HIV/AIDS, Buddhist teaching

enables them to obtain harmony in life. The nursing profession can promote living with harmony for people living with HIV/AIDS by promoting the religious teaching. It is practical way that every person can perform to gain peace and harmony in life.

Key words: Buddhism teaching, Harmony, HIV/AIDS

Background

The characteristics of HIV/AIDS are a life-altering and deeply stigmatized disease since the disease is associated with death¹. People living with HIV/AIDS highlighted the issues of early death from the disease and the strong discrimination that these people faced. They inevitably face high levels of insecurity and intense suffering because the diagnosis causes physical losses^{2,3,4}, uncertainty⁵, and despair and hopelessness^{6,7}. However, while some people perceived that people with HIV/AIDS died without dignity, and encountered tremendous suffering, others conducted their lives full of hope, demonstrating a will to live, and apparently achieving peace and harmony in their lives despite their life-threatening circumstances. Thus, this paper revealed the significant role of Buddhist teaching in enhancing harmony in the lives of Thai people living with HIV/AIDS despite the fact that they live with a deeply stigmatized and life-threatening illness.

Method

The paper draws on the results of four qualitative research studies which were conducted in the South of Thailand. One study⁸ was conducted based on phenomenology methodology and the other three studies^{9,10,11} were conducted based on grounded theory methodology.

In each study, pseudonyms are used for the participants in order to protect their confidentiality. Participants were selected according to the following inclusion criteria: they were HIV-seropositive, had lived with HIV/AIDS for 1 year or more, were aged 18 years or older, able to communicate in the Thai language, and were willing to participate in this study.

Data of four studies were gathered from total 101 Thai Buddhist participants with HIV/AIDS in the South through in-depth interviews, participant observations and field notes. Data collection and data analysis were undertaken in parallel with both processes moving back and forth until data saturation was achieved. Three sampling techniques were employed in the process of selecting the participants – purposive sampling, snowball sampling and theoretical sampling. Theoretical sampling is an essential sampling technique in grounded theory¹². The process of data analysis was guided by phenomenology and grounded theory^{13, 14}. Themes and categories were saturated when no new information emerged during coding.

Results

Buddhist teachings and practices played a vital role in helping participants who are living with HIV/AIDS to deal with their traumatic experience, to accept their illness and to discover ultimate meaning in life. Four themes that represent the significant role of Buddhism teaching in enhancing harmony in the lives of Thai people living with HIV/AIDS were identified.

Accepting dying and death

One of the most dreaded situations in life is death. It is even worse when a dying person is suffering from stigmatized health condition, such as HIV/AIDS. However, a number of participants were not extremely scared of dying. They were able to let go and accept dying and death because they perceived dying and death as a part of the life cycle. One participant expressed:

We must accept the truth... the certain thing is the uncertainty... no one lives forever... things change all the time.

Some participants believe in the law of *karma* and the result of good deeds. They perceived that their HIV/AIDS was the result of their bad *karma* that leads them to accept their illness and decided to do merit releasing *karma*. Some believed in life after death. Life is continuing and death is not the end of life. The participants believe that when death takes place and the body dies away, the mind exists and will spring up again with the support of a new physical body. They believe that all beings will be reborn somewhere for a limited period of time as long as their good and bad *karma* remains in the subconscious¹⁵.

Some also perceived that being born as a human being is seen as being born to suffer and death is the end of suffering and the end of repaying *karma* and the end of *karma*. Their understanding and beliefs, underpinned by Buddhist doctrines, guided participants in their way of living and helped them to remain calm in living with HIV/AIDS and facing the difficulties in life.

They also understood that they cannot take anything with them when they die except good *karma* or merit. They, then, reassess their priorities about the content of their life. What are the important things that they have to do while they are alive? As one participant explained:

I understood the truth of life which is when we die we cannot take anything with us. So I ask myself, what are human beings chasing after, and why don't they go looking for real happiness? We need to rethink again what we were born for? Walking on another path which is no connection with human world, but it is the path which I am as a monk could help people, who have no one to turn to, to encounter the suffering.

Living with equanimity

Equanimity is the aspect of true love that means nonattachment, non-discrimination, even-mindedness or letting go. The person sees everyone as equal; there is no discrimination between oneself and others¹. Living with equanimity included living in the moment that means enjoying, taking pleasure, and focusing on now, including being mindful and stopping the mind from wondering about the past, and the future.

Participants have the philosophy of doing the best for today and now. Focusing on the now or concentrating on the thinking that they do makes them feel calmness and peace. Some participants found that their happiness in life is obtained by living a simple lifestyle and living with self-sufficiency based largely on understanding the truth about life.

My way of living is I live my life very simply. I have a simple way, not thinking too much. If I am feeling lonely, I go to look at all the plants. They make me feel happiness

Living with awareness

Living with awareness means living life being careful. Some participants understood that their life was more fragile than it was in the past especially for those who experienced opportunistic infections and faced near death situations. They also think that their time of facing dying will come; it makes them live their life carefully and make a plan for life. They ordered their lives with intentional care and adopted a new way of living. As one participant said:

I have to be careful of my health. If I am severely sick, it is not good for my health condition. When I go to visit my hometown, and meet up with my old mates they would encourage me to have a drink with them. I just have a sip. I have to look after myself more than other people do. They can drink as much as they like, get drunk if they want. But for me, if I do the same, I might end up lying in bed for long time.

Living with compassion

Living with compassion is found in the participants who live their life concerned not only about themselves, but also showing care and concern to others. They feel appreciative when they see others have happiness. This way of living transpires and is upheld with an underpinning of the feeling of fulfillment in life that enhances long lasting happiness. One main reason that makes the participants repeatedly voice their desire to help people living with HIV/AIDS is that they hope to prevent HIV/AIDS in others and decrease the severity of HIV/AIDS, including stigma. One participant gave the metaphor of showing of compassion by helping others, as a person who holds the candle to shine into another's life to walk through their barrier. One participant, who has a lot of experience and volunteers and works at the hospital, finds her value either from her family members or her HIV/AIDS friends, said she felt like an angel, although she lived with HIV/AIDS. She expresses her feeling of becoming a refuge for others which increases her will to live and enhances the feeling of fulfillment in her life.

Being able to support and give shelter to other people makes me feel good. As I told you I can't die, not now anyway. I still have several people who need my help. This strengthens my will to battle the sickness... The courage is built up from inside...can't give up... feeling tired, have a rest and when feeling better, go back to work.

The participants understand and realize which things bring them pleasure, peace and harmony and what cultivates their mind to gain peace and develop. As many participants said, everyone needs happiness and peace in their life. By living life with equanimity, awareness and compassion, peace and harmony comes as a result of having consideration towards others. It illuminates the way for participants to cross from a world of darkness, hatred, and suffering to a new world of light, love and happiness.

Discussion

This study has outlined the significant role of Buddhism teaching in enhancing harmony in the lives of Thai people living with HIV/AIDS. Although, the final destination of a human being's life on earth is death, every individual has the right to live with harmony. The results of this study illustrated that although HIV/AIDS is a life dreadful situation, Thai people living with HIV/AIDS were able to overcome their life crises, learn to live with HIV/AIDS, and gain peace in their lives.

Accepting dying and death, living with equanimity, living with awareness, and living with compassion, the notions underpinned by Buddhist doctrines, play a vital role in granting people living with HIV/AIDS the opportunity to re-consider the purpose of living and gain harmony in their lives.

This study found that the participants gained peace and harmony in life when they began to understand the truth about life and live with equanimity. They learn to live in the moment and live with a simple lifestyle. They then have the experience of feeling freedom, relief, and fulfillment. Buddha encouraged people to develop their strength by understanding *the Noble Truths* in order to become free from their desires and self, as well as free from bondage¹⁵. Harmony also arises when the participants

live with awareness and live with compassion^{16,18,19}. Weaver et al.²⁰ mentioned that “central to the Buddhist approach to health and healing is its emphasis on spiritual strength and sense of purpose in life based on compassionate action for others” (p. 129). The living with loving kindness, compassion, altruistic joy and the purpose of doing good deeds for others without any expectation of reward as the participants present is consistent with the four Buddhist virtues. The first is *saddha*. A person should have faith and confidence in moral and intellectual values. The second is *sila*. A person should stop destroying and harming life, from stealing and cheating, from adultery, from falsehood, and from intoxicating drinks. The third is *caga*. A person should practice charity, generosity, without attachment and craving for wealth; that is congruent with the teaching in Islamic religion. The last is *panna*. A person should develop wisdom which leads to the complete destruction of suffering, to the realisation of *nibbana*¹⁵. Having a belief in a religious doctrine provided some participants with a means to reclaim their sense of who they were. This helps them achieve harmony in life; they have a stable state of mind, and they cannot be upset by gain or loss.

The results of this study could be used for the nursing profession to promote living with harmony for people living with HIV/AIDS by promoting the religious teaching. It is practical way that every person can perform to gain peace and harmony in life.

References

1. Portillo C.J., Tom L., Lee K.A. Miramontes H. Physical and mental fullness as descriptors that influence sleep in women with HIV. *Holistic Nursing Practice*. 2003; 17(2), 91-98.
2. Dalmida S.G. Spirituality, mental health, physical health, and health-related quality of life among women with HIV/AIDS: integrating spirituality into mental health care. *Issue in Mental Health Nursing*. 2006; 27(2), 185-198.
3. McReynolds C.J., Garske G.G. Current issues in HIV disease and AIDS: implication for health and rehabilitation professionals. *Work*. 2001; 17(2), 117-124.

4. Richards T.A. Acree M. Folkman, S. Spiritual aspects of loss among partners of men with AIDS: post bereavement follow-up. *Death studies*. 1999; 23(2), 105-27.
5. Hoy-Ellis C.P. Fredriksen-Goldsen K.I. Is AIDS chronic or terminal? The perceptions of persons living with AIDS and their informal support partners. *AIDS Care*. 2007; 19(7), 835-843.
6. Kylma J. Despair and hopelessness in the context of HIV- a meta-synthesis on qualitative research findings. *Journal of Clinical Nursing*. 2005; 14(7), 813-821.
7. Kylma J., Vehvilainen-Julkunen K. Lahdevirta J. Hope, despair, and hopelessness in living with HIV/AIDS: a grounded theory. *Journal of Advanced Nursing*. 2001; 33(6), 764-775.
8. Balthip Q. The lived experiences of death and dying of AIDS patients living in a temple of Southern Thailand. Unpublished Master dissertation, Prince of Songkla University, Thailand; 1999.
9. Balthip Q. *Achieving Harmony of Mind: a grounded theory study of people living with HIV/AIDS in the Thai context*. Unpublished doctoral dissertation, Massey University, Palmerston North, New Zealand; 2010.
10. Balthip Q. Chinawong T. Chandrema S. Process of enhancing or maintaining meaning and purpose in life of Thai teenagers living with HIV/AIDS. Songkla: Faculty of Nursing, Prince of Songkla University; 2012.
11. Balthip Q. Petchratchart U. Piriyakootorn S. An application of Self-sufficient Economy Philosophy (SEP) to achieve harmony in life of HIV patients in Southern Thailand. Songkla: Faculty of Nursing, Prince of Songkla University; 2012.
12. Strauss A.L. *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press; 1987.
13. Strauss A. Corbin J. *Basics of qualitative research: grounded theory procedures and techniques*. Newbury Park, CA: SAGE Publications, Inc; 1990.
14. Strauss A. Corbin J. *Basics of qualitative research: techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA.: SAGE Publications, Inc.; 1998.
15. Dhammananda K.S. *What Buddhists Believe* (5th ed.). Taiwan: The Corporation Body of the Buddha Education Foundation; (1993).

16. Hanh T.N. *The heart of the Buddha's teaching: transforming suffering into peace, joy, and liberation*. London: Rider Books; 2004.
17. Sethabouppha H. Kane C. *Caring for the seriously mentally ill in Thailand: Buddhist family caregiving*. *Archives of Psychiatric Nursing*. 2005; 19(2), 44-57.
18. Tawaisab R. *Spiritual well-being among persons with HIV/AIDS*. Unpublished Dissertation, Chaing Mai University, Chaing Mai, Thailand; 2000.
19. Wasi P. *Social health and spiritual health*. Bangkok: National Health Reform Office; 2000.
20. Weaver A.J. Vane A. Flannelly K.J. *A review of research on Buddhism and health: 1980-2003*. *Journal of Health Care Chaplaincy*. 2008; 14 (2), 118-132.