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Buddhists of the Diamond Way Buddhism of Karma Kagjü and their specificities in selected areas of nursing care



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ABSTRACT

Diamond Way Buddhism is the youngest Buddhist lay organization, which is focused above all on meditation and direct transmission of experience of mind entity from a teacher to a pupil. In the Western world Diamond Way Buddhism seems to be a very popular direction because of its independence, pragmatism and stress on critical thinking. In recent years, interest in the Diamond Way Buddhism of Karma Kagjü has begun to develop very intensively also in the Czech Republic. The reason can be seen in the fact that in the centres, the so-called lay Buddhism has been practised instead of the monastic life. That makes it possible to combine Buddhism with everyday life. Fifty-four meditation centres have already been established in the Czech Republic.

The paper relates to Buddhists of the Diamond Way of Karma Kagjü and their specific approach to selected areas of nursing care. The results relate to an extensive research project which focused on the approach of members of selected minorities to their health, to determine the specifics of their lifestyle and ascertain the views of the members of the selected minorities about the quality of medical services in the Czech Republic and their experience with hospitalization.

As part of a qualitative examination, an in-depth interview was conducted with seven Buddhists of the Diamond Way of Karma Kagjü. The aim was to find out their specific positions in the areas of nursing care. After semi-standardized interviews and following data analysis the main significant categories and subcategories were identified. In this paper the categories on food, approach to health, illness, dying specificities, hospitalization and refusal to medical and diagnostic methods are explored.

The results helped to disclose a series of useful specificities for nursing care. Most new findings were in the area of food, dying specificities, the care of the dead body and in the area of refusal to medical procedures.

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Introduction

Buddhism as the fourth most widespread religion all over the world has three principal lineages. Vadžrajána or the Diamond Way is the third and the youngest lineage. This has spread in Tibet and the reason for its foundation was a reaction to the stiffness of monastic life. Within it Buddhism has been emancipated from total dependence on the monastic municipalities and monastic centres. At the beginning the Diamond Way developed in an informal way, which meant that groups of disciples gathered around a charismatic and unconventional teacher. Later its codification in the documents followed and consequently also centralization in monasteries. Vadžrajána became a part of Buddhism in Nepal, China, Korea or Japan, but its biggest growth was reached in Tibet [1,2].

The Diamond Way is a Buddhist line coming out of Tantra traditions which work with complicated symbols, mysterious texts and magic rituals. It has been said to be a strong but at the same time a dangerous spiritual way which can be passed by an interested person only after sanctification and with the aid of his teacher (lama in Tibetan language). The Diamond Way is said to transform the body, speech and mind through meditation training in a fully enlightened condition during one's life. This direction is typical for its mantra recitation, mandala formation and observation, and the use of symbolic gestures [3]. The structure of Tibetan Buddhism is based on the term "transmission" which means the handover of teaching and methods from a teacher to a pupil – who will further handover teaching to his own pupils. In this way several "lineages" have been founded and the lineage Karma Kagjü is one of them. This line is characterized by stressing the importance of meditation and the direct transmission of experience of mind entity from a teacher to a pupil [4].

In the Czech Republic the Diamond Way Buddhism of Karma Kagjü appeared in the late seventies of the 20th century when lama Ole Nydahl (a qualified meditation master in Tibetan Buddhism) appeared in the Czech Republic for the first time. Today 54 meditation groups and centres which serve as areas for regular lectures, public meditation and as libraries with Buddhist literature, exist within the Czech Republic [5] and are always open to all persons interested in Buddha's teaching.

It is known that religious faith has played a significant role in human life for centuries. First of all religion has a very significant role in the perception of health and disease. Religion strongly influences the way in which people interpret the signs and symptoms of disease and their reaction to them. Religion is so ubiquitous that even the diet of many people is determined by their religious conviction. Religion and the piety of human beings determine not only the role of faith in the recovery process but in many cases also the reaction to a given treatment and recovery process [6]. And nursing above all should not ignore human beings and their faith. The spiritual needs which the patient wishes to be fulfilled can often play a more important role in his life than any of the other needs [7].

One of the aim of the research work was to isolate and elaborate specificities in the sphere of nursing care in

members of the selected religious minorities within the Czech Republic.

Materials and methods

The research file was formed by seven Buddhists of the Diamond Way of Karma Kagjü who are members of the meditation centres in Prague and in České Budějovice. Two of them were women and five were men. The age category was between 27 and 39 years. All respondents were from the Czech Republic.

The research file was made up by means of the designed selection method. This method entails a targeted search of respondents with very similar features. In our research, religion was the criterion of selection.

The research was performed by means of the qualitative experimental method. The technology of a semi-standardized interview was applied to collect the data. The semi-standardized interview was designed according to the Giger and Davidhizar model [8] for collection of cultural data, and was divided into ten parts: identification data; a culturally independent individual; biological variations; the influence of the environment and education; time approach; social integration; space; communication; specificities during hospitalization, and the hospital environment. Each part contained several questions. On the whole the interview contained 74 questions, built up during the interview.

Firstly, the acquired responses were audio-recorded, and consequently the audio-record was transcribed into text form. Sentences with important research information were extracted. The next phase was data coding. For better textual orientation, text colouring was used to mark particular segments [9]. Afterwards the main significant categories and subcategories were identified. Data interpretation used respondents' quotations from the recorded statements, which are marked in the text in italic. The categories most dealing with nursing care were selected for this paper.

The pilot survey of the semi-structured interviews was performed in terms of the grant project NS/9606 3 which was realized under the financial support of IGA MZ ČR with the title "Zajištění kulturně diferencované ošetrovatelské péče ve vybraných minoritách ČR". The research grant was focused on seven religious minorities within the Czech Republic (the Ukrainian minority, Roma minority, Federation of Jewish municipalities, Mongolic minority, orthodox church, the Church of Jesus Christ of the Latter Day Saints, Diamond Way Buddhism of Karma Kagjü and the Headquarters of Muslim municipalities). The research aim was to map the approach of members of the selected minorities to their health, find out their lifestyle specificities, to ascertain the views of members of the selected minorities which will most impact on the quality of medical service in the Czech Republic and their experience with hospitalization.

Results

For the purposes of data analysis, the categories and significant subcategories were compiled and then figured in

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