

**FENG SHUI: IMPLICATIONS OF SELECTED PRINCIPLES FOR
HOLISTIC NURSING CARE OF THE OPEN HEART PATIENT**

by

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DECLARATION

I declare that FENG SHUI: IMPLICATIONS OF SELECTED PRINCIPLES
FOR HOLISTIC NURSING CARE OF THE OPEN HEART PATIENT.

is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

Barbara June Murray

16th November 2001

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ABSTRACT

This qualitative study sought to explore the Hong Kong Chinese patient's perceptions of an Intensive Care experience and their views on the introduction of feng shui principles focussing on sleep orientations, dietary management and exercise regimes. The study explored the background of feng shui as an authentic traditional Chinese belief. It also explores if incorporating these feng shui principles into the health care setting would provide a positive effect for open-heart patients in an Intensive Care Unit at the Hong Kong Adventist Hospital in Hong Kong.

The major inference drawn from this study is that Chinese patients seek culturally related experiences from the health care setting. The Chinese informants showed strong belief patterns in traditional practices of feng shui, however, practiced these within the confines of their own homes as these experiences were denied to them in the hospital setting.

Key Concepts

Feng shui, balance and harmony, yin and yang theory, transcultural nursing, The Five Element Theory, Chi, sleep orientation, cardiac rehabilitation, diet and exercise.

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CHAPTER ONE

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Over the recent years, with the migration of populations world wide, and with countries becoming more and more multi-cultural, the need for cultural knowledge became imperative in all spheres of society including health care delivery. Consequently, culturally competent nursing care has also become imperative. As such it has a positive effect on patient recovery, patient satisfaction and health care outcomes (Leininger 1991: 88).

Within the Chinese community in Hong Kong, there is a very strong traditional belief in the ancient art of *feng shui*. Feng shui is the practice of creating harmony in the living environment to bring about health, success and happiness. It is based on human kind's relationship with the universe and in particular the importance of achieving the ultimate balance in all areas of life (Eitel 1993:3).

In this research, the author explored the experiences of Chinese patients regarding their hospital stay with an emphasis on the possible positive effects of introducing feng shui into the health care environment. To narrow down the study, the research has been confined to open heart surgery patients within an Intensive Care Unit at a private hospital. The study focuses on the elements of sleep orientations, dietary management and exercise regimes and how the use of feng shui with regard to these elements could be useful in cardiac care and cardiac rehabilitation.

1.2 BACKGROUND TO THE STUDY

Hong Kong presents the coexistence of Western and Chinese medical practice in a predominantly Chinese population that practices many Chinese cultural traditions (Lau and Lawson 1995:209). In Hong Kong, a large segment of the population consults Traditional Chinese Medicine (TCM) practitioners for health problems. A survey done by Wong, Yu, Liu, Lee and Lloyd (1997:367), in Hong Kong shows women, older residents, unemployed workers, low skill labourers and subjects dissatisfied with the quality of private sector clinics were significantly more likely to use TCM practitioners prior to seeing a general practitioner. At present there is a move afoot by the hospital authority in Hong Kong for all TCM practitioners to be certified by the end of the year 2001 (South China Morning Post 2000: 24).

According to a report by the Hong Kong Government media services, Anthropological, Psychiatric and Public Health Services (1978), prior to the handover from British rule back to Chinese rule in July 1997, the government employed a "promotion of Western medicine" policy. Essentially the aim was to entice people away from traditional medicine through educational programmes. In 1970, it was stated in a government service handout that although Western medicine was seen as entirely acceptable, many still consult traditional practitioners (Lau and Lawson 1995:212). Since the handover of Hong Kong back to Chinese rule, there is a trend towards incorporation of traditional methods into the Western system. According to Hesketh and Zhu (1997:115), China is the only country in the world where Western medicine and traditional medicine are practiced alongside each other at every level of the health care system. In addition these authors report that traditional medicine accounts for 40% of all health care delivered in China. In conclusion they reflect that

as more studies show the clinical effectiveness of traditional Chinese medicine, an integrated approach to disease using a combination of Western and Chinese therapies becomes a possibility for the future. Another study by the Chinese University of Hong Kong shows that among adolescents the trend towards usage of traditional Chinese medical practices is not as popular as has been reported for adults (Lau and Yu 2000:135). Nonetheless, in Hong Kong as such, there has not been any significant study conducted regarding the integration of Chinese and Western medicine in any form.

For the past one hundred years the Hong Kong Hospital Authority has based their practices on the Western biomedical system. It seems that in Hong Kong there is some cultural conflict when trying to apply Western medical ethics to patients of Chinese cultures. Situations arise where Western trained physicians are treating patients from a Chinese cultural background. Western medical ethics focuses on individual rights, autonomy and self-determination. Chinese societies place greater emphasis on community values such as harmony, responsibility and respect for parents and ancestors. Specific areas of cross-cultural conflict occur with the role of the patient and family in medical decision making. Others include the disclosure of unfavourable medical information to critical patients, the discussion of advance directives or code status with patients and the withholding or withdrawal of life support (Ip, Gilligan, Koenig and Raffin 1998: 450).

There is some question as to whether Chinese patients are satisfied with Western medicine and whether they have a need for the traditional Chinese medical practices. Orche, Bloch and Monroy (1983:233) mentioned that frequency and type of contact of younger generations with older relatives, who are the chief source of transmission of

traditional cultural values, affect variance within cultural groups. Research from other countries such as the United States of America, the United Kingdom and Australia, with predominantly large Chinese populations shows that Chinese culture is still a very important factor when it comes to seeking out health care (Ma 1999:421, Shih 1996:208, Chen 1996:17, Rawl 1992:6). Research shows that the inadequacy of western type services to meet the needs of the Chinese immigrants acts as a barrier to utilisation of services (Tabora and Flaskerud 1997: 185).

In recent times there has been much reporting of groups increasing their demands for culturally relevant health services, and speaking out about cultural health rights and expectation of being looked at within their own cultural patterns (Leininger (b)1984:42). There has been criticism of the way the western biomedical model treats illness. The systematic inattention to illness is in part responsible for patient non-compliance, patient and family dissatisfaction with professional health care and inadequate clinical care. According to Kleinman, Eisenberg and Good (1978:252), the solution is the training of modern health professionals to treat both illness and disease routinely and to uncover discrepant views of reality, which will result in measurable improvements in management and compliance, patient satisfaction and treatment outcomes. This statement is today as valid as it was in 1978.

1.3 PROBLEM STATEMENT

In the Christian oriented hospital concerned in this research, there is no provision for a more culturally aware health experience. The religious denomination that run the hospital conclude that feng shui traditions are contrary to their religious beliefs.

Within this environment at present, patient's optimal potential towards healing is being neglected. The hospital mission statement states that the hospital should be the *patient's advocate*. It could be argued that the hospital could not profess to act as the patient's advocate and then refuse to acknowledge the patient's cultural background.

Another pressing factor for this research is that the economic situation in Hong Kong is far from stable, with further recession likely. At present this Christian oriented hospital is seen by the local community as a Western hospital catering to Westerners. This impression is based on the fact that it was built by Americans of a particular denomination and had been managed by them until 1997. After the handover of Hong Kong back to China, many Americans left Hong Kong to return to the United States of America and local management was employed. The hospital now needs to attract a more localised clientele.

At present feng shui is not accepted as a cultural need, however, patients have been known to personally consult a feng shui master with regard to the hospital room orientation and will request a particular room because of its 'good feng shui'. Other feng shui principles are also 'privately' practiced by patients in these hospitals, such as patients requesting their families to provide meals and decisions on sleep orientations.

1.4 THE RESEARCH QUESTION

The guiding research question was 'What are the perceptions of Hong Kong Chinese patients, who have had open heart surgery in an Intensive Care Unit with regard to

incorporating feng shui principles in their sleep environments, dietary management and exercise regimes?’

1.5 PURPOSE OF THE STUDY

The purpose of the study was to explore the perceptions and views of Chinese open-heart surgery patients, with regard to their hospital experiences in order to understand whether there would be possible positive effects in incorporating feng shui principles into their sleep orientations, their dietary management and their exercise regimes.

1.6 RESEARCH OBJECTIVES

The objectives of this research were:

- To gain understanding of the Chinese people’s knowledge regarding their traditional cultural belief in feng shui.
- To determine whether cultural traditions are being met within the setting of the research. This setting being the Intensive Care Unit at a Christian oriented hospital.
- To determine whether the use of feng shui principles of sleep orientation, diet and exercise are compatible with Western medical care for post open heart surgery.

1.7 METHODOLOGY

1.7.1 Theoretical grounding of the research

The study was based on and conceptualised within the theoretical assumptions and definitions of the Cultural Care Theory (Leininger 1991:14-17), more specifically the author's Sunrise Model.

1.7.2 Research method and approach

This study was conducted within the qualitative research paradigm. The research used in this study was ethno-nursing methodology, which is a people centered research approach. The method thus supports the goal to understand the Chinese patient's experiences of their hospital stay. Ethno-nursing methodology requires friendly naturalistic approaches, open discoveries and uses largely inductive ways to describe, explain and interpret the informants world views, meanings, symbols and life experiences related to actual or potential nursing phenomena (Leininger 1991:78). Its purpose is to discover human care diversities and universalities in relation to world-view, social structure, and other dimensions, and then to discover ways to provide culturally congruent care to people of different or similar cultures in order to maintain or regain their well being, health, or face death in a culturally acceptable way (Leininger 1991:39).

1.7.3 Sampling of informants

A purposive sample of Hong Kong Chinese patients was selected according to the following criteria:

They had to:

- be born in Hong Kong and identify themselves as Hong Kong Chinese residents.

- be knowledgeable about Chinese culture, traditions and feng shui, the domain of inquiry.
- be willing to participate in the study.
- have undergone open heart surgery at the Christian oriented hospital and stayed in the Intensive Care Unit.

A total of 5 informants participated. They received information about the study on first contact after discharge and agreed to participate by sharing their knowledge and experiences with the researcher. The informants were aged between 50-79 years.

1.7.4 Data Collection

Due to the fact that the hospital concerned in the research project refused to give permission to do the study at the hospital, the hospital will be referred to as a Christian oriented hospital. The informants (then patients) were observed without their knowledge during their stay in the Intensive Care Unit. The observation involved only very limited periods and aspects such as diet ordered and specific cultural practices were observed.

The Sunrise Model was used during the interview “as a cognitive map to orient and depict influencing dimensions, components, facets, or major components of the theory with an integrated total view of these dimensions” (Leininger 1991:49). With the use of the Sunrise Model, the nurse assesses all aspects, including generic folk and professional systems which gives clues to theoretical ways of developing culturally congruent nursing care (Leininger 1991:22).

The in depth interviews lasted one hour. A semi-structured interview format was used. The interviews were carried out in Cantonese, by a colleague who identified herself as Hong Kong Chinese, spoke Cantonese and English fluently and was also knowledgeable regarding Chinese culture and traditions. Interviews were audio taped and then translated by the interviewer first and then by another colleague who also fit the selection criteria. Informants were made aware of the audio taping prior to the interview.

1.7.5 Data analysis methods

The four phases of data analysis and process was guided by Van der Wal (2000:331-362). The first phase involved preparing transcripts of data in plain text. The second phase was preparing four parallel columns entitled text, data chunk, code and category/notes. The whole transcript was incorporated into column one (text). Phase three involved creating a summary document, in this document all data chunks were transferred from phase two to the category heading. The last phase involved transferring and arranging the categories in the data presentation chapter and providing discussion on the contents in accordance with the literature. Presentation of the data in this way gives the reader a visual display of all categorical data and which in the author's view confronts researcher bias and increases credibility of the research.

1.8 TRUSTWORTHINESS

Many researchers have developed models in order to ensure rigour without sacrificing the relevance of the qualitative research (Krefting 1991:1). Guba (1981), has proposed

a model whose concepts are well developed conceptually and has been used by qualitative researchers for a number of years (as cited by Krefting 1991:1). The researcher used Guba's model to assess for credibility, applicability, consistency and neutrality. A discussion of these four aspects of trustworthiness will continue in Chapter 3.

1.9 ASSUMPTIONS

The underlying assumptions for this research are formulated with reference to the three areas of commitment for any research undertaking as proposed by Kuhn (Mouton and Marais 1992:147).

1.9.1 Assumptions regarding theoretical-conceptual commitments

Theoretical conceptual commitments are described by Mouton and Marais (1992:147), as representing the truth of the theories or laws of a particular paradigm.

With regard to theoretical-conceptual commitments, it is assumed that:

- Culture care concepts, meanings, expressions, patterns, processes, and structural forms of care have different and similar characteristics among all cultures of the world.
- Every human culture has generic care knowledge and practices and usually professional care knowledge and practices.
- Cultural care values, beliefs and practices are influenced by and tend to be embedded in world view, language, religion, kinship, politics, education,

economic, technological, ethnohistory, and environmental context of a particular culture.

- Culture care differences and similarities between professional care givers and clients exist in human cultures worldwide.

1.9.2 Assumptions regarding methodological-technical commitments

Mouton and Marais (1992:147) again define these commitments as pertaining to the criteria regarded as scientific. This includes the methods and instrumentation whereby a given view of what is scientifically valid may be realised.

With regard to these commitments it is assumed that:

- The perspectives of others can become meaningful, knowable, and explicit through the qualitative research interview (Patton 1990:278).
- By using the ethnonursing method, nurses can gain greater understanding and meaning from people's daily life experiences. This information will relate specifically to health care and well being in similar and different environmental contexts.

1.9.3 Assumptions pertaining to ontological commitments

Ontological commitments involve assumptions concerning the nature of the research object (Mouton and Marais 1992:147). In this case it is assumed that:

- Feng shui principles are a traditional part of the Chinese culture and are still practiced in the living environment.

- Chinese people utilise the principles of feng shui with regard to exercise regimes, dietary management and sleep environments prior to hospitalisation.
- Feng shui applies to the sphere of the life of those practising it and as such has a bearing on both health and illness.

1.10 SIGNIFICANCE OF THE STUDY

The significance of a study refers to the applications and implementation of the envisioned outcomes of the research. It is envisioned that if the results of this study are implemented in a cultural programme, the way that nurses care for their patients will be affected. It will enable nurses to think and care for their patients in a culturally acceptable way. The positive outcome of a study like this could ensure that all nurses are aware of the link between congruent cultural care and better patient outcomes. With the current emphasis on evidence based nursing, the importance of taking peoples cultural orientations into account and developing a nursing care plan around these cultural aspects will greatly improve health outcomes. This is surely the essence of nursing, in that the care that is provided should enable the patients to achieve a healthy outcome. In a professional capacity, it may encourage nurses to further their study in aspects of ethnography in order to create an environment that is conducive to care.

In an ideal situation one would expect to see better utilization of health care centers, follow up would not be restricted and compliance would be better. Within the Christian oriented hospital, centre of this research, it is envisaged that patients would describe a satisfaction with cultural acceptance by all members of the health care

team. There would be an increase in numbers of patients requesting to be admitted to the hospital. A further possible significance or recommendation of the study would be to formulate the data gathered in this research into a marketing proposal to submit to the Christian oriented Hospital Administration Board. It is envisioned that the programme regarding exercise, diet management and sleep orientation would extend past discharge and would be incorporated into patient's daily lives in order to ensure healthy cardiac rehabilitation and longevity.

It is envisaged that as nurses are exposed to other cultures, they can appreciate why certain norms and values have been effective for those cultures, and they will shed their ethnocentrism (Fong 1985:2). According to the Society for Intercultural Education, Training and Research (SIETAR), 'the better sense of your own values, identity and needs you have, the better you will be able to move freely and adopt new behaviours and give up old ones around you (Fong 1985:2). With regard to the situation at the Christian oriented hospital, there are thirty two different cultures represented on the staff. The need for cultural knowledge, cultural sensitivity and cultural relativism applies not only to one's patients but also to one's colleagues. For Western nurses working in a predominantly Chinese hospital the importance of these cultural building blocks cannot be stressed enough.

With regard to the nursing profession and how this study could have significance, it has long been the endeavour of the nursing profession to be seen as an academic discipline. As Leininger (1991:45) puts it, culture care could provide the distinctive feature by which to know, interpret and explain nursing as a discipline and profession.

1.11 SCOPE AND LIMITATIONS OF THE STUDY

The major delimitation of this study was the failure to gain approval from the hospital board to conduct this research within the hospital setting. Due to the hospital in question being a Christian oriented hospital, the hospital board viewed the research as being contrary to their religious beliefs.

Another limitation was the fact that the researcher does not speak Cantonese, where only Cantonese speaking patients are concerned the use of an interpreter was needed. Therefore all interviews were conducted in Cantonese and then translated into English. Preparation needed to be made prior to the interview, to ensure that all aspects of the research question were understood. The interviewer was also provided with a copy of the Sunrise Model as an interview guide, in order to ensure that all aspects were covered. Care was taken in the translation, with two colleagues doing the translation in order that nothing was lost in the Cantonese English translation, however, this was also a limitation.

1.12 ETHICAL CONSIDERATIONS

Polit and Hungler (1995:117) state that when humans are used as subjects of research, great care must be exercised that the rights of those humans are protected. The most important principles for this research were the principle of anonymity and the principle of informed consent. Anonymity was ensured with no names being used during the interview or used on demarkation of tapes. Informed consent was obtained from all participants. Further discussion regarding these principles and the ethical considerations appear in Chapter Three.

1.13 KEY DEFINITIONS

Key definitions pertinent to this study are:

Qualitative research

Qualitative research is a systematic, subjective approach used to describe life experiences and give them meaning. Qualitative research is a means of exploring the depth, richness and complexity inherent in phenomena. The insights gained from this process can guide practice and aid in the process of theory development and maximising knowledge (Burns and Grove 1993:26)

Ethnonursing

Ethnonursing is the study of human cultures, with a focus on a group's beliefs and practices relating to nursing care and related health behaviours. Leininger developed ethnonursing as a modification and extension of ethnography and specifically to be used in nursing (Holloway and Wheeler 1996:83; Struebert and Carpenter 1999:89).

Feng shui

Feng shui translated directly means wind and water. According to Chuen (1995:14) wind and water are two of the most fundamental forms of life's energy. Without air, we die within seconds. Without water we soon perish. Feng shui evolved from the simple observation that people are affected by their surroundings.

Culture

According to Andrews and Boyle (1995:10) culture represents a way of perceiving, behaving and evaluating one's world. It provides the blueprint or guide for determining one's values, beliefs and practices.

Emic perspective

A term used by ethnographers to refer to the way members of a culture themselves view their world; 'the insider's view' (Leininger 1991:36).

Etic perspective

A term used by ethnographers to refer to the 'outsider's view' of the experiences of a cultural group (Leininger 1991:36).

Informant

A term used to refer to those individuals who provide information to researcher's about a phenomenon under study, often used in qualitative studies in lieu of the terms subjects or respondents (Struebert and Carpenter 1999:21).

Selection criteria

A term used to describe the specific criteria/knowledge needed by the informants in order to be part of the study.

Purposive sampling

A type of non-probability sampling method in which the researcher selects subjects for a study on the basis of personal judgement about which ones will be the most representative or productive.

Sleep environments

The term used to describe the bed position and surrounding environment.

Dietary management

The term used to describe the foods and beverages required by open-heart surgery patients.

Exercise regimes

The term used to describe the exercise needed for open-heart surgery patients (Kavanagh 1998:120).

A glossary of definitions of terms pertaining to feng shui is provided at the end of the dissertation.

1.14 ABOUT THE RESEARCHER

The researcher is South African born and has been living in Hong Kong since 1993. During that time, the researcher's professional experience has been at a Christian oriented hospital in Hong Kong, initially working in the Surgical Unit for two years and then working in the Intensive Care Unit. For the last year the researcher has held

the post of part time Nursing Supervisor, while still working as a casual employee in the Intensive Care Unit.

The cultural difference between East and West has been a great personal learning curve especially in the workplace environment. It has been of interest to the researcher that in the hospital environment, cultural awareness applies to the whole medical team. Cultural building blocks between patients, colleagues, doctors and other medical personnel are a necessary part of the orientation to the hospital. The language has also provided a barrier with regard to the fact that the researcher is not fluent in Cantonese and therefore has to rely on interpreters for the data collection and also the interpretation of the information.

1.15 OUTLINE OF THE STUDY

CHAPTER ONE

Chapter one includes a general introduction to the research study, it highlights the research question, the background and general purpose of the study and gives brief explanations regarding the validity and reliability, and ethical considerations of the study.

CHAPTER TWO

Chapter two is the literature review, including aspects known about the phenomenon under investigation. All aspects include previous studies, methodological issues and research designs used in the past.

CHAPTER THREE

Chapter three incorporates the methodology and research design information. Details of the population and sample, data collection and data analysis process are all discussed as well as a more in depth discussion on trustworthiness and ethical considerations taken with this particular research.

CHAPTER FOUR

Discussion and presentation of data are included in Chapter four.

CHAPTER FIVE

Chapter five includes the final conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The literature review was directed by the central concepts that are important in the research. The computer search was narrowed to the concepts of transcultural nursing, culture care and sensitivity, Chinese traditional practices and beliefs and feng shui. These were then broken down into literature pertaining to Chinese cultural beliefs such as the Five Element Theory, Yin and Yang and Chi.

The search revealed no specific studies done on patient perceptions regarding feng shui in a hospital environment. Within this chapter on the literature review, an outline of feng shui and its central concepts is given as this encompasses a broader understanding of the Chinese cultural belief system. Feng shui is further integrated with health care and its delivery. Leininger's Sunrise Model served as the framework for this literature review.

A literature review on methodological issues revealed that qualitative research is the method of choice for an insider's perspective on cultural practices. As is known with regard to qualitative research the literature review was an ongoing process throughout the research project.

2.2 THE LEININGER SUNRISE MODEL

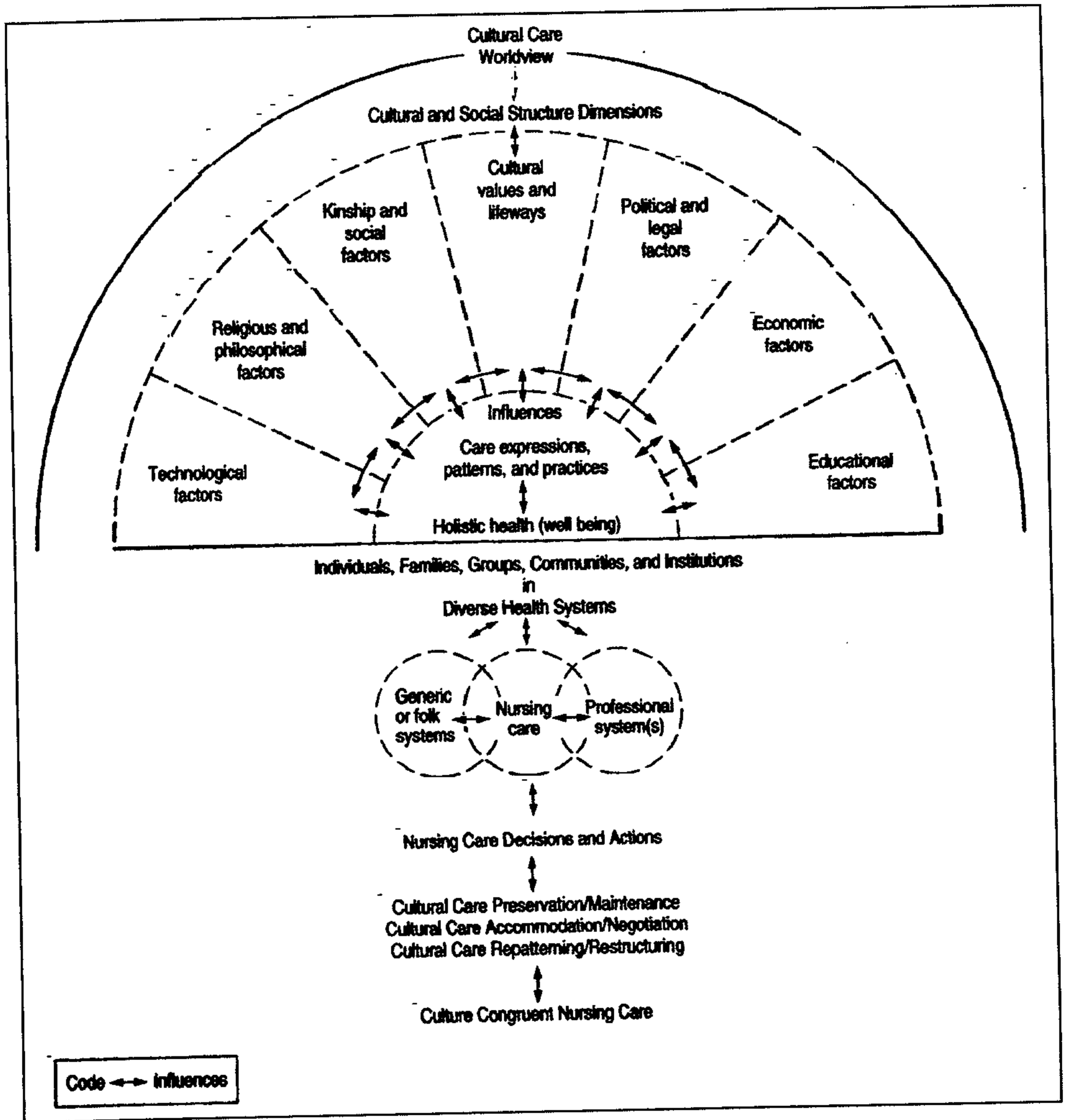


Fig.1.1 Diagrammatic representation of Leininger's Sunrise Model
(taken from Leininger 1991:43)

Leininger's Sunrise Model was used as a framework for the literature review. With regard to this study the researcher explored patients perceptions of their hospital environment and their views on introducing feng shui principles into that environment. Leininger identified that such individual experiences and health care decisions are strongly influenced by the social structure, world-view, cultural values, ideals, beliefs, and practices passed down by families, traditions and cultural groups (Leininger 1991:182-183 and Leininger (b) 1984:42). In this study, emphasis is placed on diet, exercise and environmental comfort and how feng shui affects these in an open-heart patient in the Intensive Care Unit. Consequently, these aspects are emphasized in the literature review. Other aspects that are not central to the study but are informative with regard to Chinese cultural tradition are included in less detail.

2.2.1 World- view as part of the Sunrise Model

A general definition of world-view refers to a framework that ties everything together, that allows us to understand society, the world and our place in it (Heilighen, <http://pespmc.1.uvb.ac.be/WORLDVIEW.html>). A more in depth explanation is given by Andrews and Boyle (1995:17-18), who explain that cultural meanings and beliefs develop from the shared experiences of a group in society and are expressed symbolically. One of the examples of world-views given in Andrews and Boyle (1995:27) is that of the holistic or naturalistic paradigm, a world of harmony and unity. The holistic paradigm seeks to maintain a sense of balance or harmony between humans and the larger universe. Explanations for health and disease are based on an imbalance or disharmony among the human, geophysical, and metaphysical forces of the universe. The Chinese culture subscribes to this world-view. Balance and

harmony also form the basis of the feng shui tradition and so feng shui can be described as a world-view. It is the opinion of the researcher that feng shui is the essence of the Chinese people's existence and as such is representative of their world-view. With regard to this study, balance and harmony are explored with regard to diet, exercise and environment of open-heart patients in an Intensive Care setting.

Chen (1996:17), whose research identified three interrelated sub-processes, namely harmonizing with the environment, following bliss, and listening to heaven. This research was used to generate a substantive theory that explains the world-view of health and illness behaviours with respect to health promotion and illness prevention among Chinese elders.

In most definitions of feng shui the concept of creating harmony is highlighted. Traditional feng shui beliefs show that the importance of creating harmony within your life with regard to your environment is vital for health (Too 1997:6; Lupone 1999:115). For the purpose of this research too, feng shui is defined as holistic and naturalistic. Topley (1974:247) discusses how Chinese medicine has come to focus on the internal problems of homeostasis. Chinese tradition is also permeated by symbolism and this is very prevalent in the principles of feng shui.

2.2.1.1 Feng shui as a world-view

Feng shui is based on the Taoist teachings and has been practiced for the last seven thousand years. It is a fundamental belief that feng shui is based on the Chinese belief that man and the universe are connected. Feng shui translated directly means wind and water. According to Chuen (1995:14) wind and water are two of the most fundamental forms of life's energy. Without air, we die within seconds. Without

water we soon perish. Chuen also states that wind and water separately and together symbolise manifestations of the movement of energy. Rossbach (1984:2) claims that feng shui evolved from the simple observation that people are affected by their surroundings. Organising their environments may have been a logical step in trying to prevent natural disasters. Rossbach (1984:8) further states that the Chinese saw the link between man and the landscape. The roots of feng shui grew out of an agrarian way of life, where the fate of man was bound up with the cycles of heaven and earth, with weather, fertility of the earth, floods, accessibility of water and amount of sunlight.

Feng shui is based on the premise that everything in the universe contains dynamic energy known as Chi (positive or negative) which connects every animate or inanimate thing in the interconnected fabric of life. Feng shui views the home and the workplace as a living entity that both gives and receives energy, with which one experiences harmony and discord. This naturally has implication for the hospital environment as well. How energy or Chi is channeled and changed can greatly affect our lives (Hodgin 1997:12,19). Too (1997:6) states that these effects are to bring about health, happiness and prosperity.

In order to understand the art of feng shui, 'the electricity of nature', we need to appreciate the way that natural science developed in China. Unlike the West where the order of the day has always been to use practical tests and experiments when pursuing scientific discoveries. The ancient Chinese scholars scorned the use of instruments or tests. They did not dissect the bodies of animals or analyse organic substances but recorded precisely what they observed, and in so doing they created a science that combines inner consciousness with ancient tradition that holds the

powers of nature in the highest esteem. Ancient sages viewed the universe as constantly changing and growing through two continuously moving forces. Yin, a female, dark, passive and negative force and Yang, a male, light, active and positive force. These forces were not opposite but create a harmonious balance in which one could not exist without the other. From their observations the sages concluded that the earth's invisible forces were the same as those in the human body, what we call our energy (Waring 1993: 95; Eitel 1993:2).

In the following paragraphs the author discusses how the fundamental concepts of feng shui such as the Five Elements, Chi and the Yin and Yang theory pertain to the research study with regard to dietary management, exercise regimes and environmental comfort.

2.2.1.2 The Five Element Theory

Too (1997:14) states that the Chinese believe that all material matter is made up of five elements. These are wood, fire, metal, earth and water. The relationship between these elements is again one of competition, and what emerges is the energy of existence. The movement and mutations of these five qualities result in never ending productive and destructive cycles (Shih 1996: 210).

With regard to the health dimension and to show how closely environment and health were connected in the thinking of the ancient Chinese scholars, the five phases are used to categorise the various organs, tissues and drug properties (Shih 1996:210).

The productive and destructive cycles explain normal physiologic activities and pathological changes. Based on this philosophy and following cardiac surgery it is not

uncommon for a Chinese person to ask for medication to protect the organs related to their target organ (heart) (Shih 1996: 208-215).

With regard to major surgery Shih (1996:210) states that relationships of these elements are applied when Chinese patients and their families select food and herbs. Chinese patients usually take special food and herbs according to the season before or after major surgery to balance yin and yang and to enhance their energy. Generally hot herbs are taken before major surgery in winter and Chinese patients take warm herbs before and hot herbs after major surgery in the summer. Patients avoid taking cold vegetables before or after major surgery. Shellfish or lobster are thought to cause wound allergies and are strictly forbidden in the postoperative period (Shih 1996:210). With regard to this research, data analysis reveals that this concept remains an important one for the Chinese patient and that this information should be taken into account when discussing preoperative and postoperative dietary management.

Figure 1.2 shows a diagrammatic representation of the Five Element productive and destructive cycles. This explains how the elements of earth, metal, wood and fire react with each other in order to energise health and relationships.

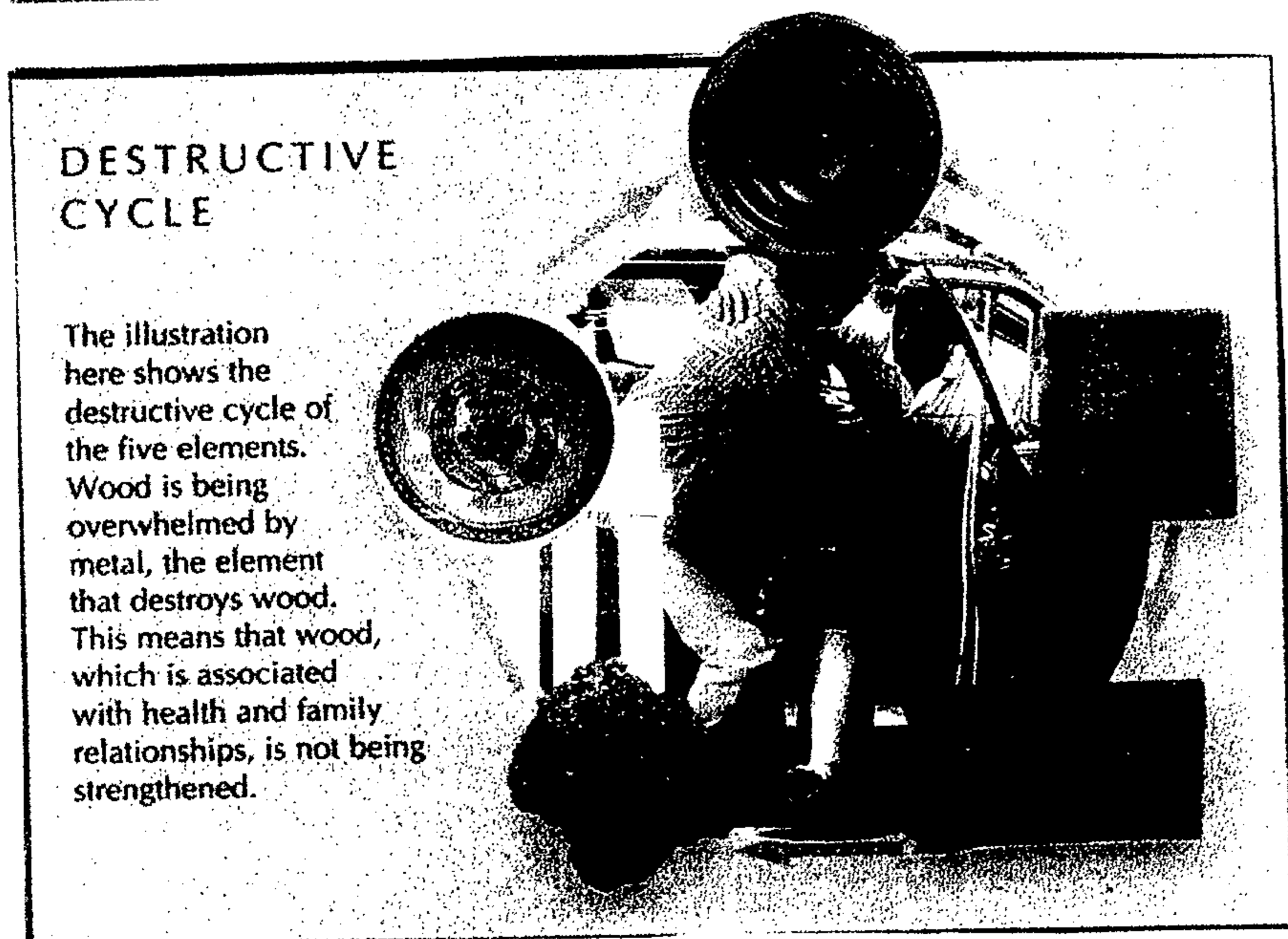
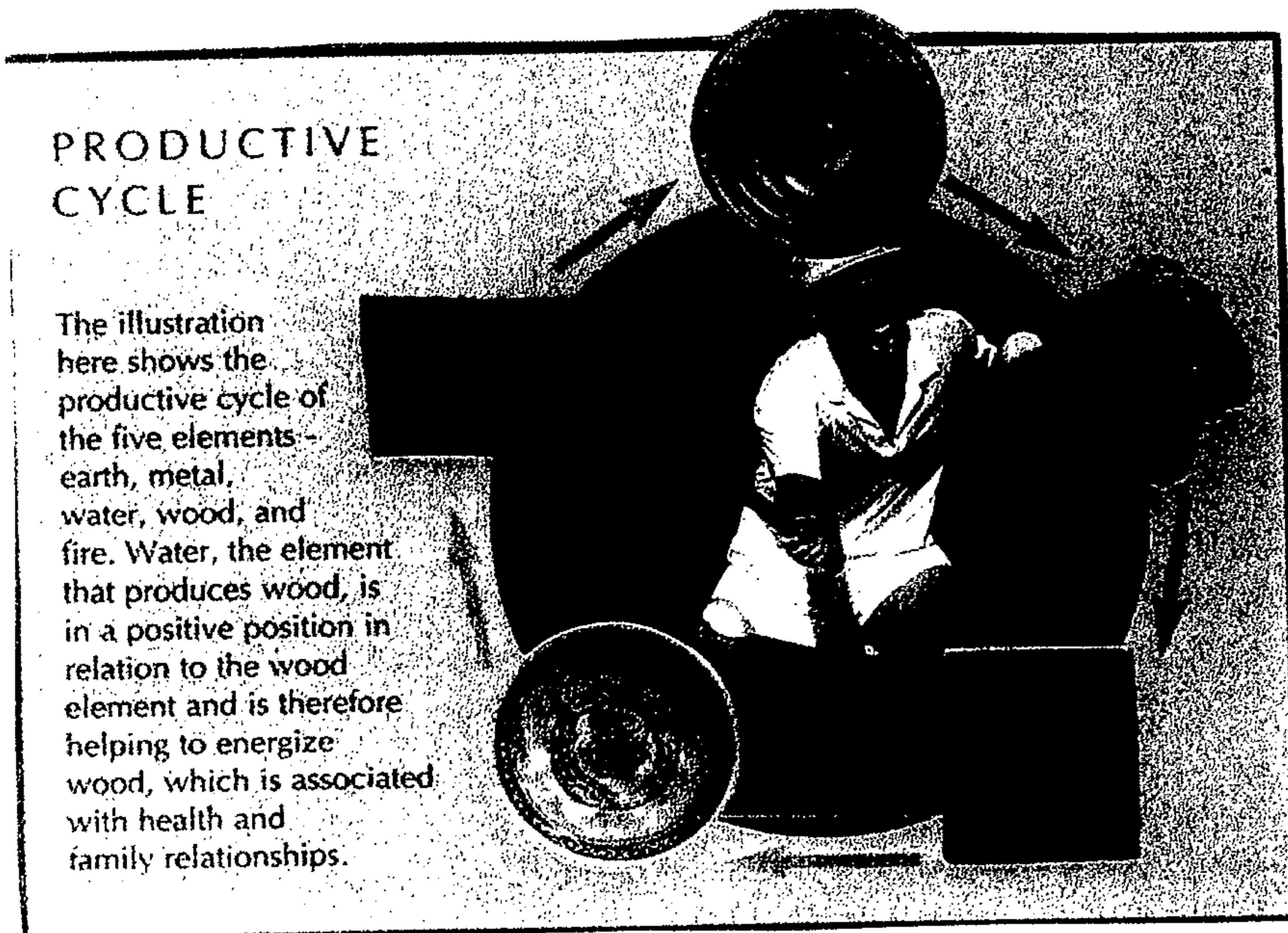


Fig.1.2 Diagrammatic representation of the Five Element productive and destructive cycle with regard to health

(taken from Too 1997:14-15)

2.2.1.3 Yin And Yang

A definition by Yeung (2000:12-14), claims that feng shui is rooted in Taoism. Taoism teaches that the earth can be split into two, matter versus spirit, that which you can touch and hold and that which you cannot. Yin symbolically refers to the earth and female, versus the ethereal and male yang. Yin and yang, represented by a circle, (Yin being the dark half and Yang the light) forms the basis for many feng shui principles. The theory of 'yin' and 'yang' dominates concepts of health and illness in traditional Chinese thought (Chen 1996:18; Shih 1996:209). This will be explored in the paragraph on yin, yang and health. The concept of yin and yang is described as being naturalistic in origin, teaching that all things in the universe consist of two opposing forces or elements. Natural phenomena, including the human body, can be interpreted in health and disease using this philosophy, which combines nature, ethics, social order and astrology. Although yin and yang forces work by opposing each other, they are in fact complementary, forming a united whole. According to Fung (1960), Chen- Louie (1983), Wiseman and Ellis (1985) and Spector (1991), these interdependent forces can be described, when one draws analogies of yin and yang in the form of hot and cold, female and male, negative and positive, darkness and light, emptiness and fullness (as cited in Chan 1995: 31-32). This concept of being opposite but complimentary highlights the holistic view that Chinese people have of all phenomena. Figure 1.3, shows a diagrammatic representation of the yin yang circle depicting the two opposing but interrelated forces.

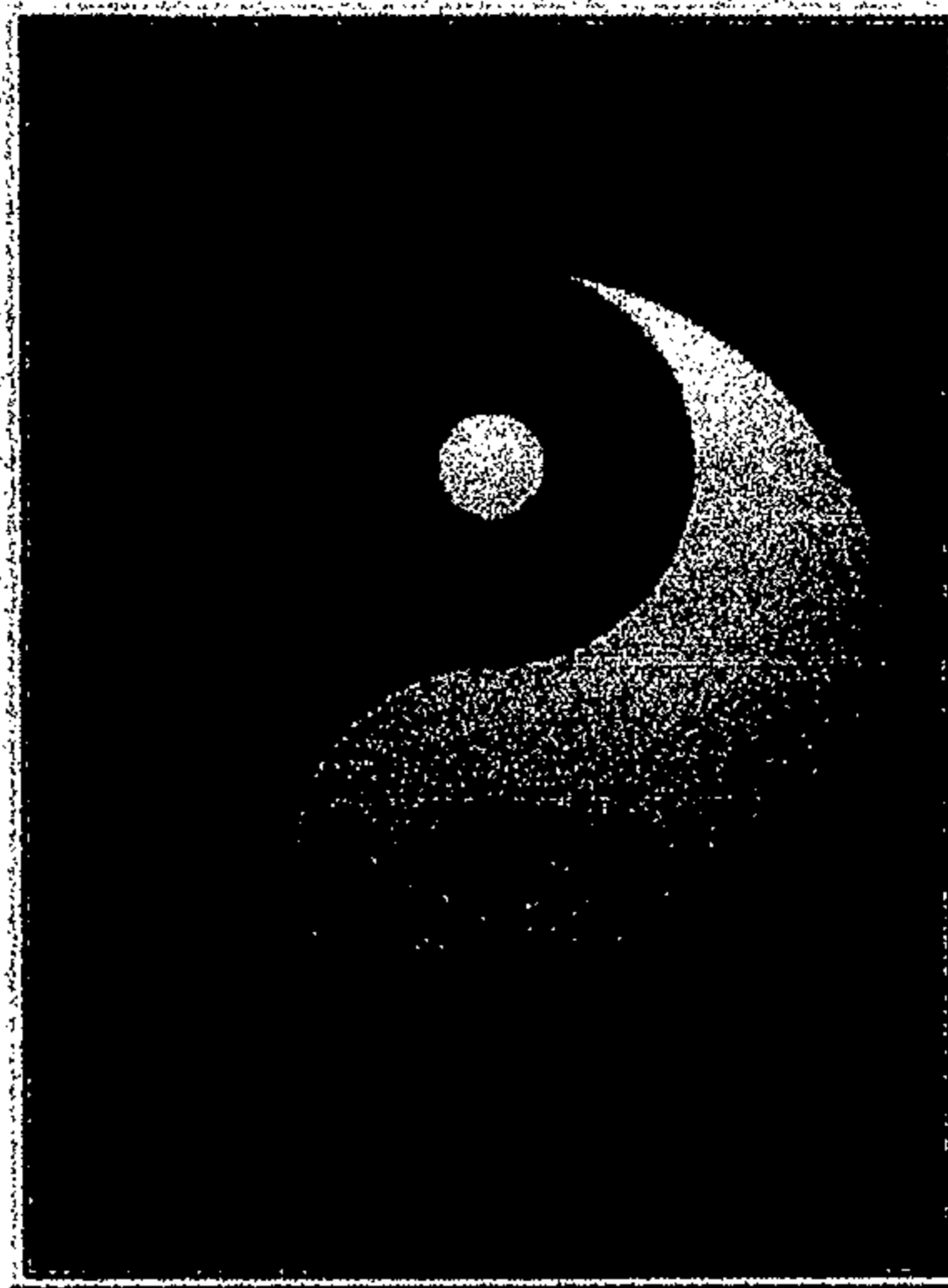


Figure 1.3: Diagrammatic representation of yin/ yang symbol

(Yin/Yang Symbol: <http://www.newton.mec.edu/Angier/DimSum/Yin&Yang%Define.html>)

Yin, Yang and health

According to Too (1997:10), *disease is diagnosed* as being caused by an excess of either yin or yang energy. Too much yin or yang in the atmosphere or the foods we eat results in antagonistic energies attacking the body. With reference to the human constitution, imbalances of yin and yang affect internal balance in the human body (Topley 1974:247). Wind is described as hostile yang energy. It is regarded as the major cause of many different types of illnesses including the common cold. The Chinese often diagnose a variety of ailments as being caused by wind and therefore treat these ailments by rubbing what is termed as 'wind oil' (an example is tiger balm oil) around the upper orifices of the body (Too 1997:10). An article in the Nursing Standard by Chan (1995:31) states that from a Western perspective the yin and yang

forces may be equated to the parasympathetic and sympathetic nervous systems in the human body. Yin is seen to restore and conserve vital energy. An excess of yin energy causes the person to be prone to infections, gastric problems and be unusually anxious. Yang is protective, activation of the stress response at the sign of any danger, and so too much yang is believed to cause dehydration, fever and irritability (Chan 1995:31).

Food management is critical to harmony in the body, in social life and in individual interactions with the world. Food is classified as having heating and cooling effects, and illnesses are categorised into hot or cold states. The hot and cold terms are used to refer to the cooling and heating *effects* of the foodstuff and not its temperature. The use of food to maintain health is related to another Chinese concept known as Chi, which as mentioned before refers to the living spirit or energy in our bodies (Qi Journal: <http://www.qi-journal.com>). Food when metabolised becomes chi, either as cold yin energy force or as a hot yang energy force. As different foods contain different amounts of chi and the chi itself takes many forms, they either give strength or weaken. Hot and cold foods are manipulated to bring about balance (Chan 1995: 31-32). Since food produces energy, which is the source of life, the selection of food, timing of meals and how food is prepared are of utmost importance to the Chinese (Lau & Lawson 1995: 210).

The implications of Yin and Yang regarding the present study

With regard to this research study, the literature review provided information regarding the dietary management that could be used by a dietician within a hospital environment. Taking into account yin and yang energies as well as the chi aspects, a

dietician could provide a menu that would not only be culturally acceptable while in hospital but could be the basis for a healthy cardiac diet for long term rehabilitation.

Table 1.1 Diagrammatic table representation of hot and cold foods

	Types	Examples
Hot	Strong, Rich, Spicy, Bitter, Sweet	Alcohol, meat and other animal products, chilli, radishes, *ginger, gaseous drinks, curry, spices and pepper, *bread, cakes, biscuits, shellfish, nuts
Cold	Bland, low fat, sour	*Vegetables, *fresh fruits, lemon, lime, milk and milk products, ice, water, salt
Neutral	Neither hot nor cold	*Rice, *fish, *noodles

(as cited in Chan 1995:32)

*Foods permissible in cardiac surgery

2.2.1.4 Chi

Chi is a very important aspect of Chinese culture, it is seen as an abstract concept that penetrates all of Chinese traditional practices. It has no shape or form and is invisible, but it is believed that because of its presence, people's well being is affected. Traditional Chinese practices, whether feng shui, acupuncture, or chi kung, all focus on protecting and nourishing chi, both internally and externally. Nourishing chi is believed to ensure health and longevity. The protection of chi inside the home is also believed to lead to health, harmony, prosperity and longevity (Too 1997:7, Wydra 1996:24). Wilton (www.wolfenet.com), describes the importance of chi, as an outgrowth of the Chinese metaphysical model of the universe, which is concerned with the flow of chi, a metaphysical life force, among all physical objects and landforms.

The most basic premise of feng shui is that if the chi can be channelled properly among human beings by manipulating their surroundings, various good effects may

follow (www.wolfenet.com). However, if chi is improperly channelled any host of unspeakable disasters or bad luck might befall the people in the path of chi. Being nourished by good chi, one heals and enjoys good health, harmony and balance. According to Chen (1996:18), the forces of Yin and Yang formulate the Chi, which is classified into human, heaven and earth Chi. Chi is called 'vital energy' in the West. Chi is the source of life and is defined as the 'energy circulating in the human body'. The study of human Chi relates to health and longevity. The traditional Chinese physician focussed on the interruption or blockage of Chi, the driving force (energy) of the cosmos and of human life. This system forms the basis for the diagnosis and treatment of illness, as well as promoting health and preventing illness (Chen 1996: 17-26) in terms of Chinese traditions.

Chi and health

In a handbook for health and basic feng shui fundamentals, Too (1997: 7) describes physical decay as a gradual disintegration of chi and death as the total absence of it. All traditional Chinese practices focus on nourishing chi. Chi Kung teaches that nourishing chi within, through simple exercises effectively supplements health and longevity. It followed that if human chi is strong and balanced, the health of the physical body would be excellent. This approach to health resulted in the various sets of movements that exercised both the muscles and the five vital internal organs of the body.

The movements of these exercises are said to create the vital breath. Many of these are simple exercises named after the celestial animals, the dragon, tiger, phoenix, and turtle, and also after the longevity creatures, the deer and the crane. Anyone can use

these exercises to maintain balanced physical and emotional states. However if there is a specific problem affecting an internal organ, the appropriate exercise is selected to bring healing energy to the afflicted organ. Depictions and descriptions of tai chi exercises appropriate for open heart rehabilitation are found in Appendix 1A and B.

Implications of Chi regarding the present study

With regard to this research study, the literature obtained on the tai chi exercises showed that this exercise technique involves very gentle exercising of all muscles and includes breathing techniques. On discussion with the Intensive Care Unit physiotherapist at the Christian oriented hospital, it was agreed that tai chi exercises are a very good way to prepare the patient preoperatively and postoperatively with regard to in patient care. The tai chi exercises are also good for long term cardiac rehabilitation. Wong (1996:5) and Davis: <http://wwwmy.webmd.com>), describes how tai chi exercises are used for cultivating mind and body.

2.2.2 Cultural and social structure dimensions as part of the Sunrise Model

Cultural and social structure dimensions are defined as involving 'the dynamic patterns and features of interrelated structural and organisational factors of a particular culture (sub culture or society) which includes religion, kinship (social), political (and legal), economic, educational, technological and cultural values, ethnohistorical factors, and how these factors may be interrelated and function to influence human behaviour in different environmental contexts' (Leininger 1991:47)

With regard to this study, the most important categories were those that were relevant to feng shui and health behaviour. From the literature reviewed, the categories of

cultural values and lifeways were directly related to the research study. Religious and philosophical factors were also relevant but only as a passing mention.

2.2.2.1 Modern use of feng shui

According to Jeremiah Wilton (www.wolfenet.com) 80% of Chinese people in Hong Kong believe in feng shui. The importance of feng shui for the Chinese population is revealed by Wilton who states that despite outward disdain, the Hong Kong colonial government, prior to 1997 allowed civil cases of damaged feng shui to go through the courts in the New Territories. Rossbach (1984:2) agrees that feng shui flourishes in Hong Kong and is used by most Chinese and even some Westerners. Eitel (1993:3) claims that feng shui has a strong hold in Hong Kong and Chinese colonies overseas, he admits that its influence appears to be growing. The researcher was interested to note on a return visit to South Africa in April 2001, the amount of literature on feng shui in the bookstores. In Hong Kong, this is not a popular fad that people are experimenting with, the Hong Kong population live their lives in accordance with feng shui and practice it as part of an ancient tradition. This reflects the importance of the tradition to the people. Perhaps the Western interest that it has generated reflects the move towards creating a more holistic environment in which to live and function.

The philosophy of many Eastern religions view harmony and balance in mind, body and soul as a vital part of reaching enlightenment. These philosophies have become increasingly popular in the West, as people seek fulfillment in their lives (Rossbach 1984:2).

The following paragraphs do not pertain directly to the research question but are included to give a holistic view of Chinese patients and their belief systems. This knowledge will benefit the nurses with regard to providing culturally congruent care.

2.2.2.2 Religious and philosophical factors

Certain religious perspectives provide the foundations for feng shui and its related concepts. In accordance with the importance placed on culturally congruent care, and the importance of cultural issues in health care, these religious aspects must be upheld within the health care environment. In order to provide culturally congruent care while in hospital and initiate a successful rehabilitation programme, the health care providers need to understand these religious beliefs. The major philosophical and religious perspectives that have guided Chinese culture are Confucianism, Taoism and Buddhism. These philosophies have strongly influenced the Chinese way of living and thinking. At this point, the researcher would like to reiterate that the main issue surrounding this research was the fact that the Christian oriented hospital is of a non-Chinese religion orientation. This fact leads to the widening gap of cultural care within the hospital.

2.2.2.3 Kinship and social factors

The literature review highlighted the importance of family within the Chinese culture. Rawl (1992) quotes Lum, Cheung, Cho, Tang, and Yau (1980) in their description of the Chinese family as a close knit family unit that provides its family members with support, security, and a means for meeting needs. Constantly reinforced in the Chinese family are the values of filial piety and reciprocity in social relationships.

Loyalty, unquestioning allegiance and total subordination to one's elders and superiors is expected (Rawl 1992:6-17).

2.2.2.3.1 Discussion regarding implications for nursing practice

The three teachings that guide Chinese beliefs also guide their social views. Confucian teachings concentrate on interpersonal relationships and social obligations. These teachings highlight reciprocity and loyalty, benevolence and righteousness, self-respect, self-reliance and self-control. With regard to interpersonal relations within the health care environment and for nursing implications, the social expectation for the Chinese health professional is that they should regard their patients as their relatives (Shih 1996:212).

Good interpersonal relations are a basic need for Chinese patients and they are very sensitive to an unstable or mistrusting relationship. Nurses need to be aware that patients sometimes value their attitude more than their professional skills and knowledge. Verbal and nonverbal symbols that Chinese patients perceive as showing support and concern are touching (such as hand holding and hair combing) and empathetic smiling. Chinese patients usually regard nurses with smiling faces and those that are willing to show their empathy as 'good nurses'. If nurses do not show empathy, Chinese patients will be anxious and may experience self-blame. Then they will be less communicative and may not honestly express their discomfort for fear of being labelled 'bad patients'. Loyalty is an unquestionable allegiance to superiors and demands total subordination. This is seen in patient's total submission to their physicians. If they have questions, they dare not ask the physician directly, instead they ask the nurses to clarify the questions, or ask the nurses to ask the questions for

them. It can be stressful for the patients if they do not have a comfortable relationship with their nurses (Shih 1996:213). It is the researcher's opinion that obligations of self-control and self-restraint stops a postoperative patient from asking for analgesia. Therefore the nurse needs to be aware of physical signs and symptoms as well as non-verbal body language like grimacing. Family unity is expressed by constant attention from the family members towards the patient. Chinese families feel it is their duty to do so and the nurse may consider including the family in the plan of care such as feeding, bathing and comforting.

2.2.2.4 Political and legal factors

Before 1997, as a British colony, Western medicine has been the mainstream of health care practice for over one hundred and fifty years. The practice of TCM has been allowed following the government proclamation in 1841 that inhabitants would be governed in accordance with the laws, customs and usage of the Chinese (Lau, Lawson 1995: 209).

The trend since the hand over of Hong Kong back to China in 1997 has been to slowly incorporate the two medical systems. In China, the systems exist side by side, if a patient is admitted to a hospital, he is assessed on admission as to whether his condition will be treated better by Western or Chinese medicine. In Hong Kong there are two government hospitals providing outpatient clinics for TCM doctors that are registered under the Hong Kong law of practitioners. The Hospital Authority of Hong Kong are slowly creating more options for patients who would like to continue to use traditional medicine as well as integrate it with the more modern Western techniques.

Regretfully, at the Christian oriented hospital this integration is not on the agenda and was one of the main reasons the researcher undertook this project.

2.2.2.5 Economic factors

To be frugal is to be wise. The Western world has an adage 'waste not want not'. The Chinese are exemplary in carrying out this philosophy by avoiding wastefulness. They tend to purchase things with great forethought and calculated decision making, as to whether the benefits outweigh the costs. Historically over the centuries, this economy has propelled the Chinese into the higher ranks of business (Mukai, 1999: 20).

With regard to these cultural views it has been the experience of the author that Chinese families will use all economic means at their disposal in order to preserve life. It is the researcher's personal view that this is demonstrated by the family loyalty of a son whose eighty year old mother had a cerebral haemorrhage and who remained in the Intensive Care Unit for three years on total life support measures. At the cost of the equivalent of ten thousand South African Rand per day, this was a hardship born because the son could not, within his religious beliefs, give the order to stop all life support. The researcher is also under the impression that it is the Chinese belief that under certain environmental conditions as described, the patient may return to reasonable health and this is the reason for the financial sacrifice.

2.2.2.6 Educational factors

Researchers have found that Asian families demand and expect their children to do well academically, to obey authority figures and to be aware of the sacrifices that

their parents have made for them and to fulfill obligations. Zhang and Carrasquillo, describe that in Confucianism, the plasticity of human behaviour is strongly emphasized. The Chinese continue to utilize the Confucian construct of hard work as a tool to condition the mind. Further statements of cultural effects on education for the Chinese highlight that Asian philosophical systems reiterate the ethos of labour and personal effort in the present life (Zhang and Carrasquillo 1995:46-53).

Information regarding education states that Hong Kong provides nine years of free and universal basic education to all students between the ages of six to fifteen and these students are entitled to free school places (www.info.gov.hk).

With regard to health care, even though the patients are well educated, they are not educated regarding their own health. It is the experience of the author, that on a regular basis, patients will bring their own medications into hospital prescribed by the doctor. There are no drug names printed on the bottle and the patients are directed according to the colour of the tablet. Another problem in Hong Kong is that all schedules of medicines are available on the black market without a prescription.

2.2.2.7 Technological factors

Taking into account that the Chinese world-view highlights the use of balance and harmony within the environment, it would seem strange that they would be comfortable with increasing technology demands, however, they have embraced the race in technology and are very comfortable with it. This Christian oriented hospital could advertise itself as a one-stop health care centre. It boasts every technology that one can find. It is a one hundred bed hospital and to mention a few of the services it provides is a Magnetic Resonance Imaging Department, CAT scan department,

nuclear medicine department, a cardiac catheterisation facility, a sleep apnoea clinic, a haemodialysis clinic and a gastro-enterology department. As mentioned previously, feng shui masters are consulted on the architectural plans for modern buildings and layouts and as such modernisation is integrated with the age old traditions of feng shui. It is the researcher's wish that feng shui become a functional practice at the Christian oriented hospital, acceptable to medical practice, but not countering religious practice.

2.2.2.8 Generic care/Folk systems

Leininger (1991:24) differentiates between generic and professional caring. Generic caring is defined as the oldest form and basic expression of human caring essential for the growth, health and survival of homo sapiens. Generic care, as the foundational prototype of care includes local home remedies and folk care. It was predicted that all homes had some form of generic or basic caring that was used by family members or special care givers. Leininger (1991:25) says that these generic caring behaviours or expectations need to be identified for their efficacy or beneficial outcomes and used with professional care practices where indicated. If beneficial generic care were not practiced, one could predict 'non caring' outcomes such as poor recovery from illness, failure to stay well, and other problems. According to Kleinman, Eisenberg and Good (1978:251), the process of illness includes the following, awareness of change in body feeling, personal and family action is undertaken to bring about recovery, advice is sought from members of the extended family or the community. The professional and marginal practitioners are consulted. This sequence explains generic care, and reports show that 70-90% of all self recognized episodes of sickness are managed exclusively outside the formal health care system (Kleinman, Eisenberg,

Good 1978:251). No country is stated in this research, however, the authors of this article are from the United States of America.

With regard to generic care in Hong Kong, TCM is considered an integral part of Chinese culture, which has a history of over five thousand years. TCM views the human as an integral part of the universe and maintenance of inner and outer harmony is essential to maintain health. Classical Chinese medicine advocates that there are three main sources of body energy named sexual energy, physical energy and spiritual energy. The key to good health and longevity is to accumulate as much energy as possible and encourage its flow in the body.

With regard to the conducted research, the researcher would like to demonstrate that to provide physical energy Chinese patients need generic dietary options for postoperative cardiac patients to encourage long term dietary consciousness. Chinese patients need spiritual energy for recovery from open-heart surgery and this can be achieved by having respect for the Chinese traditions and by providing health care options with regard to their traditional beliefs. With regard to sexual energy, sex and sexuality have been studied postoperatively and are of concern to a lot of patients (Christian oriented hospital Cardiac Surgery Educational Booklet, 1994:14). Education regarding this subject has been beneficial to patients however, will not be covered in this study. TCM adopts a more comprehensive view of the human body, disease is caused by a loss of equilibrium of an individual with the universe. TCM has a holistic approach in which health is not seen as the absence of disease but viewed as the cooperative functioning parts within a context (Lau and Lawson: 1995: 210).

With regard to Leininger's view of incorporating the generic and professional systems in order to provide the best possible care for the client, the situation in Hong Kong is that the two systems are still coexisting side by side but with no formal plans for lawful integration. In Hong Kong both Chinese and Western medicine are seen to have their own strengths and weaknesses. Hong Kong Chinese tend to use one system to complement the other. A recent survey on the utilisation of TCM showed that 24% of the respondents had consulted a TCM practitioner in the nine months prior to the interview. It is found that TCM is a significant alternative for 'secondary action' after unsuccessful Western medical treatment (Lau and Lawson 1995:209). In addition, the utilisation of Chinese medicine by adolescents presented a similar pattern. The high receptivity among adolescents as well as adults has been contributed by the persistence of family cohesion in the Chinese community and its strength as a socialising agent. It is predicted that TCM will remain popular in Hong Kong. In general, people have faith in Chinese medicine because it is perceived to be more favourable than Western medicine for maintaining body homeostasis. It has fewer side effects. It cures the cause rather than merely the symptoms of diseases (Lau and Lawson 1995:212).

2.2.2.9 Professional systems

As cited in Leininger (1991) professional care is defined as cognitively learned, practiced, and transmitted knowledge learned through formal and informal professional education nursing schools (Leininger 1991:34). As previously described in the paragraph on education, the Chinese tradition is not to take individual responsibility for one's health but the family and the doctor are collectively

responsible. This leads to a lack of professional health knowledge on the part of the patient.

According to the Western model, disease is caused by a specific identifiable agent. Professional health systems use scientific medicine to identify these agents and to establish their causal link with specific diseases. According to Hepburn (1988), Van der Steen and Thung (1988), this theory was central to the history and development of Western biomedicine as was the concept of mind-body dualism, first proposed by Descartes and later developed by thinkers in all the human and behavioural sciences (as cited in Thorne 1993:1932). Although the human self is experienced as a whole, Descartes viewed the body as a machine. Cartesian dualism is evident today in the conceptual distinction between 'disease' and 'illness', referring to the objective evidence and the subjective experience. The machine metaphor of the body has facilitated the development of Western medicine into specialities such as surgery, internal medicine and orthopaedics etc. Physician diagnosis and treatment of disease are mainly based on clinical observation and examinations rather than on patient's description of the experience and their social and psychological conditions (Lau & Lawson 1995:210, Thorne 1993:1932).

The folk and professional health care systems were seen to be able to cater to all peoples needs, however, it was later established that professional care was at times not beneficial or congruent with a persons generic care. These ideas led to numerous studies regarding the care that patients received in professional health care settings and how they contradicted generic care. These research studies continue today (Leininger 1991:15).

As opposed to the Western health model of a dichotomy between body and mind, the Chinese belief system views the human as an integral part of the universe and maintenance of inner and outer harmony is essential to attain health (Lau & Lawson 1995:209).

With these differences in mind, the provision of professional care has now incorporated the importance of congruent cultural care and knowledge. Professional education of care providers now includes a formal area of study and practice focused on comparative analysis of different cultures and subcultures in the world with respect to cultural care and health and illness beliefs.

2.3 LITERATURE REVIEW ON METHODOLOGICAL ISSUES

According to the literature review, there have been no studies regarding the use of feng shui principles in a hospital environment. The research studies that have been done are mainly in psychiatric nursing with regard to the Chinese traditional beliefs and psychiatric patients. Qualitative methods have been employed for all these studies. On reviewing literature regarding research of cultural phenomenon it was decided that the best method for this study was a qualitative approach. The important factor in qualitative research that makes the difference is the serious attention to discovering the *emic* view, that is the insider's perspective (Struebert and Carpenter 1999:15). For this study, the viewpoint of the informants was vital to gain information on how they viewed their experience and also to gain their views on the use of feng shui in the setting. The literature also showed that in these research situations interviews are a good way to elicit information of this type. Selection of participants

for this study was done by purposeful sampling, ensuring that informants fitted the criteria.

2.4 CONCLUSION

Within this chapter, feng shui has been presented as a holistic world-view. Cultural and social structure dimensions according to Leininger's Sunrise Model have been described and explained in terms of this world-view. Implications of this world-view with regard to dietary management, environmental comfort and exercise have been indicated.

CHAPTER THREE

METHODOLOGY AND RESEARCH DESIGN

3.1 INTRODUCTION

The approach to selecting a research design depends mainly on the question being asked. This research question involves exploring the informant's experiences of their hospital stay, this means the researcher would find it beneficial to hear the views and beliefs from the group themselves. This is the essence of qualitative research methodology and is the reason why the researcher used this method with regard to this study. In order to gain insight into another person's cultural beliefs and values requires asking open ended questions so that the informant can identify and explain the importance of the tradition subjectively. Assessing and understanding cultural variables from an informant's perspective leads to a better understanding of patient behaviour and the way the patient perceives the illness or health situation.

The researcher would like to reiterate the similarity of the qualitative research paradigm to the beginnings of the tradition of feng shui. Eitel (1993:2) says that practical tests and experiments were never developed, rather phenomena were observed, and a whole system of natural science evolved from their inner consciousness and was expounded according to ancient tradition.

3.2 THE RESEARCH METHODOLOGY

3.2.1 Definition of the term methodology

According to Polit and Hungler (1995) methodology refers to ways of obtaining, organising and analysing data. Methodology also refers to the selection of an appropriate method depending on the nature of the research question (Polit and Hungler 1995:15,194). Mouton and Marais (1992:16), state that the etymological meaning of the word methodology could be interpreted as the logic of implementing scientific methods in the study of reality. Methodology is thus the theory of correct scientific decisions (Kaufman as cited by Mouton and Marais 1992:16).

In this study the word methodology refers to the logical sequence in how the research was done.

3.2.2 Qualitative paradigm

3.2.2.1 Definition

According to Miller and Dingwall (1997:14), the basic understanding of qualitative research is that it includes theoretical questions about how social life is organised, how institutions operate, and about the ways in which individuals and groups make sense of their lived experiences. Polit and Hungler (1995:16) define qualitative research as the collection and analysis of subjective data, as a means for understanding and interpreting human experiences. Qualitative research also uses procedures requiring minimal researcher imposed control. According to Polgar and Thomas (1995:109), qualitative data consists of detailed descriptions, based on language or pictures recorded by the

investigator and is defined as disciplined enquiry examining the personal meanings of individual's experiences and actions in the context of their social environments.

Polgar and Thomas (1995:11) believe that we perceive patients or clients in two different but interrelated frameworks. The first view describes a quantitative approach to research and knowledge, where we view our patients as natural objects, and attempt to identify and measure important variables, which represent the causes of a clinical condition. The second view implies a qualitative and informative approach where we view our patients as people and attempt to gain insights into their subjective experiences and the reasons for their actions in particular. According to Smith (1993), qualitative research is an in-depth analysis in order to understand the *what* and *why* of human behaviour.

Qualitative research is a systematic, subjective approach used to describe life experiences and give them meaning. It is a way to gain insight through the discovery of meaning. Within a holistic framework, qualitative research is a means of exploring the depth, richness and complexity inherent in phenomena. The insights gained from this process can guide practice and aid in the process of theory development and maximising knowledge (Burns and Grove 2001:26)

3.2.2.2 Assumptions of qualitative research

With regard to the research conducted, the use of the qualitative methodological techniques was viewed as the best possible way to gain information about people's experiences in hospital and their perceptions regarding the possible positive effects of feng shui in a hospital setting. By following the first assumption described by Cresswell

(1994:145), the qualitative researcher is interested in meaning. With regard to this study the interest for the researcher was that ancient tradition and modern living seem to exist side by side in Hong Kong. People will still decorate their very expensive apartments with feng shui in mind. When questioned regarding its benefits, the answer from the Chinese people was that by using feng shui in the house, you ensure health, prosperity and happiness. However, in the health care environment there was never any hint of feng shui being used. The researcher also has a general interest in how the Chinese make sense of their lives, their experiences and their lived world.

The second assumption of Cresswell (1994:145) is that qualitative researchers are concerned primarily with process. In this study this refers to gaining insight into the informants perceptions regarding feng shui and their experience of the hospital visit.

The third assumption is that qualitative researchers are the primary instruments for data collection and analysis. This assumption is discussed in more detail in Par.3.4.4 on p.62.

A fourth assumption states that qualitative research involves field work. The researcher physically goes to people in order to record behaviour in a natural setting. Struebert and Carpenter (1999:15) describe this as enquiry that limits disruption of the natural context of the phenomenon of interest and acknowledges participation of the researcher in the research. With regard to this study, over seven years of observation by the researcher as a primary instrument was conducted. However, due to the author not speaking Cantonese, the informant's home language, the researcher employed the use of colleagues to be the *human instruments* for the data collection itself.

Cresswell (1994) describes a fifth assumption. Qualitative research is descriptive. The researcher is interested in process, meaning and the understanding that is gained through words or pictures. As a sixth assumption, Cresswell (1994:146) explains that the process of qualitative research is inductive. The researcher builds abstractions, concepts, hypotheses and theories from details. Struebert and Carpenter (1999:15) believe that researchers convey this understanding of phenomena by reporting in a literary style that is rich with participant commentaries. In this study the researcher has used a more scientific style to incorporate the informant commentaries as proposed by Van der Wal (2000).

3.2.2.3 Motivations for using qualitative research for this study

The qualitative research method would be in keeping with the Chinese world-view of harmony and balance and their holistic view of illness and disease as opposed to a quantitative method where the patients are viewed in the mind body dichotomy. According to Eitel (1993:4), 'In true Chinese tradition as mentioned in the introduction, Chinese naturalists did not ferret out hidden secrets by minute and practical tests and experiments. They invented no instruments to aid them in observations and they shrank from the idea of dissecting animal bodies. Natural science has never been cultivated in China in that technical dry and matter of fact fashion, which seems to us inseparable from true science'. Researchers who wish to explore the meaning or describe and promote understanding of human experiences, use qualitative research.

Cultural care knowledge derived from the people, known as the emic perspective, could provide the truest knowledge base for culturally congruent care so that people would benefit from it and be satisfied with nursing care practices. The nurse's etic, or outsider

knowledge, would have to be considered with the people's emic view in order to discern areas of conflict or compatibility of ideas (Leininger 1991:36). With regard to this study, in order to obtain the emic perspective the researcher was in the field. This provided opportunity for observation and provided subjective perceptions of how the Chinese informants viewed the hospital care with regard to the cultural aspects of feng shui.

In order to gain insight into another person's cultural beliefs and values requires asking open ended questions so that the person can identify and explain the importance of the tradition subjectively. Assessing and understanding cultural variables leads to a better understanding of informant behaviour and the way the informant perceives the illness or health situation.

The nurse's approach to interviewing the informant must be done in a culturally sensitive manner. As cited in an article by Camphina-Bacote (1995:24), Buchwald and Peers (1994) suggest several techniques for eliciting cultural content from the informant in a sensitive manner. Nurses may develop alternative styles of enquiry by adopting a less direct and more conversational approach to assessing the informant's background.

This style of interview highlights the qualitative view that the whole is greater than the parts, the data collected is open to interpretation, open to discovery, description and understanding. This is in contrast to the quantitative method which values measurable, controlled experiments which enable generalisation of results.

3.2.3 ETHNONURSING METHOD

3.2.3.1 Definition

Ethnonursing was developed as a research method to help nurses gain greater understanding and meaning of people's daily life experiences related to human care, health and well being in different or similar environmental contexts. New insights from diverse cultures obtained from a holistic care perspective were needed to establish professional nursing within a discipline perspective both humanistic and scientific (Leininger 1991:78). Nurse researchers who propose to study phenomena uniquely related to culture care patterns use the ethnonursing method to contribute to an understanding of the caring patterns used in different cultures (Dempsey and Dempsey 2000:145). With regard to this research study, the researcher wanted to explore the culture care patterns as the informants in the setting experienced them. Leininger developed ethnonursing as a modification and extension of ethnography and specifically to be used in nursing (Holloway and Wheeler 1996:83; Struebert and Carpenter 1999:89). Muecke (1994) states that ethnonursing should lead to advances in clinical practice (as cited in Holloway and Wheeler 1996:83).

3.2.3.2 Motivations for using the ethnonursing method

The ethnonursing method was developed by Leininger, a nurse and an anthropologist, to discover nursing's central interests within the scope of human caring. With reference to this study, the researcher explored the perceptions of Chinese patients with regard to feng shui in a hospital setting. It was an advantage to have specific guidance pertaining to health care.

The method focussed on learning from the people through their eyes, ears and experiences and how they made sense out of situations. The ethnonursing method was designed to discover how things really were and the way people knew and lived their world. It requires naturalistic observations, participant experiences, reflections and checking back with the people to understand what one has observed, heard and experienced (Leininger 1991: 79).

3.2.3.3 Data gathering technique

The ethnonursing method was a way of discovering, knowing and confirming people's knowledge about care and the ways to keep well, or how they became ill or disabled. Leininger describes the ethnonurse researcher as participating with the people to discover their past and current cultural beliefs, values and ideas about human care, health well being and other nursing dimensions. The ethnonurse researcher needs to develop skill in teasing out people's ideas about human care meanings, expressions, forms, patterns and general care experiences as lived. This required the use of open ended enquiry modes done in a non-aggressive way. It also requires a skill in listening to, and confirming informant's ideas. This approach was held as necessary for the informant to be the primary sharers and definers of ideas in discussion with the researcher, which could include accurate and meaningful interpretation of those ideas (Leininger 1991:85). This information aided the researcher with preparation for data collection and understanding of the process of qualitative interviewing.

The ethnonursing method had several general philosophical and research features:

Firstly, the method required the researcher to move into familiar and naturalistic people settings to study human care and related nursing phenomenon. The researcher has achieved this by living and working in Hong Kong for the past seven years. Working in a private hospital for the last seven years the researcher has become an active and interested student with regard to understanding the culture.

Secondly, the method reflected observations and data derived from open-ended enquiries and the following of enabler strategies. This was achieved by participant observation while the informant was in the hospital and then by open formal interview when the informant was discharged home.

Thirdly, the ethnonursing method requires that the researcher's biases, prejudices, opinions, and pre-professional interpretations be withheld, suspended or controlled so that informants can present their emic ideas and interpretations rather than those of the researcher. This was an aspect that the researcher needed to continuously be reminded of. The fact that the hospital staff and patient statistics were predominantly Chinese made it easier to accept and not to voice ethnocentric views.

Fourth, the ethnonursing method requires that the researcher focus on the cultural context of whatever phenomena are being studied. Grasping the full meaning of cultural context means examining historical, biosocial, cultural values, language expressions, technology, material, and symbolic referents of the people's environment being studied (Leininger 1991:88). With regard to this research, focussing on cultural context meant examining Chinese lifestyles in the modern age. It required determining how feng shui affected their lives in the 21st century.

3.2.3.4 Data analysis

The use of Leininger's phases of ethnonursing analysis for qualitative data and its four phases provided a framework by which the author studied the data. These phases will be discussed later under specific headings.

3.3 THE POPULATION AND SAMPLING

3.3.1 The population

According to Polit and Hungler (1995:229) a population is the entire aggregation of cases that meet a designated set of criteria that is of interest to the researcher. A population may be broadly defined or may be narrowly specified to include only several hundred people (Polit and Hungler 1995:229).

In quantitative research, the sample should be representative of some larger population to which one hopes to generalise the research findings. In qualitative research, sampling is driven by the desire to illuminate the questions under study and to increase the scope or range of data exposed to uncover multiple realities. It allows for development of theory that takes into account local conditions (Crabtree and Miller 1992:33). The population chosen for this qualitative study are Chinese patients who have had a recent private hospital experience in the Intensive Care Unit where they underwent open heart surgery (the informants were interviewed within six months of being discharged).

3.3.2 Sampling

Sampling is the process of selecting a portion of the population to represent the entire population. A sample then refers to a subset of the units that compose that population. The most important thing with assessing a sample is whether it represents the population. Certain sampling procedures are less likely to result in biased samples but there is never any guarantee of a representative sample (Polit and Hungler 1995:230-231). Brink (1996:132) defines sampling as fractions of a whole, in health contexts this would mean a selected group of the elements or unit from a defined population. In a health context the elements most typically used are individuals. According to Morse (1994:117), in qualitative research the quality of the research is contingent upon the appropriateness and the adequacy of the sample, that is, from whom and how much data was obtained and the quality of the data obtained.

The sampling used for this research is purposive sampling, due to the nature of the research question. The researcher using purposive sampling needed informants that were typical or representative of the phenomenon being studied (Brink 1996:141).

As mentioned above, informants were purposefully chosen. Informants were selected as follows:

- They had to be born in Hong Kong of Chinese parentage
- They had to identify themselves as Hong Kong Chinese
- They had to be knowledgeable about Chinese culture and feng shui

- They had to be postoperative patients of coronary artery bypass surgery (discharged for approximately two months or less)
- They had to have spent time in the Intensive Care Unit
- They had to be willing to participate in the study

3.3.3 The sampling site

The research design should include the rationale for the selection of a certain setting in an organisation or the selection of a certain group of people as informants in research. The rationale for selecting the informants based on an Intensive Care Unit experience post open-heart surgery was to narrow the research down in order to examine the whole cultural experience within the ICU. In this instance the researcher was able to gain information from the informants regarding preoperative and postoperative cultural experiences of their hospital stay. These needs were then further explored with regard to the possible positive effects of incorporating feng shui into their rehabilitation programme. In-depth information regarding all aspects of post-operative rehabilitation were explored. Environment, diet and exercise were prioritised.

The idea to use ICU informants was to ascertain the cultural needs of specific patients and to view their recent hospital experience as well as to ascertain how they would perceive a more culturally based programme with regard to their rehabilitation.

3.3.4 Number of informants

The number of informants selected was five, according to Field and Morse (1992:47) and Polit and Hungler (1995:241) the sample size is adequate when the meanings are clear and the data fully explored. According to Morse (1994) a feature that is closely related to sampling is saturation. Saturation refers to the repetition of discovered information and confirmation of previously collected data (as cited in Struebert and Carpenter 1999:22). This means that rather than sampling a specific number of individuals to gain significance based on some statistical manipulation, the qualitative researcher is looking for repetition and confirmation of previously collected data (Struebert and Carpenter 1999:23).

Polit and Hungler (1995:241) go on to say that small samples in qualitative research are usually adequate to capture a full range of themes emerging in relation to the phenomenon of interest. The reason for this sample size is that the hospital is going through an economically challenging period and therefore patient census is low. This is particularly the case with open-heart surgery due to the high costs. Added to this economic problem is the fact that the hospital runs a charity fund that does open-heart surgery for under privileged children from China and within a six month period, two children died within the twenty four hour postoperative period. The hospital is currently investigating these problems and therefore no further open-heart surgery has been performed.

3.3.5 Evaluating samples

Validity and reliability are involved in evaluating samples. Validity and reliability are defined differently in qualitative research as opposed to quantitative research. Many researchers have proposed models to deal with this difference. These models are more appropriate to qualitative designs (Krefting 1991: 3). Guba's model (1981) identified truth value, applicability, consistency and neutrality as four criteria applicable to the assessment of research of any type. These criteria are credibility, transferability, dependability and confirmability. When evaluating samples in qualitative research this means evaluating both the informants selected and the data collected (as cited in Krefting 1991:6).

With regard to the research conducted, the use of credibility strategy included identifying and documenting recurrent themes, this included participant observation of the informants while they were patients in the Intensive Care Unit, although no verbal interviews were conducted. Patterns that were watched for included the use of trinkets at the bedside identifying cultural priorities as well as documenting the choices on the menu once the patient could eat, so as to question them at the later interview after discharge regarding their choice. Interviews with the informants were done with the aid of interview assistants. Member checking pertains to the credibility of the sample evaluation by ensuring that the information has been documented accurately according to the informant's account of the experience. A key factor with regard to transferability of data is that the sample must be representative of the population. With regard to this Krefting (1991:12) advises one strategy to address transferability, which is the use of a selection

panel. With regard to this research the sample was hand picked by the researcher according to the selection criteria.

Further analysis of these strategies will be left to the section on validity and reliability of the research project as a whole.

3.4 DATA COLLECTION: THE QUALITATIVE RESEARCH INTERVIEW

3.4.1 Definition

According to Morse (1994) an interview is defined as the exchange of verbal and non-verbal information. The interview involves a process of unveiling personal feelings, beliefs, wishes, problems, experiences and behaviours. Interview data, when interpreted, provide valuable information for the development of nursing theory and practice (as cited by Crabtree and Miller, 1992:16). According to Brink (1996:157), interviews are the most direct method of obtaining facts from the respondent and are also useful in ascertaining values, preferences, attitudes, beliefs and experience. Open-ended interviews provide informants with the opportunity to fully explain their experience of the phenomena of interest. Interviews are generally conducted face to face. To facilitate sharing by the research informants it is worthwhile to conduct the interview in space and time that is comfortable for them (Struebert and Carpenter 1999:23). According to Drew (1993) the manner in which interviews evoke informants recall information, expression and feelings has a direct impact on the quality of the data obtained (as cited in Sorrell and Redmond 1995:1117).

3.4.2 Motivation for using the interview

The research question in this study pertains to the informant's perceptions regarding feng shui. With regard to the above definitions, the researcher believes that the information should be collected from individual personal interviews in a space and time convenient to the informant. The author also employed the use of participant observation while the informant was a patient in the hospital.

Cultural knowledge is best obtained by an exchange of information (verbal and non-verbal), between the informant and the interviewer. With reference to this research, the interview was formal, similar to a directed conversation. The direction was needed to ensure that important information on the topic is covered and not forgotten in a tangential expression of cultural beliefs. Emphasis needed to be placed on the informants perceptions of their hospital stay with regard to feng shui. These aspects needed to be explored in depth with regard to the Intensive Care Unit experience and the incorporation of their diet and exercise programme post cardiac surgery.

3.4.3 Discussion of the contents of the interview

The interview commenced with an open-ended question regarding the Chinese world-view. The question was 'Could you describe how the importance of harmony and unity in the Chinese culture affects your everyday life?' This question was then followed by more focussed questions regarding the research purpose.

These questions were,

‘Do you think that there was balance and harmony in your hospital visit?’

‘If you could make the care more culturally acceptable to you what would you want the hospital to do?’

‘What aspects of feng shui could be incorporated into diet, exercise and environmental comfort to enhance the cultural experience?’.

3.4.4 The interviewer as an instrument

According to Boyd 1993 and Rew et al. 1993, in qualitative studies the researcher serves as an instrument through which data are collected (as cited in Sorrell and Redmond 1995:1118). The skilled interviewer uses responses from the informant to guide data collection, probing for further information as needed for depth and clarity. The format, timing and sequence of questions may change as the data collection process continues. Most interviews begin with open-ended questions and eventually narrow the focus as clarifying questions are asked and themes emerge. The interviewer needs skills in listening for and interpreting meaning so as to respond appropriately (Sorrell and Redmond 1995:1118).

With regard to the conducted research, the use of interview assistants was used. The researcher provided training in the form of informal discussion regarding all directed questions, what information needed to be explored and how to go about encouraging pertinent information on the research question. The assistant to conduct the interview

was chosen particularly because of her communication skills and listening abilities. The factor of the recent nurse patient relationship placed the informant at ease and therefore enabled the flow of information. The atmosphere was more relaxed than if the interviewer had been a stranger.

3.4.4.1 The interview assistants as instruments

The researcher was aware of the importance of the content of the interview and therefore the choice of interview assistant demanded someone who spoke Cantonese and English fluently, had good communication and listening skills. Polit and Hungler (1995:291) give four important considerations when determining which questions to ask. Clarity of the question is the first priority, questions should be worded clearly and unambiguously. In the case of this research, the researcher needed an interviewer to translate the basic questions into Cantonese, a lot of consideration went into ensuring that the concepts were understood by the interviewer and also the informant. Another important consideration was the ability of informants to *give* information (Polit and Hungler 1995:291). All informants were purposefully selected and conformed to the selection criteria. A third consideration involves bias, questions should be worded in order to minimize the risk of response biases. Response bias is the tendency of some informants to distort their responses, perhaps to portray a more favourable image of him or herself (Polit and Hungler 1995:290). Lastly, according to Polit and Hungler (1995:291) the researcher should strive to be courteous, considerate and sensitive to the needs of respondents, especially when asking questions of a highly private nature.

Included in the training mentioned before was the translation of the questions into Cantonese. Another bilingual colleague confirmed that all questions were understood within the context of the research. The informants were interviewed face to face, in Cantonese, their mother tongue, and at their homes at a time convenient for them. This gave the interviewer the opportunity to examine the informant's surroundings for any specific cultural information that the patient was not forthcoming with. The interview used was an open, formal, qualitative research interview.

3.4.5 Participant observation

Participant observation is a method of data collection that comes from the anthropological tradition (Stuebert and Carpenter 1999:25). According to Leininger (1985) there are four types of observer participation, the one used by the researcher was primarily observation, in which the researcher only observes and listens (as cited in Polit and Hungler 1995:305). This was typically the case as the researcher only observed the informant (then patient), with regard to any obvious displays of cultural health practices. There was no interaction between the researcher and informants. Observation was made regarding the informant's use of cultural trinkets, in the informant's room, as well as to dietary choices and exercise regimes with the physiotherapist. According to Krefting (1991:9), as an observer, the researcher should always be aware of personal characteristics and examine how they affect the data gathering and analysis. The researcher should always be aware of biases and preconceived assumptions. Triangulation is a powerful strategy for reducing bias. Knafle and Breitmayer (1989), claim it is based on the idea of convergence of multiple perspectives for mutual

confirmation of data (as cited in Krefting 1991:9) In this research, credibility was achieved by triangulation of data methods in the form of data from structured interviews and participant observation. Triangulation of data sources was also achieved by participant observation of the informant in the hospital setting and then on conducting the interview within their homes.(Krefting 1991:9).

3.5 DATA ANALYSIS PROCESS

3.5.1 Definition

Polit and Hungler (1995:520) and Strauss and Corbin (1990:25) describe the purpose of data analysis to organise, synthesize, provide structure to, and elicit meaning from research data. The process imposes order on a large body of information, so general conclusions can be reached and communicated in a research report. With qualitative data, the data collection and data analysis happen simultaneously. Polit and Hungler (1995:520) go on to describe three reasons why qualitative data analysis is a difficult task. Firstly, there are no systematic rules for analysing and presenting the data. This can lead to difficulty in presenting the conclusions in a way that their validity is clear. The second aspect is the amount of work involved. The third problem comes with reducing the data in order to report on it. Morse (1994:25) also describes the complexity of qualitative data analysis, she reiterates that doing qualitative research is not a passive process. Data analysis is a process of piecing together data, of making the invisible obvious, of recognising the significant from the insignificant, of linking seemingly

unrelated facts together logically, of fitting categories one with another, and of attributing consequences to antecedents. It is a process of conjecture and verification, of correction and modification, of suggestion and defense. It is a creative process of organizing data so that the analytic scheme will appear obvious.

With regard to this research, the researcher was confronted with exactly these problems, however the data analysis was ultimately guided by the proposal of using a more scientific way of presenting the qualitative data. Guided by Van der Wal (2000), there were four phases of data analysis. The first phase involved preparing transcripts of data in plain text. The second phase was preparing four parallel columns entitled text, data chunk, code and category/notes. The whole transcript is incorporated into column one (text). Phase three involved creating a summary document, in this document all data chunks were transferred from the phase two to the category heading. The last phase was transferring and arranging the categories in the data presentation chapter and providing discussion on the contents in accordance with the literature. Presentation of the data in this way gives the readers a visual display of all categorical data and therefore in the researcher's view confronts researcher bias and increases credibility of the research.

3.6 TRUSTWORTHINESS

3.6.1 Definition

The use of the term trustworthiness has replaced validity and reliability in qualitative research. When trying to establish the worth of a qualitative research project different strategies are used. Agar (1986) suggested that in assessing qualitative research, the terms

reliability and validity be replaced with terms such as credibility, accuracy of presentation and authority of the writer (as cited in Krefting 1991:2). Sandelowski (1986) claimed that because there were so many methods that a qualitative researcher could use, there should be different ways of determining trustworthiness (as cited in Krefting (1991:2). Guba (1981) then developed a model by which to evaluate trustworthiness and this was based on four principles. These principles were credibility, applicability, consistency and neutrality. Definitions of these four principles will be followed by a tabulated summary of the strategies that were utilised by the researcher during this study to ensure trustworthiness.

3.6.2 Principles of trustworthiness

3.6.2.1 Credibility or truth value

Credibility refers to whether the researcher has established confidence in the truth of the findings for the informants and the context in which the study was undertaken (Linclon and Guba, 1985 as cited in Krefting 1991:3). Credibility establishes how confident the researcher is with the truth of the findings based on the research design, informants and context. In qualitative research, truth-value is usually obtained from the discovery of human experiences as they are lived and perceived by informants. Truth-value is described by Sandelowski (1986), as being subject orientated (as cited in Krefting 1991:3). In qualitative research, the acceptance of multiple realities exists due to the understanding that each informant would have their own view of a particular situation. The researcher's job is to represent those realities as adequately as possible. Sandelowski (1986) suggests that a qualitative study is credible when it presents accurate descriptions and interpretations of human experiences (as cited in Krefting 1991:4).

As described in Polit and Hungler (1995:527), the use of multiple perspectives or investigator triangulation cannot ensure validity of the themes, but it can minimize idiosyncratic biases. Krefting (1991:9) agrees that this strategy provides a number of different slices of data and also minimizes distortion from a single data source or from a biased researcher. The use of member checks was important to determine from the informants whether the thematic analysis was representative of their own perspectives. This was done during follow up interviews. Leininger (1985) noted the importance of identifying and documenting recurrent themes, patterns, and values in qualitative research. The emphasis on recurrence suggests that the researcher should spend time with informants in order to identify recurring patterns (Krefting 1991:7) In this research, prolonged engagement was not individually performed with the informants, however there has been prolonged engagement with regard to persistent observation of the phenomenon. The researcher has been living in Hong Kong for seven years. Engagement has occurred within a living and working environment over this period of time.

One of the dangers of prolonged engagement happens when the researchers find it difficult to distance themselves from the researcher informant relationship. Krefting (1991:8) describes the use of a strategy called reflexive analysis to ensure that this does not occur. The strategy reflects the need for the researcher to continuously be aware of the need to examine his or her behaviour for biases and preconceived assumptions. This was particularly important with regard to this research. The extreme differences between the Chinese culture and the Western culture from a health care and professional point of view have often been the source of conflict between hospital personnel. It is therefore

necessary for the researcher to always be aware of cultural stumbling blocks such as ethnocentrism, blindness and racism. Being aware of these biases enabled the researcher to be extra vigilant in approaching the analysis.

3.6.2.2 Transferability and applicability

Applicability refers to the degree whereby findings can be applied to other settings or groups. In a quantitative perspective, this is termed external validity. Research is always done with the idea in mind to discover relationships among variables that could improve conditions. Payton (1979), apart from defining external validity as the ability to generalize from the study sample to a larger population, also noted the importance of sampling technique in its establishment (as cited in Krefting 1991:4). Krefting (1991:4) adds the fact that the ability to generalize is not relevant in many qualitative studies. Each situation is regarded as unique, a particular researcher in a particular situation in interaction with a particular informant. The purpose is to describe the situation and not to generalize it to others. With this purpose in mind, Leininger (1985:114) and Guba (1981) argued that applicability could be defined differently. By defining it as the fittingness and transferability of findings and whether they can be transferred to another similar context or situation. The criterion of applicability looks for any general similarities and findings under similar environmental conditions, contexts or circumstances.

With regard to this research, the sample was chosen purposefully in order that the informants were able to provide the information that the researcher was looking for. The selection criteria of the informants contributed to and facilitated understanding. Data was collected in a very full, comprehensive, and exhaustible way. Following the use of

Leininger's ethnonursing model, the researcher was aware of the importance of saturation. This term refers to the 'taking in' of meanings in a very full, comprehensive, and exhaustible way, of information that could be known and understood about the phenomena (Leininger 1991:114). Lincoln and Guba (1985) argue that as long as the original researcher presents sufficient descriptive data to allow comparison between similar situations and contexts, he or she has addressed the problem of applicability (as cited in Krefting 1991:4).

3.6.2.3 Dependability and consistency

According to Selltiz et al (1976:182), qualitative research reliability is concerned with the consistency, stability and repeatability of the informant's accounts as well as the investigator's ability to collect and record information accurately (as cited in Brink 1996:124). Brink goes on to say that the researcher should, by using the same or comparable methods, obtain the same or comparable results every time that he uses the same or comparable methods.

Krefting (1991:5) claims that consistency is defined in terms of dependability. The author explains that Guba's (1981) concept of dependability implies trackable variability. Sources of variability include increasing insight on the part of the researcher, informant fatigue, or changes in the informant's life situation. In this research, the lack of experience of the researcher with regard to all aspects of the research process but particularly with data collection and data analysis threatened consistency. Increasing insight as the research process progressed and the use of repeat interviews and member checks, as well as triangulation and valuable guidance from mentors enabled the

researcher to gain consistent responses and develop consistent habits regarding the use of the method. Interviews were kept to a reasonable time limit, and planned according to a time and place that was convenient to the informant. Changes in the informant's life situation were explored prior to commencing the interview but had no relevant impact on the study.

3.6.2.4 Confirmability and neutrality

According to Sandelowski (1986), the fourth criterion of trustworthiness is neutrality, the freedom from bias in the research procedure and results (as cited in Krefling (1991:5). Lincoln and Guba (1985) suggested that confirmability be the criterion of neutrality. This in essence meant that neutrality of the data was more important than the neutrality of the investigator (Krefling 1991:5). Leininger (1991:113) defines confirmability as reaffirming what the researcher has heard, seen or experienced with respect to the phenomena under study. Tabled below is a summary of the strategies used to ensure trustworthiness with regard to this research study.

TABLE 3.1: STRATEGIES TO ENSURE TRUSTWORTHINESS		
STRATEGY	CRITERIA	APPLICATION BY RESEARCHER
Credibility	Prolonged and varied field experience	The researcher has been living in Hong Kong for seven years. Engagement has occurred within a living and working environment over this period of time.
	Reflexivity	Constantly reflecting on Western biomedical background/ Western culture. Used bracketing and intuiting.
	Triangulation <input type="checkbox"/> Data methods <input type="checkbox"/> Data sources	Data sources utilised: structured interviews, participant observation. Variety in observation and interviewing.
	Interview technique	Consulted literature regarding good interview technique. Followed advice from supervisor's comments. Assistant interviewer trained, interview schedule tested, questions translated.
	Peer examination	Bilingual colleagues examined interview schedule to ensure concept accuracy. Translation of interview data examined by two bilingual colleagues to ensure accuracy.
	Authority of Researcher	Researcher has spent seven years working and living within the Chinese culture
	Structural coherence	Presentation of data enhances credibility by presenting data chunks as opposed to general discussion and anecdotal information.
Transferability	Nominated sample	Purposive sampling utilised.
	Dense description	Dense background information provided about informants research setting and context.
Dependability	Code-recode procedure	Coded twice by researcher.
Confirmability	Triangulation	2 colleagues analysing data.
	Reflexivity	Reinterview with informants to ensure accuracy of meaning.

(Adapted from Krefting 1991: 7)

3.8 ETHICAL CONSIDERATIONS

Due to the nature of qualitative research, ethical issues should always be considered. There is a need to look at qualitative methods for the different ways in which to ensure quality of the findings (Krefting 1991:2). With regard to this study the researcher believes that the research question regarding the perceptions of the informants could only be 'trustworthy' if a qualitative research project was done. This meant that there was interaction with informants, therefore the informants needed to have full knowledge of what the research involved. Privacy, confidentiality and anonymity were all issues discussed with the patient in the signing of the informed consent. These issues are discussed here briefly.

3.8.1 Consent

Brink (1996:38) states that while most research should be conducted in an ethical manner, researchers involved in research with human subjects have special concerns related to the protection of the rights of human subjects. The importance of these rights means that the researcher obtained informed consent of all informants in order to continue with the study. Informed implies that the informant signs a written consent that conveys understanding of the aims of the study, what participation entails, the procedures used, the time involved and the risks and benefits. The consent was translated into Chinese characters.

3.8.2 Anonymity

Anonymity implies that in keeping with the signed contract, no names will be used in data presentation. With regard to this study, the consent form highlighted the issue of anonymity. Prior to signing of the consent form, the informants were made aware that their names would not be associated with the research and the audio-tapes would be erased on completion of the analysis.

Data collection, data analysis and the presentation of data was done in a honest and truthful manner. According to Guba's model, the researcher is confident in establishing the truth of the findings from the informants regarding their perceptions. Miles and Huberman (1994:320) list several issues that researchers should consider when analysing data. One of them regards whether the researcher is truthful in presenting the data. The researcher of this study is confident that by including *all* data abstracts in the presentation, this enhances the trustworthiness of the study.

Polit and Hungler (1995:198) reflect that phenomenological enquiry involves bracketing, this refers to the process of identifying and holding in abeyance any preconceived beliefs and opinions that one may have of the phenomenon. Intuiting is described by Polit and Hungler (1995:198), as remaining open to the meaning of the phenomenon by those who have experienced it. This is done in an effort to confront the data in pure form. With regard to this research, the researcher was always aware of keeping an open mind, the use of bracketing and intuiting enabled that to happen.

3.9 CONCLUSION

As described previously, in the West the order of the day has always been to use practical tests and experiments when pursuing scientific discoveries. According to Waring (1993:55), the ancient Chinese scholars scorned the use of instruments or tests. They did not dissect the bodies of animals or analyse organic substances but recorded precisely what they observed, and in so doing they created a science that combines inner consciousness with ancient tradition that holds the powers of nature in the highest esteem. The method that these ancient Chinese scholars used would be very similar to the fundamental methods used by qualitative researchers today. This use of observation and the traditional use of qualitative interview techniques have provided researchers with a tool to explore the inner sanctums of different cultures and come to understand them better.

CHAPTER FOUR

DATA PRESENTATION AND DISCUSSION

4.1 INTRODUCTION

Once categorisation of all the data was completed, examination was then done of all categories in detail, in order to gain an understanding of which categories were usable. The following is a presentation of the themes, categories and sub categories that emerged. The data are presented as proposed by Van der Wal (2000: 331-362) in which instance all data chunks relating to a theme are presented in tabulated format. This is done to avoid a biased selection of data, which can lead to a decrease in the trustworthiness of the research. . Data is shown in the text by using bracketted numerical listing eg (Data:7 etc.), By including all data, and avoiding 'anecdotalism', trustworthiness of the final presentation is hereby enhanced.

An overview of the themes and categories is provided in table 4.1.

TABLE 4.1
AN ABBREVIATION OF THEMES AND CATEGORIES

- 1) PRACTICAL FENG SHUI FOR HEALTH (4.2)**
 - 1) Origins of feng shui (Display 4.2.1.1)
 - 2) Contemporary application of feng shui (Display 4.2.1.2)
 - 3) Fundamental concepts of feng shui (Display 4.2.1.3)
 - 4) Symbolism and feng shui (Display 4.2.1.4)
 - 5) Chinese calendar (Display 4.2.1.5)
 - 6) Outcomes of feng shui (Display 4.2.1.6)

- 2) APPROACH TO HEALTH AND ILLNESS (4.3)**
 - 1) Balance and Harmony (Display 4.3.1.1)
 - 2) Origin of the belief in balance and harmony (Display 4.3.1.2)
 - 3) Spheres of balance and harmony (Display 4.3.1.3)
 - 4) Outcome of balance and harmony (Display 4.3.1.4)
 - 5) Outcome of balance and disharmony (Display 4.3.1.5)
 - 6) Maintaining dietary balance (Display 4.3.1.6)
 - 1) Specific types of food (4.3.1.6.1)
 - 2) Food prescribed (4.3.1.6.2)
 - 3) Yin and Yang foods (4.3.1.6.3)
 - 4) Food restricted (4.3.1.6.4)
 - 5) Hot foods versus cold foods (4.3.1.6.5)
 - 7) Maintaining balance with regard to exercise (Display 4.3.1.7)
 - 1) Tai chi and breathing exercises (4.3.1.7.1)
 - 2) Tai chi and muscle strength (4.3.1.7.2)
 - 8) Maintaining environmental balance (Display 4.3.1.8)
 - 1) Environmental comfort (4.3.1.8.1)
 - 2) Sleep orientation (4.3.1.8.2)
 - 9) Cultural values (Display 4.3.1.9)
 - 1) Respectful behaviour (4.3.1.9.1)
 - 2) Family unity (4.3.1.9.2)
 - 3) Strength of traditions in Hong Kong (4.3.1.9.3)

- 3) HOSPITAL EXPERIENCES**
 - 1) Hospital experience and positive cultural care (Display 4.4.1.1)
 - 1) Family inclusion (4.4.1.1.1)
 - 2) Language (4.4.1.1.2)
 - 3) Provision of food (4.4.1.1.3)
 - 2) Hospital experience and negative cultural care (Display 4.4.1.2)
 - 1) General comments (4.4.1.2.1)
 - 2) Food (4.4.1.2.2)
 - 3) Hospital experience and professional care (Display 4.4.1.3)
 - 4) Importance of cultural congruent care (Display 4.4.1.4)
 - 5) Responsibility for self care (Display 4.4.1.5)

4.1.1 Presentation of themes and categories

Data were abstracted to level, from the most general, level 1 (one) to the most specific level 4 (four). These consist of the following:

- Level 1 (Themes): 3
- Level 2 (Major categories): 20
- Level 3 (Sub categories): 17
- Level 4 (Data units): 172

4.2 THEME 1: PRACTICAL FENG SHUI FOR HEALTH

4.2.1 Introduction

The reason for including this section that is purely regarding feng shui is to clarify for the reader that Hong Kong Chinese people believe and live feng shui as part of their everyday lives. This introductory theme contextualises the data within the lived experiences of the informants. Within the literature it has been reviewed how feng shui can be applied in order to achieve good health. It has also been stated that feng shui is a very important part of people's lives. The data units contained in this theme show explicitly how they do this and what importance it would hold by incorporating it into the hospital environment.

DATA DISPLAY 4.2.1
THEME 1: PRACTICAL FENG SHUI FOR HEALTH
OVERVIEW

- Origins of feng shui (Display 4.2.1.1)
 - Contemporary application of feng shui (Display 4.2.1.2)
 - Fundamental concepts of feng shui (Display 4.2.1.3)
 - Symbolism and feng shui (Display 4.2.1.4)
 - Chinese calendar (Display 4.2.1.5)
 - Outcomes of feng shui (Display 4.2.1.6)
-

4.2.1.1 Origins of feng shui

The ancient origins of feng shui, which literally means wind and water, go back at least 4000 years in Chinese history. Its foundation was and still is the understanding that the arrangement of our surroundings exerts powerful influence upon the well being of our lives (Feng shui living: <http://www.feng-shui-living.com/origins.htm>).

DATA DISPLAY 4.2.1.1
THEME 1: PRACTICAL FENG SHUI FOR HEALTH
CATEGORY 1: ORIGINS OF FENG SHUI

- Feng shui is a very old tradition for the Chinese and has to do with balance and harmony within the environment. (Data: 3)
-

Discussion regarding the origins of feng shui

Feng shui is a tradition that has been practised for centuries in Oriental societies. It is the Chinese art of placement and is based on the premise that people's lives will be happier, healthier and more prosperous when their environments are harmonious (Clark 1998:15). With regard to this study, the researcher explores whether open-heart surgery patients would benefit from reorganising the environment within the hospital to suit feng shui.

4.2.1.2 Contemporary application of feng shui in China/Hong Kong

As soon as the new People's Bank of China building in Hong Kong was completed, people in offices, stores and homes all over the city began rearranging their furniture, their plants and building high isolated walls in odd locations of their property (Wilton <http://www.wolfenet.com>). The reason for this was that the building has sharp angles to it and the feng shui was not good.

DATA DISPLAY 4.2.1.2
THEME 1: PRACTICAL FENG SHUI FOR HEALTH
CATEGORY 2: CONTEMPORARY APPLICATION OF FENG SHUI
CHINA/HONG KONG

- This is why in Hong Kong you can see lots of buildings, where feng shui has been used to make sure that the building does not attract bad energy. Lots of business people use feng shui to decorate their offices, this will make the business successful. (Data:3).
-

Discussion on the contemporary application of feng shui in China/Hong Kong

It was clear to the researcher after living in Hong Kong for a few months, that most architectural plans, businesses and many home owners consult a feng shui master in order to ensure that their building, business or home attracts good feng shui. By doing this they ensure that their inhabitants or employees will have happy, healthy and successful lives. One of the reasons that the researcher chose this line of study was confusion relating to the total lack of feng shui principles used in the hospital environments in Hong Kong where one would think they could be used to good effect. Recently, the Hong Kong Tourist Association began offering 'feng shui' tours. In this city-state, feng shui is everywhere. It affects high finance and everyday banking habits, grand architecture and interior design

(Groves: <http://www.fabuloustravel.com/ww/hkfeng>).

4.2.1.3 Fundamental concepts of feng shui

The data clearly indicates the informant's involvement, knowledge and experience of feng shui. From these descriptions it is clear to say that the informant's *live* feng shui. The data highlights the concepts that are central to feng shui such as Chi, Yin and Yang and the Five Elements. These concepts have been defined and explained in Chapter two, the literature review.³

DATA DISPLAY 4.2.1.3
THEME 1: PRACTICAL FENG SHUI FOR HEALTH
CATEGORY 3: FUNDAMENTAL CONCEPTS OF FENG SHUI

- Chi is cosmic energy. The Chinese believe that all things are made up of chi. There can be good chi and bad chi. Chinese people decorate their homes to make sure that good energy flows in all places.
 - If there is good chi flowing through your home, then you will live a long and healthy life. Often, when I enter a room I can feel very comfortable and at other times I feel that things are not right. I like to have natural things around in my home to help the chi, these things are indoor plants, I also have a fish tank in my lounge as I feel very relaxed watching the fish. The Chinese also believe that this brings wealth. (Data: 7)
 - The Chinese belief is that all things have Chi, which is an energy that flows through all things and depending on positions, dates and events this can mean that the person can be affected positively or negatively. (Data: 19).
 - I am not sure if you know of the five elements theory, these are all connected to health. The Chinese believe that in nature all things are caused by the movement of five elements, wood, fire, earth, metal, and water. The elements symbolise different organs and either work together for good health or can work against one another for bad health. (Data: 27)
 - I also decorate our home to get rid of bad energy. This you can do by keeping the room very light and airy. (Data: 34)
 - Together with this belief in Chi, the Chinese also speak about all things being composed of yin and yang .Yin denotes all things that are female and yang all things that are male. (Data: 19)
 - All things in the universe are made up of two opposing forces, one is yin and the other is yang. (Data: 3)
-

¹ See Chapter 2 Paragraph 2.2.1.2 to 2.2.1.4

Discussion on the fundamental concepts of feng shui

Pertaining to this research study, these concepts can be used in the sleep environment, the dietary management and the exercise regimes of open-heart patients both preoperatively, postoperatively and for long-term cardiac rehabilitation. Chi is defined as the combination of both real and abstract moving forces, the vital cosmic breath emanating from everything in the universe (http://www.feng_shui-living.com/originshtm). People become unhealthy when chi is blocked in their bodies.²

Yin and Yang is another central concept rooted in the I Ching (Book of Changes), which represent the constant, changing opposing patterns of life. Within each, an element of the other exists and both interact to produce harmony and balance, but with too much of either the harmonious equilibrium is unbalanced (http://www.feng_shui-living.com/originshtm).

The essence of balance with regard to yin and yang is portrayed in the daily lives of informant's in preparing their diets, partaking in exercise and organising their environment. With regard to this study, these elements should be used to provide a programme for inpatient care and rehabilitation that incorporates these fundamental concepts.

4.2.1.4 Symbolism and feng shui

The data shows that the use of symbols within the Chinese culture remains important.

² Chapter 4 Category 7

DATA DISPLAY 4.2.1.4
THEME 1: PRACTICAL FENG SHUI FOR HEALTH
CATEGORY 4: SYMBOLISM AND FENG SHUI

- In my home I have some symbols to protect the environment, I have some wind chimes, and also like to garden on my rooftop.(Data:14)
 - For the feng shui, maybe I could bring some symbols of long life into my room.(Data:23)
 - My mother used to have some ornaments in the house, one was for long life, the other was a cat and that was used to attract for wealth. (Data: 34)
 - The Chinese have gods for money and these are supposed to make sure you are successful in your business.(Data: 34)
-

Discussion on symbolism and feng shui

The God of Longevity is depicted as a smiling old man clutching a peach (the fruit of longevity) and also a deer (a symbol of longevity) (Too 1997:18). In the hospital environment at present the use of symbols would be allowed if the patient was in a private room, however it would be too cluttered in a standard room (6 bedded).

4.2.1.5 Chinese calendar

The data shows that the informants consulted the Chinese calendar in order to choose what they determined as a lucky date for their operations.

DATA DISPLAY 4.2.1.5
THEME 1: PRACTICAL FENG SHUI FOR HEALTH
CATEGORY 5: CHINESE CALENDAR

- I consulted the Chinese calendar to ensure that the date for the operation was a good one. (Data: 14)
 - It was up to me to choose a good date for the operation. (Data: 15)
 - I believe that there is better luck if dates are good. (Data: 22)
 - I also follow the Chinese lunar calendar as this foretells of auspicious dates, which are lucky. (Data: 25)
 - My mother used to observe the Chinese calendar. (Data: 34)
-

Discussion on the Chinese calendar

Like the symbols discussed in the previous category, the Chinese calendar holds strong significance for the practitioners of feng shui. A person's heavenly health direction, based on the date of birth can be calculated by using a powerful compass formula (Too 1997:28). Chinese people decide on the dates of operations, births etc by using the Chinese calendar in order to ascertain the best date for them to come into hospital. In the researcher's experience, the doctors will abide by the wishes of the patient if they request this. With regard to this research, two of the informants had negotiated a 'lucky date' with the doctor, for their open-heart operations. Success in this regard can only lead to peace of mind and could only contribute to a speedy recovery.

4.2.1.6 Outcomes of feng shui

From the data it is evident that the Chinese belief in a healthy lifestyle is closely linked to following feng shui guidelines.

DATA DISPLAY 4.2.1.6

THEME 1: PRACTICAL FENG SHUI FOR HEALTH CATEGORY 6: OUTCOMES OF FENG SHUI

-
- Good feng shui in the environment leads to good health, wealth and happiness.(Data:3)
 - When the complication started after the operation and I started to bleed more, I really thought that there was bad energy that was causing this.(Data:30)
 - Feng shui, my parents told me has been used by the Chinese to ensure that there is good energy flow in the environment and so you can enjoy a good life with healthy living and long life, enough money and be happy.(Data:33)
 - If the feng shui is bad, then you need to change something in your environment so that the stale energy does not affect you. (Data:34)
-

Discussion of the outcomes of feng shui

According to Hodgin (1997:19) understanding and applying the principles of feng shui to your personal space and workplace allows you to make positive changes to achieve balance and harmony in every aspect of your life, so you can create an environment that empowers your life. As the data shows, these informants use feng shui within their daily lives in order to ensure that they remain healthy. They view disease as being a result of bad energies in the environment that have led to an imbalance of yin and yang and thus they have become ill. The aspect of feng shui in the environment maintaining the balance to ensure health has application for the hospital environment, recommendations for these will be included in Chapter 5. Hospitals are known to have excess yin energy and therefore need to be kept fresh by regular cleaning and painting, well lit and by playing some pleasant music in the background (Too 1997:48). The Intensive Care Unit has a powerful yang energy in that it is well lit and airy, the view from all the rooms is very pleasant, however all the beds face the door. This can be counteracted by placing the bed sideways and ensuring that the monitoring of the patient is not affected.

The data shows that a positive orientation usually has a positive outcome or effect. Consequently, these beliefs in the positive side of feng shui should direct us to allow patients to exercise feng shui in the hospital environment.

4.3 THEME 2: APPROACH TO HEALTH AND ILLNESS

4.3.1 Introduction

According to Andrews and Boyle (1995:21), the definitions of health and disease in any society are culturally determined. This determines how health, illness and disability are perceived, the attitudes towards health care providers and facilities, help seeking behaviours, preferences for traditional versus non traditional approaches to health care and perceptions regarding the role of family in health care (Denoba, Bragdon, Epstein, Garthright and Goldman 1998:47). Consequently, data are presented on the essence of feng shui, that is, the world-view it is encapsulated in, the definition of health and illness in terms of feng shui and possible remedies for disease.

DATA DISPLAY 4.3.1
THEME 2: APPROACH TO HEALTH AND ILLNESS
OVERVIEW

- Balance and Harmony (Display 4.3.1.1)
 - Origin of the belief in balance and harmony (Display 4.3.1.2)
 - Spheres of balance and harmony (Display 4.3.1.3)
 - Outcome of balance and harmony (Display 4.3.1.4)
 - Outcome of balance and disharmony (Display 4.3.1.5)
 - Maintaining dietary balance (Display 4.3.1.6)
 - Maintaining balance with regard to exercise (Display 4.3.1.7)
 - Maintaining environmental balance (Display 4.3.1.8)
 - Cultural values (Display 4.3.1.9)
-

4.3.1.1 Balance and Harmony

From the data it is evident that world-view remains important in the Chinese approach to health. The world-view of the Chinese and their understanding of illness are closely inter-related with respect to the creation and maintenance of harmony and balance in all aspects of their lives.

DATA DISPLAY 4.3.1.1
THEME 2: APPROACH TO HEALTH AND ILLNESS
CATEGORY 1: BALANCE AND HARMONY

- Harmony in all areas of your life is very important. (Data:2)
 - Balance affects your whole life, whatever you do must have balance and harmony. (Data: 5)
 - If everything remains in balance then there will be harmony. (Data: 20)
 - I do believe in keeping a balanced lifestyle, which means for me keeping fit, eating healthy and doing meditation (Data: 33)
-

Discussion on balance and harmony

Pennick (1987:2) states that harmony between the human and natural worlds does not discriminate between mind, body and spirit. Pennick further identifies that life is to be lived in concordance with the natural order of things. The importance for this study is that the world-view of balance and harmony affects the informant's hospitalisation. Balance is important in the diet³ and this is why informants mention bringing in food from home rather than eating the hospital food. It is important in their environment⁴ at home, so why should that not be the case in the hospital room. It is important in their exercise⁵ and this could provide a basis for a good exercise pre and post surgery as well as a long-term rehabilitation programme.

As has been shown, the belief is that balance and harmony in all things in one's life is important. These beliefs have originated with Chinese society and recently have also become popular in Western thought. Asian cultures have embraced for centuries the idea that constitutes the concept of a delicate balance between body, mind and spirit (Ximenes:<http://seton.net/Wellness/GoodHealthMagazine>). The concept of treating patients

³ Chapter 4 Theme 2 Category 6

⁴ Chapter 4 Theme 2 Category 8

holistically with regard to physical, psychological, emotional and spiritual well being is becoming more important to Western thinking. In fact, the first scientific reference to the concept of 'holism' is in the work of the South African General, Jan Christiaan Smuts in 1926 (Steyn 1994:124). Jan Smuts actually coined the term 'holism'. This is particularly important with regard to cardiac rehabilitation programmes as patients need education regarding balanced low fat diets, education regarding exercises that condition respiratory, cardiovascular and musculoskeletal systems ([The Beth Israel Centre for Cardiac Health//wehealny.org/services/cardiology/rehabilitation.html](http://TheBethIsraelCentreforCardiacHealth/wehealny.org/services/cardiology/rehabilitation.html)). Cardiac patients need to be made aware through education, of the need to lead balanced lifestyles. Imbalances lead to stress. As an outcome of this study it is foreseen that cardiac rehabilitation should be taught to these patients by educating them with regard to balance in their diets, exercise and by acknowledging the importance of their environments.

4.3.1.2

Origin of belief in balance and harmony

Data display units show that the belief in balance and harmony is a strong tradition that is passed down through the generations.

DATA DISPLAY 4.3.1.2
THEME 2: APPROACH TO HEALTH AND ILLNESS
CATEGORY 2: ORIGIN OF BELIEF IN BALANCE AND HARMONY

- My parents taught me that you should not show anger towards anyone, as this disturbs the harmony. (Data: 15)
 - These beliefs were passed down to us children. (Data: 2)
 - Chinese people look at the world with a view to maintaining all aspects in harmony and unity. This is a very old concept for Chinese (Data: 19)
 - I try to live my life according to the Chinese philosophy, almost like everything in moderation (Data:32)
 - From this belief in harmony, my parents believe that all things must balance. (Data: 2)
 - The family tradition is to try to live your life with balance. This means that you need to try to create harmony and unity. (Data: 24)
 - Harmony and unity are the teachings of the Taoist religion (Data: 24)
-

Discussion on the origins of balance and harmony

Chinese people regard the family unit as being very important and therefore most cultural traditions are passed down through the family. These traditions remain strong due to the strict cohesion of the family. It is the experience of the researcher that in most families the grandmother and grandfather look after the grandchildren when the mother and father are at work. Taoism is the philosophy that strongly influences the Chinese belief in harmony and balance⁶.

Taoism teaches that human beings should be in harmony with nature. According to Shih (1996:211) nature has its own rule, once it reaches its extreme, it will reverse back spontaneously. An example of this is that Chinese patients believe that once the dates of their bad luck have passed, their health will recover spontaneously to its previous condition and may even improve. Pertaining to this study, inpatient care should value the

⁶ Chapter 2 Paragraph 2.2.2.2

cohesiveness of the family by incorporating the family into the provision of care and the family could also be used as support to ensure the cardiac rehabilitation programme is adhered to⁷.

4.3.1.3 Spheres of harmony and balance

Harmony and balance between the environment, the body and others are seen as most important.

DATA DISPLAY 4.3.1.3
THEME 2: APPROACH TO HEALTH AND ILLNESS
CATEGORY 3: SPHERES IN HARMONY AND BALANCE

- Our parents also taught us to respect nature, harmony with nature is very important to Chinese people. (Data: 2)
- Harmony within ourselves, harmony with the environment and harmony with others. (Data: 13)
- I practice harmony with the environment, by respecting the environment, (Data: 13)
- There must be balance in the environment and there must be balance in our bodies. (Data:2)
- Balance within the body is very important.(Data: 3)
- The Chinese belief is that man and nature must be in harmony.(Data:19)
- The view that man and the universe rely on one another. Man and nature need to work together as one.(Data:24)
- I try not to get angry as this will affect not only my state of mind but also my health and this will suffer. (Data: 6)
- Unity of mind and body depends on how balanced the man is with nature and the universe (Data: 24)
- I try not to get too worked up over emotional things, so in this way I guess balance and harmony are important to me (Data: 33)
- Maintain harmony in your mind by exercising self- discipline by meditation or prayer or exercise. (Data: 2)
- (That is why) I like to have a very calm environment to live in, a good view, lots of water and plants to soothe me. (Data: 6)
- I do believe in keeping a balanced lifestyle and I think the concept of not separating the mind and the body is correct, I have seen too many people who have emotional problems that eventually get very sick physically. (Data:33)

⁷ Chapter 4 Theme 3 Category 1

Discussion on the spheres of balance and harmony

Within the context of this research, this knowledge could be used in the inpatient situation to ensure that the environment was conducive to the patient's idea of balance and harmony. The knowledge could be used in the setting up of immediate and long-term cardiac programmes with regard to diet, exercise and sleep orientation.

According to the informants, being emotionally unbalanced affects their health. Unity of the mind and body can be achieved by living in a peaceful environment, taking part in meditation and many of the informants said that doing exercises especially Tai Chi exercises helped to maintain the balance in their lives. The aspect of exercise while mentioned briefly here, will be dealt with as a separate category⁸. Reduction of stress has always been an important part of a cardiac rehabilitation programme. Evidence suggests that the feeling of relaxation as a result of a workout, is due to the release of natural opiates in the brain (Kavanagh 1998:190). Chinese views on stress reduction by means of Tai Chi exercise, breathing and meditation or prayer are a good basis for in patient care and a long-term cardiac rehabilitation programme.

What needs to be addressed in the hospital situation is the Chinese unwillingness to participate in conflict or confrontation and this leads to a very compliant patient who will agree with anything the medical team advises them but then is non-compliant once discharged. Individual health care plans taking into account cultural priorities should be devised with the patient in order to avoid these situations.

4.3.1.4 Outcome of balance and harmony

Balance and harmony are seen by the Chinese culture as permeating everyday life. Their view is that if all aspects of one's life are balanced and there is a harmonious relationship between all things then life will be a very positive experience.

DATA DISPLAY 4.3.1.4
THEME 2: APPROACH TO HEALTH AND ILLNESS
CATEGORY 4: OUTCOME OF BALANCE AND HARMONY

- Chinese people believe that you need to make sure that everything is in balance and harmony and then you will live a good life, this means that you will be healthy, be happy and have lots of money (Data: 14)
 - When we talk about our health we must focus on harmony, harmony means that all parts of your life will balance, there will be no problems with money or bad illness (Data: 28)
 - The idea that the body is whole and should be treated wholly is a very valid point. In this I would say that I agree that harmony in all areas of the body leads to good health. If you are sick in your mind, then your body is affected (Data: 33)
 - If you can apply this to your everyday life, you need to have a balanced diet, get enough exercise and not be too stressed at work then you will have a very peaceful life. (Data: 19)
 - Man must be in harmony with nature in order to be healthy.(Data:24)
-

Discussion of outcome of balance and harmony

The data shows the importance of balance and harmony in Chinese thinking. According to Giger and Davidhizar (1995:397), Chinese culture encourages a harmonious relationship with nature and other people. Western medical thought also highlights balance with regard to cardiac rehabilitation. Cardiac literature encourages balanced diets, exercise regimes and also the maintenance of stress relief (Mindell 1996:22).

In addition to the outcome of balance and harmony, informants also commented on the consequences of imbalance and disharmony. The next data display contains evidence

⁸ Chapter 4 Theme 2 Category 7

hereof. A discussion of these different outcomes can only be conducted with reference to both sets of outcomes.

4.3.1.5 Outcome of balance and disharmony

It is a Chinese cultural belief that if areas of one's life are not balanced and there is no harmony, there may be serious health consequences

DATA DISPLAY 4.3.1.5
THEME 2: APPROACH TO HEALTH AND ILLNESS
CATEGORY 5: OUTCOME OF BALANCE AND DISHARMONY

- When someone gets sick, this is the result of too much of one or the other. So there is imbalance. (Data: 4)
 - If there is an imbalance of one or the other, then you find yourself unwell. (Data:20)
 - For example if there is too much yin the person will suffer from infections and stomach problems (Data: 20).
 - If there is too much yang, there will be dehydration, fever and irritability.(Data:20)
-

Discussion regarding outcome of balance and disharmony

The Chinese holistic belief is made very clear by the informants, the need to lead a balanced life with regard to aspects of environment, diet and exercise. Without this balance there will not only be health problems but financial and emotional problems. At the website for Yo San University of traditional medicine (<http://yosan.edu/tao.htm>) it states that the ancient Taoists were keen observers of nature and human behaviour, they understood that the more one lived in balance and in harmony with nature, the healthier one was physically, emotionally and spiritually.

4.3.1.6 Maintaining dietary balance

The data revealed various sub-categories within this category on dietary balance. Informants described specific food types that were seen as healthy, also food that has been prescribed or restricted. Data also identified food as divided into yin and yang and hot and cold food types.

DATA DISPLAY 4.3.1.6
THEME 2: APPROACH TO HEALTH AND ILLNESS
CATEGORY 6: MAINTAINING DIETARY BALANCE

➤ **Specific types of food (4.3.1.6.1)**

- I watch my diet, I try to eat a balanced food that is fresh and light, more vegetables and bean products. (Data: 6)
- I am getting older now and so I need to take more beans and tofu to give me more energy. The beans and tofu give me more yin energy (Data: 13)
- I try to eat light foods, nothing too heavy. My wife normally prepares soup, this is just chicken broth soup which has very neutral qualities, this is very good for replacing energy and is not heavy on the stomach (Data: 27)
- When my heart began to give me trouble, people suggested that I eat ginger- root and ginseng as these are believed to strengthen the heart. (Data: 5)
- I asked my helper to bring me in some bird's nest soup to give me energy (Data: 26).
- I was told for my heart to eat more soybeans, mungbean sprouts and bananas. (Data 20:2).
- Fresh tomatoes are very good, seaweed, mung beans and celery (Data5: 2).
- I have been told to eat bitter foods, tomato, crab apple, green pepper (Data34: 2).
- I would consider my diet, my wife made sure that I always ate lots of fruit and fresh vegetables, the Chinese diet is a very healthy one generally.
- Even after the operation I will take the ginger- root and ginseng and have faith that these will be good for the heart. (Data:5)
- I do take some Chinese herbs to help my heart. Garlic, I take for my blood pressure and I was eating ginger and hawthorne (Data: 6)
- There were also certain foods for certain seasons. It was better in the hot summer months not to eat too much hot food, because the weather was hot and damp, this would make you sick, you had too much hot and damp inside you. (Data: 35)

➤ **Food prescribed (4.3.1.6.2)**

- I get instruction from my Chinese medicine shop regarding which herbal teas, mostly just ginseng teas to drink to improve my immune system.(Data:33)
- When I become sick I always go to see the TCM doctor and he prepares some tea's and gives me some Chinese herbs. (Data:4)

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➤ **Yin and yang foods (4.3.1.6.3)**

- I try to drink lots of water, but it must be hot water, the Chinese do not like to take cold water as they feel this increases the chances of yin energy entering their body and making them more unbalanced. (Data: 27)
- Illnesses caused by too much yin are treated by eating 'hot' foods, for example, meat, animal products, ginger, cakes, bread biscuits. Diseases caused by too much yang, are treated by eating cold foods such as fresh fruit, lemon, lime, water. (Data: 20)
- For the yin and yang balance, I would prefer to choose from the menu better prepared. (Data: 23)
- My mother also used to make sure that we ate the correct diet, a balanced diet with balanced yin and yang foods. (Data: 34)
- Because of my heart condition, my diet has been mainly to protect my heart which is a yang organ, and therefore I need to eat foods that are cold and these protect my heart.(Data:20)
- If I had a runny nose, my mother said I had too much yin energy in my body and would cook me food to increase the yang energy. (Data: 5)
- This was important because if you ate too many yin foods then you could become unbalanced and you would get ill.(Data:34)

➤ **Food restricted (4.3.1.6.4)**

- My doctor warned me not to eat too much food that had animal fats, to eat only vegetable oils (Data26:2).
- My traditional doctor told me no foods with high cholesterol such as egg yolk, liver and kidneys (Data 34:2)
- Before going into surgery my doctor warned me not to take any fish as this can cause skin problems. I also wanted to get some herbs that would help me to recover quicker from the operation.(Data:28)

➤ **Hot foods versus cold foods (4.3.1.6.5)**

- To make sure that they are always trying to achieve harmony, the Chinese people try to eat food that will restore the balance. Food does have some effects that can heat or cool the body. (Data: 20)
 - It is not just to balance the body, but if I have a fever I eat food that has cool attributes, like more green vegetables. (Data: 26)
 - My doctor (TCM) says that my heart needs cold foods, I can eat as much Chinese green vegetable (Data13: 2) (Chinese spinach) as I like, I should eat fruits such as grapefruit, muskmelon, persimmon, star fruit and watermelon.
 - For my heart condition I need cool energy from food to balance the hot yang condition of my heart, examples of these are apples, mushrooms, pear, strawberry, mandarin orange, mung beans, wheat and wheat bran (Data 5:2)
-

Discussion on maintaining dietary balance

Western literature supports the maintenance of a balanced diet after cardiac surgery and with regard to cardiac rehabilitation. A high blood cholesterol level is a serious factor in heart disease, this needs to be lowered by maintaining a diet free of saturated fats. Fruit and vegetables are high in vitamins, minerals and fibre. Fruit such as bananas, cantaloupe, grapefruit, tomatoes or prune juice are all good sources of potassium which doctors recommend for patients on diuretic therapy for heart disease (American Heart Association 1996:196). On reviewing this dietary data with cardiologists at the Christian oriented hospital, the informant's diets were considered acceptable for cardiac conditions postoperatively and also as part of a long-term dietary plan. The resident dietician of the Christian oriented hospital, reviewed the data and concurred that these foodstuffs were suitable for low cholesterol cardiac diets.

According to the literature, in a hot climate such as Hong Kong it is appropriate to eat cooling foods such as tropical fruits and some raw food (Gascoigne 1997:57). In accordance with western dietary therapy for cardiac patients following a diet rich in fibre helps the body to excrete cholesterol through the bowel and this contributes to lower coronary artery disease (Kavanagh 1998:132).

According to Klepser & Klepser (1999:129), many herbs have been identified as being unsafe including comfrey, liferoot, sassafras, licorice and ma huang. Potentially safe herbs include garlic, ginkgo and Asian ginseng. Clinical trials have been used to evaluate garlic for hypertension, hyperlipidaemia and infections, ginseng for fatigue and ginkgo for circulatory disturbances. The clinical trial results are suggestive of efficacy of some herbal

preparations. Of concern to cardiologists who reviewed these data segments, was the use of ginger in the diet of one informant. Research shows that ginger can prolong blood clotting and therefore the cardiologists advised educating the patients with regard to which herbs are safe to use.

On re-interview the informants were questioned regarding whether they had informed their doctors about the herbal teas and mixtures they had taken and only one informant said that the doctor had asked. Due to the amount of literature regarding the danger of some Chinese herbs especially ginger, with regard to haemorrhage, it is necessary for all patients undergoing open-heart surgery to ensure that the medical team knows what herbs they have been taking. These informants were told to discontinue herbal preparations until they had consulted with their doctors regarding the benefits and dangers of these herbs.

The literature on the heart with regard to yin and yang, shows that the heart is regarded as a yin organ. The heart commands all organs and viscera, the blood and blood vessels, it also stores the *shen* (spirit) (<http://www.lieske.com/channels/5e-heart.htm>). The heart is particularly vulnerable to heat (Tierra 1998: 72).

4.3.1.7 Maintaining balance with regard to exercise

This category revealed that tai chi was useful with regard to breathing exercises as well as for strengthening muscles.

DATA DISPLAY 4.3.1.7
THEME 2: APPROACH TO HEALTH AND ILLNESS
CATEGORY 7: MAINTAINING BALANCE WITH REGARD TO EXERCISE

- **Tai Chi and breathing exercises (4.3.1.7.1)**
 - These tai chi exercises are very good for your body and also your mind. (Data: 6), before starting to do the tai chi movements, it is good to warm up by deep breathing then begin with exercises for the arms. (Data 6:2)
 - All the exercises are good for the lungs as well. My doctor knows that I go to the classes (Tai Chi) and he agrees that they are very good.(Data:27)
 - Exercise is very good to condition your mind. Chinese belief is that by regulating your breathing you can control your emotions. The breathing should start from your stomach and moves up into your chest (Data: 21)

 - **Tai Chi and muscle strength (4.3.1.7.2)**
 - When doing the exercises, you need to have good balance and so you need to bend the knees a little, hold the head up proudly and the chin down in to the throat. The arms can hang next to the body, the bottom must be tight. Always remember to keep the top of the body in central position (Data 21:2)
 - Chinese exercises do not make the heart beat excessively fast, the exercise strengthens muscles .I need to concentrate very hard on one muscle, move it slowly and exactly together with my breathing and this makes the muscle strong. It also maintains balance between mind and body and condition them both at the same time. (Data: 21)
 - Tai chi is not an exercise for people who like to get their heart racing, Tai chi is done slowly, and smoothly, the balance and coordination of all the movements is very important (Data 6:2)
 - By using Tai Chi , not only are people developing their muscles but also developing their breathing and mind control All the movements must be controlled by the mind, the mind gives the order and the muscles should respond.(Data:21)
 - I think it would be better to start the exercises in the hospital, (Data: 12)
-

Discussion on maintaining balance with regard to exercise

Tai chi is an exercise regime that increases circulation, increases cognitive ability, decreases levels of stress and anxiety and speeds up recovery after surgery. Tai chi is also described as slow flowing movements that increase strength and muscle tone, enhance range of motion and flexibility and improve balance and coordination (www.aworldofgoodhealth.com). The researcher regards this as important in preoperative and immediate post-operative care, as well as for long term cardiac rehabilitation

programmes for open heart surgery patients. The average age of the open heart surgery patients seen at the hospital is 60 years. The use of tai chi as a slow, controlled, low impact exercise, combined with meditation and breathing technique is considered safe even for cardiac patients preoperatively according to cardiologists at the Christian oriented hospital. The use of the breathing, controlled muscular movement and meditation techniques are good for immediate postoperative management because of the necessity for lung expansion, the calming effect and also muscle flexibility needed for early ambulation. According to Khor (1993:120) studies carried out to calculate the maximum recommended heart rate (MHR) find that most beneficial are exercise levels that raise the heart rate sixty to eighty percent of the MHR. Such exercises develop the hearts capacity to handle changes in workload, but do not put the heart itself at risk. Studies carried out in the United States of America show that performance of tai chi in a stance where the knees are considerably bent achieve an increase in heart rate that falls exactly within the prescribed levels (Khor 1993:120).

With regard to preoperative and postoperative care, pneumonia due to poor expansion of the lungs is a common complication. By doing tai chi breathing exercises, there is increased oxygenation of blood in the lungs. Tai chi breathing uses the diaphragmatic muscles and thereby increases respiratory efficiency. According to Reid (1998:107) after only two months of daily practice, the average flex of the diaphragm, normally only one inch, rose to between two to three inches. Too (1997:20) describes various breathing exercises called the relaxed dragon and the breathing dragon. Of the many exercises that

benefit the heart, two are depicted in appendix 1, these are called opening the chest and scooping the sea and looking at the horizon.

Research shows that the use of tai chi as an exercise regime, was used with multiple sclerosis patients. The results of the research showed increase in walking speed, increase in hamstring flexibility and improvements in vitality, social functioning, mental health and ability to carry out physical and emotional roles (Husted, Pham and Niederman 1999:70). On consultation with numerous physiotherapists, the value of tai chi as a moderate exercise regime was deemed very suitable for cardiac rehabilitation especially for the elderly. According to Reid (1998:106) tai chi exercises take the workload off the heart by turning the diaphragm into a 'second heart' to support circulation, thereby preventing exhaustion of the heart muscle. Studies in China have shown that twenty to thirty minutes of practice per day reduces the pulse by fifteen percent and this is accompanied by increased general circulation (Reid 1998:106).

4.3.1.8 Maintaining environmental balance

Informants describe the importance of environmental comfort as well as sleep orientations, with regard to maintaining environmental balance. Subcategories have been formulated to identify this.

DATA DISPLAY 4.3.1.8
THEME 2: APPROACH TO HEALTH AND ILLNESS
CATEGORY 8: MAINTAINING ENVIRONMENTAL BALANCE

➤ **Environmental comfort (4.3.1.8.1)**

- I like to have natural things around in my home to help the chi, these are indoor plants. I also have a fish tank in my lounge as I feel very relaxed watching the fish. The Chinese also believe that this brings wealth.(Data 7)
- I would like to have more natural greenery at the hospital, because this soothes me when I am sick (Data:16). I feel there should be a more natural environment. (Data: 30)
- As for the cultural care, I feel that I would be more comfortable in surroundings that are more energised, (Data: 22)
- The Intensive care unit was very light and airy but not many plants around, so this would be very acceptable if they had some. They would not allow flowers in the rooms but at the nurses station they would be a good view from the patients beds. (Data: 11)
- There was no natural greenery around. Very stark and clinical, perhaps they could make it a bit more welcoming, some small plants (Data: 36).

➤ **Sleep orientation (4.3.1.8.2)**

- I would have liked to choose a room that had good energy and in which I felt comfortable (Data:16)
 - I do position my bed according to my auspicious direction.(Data:14)
 - I would like to have a good bed position, and in a room with good energy.(Data:17)
 - If I want to be in harmony with my environment, I must be aware of what my good-health direction is and then I can sleep in this direction and will not fall ill so easily (Data:25).
 - In my room, we always positioned our beds away from the door to avoid sharp winds and angles where bad energy could get into our bodies (Data: 34).
 - Actually during my stay, I did request to change my bed and there was no problem as there were only two patients there (in the ICU). (Data:31)
 - The first room I went into, the bed was facing the door and it was very dark and the view was onto the back of another building.(Data:31)
 - It happens that my bed was diagonal to the door, so this was a good omen for me.(Data:11)
 - The small cubicles had beds all facing the door, not such a good sign for feng shui.(Data:36)
-

Discussion on environmental balance

According to Too (1997:16) the use of plants, especially healthy growing plants that look green lush and well cared for, should be situated in the east corner to energise the luck of

good health. In the Intensive Care Unit, at present there are no flowers allowed into the individual cubicles due to spatial restrictions. The nurses station however would benefit from some indoor green vegetation, which can be seen from the patients cubicles.

Yeung (2000:13) states that it is bad feng shui to sleep with feet pointing directly at the door, this will result in weakness and blocked energy. The position in which a bed is situated within a room has important health consequences. At present, in the ICU, the beds are all facing the door, which is very unlucky. Measures are taken as far as possible to accommodate the patients request if they choose a particular position, room or request to change rooms, however the initial bed and monitor designs do not allow for the bed to face the green view from the window.

4.3.1.9 Cultural values

The researcher would like to reiterate in this category how integrated the Chinese cultural values are within the Hong Kong Chinese society and also how strictly traditions are followed. Values such as respect for elders, self and environment and the strength of the family bond are adhered to rigidly. This is seen in the following data sub categories.

DATA DISPLAY 4.3.1.9
THEME 2: APPROACH TO HEALTH AND ILLNESS
CATEGORY 9: CULTURAL VALUES

- **Respectful behaviour (4.3.1.9.1)**
 - Our parents taught us that we should always respect older people and especially our parents. (Data:2)
 - Our parents also taught us to respect nature, harmony with nature is very important to Chinese people. (Data: 2)

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- Another important teaching is that respect for your parents is important (Data:14)
 - All Chinese traditions stress the importance of maintaining harmony in the family. There should never be any arguing or shouting, this is a sign of disrespect.(Data:21)
 - Respecting oneself means to always show that same face to everybody. Never show emotion on your face and try not to show it within your family.(Data:21)
 - I like to describe myself as someone who is respectful of others, it is very important in Chinese tradition to respect your elders. Now days the young people are not always respectful.(Data:25)
- **Family unity (4.3.1.9.2)**
- Family unity is also very important, we were always taught that family comes first and that is how I have taught it to my own children.(Data:2)
 - I am an old man and follow my family's traditions very closely.(Data:24)
 - My wife and I are old now and so we rely on our son to look after us and to make the family decisions. When we were young we gave up everything for our children (Data:25)
 - I hope to pass all the beliefs and traditions down to my grandchildren so that they too can be proud of being Chinese and not lose all the traditions.(Data:26)
 - With Chinese tradition family is very important, a person does not make decisions by himself but will always take the family into consideration. When I had my operation, my eldest son, who I live with made the decision to go ahead with further surgery because that is the way it is done with the Chinese (Data:25)
- **Strength of traditions in Hong Kong (4.3.1.9.3)**
- I went to see a Traditional Chinese Herbal doctor. (Data:28)
 - I should say that I have not lived my whole life in Hong Kong, I came back to Hong Kong about thirty years ago after having been to Australia to be educated. While living in Australia with relatives, maybe I lost some of the cultural traditions but I realised when I came back that the traditions are much stronger here. The Chinese in Hong Kong celebrate all the Chinese festivals. They are much more superstitious about feng shui and control their diet much more than other Chinese elsewhere in the world, except maybe Taiwan(Data:32)
 - Chinese believe in feng shui, in Chi and Yin and Yang (Data:22)
 - I am very traditional in my thinking because I am proud to be Chinese(Data:26)
 - As for me, my family has practiced this (feng shui) since I was a child (Data:34)
-

Discussion on cultural values

With regard to this study, first and foremost, individual respect for the patient's beliefs and values should be incorporated into the nursing care plans by means of cultural assessments and interventions. Literature supports the fact that health care decisions are made by the

family as a whole and not by the individual, this should be respected and there should be maximum family involvement with inpatient care as well as rehabilitation planning to ensure long term lifestyle changes. According to Shih (1996:213), Chinese families wish to meet the needs of the patient because it is their duty to do so. From a Western point of view the inhibition of emotions creates more stress for the individual and is detrimental to patients with heart disease. This is an on going dilemma for Western nurses working within the Chinese culture. Ip, Gilligan, Koenig and Raffin (1998:447-451) describe these cross-cultural conflicts with regard to physicians trained in the West and Chinese patients from a Chinese cultural background. The Chinese perspective is that expression of emotion shows lack of internal strength, while a strong outwardly calm appearance denoted strength of character.

More importantly for nursing interventions is the Chinese value of loyalty, this means according to Shih (1996:213) unquestioning allegiance to superiors and demands total subordination. Shih goes on to say that questions are never asked directly of the physician. Therefore if the relationship between primary nurse and patient is not good this can be very stressful for the patient. It has been the experience of the researcher that this is most definitely the case. It is an objective of this study, that through this knowledge, nurses will implement more meaningful and individualised plans of care.

4.4 THEME 3: HOSPITAL EXPERIENCES

4.4.1 Introduction

The reputation of a hospital is very often determined by the experience of the patients who frequent it. For private health organisations in Hong Kong, there is much competition to provide better services and care in order to attract more clients. By analysing the informant's experiences, the Christian oriented hospital would be able to assess if a more culturally based programme would be effective and viable. The following categories illustrate the informant's positive and negative experiences with regard to the cultural care within the hospital environment.

DATA DISPLAY 4.4.1
CATEGORY: 3 HOSPITAL EXPERIENCES
OVERVIEW

- Hospital experience and positive cultural care (Display 4.4.1.1)
 - Hospital experience and negative cultural care (Display 4.4.1.2)
 - Hospital experience and professional care (Display 4.4.1.3)
 - Importance of cultural congruent care (Display 4.4.1.4)
 - Responsibility for self care (Display 4.4.1.5)
-

4.4.1.1 Hospital experience and positive cultural care

In the last fifty years cultural care has been prioritised within the nursing field in an attempt to provide more meaningful care to patients, to improve health care outcomes and to encourage patients to take more responsibility for their health. The following subcategories illustrate the informant's individual priorities and what they saw as positive of their hospital experience.

DATA DISPLAY 4.4.1.1
THEME 3: HOSPITAL EXPERIENCES
CATEGORY 1: HOSPITAL EXPERIENCE AND POSITIVE CULTURAL CARE

- **Family inclusion (4.4.1.1.1)**
 - I asked if my family could be with me at all times. The hospital was very accommodating and consented to allow my family to stay. (Data: 8)
 - On the whole I would say that the doctors and nurses that looked after me were very respectful of my family and I. No one was ever rude about my family staying in the room. (Data: 10)
 - My family generally brought in my food from home. (Data: 12)
 - My family also had to come in to see the dietician because they had been bringing me some food from home.

 - **Language (4.4.1.1.2)**
 - I was pleased that all the nurses that saw me were Cantonese speaking as it would have made me very anxious if I were on the breathing machine and the nurse could not understand me. (Data: 9)
 - I was grateful to have Cantonese speaking nurses for the first day. (Data: 10)
 - I had the opportunity to choose a Cantonese speaking nurse (Data:16)

 - **Provision of food (4.4.1.1.3)**
 - My family generally brought in my food from home. (Data: 12)
 - I asked my helper to bring me in some bird's nest soup and there was no problems with the hospital (Data:16)
 - My family also had to come in to see the dietician because they had been bringing me some food from home.
-

Discussion regarding hospital experience and positive cultural care

The data shows the importance of family. Consequently, family must be incorporated into the plan of care for the patient. Cultural assessments by Fong (1985:6) indicate that there are three interrelated aspects of the family that must be explored, firstly questions relating to the family structure, secondly questions relating to who makes the decisions in the family, who manages the financial matters and thirdly questions relating to living arrangements. On clarification regarding the comment on diets and seeing the dietician, the informant was pleased to have the family included in the planning of diet and to be able to bring food from home that had been cooked especially for the informant. The literature

focuses on culturally congruent care and positive health care outcomes. Kittler and Sucher (1990) claim that health compliance is best when teaching content is modified in consideration of client's cultural and personal preferences (as cited by Price and Cordell 1994:164). Desantis (1991:300) states that culture specific interventions improve client compliance, health status and use of health care service. The involvement of family is a necessity in this regard for compliance with a long-term cardiac rehabilitation programme.

Positive aspects of hospital experience indicate that the informants were grateful to have nurses of the same language taking care of them immediately postoperatively. In a study by Parfitt (1988) in an Intensive Care Unit, it is reported that by ignoring the needs of different ethnic groups, the stress problems that patients experience may be exacerbated and long-term psychological damage may result (as cited by Wilkens 1993:605).

4.4.1.2 Hospital experience and negative cultural care

Data reflects that negative experiences centre mainly on cultural expectations and the lack of cultural care. International Council for Nurses statement (ICN1974) states that the need for nursing is universal. Inherent in nursing is respect for life, dignity and rights of man. It is unrestricted by considerations of nationality, race, creed, colour, age, sex, politics, or social status (as cited in Abdullah 1995:716). Abdullah states that this statement demands that nurses meet the needs of individuals regardless of whatever cultural background they come from (Abdullah 1995:716).

DATA DISPLAY 4.4.1.2
THEME 3: HOSPITAL EXPERIENCES
CATEGORY 2: HOSPITAL EXPERIENCE AND NEGATIVE CULTURAL CARE

➤ **General comments (4.4.1.2.1)**

- The hospital did not provide any culturally related care apart from respecting myself, my requests and my family. (Data: 8)
- I had a Western nurse and that wasn't so bad but still difficult to communicate. These were the only cultural experiences that I had in the hospital. (Data: 10)
- As for the cultural care, I feel that I would be more comfortable in surroundings that are more energised, (Data: 22)
- When the complication started after the operation and I started to bleed more, I really thought that there was bad energy that was causing this. (Data: 30)
- I would say that there is no talk of balance and harmony there (Data: 5)
- I also would have liked the nurses to massage me with tiger balm oils to prevent ill winds from entering my body, instead they used cream that has no use for me.(Data:30)
- Also if I could say a small thing that for the nursing care, whenever I had a fever, the nurses would take all the blankets off me and put a fan on. This made me feel very bad as the wind blowing could have affected me very badly as my head and neck was very exposed. This is when Shar Chi can enter your body.(Data:31)

➤ **Food (4.4.1.2.2)**

- The food at the hospital was not very good. (Data: 12)
 - The menu could have had more choice.(Data: 16)
 - I hope that they improve the food, this food is vegetarian, but it has no taste (Data: 17)
 - I don't think any Chinese person would say it was balanced. There was no dietary balance unless your family brought food in for you (Data: 35)
 - The menu was better than when I was here last, more choices for Chinese and Western food. No direction as to cardiac diets what you can and can't eat (Data: 35)
 - On my discharge, I was given an education booklet on how to change my lifestyle in the future. I feel that this was not catered for the Chinese people, it was more western information. The dietary advice was not directed towards Chinese, the exercise was also not geared toward older Chinese people (Data:37)
-

Discussion regarding hospital experience and negative cultural care

General data segments provide insight into the lack of cultural experience in the hospital. Priority cultural needs are reflected as respect for the family, being treated by a nurse that is of the same cultural background or is able to communicate fluently. The data reflects

that the hospital environment should be more energised. Too (1997:6) claims that blockage of chi results in severe health problems whereas the smooth flow of chi leads to productive and happy events.

It has been established that food is very important in Chinese culture. According to Lu (1986:13) in the Chinese diet food is considered for its energies, flavours, movements and common and organic functions. Gasciogne (1997:53) states that in China, people may be given prescriptions by a doctor for a certain food or meal which they then take to the restaurant. The restaurant then prepares the meal in the way specified in the prescription and it is then eaten purely with the purpose of improving health. Treating illness by means of diet has a long history in Chinese medicine. With regard to this research, if the Christian oriented hospital is not willing to provide a menu and to advise patients with regard to dietary preferences then the dietician should be in constant liason with the doctor and the family with regard to preparing the patients meals.

4.4.1.3 Hospital experience and professional care

Data segments revealed a positive experience with regard to the professional care received in the hospital environment. Comments regarding the professional health education and skill of the doctors and nurses as well as the short hospital stay are all positive experiences. Attention should however be drawn to the article by Shih (1996:213), where it is stated that nurses should be aware that Chinese patients often value the nurses attitude more than their professional skills and knowledge. The importance of this is that both professional care as well as cultural care should be provided for patients.

DATA DISPLAY 4.4.1.3
THEME 3: HOSPITAL EXPERIENCES
CATEGORY 3: HOSPITAL EXPERIENCE AND PROFESSIONAL CARE

- (Before the operation) The nurses explained to me all the procedures that would take place and I saw the breathing machine that I would be on. They also explained all the tubes that I would have in me. (Data: 9)
 - The physiotherapist saw me on the afternoon before the operation and she explained to me about the breathing exercises. She gave me a small machine that I had to blow into and said that this would be used to help my lungs after the operation. After the operation, on the second day, the physiotherapist helped me to get up and do some walking. The breathing exercises were also very difficult as the coughing made my chest hurt. (Data: 9)
 - This all proved to go well and I was discharged very quickly from the hospital and so now am trying to continue to lead a balanced lifestyle. The nurses and the doctors gave me excellent care, I have complete trust in the nurses and my doctor (Data: 16)
 - This is a difficult question because the actual nursing care was good. I do not believe that they can do anything better than what they are doing now. The Surgeon was very skilled, the nurses gave very good care and I am now back at home after only ten days total in the hospital, a very short time. (Data: 22)
 - I had to rely on the nurses to tell me what I should try to have in my diet or not. When I was admitted I was given education regarding the Intensive Care Unit, I was taken to view my bed. (Data: 35)
-

Discussion regarding hospital experience and professional care

With regard to this research, while the professional care is seen as positive, the research shows that the integration of cultural care as well as professional care results in improved client compliance, health status and use of health services (Desantis 1991:300).

4.4.1.4 Importance of cultural congruent care

Research has shown that culturally congruent care results in better health outcomes for patients, in the following data display the Chinese informants show that they are no different.

DATA DISPLAY 4.4.1.4
THEME 3: HOSPITAL EXPERIENCES
CATEGORY 4: IMPORTANCE OF CULTURAL CONGRUENT CARE

- I think that more people would like to have understanding for their culture while in the hospital. (Data: 12)
 - They could have a karaoke room where I could practice my singing. (Data:30)
 - None of the nurses asked about my cultural preferences, even though most were Chinese speaking. (Data:36)
 - If for example I have a nurse who does not worry about my culture and it is a very important part of my life. I would feel very bad about being in the hospital. So I feel it is very important for the nurses to understand the patient's cultural background. (Data: 36)
 - Chinese believe in feng shui, in Chi and Yin and Yang and therefore I would like to have the hospital take note of these things. (Data: 23)
 - It is good for me to go and see both Chinese doctor and also hospital doctors, both will give me good advice. (Data:4)
 - I would like to be able to take my Chinese herbs and medication together with my doctor's. (Data:17)
 - People would follow the programme better if the information was directed toward Chinese people. (Data: 37)
 - With diet, I think that sometimes family like to bring in the food from home. (Data:31)
 - I also had western nurses while I was there and it was not a problem because my English is good, but for another patient it would be very bad not to have a nurse I could communicate with. (Data:36)
 - Actually it is not only for the language, you know the Chinese people see the doctor as being a very important person, and so they rely on their nurses to communicate their questions and concerns to the doctors. (Data:36)
 - The nurses need to act for the patients. (Data: 37)
-

Discussion of cultural congruent care

As the data shows, the informants state that there is a need for a cultural experience within hospital. Priority needs are language, the provision of choices for traditional Chinese medicine and appropriate diet according to the beliefs of feng shui. One informant mentioned the need for nurses to act for the patients, and to be able to communicate the patients needs to the doctor.

4.4.1.5 Responsibility for self care

Some data segments revealed the informants belief in their responsibility towards self care with regard to balanced lifestyle and creating harmony in their lives.

DATA DISPLAY 4.4.1.5
THEME 3: HOSPITAL EXPERIENCES
CATEGORY 5: RESPONSIBILITY FOR SELF- CARE

- I take responsibility for creating the balance for my health now and it has nothing to do with the hospital. (Data: 5)
 - I believe that the hospital cannot provide the balance and harmony, it must be within myself, my thinking must be in harmony, my body must be in the best possible condition. (Data:16)
 - I think that it is my duty to ensure that my body and my mind are ready for the surgery. The most important thing is that my body be in balance and in as good a condition as it can be. (Data: 22)
-

Discussion on responsibility for self care

The informants viewed it as their personal responsibility to provide a cultural environment, by families bringing in meals from home and by practicing their tai chi prior to coming into hospital and on discharge. With regard to this research, while the personal responsibility for health is encouraged, the hospital's priority is surely to provide as positive a health care experience for its patients as possible. As Oliviere (1999:54) states, there is a heightened awareness of how cultural factors, properly assessed, can influence the quality of care experienced and a realisation that you cannot understand a person without understanding his or her culture.

4.4 CONCLUSION

In order to achieve maximum understanding and clarity of the data, as well as attainment of the objectives of this study, the data was categorised, extended, collapsed and irrelevant data omitted. The data was condensed to three main themes, and these were further subdivided into categories and subcategories. The use of discussion after the data display is intended to increase clarity of data. By correlating the data with specific literature references, better understanding is achieved.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATION

5.1 INTRODUCTION

Nursing research studies are conducted so that change in attitudes and nursing care practice can improve patient outcomes. Objectives set out at the beginning of the research study were evaluated, to ensure that they have been met. In the following chapter, conclusions and recommendations are made with regard to whether these objectives have been met. In order for the research study to be productive, recommendations are made so that change can be implemented.

5.2 ATTAINMENT OF OBJECTIVES

For the purpose of drawing conclusions, objectives set out in Chapter 1 will be enumerated and discussed.

5.2.1 Objective 1

The objective stated was:

To gain an understanding of the Chinese people's knowledge regarding their traditional cultural belief in feng shui.

This objective is attained by data represented in Theme 1 Category 1-6, as well as Theme 2 Categories 1-9 in Chapter 4.

5.2.1.1 Conclusions drawn from this data:

- Feng shui permeates all aspects of Chinese life including and especially, the health arena via the tenets of harmony and balance.
- Informants are devoted to and are authentic in their belief in feng shui.
- Feng shui has much in common with contemporary western thought on holism.
- Symbolism is important to the Chinese in their everyday living.
- There is compatibility of the feng shui world-view and qualitative research.

The implication is that these conclusions have is that health services and especially the Christian oriented hospital referred to, should take note of these cultural demands and should provide for these.

5.2.1.2 Recommendations

The most fundamental recommendation is that the Christian hospital referred to by the informants should acknowledge the importance of feng shui with regard to their clientele. Based on this it is recommended that an inservice cultural educational programme for all staff at the hospital be commenced. The programme should incorporate knowledge of fundamental concepts of feng shui.

5.2.2 Objective 2

The objective stated was:

To determine whether cultural traditions are being met within the setting of the research (Intensive Care Unit at the Christian oriented hospital).

This objective was attained by the data represented in Theme 3, Category 1-5 in Chapter 4.

5.2.2.1 Conclusions drawn from the data:

- The inclusion of family is important to the informant during a hospital experience.
- Provision of food by family according to the patients likes and dislikes as well as its healing capacity is important during a hospital experience.
- Informants would like a more cultural experience when in hospital, for example they would like nurses to be more culturally sensitive with regard to assessment and nursing care.
- Informants were satisfied with the professional care received in the hospital, but were not aware of sensitivity to cultural factors.
- Informants saw it as their own responsibility and that of their family to provide cultural care.
- The importance of culturally congruent care was not a priority at the Christian oriented hospital.

The implication is that at present there is no emphasis on culturally relevant care in Hong Kong.

5.2.2.2 Recommendations

It is recommended that a culturally congruent care programme be set up at referred to hospital to provide such care. This programme would include the incorporation of the fundamental concepts of feng shui as used in sleep orientations, dietary management and

exercise regimes. Cultural assessments would be done on admission and family would be included in preoperative and postoperative care and planning as well as rehabilitation planning. This leads to one example of possible future research, a comparative study whereby a patient is treated completely within the dictates of this feng shui programme as far as this is acceptable to Western medicine. Comparisons will then be done on the level of patient satisfaction, recuperation rate and quality of next of kin satisfaction. These patients would be compared to those being treated in a completely 'Western medical milieu'.

5.2.3 Objective 3

The objective stated was:

To determine whether the use of feng shui principles of sleep orientation, diet and exercise are compatible with Western medical care.

This objective was attained by data represented in Theme 2 Category 6-8 of Chapter 4.

5.2.3.1 Conclusions drawn from dietary data:

- The Chinese diet is generally speaking compatible with the prescribed diet for cardiac conditions.
- The use of yin and yang theory with regard to hot and cold foods does not contradict Western cardiac diet advice.
- Traditional herbs such as ginger, used frequently in Chinese diets and herbal remedies can be detrimental when used for open-heart surgery patients.

- Dietary concepts of yin and yang theory and hot and cold beliefs can be incorporated into a diet for open-heart surgery patients in order to ensure cultural sensitivity with regard to diet. There are also dangers with regard to certain herbal mixtures, however effective cultural assessments eradicate these dangers.

5.2.3.2 Recommendations regarding dietary issues

It is recommended that all open-heart patients be seen by the dietician in order to create a menu that is culturally acceptable as well as being a balanced cardiac diet. Further recommendations are a menu that is more culturally sensitive and that highlights 'hot and cold' dishes. As mentioned previously effective cultural assessments would highlight any herbal mixtures that were contraindicated. The patient would then be educated regarding indications and contraindications of various herbal mixtures. With regard to herbal use in the patients diet, the patients doctor's should be consulted regarding the safety of herbal mixtures with regard to the open heart patient.

5.2.3.3 Conclusions drawn from sleep orientation data:

- Informants preferred a more energised environment
- Informants would like to choose their rooms and their bed positions.
- A greener environment signifies better flow of energy
- Water features are an important part of creating a balanced and harmonious environment.

The implication is that patients need an environment that is balanced and harmonious in order to feel positive about surgery. The present hospital environment could be changed to ensure a more balanced environment.

5.2.3.4 Recommendations regarding sleep orientation

It is recommended that within the feng shui programme, the patient be allowed to choose a room as well as position of the bed. With regard to greener environments, it is recommended that the entrance to the hospital be made greener and that a water feature be incorporated into the environment. With regard to the Intensive Care Unit patient cubicles, due to shortage of space, no plants are allowed, however placement of strategic plants in the nurse's station or even a fish tank would create a more energised environment.

5.2.3.5 Conclusions drawn from exercise data:

- Tai chi exercise techniques are compatible with preoperative and postoperative physiotherapy exercises. They can also be used as an effective exercise for long term rehabilitation.
- Tai chi is effective as a stress relief programme as it incorporates breathing techniques, muscle strengthening and relaxation exercises.
- Tai chi is beneficial with regard to effective breathing techniques needed immediately post operatively.

The implication is that tai chi as an exercise regime can be effectively used as a preoperative, postoperative and long-term rehabilitation programme.

5.2.3.6 Recommendations regarding exercise

It is recommended that in conjunction with the aid of the physiotherapy department at the Christian oriented hospital, a cultural exercise programme be devised that uses tai chi exercises. For open-heart patients the programme will include preoperative, postoperative and rehabilitation exercises.

5.3 PERSONAL EXPERIENCES DURING THE STUDY

With regard to personal conclusions pertaining to the study, the description would not be that the process was difficult, although at times there was difficulty in exposing the data in a logical flowing manner, and in being creative with linking certain categories. More disturbing were the emotional fluctuations, the changes in process direction, the insecurity of attempting to produce valid, pertinent information only to have it constructively and critically examined and declared void of useful information for the study.

The ultimate satisfaction is the personal belief that such a programme as has been described would have far reaching benefits for patients at the Christian oriented hospital.

The search through various textbooks for guidance on the process of conducting qualitative research led to confusion and despair. Fortunately through the more logical and systematic descriptions from the supervisor of this study, the process became an enjoyable

venture. The learning process came with attempting the linking and interpreting process of data analysis.

5.4 LIMITATIONS OF THE STUDY

The total inexperience of the researcher with regard to a project such as this was a limitation. The process of qualitative research was effective for this research study, however the structured interview was a limitation in this research. The need for Cantonese interpreters that were known to the informants, which may have led to response bias were limitations. Information gained on initial interview lacked pertinent information, this was due to the researcher not wanting to put too much direction into the interview for fear of response bias. Another weakness with this research was the small sample used.

It is regrettable that permission was refused to conduct this research at the hospital, however, possible further research could entail a comparative study. Provision could be made for at least one patient at a time to be treated 'completely' within the dictates of feng shui as far as this is acceptable to Western medicine (and not Christian religious dogma). Comparison would then be made on the level of patient satisfaction, recuperation rate and quality as well as next of kin satisfaction of these patients with those being treated in a completely Western medical milieu.

Further research possibilities would entail the exact nutritional value of the Chinese diet and the effect this might have on the open-heart patient. Other research could be the use of selected tai chi exercises for the open-heart patient.

5.5 CONCLUSION

With the realisation that Hong Kong Chinese people use feng shui as authentic principles with which to guide their lives, it is the responsibility of health care workers to ensure that culturally sensitive care is given to patients with regard to their traditions and beliefs. The conclusions and recommendations drawn from this research show that within the Intensive Care Unit at the Christian oriented hospital, fundamental principles of feng shui can be incorporated and are compatible with Western medical treatments for open-heart patients. The formulation of a feng shui cultural programme should be provided as a choice for patients seeking a traditional Chinese health experience.

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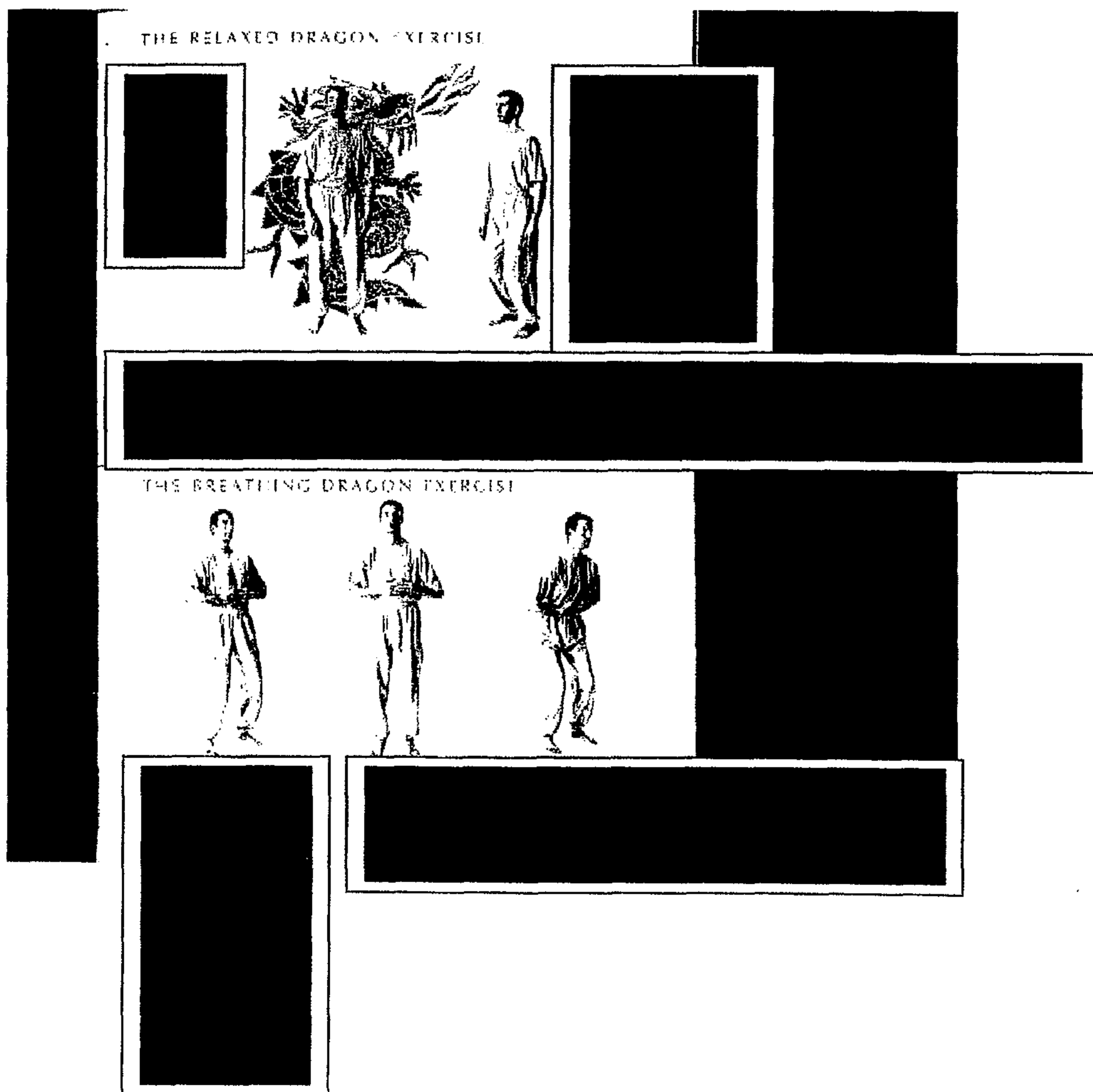
Zhang, S. Y and Carasquillo, A. 1995. Beyond Culture: Communicating
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Appendix 1 A

Breathing exercises

The relaxed dragon

The breathing dragon



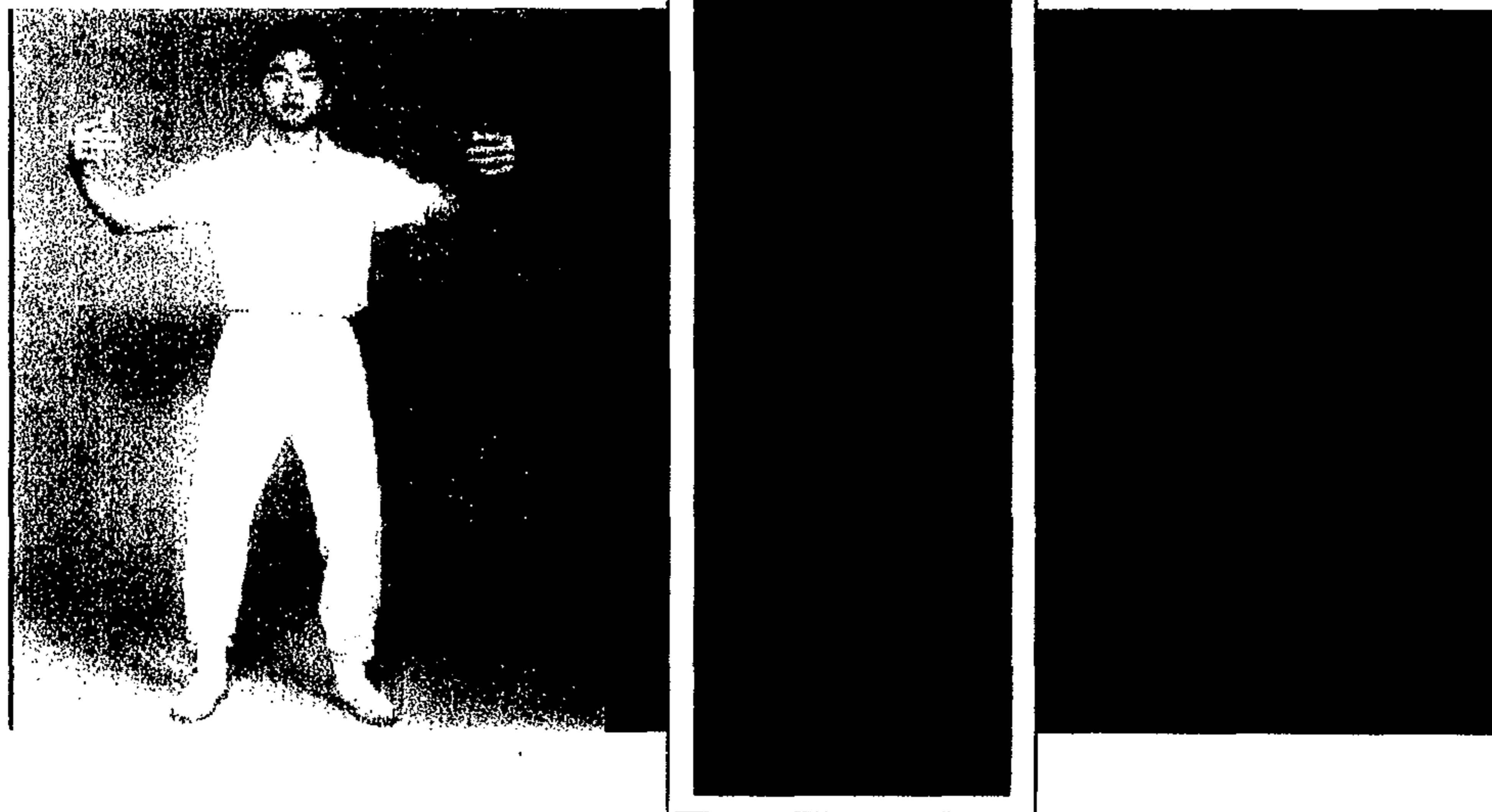
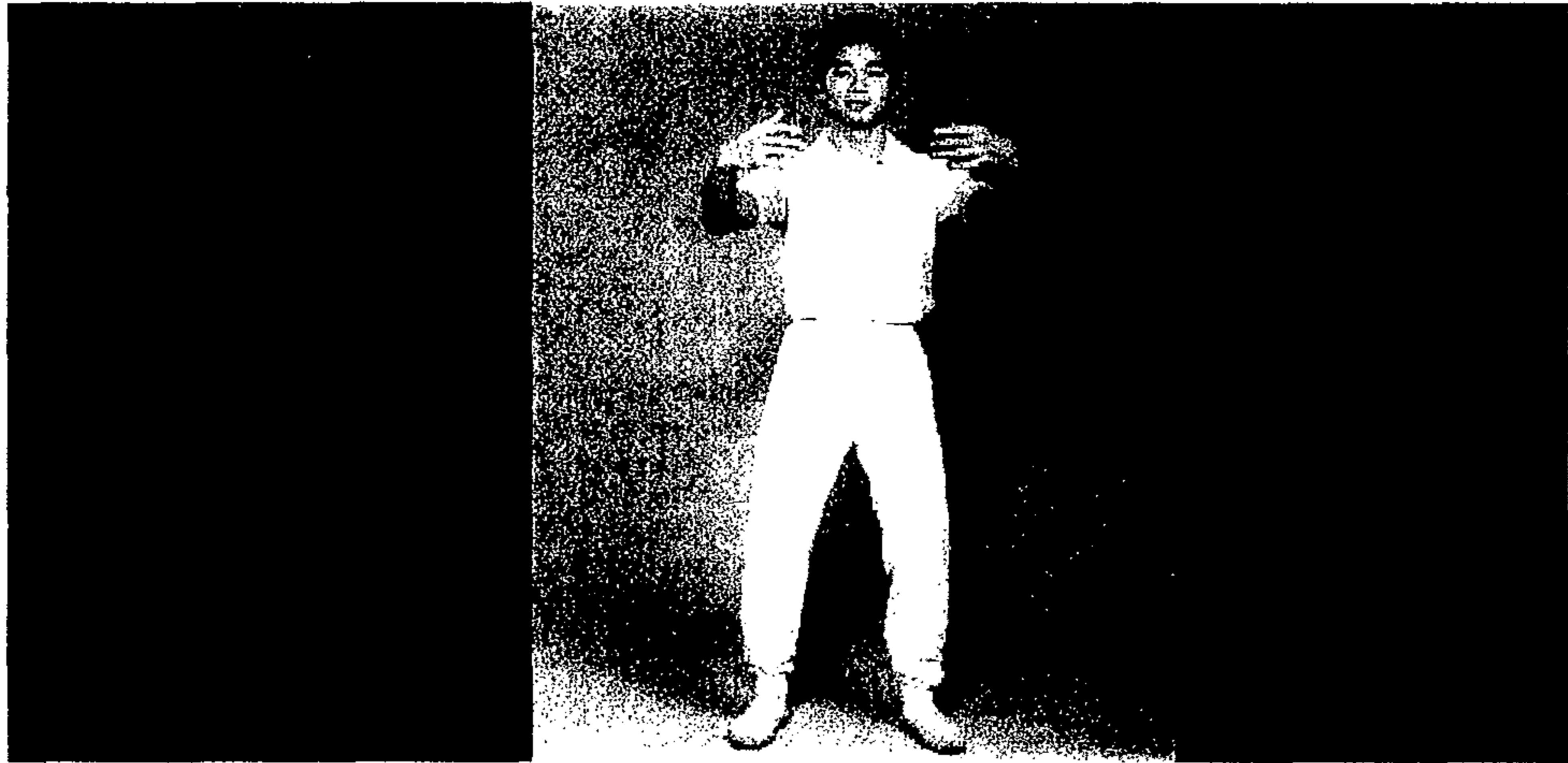
(taken from Too 1997:20-21)

Appendix 1 B

Exercises to benefit the heart

Opening the chest

Scooping the sea and looking at the horizon

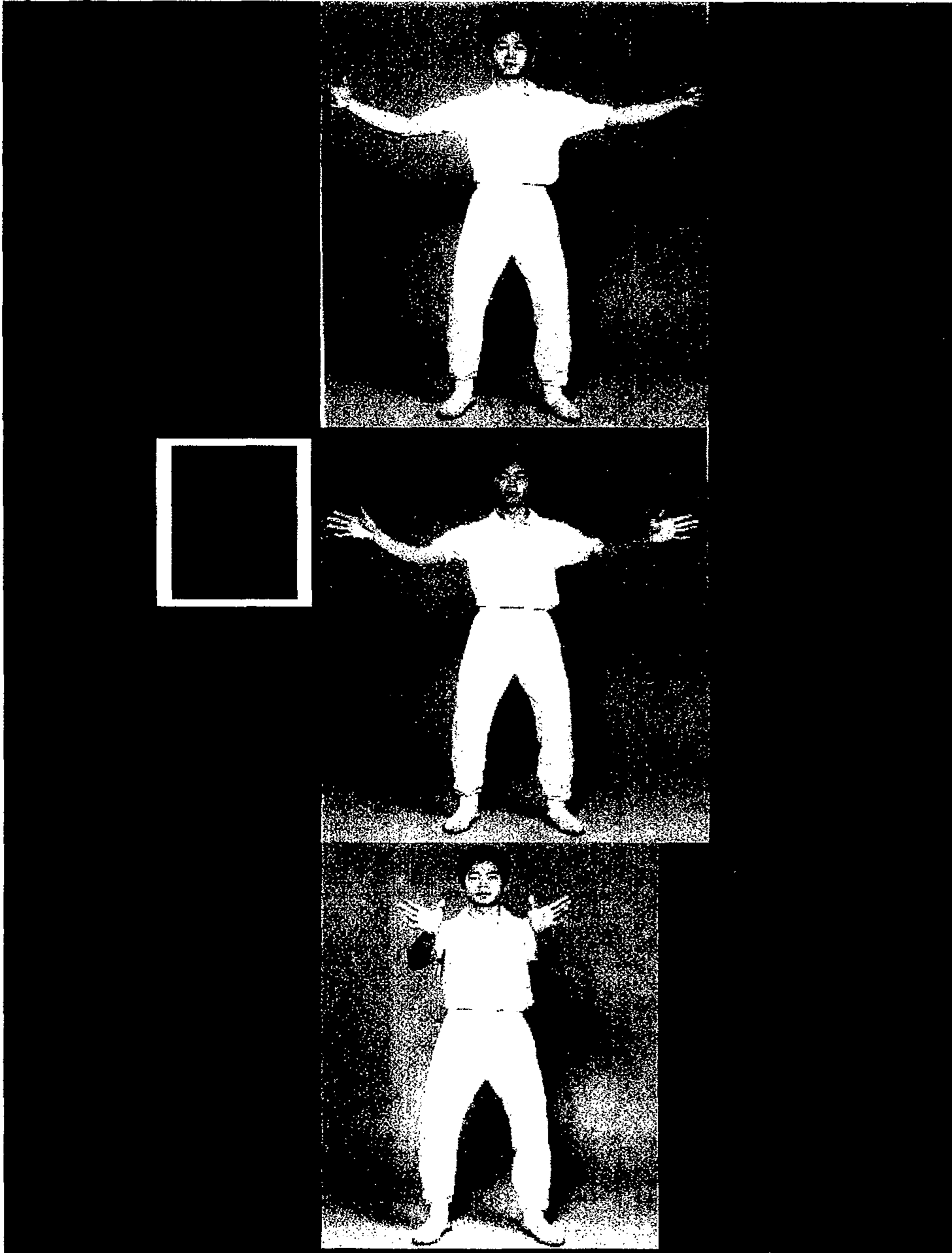


(taken from Khor1993: 69)

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Appendix 1 B

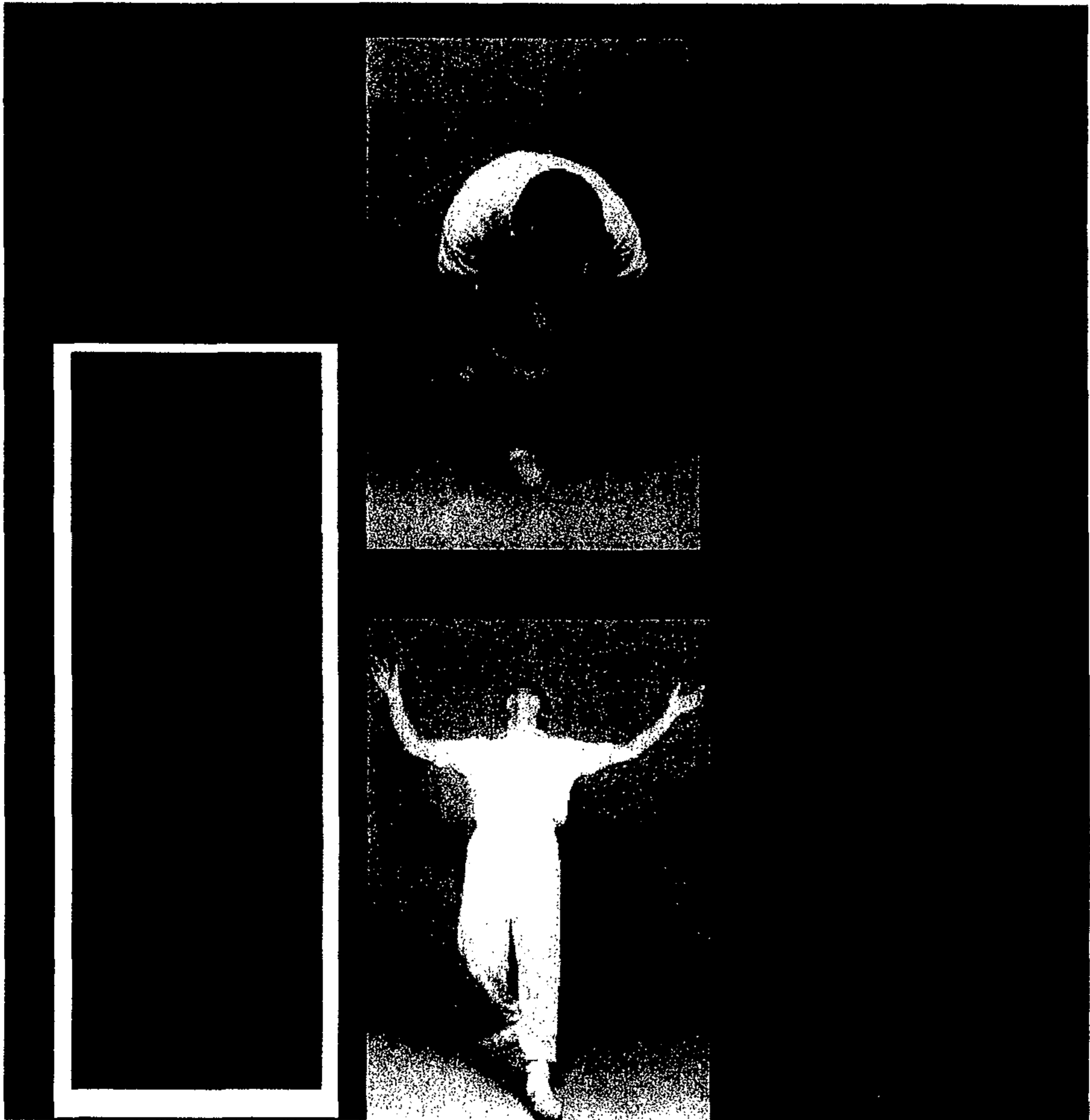
Opening the Chest



Continued from previous page

Appendix 1 B

Scooping the sea and looking at the horizon



(taken from Khor 1993: 95)

Appendix 2A:**English informed consent form**

UNIVERSITY OF SOUTH AFRICA
FACULTY OF ADVANCED NURSING SCIENCE

INFORMED CONSENT FORM

RESEARCH STUDY TITLE: FENG SHUI: IMPLICATIONS OF SELECTED PRINCIPLES FOR HOLISTIC NURSING CARE OF THE OPEN HEART PATIENT

RESEARCH STUDENT: Barbara Murray Phone No:2987-8042

The purpose of this research study is to explore patients experiences of their hospital stay with a view to incorporating feng shui into the hospital setting. During these interviews questions will be asked and the answers will be tape- recorded.

THIS IS TO CERTIFY THAT I _____
(print name)

HEREBY agree to participate in the above named study. I understand there will be no health risks resulting from my participation in this research.

I hereby give my permission to be interviewed and fore these interviews to be tape recorded. I understand that, at the completion of the research the tapes will be erased. I understand that the information may be published, but my name will not be associated with the research.

I understand that I am free to deny any answer to specific questions. I also understand that I am free to withdraw my consent and terminate my participation at any time, without penalty.

Participant

Witness

Researcher

Date

Appendix 2 B

Cantonese informed consent (Chinese Characters)

南非大學
高級護理學系
同意書

研究課題：剖析將風水引進醫院的正面影響

研究員：巴巴拉梅麗

電話：2987-8042

此研究目的在於剖析病人在醫院的環境內對風水的需求。

訪問約需一小時。

訪問過程將被錄音。

謹此証明本人 _____。

(姓名)

同意參與上述之研究課題。

我授意將訪問過程錄音。

本人明白此研究完成後，錄音帶將被銷毀，而本人姓名將不被公開。

本人明白本人有權不作答某些問題及有權隨時終止被訪。

受訪者簽署

見證人

研究員

日期

Appendix 3

Glossary of definitions

- Feng shui** An ancient Chinese tradition used for thousands of years. Literally translated means wind/water, the practice of creating harmony in your living environment to bring about happiness, success and good health.
- Chi** Chi is the universal life force found in all living things. Feng shui achieves balance and harmony based on the study of chi.
- Sheng Chi** Auspicious energy which travels in a meandering fashion. Also known as dragon's cosmic breath. Flows in and out of all living and non living things within a household.
- Shar Chi** Referred to as the killing breath, a negative energy
- Pa Kua** An ancient Chinese symbol, an eight sided emblem that corresponds to the four cardinal points of the compass and the four sub directions. The pa Kua is used to analyze living space and correct imbalance of yin and yang
- Yin and Yang** A concept in Chinese medicine that teaches that opposites can be both antagonistic and complementary. Wind- is described as a hostile yang energy. It is regarded as the major cause of many different types of illnesses, including the common cold.

Celestial animal health exercises-

Simple health exercises developed by the Shaolin Buddhists also known as tai chi exercises, named after the celestial animals, the dragon, tiger, phoenix and turtle and for the longevity creatures, the deer and the crane. If there is a specific problem affecting an internal organ, select the appropriate exercise according to the five elements theory to bring healing energy to the afflicted organ.

The Five Elements Theory

According to the classical texts, all things in the universe, tangible or intangible, belong to one of five elements. These are fire, wood, water, metal. These elements interact with one another in productive and destructive cycles.