

# **Patients' Experiences of Acupuncture Treatment for Low Back Pain in Beijing Union Medical College Hospital Out-Patient Clinic**

**Xiaoai Song**

Bachelor's Thesis  
May 2010

Degree Programme in Nursing



JYVÄSKYLÄN AMMATTIKORKEAKOULU  
JAMK UNIVERSITY OF APPLIED SCIENCES

Author(s) SONG, Xiaoi	Type of publication Bachelor's Thesis	Date 07.05.2010
	Pages 37	Language English
	Confidential ( ) Until	Permission for web publication ( X )
Title  Patients' Experiences of Acupuncture Treatment for Low Back Pain in Beijing Union Medical College Hospital Out-Patient Clinic		
Degree Programme  Degree Programme in Nursing		
Tutor(s)  YABAL, Anneli RATINEN, Pirkko		
Assigned by  Beijing Union Medical College Hospital Acupuncture Out-Patient Clinic, China		
Abstract  Low Back Pain (LBP) is a major problem in society. It is not only a problem of a patient. It is also a problem of health care professionals and the society. Among medical professionals, acupuncture has become considered as one of the treatments of Low Back Pain.  The objective of the study is to identify patients' experiences of acupuncture treatment for LBP. The further aim is to better understand the use of acupuncture in treatment of LBP. Additionally, one objective is to offer a reference for the people who are looking for information about acupuncture as a treatment of LBP.  The study method was qualitative and the study was conducted as a questionnaire combined with interviews. The study was completed anonymously and responding to the questionnaire was voluntary. The questionnaire and interviews were completed in September 2008. The number of respondents was 6. From the results, it was possible to analyze a participant's feelings of LBP before acupuncture treatment, sensations of inserting needles and feelings during and after the treatment.  According to the results, the majority of the participants were first worried about their LBP but, after acupuncture treatment, they felt the pain release and experienced muscle relaxation. During the acupuncture treatment, inserting needles caused sensations to certain participants.		
Keywords  Acupuncture, Acupoint, Low Back pain, Experiences.		
Miscellaneous		

Tekijä(t) Song Xiaoi	Julkaisun laji Opinnäytetyö	Päivämäärä 07.05.2010
	Sivumäärä 37	Julkaisun kieli Englanti
	Luottamuksellisuus ( ) saakka	Verkkojulkaisulupa myönnetty ( X )
Työn nimi  Potilaiden kokemukset akupunktiohoidosta alaselkävivun hoidossa Beijing Union Medical College Hospital Out-Patient klinikalla		
Koulutusohjelma  Degree Programme in Nursing		
Työn ohjaaja(t)  YABAL Anneli RATINEN Pirkko		
Toimeksiantaja(t)  Beijing Union Medical College Hospital Acupuncture Out-Patient Clinic, China		
Tiivistelmä  Alaselkäsipu on merkittävä ongelma yhteiskunnassa, sillä sen vaikutukset koskevat paitsi potilasta, myös terveysalan ammattilaisia ja yhteiskuntaa. Akupunktiohoito on alettu ottaa huomioon yhtenä alaselkävivun hoitona lääketieteen ammattilaisten keskuudessa.  Tämän opinnäytetyön tavoitteena on tunnistaa potilaan kokemuksia alaselkävivun akupunktiohoidosta. Tutkimus pyrkii myös ymmärtämään paremmin akupunktion käyttöä alaselkävivun hoidossa ja tarjota tietoa ihmisille, jotka ovat kiinnostuneita akupunktion käytöstä alaselkävivun hoidossa.  Tutkimuksessa on käytetty kvalitatiivista metodologiaa ja tutkimus toteutettiin kyselyllä, jota täydennettiin haastattelulla. Tutkimukseen osallistujien anonyymiteetti suojattiin ja kyselyyn vastaaminen oli vapaaehtoista. Kysely ja haastattelut toteutettiin syyskuussa 2008. Vastaajia oli yhteensä kuusi. Tuloksista analysoitiin osallistujan tuntemukset alaselkävivusta ennen akupunktiohoitoa, aistihavainnot neurolojen asettamisen aikana ja osallistujan tuntemukset akupunktiohoidon aikana ja sen jälkeen.  Tulokset osoittavat, että enemmistö vastaajista oli huolissaan alaselkävivun alkaessa, mutta akupunktiohoidon jälkeen vastaajat kokivat kivun lieventymistä ja lihasten rentoutumista. Joillakin vastaajista oli tuntemuksia akupunktiohoidon aikana neurolojen asettamisen yhteydessä.		
Avainsanat (asiasanat)  Akupunktio, akupiste, alaselkävivun, kokemukset.		
Muut tiedot		

# Contents

<b>1 INTRODUCTION</b> .....	<b>2</b>
<b>2 ACUPUNCTURE</b> .....	<b>3</b>
2.1 Acupuncture History.....	3
2.2 Definitions of Acupuncture.....	3
2.3 Mechanism of Acupuncture.....	5
<b>3. LOW BACK PAIN</b> .....	<b>7</b>
3.1 Low Back Pain Etiology and Clinical Description.....	7
3.2 Low Back Pain Treatment.....	7
3.3 People’s Experiences of Low Back Pain.....	9
3.4 Experiences of Acupuncture Treatment in Low Back Pain.....	9
<b>4 CHINESE HEALTH CARE SYSTEMS AND RESEARCH</b>	
<b>HOSPITAL INFORMATION</b> .....	<b>11</b>
4.1 Chinese Health Care System.....	11
4.2 Beijing Union Medical College Hospital.....	11
<b>5 AIMS AND OBJECTIVES OF THE STUDY</b> .....	<b>13</b>
Research Question.....	13
<b>6 IMPLEMENTATION OF THE STUDY</b> .....	<b>14</b>
6.1 Sampling Group.....	14
6.2 Method of Data Collection.....	14
6.3 Method of Data Analysis.....	16
<b>7 RESULTS</b> .....	<b>18</b>
7.1 Fears of Losing Abilities after got Low Back Pain .....	18
7.2 Sensation of Inserting Needles.....	20
7.3 Relaxation and comfortable feelings during and after acupuncture treatment .....	22
<b>8 DISCUSSION</b> .....	<b>23</b>
8.1 Ethical consideration .....	23
8.2 Assessment of the Research.....	23
8.2 General Findings.....	24
8.3 Implications for Future Research.....	26
<b>9 CONCLUSION</b> .....	<b>27</b>
<b>REFERENCES</b> .....	<b>28</b>
<b>APPENDIXES</b> .....	<b>31</b>
Appendix 1: Letter of Information.....	31
Appendix 2: Semi-structured Interview Questions List .....	32
Appendix 3: Close-end Questionnaire.....	33
Appendix 4: Demographic Characteristics of the Sample .....	34
Appendix 5: Abstract of the material.....	35
<b>FIGURE 1:</b> Examples of Acupoints.....	<b>5</b>
<b>FIGURE 2:</b> Examples of Meridian Branches .....	<b>6</b>

## 1 INTRODUCTION

Low Back Pain (LBP) is a major problem in the modern society and it affects many people at some point in their lives. (Adams, Bogduk, Burton & Dolan 2002). An estimated 80% of a given population will experience LBP in their life time. (Smeltzer & Nare 1992). LBP is not only a problem of a patient. It is also a problem of health care professionals and the society. (Waddell 1998, 2). The socioeconomic problems caused by LBP, such as inability to work, low productivity and psychosocial problems, have made LBP a significant condition that needs to be treated. Similarly as certain treatments like chiropractic care, physical therapy and exercise therapy, acupuncture is an alternative treatment. (Zhong 2009, 2)

The basic theory of traditional Chinese medicine and acupuncture is based on the theory of meridians and acupuncture points. Acupuncture is an external therapy which means that needling is used to stimulate the body and activate its regulating functions to improve the disturbance and dysfunction of certain organs in the body. (Zhao 2002, 2). As a result of its wide indications, efficacy, easy operation, economic security and minor side effects, acupuncture is deeply welcomed by the people in China and the Western countries. (Zhong 2009, 2). In the recent years, acupuncture has been widely used in China. (Martio 2007).

The objective of this study is to identify patient's experiences of acupuncture in treating LBP in Beijing Union Medical College Hospital out-patient Clinic, China. This study is aimed to better understand the use of acupuncture in treating LBP which will be as a reference for people who are looking for acupuncture as a treatment for LBP.

## 2 ACUPUNCTURE

### 2.1 Acupuncture History

Acupuncture is one of the treatments which are included in Traditional Chinese Medicine (TCM) (Li 2004, 17). With a history of thousand years, it has been developed since ancient times and has contributed greatly to the health care and medical treatment to the people of China (Kaptchuk 2002; Zhao 2002, 1).

Different authors have different opinions towards the history of acupuncture; George and Lewith (2009) reports that acupuncture has a clearly recorded history of about 2,000 years while some authorities claim that it has been practiced in China for about 4,000 years. Generally speaking, the Chinese believe that the practice of acupuncture began during the Stone Age when stone knives or sharp edged tools, described by the character 'Bian', were used to puncture and drain abscesses. Kaptchuk (2002) stated that acupuncture treatment started after the first few centuries BC, when philosophical systems such as Confucianism and Taoism were created.

### 2.2 Definitions of Acupuncture

Li (2004) defined acupuncture as a method of stimulating certain types of different nerve fibers. Acupuncture literally refers to puncturing with a needle. However, the application of needles is often used in combination with moxibustion— the burning on or over the skin with selected herbs— and might also involves the application of other kinds of stimulation to certain points. In this publication the term “acupuncture” is used in its broad sense to include traditional body needling, moxibustion, electric acupuncture (electro-acupuncture), laser acupuncture (photo acupuncture), micro system acupuncture such as ear (auricular), face, hand, scalp acupuncture, and acupressure (the application of pressure at selected sites). (Zhao 2002, 8)

The needles are inserted at appropriate points which are called acupoints. (Martio 2007). (See figure 1.) The location of the pain and the cause of the LBP are considered with inserting the needles. Each acupoint has defined therapeutic actions, some acupoints work alone, most acupoints work together to balance the “Qi”. Normally, between 5 and 15 needles are used in a typical treatment. (Kaptchuk 2002).



FIGURE 1: Examples of Acupoints. More information about picture, see Wang 2010.

The figure 1 indicates seven different acupoints; one acupoint in the arm, three acupoints in the stomach area, and one acupoint in right leg and the other two acupoints are in the left leg. Each acupoint functions as energy balance-“Qi”.

Acupoints are part of meridians and are associated with meridians as well. Basically, each person has 12 meridians and 365 acupoints in the body. The meridians are the routes which connect the acupoints. (See Figure 2) Twelve meridians are associated with eleven organs which are called “zhang-Fu”. Each meridian usually associates with one organ, but for the “heart” organ, two meridians referred to it. In Chinese medicine “zhang” refers to five organs: the heart, the liver, the spleen, the lung, kidneys, The six “fu” Organs are the gallbladder, the stomach, the small intestines, the large intestines, the bladder and the triple burner channel. (Zhao 2002, 151)

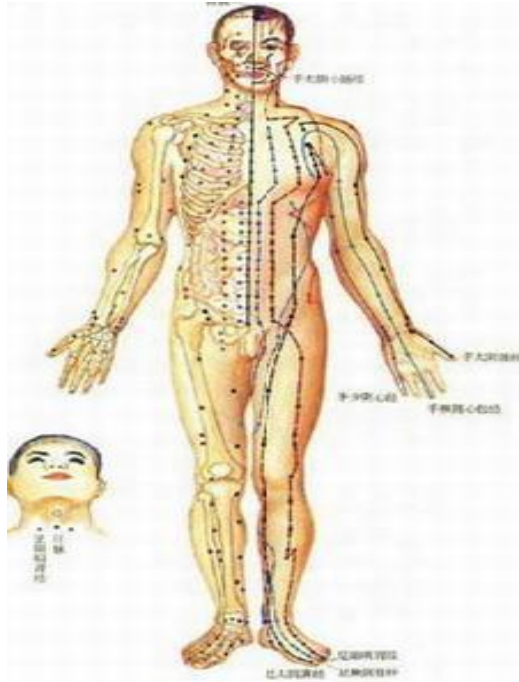


FIGURE 2: Examples of Meridian Branches, more information about picture, see Wang 2010.

The figure 2 shows the twelve meridians which are routes and the dots are acupoints. Each arm has three meridians and from the head to the feet are six meridians, making a total of twelve meridians present in the body.

### 2.3 Mechanism of Acupuncture

Basically, looking at the principles of meridian, the main goal for the acupuncture treatment is to find clues about how the organs are functioning, and then identify proper acupoints to insert needles. Therefore diagnostic methods of acupuncture are most important for the acupuncture treatment, which include four techniques: separating, palpating, pressing and plucking. (Wang & Robertson 2007). Understanding the functions of the organs is the key of acupuncture treatment, acupuncturists need to be



able to recognize the functions of the organs of the patient, choosing proper tool to give diagnosis, then insert needle in the proper acupoints. This therefore implies that, the acupuncturist's education is important.

In United States, the typical education standard for an acupuncturist is between 2000 and 3000 hours of training in independently accredited master's degree 4-years schools. (Kaptchuk 2002). In china, acupuncturist education is more flexible than in United States because acupuncturists could go to original medical school or go to private institution. In medical school, students require five years study to complete the doctor degree. In private institution, there may have been a barefoot teacher to give lectures that a year. The reason for this system is because acupuncture has long history in China and some acupuncturist inherited technical skills from family members though many generations. (Ministry of Chinese Education, 2009)

The feelings of inserting needle are also the key for this treatment. When needles are inserted, acupuncture receiver will have certain feelings such as pain, ache, and some patient even have feeling that "Qi" move along in the meridians. (Qiu 2006, 23). In Rooney (2008) thesis viewed that these movements bring the energy within the body. Wang & Robertson pointed that the movements make the "Qi" and "blood" flow. (Wang & Robertson, 2007)

The concept of "Qi" is fundamental to Chinese medicine thought all symptoms, illnesses and patterns of disharmony are as a result of imbalances in "Qi". "Qi". It is therefore a vital force whose quantity, distribution and flow determine the health of the individual. The purpose of the treatment is to restore the balance of "Qi" within the individual. (Stanley & Avital 2002, 416.). Kaptchuk (2002) also mentioned in his study that the target of Chinese acupuncture treatment is balancing the connections of "Qi".

### 3. LOW BACK PAIN

#### 3.1 Low Back Pain Etiology and Clinical Description

Generally, pain is the signal that let people know that something is wrong. When the back is uncomfortable, it produces signal that is sent to the brain. Those signals originate in the skin, in organs, in muscles or in other tissues containing pain receptors. The severity of pain does not depend on the intensity of these messages, but on their number and tightness. (Sutcliffe 2002, 5.)

LBP is caused by a large variety of conditions, but most LBP is caused by musculoskeletal problems, such as acute lumbosacral strain, unstable lumbosacral ligaments and weak muscles. For elderly patients osteoporotic vertebral fractures or bone metastasis may cause LBP as well. The other causes of LBP may include kidney disorders, pelvic problems, retroperitoneal tumors and psychosomatic problems. In addition, obesity, stress and depression may contribute to LBP. (Smeltzer & Bare. 1992, 1859)

McGill (2007) has different opinion about the causes of LBP in psychological disturbance. He claimed in his previous study that 85% of LBP cases had no diagnosis. He stated that doctors with inadequate professional skills were not able to give the diagnosis; therefore some of patients were diagnosed as psychological disturbance. Waddell claimed psychological disturbance for LBP also. He thinks that LBP may arise from a physical problem in the back, but psychosocial factors have more influence on the development of LBP. LBP becomes chronic if it continues for more than 3 months. Some of the patients may take sick leave and seek for health care. (Waddell 1998, 19)

#### 3.2 Low Back Pain Treatment

Certain examinations are very useful to diagnosis LBP. These include; X-ray, CT scan, MRI, myelografia, ENMG, bone density examinations and blood examinations. (Haukatsalo 1998, 50-56). LBP treatment may also consist of pain reducing medications such as non-steroidal anti-inflammatory agents (NSAIDS), mild analgesics, and muscle relaxants. Additional recommendations include avoiding bed rest and maintenance of activity levels as tolerated. (Rooney 2008)

Surgery is the method to treating in LBP which causes by certain diseases. Such as disc herniation in the lumbar spine, spondylolisthesis or severe spinal cord injury. (Helenius 2009). Before the surgery, conservative treatment must be done. For example, intervertebral discs surgery is effective treatment, but it must be considered if conservative treatment is 6-12 weeks. (Österman, Lund, Österman & Kankare, 2005)

Physical therapy is commonly used for treating LBP, it improves physical mobility. It usually starts with relaxation and then moves onto suitable exercises or activities such as walking, bike riding or swimming. (Smeltzer & Bare, 1992, 1862) Rehabilitation program is provided for LBP patients, this program include training for health versus performance, establish a slow continuous improvement in function and pain reduction. Depending on patient's different level of LBP, the programs were set individually. (McGill 2007, 166-169)

Many people develop LBP because of movement flaws, such as wrong sitting positions on lifting heavy loads. Therefore, "back school" plays a role in LBP treatment. Back school provides better knowledge and understanding of back pain. (Waddell 1998, 354)

Talo (1992) has stated Keefe, Turk & Stieg, Keith' idea that physical, psychological and social treatments combined together are good treatment for LBP. (Talo 1992, 4) Rooney (2008) stated that, when conventional treatments do not produce the desired results of reduced pain and return of function, alternative modalities such as acupuncture may be helpful.

### 3.3 People's Experiences of Low Back Pain

The experience of pain is essentially an individual and internal experience, known only to the person with the pain. (Davis 2000). Therefore, people have different experiences for the pain. But most common, patients complain of LBP that is often accompanied by episodes of more intense symptoms. Pain is often felt in the buttocks, and nonspecific leg pain may be present. Pain is typically aggravated by activities that put pressure on the disk such as; sitting, prolonged standing, bending, or lifting. Common activities sometimes might increase the pain also. LBP also depends on the size and location, the amount and intensity of LBP are different. (Koestler & Mayers 2002, 73)

Psychological and psychosocial factors are more influential in pain experience. Many patients with LBP suffer from depression and anxiety which can worsen their experiences of pain and further diminish their ability to cope with the pain and the effects on their lives. (Koestler 2002, 80.) As well as social compact. McGill (2007) has stated that many chronic back cases have psychological overlays; the significance of psychology for back problems is often greatly exaggerated. LBP occurs in a particular social setting. Family, work and wider social networks can influence how the beliefs, coping strategies and illness behavior develop. In other words, communicating with other people, including health professionals are useful for LBP. (Waddell 1998, 227-228)

### 3.4 Experiences of Acupuncture Treatment in Low Back Pain

Acupuncture appears to cause certain body metabolic changes, such as release of endorphins that affect pain reaction in any form. Again, these explanations are part of the hypotheses and according to Martio (2007), the main effect of acupuncture can be considered as a strong psychological effect. Kaptchuk (2002) pointed out that mental health is also a component of acupuncture care.

According to Manheimer, White, Berman, Kelly and Edzard (2005), acupuncture is effective in short-term LBP relieve as well as long-term LBP. They pointed out those

two methods of inserting needles leading to different results. One method, the needles were inserted at nonspecific acupoints, and the other method the needles were inserted at specific acupoints. Some patients reduced pain medication intake after acupuncture treatment, but some did not. (Manheimer et al.2005).

According to Cherkin, Sheman, Deyo, and Shekelle (2003), in Norwegian study group of 60 patients having acute LBP who received acupuncture, used less analgesic medication after the first week of treatment and had fewer recurrences of LBP after 6 and 18 months.

After acupuncture treatment, signs of tiredness, resting, or slight dizziness will appear, but they all normal. People will develop better sleeping quality during that night. (Haukatsalo 1998, 116-117)

## 4 CHINESE HEALTH CARE SYSTEMS AND RESEARCH HOSPITAL INFORMATION

### 4.1 Chinese Health Care System

Chinese health care system is a complex system that was established in the 20th century. China's medical insurance system is divided into three; one for the enterprise workers labor health care system, the second applicable to staff of governmental organizations and institutions publicly funded health care system and the third for rural residents of cooperative medical care system (Chinese State department 1998). The cost of medical treatments is paid by the medical insurance from government funds according to certain rules. (Chinese state department 2009). In other words, people receive health care benefit, partly depending on the type of occupation which they are taking.

In addition, people could get basic medical insurance from local government; each one has their own roles. Principally, the basic medical insurance takes the administrative unit above district level (including district, city, state and league) or the county, and the three municipalities (Beijing, Tianjin and Shanghai) have to manage the insurance uniformly in the whole municipality hereinafter as uniform management region. The premium of basic medical insurance is paid by the employee and the employer. The rate of the premium paid by the employee is about 6% of the employer's salary amount, and the rate paid by the employee is generally 2% of the salary. (Chinese state department 2009)

### 4.2 Beijing Union Medical College Hospital

Beijing Union Medical College Hospital is one of the ordinary hospitals. It is a teaching and research unit which is the technical guidance center for difficult cases. In 1991 the hospital passed the three A-level assessments, and in 1992, it was named the National Health System's advanced hospital.

Presently, the hospital covers an area of 80,000 square meters, and has more than 2,300 employees, of which 301 have the titles of professor or associate professor, including the Chinese Medical Association and its affiliates and national magazines. Presently, a total of 900 beds are in use, and more than 3,000 patients are treated as outpatients daily. The annual number of hospitalization is more than 13,000 patients; the hospital also accepts a large number of foreigners.

The reason for the author to choose this hospital is because this hospital is located in China which is the author's home country. To see the original Chinese model helped the author to understand patient's experiences better. This hospital also co-operates with JAMK, therefore the author had the opportunity to do this research in this hospital as an exchange student.

In this hospital, Chinese Traditional Treatments Department includes faculties of massage, acupuncture and physiotherapy. The acupuncture department has two doctors who work as full-time employees. The working hours are from eight am until five pm. Acupuncture patients do not need to be referred by doctors, and they are treated in the order of arrival. Waiting time is long. (Beijing Union Medical college hospital 2009)

## 5 AIMS AND OBJECTIVES OF THE STUDY

The objective of this study is to identify patient's experiences of acupuncture in treating LBP in Beijing Union Medical College Hospital out-patient Clinic, China. This study is aimed to better understand the use of acupuncture in treating LBP which will be as a reference for people who are looking for acupuncture as a treatment for LBP.

### Research Question

What are the experiences of patients who have the acupuncture treatment in low back pain?



## 6 IMPLEMENTATION OF THE STUDY

### 6.1 Sampling Group

Convenience sampling technique was used to select the participants. The implemented group was needed to provide extensive information about their experiences of acupuncture treatment (Burins & Grove, 2001, 352). Thus, the sample group is chosen from patients who have received acupuncture treatment for LBP in the hospital. The inclusion criteria were patients who have acupuncture treatment in LBP and in addition, they must be Chinese citizens who are able to read and write in Chinese language. The sampling group, in this study, comprised of six patients aged between 20 years to 70 years. Four of them are female and two are male. Four patients were from Peking, one from Shanghai and one from Tianjin which is the neighboring city of Peking.

The researcher made the participants to be aware that they were free to withdraw from the study group at any time. The researcher also promised them that, information about the study was not to be revealed to anyone, and the details of the clients will not be disclosed for confidentiality reasons.

Due to the complicated Chinese hospital system, the researcher was not able to estimate the size of the research department. After the researcher arrived in this hospital, she noticed that the hospital is mainly used for surgical therapies; therefore Chinese Traditional Treatments Department has short history and only occupies a portion of the hospital premises. Consequently, the author was worried about inadequacy in the study. Fortunately, the author gets sufficient information needed to complete this study.

### 6.2 Method of Data Collection

Qualitative research was used in this research. Burins and Grove (2001) stated that qualitative research is conducted to gain insights and discover the meaning of a particular experience, situation, or historical event. Since the focus of this study was to bring the patients' experiences of the use of acupuncture, qualitative method is adopted for each participant to express their feelings and experiences. (Punch 1998).

The data for this research was collected by using interviews and close-ended questionnaires. The researcher took three days to collect the data, six LBP patients attending the Beijing Union Medical College hospital out-patient Clinic were provided with questionnaires to fill and they were interviewed the same day. Permission for conducting these interviews was sought from the Clinical Officer-in- Charge of the clinic.

All the participants were given information sheets prior to the interview. Bowling (2002) has stated that it is very important to present the sample group with a covering letter, which will explain the purpose of the research and also give guidelines for the sample group on how to act with the interview (Bowling 2002, 275). Following this idea a covering letter was given to the sample group. (Appendix 1). Considering the participants' educational backgrounds, the researcher used questions that the participants were able to understand.

The interview was focused on the patient's experiences of acupuncture for the treatment of LBP. The researcher obtained data through semi-structured questions (such as "please, tell me what kind of low back pain you have") (Appendix 2) followed by probes. Apart from qualitative research method, close-ended questionnaires were also used, the questionnaires which covered the questions including patient's age, gender, education level and treatment period. (Appendix 3). In the close-ended questionnaire, there were five questions.

Each day, the researcher went to the waiting area, introduced herself and gave a brief description of the aims and the purpose of the research. After the questionnaires were filled by the LBP patients, the researcher informed the patients that after the treatment, the interview will begin and they all agreed. The interviews were done face to face, each

interview was scheduled to last between 25-30 minutes, the patients were informed at the beginning that participants response will be written down by the researcher. Tape-recorded technique was not chosen, because researcher worried participants might do not want their voice be recorded, they will worried that it might give responsibilities to them, they rather choose researcher written down the paper version.

The interviews took place in one of the doctor's office and it was a quiet place. The room was suited well for the interview because of the privacy that it provided to conduct the interview, whatever the informants were saying could not be heard outside the room.

### 6.3 Method of Data Analysis

In this study, the interview text was analyzed using qualitative content analysis during autumn in the year 2009. Content analysis has been defined by several authors as a systematic research method for analyzing textual information in standardized way. (Webber 1990, 9-12 & Krippendorff 1980, 21-27). This systematic, replicable technique is used to compress many words of the text into fewer content categories based on explicit rules of coding (Stemler 2001, Webber 1990, 12).

All the interviews were written out on separate sheets of paper. The written version of the interviews generated one page per participant. The questionnaires and interviews were transcribed in the original language (Chinese), after wards; they were translated to English by the researcher. Data analyses were done from the questionnaires and the interviews. The researcher went through the participant response from the questionnaires and the interview in order to get more information to analyze the data. The researcher then group similar responses from the respondents together. For example from the question "Could you explain your personal feelings about acupuncture treatment", four got reasons that it helped to release their pain. Thus, the researcher had to group these similar ideas together other than putting them separately. The work was written using the font size of 12 and 1.5 spacing.

The researcher used guidelines identified by Atkinson (1998) to prepare the quotations in the result. These guidelines include the use of participant's own words while using correct sentence structure, using standard spelling for words rather than how they sound, deleting unnecessary words, and editing for readability while maintaining the original meaning. The experiences of acupuncture during treatment varied between participants. All responses were colour-coded.

## 7 RESULTS

After analyzing the transcript, preliminary codes were united into categories. (See Appendix 4 and appendix 5)

### 7.1 Fears of Losing Abilities after got Low Back Pain

The results of the interviews suggest that the interviewees have fears of losing abilities. More than half of the interviewees mentioned that fears occur after onset LBP. Majority of informants went further to explain the fears which induces different kind of fears.

#### 7.1.1 Fear of Losing Mental Abilities.

Participants pointed out that difficulties of focusing are the problem for them, suddenly onset pain without any symptoms that make patient to be anxious and exhausted. One of participant working as lecturer mentioned that she had difficulties to prepare her lectures after she got LBP. Furthermore, it can decrease the patient mental functional abilities and insufficient sleep which can lead to tiredness and disturb the mental functioning as well.

*“Sometimes, when I woke up during the night, I feel pain because it came few times around 4 o’clock on the night that i was scared and make me tired.”*

*“I feel so stressful after I had LBP, I never knew when it comes, and it makes me tired.”*

*“My mental function ability decreased after I had LBP. I am tired to focus on things.”*

*“When I try to focus on my work, I cannot read longer, usually I could read a book the whole day, but nowadays, I cannot do it anymore.”*

### 7.1.2 Fear of inactivity and financial problems

For those participants of working age, social activities and job are really important for them. Since China is still a developing country, social system is not as perfect as developing country, as i mentioned before, according to the individual situation, unemployment, sick-leave benefit are different, therefore, the participants complained about fear of losing occupation and job.

*“I do not want to lose my job, especially now that my child is still young, I have to support him to go to the university, my parents are old, and they also need support. If I become unemployed, we cannot survive.”*

In Chinese culture, social activities are key issues in keeping relationships. During ones leisure time, visiting relatives and going out with workmates or friends are really common in China. For LBP patient, social activities are difficult for them, they need time to rest and they sometimes do not have good mood for the activities.

*“I am so tired after work, but I still need to go out with my workmates, we need to discuss working issues that we could not discuss in the company. I am afraid if I did not go out with them, they will not regard me in the society.”*

*“I have too many responsibilities to take care of; my parents, my child and wife’s parents, hence, without good health, I cannot cope with them.”*

Worries concerning cost of medication treatment were mentioned by the participants. According to most of the participants, thought their company substitutes certain costs of the medication and treatment, yet, they have to pay the rest of the cost. The payment depended on the participant’s working place. For some participants, it is a huge amount of money.

*“Nowadays, everything prices of goods and services have increased with no salary increase, how can I afford the pain medications?”*

*“My stupid company only covered 60% of the payment, I have to pay the rest, and do you think it is fair?”*

### 7.1.3 Fear of Losing Self-worth, Future and Hope

Most of the participants predicted their future, some of them had strong confident that LBP will disappear with certain treatments, but some of them were worried about the future, especially those who tried most of the treatments and it did not work, they tend to lose the confident of doing away with the LBP. Also fear of losing sexual ability was considered by certain participants between the ages of 30-60. They felt that LBP disturbed their sexual ability somehow. Therefore, they have low self-worth estimate. Those thoughts make them to be uncertain about their future.

*“I am only 35; I am scared that if I cannot have sex with my wife, what will happen.”*

*“It is hard to believe that I have found myself in this condition, I really dislike what I have become, I have lost energy and self confident, what am I going to do?”*

## 7.2 Sensation of Inserting Needles

The common types of needling sensations reported by participants were the terms “distended”, “sore”, “electric” and “numb”. Most of them reported that the needling sensation travelled away from acupoints or travelled among the acupoints. All of them believed that the needling sensation was very important for acupuncture treatment, and they think that the stronger the needling sensation, the more effective the therapy.

Many of the participants used the term “Sore” to describe the feeling of inserted needles, they pointed that “sore” was not as same as “Pain”, it is a positive feeling which shows

the “Qi” flow through the meridian. Some of them mentioned it same as ant run through the meridian.

*“I had acupuncture treatment for 15 minutes, the “Qi” went from my lower back up to my neck, I have a kind of feeling which similar with sore.”*

*“The sore occurs when the needle is inserted. Also sore occurs in the whole acupoint area.”*

*“When needle is inserted in my acupoint, I had a feeling of an ant that runs from the meridian, I immediately have warm feeling among my back.”*

*“I felt like an ant is running through my leg, of course, it is not ant, maybe it is `Qi`”.*

“Distended” is the other terms mentioned many times by participants; they described it same as “Warm Qi” which lead blood flow.

*“When doctor insert needle in `Beishu` meridian, my whole back is warm, it is kind of `distended` which is good.”*

*“My leg is warm when needle been inserted.”*

A few participated reported “Numb” when inserted needle into acupoint, all of them reported that when needle inserted in to acupoint which name is “Zushangli”, they got feeling of “Numb”.

*“When doctor insert needle in “zusanli”, I felt numb.”*

*“In my opinion, only “zusanli` acupoint make me felt numb.”*

“Electric” is mentioned by one participant who had “Electric-acupuncture treatment.” it is like connecting electric current in the needles.



### 7.3 Relaxation and comfortable feelings during and after acupuncture treatment

Majority of individuals reported the process of acupuncture as very comfortable and relaxing. During or after acupuncture treatment, some of the participants had certain feelings such as relaxation, dizzy; two participants even take nap during the treatment. After the treatment, they felt more energy and better sleeping quality during the night.

*“I fall asleep during the treatment, I felt the warm heat went through my body, the feeling is such great.”*

*“Acupuncture combined with cupping make me relax, after the treatment, my back is not so stiff as before.”*

*“I feel so relax having acupuncture, tonight I will have a really good sleep.”*

Warm and nice environment were mentioned by one participant, he pointed that in such kind of environment, and he felt stress-releases.

Not everyone has positive feelings; one patient reported that he had no feelings at all, either during the treatment or after the treatment. All of the participants mentioned that acupuncture treatment did not make pain or any harm for them.

*“Acupuncture did not give any harmful for the body, I like it.”*

*“I never had pain when needle insert, sometimes I even did not notice that needle insert.”*

*“I love this place, it nice and warm, it make me feel good.”*

## 8 DISCUSSION

### 8.1 Ethical consideration

Ethical considerations were carefully and systematically adhered to before, during and after the study. Permission to carry out the research was obtained from the research hospital; all information has been obtained and processed anonymously, and without using any participant's names. The participants were clearly instructed not to sign or write their name in any part of the paper. The questionnaires that were given were viewed only by the researcher and once their purposes were over they were destroyed. Participation was solely voluntary.

Researcher chooses written down the interviews rather than tape-recorded, it took more time for researcher. Researcher need to choose this technique as research method; because participants worried that their voice might be recognize somehow, they did not want to have any responsibilities in this study.

### 8.2 Assessment of the Research

The researcher chooses acupuncture treatment as topic, because acupuncture is widely used in china, but barely used in Finland. Finnish people often asked researcher about acupuncture, some of them have no enough knowledge, some of them thinking acupuncture is miracle which could cure all of the diseases. Researcher wanted to make deeper understanding in Acupuncture treatment; therefore, researcher could bring the

acupuncture knowledge to Finnish nursing society. In other hands, after researcher did this study in Beijing Union Medical college Hospital, nurses started to realize the health education is part of nursing job. They promised to give more educations and counseling program for patients in the future.

Credibility refers adequate representation and constructions of social world under study (Bradley 1993, 436). The researcher used several methods to increase credibility; the questionnaires and interviews were translated from Chinese to English to allow Chinese speaking participants to freely express their experience. The quotations used participant's own words to maintaining the original meaning. Also the researcher and interviewees have the same mother tongue which avoided misunderstandings.

Transferability refers to the extent to which the researcher's working hypothesis can be applied to another context. The researcher recommended that this research be further utilized to offer more education and counseling to the patient, to helping patients by making right attitude at pain medications, sitting positions even stress-releases methods. Dependability refers to the coherence of the internal process and the way the researcher accounts for changing conditions in the phenomena. (Bradley 1993, 437). The responsibility of the original researcher ends in providing sufficient descriptive data for people who are looking for acupuncture treatment. The information is not biased and is a true depiction of the study carried out.

## 8.2 General Findings

The data obtained from the research signifies the experiences of acupuncture treatment. The informants provided enough information regarding their feelings about acupuncture in the light of the feelings after they got low back pain and their impressions about the treatment. In this study; the analysis revealed that after the participants have LBP, fear of losing abilities become their biggest worries. The participants reported anxious, stressful, and bad sleeping qualities which address their psychological abilities. This is inconsistent

with previous studies done by Talo (1992). He pointed Keefe, Turk & Stieg, Keith's idea, that psychological factor is more influential in pain experience.

The analysis revealed that "sensations" is the key for acupuncture treatment from participant's point of view. The feelings of inserting needle are the key for acupuncture treatment, which lead "Qi" travel among the meridian that means the treatment is effective. In this research, more than half of the respondents had sensations during or after treatment, participants reported "distended", "sore", "electric" and "numb" which are those feelings they experience when needles are inserted. In addition, in this group, of participants, few of them regain certain working-abilities as well. In contrary, some of the participants did not get any feelings during or after the treatment meaning they did not benefit from acupuncture treatment at all.

Furthermore, some of the participants got relaxed after the treatment. For instance, some of the participants felt stress-release; some of them had better sleeping quality. This is addressed with Haukatsalo (1998)'s idea.

Another interesting revelation from the analysis is, most of the participants were more focused on issues relating to LBP rather than exploring their feelings and their experiences of acupuncture in LBP treatment. This might be due to cultural difference which might influence the result, as Waddell (1999) mentioned in the theoretical section, society might influence people's beliefs, coping strategies and illness behavior. In addition, the research question was not set properly. It might have been too wide for participants to give the appropriate answers. The research question was "What are the experiences of patients who have the acupuncture treatment in low back pain?" As a result, participants mentioned experiences which included before, during and after the treatment. This led to difficulties in analyzing results and problems leading to change the topic of the research. Depending on the length of the treatment period; the participants had different experiences. For example, one participant mentioned that he had been taking acupuncture treatment for six months, each time he got different experiences. Therefore, the research question could be "What are the experiences of patients who had the first time acupuncture treatment in low back pain?" It should be more focused on the

group who had their first time for acupuncture treatment and to explore their feelings of acupuncture treatment. The result might have been more specific and sufficient.

### 8.3 Implications for Future Research

Acupuncture has thousands years history; there is always a possibility to study and research about it. Revelations of this study have implications in LBP patients. Health practitioners working with the patient who come to the acupuncture treatment should concentrate not only on giving treatment, but also encourage people to express their feelings. Therefore brief education and counseling might be necessary. For example, correct working position, psychology balance and so on.

Though the study has revealed basic impressions of LBP and acupuncture treatment from participants, they appears further studies is still needed in this field. Sensation of needle is a wide area to be studied as same as acupuncture technical skills. Regarding many of participants mentioned acupoint and meridian; those things might be taken into study also. The possibility of age-related differences and pain-related problems may be worthy of further investigation.

## 9 CONCLUSION

The objectives of the study of the patients' experiences of acupuncture treatment for low back pain are to identify patients' experiences, to obtain a better understanding of acupuncture as a treatment for LBP and to provide reference for the people who are looking for information about acupuncture as a treatment of LBP.

The results of the study manage to provide updated information about patients' experiences of acupuncture treatment for LBP. The majority of the participants were worried about the effects of LBP to their daily lives. According to the previous research and the information gathered from the participants, acupuncture can be recommended as a treatment for LBP: None of the participants expressed negative feelings towards acupuncture treatment. It was shown that some sensations and relaxation occur during or after the acupuncture treatment. The information offered by the study will help patients suffering from LBP to make conscious decisions during the therapeutic process. By understanding the feelings and experiences connected to LBP and its treatment, these people will be able to find the suitable treatment for them.

## REFERENCES

- Adams, M., Bogduk, N. Burton, K. & Dolan, P. 2002. *The Biomechanics of Back Pain*. Churchill Livingstone.
- Atkinson, R. 1998. *The live story interview*. Sage, Thousand Oaks, Ca.
- Beijing Union Medical college hospital. Accessed on 10.9.2009.  
<http://www.pumch.ac.cn/>.
- Bowling, A. 2002. *Research methods in health*. Second edition Published by Open USA:University Press.
- Burins, N. & Grove, S. 2001. *The practice of nursing research conduct, critique and utilisation*. 4<sup>th</sup> Edition. United states of American: Elsevier Saunders.
- Cherkin, D. Sheman, K. Deyo, R. & Shekelle, P. 2003. *A Review of the Evidence for the Effectiveness, safety, and cost of acupuncture, massage therapy, and spinal manipulation for back pain*. Accessed on 2.2.2009.  
<http://www.annals.org/content/138/11/898.full.pdf+html>.
- Chinese state department: establishing the basic medical insurance system for urban workers. Accessed on 12.2.2009. [http://www.gov.cn/banshi/2005-08/04/content\\_20256.htm](http://www.gov.cn/banshi/2005-08/04/content_20256.htm).
- Chinese state department: Chinese medical system. Accessed on 2 November 2009.  
<http://baike.baidu.com/view/949880.htm?fr=ala0>.
- Davis, B. 2000. *Caring for people in pain*. Routledge
- EJ471251. 1993. Bradyley, J. *Methodological issues and practices in qualitative research*. Accessed on 12.2.2010. <http://www.jamk.fi/kirjasto>. Nelliportaali, Ebrary online.

Fain, J. 2003. Reading, understanding, and applying Nursing research: A text and Workbook. second edition. Philadelphia: F.A davis company.

George, T. & Lewith, M. A. 2009. The History of Acupuncture in China. Published by Thorsons Publishing Group. Accessed on 18.8 2009.  
<http://www.healthy.net/scr/Article.asp?Id=1819.15,01,2009>.

Haukatsalo, K. 1998. Selkä-sairaudent. Jyväskylä: Gummerus kirjapaino Oy.

Helenius, I. 2009. Kasvuikäisen selkäongelmien kirurginen hoito. Duodecim 2009; 125(11): 1168-75  
 © 2010 Suomalainen Lääkäriseura Duodecim  
 Accessed on 30.3.2010  
<http://www.duodecimlehti.fi>.

Kaptchuk, T. 2002. Acupuncture: theory, efficacy, and practice. Accessed on 20.2. 2010.  
<http://www.annals.org/content/136/5/374.full.pdf+html?sid=630409da-1fe0-4bf4-be1e-3bc8058f6878>

Koestler, A. & Mayers, A. 2002. Understanding Chronic Pain. Jackson : University Press of Mississippi, cop.

Li,G. 2004. Chinese-English clinical Moxibustion. Beijing: Renmngweisheng.

Manheimer, E. Adrlan, W. Berman, B. Forys, K. & Ernst, E. 2005. Meta-analysis: Acupuncture for Low Back Pain. vol.142 no 8651-663 Accessed on 10.1. 2009.  
<http://www.annals.org/content/142/8/651.full.pdf+html>

Martio, J. 2007. Reuma.Helsinki: Duodecim

McGill, S. 2007. Low Back Disorders second edition: Evidence-Based Prevention and Rehabilitation. United states of America: Human Kinetics

Ministry of Chinese Education, 2009. Accessed on 1.2. 2010. <http://www.eol.cn/>.

Punch, K. 1998. Introduction to Social Research: Quantitative and Qualitative approaches. London: Sage.

Qiu, M. 2006. Acupuncture Textbook, 5<sup>th</sup>. Shanghai: Sanyin publish Ltd.

Rooney, L.2008. Acupuncture in the Treatment of Non-Specific Low Back Pain in an Adult population: A Review of the Evidence. Thesis: The University of Texas Health Science Center at Houston. The internet journal of Advanced Nursing Practice. Accessed on 1.2.2010.  
[http://www.ispub.com/journal/the\\_internet\\_journal\\_of\\_advanced\\_nursing\\_practice/volu](http://www.ispub.com/journal/the_internet_journal_of_advanced_nursing_practice/volu)



[me\\_9\\_number\\_2\\_8/article/acupuncture\\_in\\_the\\_treatment\\_of\\_non\\_speciic\\_low\\_back\\_pain\\_in\\_an\\_adult\\_population\\_a\\_review\\_of\\_the\\_evidence.html](#)

Smeltzer, S. & Bare, B. 1992. Medical-surgical nursing 7th edition. Philadelphia: Lippincott Company

Stanley, F. & Avital, F. 2002. Alternative Medicine and Rehabilitation : A Guide for Practitioners. New York: Demos Medical Publishing.

Stemler S. 2001. An overview of Content Analysis; Practical Assessment, Research and Evaluation 7(17). 3.4.2010. <http://pareonline.net/getvn.asp?v=7&n=17>

Sutcliffe, J. 2002. Vahva Selkä. Lontoo: Carroll & Brown Publishers.

Talo, S. 1992. Psychological assessment of functioning in chronic low back pain patients. Turku: Kansaneläkelaitoksen kuntoutustutkimuskeskus.

Wang, J. & Robertson, J. 2007. Channel palpation - Journal of Chinese medicine number 83. Accessed on 2.1.2010. <http://www.jcm.co.uk/media/cms/File/JCM8318.pdf?fe=46a4a758a43f91047a4d328acc3aad90>

Wang, K. Acupoint. Xian: China Xian University internet school. Accessed on 12.3.2010. <http://image.baidu.com>.

Wang, K. Meridian. Xian: China Xian University internet school. Accessed on 12.3.2010. <http://image.baidu.com>.

Waddell, G. 1998. The back pain revolution. UK: Churchill Livingstone.

Webber R. P. 1990. Basic content Analysis, 2<sup>nd</sup> ed. CA: Sage.

Zhao, M. 2002. Acupuncture 5<sup>th</sup> Haina: HaiNan University publisher. 1-25.

Zhong, Y. 2009. Acupuncture. Shanghai: DongNa university publisher.

Österman, H. Lund, T. Österman, K. & Kankare, J. 2005. Selkäkirurgian vaikuttavuus Teema: Näyttöön perustuva ortopedia 2005;121(8):903-10 Artikkelin tunnus: duo94919 (094.919). Accessed on 30.3.2010. <http://www.duodecimlehti.fi.ezproxy.jamk.fi:2048/web>

## APPENDIXES

### Appendix 1: Letter of Information

Jyväskylä University of Applied Sciences,  
School of Health and Social Studies,  
Jyväskylä Finland.

Dear Participant,

#### LETTER OF INFORMATION

I am a student of Jyväskylä University of Applied Sciences, Finland and I am studying for a degree in Nursing. I am writing my Bachelor's thesis on the topic of "Patient's experiences of acupuncture treating low back pain in Peking Union Medical College Hospital Out-patient Acupuncture Clinic".

Participation in my research is strictly voluntary and there are no known risks to participate in the study. Participants are free to withdraw anytime and they are not obliged to answer any questions they find objectionable. The interview I conduct with each participant will last for 15 minutes to 30 minutes and there are no remunerations for taking part in the study. Information obtained from participants will be used solely for the purpose of this study and your confidentiality or anonymity is guaranteed. Participants may contact the researcher or the district assembly if they have any questions, concerns or complaints about the research procedures.

Thank you for your participation

Yours truly,

Xiaoai Song

Tel. +862258590187 Email D6004@jamk.fi

## Appendix 2: Semi-structured Interview Questions List

1. Which kind of low back pain do you have? Can you explain it?
2. What were your feelings when you had LBP?
3. Which kind of information do you have about acupuncture before the treatment?
4. How did you feel during or after acupuncture treatment?
5. Could you explain your personal feelings about acupuncture treatment?

## Appendix 3: Close-end Questionnaire

Acupuncture treatment for low back pain in Peking Union Hospital questionnaire

1. Age:

2. Gender: Male                      Female

3. Education level:

- A. Primary school
- B. Secondary school
- C. High school
- D. University
- E. Others

4. When did you start acupuncture treatment?

- A. One week ago
- B. One month ago
- C. Two months ago
- D. Six months ago
- E. One year ago
- F. Over one year ago

5. Will you continue for this treatment?

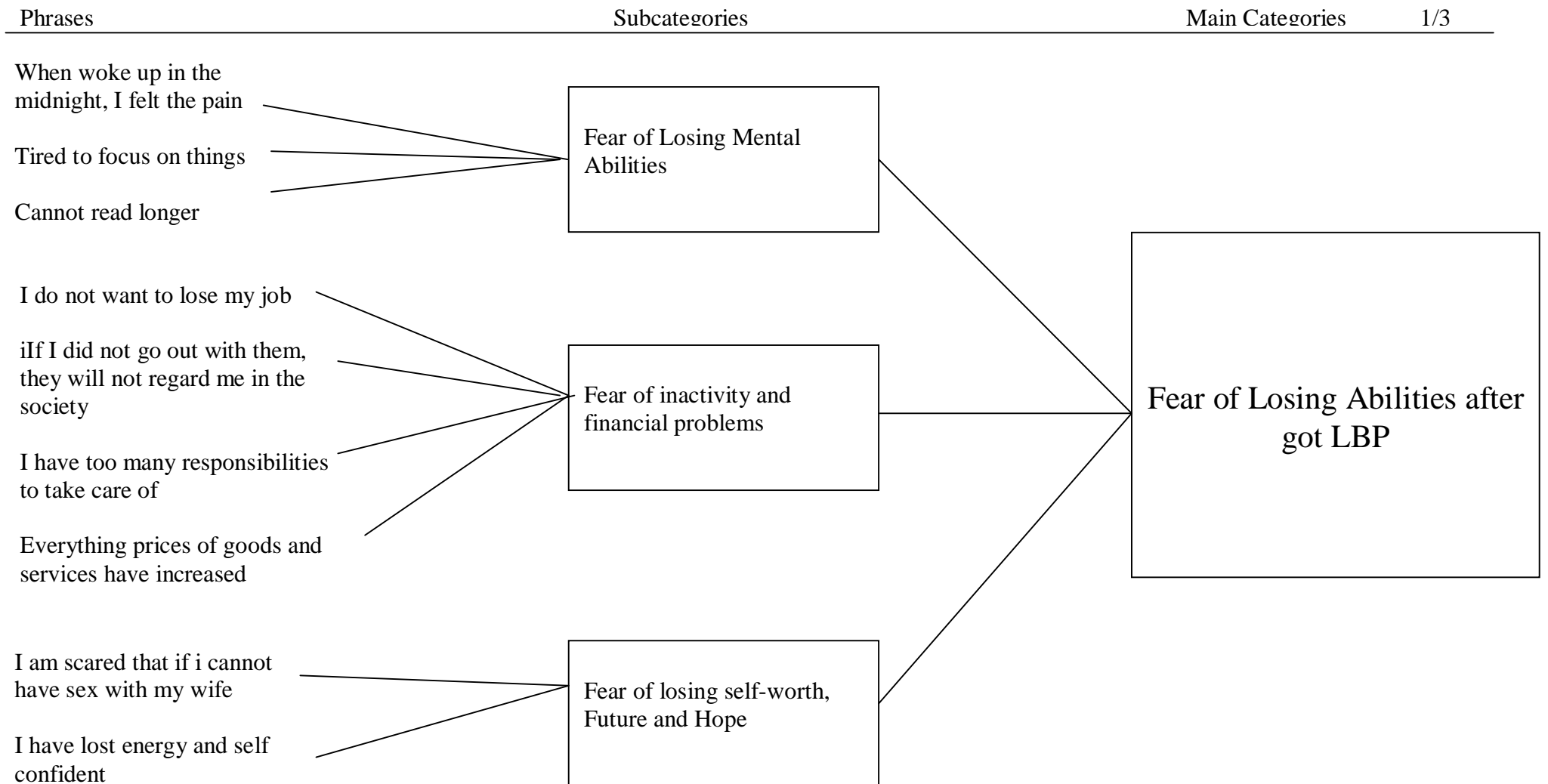
- 1. Yes                      2. No                      3. I am not sure

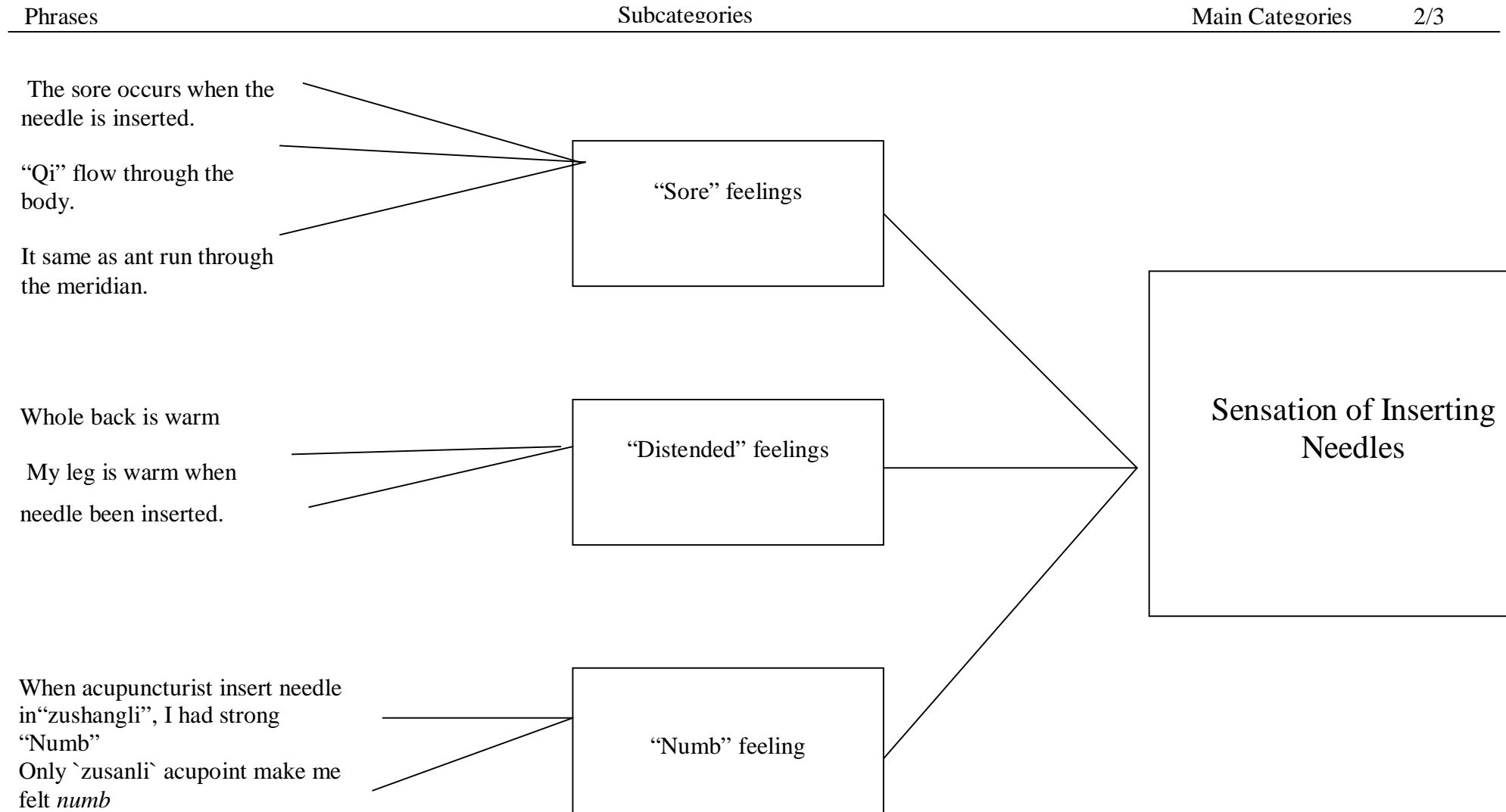
## Appendix 4: Demographic Characteristics of the Sample

Table 2 Demographic characteristics of the sample

Age group	
31-40 years	2
51-60 years	3
>60 years	1
Education level	
High school	2
University	4
Gender	
Female	4
male	2
How long did patients come for the treatment?	
1 week	0
Below 1 month	1
2 months	1
3 months	1
1 year or over	3
Plan for acupuncture treatment	
Continues treatment	5
Stop for treatment	1

## Appendix 5: Abstract of the material





Fall asleep during the treatment

Acupuncture combined with cupping makes me relax

Tonight I will have a really good sleep

Relaxation

“Acupuncture did not give any harmful for the body

I even did not notice that needle insert

I love this place, it nice and warm ;

Comfortable

Relaxation and comfortable feelings during and after acupuncture treatment

