



**End-of-Life Care for Dying Peacefully in the Thai Buddhist Culture:
Family Members' and Nurses' Perspectives**

Sirilak Somanusorn

**A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy in Nursing (International Program)**

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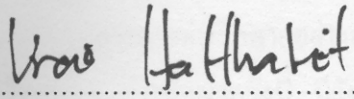
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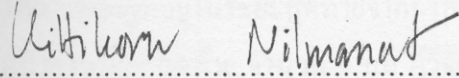
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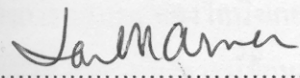
Major Program Nursing (International Program)

Major Advisor :



.....
(Assist. Prof. Dr.Urai Hatthakit)

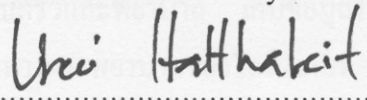
Co-advisors :


.....
(Assist. Prof. Dr.Kittikorn Nilmanat)

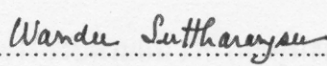

.....
(Prof. Dr.Jane M. Armer)

Examining Committee :


.....Chairperson
(Assoc. Prof. Dr.Aranya Chaowalit)

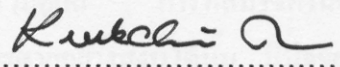

..... Committee
(Assist. Prof. Dr.Urai Hatthakit)


..... Committee
(Assist. Prof. Dr.Kittikorn Nilmanat)


..... Committee
(Assoc. Prof. Dr.Wandee Suttharangsee)


..... Committee
(Assist. Prof. Dr.Kanoknuch Chunlestskul)

The Graduate School, Prince of Songkla University has approved this thesis as partial fulfillment of the requirements for the Doctor of Philosophy Degree in Nursing (International Program).


.....
(Assoc. Prof. Dr.Krerchai Thongnoo)

Dean of Graduate School

ชื่อเรื่องวิทยานิพนธ์	การดูแลผู้ที่อยู่ในระยะสุดท้ายให้ตายอย่างสงบตามแนววิถีไทยพุทธ: มุมมองของสมาชิกในครอบครัวและพยาบาล
ผู้เขียน	นางสาวศิริลักษณ์ โสมานุสรณ์
สาขาวิชา	การพยาบาล (นานาชาติ)
ปีการศึกษา	2552

บทคัดย่อ

การตายดีหรือตายอย่างสงบเป็นเป้าหมายสำคัญของการดูแลผู้ที่อยู่ในระยะสุดท้ายของคนไทยพุทธ การศึกษานี้ มีวัตถุประสงค์เพื่ออธิบายการดูแลเพื่อช่วยให้ผู้ที่อยู่ในระยะสุดท้ายตายอย่างสงบตามแนววิถีไทยพุทธโดยสมาชิกในครอบครัวและพยาบาล เก็บข้อมูลในเขตภาคใต้ของประเทศไทยโดยใช้วิธีการวิจัยเชิงชาติพันธุ์วรรณนาทางการพยาบาลของไลนิงเกอร์ (Leininger, 2002) ผู้ให้ข้อมูลหลักในการศึกษานี้ ประกอบด้วย สมาชิกในครอบครัวจำนวน 16 คน ซึ่งเป็นผู้ที่ให้การดูแลผู้ที่อยู่ในระยะสุดท้ายจากครอบครัวทั้งสิ้น 7 ครอบครัว และพยาบาลที่ให้การดูแลผู้ป่วยในระยะสุดท้าย จำนวน 9 คน ผู้วิจัยเก็บข้อมูลโดยการสัมภาษณ์เชิงลึก การสังเกตแบบมีส่วนร่วม และการจดบันทึกภาคสนาม วิเคราะห์ข้อมูลตามแนวการวิเคราะห์ข้อมูลเชิงชาติพันธุ์วรรณนาทางการพยาบาลของไลนิงเกอร์

ผลการวิเคราะห์ข้อมูล พบว่า การตายอย่างสงบตามแนววิถีไทยพุทธเป็นการตายที่ผู้ให้ข้อมูลเชื่อว่าดวงวิญญาณของผู้ตายจะได้ไปสู่สุคติ นอกจากนี้ การตายอย่างสงบยังหมายถึง ความตายใน 4 ลักษณะ ดังนี้ 1) การตายที่เหมือนกับนอนหลับ ไม่ทุกข์ทรมาน 2) การตายที่หมดความห่วงกังวล 3) การตายที่หมดกรรม หมดอายุ และไม่ยึดการตาย และ 4) การตายอย่างมีสติรับรู้ก่อนจากไป การดูแลเพื่อให้ผู้ที่อยู่ในระยะสุดท้ายได้ตายอย่างสงบ สามารถแบ่งออกได้เป็น 3 ระยะ คือ 1) การดูแลระยะสุดท้ายแบบทั่วไป 2) การดูแลในช่วงใกล้ตายและขณะตาย และ 3) การดูแลหลังการตาย ซึ่งลักษณะการดูแลเพื่อช่วยให้ผู้ที่อยู่ในระยะสุดท้ายได้ตายอย่างสงบนี้ ประกอบด้วย 4 ประเด็นหลัก คือ 1) การใช้บุญหนุนนำเพื่อการตายดีและได้ไปสู่สุคติ 2) การดูแลตามความเชื่อเรื่องกรรม 3) การดูแลให้ผู้ที่อยู่ระยะสุดท้ายสงบมีสติเพื่อพร้อมยอมรับต่อการตาย และ 4) การดูแลที่ยึดผู้ที่อยู่ระยะสุดท้ายเป็นศูนย์กลางและให้ญาติร่วมดูแล การที่สมาชิกในครอบครัวและพยาบาลให้การดูแลผู้ที่อยู่ในระยะสุดท้ายเพื่อให้เกิดการตายอย่างสงบได้นั้น มีปัจจัยด้านความเชื่อทางพุทธศาสนาและวัฒนธรรมไทยมาเกี่ยวข้องอยู่ 4 ประการ ดังนี้ 1) การเป็นผู้มีกรรมะ ยึดมั่นคำสอนทางศาสนา 2) บุญและกรรมเก่าของผู้ที่อยู่ในระยะสุดท้าย 3) การมีสติ และเตรียมพร้อมรับ

ความตาย และ 4) ความกตัญญูของสมาชิกในครอบครัว และประเด็นหลักที่สำคัญที่เกี่ยวข้องกับการตายอย่างสงบในวิถีไทยพุทธ ประกอบด้วย 4 ประเด็น คือ บุญ กรรม สติ และสุคติ

การศึกษาครั้งนี้ ทำให้ได้รูปแบบการดูแลในระยะสุดท้ายในบริบทของไทยที่ตระหนักถึงวัฒนธรรม ความเชื่อ และแบบแผนการดำเนินชีวิตตามแนววิถีไทยพุทธของผู้ที่อยู่ในระยะสุดท้ายและผู้ดูแลทั้งสมาชิกในครอบครัวและพยาบาล ซึ่งสมาชิกในครอบครัว พยาบาล และบุคคลอื่นๆ ที่สนใจ สามารถใช้ผลการศึกษานี้ เพื่อเป็นแนวทางในการดูแลเพื่อช่วยให้ผู้ที่อยู่ระยะสุดท้ายตายอย่างสงบตามแนววิถีไทยพุทธได้

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ABSTRACT

A good death or a peaceful death is the key concept of the end-of-life care for the Thai Buddhists. This study described how the family members and nurses provided the care for the dying persons in order to assist them to die peacefully in the Thai Buddhist culture. This study was conducted in the Southern of Thailand by using the Leininger's ethnonursing method to collect the data. The key informants were sixteen family members who were the primary caregivers for the dying persons in seven families, including nine nurses who have provided care for the dying persons at the end of life period. All data were collected through the techniques of in-depth interviews, observation-participation, and field note taking. The Leininger's ethnonursing method was used in the process of analysis; thematic and pattern analysis.

This study provides a meaning of a peaceful death in the Thai Buddhist Culture. All informants believe that if one die peacefully, the spirit will consequently move to the stage of *Sugati* (reborn into a good realm) after death. In addition, the themes of the meaning of a peaceful death were: 1) die as a sleep without suffering; 2) died without any worries; 3) died as *Kamma* ending, lifetime finished, would not postponing death; and 4) died with *Sati*, being conscious before passed away.

The end-of-life care in the Thai Buddhist was divided into three phases: 1) general end-of-life care, 2) near-death and the moment of death care, and 3) after death care.

The four major themes of the Thai Buddhist end-of-life care were: 1) caring with merit for helping the dying persons to reach a peaceful death and going to a good realm after death; 2) caring based on the belief of *Kamma*; 3) caring for *Sati* /consciousness to be ready to face an incoming death; and 4) caring based on the dying persons centered and family participation in care.

The Buddhist belief and Thai cultural factors enhance caring for a peaceful death were: 1) being spiritual and faithful in *Dhamma*; 2) previous merit and *Kamma* of the end-of-life persons; 3) being conscious (*Sati*) and prepared to face an incoming death; and 4) gratitude concerned of family members.

The core values for promoting a peaceful death in Thai Buddhist culture composed of four parts: *Merit* (Boon), *Kamma* (previous bad *Kamma*), *Sati* (consciousness), and *Sugati* (reborn in a good realm).

These research findings have provided the pattern of caring in the Thai Buddhist context that related to the cultures, beliefs, and lifeways of the dying persons and families in the Thai cultures. The findings of this study could be used as the guideline for the family members, nurses, and other interested people to help a dying person to rest in peace accordingly.

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Lastly, thanks to the Lord Buddha who have created Buddhism to this world that provides the opportunity for me to learn and apply to my study, especially the concept and traditional life style of Thai Buddhist of “the End-of-Life care”, which everything depend upon the law of course and effect, and impermanent.

Sirilak Somanusorn

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CHAPTER 1

INTRODUCTION

This study mainly deals with the field of “End-of-life care for a dying peacefully in the Thai Buddhist culture: Family members’ and nurses’ perspectives”. The topic of the study based on death from a Thai Buddhist perspective. The introduction chapter is an entirely chapter which aims to introduces readers about the statement of the problem, objectives of the research, research questions, significance of the study, definition of key terms, and the theoretical and methodological framework.

Statement of the Problem

The care at the end-of-life is a global public health problem due to the large number of people involved and the most people might die in hospitals. In the past, the end-of-life care focused primarily on overaggressive treatment of dying patients. However, nowadays, people are more concern and focus on quality of care and the ways to improve care and achieve outcomes which desired by patients, their families, and health care providers (World Health Organization, 2005). The first task of improving care at the end-of-life is how to specify the components of a good death (Agrawal & Emanuel, 2002), which is a key concept of palliative care (Walters, 2004). Providing a good death for each individual patient is an ultimate goal of palliative nursing practice (Kahn & Steeves, 2001). The moment ideal of death should

be a moment of goodness, peace, or acquiescence, this death procedure has been described as “smooth and easy” (Good et al., 2004). Death is a reasonable free of discomfort in accordance with patients’ wishes, and within acceptable professional and ethical standards which can be considering in “high-quality death” (Patrick, Curtis, Engelberg, Nielsen, & McCown, 2003). Philipkoski (2003) studied about good death in the Netherlands, comparing to the experiences of 189 bereaved family members and closer friends of terminally ill cancer patients. He found that friends and families of terminally ill cancer patients, who had good death without prolonging life, had a shorter time of coping with the death trauma of their love one.

In Thailand, the majority of Thai people are devoted as Buddhists who believe in the Law of *Kamma*. Thai Buddhists always recognize that there is a real moral distinction of letting die or allowing a patient to die in a natural way. A dying person who has had a good life or a good *Kamma* will die easily and will turn into their new life in the best possible way (Sri Dhammananda, 1987). In the Buddhist approach; life and death are seen as one whole, in another word, death is the beginning of another part of life (Rinpoche, 1992). Death is a natural part of human life so the death time in the Thai Buddhists’ belief is very important. If one dies in a good way and rest in peace, mindfulness or consciousness (*Sati*), after death; he or she will go to a good place (Sri Dhammananda, 1987; Visalo, 2004).

Caregivers or family members play an important role in the dying journey of terminal ill patients when their end-of-life draws near. At the end-of-life, family members usually focus on the spiritual needs of the dying patients and aim to help them die calmly and happily with positive mind (Mettanando, 2005). If the mind of a dying person is calm, peaceful, with positive thoughts, and then the natural outcome is

a happy rebirth. Whereas the dying person's mind is in a state of anger, fear, or a strong desire, these negative emotions will generate to the unhappy rebirth or resulting to lead one to go into a bad place after death. Buddhism has been deep influencing on Thai people in practicing the illness management within the family members and terminal patients as well. Lack of knowledge of family members about how to take care the dying patients at the end-of-life to have a good or peaceful death can be deeply impacted to their physical and emotional health; leading to distress, sadness, depression, anxiety, fear, irritation, loneliness, guilt, and anger (Kemp, 1999)

The experience at the end-of-life is highly individualized depending upon the person's religion, culture, belief, and many other factors (Backer, Hannon, & Russell, 1994). It was found that, the meaning of death from the dying AIDS patients living in a temple in the Southern of Thailand was influenced on the experiences of seeing other persons' death, the duration of illness, religion, age, and their financial status (Balthip, 1998). Although the final outcome of death is the same for all humans, but the end-of-life can be faced in different ways; based on the individual's cultural background. The knowledge in cultural background of a dying person would be very helpful for a health professional to provide the best strategies to that end-of-life patient and his/her family. This kind of knowledge would reduce the likelihood of disagreement or conflict between health care providers and patients or their family members (Crawley, Marshall, Lo, & Koenig, 2002). On the other hand, unknowing of caregivers about a dying person's belief or cultural background may be a cause in their end-of-life care mistakes (Carey, 2001).

Cultural understanding can be presented in how people conceptualize death and what will be happened when a person dies (Gire, 2002). A good death has always

been an important point in many cultures (Long, 2004). The important finding of the research about the cultural variations in term of the conception of death and dying, especially caring for the dying person, is the result of a good death or a peaceful death. However, the confusion of some of nurse about the end-of-life care limited their abilities to conduct or guide a patient to have a good death in clinical practice (Hopkinson, Hallett, & Luker, 2003). It is essential that a better understanding of nurses about a good death or a peaceful death is a benefit in applying this knowledge to help people at the end of their life to die in peacefully. Since nurses cannot provide the good care without in-depth knowledge of the practices and beliefs of people from many cultures (Mazanec, & Tyler, 2003). Nevertheless, nurses can learn how to help the terminally ill persons and how to support family members to reach the goal of a peaceful death for their loved one based on their own cultural beliefs. As a result, this practical concern can reduce the conflicts of the end-of-life care among the dying, the family members, and health care providers.

In Thailand, we found that there is a few number of researches which studies in the area of caring to a peaceful death in the Thai Buddhist Culture. Many researches in Thailand were focused only on the end-of-life care or the meaning of death in general (Wasinghon, 1997; Balthip, 1998; Labhantakul, 2000; Wiserith, Nuntaboot, Sangchart & Tuennadee, 2003; & Manosilapakorn, 2003; Chaipetch, 2008). However, there is a research focused on the experiences of caring for a peaceful death from ICU nurses (Kongsuwan & Locsin, 2009). Therefore, the researcher interested in undertaking a study of “End-of-Life Care for Dying Peacefully in the Thai Buddhist Culture: Family members’ and Nurses’ perspectives”, because nurses and family members are both at the patient’s bedside. Both of them

have an opportunity to help persons at the end of their lives and take control of the remaining time for their peaceful death. It is widely belief of the majority of people that each person wants to have a good or peaceful death at the end-of-life, but the previous knowledge does not possess useful data on how to help people die peacefully. Caring techniques for a peaceful death should be based on the beliefs and the cultural background of the dying and his/her family. Thus, the ethnonursing method of Leininger can be applicable in this study. Ethnonursing was developed for nurses to examine complex care required and culture phenomena (Leininger, 2001b). The goal of this method is to discover the new nursing knowledge which can be related with a culture and a dying as perceived or experienced by the nurses, the users of nursing and healthcare services.

The findings from this study will be used to provide care concerning to the cultures, values, beliefs, and lifeways of those dying patients at the end of their lives and their families. The nurses who take care of the dying persons and their family members would be able to prepare themselves to provide care and help people to achieve a peaceful death at the end of their life. Therefore, this ethnonursing study will be helpful for the nurses in understanding the ways to care for the dying persons in the Thai Buddhist culture, in order to provide a quality of the end-of-life care.

Objectives of the Research

To obtain a greater understanding on the meaning and the end-of-life care that the family members and nurses providing for a peaceful death in the Thai Buddhist

context, the researcher posed these into three objectives which related to the phenomena under study as following.

1. To describe how family members and nurses in the Thai Buddhist culture perceive the meaning of a peaceful death.
2. To explore and describe how family members and nurses care for the dying person in order to facilitate him/her to die peacefully.
3. To explain what the Buddhist beliefs and Thai cultural factors enhance the meaning of care and caring practices for a peaceful death.

Research Questions

Three research questions will be used to guide in this study. In an attempt to obtain a deep understanding of a peaceful death and the management of the end-of-life care for a peaceful death by family members and nurses in the Thai Buddhist culture, the following research questions are considered:

1. How do family members and nurses in the Thai Buddhist culture define the meaning of peaceful death?
2. How do family members and nurses care for the dying persons in order to facilitate a peaceful death?
3. What are the Buddhist beliefs and Thai cultural factors enhancing the meaning of care and caring practices for a peaceful death?

Significance of the Study

The end-of-life care is a vital support for persons who are terminally ill or dying. Dying has an impact on every dimension of a person's life such as physical, psychological, social, and spiritual. In order to provide a high quality of the end-of-life care, nurses should respond to the personal experiences, needs, and cultural backgrounds of the dying persons and their families, because people have specific values, beliefs, and lifeways. The end-of-life care aims to approach a good death or peaceful death.

A good death or a peaceful death has been recognized as a multi-dimensional phenomenon based on physiological, personal, interpersonal, social, and cultural domains of life that incorporate past, present, and future time periods (Leichtentritt & Rettig, 2000). This ethnonursing study should be useful for a better understanding in a meaning and caring for a peaceful death from the Buddhists perspective and provide guidance to help the dying persons to die peacefully. The results of this study:

- 1) To help family members, nurses, and other people guide and support the dying persons so that they will die peacefully.

- 2) To be used as basic data for develop the nursing interventions to help the dying persons to die peacefully and help family members to provide care for the dying persons.

These research findings deal with the culture-specific care which may form a powerful direction of providing care for persons at the end-of-life in the Thai Buddhist culture.

Definition of Key Terms

In this study, the researcher uses and defines in four important keywords:

Caring is defined as those activities performed directly or indirectly by family members to and for the dying persons, and by nurses to and for the dying persons and their family members. These activities are provided for helping the end-of-life person to have a peaceful death.

End-of-life person is defined as a dying person who is closing to the stage of death. The family members or nurses perceive this terminal ill person will die in a near future.

Die peacefully is a characteristic of a good ending as perceived by family members or nurses who are caring for those dying persons at the end of their lives.

Thai Buddhist culture means the belief and value system of Thai people that influence their decisions, actions, and ways of life. These cultures are based on the knowledge and the traditions of Buddhism.

Theoretical and Methodological Framework

Theoretical Framework

A good death or a peaceful death is the ultimate goal of the dying person and of their family members. A peaceful death has significant implications on how people act in life, how they approach death, and how they manage the last period of their life. In the Thai Buddhists, a peaceful death is a death with full awareness and wisdom, free from pain and dies without suffering, fear or worries of death, unburden death

and unburden to others (Dhammma Learning Group, 2005). Buddhists view the death, birth and rebirth as the suffering states (Payutto, 1995), and all sufferings are caused by an individual *Kamma* (Sri Dhammananda, 1987; Payutto, 1995). Thai Buddhists believe that the dying persons who have accumulated plenty of previous good *Kamma* or merit will die in peace, especially, Thai Buddhist who dies peacefully and without suffering, he or she can have a good rebirth (PraDhampidhok, 2003). Therefore, providing the end-of-life care for a peaceful death and a good rebirth in *Buddhism* by concerning to the beliefs in *Kamma*, merit is an important part for the Thai Buddhist end-of-life care.

The End-of-life care for a peaceful death depends on an individual's personal cultural background. It is sensitive to the cultural and spiritual values of individuals. The belief in Buddhism influences Thai people on practicing of managing life, illness and death in their families and dying persons as well. In the Buddhist philosophy, death is an integral part of life, as a life cycle of rebirth and death. In addition, the philosophy of Buddhism focuses on the stage of a positive mind and mindfulness, awareness and consciousness or *Sati*. *Sati* allows the developing of wisdom which may help people to understand and accept a truth. If the dying persons can accept a truth in the final stage of life, it will help them to die peacefully. The Lord Buddha suggested that the way of seeing the truth of life is mindfulness. When the mind is absolutely pure, a person will see things exactly as they are, no more and no less. Buddhist people can learn the truths of death through a calm thinking and Buddhist practice. The truth is an achieved at the intellectual level by purifying the mind through the perfection of wisdom, and gaining insight into the truth of impermanence. To gain a better understanding of the Thai Buddhist culture in caring the dying

persons to die peacefully, the researcher chose to use the culture care theory and the ethnonursing method, to clarify a critical life event, death and dying, in the Thai Buddhist culture.

The culture care theory of Leininger (2001a) aims to discover human care diversities and universalities and ways to provide culturally sensitive care to people of in different or similar cultures. Leininger contends that care is a universal phenomenon, with diversities in forms, expressions, meanings and patterns of care in different cultures. The purpose of culture care theory is to discover the cultural views or people's emic (local, folk) or insider views about care as they known, and to discover the improve ways and provide care for people of different or similar cultures (Leininger, 2001a; Welch, 2002). This theory had been developed within nursing seeks to discover knowledge that will contribute towards well-being and health. Leininger's (2001a) interest was discover how factors related to social structure such as kinship, politic, religion, law, technology, and other specific cultural values influence or structure the care practices of human societies.

A caring is a humanistic mode of being with others to assist the ill persons in times of need or to help them maintain their well-being or health (Leininger, 2001a). Cares or caring patterns includes assistive, supportive, facilitative, and enabling acts or attitudes that influence the well being or the health status of individuals, families, groups, and institutions, as well as general human conditions, lifeways, and the environment. Care was identified into two kinds: generic (lay and folk) and professional care. Generic care refers to a culturally learned and transmitted lay, traditional, and largely emic folk knowledge and skills used by cultures concerned. Professional care refers to formally and cognitively learned etic knowledge and

practice skills that have been taught and used by faculty or clinical service to provide professional care (Leininger, 2002).

Using the theory of culture care, Leininger had developed a Sunrise Model to reflect the totality of knowing people in their lifeworld or culture. The Sunrise Model is as a cognitive and research guide to find out the culture care phenomena from a holistic perspective of multiple factors influence care and well-being for people. It is stated that the culture care theory will help us to determine the effective ways to people who closing to death to die peacefully in the Thai Buddhist culture. Therefore, the culture care was used to know, explain, interpret, and predict the Thai Buddhist end-of-life care for a peaceful death of this study.

In brief, the caring for and the meaning of a peaceful death are influenced by mostly Buddhist beliefs, Thai culture, and others. To understand these aspects from the family members or folks and the nurses or professional groups, the researcher is focused on the knowledge of Buddhist philosophy, end-of-life care, peaceful death, and culture care to guide this study. As well as, used the frame and guidelines of Sunrise Model as a map to discover the end-of-life care for a peaceful death in the Thai Buddhist culture.

Methodological Framework

A methodological framework of this study is Leininger's ethnonursing method. Ethnonursing is a qualitative research method using naturalistic, open discovery, and largely inductively derived emic modes and processes with diverse strategies, techniques, and enabling tools to document, describe, understand, and interpret meaning, experiences, symbols, and other related aspects of an investigation.

The advantages of this method are providing nurses to examine the complex care and cultural phenomena. It helps the researcher to get into the world of informants to obtain their world's views, meanings, attitudes, and lifeways. The goal of this method is to discover the new nursing knowledge as perceived or experienced by the nurses and the users of nursing and healthcare services.

The ethnonursing method is based on the assumption that persons can define and know their cultural beliefs and practices about caring, nursing care, and health-illness beliefs and practices (Leininger, 2001b). The general philosophy of ethnonursing is related to the ideas of the Cultural Care Diversity and Universality (Leininger, 2001a). Firstly, the method requires the researcher to move into the familiar and naturalistic settings of people to study the human care and related to nursing phenomena. Secondly, the ethnonursing method reflects the detail of observations, reflections, descriptions, participant experiences, and data derived from largely unstructured open-ended inquiries or from enablers. Thirdly, the ethnonursing method requires that the researcher's biases, prejudices, opinions, and pre-professional interpretations to be withheld, suspended, or controlled. Data must come from the informant's ideas and interpretations. Lastly, the ethnonursing method requires that the researcher focus on the cultural context of whatever phenomena are being studied.

These theoretical and methodological frameworks are appropriate in this study. The researcher wishes to gain a better understanding of: The first, how family members and nurses in the Thai Buddhist culture perceives in a peaceful death. The second, how the family members and nurses care for the dying person in order to facilitate him/her to die peacefully. The last, how the Buddhist beliefs and the Thai

cultural factors enhance the meaning of care and caring practices for a peaceful death. Family members and nurses, who are acted as the informants of this study, can define and know the specific phenomena of caring for those terminal ill persons who have reached the end of their lives. They offer this information from their own beliefs and cultural backgrounds. The researcher can learn and record through the interviews, observations, participation, and field note-taking. This method requires direct naturalistic observations, participating experiences, reflections, and checking back with the people to understand the data that is observed, heard, or experienced.

In summary, this study was done on the Thai Buddhist culture and the Buddhist belief that influenced nurses and family members provided their care for a peaceful death and using culture care theory and ethnonursing method to frame this study. It could be applicable, meaningful, and beneficial to those dying persons who are nearing to the end-of-life person and to their families and also useful for nurses who are caring for the end-of-life persons as it concerns culture values, beliefs, and the way of life of the dying persons and their families.

CHAPTER 2

LITERATURE REVIEW

This literature review aims to clarify the knowledge related to the research topic “End-of-life care for dying peacefully in the Thai Buddhist culture: Family members’ and nurses’ perspectives”. The literature review consists of:

1) The Philosophy of Buddhism related to Peaceful Death at the End of Life

1.1 Ontology

1.2 Epistemology

1.3 Methodology

2) End-of-Life Care for a Peaceful Death

2.1 End-of-Life Care

2.2 Problems in End-of-Life Care

2.3 End-of-Life Care in Buddhist Culture

3) Concepts of a Peaceful Death

3.1 Meaning and Components of Peaceful Death

3.2 Factors Related to Caring for Peaceful Death

3.3 Peaceful death in Thai Buddhist culture

4) An Overview of Ethnonursing

4.1 Symbolic Interactionism

4.2 Philosophy of Ethnonursing

1. *The Philosophy of Buddhism related to a Peaceful Death at the End of Life*

At the end-of-life period, caring for the dying persons to have a peaceful death are surrounded with many doctrines in Buddhist philosophy as described in terms of ontology, epistemology, and methodology.

1.1 *Ontology*

Buddhism claims to know the Noble Truths, is know as the real truth. *The Four Noble Truths* are the four fundamental truths of our existence. *The Four Noble Truths* consists of: 1) suffering exists; suffering is everywhere (*Dukkha*); 2) a cause of suffering is attachment or misplaced desire (*Samudaya*); 3) the end of suffering is Nibbana (*Nirodha*); and 4) there is a path that leads the way out of suffering (*Maggo*).

The Four Noble Truths are a very important aspect of the teaching of the Buddha (Sri Dhammananda, 1987). These truths are believed the ways of solving the overall lives' problems and also are the ways of organizing the lives of humans (Payutto, 1995). Persons who misunderstand the *Four Noble Truths* have to continue keeping the repeated the cycle of birth and the death (Sri Dhammananda, 1987). Nobility begins with the recognition of suffering, both physical and mental sufferings that is, birth, decay, illness, death, imperfection, pain, impermanence, disharmony, discomfort, and irritation. After this recognition, the noble person proceeds to analyze the cause and try to cut off the roots of all the causal factors of suffering.

Furthermore, in terms of Buddhism; everything in the universe is usually governed by three characteristics of existence (*Trilaxana*) (Payutto, 1995). Nothing

can exist permanently; there is no any status to be permanent or there is no pure element that acts as a basis for the existence of anything (Sri Dhammananda, 1987). The concept of three characteristics are; 1) all composite things are impermanent (*Anicca*); 2) the state of suffering is unsatisfactory (*Dukkha*), a condition of pressure that arises and passes away, and is a condition of resistance and conflict; and 3) the principle of no-self (*Anatta/ Sunyata*). These means all phenomena are not related to self. People will open their mind to consider, and solve the problems without a selfish thought. The unbiased mind can help person to see things in natural. This concept useful for the end-of-life persons to accept all events in their lives in the real situation of everything that is impermanent.

In the doctrine of *Paticcasamuppada*, or the Cycle of Dependent Origination, everything is dependently originated and things exist because of the interrelatedness or inter-dependency with the another; this is an absolute truth (Dharmakosajarn, 2005). The “*Paticca*” in *Paticcasamuppada* means “grounded on, concerning, because” while “*Samuppada*” means “origin, arising, genesis, coming to be, production” (Buddhadasa Bhikkhu, 1992). *Paticcasamuppada* follows the principle of “this thing exists therefore that thing exists, this thing ceases to be therefore that thing ceases to be” (Buddhadasa Bhikkhu, 1992, p. 8). This doctrine points out how suffering begins and how suffering ends. It also demonstrates that the beginning and the end of suffering is a matter of natural interdependence (Buddhadasa Bhikkhu, 1992). According to this idea; the ignorance and the action in the past gave birth to the present, and the consequences of past actions are thus experiencing in present. If the end-of-life persons have prepared for good deaths by learning about the

Paticcasamuppada and they also have thought about it wisely and deeply, he/she would be able to grasp the truth of the conditionality of all existence (Candavarabhivamsa, 2000).

In addition, things arise in the regular pattern of phenomena or conditionality (*Idapaccayata*) (Dharmakosajarn, 2005). The law of conditionality is intended to the end suffering and stress; the processes of causality can be understood entirely in terms of forces and conditions. *Idapaccayata* and *Paticcasamuppada* are the laws of cause and effect, and mean to the origination of all things is always depend on their conditions (Buddhadasa Bhikkhu, 2005b).

In Buddhist perspective, death is an integral part of life, regarding to the life cycle of rebirth and death. The end of the life cycle is *Nibbana*, which is the real nature of the Absolute Truth or Ultimate Reality. Facts change and are non-permanent, or emptiness prevails, and the emptiness is the only absolute truth and being. Everything is not real, thing is presenting according to the past and present actions (*Kamma*). Buddhist philosophy states that everything is subject to *the Law of Kamma* (Payutto, 1995). *Kamma* is usually translated as the law of cause and effect. *Kamma* is derived from a Pali term. It means action or doing (Sayadaw, n.d.). *Kamma* underlines the importance of all individuals' life and is responsible for their past and present actions. Our live now is the result of our past actions (Payutto, 1995; Morgan, 2001). *Kamma* was classified into four different aspects according to their relationships with their respective results; black *Kamma* causes the black result and in the same token; white *Kamma*, causes the white result. Also *Kamma* of both black and white will consequently resulting in both of black and white. However, if one has

done the *Kamma* neither black nor white, it will result neither black nor white or neutral, which will lead the *Kamma* to be ended. Although, good *Kamma* results in happiness, but if such happiness is tainted with suffering, it also can be a cause for suffering in the future.

Generally, any Buddhists who are interested in *Kamma* tend to be centered around the first three aspects of *Kamma*, and they seem to be completely ignoring the fourth aspect, even though it is the most pivotal teaching of Buddhism, and it will lead to the ultimate goal (Payutto, n.d.). Buddhists try to achieve good *Kamma*, and free themselves from bad *Kamma*; by living a morally sound life and try to follow the Buddhist doctrines. Nevertheless, such action can be positive, negative or meditative, and can have a profound effect to the next time/life. Human actions or *Kamma* in Buddhist framework, are to be judged or based on both the intention or motive (*Chetana*) and the consequences (*Vipaka*) of the action. Those who do good or positive things must get the good things and those who do bad or negative things must receive the bad things.

1.2 Epistemology

The Lord Buddha suggested that the way of seeing the truth is mindfulness. When the mind is absolutely pure, a person will see all things exactly as they are, no more and no less. The philosophy of Buddhism focuses on stages of positive mind and mindfulness, awareness and consciousness or *Sati*. Mindfulness is like the inspector of consciousness and all thoughts and actions. Mindfulness can help people to maintain a state of mind and purify all actions that violate through influencing

through craving and attachment (Payutto, 1995). The foundation of mindfulness is *Satipatthaha 4*, which is that people have insight or mindfulness through meditation. *Satipatthaha 4* is composed of (Payutto, 1995): 1) *Kayanupassana*; the contemplation of the body, mindfulness regarding to the body; 2) *Vedananupassana*; the contemplation of feelings, mindfulness regarding to the feelings; 3) *Cittanupassana*; the contemplation of mind, mindfulness regarding to the thoughts, and 4) *Dhammanupassana*; the contemplation of mind-objects, mindfulness regarding to the ideas. The conducting of *Satipatthana* can be an effective tool for people to end the suffering, to make sure that their life will be a state of clarity and well being, and will be able to achieve the stage of the ultimate truth (Chanchamng, 2003). The practice of *Satipatthana* is viewed as a method of cleansing the mind for all mental illnesses. It creates an open mind to deal with everything in the world with determination and joy (Payutto, 1995).

Buddhist people can know the truths of death through thinking and Buddhist practice. The truths are achieved at the intellectual level by purifying the mind through the perfection of wisdom, and gaining insight into the truths of impermanence. Wisdom can be gained through the critical thinking. Thinking and practice about death, *Maranasati*, includes awareness of the transient nature of existence, reflecting on past good efforts, and letting go of life without clinging to and grasping it (Mettanando, 2005). In addition, the practice of *Maranasati* in daily life is helpful for gaining mindfulness, awareness, and calmness of mind to help the end-of-life persons to experience a really peaceful death (Dhamma Learning Group, 2005).

1.3 Methodology

Buddhism teaches people to live with the present, seeing one's own mind and thoughts as they arise, moment to moment and help prevent people to cling to the past or the future. In addition, Buddhism focuses on how to live a life at the present moment and to be free from the sufferings as much as possible. Self is the cause of suffering, if the dying persons can see suffering that "this is not my self", "this is not mine", it may reduce their suffering during the end-of-life period. Suffering or *Dukkha* can be overcome by following the *Noble Eightfold Path*. Buddhists believe that this path helps persons who follow it to become enlightenment and move closer to *Nibbana*. It is a practical guide to ethical and mental development as the goal of free the individual from the attachments and delusions. It finally leads to understanding the truth about all things. This path will be found to be the way to see and know, and as the means to be peaceful, discernment, enlightenment and finally *Nibbana*.

The *Noble Eightfold Path* consists of proper understanding (*sammaditthi*), proper thought (*sammasankappa*), proper speech (*sammavaca*), proper action (*sammakamata*), proper livelihood (*samma-ajiva*), proper effort (*sammavayama*), proper mindfulness (*sammasati*), and proper concentration (*sammasamadhi*) (Payutto, 1995). The *Noble Eightfold Path* is the way to get rid of desire, which is seen as the cause of all sorrow and the cause of rebirth. When any person follows this path, it can lead them to purify their insight and can end their suffering. The eight aspects of the *Noble Eightfold Path* are traditionally grouped into three modes of training called *Trisikha*: first; the morality or disciplines for practical behavior (*Sila*); second; the

concentration and meditation (*Samadhi*); and third; the wisdom (*Panna*). All aspects of the *Noble Eightfold Path* are interdependent and it can be called *the Middle Path* because it avoids the two extremes of sensual gratification and self-mortification. The practicing in the *Middle Path* or the *Noble Eightfold Path* can help and lead one to see things in reality as they truly are.

The expectations of death in Thai people are based on the beliefs associated with the custom of ‘*Making Merit*’ (*Tham Boon*). The concept of merit is closely akin to positive *Kamma*. The most popular concept of *Kamma* in the South East Asia is the formula of “doing good things will receive well and doing bad things will receive badly” (Sri Dhammananada, 1987). So, if the dying persons had more previous good experiences or positive *Kamma* they can die in peace. The three steps in doing merits for good *Kamma* in Buddhism are called *Punyakiriya-vatthu 3*, the three bases of meritorious actions (Chanchamnong, 2003). Firstly, *Dana* or alms-giving/donation, designed to reduce meanness and selfishness, to develop a meritorious frame of mind and to be generous to others. Secondly, *Sila* or precepts observation, designed to refrain from doing any sins physically, verbally and thinking, so as to make ourselves pure. Lastly, *Bhavana* the meditation practice which is a method to help us to get a peaceful mind and to build up the wisdom that will lead to enlightenment in *Dhamma* (Panyapatipo, 1991). Buddhism prescribes the other ways to perform good deeds, namely *Punyakiriya-vatthu 10*, including donations, virtuous conduct, contemplative meditation, mutual respect to other beings, helping people around you, give others the opportunity to make merit together, rejoicing at another’s good deed, cultivating *Dhamma* in oneself, propagating *Dhamma* to other beings, and finally, possession of

the right understanding (Worathammo & Visalo, 2006). In making merits, Buddhist Thai people are ready to donate their money regardless of their financial situations. Thai Buddhists make merit by doing good things and making merit. Making merit entails some simple actions, such as, offering food to the monks and sometimes adds incense sticks, lotus flowers and money to Buddhist monks in their morning alms round. Thai Buddhist make frequent temple visits for making merit, especially on significant occasions such as, New Year's Day, the beginning of Buddhist Lent, or on their own birthday anniversaries. Traditionally, Thai Buddhist people believe that making merits they will gain a better present life and in the next life. Gaining more merits, leading the better place for themselves and their loved ones in the next lives. Thai people tend to be extravagant in their giving because they believe the more they do, the better their got/received in the next life will be.

The Seven Factors for Awakening (Bojjhanga: Podchong 7) is as a way for knowing and understanding the truth (Narasapo, 2001), and gaining the wisdom (PraPromkunakorn, 2004). It is composed of: 1) mindfulness; as a factor for awakening (*Sati-sambojjhanga*); 2) analysis of qualities as a factor for awakening (*Dhamma-vicaya-sambojjhanga*); 3) persistence; as a factor for awakening (*Viriya-sambojjhanga*); 4) rapture; as a factor for awakening (*Piti-sambojjhanga*); 5) serenity; as a factor for awakening (*Passaddhi-sambojjhanga*); 6) concentration; as a factor for awakening (*Samadhi-sambojjhanga*); and 7) equanimity; as a factor for awakening (*Upekkha-sambojjhanga*). When equanimity is present, the mind and heart are opened, balanced, and fully connected (Thanissaro Bhikkhu, 1996). At the end-of-life period, persons can approach their difficult or painful feelings by learning to open,

see, and understand themselves clearly. This understanding can help any person to accept every event in their lives (PraPromkunakorn, 2004).

In general, the end-of-life persons must encounter the pain, stress, and fear of death. It is a result of the suffering related to *The Four Noble Truths*. If one had achieved good *Kamma* and ended bad *Kamma*, understood the *Trilaksana* and *Paticcasamuppada*, and has followed the *Eightfold Path* and *Punyakiriya-vatthu*, then the cycle of suffering could have already been ended, and one would have been living in a state of happiness and could die peacefully.

In summary, according to Buddhist philosophy, life is a part of cycle of suffering called *Samsara*. Buddhists view birth and rebirth as a suffering state (Payutto, 1995). Ontology of Buddhism, truth in Buddhism is related to the *Four Noble Truths*, *Trilaksana*, *Paticcasamuppada*, *Idappaccayata*, and the *Law of Kamma*. In the epistemology of Buddhism, the truth is known by *Satipathaha 4* and *Maranasati*. In the methodology of Buddhism, the truth or the ultimate knowledge can be gained by the Eightfold Path, Making Merit, *Punyakiriya-vatthu*, and the Seven Factors for Awakening.

2. End-of-Life Care for a Peaceful Death

The end of life is considered to be the personal period of time that the disability or disease is progressively worse until death. It is also considered to be the final stage of life or have a terminally ill. In the end of life, the terminal ill person usually faced with several pains: physical, emotional, and spiritual pain. To help the end-of-life

persons to have a peaceful death is importance for their own dying persons and their families.

2.1 End-of-Life Care

End-of-Life care provided a person in the final stage of life, which also known as a hospice care, comfort care, supportive care, palliative care or symptom management. Hospice is a special concept of care that provides comfort and support to patients and their families at the end of life. Hospice is only one form of palliative care that specifically for the terminally ill patient with a life expectancy of six months or less when curative treatments are no longer working and/or a patient no longer desires to continue them. Palliative care means lessening pain and symptoms without curing. Palliative care aims to enhance the quality of patients' life and their families who are faced with a life threatening illness. It focuses on increasing comfort or relief of symptoms which interfere with quality of life. Palliative care can be offered any time of an illness along with curative treatment to prolong life, whereas hospice care is designed for patients with a terminal illness and life expectancy of six months or less. End-of-life care refers to the care of a person during the last part of their life. Sometimes the period of time to provide the end-of-life care is difficult to define because the time at the end of life is different and unique for each person (Zerwekh, 2006).

End-of-life care is focused on the quality of good symptom control, and good psychosocial care (Hockley, 2002). In the end-of-life care, the key objectives in the pain management include achieving relief of pain, preventing pain recurrences,

optimizing the patient's well-being, and restore hope and belief in the value of life (Weinreb, Kinzbrunner, & Clark, 2002). End-of-life care is sensitive to the cultural and spiritual values of individuals, and is concerned with providing support for families and friends including the period of bereavement (Ross, Fisher, & Maclean, 2000). Patrick, Curtis, Engelberg, Nielsen and McCown (2003) proposed possible ways to attain a high quality of death and dying, including being free from discomfort, in accordance with patients' wishes, and within acceptable professional and ethical standards. Researchers also noted many symptoms of terminal patients that could be relieved, and that a patient's quality of dying can be improved under the comprehensive care of an interdisciplinary team.

Cassel and Foley (1999) demonstrated that health professionals must provide end-of-life care based on the Core Principles for End-of-Life Care, which include: 1) Respect the dignity of both patient and caregivers; 2) Be sensitive to and respectful of the patient's and family's wishes; 3) Uses the most appropriate measures to consistent with the patient's choices; 4) Encompasses alleviation of pain and other physical symptoms; 5) Assesses and manage psychological, social, and spiritual/religious problems; 6) Offers continuity (the patients should be able to receive continuous caring by his/her primary caregiver and specialist providers); 7) Provides access to any therapy which can be realistically expected to improve the patient's quality of life, including alternative or nontraditional treatment; 8) Provides access to palliative care and hospice care; 9) Respects the right to refuse treatment; 10) Respects the physician's professional responsibility to discontinue treatment when appropriate, with consideration for both patient and family preferences; and 11) Promotes clinical

and evidence-based research on providing care at the end of life. This core concerns on a holistic care for both of the dying persons and family members.

Caring for the terminally ill patient is based on the understanding of each end-of-life context and responses are made in accord with the individual differences of each person (Kemp, 1995). In order that, health care providers should be increasingly caring for the end-of-life persons from their respective cultural backgrounds (Crawley, Marshall, Lo, & Koenig, 2002). Culture shapes patient's values, beliefs, and worldviews. It can help them to provide the appropriate strategies for the end-of-life patients and decrease the likelihood of disagreement or conflict between health care providers and patients or their families (Crawley, Marshall, Lo, & Koenig, 2002). In general, family members play a vital role in the care of the dying person. The manner of the role and responsibility of a family caregiver depends on the physical and psychosocial needs of the patient and the relationship between the caregiver and the patient. The focus of end-of-life care by families has changed from a simple caring role to more complex care, often involving advanced skills, such as, drug administration and symptom management. A family caregiver may take some or all of the following roles (Hudson, 2003): personal care (hygiene, feeding); domestic care (cleaning, meal preparation); auxiliary care (shopping, transportation); social care (informal counseling, emotional support, conversing); nursing care (administering medication, changing catheters); and planning care (establishing and coordinating support for the patient).

Furthermore, nurses are the most directly professional caregivers who are in continuous contact with dying people in a health care setting or at home (Backer,

Hannon, & Russell, 1994). One way to begin appreciating the dying person is work toward understanding the whole person (Kemp, 1999). Expert nursing care has the potential to diminish suffering, optimize comfort, and improve patient outcomes (Murray, Fiset, & O' Connor, 2004). In the qualitative phase of the study "Thai Nurses' Attitudes, Knowledge, Ethical Dilemmas, and Clinical Judgment related to End-of-Life Care in Thailand" (Manosilapakorn, 2003), it was found that helping dying patients to have a peaceful death is the most significant aspect of Thai nurses' experiences in providing end-of-life care. Nurses, who were participants in this study, stated that, they helped the dying to have a peaceful death by supporting their cultural traditions and religious activities in terms of their beliefs. Their major concern in improving the end-of-life care was to place greater emphasis on spiritual care, on greater family involvement, and on education in ethical issues respectively. Nurses can provide appropriate emotional and spiritual support to the end-of-life people and their families by being sensitive to the emotional and spiritual needs and the expectations of the dying person and their families (Shotton, 2000; Taylor, 2003). The study of Kongsuwan and Locsin (2009) presented nurses promoting a peaceful death in intensive care unit in Thailand by creating the awareness of dying; creating a caring environment; and promoting the end-of-life care. The findings presented that, the nurses allowed patients' family members to perform activities of making merits by giving water, foods, and supplies to the monks. They also advised the family members to invite the monks to come to the hospital and conduct a ritual for the dying patients in the ICU. This style of end-of-life care is based on the Buddhist belief that

the one, who perform good deeds, would have state of minds at peace and they might have a good feeling to go to the good place after death.

When caring a terminal illness, nurses should provide care by: 1) assessing a holistic part of persons and their situations; 2) working with the multidisciplinary team for providing a holistic care; 3) providing a peaceful atmosphere that concern about personal belief and culture; 4) guiding the dying person for connecting their mind and body (recall to good deed, loving-kindness, chanting, etc.); 5) caring the dying's family members; 6) giving information, and knowledge; and 7) providing a useful and appropriated thing to the dying person such as a book, a friend, and a person who had directed experience of end-of-life care (Chuaprapaisilp, 2004).

All people come to their dying period with unique life experiences, with strengths and weaknesses, and with some psychosocial and spiritual issues resolved and some unresolved (Kemp, 1999). In general, dying persons need to make peace with death and life (Sherman, 2006). For these reasons, nurses and family members need to be ready to listen to the need of the end-of-life persons. Each of their needs is described follows:

Need for Physical Care

Effective care must responds to all of the dying person's physical symptoms. One of the biggest needs and concerns of dying persons is the control of acute and chronic physical pain (Geest, 2003; Long, 2004). With a severe pain, persons cannot pay attention to do anything. This physical pain can affect to their physical activity, emotional, social role, and their family (Teintong, 2003). Other distressing symptoms facing dying persons that they need for physical care include

constipation, diarrhea, nausea, vomiting, weakness, insomnia, loss of appetite, shortness of breath, and dehydration (Kemp, 1999). In order to support psychophysiological needs for the dying persons, Labhantakul (2000) indicated that nurses could do by providing physical comfort, helping the dying meet their need for happiness and satisfaction, allowing the patient to die at home, encouraging the patients to spend the rest of their lives with their family, helping the patient meet death peacefully, allowing the patients to practice their spiritual beliefs, and providing necessary information about the dying process. Nurses can help the end-of-life persons with pain and other symptoms management, while family members can be trained to provide care by helping to lessen physical problems.

Need for Psychological Care

Terminal illness is an important development stage in the life of persons, families, and social system (Kemp, 1999). Terminal illness is a situation of painful emotions, difficult decisions and loss (Kinghorn, 2001). Dying persons may need to express negative feelings including anger, sadness, anxiety, fear, depression, loss and grief, and dependence (Kemp, 1999). Balthip (1998) found that AIDs patients need for help and encouragement, and need to have emotional supports from their loved one. Wenrich, Curtis, Ambrozy, Carline, Shanon, & Ramsey (2003) eliminated specific aspects of emotional support from terminal ill patients with AIDs, cancer, and COPD in the medical care setting. The findings presented these patients need the emotional support in four components: compassion, maintaining hope and a positive attitude, providing comfort through touch, and being responsive to patients' emotional

needs. Compassion is the most basic and necessary of patients need from emotional support.

For emotional support, nurses can stay with and listen to the concerns of the dying or family members, and help them change a negative emotional to more positive mood of acceptance. With regard to acceptance, nurses can help and guide the dying and family members by saying healing and supporting words (Kemp, 1999).

The probability of a dying peacefully could be happened if persons were not feeling lonely or anxious, and were being cared for by their own family or loved ones shortly before death (Georges, Onwuteaka-Philipsen, Heide, Wal & Maas, 2004).

Need for Information

Effective communication is central to promoting high quality palliative care (Kinghorn, 2001). Communication can carry the information between persons. Nurse is the primary educational and information resources for the end-of- life persons and families (Policzer, 2002). Kutner, Steiner, Corbett, Jahnigen, and Barton (1999) found that the terminal ill need several information about: 1) diagnosis, prognosis, treatment options, and disease changes from physicians; 2) financial issues from family members, physicians, social workers, office/ hospital staff, financial planner, and insurance carriers; 3) advance directives from lawyers, family members, physicians, social workers, office/ hospital staff and hospice staff; and 4) spiritual issue from clergy.

Need for Social Care

The dying persons need to maintain their relationships with significant person because persons usually accepted a social support as an essential part in

adaptation to life threatening illness (Vachon, 1994). They may be concerned about their role within the family, in the work force, and in the community. Many persons worry about who will care for and support their survivors, who will continue their special project at work, and what will be happen to their possessions. Family members can help by allowing the individual to talk about his/her concerns, to think about options and ways to fulfill needs, and then by being an advocate for them. It is sufficient if the individual recognizes options and thinks about ways to fulfill needs. Tagaya, Okuno, Tamura, and Davis (2000) used questionnaire to study aspect of social support in the Japanese elderly. The finding showed that the Japanese elderly need social support when they are terminal ill. Their social support was a pray from someone for the safety and well-being to their family and also their own. Georges, Onwuteaka-Philipsen, Heide, Wal and Maas (2004) indicated that in the dying process, saying goodbye and being ready to die were positively related to dying peacefully. So, the dying persons may be needed to stay with their loved one for saying goodbye and need some help from the other for preparing their death and dying.

At the end of one's life, patient, usually need to be closer to his/her families than at previous times. Nurses must realize that this patient is a part of his/her family. Therefore, nurses should provide in support of caring of family members to participate closely with the dying person, and in planning care.

Need for Spiritual Care

Spirituality is a belief that relates a person to the world, giving meaning to existence, life, illness and death, and guides people in the world. In general, persons

need to fulfill their spirituality including hope, relatedness to God or to a system of spiritual faith or belief, forgiveness or acceptance, and transcendence (Kemp, 1999). Each person is unique and need full acceptance and support. A dying person usually needs to shown unconditional love and released from all expectations (Rinpoche, 1992). Rinpoche suggested two simple ways for showing love toward the dying person. Firstly, look at the dying person and think of that person as being just like us with the same needs, the same fear of the unknown, the same wish to avoid suffering and the same desire to be happy. Our heart should open so that love will be shown to the dying person. The second is to put ourselves directly in the dying person's place and imagine we are on that bed, facing death in pain and alone. Then ask ourselves: what would we most need? What would we most like? These two practices can help persons to connect to dying people and show that they are really loved and accepted.

The individual's spiritual beliefs and values can significantly affect personal illness (Sherman, 2006). Herman (2001) stressed that spiritual needs of dying patients are quite broad and take in many aspects of their lives, e.g. need for companionship, involvement, positive outlook and religion. Taylor (2003) raised that the spiritual needs of cancer patients are: 1) needs associated with relating to an ultimate other (such as get right with God, know God's will); 2) need for positive, gratitude, and hope; 3) need to give and receive love from other persons; 4) needs to review beliefs; 5) creating meaning and finding purpose; 6) religious needs; and 7) preparing for death. Balthip (1998) found that the needs of AIDS patients in a temple in Southern Thailand during the dying process were: wanting to forgive and to be forgiven; wishing to die peacefully; and to have a good afterlife. Strang, Strang, & Ternstedt

(2002) emphasized that severely ill patients had the greatest spiritual needs and thus these needs should be met. These patients need to verbalize their thoughts and fears about dying and death with both staff and a hospital chaplain.

In caring for persons who are actively dying, nurses should recognize their needs for spiritual care. Taylor (2003) reported that nurses can respond to the spiritual needs of cancer patients by kindness and respect, talking and listening, prayer, connecting, quality temporal nursing care, and mobilizing religious or spiritual resources. However, many nurses cannot meet the spiritual needs of patients for many reasons. Soeken and Carson (1987) found that barriers to providing spiritual support identified by nurses included the belief that it was not the nurse's role, the lack of appropriate training, and the lack of spiritual resources.

In summary, caregivers should respect for a patient's existential needs (Strang, Strang, & Ternstedt, 2002). If the dying persons' demands cannot be satisfied, their suffering may be increased and prolonged until death. Satisfying a need can also reduce severe stress on the part of the caregiver (Cook, 2001). This is also relevant to others who are coping with dying, such as, the family members, friends, and professional caregivers. Nurses can be the best achieve quality of end-of-life care by focusing on understanding the problems and giving attention to the specific physical, psychological, social, spiritual, and information needs

2.2 Problems in End-of-Life Care

Quality of care at the end of life is a global public health problem. Each death affects other people, including the health care provider, relatives, and friends

(Singer & Bowman, 2002). Nowadays the dying process is being increasingly prolonged because of the development and expansion of medical knowledge and advanced medical technology. Because of this, people who are living with serious chronic illnesses at the end of their lives can endure great suffering and disability for long periods of time. In addition, prolonged life may increase both care givers' burdens and depression by the time patients reach the terminal stage of illness (Grunfeld, Coyle, Whelan, Clineh, Reyno, & Earle, et al, 2004). In the terminal stage, every dying person can gain more benefit from the end-of-life care that aims to approach a good death (Kahn & Steeves, 2001). However, end-of-life caregivers may lack some knowledge of the good practice which needed to provide an individual with a good death (Davies & Seymour, 2002). Many nurses lack of basic educational related to spiritual care, especially the way to provide care (Kemp, 1999). Taylor (2003) concluded that nurses in his study could not establish the dying persons' trust for providing their spiritual care because they did not have enough time to make a trust and relationship. Manosilapakorn (2003) found that the important problems in end-of-life care, as perceived by Thai nurses, were their inability to care for the spiritual needs, loneliness, and control of pain of the dying persons.

Some health care providers are unable to provide beneficial care for the dying. Nurses unqualified in dealing with death and dying and care for relatives because of their lacking in communication skills (Main, 2002). Nurses often want to avoid any discussion about death or terminal illness directly because of their fear of saying something wrong (Goetschius, & Matzo, 2006). Furthermore, they cannot provide the end-of-life care appropriately to the perspective and concerns of patients and their

families (Bowman, Martin, & Singer, 2000). This inappropriate care may causes of conflict, mistrust, and mistake in their end-of-life care (Carey, 2001).

In brief, health care providers may lack of time, communication skill, and some knowledge for caring end of life persons. Furthermore, the health care providers provided inappropriate care to patients and family members. Moreover, the concentrate on medical technology may affect to the quality of end-of-life care in part of prolonged life. Therefore, the improving caregiver personal skills and knowledge, and the patients and families centered may significant for overcome the problems of end-of-life care.

2.3 End-of-Life Care in Buddhist Culture

Caring for the end-of-life persons is a very important process. This process is a meaningful for it contributes good relationships within the family and community. During the last period of life in Buddhism, dying persons want to resolve any bad relationships with their relatives, their friends, and their loved ones by asking for their forgiveness and saying goodbye (Mettanando, 2005). Caregivers can help the dying persons by offering their cares, their loves, their supports and whatever might contribute to a peaceful death. If caregivers cannot help those at the end of life to have a good or peaceful death, this can contribute towards caregivers experiencing physical and emotional distress such as sadness, depression, anxiety, fear, irritation, loneliness, guilt, and anger (Kemp, 1999).

In Thai Buddhist culture, one's state of mind at the time of death is the most important. It is an influencing factor in the quality of Buddhist rebirth. If one's mind

is in a state of anger, fear or has a strong desire, this will generate an unhappy rebirth causing one to go to a bad place after death. Belief in Buddhism has influenced Thai families' beliefs and practices in managing illness in the families as well. Caregivers or family members focus on the spiritual needs of people at the end of life and aim to help them die with a calm, happy, and positive mind (Mettanando, 2005; Hawter, n.d.). Having a calm mind at the time of death is most important (Mettanando, 2005). If the mind is calm and peaceful and attached with positive thoughts, then the natural outcome is a happy rebirth. A calm mind can be induced in many ways, such as listening to *Dhamma*, meditation, and resting with a pure mind (Mettanando, 2005). Visalo (2004), a Thai monk who accepted as a knowledgeable person in end-of-life issues, proposed that caregivers can help the end-of-life persons to die peacefully (*Non Tai Ta Lab*: closed eyes death) by: 1) giving love (for gaining a stronger mind and solving a loneliness and fear of death); 2) helping for accepted a nearing death; 3) helping for concentrate in a good thing; 4) helping to get off emotional suffering with clearing an unfinished business; 5) helping to become a no-self person by *Ploy-wang* (do not worry anything); 6) providing a peaceful atmosphere for inducing a personal calm mind. A peaceful atmosphere can be happens in a meditation and a chanting situation. The end-of-life persons can end of their suffering by control their mind not response to their illness, pain and any suffering.

In summary, the quality of care at the end of life should be concerned with the needs of a dying people, family members' roles in providing care, the nurses' roles in caring for terminally ill patients, and the culture that influences this end-of-life care.

In Thai Buddhist culture, having a calm mind is very important for the end-of-life persons as this can influence their good or peaceful death.

3. Concept of a Peaceful Death

A peaceful or a good death is normally the goal of end-of-life persons and their families. It has significant implications on how people act in life, how they approach death, and how they manage the last period of their life. It has always been important in all cultures (Long, 2004). A good death is a key concept of palliative care (Walters, 2004). According to Kahn & Steeves (2001), providing for a good death for each individual patient is an ultimate of palliative nursing practice. Therefore, any study about the end-of-life care should focus on helping end-of-life persons to die peacefully. The quality of the end-of-life care is very important and meaningful. Consequently, nurses should seek more understanding about a good or peaceful death which can help them apply this knowledge so that people at the end of their lives can die in peace. Peaceful death or good death has been used more interchangeably in the literature. According to Geest (2003), people regard a peaceful death as a good death. Therefore, in this study I will use the terms good death and peaceful death in the same way.

3.1 Meaning and Components of Peaceful Death

A qualitative study by Steinhauser, Clipp, McNeilly, Christakis, McIntyre and Tulsky (2000) provides an important contribution to the better understanding of

what constitutes a good death from the perspective of patients, families, and providers involved in end-of-life care. Participants identified six major components of a good death: pain and symptom management; clear decision making; preparation for death; completion (clearing unfinished business, resolving conflicts, spending time with family and friends, and saying good bye); contributing to others (sharing knowledge, wisdom, or material items of intrinsic value); and affirmation of the whole person (respect, recognition and expression as unique, whole persons, not wanting to be objectified, minimized, and left alone for death). The findings suggest that health care providers: 1) respect the whole person, and 2) facilitate the opportunity for the dying person to contribute to the well-being of others. These are two components of a good death that have not been previously identified. Careful consideration of the six components of this study may assist nurses in ensuring a good death for their patients.

Counts and Counts (2003) stated that a good death is the death under the control of the dying person, and it is the result of the natural process of aging. A good death is usually the quiet death of an elderly person that takes place with his/her acquiescence and under his/her control. Furthermore, there will be a sense of saying goodbye, and readiness to die (Georges, Onwuteaka-Philipsen, Heide, Wal & Maas, 2004). Geest (2003) studied what residents in Kwahu-Tafo, a rural town in the Southern Ghana, considered to be a Good Death. The researcher refers a good death is a peaceful one that occurs at home, surrounded by children and grandchildren. A peaceful death to death that the dying person having finished all business and made peace with others before his/her death and implies being at peace with his/her own death. A good and peaceful death comes naturally after a long and well-spent life,

and is accepted by the relatives. The death should not be caused by violence, accident or fear of some disease, nor by foul means, and without severe pain.

Vig and Pearlman (2004) found that terminally ill men described 'good death' as dying in one's sleep, painlessly, quickly, and at peace with God. A good death is free from avoidable distress and suffering for patients, families, caregivers, in general accord with the patient's family wishes, reasonably consistent with clinical, cultural, and ethical standards (Emanuel & Emanuel, 1998). Americans and Japanese share six common notions of a good death: 1) dying that is peaceful; 2) the notion of a peaceful death is that the last stage of life should be pain-free; 3) a good death is one in which the dying person is surrounded by caring families; 4) a recognition of the continuity from living through dying; 5) a belief that death was, or should be, a personalized experience appropriate to that person's values and life conditions; and 6) strong concern that one does not become a burden on one's family (Long, 2004).

Hirai, Miyashita, Morita, Sanjo, and Uchitomi (2006) used a content analysis method to identify components of good death in Japan. The main 17 categories of good death were freedom from pain or physical/psychological symptoms, surrounded with a good family relationship, dying in one's favorite place/environment, having a good relationship with medical staff, not being a burden to others, maintaining dignity, completion of life, maintaining a sense of control, fighting against cancer, maintaining hope, not prolonging life, contributing to others, control of future, not being aware of death, appreciating others, maintaining pride, and having faith. The most frequently cited category was freedom from pain or physical/psychological

symptoms and the least common was having faith. This study also presented the important components of a good death in Japan.

Some studies of peaceful death or good death provide information about the characteristics of a bad death. One is being dependent and a burden to others (Vig & Pearlman, 2004). Health care workers identified bad death as involving uncontrolled symptoms, lack of acceptance, and the dying person being young (Payne, Langley-Evans, & Hillier, 1996). These findings can be used to test the contrasting meaning of a peaceful death.

In Thailand, there is scant literature that has investigated directly on peaceful death or good death issues. Previous studies have focused on the meaning of death in general terms. Wasinghon (1997) explored the meaning of death through a Buddhist philosophy interpretation. She found that death is seen as a natural event of life. In contrast, the meaning of death as perceived by AIDS patients is fear, loss and separation, timeliness, loss of dignity, end of suffering, and end of life (Balthip, 1998). Balthip (1998) identified factors that influenced the meaning of death. These factors included experiences with death, duration of illness, religion, age, and financial status. Wisrith, Nuntaboot, Sangchart and Tuennadee (2003) found three themes for the meaning of death among patients with AIDS and their family members. These included: '*Mod Boon Mod Kamma*' which means the fate or *Kamma* is ending; '*Lood Pon*' which means end of suffering; and '*Dub Soon*' which means the stage of disappearance. Wisrith, Nuntaboot, Sangchart and Tuennadee (2003) also found the process of death had four constituents: the perception of death; attitude towards death; experience of death and loss; and the socio-cultural context of death.

Rodpal, Kespichayawattana, and Wisesrith (2007) explored the meaning of good death from perspective of Thai Buddhist elderly, members of elderly clubs in Phra Nakhon Si Ayutthaya province, by using a focus group discussion. They found the meaning of good death were 1) Peaceful death being on deathbed with complacency, without any confusion as if drifting off with full contentment of all the past merit-making; 2) Natural death meant dying a natural death surrounded by loved ones, with dignity or without any life supporting systems; 3) Well-prepared death was interpreted as fulfilling one's commitments and predeterminations regarding one's soul, families, resources, and good deeds prior to the final moment.

In conclusion, a peaceful death or good death has a number of features. It can be described as a death with full awareness and comfort, with dignity and privacy, with pain and symptom management, with natural processes of aging, with having faith, with having good relationship with others, without being a burden to others, and without suffering. In addition, the dying person should be surrounded by family, with clear decision-making, with preparation and with the opportunity to have dealt with unfinished business. In Thailand, this review did not show the previous research studies that mainly focused on meaning of peaceful death or good death.

3.2 Factors Related to Caring for Peaceful Death

There are several factors that influence the experiences and meaning of a good or peaceful death. These factors include personal background/experience, time, place, culture, religion, belief, the health care system, policy, law, and many others.

3.2.1 Personal Background/Experience

Personal background and experience can influence a person's good death (Candavarabhivamsa, 2000). A personal characteristic is an important factor for dealing with a good death are a coping strategy, a personal strength, a commitment to a system of values, and a strong support network (McNamara, Waddell, & Colvin, 1995). A dying person recalls, and the ways of thinking can be in accord with and related to different cultural backgrounds, belief, education, and characters (Candavarabhivamsa, 2000; Mettanando, 2005).

In Buddhism, persons can get experiences of death by preparing for death and recognizing that there is no certainty about how and when death will occur. Experience of death gives the practitioner an opportunity to adapt to the unpredictable nature of death. It also provides practitioners with opportunities to learn to accept death as part of daily life (Rinpoche, 1992). The study 'The Meaning of Death: A Buddhist Philosophical Interpretation' by Wasinghon (1997) assessed Buddhist philosophy in this field. The researcher found that Buddhist philosophy believed in the process of practice concerning the mindfulness of death (*Maranasati*), which enables people to accept death calmly and mindfully. So anybody who has had an experience with practicing the *Maranasati* will be aware that death may occur at any moment and this helps to enhance good moral conduct. Uppasamo (2005) suggested practicing for death by thinking about death everyday.

According to Buddhadasa Bhikkhu (n.d.b), everyone should preparation for death before death in daily life when awake and just before sleeping, as this reduces the self/ego. Practicing involves taking deep breaths and concentrating on all parts of

the body, thus seeing the truth of everything being impermanent and not being the self. It means killing the individual self before the real death. Chuaprapaisilp (2004) proposed the issue of caring persons at the end of life based on her research study and caring experiences. She found that the dying persons who have been learn and practice *Dhamma* themselves. At the time nearing death, they can approach to a peaceful death easier than persons who did not have more experience with *Dhamma*.

3.2.2 Time

Time is related to peaceful death. Death should not to be too sudden, people need to have time to say goodbye and complete all their affairs before death. Many dying persons want to die at a good time so that the death should come in one's old age and through the natural process of aging (Counts & Counts, 2003; Geest, 2003; Long, 2004). One should be able to leave when it is the right time to go, and not prolong one's life without reasonable cause (Good, Gadmer, Ruopp, Lakoma, Sullivan, Redinbaugh, & et al, 2004).

3.2.3 Place

Terminally ill patients and those with prolonged illnesses are now staying in hospitals. In hospital, it is difficult for the end-of-life patients to live and die with dignity. Dying becomes lonely and impersonal. The patient is often taken out of his/her familiar environment (Kubler-Ross, 1969; Long, 2004). An unfamiliar place is hardly a suitable location to have a good death. In these places people cannot prepare for death and cannot be surrounded with their loved ones.

The ideal place for the dying may be at home where is a quiet place which surrounded by relatives/friends. It can gain more opportunity to do some activities

together, such as cooking and singing for the dying to feel part of life. They can remain in the security of a known environment that contributes towards a feeling of safety and belonging (Robbins & Moscrop, 1995).

The place and environment chosen for the dying and their death may be different in accord with their beliefs and cultural background. Some African-American families usually care for the elderly at home. Other African American families and some Chinese Americans believe that a death at home/ in the house brings the family bad luck. Other Chinese Americans believe that the spirit will lose its way if death occurs in a hospital, which is similar to the belief of some Latino Americans (Lipson, 1996 cited by Mazanec, & Tyler, 2003). Nurses who are familiar with the family's belief can support the family in caring for the dying in the most appropriate place.

3.2.4 Belief and Culture

Culture is a way of life that includes beliefs, ideals, values, and attitudes. It defines personal worldviews and shapes the way of life. Culture affects personal experiences and involves all in the process of providing quality of care (Doka & Davidson, 2001). Kaufman (2000) argued that not creating the cultural space in caring for dying persons might inhibit good death experiences. This finding confirms that caregivers and nurses who care for the dying should understand them in their cultural context.

Walter (2003) studied the historical and cultural variants of a good death. He found that Western cultural norms about good deaths depend on the extent of the secularization and individualism of the end-of-life person, and the length of time that

the typical death takes. While the socio-cultural contexts of death in Thailand involve beliefs in Buddhism, there are also kinship norms that specify the roles of family members, and the social network of the community (Wisarith, Nuntaboot, Sangchart & Tuennadee, 2003). Thai Buddhists believe in the *Law of Karma* and recognize that there is a real moral distinction between “Letting die” and allowing a person to die. In a study of the meaning of death in the perspectives of AIDS patients in the last stage of life, Wisarith, Nuntaboot, Sangchart, & Tuennadee (2003) pointed out that the Buddhist beliefs that the most influence on their meaning of death are merits and *Kamma*. Merits in their understanding are the result of good behaviors. Whereas *Kamma* is the result of bad behaviors. In general, *Kamma* includes both positive/good *Kamma* and negative/bad *Kamma* (Sri Dhammananda, 1987). However, some Thai lay people maybe use the word *Kamma* in only the bad way. When bad things happen they usually think it based on individual bad *Kamma*.

Thais believe in two souls, the *Khwan* soul and *Winyaan* soul. The *Khwan* soul provides self-esteem and emotional strength. It is born with the individual and disappears when he or she dies. The *Khwan* is very essence of life. It can go away from the body during time of stress or illness. If the *Khwan* does not return, the persons can have severe illness and possibly death. Thais believed in the soul of death, called the *Winyaan*. Upon death, this soul must first visit the Keeper of the Dead, *Yom Phra Baan*, to have its sins and good deeds and be assigned to heaven or hell. The *Winyaan* of a person who has more good deeds than bad deeds will go to heaven. The living must feed and care for the dead; some Thai believes that the actual food donation or useful thing donation is transferred to the dead. These

donations improve the living condition of the dead and add to their stock of good deeds. The *Winyaan* will enjoy until its reservoir of merit is depleted and it is reborn. This process is repeated every time one dies until the enlightenment is reached.

Thai Buddhists believed their good acts accumulate into a fund of merits that will help assure a better rebirth, replete with wealth and happiness (Guelden, 1995). The acts which create the most merits or positives *Kamma* such as building a temple, becoming a monk or allowing a son become a monk. Other good deeds include offering foods to monks, following basic five commandments, and paying for a cremation (Guelden, 1995). When death approaches, a son becoming a monk is a very importance person for the one dead. It is believed that the dying person's son will appear in form of his orange monk's robe. The parents can grab the corner of the robe and is flown straight to heaven, by passing hell where the sins of life are punished. A peaceful death may be reached if the dying persons spend the last time that concern with their culture and belief.

3.2.5 Religion

Religion is defined as a particular faith that shares a set of beliefs, rituals, morals, and sometimes a health code centered on a transcendent power (Wright & Leahey, 2005) or spiritual aspect (Wilt & Smucker, 2001). Religion often organizes the spiritual belief and practice of the individual and community (Wilt & Smucker, 2001). Religious beliefs can have a positive or a negative influence on the personal ability to cope with or manage an illness or health concern (Taylor, 2002). Death is integrated into religion as a concept of religious belief systems. The religious belief system is integrated into concepts of death and life. Religious systems

have to provide individuals with the means of explaining their own death, to prepare for it or to comply with the meaning of death before it occurs (Head, 1994).

Buddhism

Buddhism is a religion based on intelligence, science, and knowledge, the purpose of which is the destruction of suffering and the source of suffering (Buddhadasa Bhikkhu, 2005a). Buddhism is divided into two sects, *Hinayana* (*Theravada*) and *Mahayana*. *Hinayana* Buddhism is practiced by people in Thailand, Cambodia, Laos, Myanmar, and Sri Lanka. *Mahayana* Buddhism is practiced by many people from China, Korea, Vietnam, Japan, and Tibet. Both *Hinayana* and *Mahayana* agree on the fundamental principals of Buddhism, such as the *Four Noble Truths*, the *Noble Eightfold Path*, the Cycle of Dependent Origination (*Paticcasamuppada*), the three characteristics of *Trilaksana*, and the three modes of training (*Trisikha*) (Chanchamnong, 2003; Sri Dhammananda, 1987). *Hinayana* follows the basic principles of the original teaching, by using Pali terms. *Mahayana* reinterprets the Buddha's doctrine in order to make it universally acceptable (Chanchamnong, 2003). *Hinayana* and *Mahayana* are different in their goals. The goal of the *Hinayana* practitioner is ending attachment to self, and becoming an *Arhat* (perfected beings), who undergoes no further rebirth. The *Arhat* help others ends with the entering of nibbana because the *Arhat* is not rebirth. While, the goal of *Mahayana* practitioner is a higher level of wisdom that on the Path of the *Bodhisattva* (enlightened beings). The *Bodhisattva* is reborn voluntarily in order to aid all living beings to become enlightened.

The ideal Buddhist conditions for the dying are as follows: the consciousness is cleared and focused without fear; they are ready to depart from this world; and they fully aspire to Buddha, pure land, and enlightenment (Lin, 1995). In *Hinayana* or Theravada Buddhism, Buddhists believe in the cycle of birth and death. This belief is based on the recognition of the continuity of a series of lives from the past to the present, and from the present to the future. *Mahayana* Buddhists also believe in the cycle of birth and death, and values on love and compassion. Death is not always a one-way passage. Sometimes, it may be considered a process through the consciousness departs from one's life and begins the journey to another new life. The basic principles underlying the rituals and activities related to death are twofold: purification of bad *Kamma* and accumulation of merits (Lin, 1995).

The time/occasion of death is an important issue to a Buddhist as it is a transition point to the next life. The more composed and calm the mind is at death, the greater the opportunity for a better rebirth (Bowers, 2005). In Thailand, many people come from China and they live in all parts of Thailand. Therefore, *Mahayana* Buddhism also greatly influences the way of caring for the end-of-life people in the Thai Buddhist culture.

Islam

Islam means submission. Muslim means one who submits (Sherman, 2006). Muslims believe that life on the earth is only a transitional period that precedes a later life/after death. Achieving the later life is the goal of every Muslim. This is accomplished by gaining Allah's satisfaction through believing in him and following his commands and prescriptions (Jelao, 2004). When death approaches,

close family members and friends try to support and comfort the dying person through supplication as well as remembrance of Allah and his will. Those in attendance try to help the dying person to repeat his/her commitment to the unity of God. The family of the dying has a responsibility to settle any debts he/she had as soon as possible. They have a commitment to maintain contacts and courteous relationships with close relatives and friends. They frequently pray and supplicate for him/her. Charity, fasting, prayers, and pilgrimage are often performed on behalf of the dead (Kalamakasate, 2005).

Nijinikaree (2003) studied the end-of-life decisions of Thai Muslim patients in the five Southern border provinces. The most important factor that contributed to her subjects' decision to forgo life-sustaining treatment was their Islamic values. The subjects viewed death as the way to reach God (Allah). They stated that death was good. Everybody should accept death without suffering and fear, and recognize that death certainly comes to everybody.

Christianity

Christianity is the pervading religion of Europe, Australia, and North and South America. To many Christians, death is the end of existence on this earth. It is a way to a new life. The death of Christ becomes the paradigm of acceptance with the promise of a new beginning (Massachusetts Council of Churches, 2002). For people whose lives are guided by the Bible, the reality of death is acknowledged as part of the current human condition, affected by sin. However, eternal life is a gift that is granted to all who accept salvation through Jesus Christ. Many faithful Christians await the second coming of Jesus for complete realization of their immortality. While waiting

for Jesus to come again, Christians may be called upon to care for the dying and to personally face their own death (Center for Christian Bioethics, 2005).

Christians believe that the death leads to a full life with God. Sickness and dying can come to Christians from the hands of God. Such conditions offer an opportunity for growing in the Christian virtues of faith, hope, and love (Christianity Today, 2000). In caring for a dying person, it is a Christian responsibility to relieve pain and suffering to the fullest extent possible, and to actively discourage euthanasia. When it is clear that medical intervention will not cure the dying person, the primary goal of care should shift to relief of suffering. A special care should be taken to ensure that the dying persons are treated with respect for their dignity and without unfair discrimination. Care for the dying person should be based on their spiritual and medical needs and their expressed choices rather than on perceptions of their social worthiness (Center for Christian Bioethics, 2005).

In conclusion, religious principles are important ways of human life and the way of human death. Especially in the end-of-life period, the experiences of life have an effect on life after death. So, attention to the religious background is important to guide health care providers in giving holistic end-of-life care, especially the spiritual component.

3.2.6 Health Care System, Policy, and Law

Through the provision of hospitals and the development of a quality, health care system in Thailand at the present have concerned about the end-of-life care more now than in the past. Hospital Accreditation (HA) is partly responsible for this, and it requires all hospitals to focus on the end-of-life care by responding to the

needs of end-of-life patients and their families (shown in standard ETH. 2.2). This has been a critical means of forcing systematic change pertaining to the treatment of end-of-life patients.

Standard ETH. 2.2: End-of-life care, states that the hospital/health care provider:

1. Has to evaluate the physical needs, psychological needs, and sociological needs of the end-of-life patients and their family members in order to provide appropriate care.

2. Has to train health care personnel to care for end-of-life patients.

3. Has to help, support, and consult with families of the deceased.

As the result of this standard; there are many hospitals have tried to set up the palliative care units. Many conferences have been held concerning to the end-of-life care, and the training programs dealing with the end-of-life care were increase and have been being developed time over time. In addition, some hospitals have developed a special health care systems or primary care services to care for the persons at the end of life in their communities. Moreover, the medical schools and nursing schools have been teaching about the end-of-life care or the palliative care as a topic (Nichaiowit, Khetkhaiwan, Charusombong, & Chatkeaw, 2003). It is expected that, nurses and physicians will get a better understanding about how to deliver the appropriate care for the end-of-life persons in the future, so that they can give more effective care to them.

In Thailand, they have never had the specific policy concerning to the end-of-life care. It is now in the process of being discussed, and exchange the public opinion

is taking place. The recommendations are being made about the law of Rights to Death with Dignity of Thais by the National Health Systems Reform Office of Thailand (National Health System Reform Committee, 2002). This proposal is being put forward to become public law. If it would pass soon, it would then be a part of the health constitution of Thai society. It will stipulate the direction, philosophy, principles, instruments and mechanisms, measurement and prime conditions of the health system in this field.

In January, 2006, the participants around two hundred persons in the meeting of the End-of-Life Care in Bangkok have shared the ideas to form the Hospice Foundation of Thailand named as Chiwantarak, the Thai Hospice Palliative Care Club. This group includes a variety of people who interested and worked in the field of the end-of-life care. There are four main objectives (Wright, Hamzah, Phungrassami, Bausa-Claudio, 2010):

1. To advocate for the promotion of a peaceful and a graceful death in Thai society
2. To use the notion of the good death as an advocacy tool for a good living and living with mindfulness
3. To train volunteers who care for chronically ill and dying patients
4. To promote the performance of research and a system of knowledge management related to dying in the context of Thai society

Nowadays, there are not any policies or guidelines that focus on the end-of-life care. Health care providers who are taking care of the end-of-life persons may feel insecure about their works. The lack of professional consensus on these issues

creates moral conflicts between families and their physicians. To date, Section 24 of the National Health Bill has not yet been accepted. However, health care providers can offer care for those at the end of life under the Constitution of Thailand B.E. 2540 which (Wongkamhaeng, 2003), in section 4, 26, 28, protects human rights and dignity. Human dignity is given high value in the Constitution, and dying with dignity means dying with peace and by a natural process. Therefore, life-sustaining procedures could be considered as destroying human dignity. Refusal to prolong the dying process by choosing to die with peace and dignity is the human right under the constitution (Wongkamhaeng, 2003).

The protection of human life is a fundamental value in all legal systems. In Thai law, the living will is considered neither a personal will nor a legal contract. Therefore, it can be made in advance by an oral statement or in a written document (Wongkamhaeng, 2003). Based on the constitutional laws and human rights, if the end-of-life patient requests to stop or withdraw from prolonged life treatment, they could be able to tell the physician that they wished to die naturally. Individual rights must be limited so that persons may not cause harm to others. Everyone's life is equal in value in our society and deserves the full protection under the law, and no one can judge the value of another person's life.

The issues associated with euthanasia highlight ethical dilemmas and these are being discussed in Thailand. Active euthanasia by assisted suicide and passive euthanasia by withdrawing life support are opposed by Buddhist Thais. Thais believe that active euthanasia relates to the *Law of Karma*, and the doctor, the end-of-life person, and anyone who involve in withdrawing of life support system will receive

bad *Kamma* (*Baab*) (Chaicharoen & Ratanakul, 1998). Yet, in some Thai people's opinion, the passive euthanasia is acceptable for the dying persons who are in a coma state or have no hope of recovery. Euthanasia can help the end-of-life persons by ending their prolonged pain and suffering.

People have the right to die with dignity and to be recognized as a human being. Thus, health care providers should try to understand the law or legal conditions, healthcare policies, and official health care systems in Thailand that relate to the end-of-life issues.

3.3 Peaceful death in Thai Buddhist Culture

Death is a natural phenomenon that everyone has to face. From Buddhist philosophy describes that death is not the end of life. Rather, it is just one part of the whole process, the whole cyclic process of birth, death, rebirth and dying again. It is only the end of a cycle (Sri Dhammananda, 1987). Buddhism attributes three main causes to death: the kammically determined lifespan ends; the positive energy (*Kamma*) becomes exhausted; or the life force becomes depleted (Lane, n.d.), and death in Buddhism can be divided into three types; 1) *death by the cessation of past merits*, dying in a happy time while everything is still going well, means the past merits have come to the end, 2) *death by the cessation of the natural age*, die when life span is ending that all body cells are expiring, and 3) *death by the cessation of both past merits and natural age* (Vajiramedhi, 2007). Thai Buddhists believe that if the dying person passes away in a good way or die in peace, he or she can go to a good place after death. Balhip (1998) found that having a peaceful death and a good

life after death was needed during the dying process of AIDS patients in a temple of the Southern Thailand. Buddhists believe in rebirth (Sri Dhammananda, 1987). They believe that nothing is permanent (Payutto, 1995). Everything comes and goes. An understanding of this basic teachings principle of the Lord Buddha helps people to be relieved from the fear and worry of death.

Thai Buddhists believe in the *Law of Kamma* and recognize that there is a real moral precept related to “letting die” or allowing a person to die naturally. The *Law of Kamma*, otherwise, known as the *Law of Cause and Effect*, is a fundamental doctrine in Buddhism. The Thai Buddhists usually use the *Law of Kamma* for explaining everything that happens in their daily life (Mettanando, 2005). Human life and all that occurs is a result of *Kamma* (Thich Nguyen Tang, 1999). It can be positive, or negative, as well as a profound effect on the next life. Negative *Kamma* results in rebirth in one of the three lower realms (hell, the ghost realm, or the animal world). Positive *Kamma* produces rebirth in the human, demigod or god worlds. Meditative *Kamma* brings rebirth in the higher heavens of form and formlessness. Furthermore, Thais believe in *Kamma* as a source of all suffering and illness. Thus family members of the dying try to deal with all the previous negative or bad *kamma* of the dying by merit making. Merit making can minimize bad *Kamma* and maximize good *Kamma*; it can reflect on the death and rebirth of the dying (Payutto, 1995).

When a person is dying, all people can help him or her to have a peaceful death. Firstly, they may request the person to recount the good acts performed in this life, such as building a temple, constructing a hospital or school, donating to the monk, and donating to charity. Secondly, they may ask the dying to think of some

peaceful objects such as Lord Buddha and to try and block out all negative thoughts. Thirdly, they may suggest to the dying to forgive somebody, or to say the last important words to a loved one. Lastly, they may ask the dying to listen to a sermon or spiritual discourse from a religious person, a monk or a priest. Chanting is regarded as very important and is ideally the last thing that the dying Buddhist hears. These can help the dying to have a calm mind and achieve happiness in an atmosphere of peace in the Buddhist way (Mettanando, 2005). In general, Thais can help the dying persons to have a good death and go to a good place (*Sugati*) after their death by (Sivalax, 2004): 1) Guiding the dying person to recall and think of *Arahant* (Buddha). This will induce the dying person's mind to be positive until death. 2) Putting a lotus flower in the dying person's hands. After that, the dying should be told to take this flower to worship Pra Julamanee in heaven. For this task, the dying person has to try to go to heaven after his/her death. Thais are concerned about ways of helping the dying persons to go to a good place after death.

Dying persons who have had a good life will die easily, will no longer exist, and will move into their new life in the best possible way (Sri Dhammananda, 1987). In Tibetan Buddhism, a peaceful death is an essential human right. It is regarded as passing away naturally and easily, having fulfilled family responsibility, painlessly, and with a clear conscience. It can occur in a comfortable place with calmness and in harmony with the environment (Rinpoche, 1992). Similar to Thai Buddhists, a good death is a death with full awareness and wisdom, free from pain, and a death without suffering, without fear of death or worry, a death not burdened and one that is not a burden to others (Dhamma Learning Group, 2005), and with a mind remaining at

peace (Sudhamma & Born, n.d.). Buddhadasa Bhikku described his ideal death as natural, with mindfulness, detached from all things, without being a burden to others, and without prolonged life (Medhanguro, Hatterat, Na Tharang, Satha-anan & Hutuanuwat, 2001).

PraDhampidhok (2003) stated that a good death occurs when the person dies with mindfulness, a positive mind, without suffering, thinking of good things, and feeling free. Besides, he pointed out *'he/she who dies with suffering can have a bad rebirth, on the other hand he/she who dies without suffering can have a good rebirth'*. A person's death will be a reflection of how he/she has lived. Having a lived well is generally to die well, and to have lived badly is generally to die badly. If a person desires a good death, he/she should live a good moral life, with goodwill and compassion towards all. Alternatively, a good person may remember or do a bad deed before dying and thereby get a bad rebirth. A good death is one in which a dying person recalls or rethinks about wholesome deeds. If a person of bad character remembers or performs a good deed just before dying, he/she may receive a good rebirth (Candavarabhivamsa, 2000). However, he/she still receives the outcomes of their bad *Kamma* in the next life.

From this review, it can be summarized that the peaceful death in Buddhism consists of: 1) calm and positive mind; 2) full awareness or mindfulness; 3) fulfillment of the responsibility of family; 4) clear conscience; 5) free from suffering; 6) no remain burden to others; and 7) no prolonging life. Persons should be familiar to the death by preparing and be ready to die all the time in daily life. Additionally, a

peaceful death can help the dying family members to accept this death without any severe distress.

4. An Overview of Ethnonursing

In term of ethnonursing, is comprised of the words into 'ethno' and 'nursing'. 'Ethno' comes from the Greek word, 'ethos', and refers to "the people" or culture with their life ways. Ethnonursing was developed by Leininger and based on the theory of culture care which comes from the essence of anthropology and nursing (Leininger, 2001a). Leininger (1985) uses the term 'ethnonursing' for the use of ethnography in nursing. Ethnonursing deals with of a culture like other ethnography method. It is focused on nursing phenomena and generates nursing knowledge. Ethnonursing is concerned primarily with the humanistic and scientific aspects of human care, well being, and health in different environmental and cultural contexts. This method is different from the anthropological ethnography that aims to seek and deepen the understanding of people's social actions (Laine, 1997). Leininger's aim was to form a holistic picture of cultures and subcultures. She has generalized her research findings by making lists of the cultural care values, meanings and action modes of each culture studied.

Three important parts related to ethonursing are symbolic interactionism, the philosophy of ethnonursing, and the methodology of ethnonursing.

4.1. Symbolic Interactionism

Symbolic interactionism is a theoretical perspective that constitutes a view of the world and human behavior (Laine, 1997). It promotes a conceptually clear research method that will expand the understanding of human health behavior (Benzies & Allen, 2001). George Herbert Mead and his student, Herbert Blumer, conducted symbolic interactionism for a study of human group life (Blumer, 1969 cited by Benzies & Allen, 2001). This symbolic interactionism consists of three core principles that relate to the meaning, language, and thought. Meaning refers to human acts toward people and things based upon the meanings that they have given to those people or things. Language reflects how people give meaning to other humans through symbols. Thought reflects a mental conversation or dialogue that takes in different points of view. Thought modifies each individual's interpretation of symbols.

Symbolic interactionism holds that people construct their world through individual perceptions of that world. It is believed that humans perceive in the context of their environment. Ideas and behaviors are distinctive processes that are constantly changing and depend on how the individual interprets the world. People are individuals and have meaning that can change at any time. Symbolic interactionism is an effective theory for exploring and evaluating the meaning of human interaction. Through human interactions, individuals create the symbolic structures that make life meaningful.

In this study, the researcher tries to learn all of the aspects of caring for the end-of-life persons in Thai Buddhist culture. That takes place along with the human

interactions among the end-of-life persons, family members, nurses, and other persons who are caring for the end-of-life persons in the Thai Buddhist culture.

To study the physical, social and cultural aspects of an individual's environment, the researcher can learn through participant observation (Benzies & Allen, 2001). Contact closely with the daily life of the participants is necessary to gain the crystal clear understanding about the meaning of actions, the definition of the each specific situation, and the process by which actors construct their situations through their interaction (Symbolic Interactionism, n.d.). Therefore, the methodology of ethnography, ethnonursing, is useful as a framework for this study.

4.2 Philosophy of Ethnonursing

The ethnonursing method was developed by Leininger (2001a) in the 1960s. It aims to study transcultural nursing phenomena. Leininger defined transcultural nursing as a major area of nursing. It focuses on a comparative study and analysis of different cultures and subcultures in the world, with respect to their caring values, expression, and health-illness beliefs and pattern of behavior (Welch, 2002). Leininger believed that nursing was a transcultural care experience, and nurses needed to expand their worldview and to know how to care for patients from many different cultures and worldviews. The ethnonursing method was developed for nurses to examine complex care and cultural phenomena. The ethnonursing method is a way of discovering, knowing, and confirming people's knowledge about care and the ways to keep well, or how they become ill or disabled.

The general philosophy of ethnonursing is related to the ideas of Cultural Care Diversity and Universality (Leininger, 1985). First, the method requires the researcher to be familiar with the naturalistic settings of people who involve in the study of human care and related nursing phenomena. Second, the ethnonursing method reflects the details of observations, reflections, descriptions, participant experiences, and data derived from largely unstructured open-ended inquiries or from enablers. Third, the ethnonursing method requires that the researcher's biases, prejudices, opinions, and pre-professional interpretations are to be withheld, suspended, or controlled. All data comes from the informants' ideas and interpretations. Fourth, the ethnonursing method requires the researcher to focus on the cultural context of whatever phenomena are being studied.

The epistemology of ethnonursing is grounded in the people as the knower about human care and other nursing knowledge. The knowers are seen as teachers who would share their experiences, insights, and other knowledge of interest with the researcher. So the researcher goes to the field, spends time in field and learns from them by using the basis of Stranger-Friend Enabler, the Observation-Participation-Reflection Enabler, and the Sunrise Model to fulfill the nature of this study. All of these are as strategies or tools that will be explained in the following sections.

The ontology of ethnonursing is concerned with the nature of existence and of reality in the cultural context. This knowledge or reality incorporates both diversity and universality. It is based on or related to historical, cultural, social structures, worldviews, environments and other factors of the knower. This reality is subjective and multiple, and is as seen by the informants of the study.

The methodology of ethnonursing utilizes the inductive approach to discover the knowledge within the cultural context. This method can be performed through observation, participation, in-depth interviews, and the making of field notes. The processes include: 1) collecting, describing and documenting raw data; 2) identify and categorize the descriptors and components; 3) patternize and contextual analysis; and 4) derive the major themes, research findings, theoretical formulations, and recommendations.

4.3 Methodology of Ethnonursing

The ethnonursing method, with its broad cultural perspective, will enable the researcher to learn from informants in their natural environmental contexts about their knowledge or covert ideas about human care (Leininger, 2001b). The goal of the ethnonursing method is to understand the diversity and universality of care. In two terms of ethnonursing; 'emic' and 'etic', are used to describe viewpoints of researchers and participants. Emic refers to the insider's viewpoint of the culture, whereas etic means the outsider's or researcher's viewpoints of the culture and more focuses on the professional angles of nursing (Leininger, 2001a). The researcher's etic would have to be considered with the people's emic, or generic folk knowledge to discern areas of conflict of ideas. The method requires direct naturalistic observations, participant experiences, reflections, and checking back with the people to understand data that is observed, heard, or experienced.

The informants; both of key and general informants, are the major sources for researchers to learn about people and their culture. The key informants are persons

who are the most knowledgeable about the domain of inquiry that meet the interest of the researcher. They are representative of their culture (Leininger, 1985). Therefore, they will reflect the norms, values, beliefs, and general ways of life of the culture that influences their end-of-life care. They are usually interested in and willing to participate in the study. As being the key informants; they are the in-depth source of information because they were the direct observation and were the participants' experiences. They are also the main sources to check and re-check for the data that be collected as to its internal (emic) and external (etic) relevance, meanings, accuracy, and dependability. The general informants are not clearly knowledgeable group about the domain of inquiry, but they have only general ideas about the domain. Both of information from key and general informants helps the researcher to identify the diversity or universality of ideas about human care.

Ethnonursing study can be divided into two categories (Leininger, 2002): a mini study that helps to acquire the skills and confidence of doing a large or maxi study. Therefore in this study, the researcher needs 6-8 of key informants and 12-16 of general informants. However the maxi or macro study which is a large study is usually be done after a mini study which require approximately 12-15 key informants and double number of general informants. However, the large number of informants alone is not the critical rule of ethnonursing (Leininger, 2001b).

The steps of the ethnonursing method are as follows (Leininger, 2002, p. 93):

4.3.1 Fully review the literature related to the domain of inquiry under study and other studies close to the domains of inquiry (DOI). Identify how these

studies are similar to or different from the investigation (including qualitative and quantitative studies related to the DOI).

4.3.2 State the researcher's theoretical interests and assumptive premises about studying the domain of inquiry in relation to Culture Care theory. The theory always serves as the overall focus, and the DOI should substantiate the theory.

4.3.3 State the orientation definitions to clarify the researcher's terms being used.

4.3.4 Clearly state the purpose and goal of the study. After that, identify the potential relevance or significance of transcultural nursing or related nursing knowledge and practice areas.

4.3.5 Select the informants; key and general informants thoughtfully and purposefully. Both key informant and general informant are selected because of their knowledge and experience about the domain under study (Leininger, 1985). After identifying key informants, those who have in-depth knowledge about the DOI, the researcher focuses on culture care phenomena. These are in-depth studied, while the general informants are studied for comparison and for representing practice in the wider community. After selecting informants, the researcher obtains informed consent of the key and general informants at the beginning of the study, and also while the study is in process.

4.3.6 Use techniques such as the Stranger-Friend Enabler, the Observation-Participation-Reflection Enabler, and the Sunrise Model from the beginning to the end of the study. Frequently assess attitudes, communication

(including nonverbal) modes, gender, and any factors that may influence informants' responses.

4.3.6.1 Stranger-Friend Enabler has been developed and is based on the belief that the research should always assess and evaluate the researcher's relationship with the people in the study. This is done in order to get close to the people or situation of the study. This model guides the research in that the researcher will move from being a stranger to becoming a friend. If people trust the researcher during the process, the researcher can obtain accurate, meaningful, and credible data.

4.3.6.2 Observation-Participation-Reflection Enabler was developed from traditional participant observation used in anthropology. This enabler uses this most helpful guide to enable the researcher to enter and being with informants in the natural context while observing and doing the study. The researcher moves from an observer and listener role to a participant and reflector role in relation to the informants or to the phenomena under study.

4.3.6.3 The Sunrise Model (Figure1) was developed as a conceptual holistic guide for finding out the meaning of something. It includes diverse health systems which offer generic, folk, and/or professional care. This model composes of two parts: 1) the factors influences generic and professional care, and 2) the three potential modes of actions and decisions. The upper part of the model shows potential influences that might explain care phenomena in relation to history, culture, social structure, worldview, environment and other factors. It is important to understand that gender, age, race, historical and other features are usually related to social structure factors. The social structure factors are religion, kinship, politics, and

economics; cultural values are linked to sex, age, etc. All factors are found in natural cultural context and have to be discovered by the researcher in their familiar or natural forms. The lower part of this model focuses on the three modes of culture care actions and decisions. The culturally congruent nursing care actions and decisions have the potential to intervene in three ways: culture care preservation or maintenance, accommodation or negotiation, and repatterning or restructuring (Leininger & McFarland, 2002). For newcomers to this theory, the researcher can begin the discovery process with the theory in the upper part or lower part of the Sunrise Model according to the researcher's interests, knowledge, and competencies and the informant's interests (Leininger & McFarland, 2002).

Culture care preservation refers to those assistive, supportive, facilitative, or enabling professional actions and decisions that preserve cultural values and lifeways viewed as beneficial to the care recipients. Culture care accommodation refers to those assistive, supportive, facilitative, or enabling creative professional actions and decision that reflect ways to adaptation or adjust health care service to fit clients' needs. Culture care repatterning refers to those assistive, supportive, facilitative, or enabling professional actions and decision that help a client reorder, change, or greatly modify their lifeways that are meaning to them. To establish new, different, and beneficial health care patterns while respecting the clients cultural values and beliefs. All three modes of professional decisions and actions are aimed to assist, support, facilitate, or enable people of particular cultures. By using these three strategies are enabled the users to feel cultural comfortable.

The researcher discovered many hidden, obvious, unexpected factors influencing care meanings, patterns, symbols, and practices in different cultures, like “let the sun shine and rise”(Leininger, 2002, p.71). This Sunrise Model used to inductively discover the meanings, patterns, and expressions of care among family members and nurses who providing end-of-life care to the dying persons in the Thai Buddhist culture. Therefore, the researcher has to open her mind to view the informant’s information. This is to let it show and discover all factors and the ways they influence end-of-life care in their culture with their meaning.

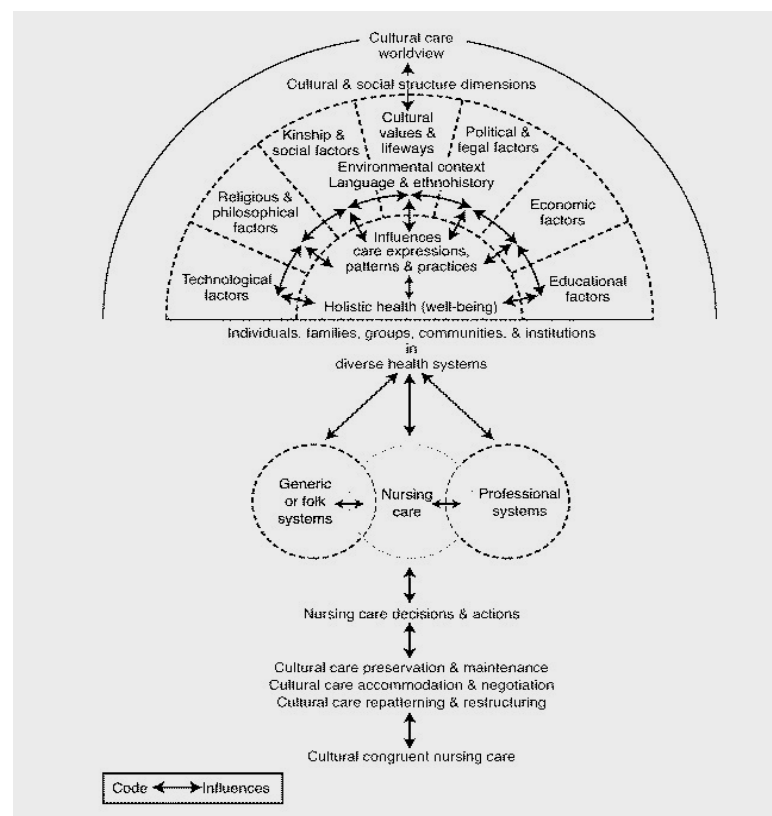


Figure 1: Leininger’s Sunrise Model to Depict Theory of Cultural Care Diversity and Universality, from Leininger, M. M. (Ed.). (2001a). *Ethnonursing: A research method with enablers to study the theory of culture care*. In M. M., Leininger (Ed.). *Culture care diversity and universality: A theory of nursing* (p. 43). Boston: Jones and Bartlett Publishers.

According to Leininger (2001b) general ethnonursing consists of five principles as follows:

Firstly, the ethnonursing researcher has to maintain a stance fostering open discovery, active listening, and a genuine learning attitude in working with informants in the total context in which the study is conducted. The researcher remains an active learner, learning about the people's world by becoming involved in and showing a willingness to learn from people. Discovering and learning about the meanings, expressions, values, beliefs, and patterns of human care also requires active listening, suspending judgment, and reflecting about the informants' ideas.

Secondly, the ethnonursing researcher is required to maintain an active and curious posture about "why" of whatever is seen, heard, or experienced, and to appreciate whatever informants share. This means becoming an active participant and reflector. It means becoming sensitive to the local emic viewpoints and reflecting on etic professional ideas. The researcher has to be willing to explore new or different ideas about situations from folk and professional viewpoints.

Thirdly, an ethnonursing principle is to record whatever is shared by informants in a careful and conscientious way. This is to ensure that full meanings, explanations, or interpretations to preserve informants' ideas are obtained. The researcher needs to value whatever is shared and tries to grasp the diverse and common linkages about the contexts studied. Informants and others in the culture are usually able to interpret and make sense out of their beliefs, experiences, and decision-making modes if permitted to do so by the researcher.

Fourthly, another ethnonursing principle is to seek a mentor who has experience with the ethnonursing research method to act as a guide. A mentor can help to reduce biases, prejudices, prejudgments, and questionable interpretations that do not support grounded data. An experienced research mentor offers opportunities for the researcher to reflect on the findings and analyze the data.

Lastly, ethnonursing principle is to clarify the purposes and possible uses of additional qualitative research methods. These may be combined with the ethnonursing, as well as include combining life histories, ethnography, phenomenology, or ethnosience. Every method usually has an individual purpose and philosophy. Lack of clarity or understanding on the part of the researcher may cause confusion and will affect the credibility of the study.

In conclusion, this literature review presents the context for this study by clarify knowledge and describing the researcher ideas related to the research topic including: philosophy of Buddhism related to peaceful death at the end of life, end-of-life care for a peaceful death, concepts of a peaceful death, and overview of ethnonursing. This review may lead the readers to gain more understanding in the philosophy, concepts, and research methodology under the study.

CHAPTER 3

METHODOLOGY

To gain a better understanding of the end-of-life care in the Thai Buddhist culture, the researcher has adopted ethn nursing as a research method for this study. The details of the study context, methods and procedures, data collecting methods, data analysis, protection of human subjects, and the establishment of trustworthiness are demonstrated in this chapter.

1. Study Context

Thailand is being known as the land of smiles, and the land of Buddhism, which is the national religion of Thailand (94.6% of the population, the total population of Thailand is around 65 million). However, Thai society is opened to other religious faiths as well. Muslim is the second largest religious group in Thailand at 4.6%. Christians, mainly Catholics, represent 0.75% of Thai population. A tiny handful of Sikhs and Hindus also live in the countryside and in the major cities of Thailand. Buddhism has taken root in Thai society for a very long time. It has been deeply influenced on Thai cultures, attitudes, and social values (Siriwan, 2000). Religious teachings have been playing the key role to influence the social structure in Thailand. For example, Buddhist advocate a hope to get a better life, thus they devote to believe in the law of causality and making merits throughout their lifespan.

Thai people have a strong sense of hospitality and generosity along with a strong sense of social hierarchy. Hence, Thai people have high respect on the hierarchical relationships and seniority which are a very important social value in Thai culture. The seniority defined as one person is being more superior than the others by age and honorability. Parents are more superior to their children, the older to the younger, teachers to the students, and bosses to the subordinates. In other words, a family is the foundation group of Thai society. Thai family is formed of hierarchical level as the parents at the top. Through the long range of Thai tradition, the elders play a major role in the family and children are taught to be respectful and grateful towards their parents or grandparents. A phenomenon exhibits that children have a duty to take care their old-age parents, in addition, each family member has the responsibility to take care each other respectively when any problem or sickness may be arise.

The population in the Southern of Thailand is approximately 8 millions. A large amount of this population is Buddhists who have inherited common norms, values, and culture as other parts in Thailand, apart from the provinces of the South at the border. Most of Muslims are concentrated in the three provinces that are Pattani, Yala, and Narathiwat, which consist of 75% to 85% is Muslims. Meanwhile, the populations in Songkhla province, which refer as a main setting of this study, are belonging to the Thai Buddhist faith (80%), whereas the rest religious group is Muslims.

Generally, Thai Buddhists in the Southern part of Thailand are still living under the Buddhist precepts that have become a culture and tradition inherits from their ancestors. They promote to keeping those cultures and traditions that encourage

tight bonding and relationships among family members, cousins, relatives as well as their clan, and this tradition culture has shown obviously when they get together to make good deeds and merits in certain important seasons prescribed by Buddhism. According to the Buddhism ritual ceremony, Buddhists believe that good deeds and merits could be transferred to their beloved deceased ones despite of their ancestors or any family members who had passed away and committed many bad things while they were alive on the earth, but they might be suffering in the hell after death. Therefore, their living family members would repent their sins through making and transferring a lot of good deeds to the deceased ones.

In this instance, descendants bring a variety of offerings to making merits at the temple, with a hope to transferring all merits to their ancestors. Their descendants prefer a nearby temple or a favorable temple by their ancestors to making good deeds. Many relatives and family members are coming to making good merits together even a few members from different parts of country. Obviously, the behavior has shown an unique characteristic of Buddhist traditions and customs. From generation to generation, it has become a pattern of the lifestyle of the Southern Thai Buddhist.

Referring to the Southern Thai Buddhist as a specific group, persons will go to a government hospital normally when they get sickness; including the Community Hospital, the Province Hospital or the Medical School Hospital/ University Hospital (in certain big provinces only). However, in some respective cases they prefer to have received healthcare treatments at home by a trained medical team named the Home Health Care team. Generally, the family members of patient and healthcare providers would make a decision on the type of healthcare for that individual patient. It is convenient for a patient to receive an effective health care treatment either from an

integrated modern medical care or a traditional medicine healthcare treatment. Furthermore, in a specific circumstance that is the end-of-life care, the family member would seek an alternative to give proper healthcare treatments to that terminal illness patient. In fact, all family members and healthcare professionals would help the dying patient to go in peaceful death bed, at the same time, hoping the soul of patient could transcend and reincarnate into a good realm according to the Thai Buddhist belief and teaching.

2. Methods and Procedures

Specifically, this study explored the experiences of family members and nurses in caring persons at the end of their life follow the Thai Buddhist culture. The ethnographic approach, the Leininger's ethnonursing method in particular, was applied to gain better insights into these experiences. The process of ethnonursing is a holistic appraisal of the lifeways and cultural contexts of a population or phenomenon of interest. This method focuses on the naturalistic people-centered, open discovery, largely inductive means of documenting, describing, explaining, and interpreting the informants' worldview (Leininger, 1994). There were several reasons for choosing this research method. First of all, the researcher wanted to understand and generate the meaning of culture care for a peaceful death that the family members and nurses providing in naturalistic and the dying person-centered. This ethnonursing method concerned on the emic and etic perspectives as the researcher focus on the beliefs, worldviews, activities and experiences of family members and nurses

participants. Consequently, ethnonursing was appropriated in giving the researcher a holistic view of the end-of-life care in the Thai Buddhist culture.

2.1 Informants and Gaining Access

The important sources in this study were from the informants. The informant is a person who is willing to share time and knowledge about his/her life experiences. Informants are selected based on the basis of their knowledge of the phenomenon studied (Spradley, 1979; Leininger, 2001b).

Key and general informants are important in the ethnonursing study. Key informants are persons who are carefully and purposefully selected by the researcher to be the most knowledgeable about the domain of inquiry (Leininger, 1985). Key informants in this study were family members who were primary caregivers and nurses who routinely participated in the end-of-life care. Moreover, they were also participants generally interested and willing to participate in the study. In this process, after establishing a relationship with the key informants, the researcher would get them some information about the purpose of their end-of-life care to their beloved ones or the patient. They were considered as key informants because they were delivered a meaningful of purpose in helping the end-of-life persons to have a peaceful or good death.

On the other hand, general informants usually are not as fully knowledgeable about the domain of inquiry. But they have general ideas about the domain to offer the data which could reflect on the similarity or difference between their ideas from the key informants (Leininger, 1985) and they also are willing to share their ideas openly. General informants were other family members or nurses (not the key

informants), friends, neighbors, or monks; who were involved in the care or activities relating to the end-of-life care for the dying persons.

The following information are the inclusion of criteria in selecting key informants for this study: 1) Thai Buddhist at least 18 years old; 2) Ability to communicate in Thai; and 3) Family members and nurses involved in caring for dying persons who accompanied these dying persons nearly and helped them rest in peace at the end-of-life.

In this study, the numbers of key informant came up until the data reached a saturation point in with the number of sixteen family members from seven families, and nine nurses included. Therefore, the researcher could obtain in-depth knowledge in order to fully understand the phenomena under the study.

The researcher would informed the director of the research settings before starting the data collection by sent them the brief of the research proposal and the document of the Human Research Ethic. Informants were obtained for this study in two ways. Firstly, as a personal contact, the researcher would contact with a friend or colleague who was closely related with an informant. These persons know the person at the end-of-life or his/her family members through personal contact, and then they provided relevant data about the end-of-life person and informant to the researcher. This method is referred as a chain referral technique. After that, the researcher would introduce herself to the informants; both family members and nurses, who were caring for the dying persons, and asked them to participate in this study. The second way of getting informants was through a formal contact. The researcher gained access to the potential informants through the staff members of the palliative care team in the hospital. After that, the staff members gave the researcher

information about the end-of-life patient and their families who met the inclusion criteria.

Next, the researcher introduced herself to the leader of the ward or unit, which had selected for collecting data, and asked for a permission to join. After receiving the permission, the researcher would contact nurses and family members who were caring for the end-of-life people and were willing to participate. After that, the researcher would briefly explain the objectives and methodology of this study, and the important matters of human subject protection. After getting their consent to participate, the researcher made an appointment with them for his/her participation and asked for permission to have the interview tape-recorded. The researcher then described her role as a researcher; who would like to learn, listen, observe, and understand the ways of their caring for the end-of-life people to have a peaceful death. Data were documented in the observational field notes. After several times of interviewing and observing the response of key informants, and then, the researcher continue to interview general informants. Later, the researcher began the process of identifying and including key and general informants' data. The key informants were studied in-depth while the general informants were studied for reflection and representations of the diverse and similar cultural care practice.

2.2 Settings

For ethnography, a setting can be identified anywhere whereby the informants have their life experiences, including cultural activities that engage their health and well-being. This study was conducted in the Southern of Thailand, and the main setting started in Hat Yai, Songkhla province because this place is the leader of

palliative care in the Southern Thailand. The university hospital setting was established as the formal hospital-based palliative care unit in 2003 (Wright, Hamzah, Phungrassami, Bausa-Claudio, 2010). In this setting, nurses and another healthcare staffs in the hospital's wards and home health care team were worked together to provide care to the end-of-life patients and families in their workplace and communities. The palliative care team was established to provide professional care for the patients with incurable illnesses. They worked together through variety of activities including monthly conferences, workshops, and guideline development (Wright, Hamzah, Phungrassami, Bausa-Claudio, 2010).

For a better end-of-life care, nurses and all palliative care team had to spend additional time after their work. They were provided their professional help and support to the end-of-life persons in the hospitals and in communities. Therefore, this setting is suited for the researcher to explore more knowledge of the end-of-life care from nurses and the end-of-life family's members. The major settings of this study are a university hospital, a regional hospital, the dying persons' home and their communities such as temples, markets, etc. The researcher followed the informants to the hospital, home, and community where the informants provided care for the dying persons were taking place.

2.3 Instruments

The instruments were used in this study as following;

2.3.1 The researcher is the primary data collection instrument, in order to presents the researcher background and worldview for readers to justify the researchers biases and the qualities to carry on her study. The researcher's

background may influence the phenomena of the study. She is a Thai Buddhist from the North-East of Thailand with experiences of involving in different cultures in many parts of Thailand. After she had finished her master's degree in the Northern Thailand, she worked as an instructor in a university in the Eastern Thailand. She had been teaching palliative care and gerontological nursing for five years. She also had experiences in dealing with a death and a dying in her own family, the hospital, and the community where she lives and works. Her research background has been mainly in the qualitative research in the area of gerontology. She was aware that her unique background could also influence and affect this study, especially in the process of interpretation. So, she always keep in mind that she is willing to learn everything from her informants and express the real meaning of interpretation. In addition, she has kept discussing and consulting with her thesis advisors and mentors in order to reduce her biases against data collection.

2.3.2 The Demographic Data Recording Form; addresses basic characteristics of the informants. It includes age, gender, marital status, level of education, occupation, religious, family member status, relational status with the dying person, person whom the informant is living with, and area of residency.

2.3.3 The interview guidelines; consists of the open-ended questions, use to guide an in-depth interview for “the End-of-Life Care for Dying Peacefully in the Thai Buddhist Culture: Family Members’ and Nurses’ Perspectives”. The content of the interview schedule focused on the issues that were central to the research questions (Laine, 1997). It covered areas of the meaning of peaceful death, the end-of-life care activities, Buddhist belief and Thai cultural factors that enhanced a peaceful death in the end-of-life care. All interview questions were suggested and

guided by three experts. Each of these experts was well-rounded in the areas of ethnographic method, end-of-life care, and culture care.

2.4 The observation guidelines for guiding the researcher to observation-participation in the study. These guidelines focused on the end-of-life care activities, personal interaction while providing the end-of-life care, Buddhist activities in this end-of-life care, and environment and equipment that were used and provided for this end-of-life care.

2.5 A tape recorder and a camera were used for recording the conversation and to take the pictures of the informants. The researcher used these tools to get the tones of their feelings and gather the specific pictures in the settings. The researcher sent some meaningful pictures and the transcripts to a family which needed to keep them and would be used them in the funeral ceremony, and construed as a way for confirmation data with the family.

3. Data Collecting Methods

The goal of data collecting was to understand the investigated phenomena by discovering what important in the eyes of informants was, and what the meaning of specific behaviors had to them was. In this study, the data was collected through the techniques of observation, participation, semi-structured in-depth interviews, and field noted. Before proceeding to collect the data, the researcher established a relationship, trust, and rapport with the informants. She integrated the activities of observing, listening, and asking questions to learn from individuals and group members.

Furthermore, she asked the informants to express events, experiences, feelings and ideas concerning to their experiences of the end-of-life care.

3.1 Observation–Participation

Leininger's ethnonursing Observation-Participation-Reflection Enabler (OPR Enabler) was used as an essential guide for this observation-participation. The OPR Enabler enabled allowed the researcher to enter and remain with informants, in the familiar or natural cultural context, while observing and processing the study. This method was useful in term of gaining the rich knowledge about living activities from the persons in their daily settings. But the researcher had to aware any biases that may occur, personal and social conflicts, and any distorting tendencies in reporting behavior (Leininger, 1994). Therefore, the OPR Enabler encouraged the active observation and dynamic interaction within the environment.

The first phase, observation and active listening, was conducted by the researcher during visitation the dying persons at the hospital and at their home. Observing and listening were the major parts of this phase. In the beginning, the researcher's role was acted as a stranger in the people's living context. The Stranger-Trusted Friend Enabler assisted the researcher in moving from the distrusted researcher to be a trusted friend in order to provide the opportunities to participate in their cultural activities. A trusted friend is vital to gain the truth, honest, and in-depth data from the informants of the unfamiliar and privacy situation of the death and dying moment. The researcher went to the informant place to introduce herself and her research project. The researcher primarily focused on broad view of the situation to scan for the specific behaviors or issues to follow up in the next visits. A

visit was included strictly observation process: looking around to the end-of-life person and family member's environments, nurse's work place, and the care that provided by the family members and nurses.

The second phase, the observation continues as the major focus, but participated with them in some activities such as helping the family member to prepare food for the dying person, sending something to the dying person as her/his request, joining in some events with the informants. During this phase, the researcher had conduct conversations with the key informants. And also had conversations with other family members which were focusing on his/her role in the family and how they do to the end-of-life person. For the side of nurse, the researcher also asked the questions to nurses who were taking care of the patients about her roles and duties toward the end-of-life patients and their families to reach a peaceful death.

In the third phase, the researcher became more of a participant, while the observation tended to decrease because it was difficult to observe fully to all aspects that were occurring while participating in the human activities (Leininger, 1985). This participation helped the researcher to understanding deeply about the feeling of performing the activities and gain direct experiences by involving in the informants' activities. The researcher participated in the activities of the end-of-life care and was still continuing to observe some activities that took place in the informants' environments. Sometime, the researcher follows the caregiver to observe the activities outside the hospital; such as when they buy something for the dying persons at the market and when they went to make merit at the temple. This phase allowed the researcher to have a fully observations. The researcher has also carefully observed the dying person and caregivers' interaction. A trusted friend relationship help the

researcher to join in a variety of activities and even the researcher sometimes stayed overnight with them in order to observe care in the night time.

The fourth phase is the phase of the primary reflection and reconfirmation of findings with informants who have involved in, looking backward between the researcher and the people who were being studied. The informants helped the researcher to confirm the meaning of all data, the patterns, and the themes. To gain better understanding of the people in the situations, the researcher has focused on the reflection and reconfirmation of findings with those informants.

Each phase of the OPR Enabler emphasized the researchers' awareness of the need for collecting data in a systematic manner (Leininger, 1985). With the OPR Enabler, the researcher moved from being an observer and a listener to being a participant and a reflector with the informants or in relation to the phenomena of the study. Observing the whole situation and remaining as an active listener before, during, and after contact were important to this enabler. Identifying symbols, documenting the facts and the historical events, and reflecting on the reactions and interactions with one another were all essential to obtain the comprehensive ethnonursing data. Then, the researcher moved into the field to observe the people in their natural environment by following an observation participation guideline (Appendix C), and become a more passive role than an active one. At all times, the researcher encouraged those informants to explain and interpret what observed was being, done, or experienced.

3.2 In-depth interview

An in-depth interview is concerned with the researcher's subjective understanding of a phenomenon, experience, or behavior from the informant's point of view, within a specific natural context. In this study, each in-depth interview followed an interview guideline (Appendix B) to elicit as much detail as possible about the informants' perceptions of caring for the end-of-life people to die peacefully. The interview guideline was divided into many questions that obtained data from key informants and general informants.

To begin with the interview, a description of the purpose for the study was given to the informants. The researcher provided an opportunity for informants to ask questions and express concerns about this study. A consent form in Thai (Appendix D) was provided to the informants with a brief description of its content. The informants were asked to read and sign the consent form; however if the informants were unwilling to sign the consent form but agreed to be interviewed, the researcher would ask them for an oral agreement. The informants were asked a series of questions based on the dying person conditions and provided care. Within the permission of the key informants and general informants, the interviews were audio taped which took approximately one to two hours; and each family member informant was interviewed around 3-10 times or until the after death care, also for each nurse' key informant, the interview were done around 2-3 times. The general informants were interviewed once for 30 to 60 minutes. At the end of the interview the researcher would show appreciation by thanks to the informants for their participation in this study and asked whether they had any inquiry. Interviews were conducted in a

private and quiet place. However the researcher sometimes had to take the interview from the informants on the phone. Nevertheless, all interviews were tape-recorded.

3.3 Field notes

Field notes were used to record what the researcher had observed and learned from the interview and the experiences with the phenomena of caring for the end-of-life people who died peacefully. The purpose of this field notes was to discover more data along with the informants. Moreover, the researcher recorded her thoughts, the interactions and reflections, the emotions and the feelings about the interviews, including the observations, and all issues that related to the study. In addition to, this field notes have assisted the researcher in adapting to her own stressful reactions due to facing through the living of other's painful experiences.

In this study, the researcher continued in collecting data until the dying people passed away. At the same time, she participated and learned the way of assisting people to have a peaceful death. Each individual case would take a considerable period of time to reach death from three weeks to four months. However she studied only the activities that related to the way of the informants have performed in order to prepare people to get through the process of nearing the end of life and to die peacefully. All cases were perceived as achieving a peaceful death by key informants who stayed closely at the bedside with a dying person and provided care until the time of death. Furthermore, the researcher used this contextual data to guide nurses in helping the end-of-life persons to die peacefully in the Thai Buddhist culture. In other cases, whereby bad deaths or unwilling death were experienced previously by informants, in term of why peaceful death could not be reached as well as

characteristics of bad deaths and some factors that prohibited peaceful death. This data collection had taken approximately fifteen months until the data saturation been reached. This insight knowledge facilitated the researcher to clarify the phenomenon of a peaceful death.

4. Data analysis

Data were analyzed by using the ethnonursing data analysis method of Leininger who developed four phases of systematic data analysis (Leininger, 2002). The researcher analyzed the data as soon as the data collecting began and she has been continuing this process until the study ended. Data analysis was conducted by hand, in the Thai language which used by informants and easily revealed more meaning in-context.

The First phase: Collecting, Describing and Documenting Raw Data; the researcher collected, described, and documented the raw data that obtained through the interviews, observation-participation, and field notes.

In ethnonursing is the qualitative approaches; the data collecting and the analysis were processed through listening to the informant while was interviewing, as well as, observing the phenomena, and participating in the activities related to caring for the end-of-life patients in all setting. Moreover, the researcher has been continuing to proceed all processes and reflecting to all new insights. She also has kept comparing all perspective view that seems to be contrasted to see clearly of all things that occurred. The researcher processed of analyzing the data by listening to the audiotape and reading the field notes case by case. She has been listening, observing,

reviewing of each of transcripts, created field notes, asked new questions, and finally she enable to summarize the foundation for the next step of thematic analysis over and over.

The second phase: Identification and Categorization of Descriptors and Components; the data were coded and classified with respect to the domain of inquiry; meaning, caring, and factors as related to the research questions. Emic and etic descriptors were studied within the context of the similarities and the differences. The recurrent components were studied to clarify their meaning line by line and word by word into the categories.

The third phase: Pattern and Contextual Analysis; the researcher formulated all the patterns that emerged in the stage of saturated ideas and recurrent patterns of the similar or different meanings, or expressions, or structural forms and interpretations, or the explanations of the data that related to the domain of inquiry. All data were studied to show the patterns of respect to the meanings of the context along with the further measurement of credibility and the confirmation of all findings. In this phase the research has formulated the core value of this study to review the three domains which are; meaning, caring and factors. The data that collected from each informant and each case or each family were used for cross-case analysis. And then, the researcher has stepped to the process of data combination between the data from family members and from nurses. This process was conducted to identify the major theme in the next phase.

The fourth phase: Major Themes, Research Findings, Theoretical Formulations, and Recommendation; this phase required the synthesis of thinking, configurations, analysis, interpreted findings, and create the formulations from all

data in the previous phases. The researcher's task was to present major themes, research findings, recommendations, and formulation of the model. The researcher interpreted and created the major themes of cultural end-of-life care from the data in the third phase.

For thematic and pattern analysis, the researcher used the thematic and pattern analysis of the ethnonursing data (Leininger, 1985), which consists of six steps as following;

Step 1, identify and list the descriptors (pieces of raw data) of nursing observations and experiences or the domain under the study.

Step 2, combine the raw data and descriptors into meaningful sequential units or into a larger units, known as patterns.

Step 3, identify the mini or micro patterns and determine how they relate to the patterns and themes.

Step 4, synthesize several patterns to obtain a broad, comprehensive, and holistic view of the data as themes and sub-themes.

Step 5, formulate the theme (or pattern) statements to test or reaffirm further nursing phenomena.

Step 6, use the confirmed themes to form the hypothesis, decisions making and nursing interventions.

Patterns are generally small units of sequential behavior that contributed to the themes which are the large units of the analysis derived from the patterns that can be explained in multiple aspects of human behavior (Leininger, 1985).

The researchers followed the six steps of thematic and pattern analysis case by case, then merged all themes together. The researcher has reviewed the themes with

her advisors in corroborating the theme which were to be given the confirmation by the informants to support her opinions. At the time of thematic analysis was nearly to be completed; the themes and the supportive narrative data were shared and discussed with the advisors for the validation.

5. Protection of Human Subjects

This study was approved by the Institutional Research Board of the Faculty of Nursing, Prince of Songkhla University and the Research Ethics Committee of the hospitals. Assuming all informants received the sufficient information about the objectives of this study, the methods and instruments were used in collecting data, and the protection of the informants' rights to give an informed consent. During the process of research study; informed consent (Appendix D) either verbal or written was obtained from each of the participants. In the consent process, the researcher has included three components which were information, comprehension, and willingness to volunteer.

Before the researcher would start to collect the data, the informants were assured that they would not have to talk anything which they would not like to mention or answer. Meanwhile, the informants could ask the questions to make sure that they understood the information being sought. Obviously this kind of process allows the researcher observation-participation, however it depends on the decision of the informants. In this instance, the researcher would also be responsible for their privacy according to Thai cultures and norms. In this case, the researcher would ask for their permission before going to their places. She always presented herself

courteously as the acceptable Thai lady, and the researcher has also applied the Leininger's technique of Stranger-Friend Enabler to let them know that she was sincerely wished to participate in and join with them as they were. As a result, this technique helped her to move from the stage of being a stranger or distrusted person, to be a trusted and friendly person smoothly. The researcher would try her best to minimize her interruption in their privacy and personal space. She expressed her sincere friendship with the informants through the common social relation congruence with Thai culture. For example, the researcher brought some fruits or food for the families, especially the sick person that she could show her concern about their well-being. The researcher called them by respecting their position as a family member by using words; Pee (older sister), Are (aunt), Ya (grandmother) etc., as well as, the researcher allowed the informants to call her nick name and asked them to consider her as a friend or a family member.

Moreover, the informants had done the right action to withdraw from this research study at anytime. The potential risk for the informants was the emotional distress that might come from talking about the end-of-life persons. When the informants had shown any signs of pain or emotional distress, such as crying, looking depressed, or embarrassed, the researcher would stop the interview immediately, and psychological support would be provided for them. In this study, the researcher found that the informants from every family (seven families, 12 informants from 16 persons) presented their psychological pain with red-eyes tears and speaking in vibration voice, or crying. When the distress feeling occur while talking, the researcher would stop the conversation for a while, and asked the informants' feeling, she held the informant's hands in order to give a warm touch, for example, provided a soft tissue

paper, console, and etc. Basically, the informants' feelings were the researcher's concern at all times, and she tried to calm down their emotions as a caring friend. If these negative emotional responses had been become worst, the researcher would have advised them to seek the professional for further help. Fortunately in this study, there were no such cases of severe emotional responses. Finally, the researcher would remove the personal identity and used the anonymous data to ensure privacy and confidentiality (Dunn & Chadwick, 1999). Therefore, the findings of this study showed no identity of the informants.

6. Establishment of Trustworthiness

The researcher intended to maintain the trustworthiness according to the guidelines of Leininger. Leininger (2001b) identified six specific qualitative criteria for qualitative study. The researcher proposed to use the qualitative criteria to support the trustworthiness of this study, which were credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability.

6.1 Credibility

The researcher has collected the data from the direct sources of the evidences or gathered the information from the people within the circumstance of their truths. These methods to enhance the credibility of findings in this study were as following:

Prolonged engagement: The researcher had spent the sufficient time approximately fifteen months (1-3 hours of each time, and 2 weeks to 4 months of each case) with the informants to achieve the objectives and more relevant answers to

this study. The period of prolonged engagement provided the researcher the opportunity to build trust and acceptance as a member of the family (Lincon & Guba, 1985). Moreover, the researcher has also persisted being observed in the field in order to develop an understanding of the culture of each informant, consequently the role of researcher was changed from being a stranger became a compassionate friend. During the data collection process, the informants entrusted the researcher, hence, the researcher could obtain a more accurate, meaningful, and credible data (Leininger, 2002). Furthermore, the researcher was participated in every case for observing and exploring more about the details of the end-of-life care in their research settings. The researcher would identify the meaning of each context until the dying person died. Moreover, the researcher still continued exploring even the after death care by visiting the funeral ceremony in the temples. In each individual case, the researcher has gone to visit the dying persons and their families in the different times, for instance, in the morning, at noon, in the afternoon, and at night. The researcher sometimes has joined their end-of-life caring activities at the night time; she would spend over night time with them in the hospitals or even at their homes. In this prolonged time, with the help of the informants, the researcher could gain a deeper perspective of the informants.

Triangulation: A commonly used strategy in social sciences for the purpose of acquiring or explaining the richness and complexity of human behavior. This strategy was done by studying it from a variety of methods and different sources of data (Lincon & Guba, 1985). Methodology triangulation was applied by using more than one method of data collection. In this study, the researcher had used three methods for collecting data; interviewing, observation participation, and field notes whereby stated

in the collection of data of ethnonursing methodology. First of all, the main data collection in this study was an in-depth interview; the researcher would interview several times in order to explore more and deeper data and to clarify the data with the informants in case the important parts from the previous interview were unclear or missed. Secondly, the researcher did the observation-participation which focused on their end-of-life care activities and their daily life activities, and she has done several times and in different settings in order to disclose the important points of this study. Besides, the researcher was tried to look for and select the different sources of data such as the sound of their speech, the way and meaning of their writing, the books they read, and some of their pictures, etc. Also, the researcher has collected the main data from those family members and nurses in many wards and hospitals where were working on the end-of-life care, in addition, the researcher needed to collect more data from other persons who related to these family members and nurses; such as their friends, colleagues, neighbors, and even the monks. Using the variety groups of key informants and general informants was a process of data triangulation (Holloway & Wheeler, 2002).

Member or informant checking: Is the most critical technique for establishing credibility (Lincon & Guba, 1985). The specific purposes of checking were to provide the opportunities for the informants to correct the mistakes, and to assess the researcher's understanding and interpretation of the data (Holloway & Wheeler, 2002). This technique helped the researcher to grasp the diversity and common linkages of the phenomena. Then, the researcher has verified the results of this study with a half of key informants, including both family members and nurses as well. At the same time, the researcher would contact the informants in order to confirm the

transcribed interviews and to share the summary of the results and to ask them for the feedback regarding to the accuracy of the results.

6.2 Confirmability

Confirmability referred to the repeated direct and documented evidence from primary sources of information. This process includes the repeated explanations of the interpretation of data that obtained from the informants about the certain phenomena. In this study, the researcher has provided the *audit trail* to be a crystal clear meaning of the evidence and thought processes that led to be summarized as the results. The researcher has clearly described each stage of the research process and has explained what had to be done, including the reasons why it needed to be done, so that the readers could trace back the data to its original sources by following the path of the researcher (Holloway & Wheeler, 2002). In addition, the technique of checking or confirming data with the informants was also a critical way to establish confirmability.

6.3 Meaning-in-context

Meaning-in-context referred to data was to be understandable with the relevant references or the meaning toward the informants or people in this study in different or similar environments. Meaning-in-context focused on the significance of interpretations and understanding of the actions, symbols, events, communication, and other human activities within specific or total contexts when something happened. To achieve this quality, the researcher has improved her skills by learning from many of the previous ethnonursing research studies. Moreover, the researcher has consulted

with her thesis advisors and her mentors who had experiences in ethnographic/ethnonursing research method, which could help her to gain more understanding. Meanwhile, the researcher's advisors and mentors have helped her to reduce or minimize biases, prejudices, prejudgments, and questionable interpretations that did not support grounded data. Nevertheless, advisors' and mentors' experiences were provided as an opportunity for the researcher in reflecting on the accurate meaning within the context of findings.

6.4 Recurrent patterning

Recurrent patterning referred to the repeated instances, the sequence of events, experiences, expressions, activities, or the ways of life that tended to recur over and over in a period of time in the designated ways and contexts. In this process, the transcripts were read and re-checked several times to find out and elicit the recurrent pattern in the inquiry. The researcher has paid attention to the recurrent patterns and described the meaning of them appropriately.

6.5 Saturation

Saturation referred to the "taking in of occurrences or meanings in a very full', comprehensive, and exhaustible way using all information that could generally be known or understood about the certain phenomena under the study. Data saturation was achieved by the researcher has continued collecting data until she did not obtain any new information, or the results occurred in the same way.

6.6 Transferability

Transferability referred to the findings from a qualitative study that can be transferred to another similar context or situation (Streubert & Carpenter, 2003). Thus, *thick description* was developed by the researcher; in order to describe more details about the setting of the study, the sampling techniques, the characteristics of the informants, and the results of this study that enabled someone who interested in making a transfer to a similar context (Creswell, 1998).

In summary, this qualitative research used the ethn nursing research method of Leininger's to generate knowledge of "End-of-life care for dying peacefully in the Thai Buddhist culture: Family members' and nurses' perspectives". The ethn nursing research method is a naturalistic and inductive research method, that is largely emic in nature and include etic focus. The key informants were sixteen family members and nine nurses who had provided care to the dying persons with a purpose of helping them die peacefully. Data were analyzed by using the ethn nursing data analysis method of Leininger to generate the major findings of cultural end-of-life care for a peaceful death in the Thai Buddhist culture.

CHAPTER 4

FINDINGS AND DISCUSSION

This chapter focuses on the findings and discussions related to the caring for the end-of-life persons to die peacefully in the Thai Buddhist culture, where the data were obtained from the family members and nurses who are the caregivers of the dying persons. The findings and discussions will focus on the three questions: 1) How do family members and nurses in the Thai Buddhist culture define the meaning of peaceful death?, 2) How do family members and nurses care for the dying persons in order to facilitate a peaceful death?, and 3) What are the Buddhist beliefs and Thai cultural factors that enhance the meaning of care and caring practices for a peaceful death?

Description of Informants

The informants in this study are divided into two groups of the key informants and the general informants as following:

Key Informants

In this study, the two groups of the informants are family members and nurses. including, sixteen family members and nine nurses with the number of five males and eleven females, aged 24-70 years old at the time of interview. These family caregivers consisted of four daughters and two sons, four parents, two spouses, two sisters, one grandmother, and one aunt of the dying persons. The levels of education

of this group were master's degree one person, bachelor's degree eight persons, diploma two persons, senior high school two persons and elementary three persons. The nurses' key informants were nine females, aged 35-51 years old at the time of interview. The levels of education of this group were master's degree as four persons and bachelor's degree as five persons.

General informants

The general informants were persons who know well about the dying persons and caregivers. Every general informant was a Buddhist which was divided into two groups of family members and nurses. The amount of the general informants from family members was eighteen persons; fifteen female and four male; aged 28-70 years old at the time of interview. These groups of informants were five nurses, four relatives, three friends, two colleagues, and two monks. The level of education of almost all informants of this group were bachelor's degree, however there were two persons with a Master's degree, two with a diploma and two with senior high school education. The numbers of general informants of nurses were sixteen persons; including thirteen female and three male; aged 26-65 years old at the time of interview. These groups of informants made up eight clients, six colleagues, and two monks. The levels of education of almost all informants of this group were bachelor's degree, and master's degree three persons, diploma two persons and senior high school two persons.

Family's stories

The description of the dying persons and family caregivers/ key informants in each case and the whole story about the end-of-life care would be presented in case 1 as an example.

Case 1

A 15 year-old male, he is the oldest son with 2 younger sisters. He was a good boy, a good son, a good brother, and a good grandson for his family. Everyone loves him very much. Normally, he enjoyed listening to the music and drawing pictures. Besides, he liked to study about the *Dhamma* by reading books and going to make merit with his grandmother. Two years ago, he had a severe pain at his lower back and legs. His family tried to help him to solve this problem. They took him to visit the doctors in many hospitals but the problems were persisted. One year later, they got a bad prognosis because this severe pain was caused by a cancer at the right buttock and bone and have metastasized to the lungs. At that time, he could not walk or move because of the severe pain on the buttock and leg. His family took him to receive the special cancer treatments from the hospital of university in Songkhla province, where it was convenient to them because they could stay in their relative's home where closed to the hospital. He came to take the radiotherapy at the hospital every afternoon from Mondays to Fridays. He took this radiotherapy course for supportive treatments, it helped to reduce his severe pain and in the hope that it would control the progress of his illness. After the long course of radiotherapy, his doctor let him took a break before starting the next course for a month. Then, his parents took him to take some rests at his hometown in Phuket province. At that time, his family

did not know that the boy could not return to take the new treatments again. In his terminal stage, he was admitted to the regional hospital in his home town. He was declining with lungs failure, and had difficulty breathing.

The caregivers were his grandmother and his parents. His grandmother was 60 years old. She had her own business. She stayed with her husband, her daughter, and her nephew (the dying person). Her house was close to the dying person parent's house, about 100 meters. She has been taking care of the dying person since he was a child until now, because he was a first nephew and she wanted to look after him by herself. When he went to school, her husband took a ride for him to school every day. She liked to spend her time with family, especially with her nephew. She had respects for the Buddha's teaching and the Buddhist way. She believed in good deeds, so she likes to make a merit and lead the dying person, her loved child, to practice in the Buddhist way.

His parents were a 43-year-old father as a businessman and his mother was a 41-year-old as a housewife. They are Buddhists and believe in goodness. To take care for the dying son, they wanted to support him in everything and to do the best for him. Their dying son is the oldest son, and they had another two younger daughters. His mother spent all her time caring for her dying son, cooked his favorite food and play with him. They helped him to reduce his severe pain by helping to change his position to be more comfortable, using the pillows to support his position, and transferred him to the hospital. His relatives came to visit him and gave him some chanting books, Buddha images, and etceteras which they believe that would help to support him.

Care for the dying Person (within immediate 48 Hours)

At this time, the dying person was admitted to a regional hospital in Phuket province with the symptom of difficult breathing. The family members wanted to keep him comfortable as much as possible to relieve all his suffering and to be able to rest. His parents and other family members agreed to have someone from his family to be with him all the time to help comfort him. Later on he was too weak, a nurse gave him a short medicine and then he could take some rests. Other family members, especially his grandmother tried the several ways to comfort him such as seeking helps from the staff at Chinese temple or someone who played the roles as the medium between human being and the spirit for contacting the Goddess of compassion and mercy, known as Guan Yin. This man gave her three lotus flowers, incense burner, and holy water to help him. After that, grandmother came back to the hospital and placed the lotus flowers on the top of the dying person's bed as act worship to Guan Yin. They also gave him the incense burner mixed in the holy water to drink as they believe it would comfort him when he passed away.

Furthermore, some of his family members have chanted (prayed) for him in Buddhist way. Grandmother had experienced in this kind of chanting, she used to Buddhist chant, *I-thi-pi-so* Chanting, for her grandmother (patient's great-grandmother) in the past and she did believe that it helped her grandmother to get to the stage of peaceful mind during the end-stage of her sickness.

When the dying person's condition was getting worse, there were some family members staying with him. His mother made a phone call to his father and grandmother and urged them to come to the hospital quickly. Mother started to place the incenses, lotus flowers and a spiritual white cloth on his chest and told him to go

to meet the monks, because they believed that if he would die at that moment, he would go to the good place after death.

Mother had to be careful about what she would say to him, as she was not sure if he would die momentarily or he was just sleeping. Even the physician told her that the time that he would die, he would show the sign of restlessness, but at that time the mother just noticed his body laying still on the bed, like sleeping, and there was no signs of restlessness.

Care at the Moment after Death

After the patient died, the family members gathered together at the temple for the funeral. They put the dead person's pictures on the board along with the articles described their feeling about him and to encourage other patients to be stronger. They also placed the papers on the same board for the people who came to join the funeral to share their feeling. Furthermore, the family also prepared the documents of the story that the dead person has been interviewed by the researcher to give away for the people who came to join his funeral. By doing this, it may be helpful to other patients who are suffering from the same disease as him and to promote his goodness during his living life.

In the cremation's day, they had to move the dead body to other temple. Grandmother invited a monk to go before the dead body and she was chanting all the way long until getting to the new temple. They gave the offerings to the monks to make merit and venture for him. After the cremation, the family brought his burned bones to the sea and grandmother kept chanting and asking for the power spirit to take him to the good place after death and they left his burned bone in the sea.

One night, his father had got a dream to his son and he also saw the powerful spirit of called Guan-Yin was flying in the sky. Then they believed that after he died, he is now joined with the powerful spirit; Guan Yin and is practicing *Dhamma*. The grandmother asked everyone did not to call his name any more, if they want to mention to him, just call “Young bother”. This is because if he realized that somebody was calling him, it would bother his *Dhamma* practicing in the new life.

Furthermore, grandmother and mother are offering food to the monks every day, even in a tired day; they would not stop doing it. They are always getting up early in the morning to do this activity regularly. They also keep offering many things to the monks as they believe he will get those things. On his birthday every year, they are always buying a big cake and give offerings, because the patient is still in their minds today and forever.

Case 2

Case 2 involved a 68-year-old male, he was a retired teacher but he still had been teaching his old school every day until he came to the hospital. He has been living with a stomach pain more than ten years and he had only taken a pill to relief pain because he does not like to visit the doctor. He has been caring for himself. Two months before died, his health got worse and he couldn't rest because of the severe pain from his neck to toe. Then, his family took him to the hospital. His illness was advanced; the cancer has metastasized from his colon to liver, lungs, bones and brain. He had to take radiotherapy to treat his cancer and relief the severe pains. He had severe pain on his body, especially on his legs and buttock. He couldn't move his

body by himself, and he sometimes needed be on the cannular oxygen to help him get comfortable when he had shortness of breaths.

He was admitted into a private room of the hospital of university in Songkhla province. His three care givers were staying with him by using a sofa and a mat. His house is in Nakhon Si Thammarat province, where is about two hours by car. His house is located in the center of the community, where closed to the pavilion of the village, the temple and the school.

He was a good teacher. At the end of his life, he was still concerned about his works, his school, and his students. He always asked his colleagues about the school from the visitors who came to visit him in the hospital. However, the visitors would not like him to worry about the school, so they told him that, “You should focus only on yourself, do not worrying about your work, and everything is going to be fine”

His wife was 61 years old as a retired teacher. She spent her time with him everyday. She believes in good deeds and making merits. She and her dying husband liked to join in the Buddhist activities in the temple. She thought, “Birth, Old, Sickness, and Death” were normal for all mankind and if someone had a good mind he/she could go to the good place after death.

They have a single son, 30 years old and a daughter in law, 35 years old, and they are Buddhists, believe in goodness. They were spending their times to take care of their dying father. They would like to do the very best things for him at the end of his life because he was a good father.

Case 3

A female 45 years old with breast cancer at the right side for eight years and bone metastasis for three years. She had severe pains at her back and spine. Three months before admitted to the hospital in this time, she could not walk or do any household's work by herself. She got a mastectomy and radiotherapy. Her major problem was the severe pains. Before she had got sick, she was interested in the *Dhamma*. She had studied a lot by herself. She liked to read the *Dhamma* books. She was married and got divorced just after she was sick. She respected in the Buddha, she used the *Dhamma* to overcome all the problems in her life, especially to support her mind.

She was admitted to a private room in a university hospital, which was closed to her older sister's house, and this sister was her primary caregiver. Her house was a town-house style in the center of town, and was take about fifteen minutes to the hospital of University in Songkhla province by car. Her sister put the patient's bed in the lobby of the first floor of her house.

The primary caregiver was 49 years old. She took an early retirement to take care of her dying sister. She was a single with a Master's degree in education. She is interested in the *Dhamma* and she hopes to spend her free time in the future to learn more about the *Dhamma* by herself. She thought that the problems of her younger dying sister might come from her previous *Kamma* and her life style, because she had been too hard working and she was such a serious person.

The caregiver has been devoting herself to care for her dying sister with no experiences. But, she was not worry about it, because she believed she could gain more skills and experiences every day by taking care of her dying sister. She said, "I

can learn about the *Dhamma* from caring my sister”. She did believe in the human’s mind; she said “I can learn by observing the dying person’s mind”. At that moment, she said “*I can see the mind in natural stage; mind before dying, and the peaceful mind*”. Because she believes in *Kamma*, so she did not want to do any bad thing to anyone and she tries making merits in her daily life. As a caregiver role, she had to support and help her dying sister in everything, such as do the dressing wound, help to control her pain, feed the food, and make merits for her. The patient has another younger brother who came to visit her sometime. He couldn’t spend much more time to caring for his dying sister, because he has own family to care and works to do.

This family hired a fulltime private caregiver to help taking care of her. She (caregiver) has the experiences in caring the older persons and the dying persons.

Case 4

A woman, 83 years old with thyroid cancer, metastasized to lungs, bones and a history of asthma. She had a large wound at the left side of her neck, on cannular oxygen or sometimes on the oxygen in mask. Over 30 year ago, she underwent the thyroidectomy for a couple times, later on she took the radiotherapy. Her child had tried the treatments both the modern medicine and traditional herbal medicine. Her daughter had been taking care of her at home for a long time. She would be admitted in the hospital only when she had got worse, to take the special treatments from the doctor. She was always practicing the *Dhamma* in her daily life; making merit, and chanting every day. Her problem was weakness, having difficulty of eating and shortness of breath.

Her house is a row house which is far from the hospital of University in Songkhla province about one kilometer and is far from the other private hospitals about 500 meters. This house is closed to a temple just 5-10 minutes walk, so it easy to make merits with monks. Her house has two floors. The dying mother lay on her bed at the first floor, which was easy to reach by caregivers and visitors. On the wall next to her bed, the caregiver posted the words, 'do not make a loud voice' in order to keep a quiet place for the dying person.

A primary caregiver was one of her daughters. She was single, 51 years old, graduated a lower secondary level. There were three people in this house; the dying person, caregiver and caregiver's older sister. Other family members were staying in their home, which was not too far from this house. They came to visit their mother everyday, to drop off some foods. They took care of her in the evening, and left in the early morning of the next day to work.

She was spending all long day with her mother as a full time caregiver because she was free and had no job at this time. She used to work as a housekeeper. Her sisters and brothers supported her financially and the expenses of caring for their mother. However, her mother had the money in her saving account and it was enough to pay for her during that period. This family would prepare a new dress for their mother after she die, the asked their mother to choose the dresses by herself. The caregiver did everything for her mother; suctioning, wound dressing, feeding, changing the position, bed bathing, and etc. The most difficult thing was feeding, because mother got a severe pain when she took a bite and she had difficulty of swallowing. The caregiver was sleeping beside her mother's bed, by resting her head

at the opposite side of her mother's feet. So that she could see her mother's face all the times and she could observe for the change of mother's conditions.

Her neighborhood was also important as a group support for the dying person and family members. They had a close relationship with this family. They came to visit and dropped off some favorite foods for the dying and talked to her. They also made merit, and chanted (prayed) for her every day. They loved the dying person so much and they respected her as their own mother.

Case 5

A young female, 29 years old with cervical cancer and lungs metastasis for two years. She was a very beautiful lady and she had two little daughters, which made many people felt very sympathetic towards her situation. Her parents were divorced, and she was raised in her aunt's family as one of their own daughter.

After graduated a bachelor degree, she used to work in Bangkok, the capital city of Thailand, and later on she got married. After she had given birth of two daughters, she got bleedings through her vagina and got abdominal pain. She was diagnosed a cervical cancer. She decided to come back to get treatments for her disease at a hospital in Hat Yai, Songkhla province. She took the radiotherapy and chemotherapy, and the water which made from herbs.

When she was at the terminal stage of the disease, she was admitted in a private room in an ob-gyn ward, because she needed to stay in a private peaceful place and her relatives could stay with her all the times. Even though, she did not have enough money to pay for a private room; nurses helped by providing her a special room in a low price. Then, they could place to stay and come to visit her

anytime. She had shortness of breaths, because she got the pulmonary edema in both lungs.

She was afraid to stay alone and she could not sometimes sleep because she worried so much about her disease and fear of death. She was afraid to die alone without anybody beside and help her when death approached her. So, she really needed to have somebody to stay with her all the time.

A fifty-year-old lady, who was her aunt and was a primary caregiver for her, she is a housewife and owns a business. She was living with her husband in the center of Hat Yai. She had a daughter who was studying in Bangkok. She loved the dying person as her own daughter because she raised her up since she was a child. She had spent about a year to take care of the dying person when a full-time caregiver was needed. She had done everything to ensure all her needs were met. She chanted and made merit for her. She also prepared a beautiful dress and the ornaments for her to wear after she died to be a beautiful lady.

The dying person's younger sister, 28 years old, was a singer and had a certificate level of study; she used to work with her aunt as an electronics appliances seller in the Suntisuk Market, Hat Yai, Songkhla and she is renting a private dormitory and stayed alone at the present. She came to take care of her dying sister in early morning before going to work, and in the evening after work everyday, to replace her aunt, so that she could go back and to do something at home. She helped her sister by changing her position and bringing her something as she wanted.

Case 6

A female, 54 years old, married, has one daughter and two sons. She had got a cervical cancer, metastasized to lungs and bones. She was treated by radiotherapy in the hospital of University in Songkhla province. Nevertheless, she had refused for chemotherapy when her disease metastasized to her lungs, due to she and her relatives concerned about the side effects of this treatment and they chose to treat by the combinations of herbal medicines and the modern medicines.

They all knew that this disease could not be cured anymore. Then, they just tried to give her support and prolong her life time as much as they could. Moreover, the dying person had to deal with the difficulty of breathing due to the excessive production of secretion in her lungs. In her terminal stage, she also had the difficulty of swallowing; even with the water. Basically, she was suffering with the severe pains all over her body. She has had a fever every day during her terminal illness period, which had made her feel uncomfortable and suffering a lot. In this instance, her caregivers used a cold pack placed on her body in order to reduce the temperature, thus, this process could relieve her pains all the time. In addition, the patient was worried about her difficult conditions and death problems. Besides, one day that had arranged with a monk or reverend, a monk would come to visit her and gave her a chance to make merits and good deeds for herself. She asked that monk, “*What I can do at my last minute?*” Monk had advised her to focus on some words in order to control her worried mind become more stable. Then, she was trying to practice the words, *A-Ra-Hang-Buddho- A-Ra-Hang-Dhammo-A-Ra-Hang- Sankho*; anytime she was reminded to do. Later, when her disease was deteriorated and it was too difficult for her to recite those words, she finally had stopped doing it, and was started

listening to the sounds of palliative care which was recorded to be used as an instrument in helping to calm down and relax her mind.

Furthermore, she has planned and arranged for her death matters by herself. She has chosen a specific temple for her funeral, and she has required her two sons to ordain for her sake to become monks at that moment in transference of merits.

A primary caregiver, a single daughter, 28 years old, and bachelor's degree, who used to work as a government officer and now as her dying mother got worse, she has moved from the Eastern to work in the Southern of Thailand, whereby it was not far from Hat Yai, Songkhla in order to spend much more time to take care of her mother. She worked only a few days a week and sometimes she had forced to leave her duties for accompanying with her mother. Her boss and her colleagues understood well and granted her wish anytime. She was a primary caregiver, and her mother was very appreciated with her care. The daughter thought that this is a good time to show her gratitude, filial, and give her appreciation to her mother in return. This was also a good time for her family members that they can spend the time together more than the past, "We can have a closer relationship with our mom". Meanwhile, she could learn about the *Dhamma* world from many situations in the hospital. On one hand, she had seen a baby who has just born on the other hand, she had experienced people who fallen sick and died in the hospital. Consequently, she has learned that this was just a nature phenomenon of a human's life. She realized that "*Everything is just temporary and impermanent*"; she could have an insight into herself more than the past. Moreover, she believes in the Law of *Kamma*, good deed and the next life principles; if someone has accumulated a good deed, it could support him or her to have a happy/good life in the next life. She planned to help her mother

to achieve a peaceful death by chanting and helping her to concentrate in a good *Dhamma*'s words. She believes if her mom could focus on a good thing whereas not a bad thing and calm down her mind, this would help her reincarnate into a good realm for her next life.

A dying person's husband, 58 years old, is working as a government officer in Bangkok. He discontinued his job for a while to spend his time in taking care for his wife because he loves her so much. He said that when someone has problem, the other one has to give help and take care. He wished his wife would pass away in peace and without suffering. He hoped she could die with clear conscience with reincarnate into a good realm in the next life. He does believe in the Law of *Kamma*.

Her twenty-four years old son is studying in the opened university in Bangkok. He wants to care for his mother because she had done everything for him all her life. He wished to do everything and tried his best to serve his mother's need until the last day of her life. He wished his mother would pass away in peace, calm, and without suffering. He deeply believes in being a good person, Law of *Kamma*, and making merit. Also, he planned to be a monk during his mother's funeral to lead her to a good place after death.

Case 7

A thirty-six years old widow (divorced) with cervical cancer metastasized to liver, lungs and lymph node at her right leg. She used to work as an official officer in a community hospital at her home town in Phatthalung province. She was believed in good deeds and practiced the *Dhamma* a lot. When she had fallen sick, she wanted to do something in order to reduce her bad deeds and to send her good deeds to her bad

deeds owner. At her terminal stage of disease, she was admitted in a private room at a university hospital in Hat Yai and having her mother and her father to accompany with her. She had pain on her legs, difficulty of breath, and sometimes she got a cold.

She spent her end-of-life period in a private room, a university hospital in Hat Yai whereas stayed in a private room, a community hospital in Phattalung province, and the distance between these 2 hospitals is about 3 hours by car. She went to the university hospital only when taking chemotherapy and other special treatments, after that she would go and stay in a community hospital, where far from her house about 10 minutes by car. When she was doing fine, she rather stayed at her house with her parents, while her brother's house is just the next door. Her house closer to the market and farer from the temple about 10 minutes by car. Her family went to the temple every Buddhist day.

Her mother is 65 years old and her father is 70 years old. They were her primary caregivers. Her parents have five children and the dying person is their youngest child. They were spent their time with their dying daughter all day and night. They have been practicing *Dhamma* together every day. They really believe in the Law of *Kamma*, good deed, and the next life. They were chanting for their dying daughter; making merit which could help others happy yet tried to reduce her daughter's bad deeds. However, they hope the daughter would get well, and would have more time to make merit. They thought that someone who has done a lot of good deeds, when death is approaching to her/him, she/he will not suffer and will die in peace.

Nurse's stories

The description of nine nurses who were caring the end-of-life persons and they were the key informants of this study.

NI

A female nurse was 48 years old, married, bachelor degree, has been working as a palliative care nurse for 20 years. She has served as a volunteer; she has an experience of closing to the death by herself. So that she intends to assist the person who is closely to death.

The goal of her palliative care is to help the dying persons to achieve a good death with good conscious, peaceful, and free from suffering. The good death is very important because death will happen only one time and cannot be repeated in one's life. If the dying patient is not rest in peace with their eyes opened widely, this will cause their relative fear and cry, because they find the patient was restless until the last minute. However, if they had a good death, it seems like the living persons around were healed from the lost of their loved one.

The nurses should have to accept the decisions and the religious belief of the patient and their relatives. Nurse should not offer or push, but should give a respect to the honor of human. Let them died naturally, peacefully and with clear consciousness and honor, whilst nurses suppose not to prolong their life. She is working by using the goodness technique; talking about only the good things and providing an empowerment to the patient. The patient who believes in *Dhamma*, she will talk the good things only and let them go when it is impossible to prevent she/he from dying. Nurses are important in helping them to leave the world with good deeds,

and reincarnate and transform into a good place. She collaborates between the patient and their relatives and empowers them in this critical period. The most important person who can assist the patient is the closer relatives who knew well the root of the patient's life, and in the same time, the patient also needs love from their beloved one.

Her Buddhist faith believes in for caring from Buddhadasa Bhikkhu's concepts, 'to accept it and live with it, find the happiness among the sadness/suffering'. Live with the good mind without *Lopha* (greed), *Dhosa* (anger), *Moha*(lust); think in the right way, stay with the nature and the truth. Taking care by integrates many components or techniques, follow up the background and belief of the patient and their relatives. While providing the palliative care, she is always flexible to adjust and adapt her knowledge at all the time and apply the *Dhamma* according to the situation, regardless rules from the textbooks. Take care of them as natural, no pretending, with compassionate care, non-reward, and no-condition. Do as best as she can. The result will be equanimity and no sadness; otherwise she cannot continue to take care of other patients. Once finish a case, she will summarize by gathering the information and keeping the record as a case study, and then she will share and exchange her knowledge, in addition, give consultation to others.

N2

A female nurse 35 years old married, Buddhist, bachelor's degree in nursing and she was trained in a Home Care. Previously she worked at a surgical ward; presently she works as a home health care nurse.

For the palliative care, she aims to help the terminal stage patients to have a good death and their relatives have free from suffering. Nurses who are caring the dying persons should have more experiences in nursing care while the nurse who has direct experiences in handling death and dying matters will have a better understanding about a good death.

Her Buddhist belief, she believes in destiny, doing the goodness will get the good deeds but shall do without a reward in return and love to assist the others which leading happiness and accumulate merits. Providing a good care to the patient is her duty, and it makes her feel happy, 'making merit is the goodness and it opens a human mind. This good deed allows us leave something behind and abandoning the selfishness'. Making merit helps us to find the way out when we are in trouble or facing the problems.

N3

A Female nurse 41 years old, single, Buddhist, bachelor's degree in nursing , is working at an intensive care unit, which also called fifty-fifty room; means fifty percent alive and fifty percent will go with the angels who lead the spirit of a dead man to judgment.

Her palliative care goal is helping the terminal stage patients die with dignity and has the Buddha's Pureland as the harbor. She believes a person who devoted to the Buddha would have the honorable life, never died alone and has some harbor to rely. She feels that sickness is the misery from bad deed of the past and death is the part of cycle of birth and death.

In Buddhist way, she believes in Law of *Kamma*, doing good will get a good result, doing bad deed will get the fault. Making merit is quite important for the human's life. Her family is Buddhist laity, they offer food for the priests, go to temple every Buddhist's day. Every time they go to the temple or listening to the *Dhamma*, this behavior makes them always feel happy. The *Dhamma's* principle is good to be self-warning. Normally, she loves to read the *Dhamma* books, practice meditation and chanting every day, and also making merit in the traditional Buddhist holiday.

The nurses who take care of the patients, not only work by hands but also work by heart. To provide the palliative care, nurse should do a perfect job by sending the patients' spirits to meet a better place in their next life. We have to think further for the life after death, not just only about the death of patients. It means caring since the beginning until the end, the moment of death and after death, that it is the perfect task. With the family members, she also asked them to do their best. The time that they live together are considered a good time for them, when somebody will have to leave this world, they leave in good manner'.

N4

A female nurse, 49 years old, married, Buddhist, Master's degree, is working at a neurosurgical ward. Her palliative care is to consider of human's dignity; help them to be free from pain, and die in peace. She takes care of them with a good mind and considers and treats them like her own relative. She wishes they will die happily and she does not want to see the patients and their relatives cry. She thinks that she

has the opportunities to do the good things for the patients that will help them go to the heaven or Buddha's Pureland.

The palliative care nurse should have good communication skills; give sufficient information, good knowledge and good experiences. After she had worked for 4 years, now she has confidence to provide a good nursing care. Nurse who cares for the end stage patient should be calm. When the patient is nearly to die, nurse has to let him died freely without any resistance.

In Buddhist way, she was born as a Buddhist. When she thinks about the monk, she feels more comfortable. She believes in good deeds concept. She always makes merit at the temple on her birthday every year; to do the goodness and receive the holy water as a blessing which makes her feel more comfortable.

N5

A female nurse, 38 years old, married, Buddhism, bachelor degree; is working at an obstetrics and gynecology ward. The goal of her palliative care is to care for the terminal stage patients and lead them to achieve the good death. She believes that the good death will help their spirits go into the happy way. The relatives of the dying patient who has a good death will also have good feelings; even they are upset and cry, they still can shown a smile on their faces.

She often teaches her patients about the cycle of birth and death, and Law of *Kamma*. While she is teaching, it seems like she is preparing herself for the death repeatedly, and these practicing lead her to think over about herself. She takes care of the patients with full sincerity to help them. She always holds the patient's hands while talking to them and she thinks that "they are humans and I am also a human".

When she sees the smiling faces of her died patient, it's like they say thank you to her and they all may feel comfortable and happy.

In Buddhist way, she believes in good deeds and forgiveness "to forgive someone is painful because we don't want to forgive but if we practice to forgive we won't think about it" and will be getting better, practice day by day". Presently, she donates some of her income for her patients who do not have the money to return their home, grants any requests that she is able to help. Sometimes, she helps by inviting the monk or reverend to see patient, prepares some materials for religious process according to the patient or relative's requirements. She feels that her work will be worthwhile because she has contributed her strengths to the others and when she helps the other happiness she also happy more than them too.

N6

A female nurse, 37 years old, single, Buddhist, Master's degree; is working at an intensive care unit. Her objectives of caring to the patients in the terminal stage are to let them achieve the good death, let their spirit go to a good place and let they died without resistance. If it is possible, she likes to help the patients to die at their homes because they will feel more comfortable and familiar to the environment. Their family members are there, and they are very important to "resist" or to "let them go" into a good place. If the patient is restlessness, she has to accept and let it be, and served as they needed. She will accept and will not be upset from the end result, due to the patient's bad behaviors during his/her lifetime.

Every person needs to be free from evil land or to reach the enlightenment stage of mind but it is not an easy job. They will need to have their mindset developed and hold their good deeds to reach a nirvana point whereby no rebirth and death cycle.

In Buddhist way, she believes in goodness. She makes merit and helps other people as much as she can. She does the good things and keeps doing which she thinks that is better than does nothing. She offers food to the monk every day off and on the day that she doesn't have go to work in the morning. She always considers 'if we want some thing, the others always want the same thing too'.

N7

A female nurse, 40 years old, single, Buddhist, Master's degree; is working in an intensive care unit. Palliative care in her unit is to take care of the critical ill patients in his/her terminal stage, getting worst and nearly to die. Her chance to see and care when the patient died not so much because sometimes she works in the evening shift, the next day in the morning the patients have already passed away. So she rarely to have her own experience with caring the whole dead case that started from her first caring until the patient died, but she has more experiences in the palliative care from different types of cases.

The goal of her palliative care is to help the patient to die harmoniously, means a good death. Her desire death is death without restlessness, like sleeping people with eyes closed. If the patients have a good death, the family members will also be in peace and they will not cry too much. All nurses should have the essential knowledge in the end-of-life care and should not have a false expectation, but accept and respect the patients and family members' decisions.

In the Buddhist way, she believes in the Law of *Kamma*. She loves to read the book of Suan Mokh (Buddhist place), “The Human’s Handbook”, “Life after Death”, and “How to Take Care of the Dying Person”. When a person died, the soul leaves the body, who behaves well in life, accept the death, and acknowledge the good things will have no torture. All good things will help the person’s spirit to be free from the evil land, to be happy with his/her good deeds. She believes that someone who died peacefully, he/she will feel happier than someone who had died with suffering

N8

A female nurse, 33 years old, single, Buddhist, Bachelor degree; is working in a neurosurgical ward. She takes care of her patients by encouraging them to accept the lost/death and continues to live their better life than practicing the ritual. However, if the family and the patient want to do, she allows them to do so.

The goal of her palliative care is helping the dying person to achieve a good death. If the patients want to go back home, she let them stay peacefully, no resuscitation, no more treatment, no tube, no IV line and no blood drawn. The nurse who takes care of the end-of-life patient should make a good decision, good attitude, strong moral, and gentle. If the relative is crying, nurse shall not cry with them at that time.

In Buddhist way, she always listens to the *Dhamma*, practices meditation, and offers food to the monks. Those things make her to be gentler and more accept to the others, listen more to the others. She teaches the patient’s relative to accept the life cycle and everybody will have to face it, and should deal with it patiently, and let it be

with clear conscience. She teaches the patients to deal with a bad news with a compassionate and calm tone.

She learned from her job that nobody can avoid the life cycle; birth, old, sickness and death. Even they have fought with the death with whole strength, but finally they would die. She does not want to be hurt by the present life, and then she shall take care of her life well and spend her life worthwhile. She disagrees when the patient died and their relatives are crying. Especially in chronic diseases, the death of patients should easily accepted by the family members. The persons, who are still alive, should continue their lives happily. She has seen the palliative care as the way to balance in caring; people can try for their life, however when they cannot resist from it, they should accept it. Extremely try but at the same time shall accept the truth that people will have to die.

N9

A female nurse, 51 years old, married, Buddhist, Master's degree in nursing; is working at a special obstetrics and gynecology ward. In Buddhism, she believes in the cycle of birth and death, and the Law of *Kamma*; 'something happen in people's life, it is related to their *Kamma*. They will get what they had acted in the past, if the *Kamma* is not ended, the cycle of birth and death will continue'.

In her daily life, she practices for goodness, be honest, be faithful, care for people, and uses her nursing skills to help people. She works by heart, takes care of her patient's spirit, and focus on their mind. Let the patient prepares their minds to be stronger, "*mind is the superior and body is the subordinate*". At least, nurses can help to support the patient's mind. Mind is the most important as Buddhadasa

Bhikkhu (a famous monk in Thailand) said “*person gone with his/her own Kamma and nothing can help, even your beloved, you can’t take him/her with you. One’s own mind is very important because nobody can do it for you, nobody can do your mind for you and you have to do it yourself*”.

The aim of her palliative care is to take care of the dying persons in order to achieve a good death or die peaceful. She encourages them to fight and hope; hope to die peacefully. She also believes that when someone dies peacefully, his or her mind will go to a peaceful place. The peaceful place can be hoped, however without a peaceful mind, he or she will suffer, “*good death, good leave*”.

All of these family members and nurses were the key informants in this study. They provided the end-of-life care for helping the dying person to achieve the peaceful death in the Thai Buddhist culture.

Findings of the Study

The domain of inquiry for this research study consists of the data from both folks and professional caregivers. The findings of this study are involved with the family members and the nurses’ religious and cultural belief, especially in Buddhism. The researcher synthesized and interpreted the findings from the family members and nurses to see the pattern of the findings (Leininger, 2002). The findings of this study presented in three parts that related to the questions of the study: meaning of peaceful death, end-of-life care for a peaceful death, and Buddhist belief and Thai cultural factors enhancing a peaceful death

I. Meaning of Peaceful Death

The meaning of peaceful death in this study was gained from the analysis of peaceful death views of family members and nurses who took care at the end-of-life for peaceful death. Result of the study revealed that the family member and nurse informants had reflected similar meaning on peaceful death. It was evident and proved that peaceful death of Buddhist dying persons were closely related to the concept of “*Sugati*” or a silence and peaceful place after death. The *Sugati* was the main objective of the life after death and also the expectation of the caregiver for the dying to have peaceful death or good dying. In addition to, all informants agreed that the peaceful death was a good death in order to take a good move on. It was believed that the ones who died in peace, their spirits were reborn in a good place. To be in a stage of *Sugati*, the dying must develop or would set consciousness or “*Sati*” to overcome any disturbance and being able to accept a death in peaceful mind by thinking of merit which had been made until the last breath.

“..... at the day he passed away, peaceful death lead her to Sugati, move to the better way, according to my beliefs, I thought that he moved to the next world and was reborn in a good place.” (C5, EOL’s aunt)

“My palliative care goal was a peaceful death, as I believed that peaceful death leads the patient spirit to Sugati. For the family member, they will feel good if their dying cousin died in peace...family members cried with smiling face. The member fulfilled of their cousin peaceful passed away.” (N5)

“A good death or a peaceful death leads to Sugati, according to Thai Bhuddism, monk mention that Sugati is a target of peace. The peaceful death leads to Sugati place, while non peaceful death leads to Dukkhati (state of unhappiness, suffering)...at the last moment before death, is a meaningful moment, that is peaceful death leads to reborn in a good place.” (N9)

After death, family members from four families would explain a situation that supported the dying spirit went to *Sugati* according to the family’s perception. On the

one hand, two family members out of four families had obtained this information from their dream. On the other hand, the other two family members perceived and confirmed the facts from observed the dying bone ashes after the cremation.

“After my nephew (EOL nephew) passed away for 10 days, his father dreamed of his son. In the dream, his father known his son passed away but he did not scare. Then saint Guan Yin came down from heaven. He told his son that father took the good spirit lotus from saint Guan Yin to you. The nephew took the lotus and float followed the saint Guan Yin to heaven. ...From nephew’s father dream, it means that my nephew had very good death way.” (C1, EOL’s grandmother)

“At the time we collect mother’s bone remain, her skull bone was look like white ceramic. Someone told that my mother gone in peace because the good passed away would have clear color bone remain.” (C5, EOL’s younger sister)

A monk, who was 54 years old with 30 years of being a monk, went to the hospital frequently for supporting the last moment before an individual passed away, mentioned the “*Sugati*” as follows:

“Before death we think of Buddha, as least we pray: A-Ra-Hang Sum-Ma (word pray to respect the Buddha) in our mind. Thinking of Buddha which were Buddha Khun, Dhamma khun, and Sunka Khun (the tree general focus when Buddhist pray), this thought lead to spirit tied to Buddha. When your spirit tied, when you died, the peaceful death was there. However, for individual who had bad thought, thinking of sins or Dukkhati led to suffering...Sugati was happiness, happiness in the next life. Thinking of Dukkhati, led to suffering in the next life, will face suffering.” (Monk1, general information)

From the data analysis, can be concluded that the peaceful dying in the Thai Buddhist was death with spirit move to *Sugati*. Then all informants from these two groups, family members and nurses, have the same meaning of ‘peaceful death’.

In addition, the meaning of peaceful death in the Thai Buddhist culture composed of 4 themes: 1) die as a sleep without suffering; 2) died without any worries; 3) died as

Kamma ending, lifetime finished, would not postponing death; and 4) died in *Sati*, being conscious before passed away, as mention in the following data:

1.1 Died as a Sleep without Suffering

Family members and nurses agreed that peaceful death could see from the final stage, that the individual who died relaxing without suffering. The dying person did not lie down similar as a sleep, moving around nor could suffering be seen. Before passed away, the breath would slow down until stop. In case of some breathing difficulties, there was no air hunger for so long. In some cases, patients who were felt pain at the final stage would have little pain just only in the short time. So this death was the end of painful and suffering. The dying face expression seemed relaxing without fear. In some specific cases, after death, faces of patient seemed happiness fulfilled with mild smile. The detailed were as follows:

“I did not imagine that my daughter would pass away like this. It looked like she slept. Other cases were passed away with suffering, torturing. Some had severe convulsion with body bent and other suffered. But my daughter passed away with peace...Her breath stop, without any suffering, no movement, the same as sleeping.” (C7, EOL’s dad)

“The individual who was peaceful death without suffering from pain and was happy faced...There was one died with smiling face....died in peace. The patient did not experience any suffering at the final moment. The dead did not present any scare image, sleepy image instead.” (N9)

Moreover, the study had shown that some participants believed that peaceful death, similar to a sleeping look, without suffering and leading the dying patient to the good “*Pob Bhum*” (realm, the other world from this life world).

“My son seemed like sleeping when he passed away. He just slept without any sign of suffering. He slept...someone who suffered from the same disease experience suffering before death. But my son, he died the same as the old man died which different from other cases. I thought that what I saw was

good that a peaceful death was going to good Pob Bhummm. ” (C1, EOL’s mom)

1.2 Died without Any Worries

All family members and all nurses explained that the patient experienced a peaceful death because they left without worries. The dying patient did not have anything left to do. He/she had done all what he/she wanted, so died with eye lids closed. The family members would pay more concern to close the patient’ eyes by gentle touch for helping the patient to have a peaceful death with closed eyes.

“My grandson died without worries...he died with eyes tightly closed. He did not mention anything; he was a boy who never made any one worried about him” (C1, EOL’s grandmother)

“Although the patient was hardly breathing for two days, he still could not die in peace. So before he passed away, I helped him by telling him that there was nothing to worry about, just relax. So he died in peace with closed eyes.” (N1)

“Died in peace was not attach to anything...we believed that the patient was like. The patient who attached to worry, he/she could not leave, could not move to a good way.” (N6)

1.3 Died as *Kamma* Ending, Lifetime Finished, would not Postponing Death

Family members from all families and nurses defined this peaceful death as the dying person died when his or her *Kamma* ending, lifetime finished, and would not spend an extra effort to prolong his or her life. Nurses and family members pointed out that a peaceful death was *end of Kamma* “*Mod Vera Mod Kamma*’, lifetime ended. The dying person died when his or her time was up for the end of life, and it was a suitable time to leave the world. When the last minute came, let the patients die peacefully in natural according to the families’ and patients’ wishes. This peaceful death was supported by the four nurses’ response stated that this death was

the process of letting body organ functions down until stop without any actions which postponed these mechanisms. When the last minute came by, let the patients die peacefully according to the families' and patients' wishes. Nurse believed that trying to prolong one's life without reasonable causes brought more suffering and pain to the patients. In other words, a peaceful death was not prolonging one's life when the terminal time came by.

“He died in nature..... his (EOL's son) Kamma was ended. It seemed that he just sneaked in to birth so could stayed with us just a short time...when his times was up, he had to leave.” (C1, EOL's mom)

“...did not let doctor punctured or did anything, I told the doctor that I would not like to prolong his life, just let him go in peace. ” (C1, EOL's grand mom)

“My daughter ended her longevity time of human life. She was born to pay back her Kamma, her Kamma was ended ...so that she fulfilled her Kamma task in this life. Human leaved when his/her Kamma was finished.”(C7, EOL's aunt)

“No prolonged life...when the patient with no cure came to the time to die, why do we prolong the patient's life?... When I talked to the dying family member like this, they all told me that they would like to let the patients died in peace, no need to take blood exam, no operation, because that useless for cure.” (N4)

“It liked end of bad Kamma, no retained bad Kamma... a good Kamma would help patent to die in piece. When the time to leave came, let the patient go...let he die without prolongation life by ventilation machine. At the death moment, should let him/her go in peace. Did not insert tube, drew blood exam, give IV fluid, on injection, the patient were pain.” (N6)

One nurse told her experience of caring the patient at the end-of-life which their relatives would like the doctor to prolong the patient's life. The nurse saw the relatives crying when the patient was CPR, which led to non peaceful dead of the nurse view as follows:

“.... the patient would have died in peace but the relative asked for CPR. The family members told the doctors to do the CPR to their mother just for prolong her life because one of her son was coming. So while CPR, the family

cried, and carried mobile phone closed to her ear, so she could hear her son asking for waiting for him.... We know that prolonged life did not make more any useful, but I asked myself "why we want to prolonged her life? We know the fact after the tube was inserted; hopeless for her life..... I told the relatives, this situation that we do always more cooperate with the family decision than followed the patients wished. Just would like the relative to consider, not only nurses' responsibilities for the patients."(N4)

1.4 Died with Sati, Being Conscious before Passed Away

Family members from three families out of seven saw the dying persons died with *Sati* according to their wishes at the moment before death and at the time of the spirit departed life; the dying was in conscious, good memory, communicated and followed any order. And four nurses out of nine, mentioned the peaceful dead as the dying died after they were in conscious, accepted dying, relaxed the mind, peaceful, did not scare of coming death. Some dying individual chanted following the caregiver led.

"My grandson had Sati (consciousness) until death. He remembered everything, including visitors.... he passed away in peace with his Sati."(C1, EOL's, grandmother)

"I believed that my sister died with Sati, because she recognized everything that I told. I told her the date, she nodded her head....she could die as she wished. She wished to die with sati." (C3,EOL's, older sister)

"Patient seemed to be with Sati (consciousness) all the time, perceived and recognized...listened to what nurse was told. Even at the last moment of life, the patient thought about Boon (making merit) all the time.." (N3)

"Patient's soul will leave when the patient is behaved well, being with good things, had Sati, accepted death. I believed that the patient would die in peace." (N7)

The informants both family members and nurses mentioned having *Sati* before death was important and reflected a peaceful death. As the patient and attendance believed that such death led to *Panna* (wisdom or insight), the patient knew how to let

go of things, body, worries and attachment to a good thing. The patient would feel relaxed when letting go of all things which had worried about. Then dying was accepted and led to the new good *Pob Bhummm*.

“my dying younger sister believed deeply that she wished to die with Sati. So she kept cultivating Sati... the death with Sati leads to freely left from this world to a new world. Left with Sati, thinking of Kusala (good merit), the spirit at the last minute would lood pon (freely left) which fulfilled her aim.” (C3, EOL’s, older sister)

“Patient who died with sati would not scare of the death coming. The patient would be relaxed...having sati led to peace. The patient’s mind was peaceful, felt well. Patient without sati would scare, scare of death. Then such the patient would not know where to go. If patient scare would attach to worries...Having Sati led to wisdom to understand the reality as it was. Thus the mind was clear and peaceful...to be at a stage of Sati, a person should be free from any worries, peace, relax.” (N1)

“at the moment the spirit left the body, the patient should thought about good, the spirit after death would freely from Sumbhavesi (a spiritual realm waiting for a rebirth) to the better place.” (N7)

Information Gathered from Participant Observation: observation from two cases, the first case was a man who was 68 years old, died in a private room at the hospital in an early morning. The second case was a woman who was 29 years old, died at dawn, in a room at a hospital. Before death, both of them had a difficulty of breathing with some breath stopped 4-5 times. Then the difficult breath was slowed down, eyelid closed slowly, mouth stopped moving, finally breath stop and eyes closed. The relatives tested the patient breath by putting a hand near the patient’s noses, and feeling the breath. The dying man died with his mouth open a little. His son rolled small pieces of cloth and put under patient’s chin, so the mouth closed. All people in the room including nurse stand still. Other nurse was prepared to taking care of the corpse. After the women patient died right away, family members cried. Her aunt as her primary caregiver with mild smile face, thanked nurse for helping the patient at the last moment. For the man family, someone walked the corner of the room and cried softly, someone was sitting in silence, someone was holding the patient’s hand by the patient’s bed...the researcher felt as if staying in the “last word” phenomenon.

Moreover, the informants, family members and nurses, were told that when the patient had a peaceful death, caregiver could easily accept the fact. The caregiver

would feel good as their loved one died peacefully. Some had been told that they cried for the patient's death. Five nurses were told that most of the relatives accepted a peaceful death because nurses had provided nursing care and did their best. That means, the nurse was helped the patient fulfilled their wish before they passed away. The relatives would cry but in a peaceful death, they did not shout or could be well control in emotion. So, nurse saw some of them crying with little smile face and being proud of the patient's peaceful death. This phenomenon was different from the family which the patients died without peacefully. The relatives could not accept the death of patient. Some family members felt guilty of letting the patient die without peacefully.

In summary, a peaceful death in the Thai Buddhist culture is a death to go to *Sugati*. Peaceful death means as died as a sleep without suffering; died without any worries; died as *Kamma* ending, lifetime finished, would not postponing death; and died in *Sati*, being conscious before passed away.

II. End-of-Life Care for a Peaceful Death

The study of end-of-life care for a peaceful death focuses on perspectives and experiences of sixteen family members and nine nurses who are helping the dying persons to reach a peaceful death in the Thai Buddhist culture. The family caregivers of seven dying persons have provided the useful information regarding their care in the final stage. There were four dying persons who had admitted to the hospital throughout their final stage of life and three dying persons had treated both of at the hospital and their homes. Overall, five patients died at the hospital and two patients died in their own homes.

The study found that a majority of the dying persons would prefer to have closer caring from their family members than any treatments from nurses because they were as the group of family. While participated in this care, the family members had to focus on the dying person and care for family members themselves as well; also nurses had to provide care to the dying persons and their family. This end-of-life care for a peaceful death should be treated according to the needs of end-of-life persons and family with individual's thoughts and beliefs as much as possible. The family members and nurses were provided the caring services until the dying person had reached a peaceful death and continued their care to the after death. Therefore, the researcher categorized the findings of the end-of-life care by family members and nurses into three phases which are 1) general end-of-life care, 2) near-death and the moment of death care, and 3) after death care. The information is provided as follows:

Phase1: General End-of-Life Care

The first stage of care for the end-of-life persons is a general care that has started since the family members/nurses first acknowledgement of the incurable disease that they knew from the physician's diagnosis. Most family members and nurses said that when it came to the point that no treatment could be done, they want to provide care for the dying persons to reach a peaceful death. The general end-of-life aims to support the peaceful death to the dying persons, which is the general end-of-life care, that covers a whole-person; bio-psycho-social-cultural-spiritual human approach. In this study, most of the informants were provided general end-of-life care in the scope of responding to the end-of-life person's needs, with that, the family members and nurses would be able to focus directly on problems and needs of end-of-

life persons as much as possible. At this moment, they would try to help the dying persons to do what they want and would not provide any aggressive treatment. The nurses was helped the dying patients stay relaxed, relieved, and calmed by letting the family members to be close to the dying patients at all times and to let them to get what they want to do for their loved ones based on their Buddhist beliefs for a peaceful death.

Phase 2: Near-Death and the Moment of Death Care

The second phase of the end-of-life care has shown a significant change on the illness progress, the sign of near-death conditions. The conditions might show the signs that the dying persons are getting worse and other vital signs. Those developments included lengthy sleep, less attention in anything; slow down of breathing, and exhaustive breathing. In this phase, there was an extensive one or two days of care before death. The nurse informants had provided care before the death or based on the worse conditions at hand. The nurses would evaluate the conditions and able to know the patients are dying in a short period of time. Occasionally, family members could be able to observe the change or advised by the nurses about the dying conditions.

At this stage, the purpose of end-of-life care is for helping the dying persons to die peacefully. There were some activities being done prior to this phase including being side-by-side, granting forgiveness, letting go worrisome, performing ritual acts, making merit, and praying. These activities are done on a regular basis to familiarize the dying persons with death, stimulate consciousness, and prepare the death acceptance and departure before the time comes by. In addition, there were some activities being done especially prior to the death, for instance, leading to the patients

to think positively and hope for a better place. This activity could be done with saying the last word, begging for forgiveness, chanting, and performing ritual acts based on the dying person's need and belief.

Phase 3: After Death Care

The after death care is performed by the family members/nurses after the death of the dying persons. The main purpose of after death care is to send the spirits to a better place according to their Buddhist beliefs. Buddhist believed in rebirth and the reincarnation. It was believed that if the person died peacefully, the spirit would go to a better place. After death, some of the family members would observe the body conditions for the loved one in order to confirm death. The assessments are performed through breathing observation, pulse touching, and body movement to verify that the dying persons had died already.

After death, if the patient died at the hospital, the caregiver would be able to inspect the patient's bodies with the nurse. However, if the persons died in their own homes, family members would take care of everything includes body cleaning, dressing wound, and corpse dressing and making up. All activities are done in proper manner by focusing on maintaining the loved one's best looks. Mostly, the after death care was aimed to help the relatives of the deceased. The relatives could rest their minds that their loved ones were taken good care of. The relatives wanted to see the dead look like they were in sleep and die with their eyes close. Most people pay attention on the thought that good people would die with their eyes completely close.

The Major Themes of End-of-Life Care for a Peaceful Death

The domain of inquiry for this research study was the end-of-life care for a peaceful death in the Thai Buddhist culture. Therefore, the researcher integrated data

from family members or folks and nurses or professional who participated in this study and created the four major themes of Thai Buddhist end-of-life care for a peaceful death. The findings from family members and nurses presented the patterning of the four core values: merit (*Boon*), *Kamma*, *Sati* (consciousness, awareness), and *Sugati* (reborn in a good realm) while the caregivers were continued the care for a peaceful death. After that, the researcher formulated the major themes of Thai Buddhist end-of-life care for a peaceful death from this four core values that presented in the following: 1) caring with merit for helping the dying person to reach a peaceful death and going to a good realm after death; 2) caring based on the belief of *Kamma*; 3) caring for *Sati*/consciousness to be ready to face the coming death; and 4) caring based on the dying person centered and family's participation in care.

2.1 Caring with Merit for Helping the Dying Person to Reach a Peaceful Death and Going to a Good Realm after Death

Caring with merit for helping the dying persons to reach a peaceful death in this study means the family members and nurses' informants provided care by using merit, good deeds and some *Dhamma* lessons spiritually in their end-of-life care. This care focused in helping the dying person to have a peaceful death and with a hope the spirit of the dying person would go to the good realm after his/ her death. The informants believed the merit would help both the dying person and merit-makers emotionally relieved and happy. By making merit, the dying patient, relatives, and caregivers would be happier and calm in their hearts. They were placed a hope that performing meritorious actions would yield the happiness to the dying person while both alive and deceased. Both the dying person and family members expected that

making merits might prolong the dying person's life or recover them from their illnesses. Yet, if not, the dying person would peacefully pass and go to the good realm by the care with merit. The information as the following:

2.1.1 Using merit in caring the end-of-life persons

The informants stated that kinds of merit making in the end-of-life care for a peaceful death included offering food to the monks on their alms round, presenting Lenten candle, releasing lives, offering to the Order, suggesting the dying person for meditation, etc. With this kind of merits, rarely, the family caregivers could invite the monks to their homes or hospitals themselves. Conversely, relatives might go to the temple to perform meritorious acts there. The information is provided as follows:

"... I went to nine temples to offer the Lenten candles. There were all deserted temples. My nephew was sick; I'd rather go instead of him (EOL nephew). Even though he could not go by himself, I would pray for him during offering food to the monks. Then, I would pour the water of dedication to transfer merit to him later... Every merit I made, I prayed that the merit would go straight to him, for him, not to suffer again in the future... I would perform any meritorious acts I possibly could for him. I would continue doing it... Today, there is a large python approaching the house. The workers around the area caught it and going to sell or kill it. I asked to buy it from the worker. I took it inside the house and put the gold leaf on its head. I then told the python that no matter what you would be... be the King of the jungle, be the Lord of the land, be a reptile, I wanted to release you from the worker. I wish you a better place, the higher place, and to release you. While praying, I dedicated my merit to my nephew. I wish all his illnesses were gone." (C1, EOL's grandmother)

"That time, the hospital invited the monks to pray at the wards. Mom went to ask the nurse that she wanted to have a monk come over to the wards for the patients to make merit. So, the patient would be able to offer to the Order and the monks could give blessings to the patients. The nurse was agreed with it... Mom invited two monks to receive the Order and to wish the blessing for my dying sister.... I asked my sister (EOL sister) how she was. She said she was agreed, like she was relieved. She must be happy that at least we think of her.

We meant to make merit for her, for her to be able to make merit to the monk.” (C5, EOL’s younger sister)

“At this moment, what we can do for mom (EOL person) is something spiritual. We prayed for her, made merit for her, or offered the order for her.... I suggested mom to meditate a couple of times, but she said she could not do it. It was painful all the time, it was hard to meditate. So we started to make merit to make her feel more comfortable... It is like making her happy. Now, we get to make merit when mom was unwell. Knowing that mom is happy makes us feel fulfilled...” (C6, EOL’s daughter)

Moreover the nurse informants could use merit in caring through telling the end-of-life patients to think of their good deeds in the past or using their merit in self-curing technique of slow deep breathing and take all good thoughts inside the body. Some nurses took the good deeds to care very seriously and advised family members to do good deeds for patient as well. Good deeds would be beneficial for the end-of-life patients and family members themselves by using their own good deeds for self-healing, including transferring good deeds to patients by nurses. The information is provided as follows:

“...I told the end-of-life patient that when we were tired, we inhaled slowly thinking of good things we did in the past, then we exhaled bad things and grief out off the body and piled it up outdoor letting sunlight destroying it by taking good deeds in and washing out pain and bad things. Put good things in, think positively and we wouldn’t be sad by it... You are a good person, all good deeds you had, you used, you made, and you would feel relaxed.” (N1)

“We would ask the patient if they ever have bothered or taken any lives before. I would recommend family members to let go of animal lives, and devote those good deeds for the patients... The principle of doing good deeds would benefit those to be delighted before, after, and anytime we think of those previous deeds. We used those good deeds for crisis and it made us happy, satisfied, and delighted..... Doing good deeds, family members are happy, as well as the patients. At least, their minds had those good deeds to hold on to.” (N3)

Some informants stated that the important thing while making merit is the pray after doing well deeds that the merit maker has to be clear on what he/she asking for.

The information is provided as follows:

“I told my family members when we did good deeds to pray for the dying patient. They have to declare their purposes such as wanting the patient to die peacefully, with no pain, no suffering. Then, we wish for all requests to come true.....It will be. Will be, if it didn’t happen, it’s fine. At least, there was hope. It was good things in life and we also were happy... Praying is one kind of meditations. Still mind is needed. It reflects directly to those devoted good deeds to. Then, their minds would be peaceful, with happiness.” (N3)

2.1.2 Assisting the end-of-life persons to perform religious ceremony

Most of the informants supported the dying persons and families to participate in religious activities based on their beliefs and needs. These would be helpful for their happiness and for the comfort of the end-of-life patients and families. However, those activities needed to be safe such as inviting monks to discuss *Dhamma* and pray, offering the order to the monks, pouring water of dedication to transfer deeds to others, and etc. Most of the time, nurses would invite monks to perform the ceremonies at the wards or sometimes family members would invite the monks by themselves.

“If family members want to hold any ceremonies, they would be asked to discuss with us in details first. So, we could provide any materials and goods for them. But, lighting incenses and candles indoor was prohibited because it was dangerous with oxygen tanks around.” (N4)

“The family members could be able to hold Buddhist ceremony. We could organize that for them. If monks came, family members and relatives would round up the patient’s bed... and prayed for the end-of-life patient. The monk chose simple and easy chanting one for them to understand, so they could perceive and set their mind calm and in peace.” (N6)

“Monks were invited for spiritual care. We said to patients that inviting monks for chanting or pouring water of dedication was good things which caused no

harm... We invited monks depending on patients and families' preferences; invitation of monks to the wards was done on families' requests. We will not tell them whether they should do or not. It was like giving them a chance to practice religious ceremony." (N7)

One monk who talked about performing religious ceremony for the end-of-life patients in the hospital, as follows:

"Meeting the monk makes patient feel better ... I asked the patient if they have anything in their mind. She said she wanted to meet the monks. It gave her good feelings. She liked hearing the monk chanting. It gave her happiness to meet the monks, to see the monk's robes, and to offer to the Order by herself..." (Monk1, general informant)

In the near-death phase, the informants used merit in care to help the near-death persons die peacefully and depart to a better place after death based on their Buddhist beliefs. The information is provided below:

2.1.3 Leading a dying person to go to a Good Realm with focusing on merit and optimistic thoughts

Most key informants suggested that they would encourage the dying persons to think positively including the positive past acts, the Buddhist teachings, or the prior good deed they have done. They would keep telling the dying persons till their last breath. Those might lead the spirit of the dying persons to go to a good place after death.

"I told my niece (EOL person) many times when she breathed slowly like she was dying that she ought to think about her past good acts. I told her to accumulate the pictures of good deeds she did, where she did it, and bring all those thoughts into her sleep..... Like I was telling her that when we thought about good stuffs, we would be relieved. No matter we were spirit or human being, if we think good thoughts, we would be cheerful. If we think of negative thoughts, we would just be depressed. So, I just told her to think Phra Buddha, Phra Dhamma, Phra Song, then recite Na-mo.... By having good thoughts, we would just pass away peacefully." (C5, EOL's aunt)

“I wish my daughter to go peacefully, not torturous or struggle. Once I chanted the Buddhist teaching for her and she followed. That is an important... I told her to follow the Buddhist teaching. I told her to think only of the monks. The Buddha said everyone must die, not to be scared of... Once she do good deeds, never slander, never hurt anybody’s feeling, and maintain only good deeds, we shall pass peacefully... I told her to breathe her last peacefully.” (C7, EOL’s dad)

All nurse informants stated that they wanted to help the dying patients pass away peacefully by leading them to think about their good virtue, good deeds, any forgiveness-begging acts, or Buddhist words such as *Bud-To*. Also, they could tell the patients can pass away painlessly not to worry about anything. In addition, they would suggest the relatives to make merits for the dying patients to add good virtue for them. The nurses have kept reminding the relatives to tell the patients because they might be too worried till they forget everything. The leading like this would guide the dying patients to have a peaceful death.

“I suggest the dying patient to think of their previous good deeds, Phra-Buddha, Phra Dhamma, Phra Song, to keep thinking about it.... It would calm their minds and if they die, they would go with good virtue. There are many good virtues. We could praise the good deeds they did. When the time comes, everybody would be supportive and tell them not to worry... We would suggest them to take with good virtue along, not to carry anything else with them.” (N1)

“While the patients have come close to death, we would allow the relatives to pay the last visit for final moment. We would recommend the relatives to only speak about good things and tell the near-death patients not to worry about anything. We have to keep reminding the relatives. Sometimes, they just forget because they are still sad. They would just stay still; we have to recall them back.... We also told the near-death patients to leave this world to a better place and to think good thoughts because they were still conscious. We could still tell them. We would tell them to go to beatitude, and recite Na-Mo for three times. Then, we would whisper by their ears to pass away to a better place.... This is like leading a path for them. We would also tell them to find new decent bodies because these bodies were unbearable.” (N6)

2.1.4 Performing ritual activities based on religious beliefs

According to the near-death care, there were certain activities being done based on *Buddhist* beliefs for a calm death. Before death, there are closer relatives from some families who have performed several activities with the dying persons. In the morning of the death, the family went to make merit, offered food to the monks, performed ritual activity, and poured water of dedication to the dying person loved ones before their departures.

“... Around six in the morning of the last day, my brother, my sister and I, went to offer food to the monks for my sister (EOL person). We got back around 8 a.m. in the morning. We poured the water of dedication to her at her bed. I, then, held her hands and poured the water and also told her to pour the water. She was quiet, closed her eyes, and poured the water. Then, I chanted the dedication the good virtue to the persons with previous deeds with my older sister. She then nodded.... I just did everything based on Buddhist beliefs that it would help her make merit and pass away to a better place....” (C3, EOL’s older sister)

Performing any activities based on referrals or advices; some of the informants said that when they have come to realize their loved ones are soon to depart, they might carry out some activities that might help their loved ones go to a better place. Those activities included giving them money, placing flowers, incense-sticks, candles, on their hands, dripping water into their mouths. The information is shown below:

“... Last day, I touched my son head (EOL person) and told him to sleep. I was curious why he was so quiet... I asked my niece to bring along flowers, joss sticks, candles, and take the white sheet from his bed. I then put everything on this hand.... I saw him slowly sleep. His mouth was wide opened and his breathe stopped at that moment.... Those flowers, incense-sticks, and candles were placed right in his hand before he died because we prepared that since the afternoon... my husband told me to give him the best caring closely. We have to put those holy things on his hands before he left. According to Buddhist, we believe that flowers lead him to a better place. Something like that... (C1, EOL’s mom)

“... I put one hundred baht into my niece hands (EOL person). Her dad said that we must give her money before she passed away. When I gave her money, she then quickly accepted it... Some people took money with them. If a person was given the money before they die, then they could take that money with them. Her dad emphasized when she was in near-death state, we shall give her spirit money to buy flowers for the monks in the after life as she wished... My niece held the money so tightly that she did not even let go during the bathing rites for the corpse, we had to unfold it for her...” (C5, EOL’s aunt)

2.1.5 Transferring dedications and merit to the death

In the after death care, all informants stated that they transferred dedications to the dead spirit by having the ritual activities at the temple where a funeral was held. After that, each individual family would make merit accordingly based on each individual family’s beliefs. They might make merit constantly everyday till 100 days completion of death or till the deceased’s birthday anniversary. By making merit, it might be done through offering food to the monks or donating things to dedicate good virtue in order to support the spirits to the better place.

“Once he died, I would spread his good deeds while he was alive to others through his interview paper (the researcher conducted his interview before he died). This document was given out to others to show what good deeds he did and how he behaved while alive. It might be a good merit for my nephew to share his story as an example for others. Other attendees who came to the funeral also received the written notes that he wrote during his sickness to support others who might also be in serious condition. This is a good virtue and making merit for him... and I got ready to make merit for his birthday anniversary, I would donate something to the poor kids.” (C1, EOL’s grandmother)

“Every time I make merit, I would think of her (niece’s spirit). When I offer food to the monks at the temple, I would say that these foods were brought for grandfather, grandmother, and any relatives both alive and passed away including my niece. Then, I would call out her name to receive the merit while I offered food to the monks...our family made merit for her after 100 days of death. We still believe that it was not the end. We still have to take care of the spirit, for her to get the best. ” (C5, EOL’s aunt)

Three family informants stated that certain families who have a son or nephew would ordain for the deceased. Those ordinations were called ordination in front of the corpse, or ordination in front of fire (Corpse's burning fire) to dedicate good virtue for the departed. Those virtues might send the spirits off to a better place.

“My nephew ordained for mom (the departed). My mom loved him just like her own son. He ordained in front of corpse's fire as he meant to dedicate good virtue to his aunt (the departed). he came straight to ordain for my mom.” (C4, EOL's daughter)

“Mom wanted my brothers to ordain for her. She told us while she was sick. She told my two brothers to ordain for her..... now, they already done on my mom funeral. We hope our mom would take the merit form her son's ordain.” (C6, EOL's daughter)

The four nurse informants said that once the patient died, they would give some money to the relatives to make merit for the deceased. One nurse said that if the patient she had taken care was passed away, she would do chanting, meditation, dedicated good virtue, and dedicated merit to the spirits with a hope that the spirits would go to a better place. The information is provided as following:

“If the patient die and I back home after work, I would continue my routine chant and dedicate good virtue to the departed patient. I do meditate everyday; I would transfer dedication to all spirits. I always make merit jointly with the relatives according to Buddhist beliefs that the good virtue would follow the spirits. Those who died, if they could recall, they would realize that the nurse do not leave them behind. We are still taking care of their spirits to receive merit. Helping the patients also makes us happy. It makes us continue doing this job.” (N3)

“Once the patient died, I would make merits for them. I wanted to. Later, we have the funding saved up at the ward; we would use this money to make merit for the deceased because we think of them as our relatives. It feels like others to know their relatives died, like we lost our acquaintances. So we make merit for the dead. Sometimes go to the patient's funeral, light the incense sticks, look at the deceased's photo, and pray for the spirit to go to Sugati (Better place after life).” (N6)

2.2 Caring based on the Belief of *Kamma*

The informants provided their care based on the belief of *Kamma* that the current illness of the dying persons might come from their previous bad deeds or *Kamma*. Most of the family members and nurses were reflected that end-of-life person will die peacefully depends on previous merit (*Boon*) and *Kamma* from the previous life. The suffering and death of each person also based on previous merit and *Kamma*. It's all resulted from a law of *Kamma*. A person who finishes his/her old *Kamma*, he/she will die peaceful, and will not suffering with a terrible death. In contrast, a person who had done bad things, he/she will die terribly. The supported information was as follows:

"I think how we die depends on Kamma of each person.... My son was a good boy. Other people said that he was good and kind. It might be because of his goodness, he lived with us shortly because he cleaned his Kamma. Now he may be in the heaven." (C1, EOL's mom)

"To die peacefully may be because of the support from good Kamma that we have done. However, other possible reason is there's someone decide our death..... We can say that the result of old Kamma of the patient affects them to suffer from their illness...If a man does a lot of bad Kamma, but at the end of life he does good Kamma, that man can die peaceful. However, the man still has a result of the Kamma." (N9)

All informants stated that taking care of dying persons was relevant to *Kamma* belief as well. They believed that *Kamma* or anything that dying persons did in the previous life might have caused this illnesses and everything in the present. Some people were handled *Kamma* as something that they have to admit their consequences and pay back for. The caregivers and their end-of-life relatives would try to perform any acts that might reduce *Kamma* from their past wrongdoings.

2.2.1 Settling Kammic account for the end-of-life persons

Most informants believed that the current illness of the dying persons were the consequences of the past wrongdoings or *past Kamma*. Therefore, the caregivers were trying to reduce the *Kamma* in several ways including praying *Tad-Kamma* chant (*Kamma* elimination, sin-elimination, *settling Kamma account*), offering the dedication to those who might have previous deeds on one another, asking for forgiveness, and offering good virtue to others. Once finished, they would feel relieved. The information is provided as follows:

“I think what followed him (EOL nephew) was his previous Kamma. I wish to terminate his previous failing from those who might have previous deeds on each other. Now, he is in painful state, extremely hurting, I would chant Na-Mo three times for him. I would intentionally dedicate this good virtue to my nephew. I wanted him to get well and be able to help himself throughout his final day. Then, I would pray Tad-Kamma chant for him.” (C1, EOL’s grandmother)

“Once finished chanting, we have to offer dedication to those who might have deeds on each other. We have to pray for previous sinners not to harm our daughter (EOL person) again. So, she could just pass away peacefully... Once we pour the dedicated water and offer the good virtue to her previous sinners and other enemies... we would tell our daughter to receive the good virtue. Mom has made merit to ask for forgiveness from those who might have deeds with her previously and to terminate her failing. If the previous sinners were to receive this dedication, please kindly forgive and put all Kamma to an end (Tad-Kamma) in this life, right away, and right now.” (C7, EOL’s dad)

Besides that, there was one family that has an elderly mother who sees the importance of forgiveness. She wants to grant forgiveness to her children and grandchildren for their wrongdoings and not to harm them in the future. Even though they have been taking good care of her, it might be times when they might have hurt her in any way. Therefore, she grants the opportunity for her offspring to ask for forgiveness. For instance, every time she knows that she is getting worse. She would call out her children and grandchildren to come and ask for her forgiveness. She

would have them feed her food and water. These kinds of acts are derived from a mother's great love. Even though she is in a serious condition, she still wants her offspring to receive forgiveness and perform meritorious acts toward her. The information is provided as follows:

“When mom was in serious condition like helpless or incapable in doing anything, we thought that she could not make it. Every time she felt weak, she would call for her children and grandchildren to pay her respect and ask for permission to drip some water into her mouth. She wanted her children to drip the last drop of water for her. She would ask us to put the straws into her mouth, just to drip it once. Mom could barely eat anything. So, we would ask for forgiveness by giving her flowers and paying respect to her. Our neighbor would start off by saying anything that we might have caused trouble to her, any bad virtue, we wish for forgiveness. Then, mom would nod and forgive several times... There was countless forgiveness she gave, probably almost ten times. Mom did not want us to carry over any wrongdoings we might have done to her.” (C4, EOL's daughter)

However, one of the informants believed that *Tad-Kamma* was something impossible since sins were individual's wrongdoings. They have to be responsible for what they did. The information is provided as follows:

“Kamma is something individual. I once read the book about Dhamma saying that it could not be completely removed. It is a fruit of our past wrongdoings and we have to accept those consequences individually. Yet, it could be reduced or we might perform more meritorious acts to increase our own good virtue. Therefore, if bad Kamma could not be completely removed, it can only reduce by replace with the new good deed. So, we have to do more good deeds to increase high merit.” (C6, EOL's daughter)

Some nurses stated that the dying patients would *Tad-Kamma* and thought that those good and new deeds could be regained. Those thoughts were based on individual's belief. The information is provided as follows:

“Kamma was a consequence of our past acts, something which already happened, from the previous life. To lessen Kamma from heavy sin to little, from little to none, only good deeds could replace that. Good deeds were behind all the successes. The family members usually emphasized on doing

good deeds for end-of-life patients. Good deeds would lead to good and new Kamma and to replace bad Kamma from the past.” (N3)

“Based on Kamma belief, we relate religious to everything as a tool. We suggested the family members to forgive the end-of-life patient or to go through Tad-Kamma for the patient. I told them to get rid of Kamma at that moment, no more continuous Kamma.” (N6)

Furthermore, there was a monk who aged 27 years old (who has been in ordination for six years of monkhood). He was invited to educate the *Buddhist* teachings related to “the mental alleviation during sickness” for the patients and any listeners in the radiation department of the hospital. The content of the teachings was lucid, thoughtful, and remarkable. The researcher, then, asked for his permission to interview him at the temple. He gave his thoughts on past-wrongdoing eliminations as follows:

“Past act could not be changed. Actually, making merit, offering the Order, and offering a set of monks’ robes would not be able to eliminate those past wrongdoings. Yet, it helps calm the minds of those donors based on their beliefs. The most important is the present. We have to avoid causing bad Kamma and stay away from making any wrongdoings again... Literally, Tad-Kamma means passing up any mental involvement with our past misconducts. Those past misconducts were generally called Kamma. Those people who are soon to leave this world should do anything to concentrate their minds on their souls and let go of things. The goal is... it would be hard for people to pass up their past wrongdoings, if they do not focus all their thoughts on the present. Human soul is the most significant part. If the mind is in retribution stage, it would come out from his words, his acts, and his misbehaviors. Yet, if we were able to control our minds, we would be in neutral state. The sins would gradually vanish... The core purpose is for the patients to consider themselves, not other to do the acts for them. In reality, it is totally up to them. The only thing that relatives or caregivers could do is to transfer their dedications to those who lost self-awareness. The donors would feel fulfilled and those good virtues would lead to nirvana. Those good deeds lead to it, it is reciprocal and yields fulfillment.” (Monk 2)

2.2.2 Asking for Ahoṣi-Kamma and Tad-Kamma before death

At the near-death moment, all of the informants stated that they asked the dying persons to beg for *Ahoṣi-kamma* (forgiveness) on their past wrongdoings with any person, in past and present, they might have bad deeds, to chant sin-elimination on each other. Furthermore, there was also forgiveness-begging among family members and the dying persons as well.

“The morning of the day before my grandson (EOL person) died, he said he would pray Tad-Kamma chant for himself. He asked me not to chant, he would do it himself. He recited the prayers even he was exhausted that ‘I (his name) who is free from the ignorance and the wrong acknowledgment asked the sins and bad virtues to be removed completely right at this seconds’. He eliminated his sins and bad virtues for himself before he was gone. Then, he transferred his dedications to others and poured water of devotion. We talked for a while and he said he wanted to rest.” (C1, EOL’s grandmother)

All of nurses’ informants stated that the near-death care could also be provided through *Kamma* handling. Since the dying patients themselves, their families, and the nurses all believed that everything was a consequence of individual’s past wrongdoings, the dying patients and other relevant people have to chant *Tad Kamma*, sin-elimination, to completely remove the continuous *Kamma* between one another. In addition, the caring nurses would also provide forgiveness-begging acts for the dying patient. Some patients and their families would pay much attention to forgiveness-begging act. Those act grants forgiveness to the patients with any previous wrongdoings that might have been done among one another. It would reduce worrisome or any continuous *Kamma* on each other. Those *Kamma* elimination or forgiveness-begging would calm their minds and reduce tension. Some of the information is provided as following:

“We told the relatives to ask for Ahosi-Kamma right by the patient’s ears.... We have to totally Tad Kamma, even the nurses themselves, we do not even know what we might have done wrong to the patients. Yet, the patients could not speak. So, we also have to eliminate our Kamma as well.... In some cases, the family members could not accept the truth, it was quite difficult. We have to give them some time because losing loved ones might be difficult for them to speak... While eliminating Kamma, we have to ask for forgiveness at that moment and cut all applicable Kamma that might relate to us.” (N6)

“The dying patient’s parents wanted their child to pass away peacefully. Yet, there was a disagreement among them that they both hid the truth about the cancer. Then patient knew from others. While admitted to the hospital, the patient was very concerned about this. I told the parents to have an open heart talk with their child before death. The parents then asked for forgiveness that they hide the truth. Their child forgave, and said ‘it was ok’.... The relatives said the parents were happy that they were forgiven. Otherwise, they would be sad forever.” (N8)

The monk, aged 54 years old who has been ordained for the past 30 years explained about the forgiveness-begging as follows:

*“.... Ahosi- Kamma, forgiveness grants Kamma to no longer cause any effects on the doers/actors because there are forgiveness-begging and forgiveness granting. If one party agrees to forgive, then the sins are called off. There is no more revenge. According to forgiveness, the forgivers directly receive good virtue. For those who ask for forgiveness, if they are able to comprehend the wrongdoings and fix themselves. They would be able to benefit from any other wrongdoings and start good practice continuously in the future.... For persons with previous deeds on each other, we have come to conclusion according to *Buddhism* that they are persons with both previous good deeds and bad deeds between one another. Literally, they are our *Kamma* or our previous wrongdoings. *Buddhism* teaches people to believe in *Kamma*. Everybody has their own *Kamma* that we could not avoid or run away from... Forgiveness-begging could also be done for the deceased with whom we had previous deeds on one another by transferring the dedication to them. Everybody has previous deeds on somebody. Sometimes, we have no idea what wrongdoings we did in the past. By asking for forgiveness from our past involvers, we are at least in peace even with or without knowing if the forgiveness is granted or not” (Monk1, general informant)*

2.3 Caring for Sati/Consciousness to be ready to face an Incoming Death

Caring for Sati/consciousness to ready to face the coming death means the informants indicated that the end-of-life persons desire to die with consciousness or *Sati* and the caregivers are trying to give a help to the patients to rest in peace in conscious before death. All informants stated that it was significant to help the dying persons calm and be conscious before they died. It was important because it would help them focus their minds on positive thoughts. Maintaining a peaceful mind and consciousness could be done through telling the dying patients to calm their minds down, stick with good thoughts, and focus their attentions to prayers. By helping the dying patients to stay conscious and calm, it would help them pass away painlessly and peacefully like death in a sleep.

“Nurses have to remind the dying patients to maintain their conscious. Maintaining conscious is very significant because we believe in reincarnation and state switch. If they were concerned about the pain, their minds would be dull. They could have gone to an awful state. However, if their minds are in cheerful and conscious state, they would be able to think of good virtue. Being conscious would lead them to the place they want to be and under their controls.” (N3)

“At the near-death moment, nurses have to help the dying patients stay conscious. If they were in total unconscious state, that it would be difficult, also if they lost their minds, we also have to help them stay focused and peaceful. We would give them massage and tell them not to worry. Everything was taken care of. If their minds were in unstable state, it would be difficult for them to pass away peacefully. If they were in pain, we would help them ease pain. If they were worried, we would help them reduce those worrisome... We would try to bring them back to consciousness.” (N6)

The peaceful death and the rebirth of the next life depends on the state of consciousness and wisdom of understanding the truth of life at the final moment of each dying person. The informants stated that the state of conscious in calm and peaceful mind would carry the dying person's mind to the positive thoughts to be

ready to face the coming death and finally the natural outcome is a peaceful death and happy rebirth. The caring for helping the dying persons to gain more consciousness was done by chanting, and preparing the dying persons to face and accept the coming death. The assistance in preparation for the incoming death helps the end-of-life persons get ready and accept the incoming death more easily. The preparation could be done through acceptance of the death, letting go of those worrisome, and some final day practices such as listening and familiarization of death talk. The information is provided as follows:

2.3.1 Chanting for the end-of-life persons

The key informants from all families stated that chanting for the end-of-life persons created the consciousness and the virtue of *Dhamma*. It causes positive effects for both prayers and listeners. The *Buddhist* chanting is comprised of different chants. Choosing each chant is based upon family's preferences, belief and faith towards the chants. In certain cases, some believed that chanting provided 1) peaceful state of mind, 2) pain disregard, 3) sound sleep, 4) hope for total recovery and longer life, 5) chanting for those who previously had deeds on each other, and 6) good life after death. Mostly, the caregivers might pray for the end-of-life persons, they might jointly pray, or they might play the chanting tapes. The information is provided as follows:

“Let’s chant I-Thi-Pi-S, chanting together to relieve and bring about the Dhamma-khun (virtue of Dhamma). Before, my grandson (EOL person) was just diagnosed with the disease, we would pray according to his age. Now, we would chant nine times (nine in Thai pronounce ‘kaww’ that mean walk along) for him, for his positive future oncoming. Once finished, I would tell him to keep pursuing. I wanted to pray for my grandson to get well soon and to be able to help himself throughout his final day. If passed, I wish him the best

path. Then, I wish for those who had previous deeds on with him.” (C1, EOL’s grandmother)

“I told my niece (EOL person) to chant. It would help ease the pain because our mind would concentrate on the chanting. Even while we felt a little stomachache, once prayed, we were busy concentrating on the chanting characters. We would gradually be relieved, just a few seconds; we would be more comfortable... This is not a miracle of the chanting. I do not think like that. I personally think that if we focus on something, we would forget it... Once we keep doing it, the miracle might happen. The greed is reduced because we are more in peace. Once we keep chanting, we focus on the chant instead of the cancer. The cancer might get worse slower. I think like that.” (C5, EOL’s aunt)

Most of the nurse informants invited the monks to chant and perform the ceremonies for the dying persons at the wards.

“The family members could be able to hold Buddhist ceremony. We could organize that for them.If monks came, family members and relatives would round up the patient’s bed... and chanted for the end-of-life patient. The monk usually chose simple and easy chanting one for them to understand, so they could perceive and set their mind calm and in peace.” (N6)

Leading with chanting and depending restraint; at the near-death moment, caregiver’s relatives said that they would have let the dying persons listen to the chanting before they departed. They would pray the chanting, play the audio spiritual tapes, recite the Buddhist teaching such as *Bud-To*, or bring along the holy objects that the dying person respected as their depending restraints. These things would calm the dying person mind and be concentrated with, and then depart in peace.

“.....Our family was there to accompany her (EOL person) by her bed all the time. Around 6 a.m. in the morning, I told her that I would go to offer food to the monks for her and asked her to recite Bud-To Bud-to... Around 6 a.m. in the morning, we would chant the morning chanting for her, at the same time, she held Luang Po Tuad (monk’s object) pendant all the time. I told her to hold on to the pendant, stay with the monks. Buddha that preached that we could not choose birth, however, we could choose death time. It was the most significant minute. Once she freed her mind, she was quite. We told her to follow the monks.” (C3, EOL’s older sister)

“... Her last moment (EOL person), I prayed for her. I just guessed that I had to recite Phra Buddha, Phra Dhamma, Phra Song. Then, I recited Bud-Tung, Dham-Mung, Sung-Kung. Any chants we usually preached. The Buddhist teaching said that we ought to let the monks lead us the way to a better place. So, I believed according to the religion...” (C5, EOL’s aunt)

2.3.2 Preparation to face death and let go of all attachment

All informants stated that the preparation to face death and let go all attachments would help dying persons to release all worrisome and try to accept death as it is. Informants agreed that during the end-of-life period, both patients and families were needed mentality preparation before the actual death is coming. This care related to their belief of Buddhism that emphasized on the truth of life: being old, being sick, and being dead, they are inescapable. This teaching was meant to prepare the dying persons to accept the truth, not to be afraid of, or to be miserable with what was going on. The informants had advised the dying persons to tell their relatives what they needed to be done, and then their relatives would carry on with the dying person’s unfinished business. After that, the dying person would be less worried and tend to care more about themselves. The examples are provided as follows:

“He (EOL person, headmaster in school) asked his colleagues how busy they were... His colleagues said that everything was done. They did everything for him and ask him to rest comfortably. Everything was taken care of, everything in the school, nothing else. There was nothing much to do in school. It has been done, just rest. It was all covered up. He told him not to worry about it... He was really concerned about his work, about the school.” (C2, EOL wife)

“Most people weren’t prepared for death. It was not the topic of the discussion. Yet, for my sister (EOL person), we have been talking about it about what she liked and how she liked it. Once dead, what else she needed... My sister would said not to keep her ashes and donate her body to the hospital.... We talked a lot about it, we both could take it.” (C3, EOL’s older sister)

Letting go of the worrisome includes completing the unfinished tasks, gathering paperwork, and arranging estates.

“... something that is not finished. We keep the records of everything. I would ask my daughter (EOL person) what else she owed or if anybody owed her anything. I also asked her if there was any important notes, any savings, or her passbooks. I have to check on her important stuffs at work. She would keep record of everything. It was neat. She recorded everything she did” (C7, EOL’s mom)

Some informants prepare the dying person to face the coming death. Like, one of the informants has regularly participated in the death preparation to familiarize herself with those activities. The death preparation activities include bell-ringing act or listening to final prayers for gaining more conscious in the last day.

“....Before my sister passed away, I planned to use a bell as a guiding tool. This bell because the bell rang beautifully... Right now, I ring this bell for her to get used to the sound and told her to follow this words Phra Buddha-Phra Dharma-Phra Soong. Once she heard it, she would be peaceful... I am training her to get used to it. I would do it regularly everyday... I once read in the book so I asked her whether she wanted to be prepared for the death. There was a morning and evening prayers of Suan Mook temple that used the bell in the chant. The crystal clear sound of the bell would calm our minds. When we went to the temple, we would ring the bell. So, she agreed on it. It is what we have already talked about her last day.” (C3, EOL’s older sister)

Make a decision, and letting go of life when death approaches; the informants from seven families stated that there was a preparation for death when the time has come by. There was a clear discussion regarding to letting go of death when it arrives. Regardless of the rest, the other two families stated that there was no unambiguous discussion between the family members and the patients about the death. Yet, based on the dying person’s manners, it implied that they wanted to depart this life peacefully. Once agreed upon, the caregiver and the hospital personnel were able to provide an appropriate treatment and care. When the dying persons were not be able to hold on to their last breath, the decisions were made easier from the letting

go. If the dying persons were conscious, the relatives would let them make their own decision. However, if they were unconscious, the closer next-of-kin or relatives such as wife, children, or family members would make a decision for them. They were only placed a hope for the dying persons to leave this world serenely.

“She said (EOL person) not to hold on to her. She did not want any oxygen mask, not liquid food, or not in coma unit. She neither wanted any helps, nor defibrillator. She did not want any medical equipment, just want hypnotic drugs and die peacefully, and I only wanted to see her calm and peace. I just could not see her torture anymore.” (C3, EOL’s older sister)

“The nurse came to ask whether we (EOL children) wanted to put any defibrillator or respiratory tubes in case needed or not. We were discussing about it and said we did not want it. Mom (EOL person) herself did not want it either.... First we discussed among us, and then we asked our relatives who worked in the hospital about their opinions. Every time we talked about it, we were crying. Last time we talked about it, we agreed to ask mom herself. Mom said no. She said she did not want any respiratory tubes in her body or any resuscitation. She did not want anything. So, we told the nurse not to do anything because it was mom’s wishes. Mom knew all well about it. She knew that it was not curable. She told the nurse and doctor herself not to do anything for her.” (C4, EOL’s daughter)

Some nurses needed to get both dying patients and families prepared for the worst. If families could not admit and accept that fact, it would yield a negative effect on the patient as well. The dying patients were worried for families and this could cause more troubles to reach a peaceful death. The patients and families who were prepared for actual death should be relaxed, calm, with no fear. This led them to a peaceful death. The information is provided as follows:

“She asked when she would be dead and why no one took her yet. We told her that death was unavoidable and unexpected. No one knew, not even doctor could do. But we have to be prepared for it with no fear... Crossing over to heaven, she should be in peace and no fear.” (N1)

“We would prepare the patient at the beginning about the truth of life: being born, being old, being sick and being dead. Some dying patients couldn’t admit that, they asked, ‘why me?’ We reminded them of Buddhist teachings about the truth of life that it was ordinary for everyone... The Buddhist truth of

life concept was the truth of Buddhism, in the end everyone must go through that. We needed to prepare the patients that it happened to everyone, no exceptions... We used that often when the end-of-life patients were afraid to die.” (N5)

In addition to preparing dying patient to accept the death, the nurses should take care for the family member's as well.

“When it reached to the point where family members were breaking down, I would give them Dhamma book to comfort them. They read it for a while and came to realize that everyone must die, everyone of them. Then they started to let go of patient's life slowly and eventually. One day, the patient would die and they must move on.” (N8)

Leaving the last wish to lessen worrisome; all informants stated that they suggested the dying persons not to worry about anything including work, family, and any unfinished business. Those tasks would be taken care of. In the last moment, the dying person should ease off their concerns. The information is provided as follows:

“... Everybody (everyone in the family, his students, his colleagues almost 10 people) was there for him. We all touched him (EOL person) and told him to pass away peacefully. We told him not to worry about anything, it was all taken care of.... Everybody said to him to go to rest, not to worry. Everything is all taken care of. Previously, the teachers at the school also told him not to worry... We told dad to leave his worrisome behind. Then, his breath was slowly paused and slept quietly. Twenty minutes later, the doctor shed the flashlight into his eyes and said that he was gone. We all knew that he was gone because he stopped breathing for more than twenty minutes already...” (C2, EOL's son)

“At the last moment... My niece's husband was not at the hospital with her. I called him and asked him to tell his wife (EOL person) that she could pass away peacefully, and he would take care of their children the best he could. He told her not to worry about anything. My niece listened to that and asked him to finish her wishes. They all talked about it.... Then, she looked less worried and more relieved.” (C5, EOL's aunt)

Assisting to say the last words and letting go of all attachment; all nurse informants stated that by letting the dying patients say their last words with their family members was similar to cutting off continuous relationship. This would help

them to let go of any worrisome. The caregivers also help the patients to do what they wanted to do, help them to finish the unfinished business, and let them know everything was taken care of. These would help them loose worrisome and leave this world at ease:

“I would stand by and advise them by their beds at all times. I would ask how many relatives there was and tell all of them to come in.... one case, the dying patient was a dad who had 10 years old child. I would tell the kid to pay respect to the parent on his feet, and to tell him last words. The kid was advised to tell his dad to rest in peace, not to worry about anything.” (N3)

“Sometimes, the patients were waiting for that day... I would ask the patients if they have anything on their minds they want to do. If the patient was unconscious, I would ask the relatives..... The patient then turned happier like they get what they want to... It was like nothing left to do, everything was done.” (N5)

One nurse said unexpected event happened sometimes. Some dying patients could not pass away peacefully because the relatives were trying to hold them back, they would not let the patient go in peace, as this words:

“Some patients who were so close to death and we did everything for them several times.... Yet, they were there still!!! We were trying to think if the patient might have any holy thread on them or not. Could it be because of the holy thread? So, I asked if there was anybody who still wanted the patient to live. We asked whose holy thread was this, eventually we knew that the brother did not want the patient to die. So he put the holy thread on. So, we told the relatives not to torture them anymore, we should let them go. After the holy thread was cut and the last words were said, the patient died. Could this be a coincidence!! The more we talk about it, it sounds so supernatural and unbelievable. Yet, we still do not know why...” (N6)

Completing the unfinished business based on what the deceased had requested was significant for a family to do and fulfill. The six informants were mentioned that by completing the unfinished business according to what had been told prior to their death would lead their spirit to rest in peace. The spirit would come to know and this arrangement might help to reduce their worries. In addition, for those who have been

asked to finish the tasks would also feel relieved when they could complete the tasks for the departed.

“After the funeral, I will ordain for mom. She mentioned about it a few weeks ago that she wanted to ordain since last year she promised to the Buddha if my dad got better, she would ordain for him. Yet, she did not get to do it because she was sick herself as well.So, mom asked me to ordain for her to return the vow. I have to do this for my mom.” (C6, EOL’s daughter)

“Before my niece died, she asked me to do one thing for her. She said she dreamed of the two ghost/spirits in her room at hospital. They begged her some foods for a chicken with rice (Kao Mun Kai), and a roasted pork with rice (Kao Mu Daeng) and two bottles of water. So, she asked me to prepare them because she cannot do them by herself.... I think, if I do not do for my niece, when she died, her spirit might not be able to leave her room in the hospital said to niece’s spirit and the two ghosts ‘I did that for you already and I hope you got it’.” (C5, EOL’s aunt)

2.4 Caring based on the Dying Persons Centered and Family Participation in Care

Caring based on the dying persons centered and family participation in care means a care that mainly for responding to the wishes of dying persons and the family members would participated in this care. In general, providing what the dying persons needed during their last stage which would make them happy and fulfilled with what they desired. In return, the caregivers would be also happy. All family members provided the best care they possibly could to support their loved ones with love and care. The informants from all families emphasized that providing love, care, and being side-by-side were significant in helping the patients to fight their illnesses. By providing emotional support, talking with the patients could be as an antidote in helping them being strong. They would try to release tension, stress and fear from the patients which might greatly affect their physical health.

“We know that our child is in incurable stage. We try to make him feel comfortable and live as long as possible. I give him (EOL person) support for him to fight. I always tell my son that it’s ok..... actually, I want him to live long, but I know it’s not possible for a person with this condition. I am always with him all the time. I am trying to be close to him. And mostly, I will be with him twenty four hours a day..... I talk to him, sleep and smile with him, and tell him the story when he was young. I sing him the song when he was young that I only love you and only you always. Deeply, I know that he would not get any better but I just cannot say that....” (C1, EOL’s mom)

2.4.1 Caring side-by-side

The informants from all families stated that was significant for the dying persons to have somebody by their sides at all times. By having relative’s side-by-side, the dying persons would feel more warm, secured, and less frightened of the incoming death. Being side-by-side assistance, the caregivers to observe the end-of-life person’s conditions till their last breath and leads them to leave this world peacefully. The information is provided as follows:

“The night that my husband died (EOL person), we usually stay around and take turns for looking after him, everybody takes care of him. When nurse came in to suction, his breath was down. Then, the nurse said that he was nearly die. At that moment, everybody got up. He died with his eyes closed with his oxygen mask on.... Everybody was there with him. We did the best we possibly could. He left this world without any worries. His eyes were completely closed..... Before he died, we were up the whole night. Nobody left the room.” (C2, EOL’s wife)

“The last night.....Once all relatives arrived, everybody stayed up to look after her (EOL person) at all times.... New Year’s Eve on 31 December, my sister could not sleep since 3 a.m. in the morning. Her older sister and other sisters stood by her by and talked with her. She opened her eyes up all the time like she wanted to talk. Everybody was there to chat with her by her bed all the time....we all stay with her at the last night.” (C3, EOL’s older sister)

All nurses said that during the near-death moment, the dying persons have to be side-by-side along with the relatives in order to provide necessary care. Nurses also let the relatives take care of the dying patients at all times.

The patient was dying, we would let them look after 100% no matter they ask for it or not. ...The most important is the relatives sitting by the patient's bed... We have to provide information to the relatives about how and what to do at the near-death moment... Everybody has to help the patients to be in positive state, and then they could go a better world. Therefore, the relatives have to maintain good talks, avoid argument in front of the patients. We should only talk about good things..." (N4)

"During the near-death moment, we try not to check vital signs regularly because the patients might not be able to rest peacefully. We would not get involved with the dying patients that much. We would let the relatives get to be together with the patients. If they shared room with others, we would close the curtain for their privacy. We, nurses, are also the outsider.'" (N5)

2.4.2 Comforting and alleviating the end-of-life person's problems

Caring to comfort and alleviate the dying persons based on circumstances and problems at hand were conducted at both hospital and dying person's homes. The informants from all families stated that they had to provide the best they possibly could that was a physical care for those dying persons. The dying persons with this condition faced with several problems including physical pain, high fever, trouble breathing, exhaustion, food boredom, eating difficulty, constipation, moving difficulty, and body swollen. The caregivers required to provide for any possible assistance based on problems at hand. For instance, they had to initiate the conversation to distract patients from their pains, to give massage, to decrease fever, to feed their favorite food, to observe any abnormal condition, to provide oxygen mask, to provide suction, to eliminate fear. Furthermore, they would also help to sleep soundly, to clean their body, to assist in defecation, to bandage, to help them move, and to put them in a right position. The information is provided as follows:

"Once my dad (EOL person) was in severe pain, we would give him medicine or call for the nurse. They would check up on him all the time... When he had pain on his legs, we would give him massage. Also, when he needed to

defecate, we would clean up for him. When he needed to urinate, we would also wipe it out for him. We brushed his teeth. We would take care of his body such as helping him move. ” (C2, EOL’s son)

“The most important problem of the dying patients is body pain. Severe pain could be controlled by medication. We also have to provide love with caring. We could touch them, and hold their hands. Some case with painful condition might not need medication, they only need touches..... We try to make them comfortable. We provide general care and tell the relatives to prepare themselves. Mostly, we care for what the patients want.” (N5)

“The end-of-life care, we give general nursing care to the patient. We also give to the patient general care by checking vital signs, giving suction, taking bath, changing clothes, observing patient’s symptom, writing nurse’s note, as physical care. If the end-of-life patient is unconscious, we will take care of them as he is. Most doctors would not give aggressive treatment to unconscious patients, treating them based on symptoms such as giving sponge bath during fever, giving pain-killer during pain.” (N6)

All informants were needed to provide psychological support for the dying persons. Once they know that the dying persons has gone through psychological instabilities such as fear, worrisome, heavy sob, dull, and sleepless, then, the caregivers would try to reduce these mental symptoms. On certain cases, they would avoid mentioning about the disease and hiding some information about the illness. The information is provided as follows:

“My niece (EOL person) was so scared. She was worried about herself, her illness. I could not let anything irritate her or to make her worry. I was trying to make her forget about the cancer..... I do not want her to know she was dying. I was trying to tell the nurse that they found nothing wrong in her lung. Just to mention that her lung got infected, but not the cancer infected lung..... Since that day, her condition worsened. She cried so much, just kept crying. I told her ‘You do not think too much, just take good care of herself. You could be stronger’.” (C5, EOL’s aunt)

Assisting relatives to take patients back home for death in their own place; some informants stated that the dying patients were bonded with their homes. They were usually home-addicted. Especially the elderly, they would prefer to pass away at

home. By helping relatives to take their loved ones back home for their death, the nurses felt that they were able to help the dying patients pass away peacefully.

“It was likely that the dying patient might die that day. The relatives then asked to take their father home since they wanted him to die at home. We allowed them to do so. They then asked what documentation they had to take care of. They assigned those who might not need to be there at his last moment to do the paperwork. The rest of the family went home with the patient... This case, the patient died at home. They got home for just a little while. The relatives said he just peacefully died.” (N8)

Helping to close eyes for the departed; several informants stated that death with no worries and eyes closed was a peaceful death, according to their belief. In this study, there was one family that the dying person passed away painlessly, yet the eyes were not totally closed. Mother of the departed then tried to close his eyes because she wanted him to die completely with closed eyes. It was a possible last good look and good death for the departed.

“After he died, his eyes were not completely closed. So, I groped his eyes shut and pressed it for around five minutes. When I pulled my hands back, his eyes were still popped a little open. Then, I groped his eyes again. His mouth was opened a little bit. I did not pay attention much on his mouth. I only wanted to shut his eyes close first. So, I told him to leave this world peacefully and leave his worries behind. ‘Now, you are no longer in pain, I wish you to rest in peace’. I prayed for a while around ten minutes with my hand pressing his eyes, after that his eyes were completely closed..... I felt like I did not want anybody to see my son eyes wide opened. I wanted to see his eyes completely closed and rest peacefully.” (C1, EOL’s mom)

2.4.3 Sending the spirit off to a good realm

All informants stated that if the dying persons do not passed away in their own homes, they had to call the spirits back to home or from a funeral place such as a temple etc. Path leading was performed through name-calling and leading ways from one place to another. The reason was family believed that if the

spirit was not led to the right path, it might not follow with their bodies. Then, the spirit would not go to a good place, therefore, a peaceful death could not be completed. This leading activity was performed by the family members and sometimes they invited the monk to lead and help for making merit to the spirit. The information is provided as follows:

“A cremation at the temple, when we cremated my nephew (EOL person), I invited the monks to pray while pouring water on his body, and wished him to a better place. I offered a set of monk’s robes to the monks to make merit for him. After finished offering a set of monk’s robes, I also meditated for him while sitting in the carried car. I did not cry at all. I meditated and prayed to lead him to a better place.” (C1, EOL’s grandmother)

“We had to move the body out of the hospital, so I told my son to tell his dad (EOL body) to go back home..... On the way, once the deceased carrier drove through bridges or intersections, we would tell him (EOL body) that it was a bridge or intersection. We then told his spirit to beg for clear path from the guardian angels in the area to lead him home. We told him constantly till we reached our home in upcountry. Before we got home, we drove his body through the school he worked at. It was the school he loved, so we wanted him to pay the last visit. After that, took his body back home” (C2, EOL’s wife)

“While moving the body out of the ward, we told the relatives to call the spirit back home as well otherwise the spirit could have gotten stuck in the ward. It was believed that if the relatives do not call out the spirit, the spirit would have gotten lost in the ward. I also gave them some money to make merit. I told them that the nurse also wanted to make merit for the patient” (N3)

“Moving deceased body is traditional. Some take along monks, some take along their blessing to lead the dead. However, some said it was not necessary, some do not light the incense stick and said that they would take the spirit home.....At the intersection where the corpse carrier would pass, some have to throw some coins out along the way, some do not believe that. By throwing coins into the street would lead the way for the spirit. For instance, if the spirit gets lost along the way, they might just follow the coins.” (C2, Corpse Carrier Driver, general informant)

2.4.4 Praying and providing significant objects to the deceased based on beliefs

Some informants said that the relatives could also chant for the dead patient, so the spirit would stay with the prayers for listening. By doing so, their patient's would be joyful because of what the relatives did. One nurse suggested that after the death, she would recommend the relatives to give something to the deceased so it might be beneficial to the deceased and also the remaining relatives. The information is provided as follows:

“Once we finished dressing up the body, we have to keep the body in Intensive Care Unit (ICU) for another 2 hours. At that moment, if the relatives are around, we would allow them to chant for the body. Each group is different. Personally, I believe that during those two hours, the spirit is still in the room. I still believe that they are still wondering, they did not know where to go. So, I told the relatives that if they wanted to chant, they could come and chant by the bed” (N3)

“While packing up body, I would do something for the body related to our beliefs. If relatives want to put something with body, they could just bring it now. When my dad died in ICU, my sister told me to bring something and put it in my dad's mouth. After that I put flowers, incense sticks and candles into his hands, and dressed him up.... Later, while patients die in the ward, I would use my direct experience. I will ask the relatives what they believe or whether they want to put anything into their loved one's mouth. If they have no idea, I will suggest them..... Some beliefs, something was done for the remainders, not for the dead. I just feel good to do it. I believe in, if we think positively, everything has its significance and reasons.” (N9)

III. Buddhist Beliefs and Thai Cultural Factors Enhancing a Peaceful Death

The factors that enhance a peaceful death refer to something that the informants perceived and they were significant and impact to persons who interact in caring for a peaceful death. The data from the informants presented many factors such as personal background, experiences, and environmental factors were also

importance but the Buddhist beliefs and the Thai cultural factors were the most important factor from the informants. This factor was vital to concern more in the end-of-life care for a peaceful death. Then, this study proposed to explore the Buddhist beliefs and the Thai cultural factors that enhancing family members and nurses towards caring the end-of-life person to die peacefully as following:

3.1 Being Spiritual and Faithful in Dhamma

The study found that most of the family caregivers who taking care of the dying persons usually interested in studying *Dhamma* (*Buddhist teaching*) and keeping strictly in Lord Buddha's doctrines. Moreover, the study results from the informants of four families and six nurses from nine found that end-of-life persons who were faithful in *Dhamma*, made merit, and practiced meditation could help the caregivers to take care with this dying person to die peacefully because he/she easily realized the fact of life and accepted the death according to the teaching of the lord Buddha.

“My nephew (EOL person), he is a good child and faithful in Dhamma. He always went to the temple with me and he could chant and wished other to be well and happy. He told his grandpa to stay at the temple with him if he entered to the monkhood. This was his intention. Before he died, he asked me to chant.” (C1, EOL's grandmother)

“To die peacefully, it depends on the patient. My sister (EOL person), who was suffering on her illness for 7-8 years, she always practiced her mind and studied Dhamma a lot. Dhamma creates her peace and disengagement. She read a lot of Buddhist books especially Buddhadasa Bhikkhu (ท่านพุทธทาส, famous Thai monk). Buddhadasa Bhikkhu told that man can not choose to be born but can chose to die. From that, she strongly believed to die with mindfulness. Someone doesn't care how to die, just think that to die is to release. This may be because they don't pay attention in Dhamma.” (C3, EOL's older sister)

“My patient said that she interested in religion. She likes to study Dhamma and making merit.... Before she fell sick, she also practiced Dhamma. At the time I took care of her, she paid attention to listen to my advice that related to Dhamma and she easily understood. One month later, someone told me that this patient would die peacefully.” (N1)

“If we believe in religion, we will always trust in religion. At least we know that we will not die lonely because we know the destination of existence after we die. Most of the patients like this do not suffer from terrible death. It seems like they slowly sleep with mindfulness. However, it depends on the background of each patient. Patients whose background based on religion or Dhamma, they can accept their death or understand in what we try to communicate. This can be supported the patient to die with happiness and peacefully.” (N3)

Studying *Dhamma* could help the caregiver understand the truth of life cycle by seeing birth, aging, illness and death in a natural phenomenon. This is construed as the Natural Law of The Universal. Moreover, this understanding made the caregiver felt relax, calm and relieve. The caregiver could manage the burden without suffering. The caregiver would be able to care the dying patient until he/she passed away in peace.

“... I strictly kept the five precepts and never caused any problems to others. I believed in the three characteristics: impermanence (Anicca), unsatisfactory or suffering (Dukkha) and non-self (Anatta). Do not attach to anything. It is necessary for the caregiver to be in sound mind. It was true that the patient was suffering but the caregiver did not have to jump into that worst condition.....thinking about impermanence, unsatisfactory or suffering and non-self. It calmed the caregiver’s mind and believed that changes were acceptable.....” (C3, EOL’s older sister)

“After my mom’s destiny, I began to be interested in Buddhism. I read a lot of Dhamma books. Sometimes I had been deeply depressed, I turned to study Dhamma, and it worked. The topic I was interested in at that moment was about Kamma and practicing meditation. I began to understand the causes and effect of my deed. I strongly agreed in the Buddha’s saying: things were impermanent.Practice meditation; it made me concentrated and calm. I also asked my mother to practice meditation. Sometimes, I told my family and my mom and hopefully they would accept the truth of uncertainly.” (C6, EOL’s daughter)

“Religious caregivers would ask the patient to follow the religious instruction or joining religious activities. Talking about religious instruction, could calm our minds. If the dying patient’s family realized that the patient would meet the end stage sooner or later, the family tried to do the best to pass that situation. Finally the patient passed the end stage peacefully.” (N2)

Some family members and nurses stated that a nurse who provided care for the dying patient should understand and practice Buddhism. The person who followed the Buddha’s instructions would be nice and kind; prefer to care with confidence, understand and accept other people. Being religious made the nurse feel good in her work. In addition, the nurse needed to study a variety of different religions so as to understand patients of any religion.

“A nurse who studied Dhamma took care of the dying patient in a different way from the one who did not. We could notice the difference. A religious nurse tried to convince the patient to meditation, making merit and chanting. Sometimes the patient would like to make merit but the family did not know how to do so the nurse could help. Before my niece died, the nurse would prepare the patient pouring water set. The nurse also chanted for my niece.” (C5, EOL’s aunt)

“Religion was finally a means for people to reduce grief. A nurse should study many religions, Buddhism, Christianity and Muslim.... Normally we needed to trust on something, to make us brave to confront death.” (N2)

“I meditated and prayed everyday. I meditated for half an hour or for fifteen minutes depending on our mind whether was calm and sound or not. While making merit I made a wish I was very happy on the day I made the merit. ...When I went to work, I felt so cool that I share the happiness to everyone including my patient. ...I had continued following the Buddha’s instruction since I started my career. .”(N5)

“Following Dhamma teaching would make us nice and kind, and accept other people. Dhamma turned me to be softer and I was ready to accept others. When I provided palliative care, I listen to others. I also taught the patient’s family members that death was unavoidable. Birth, aging, illness and death were something we had to meet. Even if the family members accepted and tried their best, finally the patient died.” (N8)

A monk, aged 54 and has been 30 years in Buddhist lent, stated his task to visit the dying patients at the hospital as followed:

“Normally, nurses invite me to the hospital....to help the dying person is to die peacefully, not to be suffering. But if the patient gets better, it’s a good new.....I intend to visit the hospital because of the faithful of Buddhism as we are Buddhist. The path of religion can reach us to a good reborn in Sugati. I support the dying patients to release from suffering. Some patients would like to see a monk but it’s not convenient to go to the temple. To listen to monk’ chant can help patient to be joyful. However, to recover from the illness is a responsibility of the doctor, not a monk. To chant is like to pay respect to the lord Buddha, the teaching of the lord Buddha.” (Monk1, general informant)

3.2 Previous Merit and Kamma of the End-of-Life Persons

Most of family members and nurses reflected that the suffering and death of the end-of-life person based on his or her previous merit (Boon) and *Kamma*. The end-of-life person will die peacefully also depends on each previous merit and *Kamma* from the previous life. The supported information was as follows:

“I think how we die depends on Kamma of each person.... My son was a good boy. Other people said that he was good and kind. It might be because of his goodness, he lived with us shortly because he cleaned his Kamma. Now he may be in the heaven.” (C1, EOL’s mom)

“She died with her goodness. She often bought some food for older people at the hospital. She had kindness heart, gave help to other people and supported society activities. She was optimistic. She died peacefully because of she had done good things all her life and not suffered from death.” (C7, EOL’s dad)

“How man die is depends on Kamma in the past. Someone has never done good thing, is selfish, greedy and do not realize in Dhamma. So that it’s too difficult to be peaceful at the last minute of life” (N1)

“To die peacefully may be because of the support from good Kamma that we have done. However, other possible reason is there’s someone decide our death..... We can say that the result of old Kamma of the patient affects them to suffer from their illness..... We involve with the wheel of Kamma and continue our lives according to result of Kamma. It means actions give results and the results follow discernible pattern. If we tend to do good Kamma in the future, bad Kamma in the past may not reach us. ...If man do lot of bad Kamma, but at the end of life man do good Kamma, that man can die peaceful. However, man still has result of Kamma.” (N9)

The caregivers of this dying person stated that the reason they have to take care of the dying person, might be the response of their previous *Kamma* that the dying persons have done in the past as they said.

“We have to respond to Kamma that we have done because everything results from Kamma. And you know!! my Kamma is that I had to take care of her (dying person), just in fact she had her husband and children. I don’t know why she came back to stay with me and asked me to take care of her. So this let me think that the entire thing that bound us together is Kamma.” (C5, EOL’s aunt)

“Kamma is born along with human. It depends on a man done good or bad Kamma in a previous life. If man done good Kamma, it will result good thing to human’s life. As us, we don’t know what kind of Kamma that we have done, now we have to look after our dying daughter. Kamma is like our shadow” (C7, EOL’s mom and dad)

One nurse has shared the death of her granny dying patient about how she has provided care and also about the death of her own father. These two persons were died in the different ways, one died in peace and one died in suffering, as these words:

“The granny patient, she always made merit, so she had good mind. Mind is very important. A person who has peaceful mind can realize a circle of life; birth, aging, illness, death and accept the fact that everyone have to die.When I saw my patient, I knew that to make more merit was one factor that effect to her peaceful death. She had done a lot of merit, so she died peacefully. My dad, he didn’t like to make merit or went to the temple. Even when it was his last time, I told him to try to pray ‘Bud-to Bud-to’ for the lord Buddha but he felt very tired and weak. Until I saw my patient, her look was different from my dad. She died peacefully even her relative were not nurse or palliative care nurse” (N2)

A monk, aged 54, 30 years in Buddhist lent said about *Kamma* as followed:

“Man is resulted from the law of Kamma. In term of buddism, Kamma is very important issue. Who has done Kamma will resulted from Kamma. Kamma is an action. If we act well, we will receive good outcome. In contrast, if we do badly, the result is bad such as smoking can cause lung disease/cancer. We know the cause and result of the disease, the same as the cause and result of Kamma. The hurt and pain of the illness is as a result of bad Kamma that we have done in the past life but we can’t remember.” (Monk1, general informant)

And monk, aged 37, 6 years in Buddhist lent, said about *Kamma* and the end-of-life person.

“Kamma is an action. What we have done since we were born until we grow up is resulted from Kamma. We can’t change anything that we have done in the past. But we can do well at present..... Merit or boon is compared like our property. To make merit is to save our property. If we do badly is like our property decline. When we make merit, we feel good, happy and pleasure. These good feelings that appear in our mind are like the property that increase in our life. It’s no doubt that a good man dies peacefully and will go to the heaven or good place.” (Monk2, general informant)

3.3 Being Conscious (sati) and Prepared to face an Incoming Death

According to the informants from five families of seven and all nurses, they claimed that to help a person die peacefully, that person should have been prepared well for the coming death. The end-of-life person should have a chance to either learn how to prepare for his peaceful death by himself or talk to the person who believes in the truth of life cycle referring to the birth, aging, illness and death. Moreover, the person at the end-of-life could have a right to reveal their needs of no longer survive, to ask someone to carry out the left burden and to practice keeping peaceful mind by chanting, listening to the sermon, meditating and even think of all the good deeds. This practice is not only to reduce worries but also to comfort the person’s mind by forgiving. It helps the dying person to accept the fate and feel relieve, and then can break his/her worrying about the coming death. Therefore, the caregiver who is looking after the patient should understand the dying person and talk to the dying person about some death and dying preparation. As shown in the transcripts below:

“My father told me that if he was ready for the last moment of his life, he would tell me. In the evening, before my father passed away, we sang a song together. At that time, my father whispered near my ear, ‘I’m ready’. This

was because all of us had been trying as much as possible to help our father feel free from any worries or anxiety....” (C2, EOL’s son)

“Let’s prepare for talking, my sister (EOL person) claimed there’s no need to help her. Let her died naturally. She had already learned how to purify her mind, operate her breath; inhale and exhale, and focus on interconnection between mind and body. I noticed that she was inhaling through the nose and exhaling through the mouth. My sister had been practicing meditation by herself, at the moment she was confronting with her severe pain, she always showed that she was in her full conscious.” (C3, EOL’s older sister)

“Mom (EOL person), she prepared many things by herself, she had written in her diary before she went to the hospital. She wrote about her funeral ceremony. She stated the temple that her funeral ceremony should be held..... My mom asked us to immerse the ash from burning her dead body into the river (Loy Ang-karn). She died smoothly... did not say any words. Then, we followed Mom’s directions... ” (C6, EOL’s daughter)

“I dealt with this case at the patient’s home.....the dying grandma perceived every thing quite well and quickly. She was quite well prepared. Grandma chose the dressed for herself if the end of her life came. She talked to her grandchildren and children and forgave everybody. Her relatives told me that all her children were forgiven. Her children had done everything for her so she was ready for her coming death.” (N2)

Some of the family members and nurses informants stated that nurse who would provide end-of-life care must be conscious (*Sati*), calm down and be ready to deliver care. Otherwise, it would be very difficult to help the dying patients to die peacefully. However, in some care, the other nurses might be requested to help the dying person instead. And nurses should find opportunities to develop their own mind and consciousness to be able to deliver care to the dying patients appropriately.

The following information was as below:

“Nurse always works with patient, death people or suffering people. Each day, nurse faces the problem of different patients. I think nurses need to take care themselves and develop their mind. If nurse lack of conscious, she can’t take care the dying person. For example, case of my younger sister, she wished to have consciousness before die, so for caring her nurse must be conscious too.” (C3, EOL’s older sister)

“Consciousness (Sati) is very important for all, not only nurse. We should be conscious at the present time of the situation or being with present..... I always prepare myself every time when I am working. If not, I can’t take care of end-of-life person because each case has different problems, including relative or family members. So consciousness is very important.” (N1)

“To provide care the end-of-life person, nurse should be calm, confident and conscious. When talking with patient, our conversation should be clear, soft and polite. We need to realize patient’s feeling. In fact, nurse has to be train or attend mind or mental development course for gaining more a consciousness. ”(N7).

3.4 Gratitude Concerned of Family Members

All family members and all nurses claimed that when someone in family get a sick, the relatives would take care of his/her or the dying person until he or she passed away peacefully. Beliefs in gratitude within family would help the family caregivers to provide a good care for the dying persons. This made the caregivers put their entire attention to pay back to the dying patient. Thus, they devoted all their energies to present their gratitude to care for their parents with hoping the dying patient end his or her life peacefully. The dying persons would finally die peacefully among loving and understanding relatives.

“Taking care of a dying person was rather hard for someone who was not relatives. If it was not their beloved one, they would not do such things like pleasing the patient, providing anything the patient needed or wanted to eat, even cleaning excreting, urinating, and vomiting. I believed if the patient was not the one beloved by the family members, they would not do that much.” (C5, EOL’s aunt)

“The people around the dying patient were quite important. They may either pull the patient deep down into misery or help them passed away quietly. That person (caregiver) had to be the one that the patient loved and that person had to love the patient. Relatives who loved, understood and had good relationship played important role in calming the patient. If the patient did not have understanding relatives, it would be much more difficult to help. Helping the dying patient was rather difficult the caregiver could understand the patient’s hidden need.” (N5)

“The dying patient needed to be with loving relatives, relatives’ roles were very important for the patient. The relative would know what the patient’s religious faith, what was needed and worried the patient. They should have good relationship with patient, if the caregiver did not know the patient’s detail, then it would be less possible to make the person die quietly.” (N7)

In addition, Thai patient’s relatives might feel that it was a good deed to have a chance to look after their parents. Some of the family members said that a duty of taking care for the parents is to pay to their gratitude towards parents. Below is an example of their expression.

“Taking care of mom was what I wanted to do. It seemed to be automatic performance. I really loved to do everything for my mom. Actually, I had had never spent much more time with her. I went to study and I rarely went back home. When I graduated, I worked in Bangkok. I visited my mom whenever it was long holiday. However, when my mom got ill, I decided to spend as much time as possible to take care of her. I used to give her money, but I never gave her time!” (C6, EOL’s daughter)

IV. Core Values Promoting Peaceful Death

The findings from the three parts of meaning, caring, and factor presented the influencing on the core values of the caring activities that have provided to the dying persons in order to promote a peaceful death in the Thai Buddhist culture. These core values were *Merit, Kamma, Sati, and Sugati*. As the finding, *Sati* (conscious) at the state of the dying and the meritorious acts or good *Kamma* in the previous time and the new good *Kamma* that that the dying person and family members performed would help to promote his/her peaceful death by support the dying spirit to go to *Sugati*. Thus at the end-of-life stage, the dying persons are facilitated to perform meritorious acts and promote the *Sati* while an attempt is made to cut the chain of their previous bad *Kamma* (Figure2). However, these promoting peaceful death

activities are often conducted by family members with an aim to pass on the positive outcomes of a peaceful death with *Sugati* to the dying persons.

Merit

The informants have stated that they all believe in merit that is associated with the custom of '*Merit Making*' (*Tham Boon*). Because they believe that "doing good things will receive goodness, on the other hand, doing bad things will receive badly" (Sri Dhammananada, 1987; Worathammo & Visalo, 2006). By making merits, the informants have also stated that the merit makers would be happier and feel calm in their hearts when they perform merit making. Moreover, they have always hoped that performing meritorious actions would yield the happiness to the dying persons; no matter where they are, while they are living or even after dying.

There are many ways to make merit; it might be done through the offering of foods to the monks or donating things to dedicate the good virtue for the dying persons in order to support their spirits to go to the better place. In this study, the family members have made merits with monks in the temple by offering foods to the monks, performing the ritual activities, and pouring the water to dedicate for the dying loved ones before the time that they would leave to the next life. Nurse informants could use the concept of merits in the end-of-life care by telling the dying patients to think of their previous good deeds in the past. In addition, nurse informants have suggested the relatives to make a new merit for the dying patients to help accumulation the good virtue for them. At the dying stage, nurses can help the patients recall memory of their previous good deeds. By guiding the dying persons

with the virtue of merit would be an appropriate way of leading them to have peaceful death.

Making merit is the important action for humans' life, especially for the end-of-life persons because Buddhists believe that the dying persons who have more previous merit or more previous good/positive *Kamma*, they will die in peace (Payutto, 1995). As the informant stated that "... *To die peacefully, it might be because of the support from the previous good Kamma that we have done*". Therefore, the caregivers have been recall the previous merit to the dying person, making new merits for their dying persons; and have been trying to cut the chain of the dying persons' previous bad deeds.

Kamma

The informants believe in the Law of *Kamma*; "when there is something happens in one's life, it is related to one own previous *Kamma*". Everything is subject to *the Law of Kamma*, it is presenting according to the past and present actions (*Kamma*). *Kamma* is usually translated as the law of cause and effect (Payutto, 1995). The informants stated that they have to be responsible for whatever they have done; they have confirmed that "*Kamma was a consequence of our past acts, something which have already happened in the past or from the previous life*". The monk who has supported the dying persons in the hospital setting stated about *Kamma*, that "*Buddhism teaches people to believe in Kamma..... Everybody has their own Kamma that we could not avoid or run away from Kamma...*"

Nurses and family members have pointed out that a peaceful death is the end of *Kamma* "*Mod Vera Mod Kamma*", means the lifetime ended. If people have

finished their own previous *Kamma*, they will die peaceful, and they will not suffer or fear of with the terrible death. In contrast, if people have done bad things, they will die terribly. The informants believe that the dying persons will die in peace when their time was up, if the bad *Kamma* is not ended, the cycle of re-birth and death will continue.

In addition, the informants believe that the current serious illnesses of every dying person were the consequences of the past wrongdoings or past bad *Kamma*. Moreover, many caregivers of the dying persons have stated that the reasons which they have to take care of the dying persons might be the response of their previous bad *Kamma* in the past. Therefore, the caregivers have been trying to reduce or cut the chain the bad *Kamma* in many ways including praying *Tad-Kamma* chant (*Kamma* elimination, sin-elimination, *settling Kamma account*), offering the dedication to those who might have previous deeds on one another, asking for forgiveness, and offering good virtue to others. The informants usually provided the end-of-life care for a peaceful death based on the belief of *Kamma*; such as “settling *Kammic* account for the end-of-life persons” and “asking for *Ahosi-Kamma* and *Tad-Kamma* before the dying person will die”.

However, one of the informants believes that “*Tad-Kamma* was something impossible since sins were individual’s wrongdoings Therefore, if bad *Kamma* could not be completely removed, it can only reduce by replace with the new good deed. So, we have to do better deeds to increase high merit”. This statement related to the Buddhist perspectives that are “the previous bad *Kamma* cannot completely remove bad, have to receive the bad result”. Nobody can escape the *Kammic* law. But we can *Tad Kamma* or cut the chain of new bad *Kamma* by do not to do the new bad

one; this good action, the more doing well (Merit) can cut or prevent the chain of bad *Kamma* in the future. This is the right way of Tad *Kamma* in Buddhism (Vajiramedhi, 2007). The way that everyone faced in this time was happen as the fruit of Bad *Kamma* that we have done, and bad *Kamma* cannot end by doing “Tad *Kamma*”. The bad *Kamma* would finish by the owner try to develop the new good *Kamma*. People have to gain more new good *Kamma* try to do all good activities, good deeds with conscious and *Panya* (wisdom), until reach the pure state of good deeds in life which do not perform any new bad *Kamma*. This can call the stage of end of bad *Kamma* (Payutto, 2008). Therefore, the previous bad *Kamma*, previous good *Kamma*, and new good *Kamma* are important to the life and death of Thai Buddhists.

Sati

All informants have stated that it was critical to help the dying persons to be calm and be conscious before they would die. It was important because it would help them to focus their minds on the positive thoughts. Maintaining a peaceful mind and consciousness could be done through telling the dying patients to calm their minds down, stick with good thoughts, and focus their attentions on praying or chanting. By helping the dying patients to stay conscious and calm, it would help them to pass away painlessly and peacefully like death in sleeping.

The peaceful death and the rebirth in the next life depend on the state of consciousness and wisdom of understanding the truth of life at the final moment of each dying person (Payutto, 1995). The informants have stated that the state of conscious in calm and peaceful mind of the dying persons would carry the dying

person's mind to the positive thoughts to be ready to face the coming death and finally the natural outcome is a peaceful death and a happy rebirth. In Thai Buddhist culture, one's state of mind at the time of death is the most important issue. The mind in calm stage at the time of death is the most important concept of peaceful death (Mettanado, 2005). If the mind is calm and peaceful and focusing on the positive thoughts, then the natural outcome is a happy rebirth. Mindfulness can help people to maintain a state of mind and purify all actions that violate through influencing through craving and attachment (Payutto, 1995).

The informants have stated that if the patients' minds were in conscious state, they would be able to think of good virtue, *"Being conscious would lead them to the place where they want to be and under their controls. In a contrast, if their minds were in unstable state, it would be difficult for them to pass away peacefully. If they were in pain, the caregivers would help to reduce or control their pain. If they were worried, we would help them reduce those worrisome... We would try to bring them back to consciousness"*.

In addition, the family members and nurses informants have also stated that the caregiver who would provide the end-of-life care must be conscious (*Sati*), calm down and be ready to deliver care. Otherwise, it would be very difficult to help the dying patients to die peacefully. The caregivers should develop their own minds and consciousness to be able to deliver care to the dying patients appropriately. The more consciousness/*Sati* the caregivers have, the more efficiency they deliver to the dying persons to die peacefully, because the caregivers would be able to help the dying persons to know the truth of life and accepted the death according to the teaching of the lord Buddha. Mindfulness can help people to maintain a state of mind and purify

all actions, to see all things exactly as they are, no more and no less. All informants in this study have been taking care of the dying persons for gaining more Sati or consciousness to be ready to face the coming death by: chanting for the end-of-life persons and preparation to face the coming death and let go of all attachment.

To lead the dying person to go to *Sugati* or a good place after death, all key informants have stated that they have encouraged the dying persons to be in the stage of *Sati*, think positively, including the positive past acts, the Buddhist teachings, or the prior good deeds they have done. The dying persons must develop their consciousness or “*Sati*” to overcome any disturbance and to be able to accept the death in peaceful minds by thinking of merit that they have made all their lives until the last minute of life.

Sugati

From the findings, a peaceful death in Thai Buddhist culture is a death with the spirit move to *Sugati* that composed of 1) die as a sleep without suffering; 2) died without any worries; 3) died as *Kamma* ending, lifetime finished, would not postponing death; and 4) died with *Sati*, being conscious before passed away. All informants have agreed that the peaceful death was a good death in order to take a good move on. In addition, the informants believe that the ones who died in peace, their spirits will be reborn in a good place, moved to the next world, “*good death, good leave*”.

From the Buddhist perspective, life is a part of cycle of suffering called *Samsara* and Buddhists view birth and rebirth as a suffering state (Payutto, 1995). To end of the suffering, then Thai people usually wish to be reborn in the good place or

go to *Sugati* after death. As the findings, the informants have stated that the *Sugati* was the main objective of the life after death and also the expectation of the caregivers for the dying to have peaceful death or good dying. Hoping for a *Sugati*, the end-of-life caregivers tried to integrated merits in their care by assisting the end-of-life persons to perform ritual activities based on their beliefs about the previous bad *Kamma* and good *Kamma (Merit)*. The caregivers would keep telling all good deeds to the dying persons because of they believed. This Buddhist belief leading activities might guide the spirit of the dying persons to go to a good place or *Sugati* after death.

In summary, all of family members and nurses have reflected that the suffering and the character of dying of each end-of-life person based on his or her previous merit (Boon) and bad *Kamma*. The end-of-life persons will die peacefully and go to *Sugati* after death also depends on each previous merits and bad *Kamma* from the previous life. Then, to take care of the dying persons to have peaceful death and to go to *Sugati* might be the response of their previous *Kamma* and merit by helping to eliminate *Kamma* and making more merit.

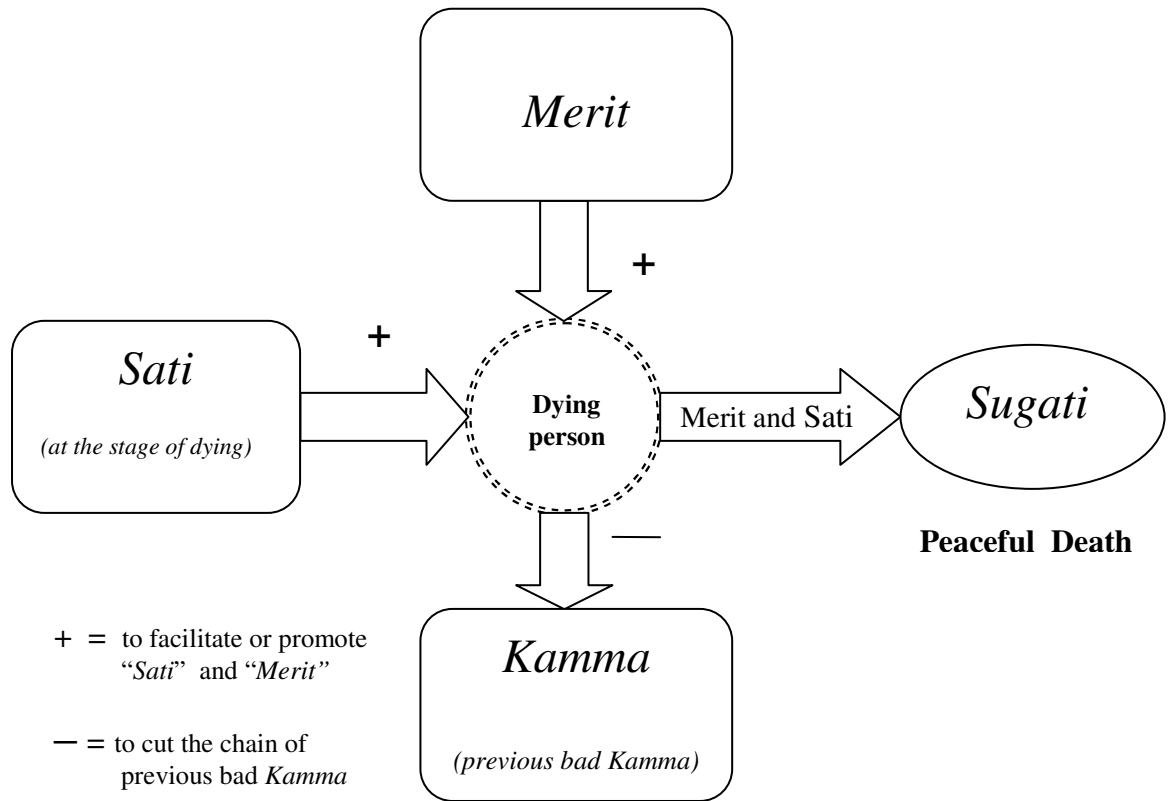


Figure2: Core Values Promoting Peaceful Death: Thai Buddhist Culture

Conclusion of the Findings

The findings of this study gathered by using the four phases of systematic data analysis of Leininger (2002) (Figure 3). The findings of the meaning of a peaceful death, caring for a peaceful death, and *Buddhist* belief and Thai cultural factors enhancing a peaceful death that came from sixteen family members and nine nurses who had provided end-of-life care to leading to the peaceful death.

The peaceful death in the Thai Buddhist culture is aimed to send the deceased to *Sugati* in their next life. The meaning of a peaceful death composed of four themes: 1) die as a sleep without suffering; 2) died without any worries; 3) died as *Kamma* ending, lifetime finished, would not postponing death; and 4) died with *Sati*, being conscious before the dying passed away.

The caring of the end-of-life person to die peacefully is focused on the perspectives and the experiences of family members and nurses, when they started the knowing that dying person was no longer respond to the medical treatment. All caregivers would provide a care to the dying persons until they died, also continued caring to the after death process. This end-of-life care composes of three phases of caring: general end-of-life care; the near-death and the moment of death care; and the after-death care. The four major themes of the end-of-life care for a peaceful death were: 1) caring with merit for helping the dying person to reach a peaceful death and going to a good realm after death; 2) caring based on the belief of *Kamma*; 3) caring for *Sati*/consciousness to be ready to face an incoming death; and 4) caring based on the dying person centered and family's participation in care.

The Buddhist beliefs and Thai culture factors enhanced of care in order to help the dying person reach a peaceful death composed of four themes: 1) being spiritual

and faithful in *Dhamma*; 2) previous merit and *Kamma* of the end-of-life persons; 3) being conscious (*Sati*) and prepared to face an incoming death; and 4) gratitude concerned of family members.

These patterns were presented in form of the core values that the emic placed more concern in all three parts of meaning, caring, and factors. The core values of this study composing of four parts which are: *Merit (previous and new good Kamma)*, *Kamma (previous bad Kamma)*, *Sati* (consciousness), *Sugati* (reborn in a good realm). After that, these core values were used to create the major findings of the cultural end-of-life care for a peaceful death in the Thai Buddhist culture.

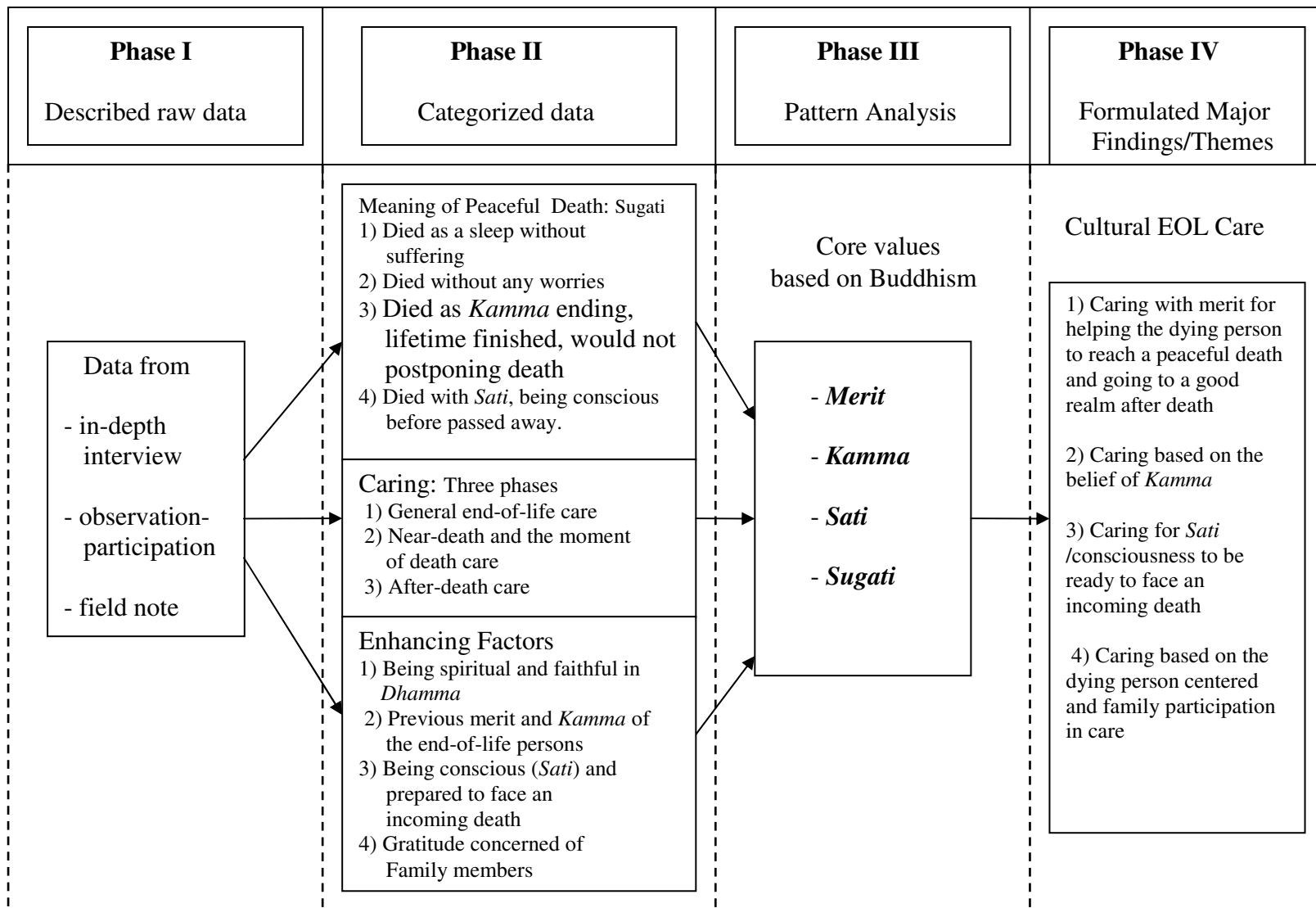


Figure3: Phase of Data analysis of Leininger and Findings

Discussion of the Finding

The researcher was discussed these findings which associated to three research questions by using the existing literatures as followings;

I. The Meaning of Peaceful Death

The conclusion derived from data analysis about the meaning of “peaceful death” in the context of Thai Buddhist, who is dying with the spirit move to the *Sugati* stage (a good realm). All informants stated that if one dies peacefully, the spirit will move to the *Sugati* place. There are some evidences confirmed that the meaning of a peaceful death in the Buddhist belief same as the concept of *Sugati*. *Sugati* is the highest objective of life after death and also is the expectation of the caregivers toward a dying persons after dying.

The major finding in the meaning of a peaceful death is the four themes in the meaning of peaceful death that were: 1) Died as a sleep without suffering, 2) Died without any worries, 3) Died as *Kamma* ending, lifetime finished, would not postponing death, and 4) Died with *Sati*, being conscious before passed away. Some themes of the findings related to the Buddhist belief in the point of views among the Thai Buddhists. All informants are the Thai Buddhists who believe in the Buddhist doctrines; obviously the meaning of a peaceful death from their view is exactly the same as stated in the Buddhism. Moreover, some part of findings such as “died as the time of *Kamma* ending” is also related to the informants’ Buddhist belief. Rodpal, Kespichayawattana, and Wisersith (2007) explored the meaning of “good death” by using a focus group discussion from the perspective of Thai Buddhist at the

elderly members clubs in Phra Nakhon Si Ayutthaya province. They found that the meanings of a good death are 1) die peacefully with complacency, no confusion and dying as drifting off with full contentment of all the past merit-making; 2) natural death means dying naturally surrounded by the loved ones, die in dignity and free from life supporting instruments; 3) well-prepared death that is interpreted by the fulfilling of one's own commitments and have to set up for the predeterminations regarding to one's soul, families, resources, and good deeds prior to the final moment. Counts and Counts (2003) stated that a good death is dying under control of the dying person's decision, as well as, the result of the natural process of aging. A good death is usually the quiet death of an elderly person that takes place with his/her acquiescence and under his/her control.

Hirai, Miyashita, Morita, Sanjo, and Uchitomi (2006) used content analysis method to identify the components of a "good death" in Japan. The main 17 categories of a good death are; the freedom from pain or physical/psychological symptoms; having a good family relationship; dying in one's favorite place, having a good relationship with medical staffs; not being a burden to others; maintaining a dignity; completion of lifespan; maintaining a sense of control; fighting against cancer; maintaining a hope; not prolonging life; contributing to others; control of future; not being aware of death, appreciating others; maintaining pride; and having a faith. The most frequently cited category was freedom from pain or physical/psychological symptoms and the least common was having a faith.

In Tibetan Buddhism, a peaceful death is regarded as passing away naturally and easily, had fulfilled family responsibility, painlessly, and with a clear conscience. It can occur in a comfortable place with calmness and harmony with the environment

(Rinpoche, 1992). Among Thai Buddhists, a good death is a death with full awareness and wisdom, “being in *Sati*, no confuse to die” (Payutto, 2010), free from pain, dying without suffering, no fear of death, no worry, no burden remained to others, and dying with a peaceful mind (Dhamma Learning Group, 2005, Sudhamma & Born, n.d.). A famous Thai monk, Buddhadasa Bhikku, has described his ideal of death as dying in natural; mindfulness, detached from all things, dying as not being a burden to others, and without the prolonged life (Medhanguro, Hatterat, Na Tharang, Satha-anan & Hutaniwat, 2001). The data from the previous studies can support the findings of this study.

1.1 Died as a Sleep without Suffering

The informants stated that the dying persons who had a peaceful death, they were died as a sleeping and seems to be relaxing without any suffering. This meaning related to the Buddhist concept of death that focuses on how to live in the present moment without suffering. In the Buddhism, suffering or *Dukkha* is related to birth, decay-and-death (growing old) and encounter the distasteful things (Payutto, 1995). Suffering from the severe ill of any person begins with the inability to achieve the previous important purpose (Klimkiewicz & Zerwekh, 2006). When persons die in peace, they did not present these behaviors, including, crying, screaming, moaning, or persistent talking about the feeling (Zerwekh, 2006).

This meaning of a peaceful death is correlated with the findings from the study of Vig and Pearlman (2004) which presented about the death of the terminally ill men. The research described a good death as dying in one’s sleep; painlessly, quickly, and

at peace with God. Emanuel & Emanuel, 1998 stated that “a good death is a death with free from distress or suffering of the patients, families, and caregivers”.

In this study, “died in peace without suffering” is one of the important purposes of the caregivers that they are hoping for the dying persons would achieve into a good realm. Moreover, they would not like to see the dying persons face with the severe pain but die as one in a sleep. The peaceful death is the end of pain and suffering of the dying persons, by control their mind without response to their illness, pain and any suffering.

1.2 Died without any Worries

The informants stated that the dying person experienced a peaceful death because they passed away without any worries and have no anything left to do, so they died with their eyes closed. The family members presented they paid more concern to close the patients' eyes by gentle touch for helping them to have a peaceful dead with eyes closed. The dying with eyes closed is significant to a peaceful death in the Thai culture, in this sense was the dying left without any worries. According to Visalo, (2004) stated that the dying person who die peacefully in the Thai Buddhist can be presented by death with eyes closed (*Non Tai Ta Lab*).

Dying without any worries or unfinished business can be reached if the dying persons and families had opportunity to communicate their thoughts and feeling to address any unresolved issues involving forgiveness, gratitude, and expression of emotions before death occurs (Sofka, 2007). As Geest (2003) studied about what the residents in Kwahu-Tafo, the Southern Ghana, considered to be a good death. The researcher referred that a good death with peaceful means the dying persons have to

finish all business and made peace with others before his/her death and implied rest in peace with his/her own death.

The important process of promoting a peaceful death for the Thai Buddhist is creating a nonattachment (Kongsuwan & Touhy, 2009). The persons who die while having thing to be do remained, it will lead them to be worry and fear of losing the things they love. People who are in this condition will hesitate and against the death, finally, they will face the severe suffering and hard for them to die in peace. The persons who are dying soon with unfulfilled tasks, this will cause the dying persons worrisome and fearful. Therefore, when people have to encounter the death, it would better to let it go and leave the self (no-self) (Visalao, 2006). A peaceful death without any worries is a form of death that detaches from everything, regardless anything, including their loved ones and properties on earth.

1.3 Died as Kamma Ending, Lifetime Finished, would not Postponing Death

The informants defined peaceful death as *Kamma* ending, lifetime finished, no postponing the death when the time is coming by. The natural death happens when a lifetime had finished or the time of *Kamma* ended and it is impossible to prolong the life. Thai Buddhists believe in the Law of *Kamma* and recognize that there is a real moral distinction of letting die or allowing a patient to die in a natural way. The dying persons who have had a good life or good *Kamma* will die easily and will move into their new life in the best possible way (Sri Dhammananda, 1987). The informants in this study stated the end-of-life persons passed away in peace because their *Kamma* is finished, and was the '*Mod Dukk, Mod Kamma*' (suffering and fate or *Kamma* is ending). In other words, a peaceful death was '*Mod Vera Mod Kamma*'

means lifetime is ended. According to the Buddhist belief states that if one achieves good *Kamma* and ends bad *Kamma*, then the cycle of suffering will be at the end, and one will live in a state of happiness and die peacefully (Payutto, 1995).

The study of Wisesrith, Nuntaboot, Sangchart & Tuennadee (2003) reported the meaning of death among patients with AIDS and their family members including three themes: “*Mod Boon, Mod Kamma*” which means that the fate or the *Kamma* is ending; “*Lood Pon*” which means an end of suffering; and “*Dub Soon*” which means the stage of disappearance. Based on a Buddhist belief relating to *Kamma or Boon* in Thai means merit and it is also considered as the “Good *Kamma*” (Payutto, 1995). The meaning of death in this supported study related to merit in terms of “Mod Boon, Mod *Kamma*”. Life is driven by *Kamma*, then life may reach an end when a person “Mod Boon, Mod *Kamma* (end of merit and end of *Kamma*)”. However, this phrasal word is usually confined to only the current life; ending of merit or ending of *Kamma* would affect on the individual death.

The peaceful death is the same meaning as the natural death. It related to the Thai Buddhist belief about the death is a natural phenomenon which everyone will have to face in one day. The death is just a part of the whole process in the whole cyclic process of birth, death, rebirth and dying again. Nobody can avoid the cycle of birth, old, sickness and death; it comes naturally (Payutto, 2010). Related to the beliefs of the informants in this study believed that death is natural. Death can happen to everyone in anytime and in all age. The death is not happening only for the old people. The dying persons in this study aged 15-83 years old; the mean of age was 47 years. The informants believed in the nature of life and death, therefore they can accepted whereas their loved one will die young or die old. This death can be

accepted because the informants believed the lifetime of their love ones is ended. Every person has his/her respective own lifetime. Then, they can accept the death and let the dying person to die peacefully. Furthermore, they were ready to give a help and lead them to pass away in peace or die in the natural way without the postponing of the death.

The time of dying should not be too sudden because people need to have time to say goodbye and finish their tasks before dying. If the death time can be chosen, the dying persons would choose to die at a good time; therefore, the death should come only at the old age through the natural process of aging (Counts & Counts, 2003; Geest, 2003; Long, 2004). One should be able to leave when the time is coming and should not prolong the life with unreasonable cause (Good, Gadmer, Ruopp, Lakoma, Sullivan, Redinbaugh & et al, 2004). The informants informed that if there was no special treatments are needed, they would like the patients to have a natural death and free from the life saving equipment attached. The natural death is the process of letting all organs gradually function down and down, time over time; until they stop naturally. Nurses' informants have also provided care for a peaceful death by helping the relatives and the dying patients to accept the nature of life and death in the Buddhist way.

The informants would like the dying persons to pass away peacefully. Generally, the dying persons must face pain, stress, and fear of death. When the lifetime had finished, the dying person might not suffer from fighting with the sickness. Family members and nurse informants believed that trying to prolong one's life without reasonable causes will bring more suffering and pain to the patients. In other words, a peaceful death is not intended to prolong one's life when the

terminal time to come. When the last minute is coming, should let the dying persons die peacefully, however depending to the families' and patients' wishes. The time was up when a life is ended and it was a suitable time to leave or die in peace.

1.4 Died with Sati; Being Conscious before Passed Away

The informants stated the dying person died with *Sati* or being conscious before passed away is the one characteristic of a dying person rest in peace. This finding is correlated with the concept about death that Payutto (2010) described the meaning of a good death in Buddhism as a death with full awareness and wisdom, "being in *Sati*, no confuse to die". A conscious mind at the time of death is very important because the stage of mind at that time was not in the dumps or not in feeling of gloomy; in the other words, it was a kind of happiness or cheerful, the dying persons were clinging with good things. They know well about the way of lives and what going on in lives was and they accepted the death as well; finally, they will die in peace (Payutto, 2010). PraDhampidhok (2003) stated that a good death occurs when the person dies with mindfulness or consciousness, a positive mind, without suffering, thinking of good things, and feeling free.

In this study, both the caregivers and the dying person's wished when the moment to die or at the time of the spirit will depart, the dying is in conscious and having a good memory. According to the philosophy of Buddhism, they focus on personal stage of positive mind and mindfulness, awareness and consciousness or *Sati* at the moment of death, because the mindfulness is a kind of the inspector of consciousness and all thoughts and actions. Mindfulness can help people to maintain

the state of mind and purify all actions that violate the individual through the influence of craving and attachment (Payutto, 1995).

The informants stated that the dying persons died after they were in conscious, accepted dying, relaxing mind, peaceful, and have no fear of the coming death. Buddhist people can learn the truths of death through thinking and Buddhist practice. To accept the truth of the coming death, the informants were helped the dying persons to have a consciousness and purify the dying persons' mind through the perfection of wisdom, and gaining insight into the truths of impermanence. According to the philosophy of Buddhism stated that nothing can exist permanently; nothing can be permanent or there is no pure element that acts as a basis for the existence of anything (Sri Dhammananda, 1987). This concept is useful for the end-of-life persons to accept all events in their lives indeed the real situation of everything is impermanent. The acceptance of the truth is an important point for the dying persons and caregivers to concern because the unbiased mind can help people to see things in natural view and finally they will be able to open their mind to consider and solve the problems without selfish thought. Therefore at the end-of-life period, people can approach the difficult or painful feelings by learning to open their minds, and understand themselves clearly (PraPromkunakorn, 2004). The understanding in this meaning of peaceful death may help the dying persons and caregivers to reach a meaningful death that is dying with Sati, being conscious before passed away.

II. End-of-Life care for a Peaceful Death

The findings of the end-of-life care for a peaceful death by family members and nurses are divided into three phases based on their caring activities under the

dying person's conditions. In order to lead the dying persons reach in a peaceful death, the informants had to provide care in three phases; general end-of-life care; near-death and the moment of death care, and the after death care. In this study, the general end-of-life care aims to introduce, educate and support for a peaceful death to the dying persons. The general end-of-life care is coverage the whole-personal care that is bio-psycho-social-cultural-spiritual human approach. At the near-death and the moment of death, the purpose of this care is help the dying persons to die in peace. The caring activities were done on a regular basis to help the dying persons get familiar to the death; to stimulate consciousness and prepare them for death acceptance and departure before the time to come. In addition, there were some activities being done especially prior to the death. Moreover, the after death cares purposes to send the spirits to a better place according to Buddhist beliefs. Buddhists believe in rebirth and reincarnation. It was believed that if the person dies peacefully, the spirit will go to a better place. Chuengsatiansup (2007) stated that taking care of the dying persons would lead to a peaceful death; hence, the caregivers should start to providing care while the dying persons are still in full conscious. It will be too late if they will start caring at the near death moment.

The major findings of caring were explored by the researcher from the emic perspective of the family members and nurses who had provided care. The domain of inquiry for this research was integrated between the generic care of family members and professional care of nurses regarding to the cultural care for a peaceful death in Thai Buddhist. Leininger (2002) stated that the combination of the generic or folks and general care could facilitate the people obtain culturally congruent care. Therefore, the researcher has integrated the data from folks or family members, and

professional or nurses to be the cultural end-of-life care that fit to the Thai Buddhist culture. The caring practice in this study was strongly influenced by the Buddhist concepts which are: Merit (*Boon*), *Kamma* (previous bad *Kamma*), *Sati* (consciousness), and *Sugati* (reborn in a good realm). These four core values were formulated to the major themes of Thai Buddhist end-of-life care for a peaceful death that presented as following; 1) caring with merit for helping the dying person to reach a peaceful death and going to a good realm after death; 2) caring based on the belief of *Kamma*; 3) caring for *Sati*/consciousness to be ready to face an incoming death; and 4) caring based on the dying person centered and family's participated in care. The researcher discussed these four major themes of caring as the followings:

2.1 Caring with Merit for Helping the Dying Persons to reach a Peaceful Death and Going to a Good Realm after Death

Caring with merit for helping a dying person to have a peaceful death and going to a good realm after death refers to the belief that the suffering and the way to die of each person based on the individual previous merit or good *Kamma* and bad *Kamma*. Merit making can minimize bad *Kamma* and maximize good *Kamma*. It can affect to character of dying and rebirth of people (Payutto, 1995). These research findings presented that the family members and nurses' informants have provided the end-of-life care by using merit (*Boon*; *boon* in Thai language means merit) or good deeds to facilitate a good death in all three phases of this care. They believe that by performing meritorious actions, the merit-makers will acquire happiness. Making merit would help both the dying persons and the merit-makers emotionally relieve and to feel happier, called "Im-Boon" in Thai. Both the dying persons and their families expected that when they perform making merits, it might help to prolong the dying

person's life or might help illness recovered or cured. However, if the patients die, he or she would die peacefully. The happy heart and mind that the dying persons and the relatives have felt after making merit was a good thing that they received immediately after performing the activities of making merit. The findings related to the Buddhist belief statement, "do well; receive well and do badly; receive badly" (Sri Dhammananada, 1987).

The family members and nurses stated that merit is the most important factor of enhancing to reach a peaceful or a good death. Most of family members and nurses reflected that the terminally ill persons will die peacefully depending on the previous merit or good *Kamma* from his/her previous birth or life. To die peacefully might be enhanced by the good *Kamma* that they have done in the past. Moreover, the informants also stated that the suffering and the death of each person based on the previous bad *Kamma*. According to Buddhist believe; if the individual could not reach the stage of enlightenment, he or she would still be in the cycle of rebirth and death again and again; they cannot escape from the cycle of *Samsara* (the wheel of death and rebirth). It means he/she still needs to pay off the debt of the previous *Kamma*. Everyone is subject to this law; the Law of *Kamma*. All are resulted from the law of *Kamma*; as "*To die peacefully could be the result of the good Kamma that each one has done*". Therefore, the merit or the good deed, or the good *Kamma* is the major key influence for people to have a peaceful death.

A peaceful death of the individual is strongly influenced by meritorious activities. Merit making at the near death stage will be encouraged primarily though the dying person and complemented with that made by family members and relatives. The findings in this research presented that the informants, family members and

nurses, make merit for the end-of-life person by inviting the monks to their homes or hospitals, then let the dying person perform meritorious acts with the monk themselves such as offering *Sanghadana* (offering dedicated to Buddhist monks). Otherwise, the dying relatives might go to the temple to make a merit. They believe that they can transfer this merit to the end-of-life person. These meritorious activities included offering some food to the monks on their morning alms round, releasing animal lives, offering *Sanghadana*, suggesting the dying person to make meditating, etc.

At the near-death moment, the informants, family members and nurses, often use their merit to heal the dying persons by telling them to think only about their previous merit and their good deeds while they were state of slow and deep breathing. So, they would be able to take all good thoughts inside their mind. Good deeds would be beneficial for the end-of-life patients and family members themselves by using their own good deeds for a self-healing, including transferring good deeds to patients by nurses, family members and others. In this study, all nurses advised family members to do good deeds for patients and let the patients know all about the merit that caregivers have done for him/her.

Some caregivers provided cares to the dying person by using their own merit or good deeds for healing; nurses can transfer their good deeds to the patients while they are providing nursing care. According to the study of Kongsuwan and Locsin (2009) demonstrated that nurses promoted a peaceful death in the intensive care unit in Thailand by creating the awareness of dying; creating caring environment; and promoting the end-of-life care. The findings presented that the nurses allowed patients' family members to perform activities of making merit by giving some water,

some food, and supplies to the monk. Also, they advised the family members to invite a monk visit to the hospital and conduct a ritual for the dying patients in the ICU. This style of the end-of-life care is based on the Buddhist belief that one who performs good deeds would have the state of mind in peace and they might have good feeling and go to a good place after death. As the results of this study, nurses also were promoted a peaceful death to the end-of-life patients by advising the relatives to make merit for the dying persons. Furthermore, in some healthcare setting, they have routinely inviting the monks for the meritorious act.

In Buddhism, people perform merit making to acquire good *Kamma*. There are three steps to do it; called “*Punyakiriya-vatthu 3*”, which based on the meritorious action (Chanchamnong, 2003). The first step is *Dana* or alms-giving/donation which was designed to reduce selfishness and to develop the meritorious concept in mind, to be generous among each other. The second step is *Sila* or precepts observation and practice which designed as the rules to help people refrain from doing sins physically, verbally and thoughtfully, in the other words, it is making one pure. The third step is *Bhavana*, that is the meditative practice which is a leading path to reach a peaceful mind state and to build up the wisdom that will lead to enlightenment in *Dhamma* (Panyapatipo, 1991). Guelden (1995) proposed there are many ways to make merit or to achieve the highest positive *Kamma*;, such as building a temple, ordain to be monkhood or having a son ordained to be monkhood. Other activities to perform good deeds including offering some food to monks, keeping the basic five precepts, and contribute for a cremation. In this study, the informants have also mentioned about the different kind of activities to gain more merit. For example, becoming a monk of the son is a superb merit that children can pay back the gratitude to the

parents. Thai Buddhist believes that good deeds from ordaining the son to be monkhood would help the parents to pass away in peace. They believe that the yellow robes of the son in monkhood would impress in the parents' mind forever and it also could guide the parent's minds to a good place in the next life. They would recognize the son's robes before die. This study has shown that a dying mother asked her two sons to be ordained monkhoods on her cremation's day, because she believed in the merit of this act that may transferable her after death.

Making merit in Buddhism aims to comfort the ones who perform it and further developing the wisdom. To engage the ritual in the temple, all Buddhists have to prepare and purify their minds by "accepting *Sila*" before performing the meritorious acts. They believe that this process could help to purify their minds and to get in calm state of mind and to be happy. When one's mind is absolutely pure, one will see things clearly and exactly as they are, neither more nor less than the reality. This state of mind can help the dying persons to recall their experience and lead them to be in a peaceful state of mind which could lead them achieves a peaceful death (Dhamma Learning Group, 2005). This matter is very important in the Thai Buddhist culture because they believe that it could be the key influencing factor that could deliver the dying persons to get into a better realm in the next life.

Furthermore, one's state of mind at the time of death is the most important issue at the moment of death. Notably, an important thing should be concerned among Buddhists is whereby, if the dying person's mind is in the state of anger, fear, or a strong desire; it could generates an unhappy rebirth or will cause him/her go to a bad place after death. Having a peaceful mind at the near death is the most important (Mettanado, 2005). They believe that to get rebirth into a good place, the state of

mind for the near death persons should be calm, peaceful and positive thoughts. A good death or a peaceful death comes from recalling or thinking about the wholesome good deeds. If the dying persons remembers or performs good deeds just before dying taking place, he/she may receive a good rebirth (Candavarabhivamsa, 2000).

Another way in helping the dying person to die in peace and go to a good place (*Sugati*) after death is related to the statement of Sivalax (2004). He pointed out that Thai people can help the dying persons to have a good death and go to a good place (*Sugati*) after dying by 1) guiding the dying person to recall or think about *Arahant* (The Lord Buddha). This will induce the dying person's mind to think positively until die. 2) By putting a lotus flower in the dying person's hands, so the dying can use this flower to worship Pra Julamanee in heaven. Generally, Thai people have always concerned about how to help the dying persons go to a good place after death. In this research found that many informants have successfully helped the dying persons reach a peaceful death by leading them to keep thinking about "*the Lord Buddha*" and the "*Dhamma*" words such as "*Bud-To* or *Phra-Bud, Phra Dhamma, Phra Song*". In some cases, the family members were placed flowers, incense-sticks, and candles on the dying person's hands because they believe that flowers could lead the dying person reincarnate into a better place after death.

In Tibetan Buddhist, a peaceful death is an essential human right. It is regarded as passing away naturally and easily, painlessly, clear conscience and having fulfilled family responsibility. It can occur in a comfortable place with calmness and in harmony with the environment (Rinpoche, 1992). Similar to the Thai Buddhists, a good death is a death with full awareness and wisdom, free from pain, and death without suffering, no fear of death or any worrying, neither burdened nor being a

burden to others (Dhamma Learning Group, 2005), and the mind is still remaining in peace (Sudhamma & Born, n.d.). Buddhadasa Bhikku described his ideal of death as natural with mindfulness, detached from all things, without being a burden to others, and without a prolonged life (Medhanguro, Hatterat, Na Tharang, Satha-anan & Hutuanuwat, 2001). PraDhampidhok (2003) stated that a good death occurs when the person dies with mindfulness, a positive mind without any suffering, thinking of good things, and in feeling of freedom. Besides, he pointed out that *“he/she who dies with suffering can have a bad rebirth, and he/she who dies without suffering can have a good rebirth”*. A person’s death will be a reflection of how he/she has been living in life. Generally, living a good life will die well, living a bad life will die badly. If people desire a good death, they should live in good moral life, in goodwill and be compassionate.

Regarding to the findings of this study, the belief about death and rebirth in the Buddhism, we found that life is uncertain whether we are young or old, we might die at any time. Because of the exhaustion of daily living, the higher dangerous environment or the hazardous circumstances may cause anyone to die at any time. So, we should be prepared and be ready for the death all the time by continuing making merit and gather good deeds for our lives all the time. Do not wait until the death is approaching. The more merit we have made and accumulated, the more confidence in achieving the peaceful death we are.

2.2 Caring based on the Belief of *Kamma*

The results of this study presented that the family members and nurses have provided care for the dying person to achieve a peaceful death based on their beliefs

in the “*Law of Kamma*”. The informants perceived about the illness or the suffering of the dying person, or the family members who have taken the role of caregivers and they have done like the parents provided care to their dying children, all of these were the result of one’s own *Kamma*. According to the findings from the study of Nilmanat and Street (2007), that was about the constructions of *Kamma* of four Thai family caregivers who living with a dying AIDS person. The study presented that the participants’ were consequently suffer in life because of their *Kamma* and they also believe that the *Kamma* which finally has formed the suffering in their lives has come from the suffering of their dying loved ones. They believe that the merit that they have done would help the dying person getting better and help to promoting their minds to calm, leading the dying persons to reach the peaceful death in the last day, and also help improving the status of rebirth in the next life.

Thai Buddhists usually use the *Law of Kamma* for explaining everything that happens in their daily life (Mettanando, 2005). The individual daily life is the result of *Kamma* (Thich Nguyen Tang, 1999). It can affect lives either positive or negative, which can also have a profound effect to the next life. The negative or the bad *Kamma* results in rebirth in one of the three lower realms; the hell, the ghost realm, or the animal world. The positive or the good *Kamma* establishes the rebirth in human, demigod or in the god worlds. Meditative *Kamma* brings rebirth in the higher heavens of form and formlessness. The dying persons who have done good deeds will die easily, will no longer exist, and will move into their new life in the best possible way (Sri Dhammananda, 1987).

Buddhist philosophy states that everything is subject to *the Law of Kamma* (Payutto, 1995). *Kamma* is usually translated as the law of “cause and effect”. It

means action or doing (Sayadaw, n.d.). *Kamma* underlines the importance of all individuals who responsible for their past and present actions. Our life now is the result of our past actions (Morgan, 2001; Payutto, 1995). Those people who do a good or positive thing must get a good thing, on the other hand, who do a bad or negative thing must receive a bad thing. Buddhists people try to achieve good *Kamma*, and free themselves from bad *Kamma* by living in morally sound life, and following Buddhist doctrines. Such action can be positive, negative or mediocre, that could be a profound effect to the next time/life. Human's actions, or the *Kamma* in the Buddhist framework are to be judged or based on both the intention or motive (*Chetanaa*) and the consequences (*Vipaaka*) of the action.

Related to the belief of *Kamma*, the findings of this study reflected that family members usually perform for *Ahosi-Kamma* (forgiveness) and perform for *Tad Kamma* (eliminate *Kamma*) to the dying persons. Because the dying person and family members believed that the *Kamma* cause everything in lives, the present and the next life. They would ask for forgiveness and they forgive each other among themselves, who might have done something wrong toward each other. By doing this, they were cutting the bondage of their *Kamma*. Also, the nurses would do the same manner, as the one who provided after the death care would ask for *Ahosi-Kamma* from the deceased patients. For *Tad Kamma*, the family members would make merit, perform, and transfer the merit to eliminate the *Kamma*, and they would chant to end the *Kamma*. When they finish all this rituals that they have done for the dying person, they all feel happy because they believe that the one who died was also happy and he/she might have a journey to a good place. These results all come from the “*Ahosi-Kamma* ” and “*Tad Kamma* ”. According to the study of the effective of a

forgiveness therapy (Henson, Enright, Baskin, & Klatt (2009), this study tested the effectiveness of a forgiveness therapy in improving the quality of life for the elderly terminal ill cancer patients. At the beginning, all participants reported that they are deeply hurt and has been unfair by someone centered on family tensions and unresolved interpersonal conflicts. After completed the forgiveness therapy program, the researchers found that this therapy was significant to improve: forgiveness, hope, quality of life, and minimal anger. Forgiveness therapy may help to improve the quality of life at the terminal stage.

These research findings from family members and nurses reflected their belief on *Kamma* and guided them to act *Ahosi-Kamma* and *Tad Kamma* for the dying person. In addition to, *Kamma* has been pointed out on human beings that are good or bad depending on their own actions, not depending on the caste or the fortune. *Kamma* is believed as a shadow that follows the mankind to everywhere. The Buddha said, “*Good or bad does not depend on birth, but depends on Kamma or volitional action/deed.*” If someone believes in the notion of a supreme being, one may pray to him and beg for forgiveness, etc. This kind of person would not do anything, except just pray for whatever he wanted, or for forgiveness if he/she had done something wrong. He makes himself careless, and if he believes that there are no cause and effect, (Dhammasaro, 2006). The Buddhist teachings on *Kamma*, teach mankind to know that all success is from action according to the law of cause and effect. Therefore, *Kamma* cannot be erased as these supported words of the *Bhudda* that means bad *Kamma* cannot clean easily, if everyone can go to the heaven:

“If it were possible to cleanse evil Kamma simply by bathing in a river, then the frogs, fish, otters, crocodiles and other river-dwelling animals would certainly be destined for rebirth in a heaven realm ... If these rivers were

capable of carrying away your evil Kamma, then they could probably also carry away your good Kamma.”

Lord Buddha (Paytto, n.d.)

2.3 Caring for Sati/Consciousness to be ready to face an Incoming Death

The study findings indicated that the end-of-life persons desire to die with consciousness or *Sati* and the caregivers are trying to help them to rest in conscious and think only about the good things before death. In the Buddhism teaching, the dying one should be alerting as much as possible. The peaceful death is as the most important thing that the dying patients and their families are expected to achieve when the death time comes by. (Dossey, 1995; Kunavaro, 2004) When the mind is within the state of calm and peaceful, it would carries to the positive thoughts and finally the natural outcome occurs that is a happy rebirth. Contrarily, if one’s mind is in the stage of anger, fear, or a strong desire, it would generate an unhappy rebirth or go to a bad place after death. Regarding to this believe, if the caregivers cannot help the dying person to reach a good death or a peaceful death, the bad impression of the near-death of their patients could consequently contributes to make them distressed. They might suffer in sadness, depression, anxiety, fear, irritability, loneliness, guilt or anger (Kemp, 1999; Smucker, 2001). If the caregiver cannot provide any full preparations for the death coming, the dying persons may die without peace of mind.

The strategies of caring in this study are to encourage more conscious and calms state of the dying persons by chanting. The caregivers in this study used chanting in all three phases of the end-of-life care which are the general end-of-life care, the near-death care, and the after death care. In the after death care, some nurses have asked the relatives to do chanting and were praying while the Buddhist

chanting tape were running. They performed this kind of ritual until the deceased patient leaves their ward as to pay respectful to the death one's spirit. The informant from every families stated that the chanting perform for the end-of-life person could help to create the virtue of *Dhamma*. It can cause the positive effects for both the prayers and the listeners. Some informants believed that chanting provided many outcomes such as; 1) peaceful state of mind, 2) pain disregarded, 3) relaxation, sound sleep, 4) hopefully for total recovery and prolong the patient's life, 5) chant or pray for those who previously had deeds against each other, and 6) chanting for a good life after death. The Buddhist chanting that they used for the dying person is comprised of many kind of chants. They choose what was related to the family's preferences, belief and faith towards the chants. Mostly, the caregivers might pray for the dying persons, and some dying persons who would pray together. Sometimes, they run the chanting tapes. The dying persons in Buddhist always request the services of the monk to assist them for the transition of death, to lead them to rest in peace and free of fear as possible by teaching how to behave when the death is approaching. The monk also chants for them by using the Buddhist scriptures.

Chanting is more than the spiritual act of praying. The root of praying or chanting is from the deepest of one's mind. Intimate praying is the laying aside of thoughts. It is opened mind and heart, body and feelings. It's beyond the word or thoughts or the emotions (Khoo, n.d.). It derives from both mentally and physically discipline. Both nervous system and muscular system are involved in chanting. The sound of human has been impacted throughout the history of human kind. Sound therapeutic can use to intimate the vibrations of nature in hope of healing energy (Heather, 1999). The power of chanting is to organize the body, breath, voice, and

mind that will focus only on the activity of chanting. Chanting is to give 'voice' to the spiritual being and allow people to express their relationships to a higher power, nature, and mankind. Chanting creates a link between people and the higher power that they may conceive. Buddhist chanting can be a guide words and language can make a big difference from the special words that touch the person's mind-body system (Heather, 1999). In a holistic view, body-mind-spirit is seen as interconnected and interactive relationship. The body and its biochemical processes could blend imperceptibly as the neurological link to mental and emotional process, and also the neurological linked processes of the mind blends imperceptibly to the attitude and the belief structures of the spirit (Shannon, 2002).

Therapeutic value of chanting comes from the vibration of the resonating through the whole body, especially the nervous system. Chanting is a special form of breathing controlled. Air pressure derived from the vibration of the vocal cords, increases lung pressure and accelerate gas exchange, consequently oxygen added into the bloodstream. Chanting can contribute relaxation and induce a sentimental mood and a sense of safety (McGann, n.d.). In addition, the vibration waves that derive from chanting have the power to reduce or cut the negative thought patterns that often accompany with the illness (Khalsa, n.d.). The intensive faith, hope, forgiveness, chanting or prayer, along with the social support can generate the positive result of treatment noticeably. In case of surgery, we found that the patients who have stronger religious and spiritual beliefs can be healed faster than the one who believe nothing or estheticism. Moreover, we found that this group of patient always has less anxious and less depression, lower blood pressure and they could cope better with the chronic illnesses, such as breast cancer. During the stage of near-death, the most people

would like to achieve the spiritual beings, spirits as benefactors and the guidance of life (Boldman, 1998). The important points of guiding and chanting are to focus on healing spirituality of the dying person.

Furthermore, the findings presented that the family members who play the role of caregivers and nurses prepared to the dying persons to encounter a coming death by helping them to accept the death, letting go of those worrisome and the final day cares such as listening to them and talking with them about the death in order to have them get familiar with the death. The condition that can generate a peaceful death and rebirth of the next life depends on the state of consciousness and wisdom of understanding the truth of life at the final moment of each dying person (Visalo, 2006). To understand and accept the truth of life and death, the Thai Buddhist usually clarifies a Buddhist teaching to the way of understanding the truth and the way to ending the suffering. The Four Noble Truths (*Ariyasacca*) are the four fundamental truths of our existence, which consists suffering existed that means the suffering is everywhere (*Dukkha*); a cause of suffering is attachment or misplaced desire (*Samudaya*); the end of suffering is Nibbana (*Nirodha*); the path or the method of practice to get away from suffering (*Maggo*). The Four Noble Truths are a very important aspect of the teaching of the Buddha (Sri Dhammananda, 1987). This truth is the way to solve the problems and to organize the human life in a good pattern (Payutto, 1995). People who failed to understand the Four Noble Truths would continue to repeating the cycle of birth and death (Sri Dhammananda, 1987). Nobility begins with the recognition of suffering physically and mentally; birth, decay, illness, death, imperfection, pain, impermanence, disharmony, discomfort and irritability.

After this recognition, the noble people proceed to analyze the cause and try to cut off the roots of the causal factors of suffering.

In the Buddhism, everything in the universe is usually governed by three characteristics of existence (*Trilaksana*) (Payutto, 1995). A thing cannot exist permanently; there is no permanent existence, pure element that acts as a basis for the existence of anything (Sri Dhammananda, 1987). The concept of the three characteristics composes of: all composite things are impermanent (*Anicca*); the state of suffering is unsatisfactory (*Dukkha*); and a condition of no-self (*Anatta/ Sunyata*). In summary, all phenomena are not related to self. People will open their mind to consider and solve the problems without selfish. The purified mind can help persons to see things in natural or realistic. This concept is useful for the end-of-life persons to help them in accepting every thing that happen into their lives and see all things as it be. Realizing the truth of impermanence before and at the moment of near-death is important. The dying people would have to give up everything that they have held or worried about on earth. They can let it go easily or *Ploy-Wang* (in Thai). According to the recommendation of Visalo (2004), a Thai monk who is well-known as a knowledgeable monk especially in the end-of-life issue, he has proposed that the caregivers can help the end-of-life persons to die peacefully (*Non Tai Ta Lab*: dying with the eyes closed) by: giving love (for gaining a stronger mind and solving a loneliness and fear of death), helping for accepting a nearing death, helping for concentrating only in good things, helping for getting off the emotional suffering by help clearing the unfinished businesses and helping to become a no-self person by *Ploy-Wang* (stop worrying about anything).

In the doctrine of *Paticcasamuppada*, or the Cycle of Dependent Origination describes that everything is originated dependently and things are existing because of the interrelation among each other; this is an absolute truth (Dharmakosajarn, 2005). The “*Paticca*” in *Paticcasamuppada* means “grounded on concerning of the cause” while “*Samuppada*” means “origin, arising, genesis, becoming to be, production” (Buddhadasa Bhikkhu, 1992). *Paticcasamuppada* follows the principle of “*this thing exists therefore that thing can exist, this thing ceases therefore that thing ceases too*” (Buddhadasa Bhikkhu, 1992, p. 8). This doctrine points out how the suffering begins and how the suffering ends. Also, it demonstrates that the beginning and the ending of suffering is a matter of natural interdependence (Buddhadasa Bhikkhu, 1992). According to this concept, the ignorance and the actions of the past had given rebirth until the present moment. The consequences of the past actions are thus experiencing in the present. If the end-of-life persons prepare for a good death by learning about the *Paticcasamuppada* and if they have been considering about it carefully and deeply, they would be able to learn and understand well about the truth of the condition of all the existing things (Candavarabhivamsa, 2000). At the end-of-life period, people can handle a difficult time or pain by opening their mind to learn and see the reality and trying to cope with this suffering from inside. The more understanding about thing clearly, the more they have the capability to accept whatever has come in lives, even the incoming death (PraPromkunakorn, 2004). Chuaprapaisilp (2004) also have proposed the issue of caring persons at the end-of-life based on her research and caring experiences as she found that the dying persons who have been learning *Dhamma* and practicing *Dhamma*, when the death were

approaching, they could handle and formulate their mind to achieve a peaceful death easier than the persons who did not have the experience of practicing *Dhamma*.

In the study of the preparation for a peaceful death which related to *Theravada Buddhist* teachings by Kongta (2005), there are the survey documentary research studied from the monk group and lay-person group. The results are divided into two categories, the first categories is a long term preparation which includes alms giving or donation (*Dana*) such as offering foods, useful objects, giving knowledge, telling about what meritorious and giving forgiveness are. This preparation also includes the observation of Moral Precepts (*Sila*) such as Five Precepts: to abstain from taking life, stealing, committing adultery, false speech and using intoxicating. The Moral development (*Bhavana*) which was the way to reach the state of calm of mind and to develop wisdom through the practice of tranquility meditation (*Samatha Kammatthana*) and insight meditation (*Vipassana Kammatthana*). Another categories is a short-term preparation is to help a dying person to make his or her mind in the calm state and create the awareness of the near-death moment by helping them to recall the virtuous deeds which they have done in their lives and sometimes they might have a closed-person of the dying ones to tell or lead them imagine to the image of *Buddha*, events concerning the meritorious activities, and pay homage to the Triple Gem (*Ratanattaya*). By doing this, they believe that when the death time is approaching, their state of mind in a calm level would lead them to rebirth in a blissful place.

Another study about the meaning of death: A Buddhist philosophical interpretation' by Wasinghon (1997), the researcher assessed the Buddhist philosophy in this field. The researcher found that Buddhist philosophy believes in the process of

practice concerning to the mindfulness death (*Maranasati*), which can encourage people to accept and to deal with the death calmly. So, the ones who have the experiences in practicing of *Maranasati*, they will aware that the death may comes any time. This practice also helps to enhance for a good moral conduct. Uppasamo (2005) suggested a practicing to handle the death by thinking about the death every day. According to Buddhadasa Bhikkhu (n.d.b), everyone should get prepared for the death before death time is coming. It seems like a person is awakening of death matter before getting asleep like a corpse. This practice will help to reduce an individual self-esteem or ego. Practicing along with taking deep breaths at the same time of considering each part of the body from head to toes, you will see and feel the truth of everything that is impermanent and no-self. It is a practicing to kill the individual self before the real death.

A regular good practice for oneself or for others at the moment of death is called "*Tonglen*" which in Tibetan means 'giving and receiving'. It means sending out goodness to others and taking suffering to ourselves (Rinpoche, 1992). *Tonglen* prepares the way for people acknowledge the reality of others' suffering, and then, it returns to the self-grasping, self-cherishing, and self-absorbing of ego. This practice encourages to promoting the compassion for oneself and others. The preparation of 'Tonglen' meditation is the same as the method to deal with any bad things that happens in daily lives. It is also a good method to release the attachments in lives; by releasing all the attachments while breathing out, and also sending out the happiness to take in the suffering. This practice can help to overcome fear when the death approaches. Because this practice is concentrating on the specific suffering while breathing in and out slowly, so this practice can lead them to see the nature of the

suffering from the inside-out. This is related to the findings of this study because we discovered that there are some nurses' participants have provided the nursing care to the dying persons by transferring their own merit or good deeds to help for the healing of their patients.

The nurses have transferred their good deeds to the patients while they were providing the nursing care. The family members and nurses successfully delivered care to the entire dying persons under their responsibility to die peacefully by practicing the "giving and receiving". They have opened their minds with truly hearts, thoughtfulness, tenderness, and kindness to provide care.

"Open your heart and take on all suffering and all beings. Let go of doubts and hesitations. Let the power of the awakened hearth flow through to you, now and forever." (Rinpoche, 2002)

All Buddhists always concern about the time of preparedness for a death in their lives. If we can develop and gain control over our minds and create all the positive causes, then, we will have the state of mind in calm and we will be able to control our mind-set at the time of death is approaching. The state of one's consciousness at the time of death is very important because if the mind is in calm state and in peace, we can carry the positive thoughts, and then surely we can wait to receive the positive outcome in the next life. In the other words, if one's mind is in the state of anger, fear or a strong desire, it could generate an unhappy rebirth cycle. Caring the dying persons by preparing their mind to be aware of death and be conscious can help them to see the truth of life and death which can help them to let go for everything. Then they can face the incoming death in a peaceful mind.

2.4 Caring based on the Dying Person Centered and Family Participation in Care

The finding of this study discovered that the near-death patients from the entire families in the study group were significantly to have an available family member by their sides at all times. By having the relative side-by-side, this will help the dying persons feel more comfortable, warm, secure, and less frightened of the incoming death. Being side-by-side of the relatives; nurses could assist and teach them to observe the patient's conditions until the last breathing and they also can lead the dying one to leave this world peacefully. In nursing care for the dying persons, the nurses encouraged the relatives to join in nursing care by having the dying person centered. Nurses allowed the patients and families to perform everything carefully according to their beliefs. In some cases, both the patients and family members did not understand well about what they should do regarding to the religious belief, nurses have given them the advices such as inviting the monk to perform the meritorious for the dying person in the hospital, etc. Most of the family members and nurses stated that it was a difficult task for one person (nurse or family member) to support the dying person to die peacefully. It would be better for the end-of-life person if there were many people to give a help such as family members, colleagues, friends, neighborhoods or experts in palliative care. These groups of collaborative were important in order to cheer, encourage, and pray for the dying patient.

The dying persons need to maintain their relationships with the ones who were special and caring to them. At the end-of-life time, patients usually need to maintain a closer relationship with to their family members. Family members play a vital role in providing a care to the dying persons. The ways to approach and deliver care to

each dying persons were according to their physical needs, psychological needs, and the relationship between the caregivers and the patients. The research finding presented that the intensive of love and psychosocial bondage in family is very important in providing a care by the family members because they would spend a long time to take care the patients until the patients will die in peace. The dying persons would finally die among the loving relatives in a warmth and friendly circumstance.

According to the qualitative phase of the study finding from “Thai Nurses’ Attitudes, Knowledge, Ethical Dilemmas, and Clinical Judgment Related to End-of-Life Care in Thailand” (Manosilapakorn, 2003); helping the dying patients to reach a peaceful death is considering as the most significant core value of Thai nurses who have the practical experiences of providing care for the end-of-life patients. Nurse’s participants in this study stated that they have helped their dying patients to achieve the peaceful death by performing the activities of the religious belief related to the culture and traditions and also allowing the family members to get involved in providing care. It is one of the three major issues for all nurses to help in improving the quality care for the end-of-life patients. The other two issues are caring by focusing on the spiritual care and providing the education about the ethic of care respectively. Kongsuwan and Touhy (2009) have studied about promoting a peaceful death for the Thai Buddhist from Thai nurses have discovered that the family members are considered as the cooperative care providers who play the role in a holistic care that they have provided for physical care, psychological care, and spiritual care. Nurses have played the key important role as the supporters and caring persons to the families.

The findings of this study revealed that all caregivers aimed to help the dying persons to achieve a peaceful death or good death. In supporting the dying persons to reach the peaceful death, all caregivers have to provide cares to solve all patients' problems, feel comfortable, and in peace. In this study, the dying persons faced with several problems including physical pain, high fever, difficult of breathing, exhaustion, no appetite, eating difficulty, constipation, moving difficulty, and body swollen. The participants from all families stated that they have provided care for their dying relative as best as they could. Nurses also stated that they have provided the holistic care for both the end-of-life patients and their families as well. The majority of this nursing care is to observe the signs of dying persons that might occur and provide care to comfort every dying patient until they had died. In this study, nurses have routinely provided care for the end-of-life persons by providing a comfortness on physically, mentally, and spiritually. In the moment of near death; nurses have relieved the pain and fear of the patients depending on the conditions that occurred at any time and they would need to assess closely the signs of the incoming death and inform the family members periodically.

Unavoidable that everyone will face a dying period in one day, and everyone has unique individual experiences in life, strengths or weaknesses, have the different psychosocial or spiritual issues which have resolved and some unresolved (Kemp, 1999). The efficient care must serve to all the immediate physical symptoms of the dying persons and the major concern for this group of patients is to control and relieve the acute and chronic physical pain (Geest, 2003; Long, 2004). The patients in a severe pain pay attention to nothing but accept their pain bravely. Pain has a negative effect on physical activities, mood, psychosocial of the patients and also an

effect to the surrounded relatives' emotion (Teintong, 2003). Manosilapakorn (2003) found that the serious problems in the end-of-life care in the perspective of Thai nurses were the inability of nurses to serve for patients' spiritual needs that was expressed in lonely behaviors; depressed, quiet, isolate and unable cope with the pain. Labhantakul (2000) indicated that nurses can improve the quality of care by providing physical comfort, by helping the dying patients meet their needs; by encouraging the activities that make them feel good and joyful daily. For example, nurses might give the advices to promote patient's comfortness, such as encouraging the dying persons spend more time with their relatives or go back home or any place that make them feel more comfortable and stay there until the last minute of their lives come. Nurses might also advise the end-of-life patients about the appropriate ways to think or concentrate or behave related to their beliefs when the death is approaching, so that they might be able to encounter with the hardest time of life and die peacefully.

To help strengthen the ability of family members and help them to understand the role of caregivers for dying persons, nurses should have assessed the relationship patterns in each family and have identified them correctly; furthermore, nurses should also pay respectful to their cultural values (Zerwekh, 2006). Regarding the research findings, in order to get a successful result, nurses give a maximum help for the end-of-life patients to achieve the peaceful death; nurses have provided a holistic care to the dying patients and family members in a multi-dimensional system including approaching, assessing, planning, preparing, assisting, comforting, empowering, guiding, informing, joining, supporting, and evaluating. Nurses would facilitate family caregivers to serve or deliver care to the dying persons unconditionally. Giving more information, answering the questions to the family members, and allowing them

to join in providing care to the dying one, can be helpful for achieving the goal of care that is a peaceful death. This special nursing care has the dying persons centered while having the family members participated in a care within all the process; all activities should serve the goal that for the dying person to die peacefully.

III. Buddhist Beliefs and Thai Cultural Factors Enhancing a Peaceful Death

The findings from this study proposed most of the family members and nurses have informed that die peacefully was depending on the caregivers and the end-of-life persons themselves. The data from the informants presented several factors such as personal background and experiences, and the environmental factors were also importance in their care. Nevertheless, the Buddhist beliefs and the Thai cultural factors were the most important concern in the end-of-life care for a peaceful death. Since, the culture affects personal experiences and involves in all the process of providing the quality of care (Doka & Davidson, 2001), lack of creating the cultural space in caring for the dying persons might refrain the experience of good death (Kaufman, 2000) . The culture is always affecting the ways of life which includes the beliefs, ideals, values, and attitudes. It defines personal worldviews and shapes the ways of the individual life. Thai culture refers to the ways of life or life style and tradition that the informants were very concern and they have always adapted to use them while providing care to the dying persons.

Thai people usually apply Buddhist philosophy of simplicity and moderate to lead their ways in the Thai culture and the Thai culture has been greatly influenced by religious or Buddhism. The religious belief system is integrated into concepts of death and life and Buddhism influences in every aspects of Thais daily life, from birth

until death, and death is integrated into religion as a concept of religious belief systems. Religious systems have to provide individuals with the means of explaining their own death, to prepare for it or to comply with the meaning of death before it occurs (Head, 1994). Buddhist beliefs can have a positive or negative influence on the personal ability to cope with or manage an illness or health concern (Taylor, 2002). The ideal Buddhist conditions for the dying persons are as follows: the consciousness is clear and focused; they are dying without fear; they are ready to depart from this world; and they fully aspire to Buddha, pure land, and enlightenment (Lin, 1995).

In the qualitative phase of the study “Thai nurses’ attitudes, knowledge, ethical dilemmas, and clinical judgment related to the end-of-life care in Thailand” (Manosilapakorn, 2003), it was found that helping the dying patients lead to a peaceful death is considered the most significant aspect of Thai nurses’ experiences in providing the end-of-life care. Nurses, who were the participants in this study, stated that they helped the dying persons lead to a peaceful death by supporting their cultural traditions and religious activities in terms of their beliefs. This finding confirms that caregivers and nurses who are caring for the dying should understand them in their cultural context.

In this study, Buddhist beliefs and Thai cultural factors are important for caring the dying persons lead to a peaceful death and these findings are; 1) being spiritual and faithful in *Dhamma*; 2) previous merit and *Kamma* of the end-of-life persons; 3) being conscious (*Sati*) and prepared to face an incoming death; and 4) gratitude concerned of family members.

3.1 Being Spiritual and Faithful in Dhamma

This study found that the study of *Dhamma* and being spiritual helped the informants to understand the truth of the cycle in life which is birth, aging, illness and death in natural event. Buddhists believe in the cycle of birth and death, this belief is based on the recognition of a series continuity of lives from the past to the present, and from the present to the future (next life) and the *Dhamma* topic that the informants were interested in are three characteristics of the impermanence, and the law of *Kamma*, etc. By following these thoughts and beliefs make it easier for the caregivers in encouraging the dying persons to follow the religious instruction and accepted the truth of life and death. Related to Chuaprapaisilp (2004) that pointed out for a more quality of care based on the Buddhist teaching, the caregivers and the clients should understand in the Buddhist teaching who are using this type of caregiving.

The individual's spiritual beliefs and values can significantly affect personal illness (Sherman, 2006). Nurses support and encourage the influences ritual related to religious or spiritual care that could generate the positive effect which lead to die in peace of the end-of life patients. Nurses should be careful in handling these issues because all Buddhist people are very serious in helping the dying persons to die in peace. In Buddhist culture, performing meritorious act such as chanting, meditating, and offering the essential stuffs the monk is very important. They believe that these kinds of activities could help the dying one's mind remain calm state and conscious at the time of dying. Being spiritual and faithful in *Dhamma* helped the informants felt relax, calm and relieve while caring the dying person to have a peaceful death. The informants stated the end-of-life caregiver would be able to care the dying person

until he/she passed away in peace by focusing on personal spiritual and faithful in *Dhamma*. In order to die peacefully, the dying persons and caregivers should be a person who has beliefs and faiths in *Dhamma*, applied the teaching of the *Lord Buddha* for living and death matters, and that person can accept and prepare for a fact of human death. Moreover, virtue from a previous life and rebirth can also support a peaceful death.

3.2 Previous Merit and Kamma of the End-of-Life Persons

The informants believe that people was born by the responding to their previous *Kamma* that they have done in a previous life. Moreover, a person who finishes his or her previous bad *Kamma* will die peacefully without suffering with a terrible death. In contrast, a person who has done bad things or had worse *Kamma*, he or she will die terribly. This is because of everything was resulted from a law of *Kamma*. *Kamma* can affect on any human life and death, *Kamma* also a significant part in care. The belief of *Kamma* helps to maintain hope for a spiritual healing of the dying person with AIDS while a diagnosis of AIDS destroyed their hope for cure (Nilmanat & Street, 2007).

Sometimes, death may be considered a process through the consciousness departs from one's life and begins the journey to another new life. The basic principles underlying the rituals and activities related to a death are twofold: purification of bad *Kamma* and accumulation of merits (Lin, 1995). This Buddhist believed their good acts accumulate into a fund of merit that will help assure a better rebirth, replete with wealth and happiness (Guelden, 1995). Gaining more merit, they earn a better place for themselves and their loved ones in their future lives.

According to a study of the meaning of death in the perspectives of AIDS patients in the last stage of life, Wisarith, Nuntaboot, Sangchart, & Tuennadee (2003) pointed out that the most influence of the Buddhist belief on their meaning of death are merit and *Kamma*. The meaning of merit or good *Kamma*, in their understanding, results from good behaviors, while *bad Kamma* results from bad behaviors. According to the most popular concept of *Kamma* in South East Asia, “doing good things will receive good and doing bad things will receive bad” (Sri Dhammananada, 1987). All people have their own respective *Kamma* from what they have previously done, whether good or bad *Kamma* they must be received of their own respective deed or *Kamma* (Vajiramedhi, 2007). If the dying person had more previous good experiences, positive or good *Kamma* they can die in peace. As the results of this study that the previous merit and *Kamma* of the end-of-life persons affect to a peaceful death.

3.3 Being Conscious (Sati) and Prepared to face an Incoming Death

The informants stated someone who caring the dying persons should being conscious (*Sati*) and prepared for the coming death. With a purpose to helping the dying person, either learn how to prepare for his/her peaceful death by himself/herself or talk to the person who believes in the truth of life cycle referring to birth, aging, illness, and death. The informants presented the caregiver who is looking after the dying patient should understand and talk to the dying person about some death and dying preparation. The preparation and being conscious of the caregivers might help the dying person accept the fate and relieve stress, and then can break his/her worrying about the coming death. In Buddhism, persons can get experiences of death

by preparing and recognizing that there is no certainty about how and when death will occur. Experience of death gives the practitioner an opportunity to adapt to the unpredictable nature of death. It also provides practitioners with opportunities to learn, how to accept death as part of daily life (Rinpoche, 1992). According to Buddhadasa Bhikkhu (n.d.b), everyone should get completely preparation for a death before, which death can come anytime just as awake and before sleeping, as this reduces the self/ego.

Practicing involves taking deep breaths and concentrating on all parts of the body, thus seeing the truth of everything being impermanent and not being the self. It means killing the individual self before the real death. The study “the meaning of death: A Buddhist philosophical interpretation” by Wasinghon (1997); the researcher found that Buddhist philosophy believed in the process of practice concerning the mindfulness of death (*Maranasati*), which enables people to accept a death calmly and mindfully. Anybody who had prepared for a death matter would experience with a practice of the *Maranasati* and accept death may occur at any time. This practice might help him/her to face the death in peace, with consciousness. Through the acceptance of death, the families can grow together and find the accomplishment. The dying process offers rich opportunity to reflect on the growth of living life (Klimkiewicz & Zerwekh, 2006). From this study, the death becomes an opportunity for personal awareness and development within being conscious (*Sati*) and prepared for a coming death.

3.4 *Gratitude Concerned of Family Members*

Most of the family members and the nurses who provided care to help the dying person to die peacefully claimed that caregivers had to give plenty of time to take care of the dying patient. The family caregivers had to pay the gratitude back to his/ her parents and their families by providing his/her good care. To promoting a peaceful death for the Thai Buddhist would require the interactions between the nurse, dying patient, and family (Konsuwan & Touhy, 2009). Therefore, regarding a gratitude and appreciation of family members towards a dying patient, nurses' informant usually offers the relatives to present their gratitude by offering them to participate in care for the dying person because of caring in the family was one way they expressed their gratitude in the Thai family. Some findings presented that the family members have been taking care of their dying parents because of the gratitude concerned (*Katanyu*). *Katanyu* is a high value character trait in Thai culture. One of the most popular to pay back gratitude called in Thai '*Katanyu*' which means 'repayment of one's debt' to the parents, is that a son enters into the monkhood, especially entire his life. Every grateful male child is obligated to do so, and give merit to his parents (Klausner, 2000). Related to the finding of this study, in the after death moment, sons or nephews of deceased persons were ordained to become monks to present their repayment the "*Katanyu*" and merit to their parents and all relatives. In the Buddhist belief, the merit that came from this gratitude concern may support the dying person to die in peace and transfer the spirit of the deceased persons into a good realm. Some of the family members who have participated in this study stated that in order to help the terminal ill patients to die peacefully, they had to spend the

time all days all nights with their dying ones because he or she want to pay back to the dying person.

In summary from the finding and discussion, the meaning of a peaceful death, the Buddhist belief and Thai cultural factors have enhancing and caring a peaceful death, which are related and strongly influenced by the four cores of Buddhist concepts: Merit (Boon), *Kamma* (previous bad *Kamma*), *Sati* (consciousness), and *Sugati* (reborn in a good realm). The good results were found because of all informants believed in the Buddhist doctrine and they have integrated them in caring needs and lifeways for helping the dying persons to die peacefully. Therefore, while providing care for a peaceful death, nurses should concern and explore the dying persons and caregiver' meanings and factors that might influence in their end-of-life care.

CHAPTER 5

CONCLUSIONS AND RECCOMENDATIONS

The last chapter presents the conclusions of the research, including the implications and recommendations to be used as the guideline for a nursing practice, a nursing education, a nursing administration, and for a further nursing research. However there also are some limitations of this study that need to be presented.

1. Conclusions

This study explored the end-of-life care of the family members and nurses in the Thai Buddhist culture for the dying persons, in order to assist him/her to die peacefully. To obtain the deeper understanding in the end-of-life care for a peaceful death, the purposes of this study were to explore how the family members and nurses in the Thai Buddhist culture in perceiving for a peaceful death; how they delivered care for the dying persons in order to facilitate her/him to die peacefully, and how Buddhist beliefs and Thai cultural factors in enhancing the meaning of the care and the caring practice would be the most suitable for a peaceful death. This study was conducted in the Southern part of Thailand by using the ethnonursing method of Leininger. In addition to, the remarkable characteristic of this type of research method is helping the researcher to explore the holistic life style and cultural contexts of the participants and phenomenon in this study. The key informants composed of sixteen family members of seven families and nine nurses. The general informants of

were eighteen persons of family members groups and sixteen persons of nurses groups.

The data were collected from the family members and nurses who had provided care giving to those dying persons for a peaceful death after they were approaching the end stage of life until they died. Then, the researcher was continuing to collect the data after the death of dying persons until the saturation of data was reached. It took approximately fifteen months for a complete duration. The data were analyzed by using the thematic and pattern analysis method of Leininger's ethnonursing data analysis.

Meaning of Peaceful Death

A peaceful death in the Thai Buddhists is a death who has deeply believed these spirits were move to *Sugati* (a good realm). A peaceful death composed of four themes: 1) died as a sleep without suffering, 2) died without any worries, 3) died as *Kamma* ending, lifetime finished, would not postponing death; and 4) died with *Sati*, being conscious before passed away. A peaceful death was the end of pain and suffering, dying with the eyes closed without worries. The dying persons die in natural way without postponing the death when their lifetime was going to be ended, in the other words, the lifespan was also ended of *Kamma (Mod Vera Mod Kamma)*, and no prolongation of one's life when the death time had came by. At the moment before death, the dying persons would die in *Sati* or consciousness; would accept the dying fact, calm mind, peaceful, without a fear of the coming death. Furthermore, at the moment of dying, the dying persons were not take anything to their minds that

used to be worried about. Subsequently, the dying persons were accepted and led into a new good realm.

Caring for a Peaceful Death

The end-of-life care for a peaceful death would started when the caregivers knew that the patients were positioned in the incurable stage and the family members and nurses would provide for the end-of-life care in the hospital and/or home, until the dying persons had achieved for a peaceful death. The caregivers were continued in providing after-death care to the dying persons. Obviously, this type of care could be categorized into three phases of caring which are the general end-of-life care, the near-death, and the moment of death care; and the after-death care.

The dying persons might have to encounter several problems, including physical, emotional, and spiritual suffering. Providing a care for them and leading to a peaceful death, caregivers would have to provide the best as much as they can to support their loved ones. The caregivers always have been side-by-side to serve all needs of the dying persons and at the same time, trying to give their hands in releasing all suffering, stress and fear of death. Furthermore, the caregivers always have to get prepared for the dying persons to accept a fact and get ready to rest in peace with *Sati* or consciousness because a good death would be achieved only when the persons die with consciousness, a positive mind, and neither suffering nor worrying. The caregivers have provided care based on their faiths, cultural, and the belief in the Buddhism. They were performed their caring activities which focused on the belief on the Law of *Kamma*. Even though in the end period of life, they still have a faith that the dying persons might gain more good deed or merit, so the caregivers have been

trying to do their best and do everything for them to gain more merit within the Buddhist context. As gaining more good deed and merit, it would be given a positive effect on the rebirth in the Buddhism. All the end-of-life caring activities focused on helping the dying persons to die in peace; as sleeping without suffering; die in *Sati* or consciousness; die without any concern; and die in natural way by ending of *Kamma* and their life time. Hopefully he/she will go to *Sugati* and have a better life into a good realm.

The four major themes of the end-of-life care for a peaceful death were: 1) caring with merit for helping the dying persons to reach a peaceful death and going to a good realm after death; 2) caring based on the belief of *Kamma*; 3) caring for *Sati* /consciousness to be ready to face an incoming death; and 4) caring based on the dying persons centered and family participation in care. This caring practice was strongly influenced by four core Buddhist concepts: Merit (Boon), *Kamma* (previous bad *Kamma*), *Sati* (consciousness), and *Sugati* (reborn in a good realm). Regarding to a peaceful death, the nurses encouraged the relatives to join in a nursing care by focusing the needs of the dying person. Nurses were allowed the patients and families to perform everything according to their beliefs, especially their Buddhist belief for a good life after death.

Buddhist Belief and Thai Cultural Factors enhancing a Peaceful Death

The enhanced factors of caring to help the dying person in reaching a peaceful death composed of four themes: 1) being spiritual and faithful in *Dhamma*; 2) previous merit and *Kamma* of the end-of-life persons; 3) being conscious (*Sati*) and prepared for an incoming death; and 4) gratitude concerned within family.

The caregivers believe that the dying persons would be able to die peacefully, depending on the previous merit and the *Kamma* from his/her previous birth or life, and based on their personal belief and faith in *Dhamma*. The more practices and application for the teaching of the Lord Buddha, for instance, living and dying matters, the more benefit for the dying persons in preparing for accepting his/her coming death. Moreover, the family members have spent much of their times and have played the important roles in delivering care for the dying person with a gratitude and appreciation mindset. On the other hand, the nurses who providing a care at that time would need to taking care both of the dying persons and their families as well. In fact, they would need to provide a care at all times based on the patients' background and beliefs.

The results of this study may be useful for the caregivers who would provide for the end-of-life care to pay more attention to the cultural diversity. It would be benefited for a quality development of the end-of-life care which can help the dying persons to die peacefully in the Thai Buddhist culture.

2. Implications and Recommendations

The results of this study can be applied in a nursing practice, a nursing education, a nursing administration, and a nursing research as described following:

Nursing practice

Regarding to the finding of the meaning of a peaceful death that presented in four different themes, nurses should learn more about the concept and being able to

help those dying persons to achieve a peaceful death based on their cultures and beliefs. Nurses should also deliver care by focusing on the dying persons centered and also encourage the family members to participate in care. Furthermore, nurses can also support the dying persons and their families by integrating the belief of *Kamma* and merit making in a nursing care. As the more practices gain more experience; therefore, in order to improve the quality of the terminal illness nursing care regarding to the patients' belief and culture, nurses should study and practice more and more about it, by acquiring specific skills selected to care for the dying persons. As the results of this, the nurses would be able to provide an effective and appropriate care for the dying persons to be ready to facing the coming death with *Sati*.

This research finding has presented cases of two families that had a great ability to take care their beloved dying person at their home, surrounded with a familiar atmosphere, the dying person and the family caregivers have chosen to stay at home until the patient had died. The reason is for the convenience of the relatives and everyone can go easier to visit the dying patient than staying in the hospital. Moreover, those relatives and friends have not been restricted by the rule to limited number of visitors, a visitor can visit the dying person at anytime. Furthermore, these relatives and friends were comforted to do everything and perform spiritual activities to fulfill spiritual need based on their beliefs and need. Their suppose activities to do should be inviting the monk to visit the dying patient and perform the special meritorious activities, or the daughter of the patient can lie on bed together with the dying mother. Also, the dying person, relatives, friends, and everyone who are coming under one roof together can enjoy an usual sleep and wake up pattern at

home, comparing to a staying in the hospital (in hospital they have to wake up every 4-6 hours to check vital signs), etc.

The end-of-life case that relatives can provide care at home or communities are: 1) have a family support and ready to care in any conditions, 2) the dying person who does not need specific treatment in the hospital. However, taking care of the dying persons at home, the caregivers have to get prepared their knowledge in term of how to provide care and also the equipment needed to be used for the specific end-of-life care. They might need advice from healthcare professionals. Therefore, nurses and healthcare providers should support the family members by giving them more information and knowledge in order to gain more skills and be more confident for caring the dying persons at home. In addition, the home health care nurses should also visit them periodically in supporting and providing the end-of-life care at home. Caring at home is not only help the family to save the costs of treatment but also help to reduce the number of admission days in the hospital.

At the phase of death moment, the finding presented the dying persons usually prefer to be surrounded by their family members. Nurses should give a help and support the family members to participate in care closely. If a family member does not stay with the patient in the hospital, nurse should call the relatives to present the patient's conditions especially at the near-death moment. Nurses should support the family members to participate in care closely. To help the patients to reach a peaceful death, nurses should apply the results of the four major themes in caring for a peaceful death into nursing process. Furthermore, the Buddhist beliefs and Thai culture were significant factors for enhancing a peaceful death. Therefore, nurses should take more concern about the belief and spiritual background of each patient and family members

especially in the religious belief. To achieve the higher quality of the end-of-life care, nurses should respond to the needs, individual experiences, and cultural backgrounds of the dying persons and their family members.

Nursing education

The finding has shown every families have their own activities of caring related to their cultural belief and background. Therefore, deliver a high quality and an effective care regarding to the diversity of culture and belief, the knowledge of several of religions and cultures should be integrated in a nursing education.

From the result of this study, Buddhist belief is the most important factor of the end-of-life care. To attain the insight about the Buddhist's end-of-life care, a nursing school should provide the extra courses of Buddhism or *Dhamma* practice for the nurse students every year. The real experiences they would acquire by practicing might help them to apply in a real world when they are required to take care the dying persons and families accordingly.

Nursing administration

The finding has supported that the Buddhist's activities are the key success factors of leading to achieve a peaceful death. Therefore, hospital policy should be open-minded to support all Buddhist's activities that are harmless and meaningful to the dying persons and the others.

The findings show that the specialist palliative care nurses were very helpful in both family members and the general nurses especially in difficult situations; they have helped those general nurses to solve the problems about the end-of-life care.

Due to the quality of the end-of-life care would need to be improved gradually, thus, it is required to set up the palliative care team in every healthcare setting. Moreover, the hospital committee should give more concern and pay more attention in developing the numbers of the palliative care nurse by providing specific short courses training about the end-of-life care for all health care providers who will involve in care.

In order to achieve a holistic care, the palliative care team should also let the priest/monk to be a member of team and the priest/monk to provide the Buddhist religious and spiritual care for the dying persons and family members every day. Furthermore, the end-of-life care unit should recruit those family caregivers who have some practical experiences in providing care to the end-of-life persons in leading a peaceful death, to work voluntarily or salaried in hospital, because they might contribute great benefits to many family caregivers who really need the specific advices or consultants in delivering care to their loved dying ones.

The finding presented the Buddhist practice materials are really helpful for patients and families in performing their Buddhist belief and concern. Then, every hospital units should display and provide some specific Buddhist materials in a study room; such as the chanting books, chanting room, and the Buddha image, etc. for the end-of-life patient and family members.

Nursing research

The future research shall study the other group of religious, for instance, Muslim and Christianity, and/or the other parts of Thailand to view the whole picture for the end-of-life care in Thailand.

Other study may use a qualitative research method to focus on the bad or unwilling death in the Thai Buddhist culture, including the opposition views for the end-of-life care. The findings may help nurses give more concern and avoid the ways that leading to a bad death.

The further study might focus on the end-of-life care at home and in the community by exploring the specific caring and problems solving method of the family caregivers and health care providers in a community care. These findings might help the Home Health Care Nurses to find the ways in supporting and guiding the dying persons' caregivers in a home setting. The quality of the end-of-life care in community may help the dying persons and their families intend to die in peace at home and it may be one of the factors in reducing the numbers of admission day in a hospital of the terminal ill patients.

The future study related to this specific area might apply the results from this study which based on the four major themes of caring to be used as the intervention in the quantitative research, and it might generate further better knowledge that would be given the most benefits for the dying patients and their families. The qualitative findings could be used to apply for developing a peaceful death assessment tool and can be a standard of guideline nursing interventions for the end-of-life care and a peaceful death in the Thai Buddhist culture.

In addition, this study focused only on the upper part of the sunrise model. Therefore, the future research study would focus on the three modes of nursing care decisions and actions: culture care preservation or maintenance, accommodation or negotiation, and repatterning or restructuring.

3. Limitations of the Study

The researcher has found some limitations while processing on collecting the data and recorded writing.

Concerning the life and death that cannot be controlled, and the time of death is unpredictable, then the researcher found that a difficult time to join in with them as the participant-observation at the moment of death. However, the researcher was still successfully participating in the moment of death and see through the process when those dying patients had died from the two cases out of seven cases.

In the process of analysis and writing this research, the researcher has dealt with the language barrier. The researcher has tried to analyze the data in the Thai language and presented in a crystal clear, in-depth meaning, and understandable way. At the time of findings was in a stable state, the researcher has asked some professional English translators to translate the data from Thai to English. However, sometimes the translators have found that it was very difficult to keep the accurate meaning, because they cannot find the exact meaning of some Thai words in English, especially the words in the Thai culture and Buddhist term. To solve this problem, the researcher has double confirmed this paper with the people who are knowledgeable in English and Buddhist terminology. Furthermore, in order to make more completed and accurate research, the researcher has invited many people such as Thai person and native English speaker to read, correct, prove, and complete the meaning in this writing.

4. Reflections: Researcher's Lesson Learned

While I was studying on my research, I was finally found many improvements of different aspects within me. The experiences I had gained from observing the end-of-life care provided me many opportunities to understand more about the one's life and about human being in this world. Working with other nurses in different settings and family members of all dying persons has benefited me to create more new relationships channel, and later on it becomes a strong friendship bonding. Since the situation at the final moment of life is very critical, because this matter is concerning the privacy and a difficulty time to get through for every families.

In order to accomplish my research, I need to ensure myself that I could gain more knowledge in term of health conditions both of physically and emotionally. At the first day to gather the data of every case, I had many questions in my head. How can I approach them smoothly? How can I make them to accept me? Even on the next day, I still have questions. How can I make them feel comfortable and in a natural way while I am doing an interviewing and observing them? I have an opportunity to spent much more times with them although in the morning, at noon, in the evening and sometimes I have stayed overnight with them. I had sadness with my first case after I had a chance to meet them about four to five times. On my walking my eyes were full with of tears, after saying good bye to those terminal ill patient and families at their car while they were going to depart from the hospital. I could not have a cold-heart toward them whilst I felt empathy to the dying person and the family members. Furthermore, I had a personal experience of flashing back in one night while I was writing a research diary; it had made me weeping with tears. As this

emotional, I cannot avoid saying good bye deeply touched from the bottom of my heart.

Sometimes, I am confused and questioned about my ethical issues. I was wondered whether a waiting for someone to die would be unethical or not. At the time of death is the final result that I need in order to observe in order to achieve my research objectives, at the same time, it is the ending time of their loved one. When I had had this question in my mind, I have been trying to think positively and looking for the reasons to calm down my feeling. Nevertheless, I am as a researcher, so I will have to accomplish my task whereas I was waiting and seeing the dying persons to die in natural way. I am not willing to do any harmful to shorten their lives or accelerate the dying time rather just to wait, observe, and gather the useful information.

Occasionally, when I went to visit my informants in some settings, I found something should have been done or placed correctly or appropriately, but I didn't. Although I would like to give them some advices on those matters but after careful consideration, I kept to reminding myself that I am only a researcher whereby should not do more anything than observation, or just participate in some activities that they asked. I am acquiring to become a patient person and learn how to observe naturally and gather the information from the real situation.

I have raised my concern about the ethical issue to my adviser who suggested that I should lead the caregivers only when I found those activities they do which could harm their patients' life.

The death can be classified as either a good or bad death. How can we help everyone to reach a good or peaceful death? I have learnt a wonderful lesson from my study that there is the aesthetic death whereby passed away with a beautiful

appearance/ without suffering or severe pain and the family member accepted death by giving thanks to everyone and crying in mild with smiling face, etc. At the same time, even I felt grieving for dying persons; I had learnt how to alleviate the suffering. Also, I have seen and learnt that in a long time of suffering, tormented and difficult for an ending.

Thai people have many reasons to learn more about the Buddhist doctrine or *Dhamma*. The most reason is to ending her or his suffering, especially when the dying time approaches. Therefore, I need to study more and more in Buddhism which helps me to soften my heart when facing a difficult time. Sometime, I have to give the advice to people who need an immediate help, such as, my nurse friends who called me to consult about how to deal with her older sister who was suffering at her end-of-life time. Many people need to help their loved one in the terminal life to reach a peaceful death, but they have no idea how to do it professionally and successfully. In the reality, we need to learn how to get prepared for the coming death both for ourselves and others as well.

I would like to thank my incredible opportunity that I have, that made me found the goal of my life. I would love to be a volunteer to take care of people at the end-of-life time. Also, I want to be a lecturer and do more research on this matter. It would be more helpful and benefited for people and community if I contribute more about how to helping the dying persons to reach a good death and focus on how to delivering the professional nursing care at the end-of- life for dying people.

Life and death is very difficult

How can I do in a beautiful way, in peace?

Just soften my heart and soul to see and learn

.....

A moment of peaceful life and death

Sirilak

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APPENDICES

APPENDIX A

Screening Questions and Demographic Data Recording Form

Screening Question for Key Informants

1. What are your perceptions about the dying's prognosis? (being the terminal stage or in end-of-life period or not)
2. What are your purposes for this care? (caring for a peaceful/ a good death or not)
3. What are your Buddhist belief and practice in daily life? (using Buddhist belief/ doctrine in your daily life or not)

Note: If the informant answers "YES" in these three screening questions he/she can be the key informant of this study

Demographic Data Recording Form

Code Number:.....

Date:..... Time:.....

Place:.....

The following information will be collected from observation and interview.

1. Sex:.....
2. Age:.....
3. Religion:.....
3. Marital status:.....
4. Educational level:.....
5. Occupation:.....
6. Relationship to the end of life person:.....
7. Living area.....
8. Person who the informant is living with.....

APPENDIX B

Open-Ended Questions for In-depth Interviews

The following are the open-ended questions for guiding the in-depth interview about the topic 'End-of-Life Care for Dying Peacefully in the Thai Buddhist Culture: Family Members' and Nurses' Perspectives.'

For Key Informants: Family members and nurses, who are the primary caregivers.

1. What are your purposes of caring for the end-of-life person? Why is this?
 2. Why are these purposes important to you and the end-of-life person?
 3. How can you gain these purposes for the caring end-of-life person?
 4. What kind of death of the end-of-life person do you want to be for your family members? Why do you want this?
 5. Why is such a peaceful death important to you and end-of-life person?
 6. How can you help the end of life person to have a peaceful death?
 7. What are your activities when caring for the end-of-life person?
 8. What are your activities when caring for a peaceful death?
 9. What are the factors that enhance your caring for the end-of-life person? Why?
 10. What is the important thing when caring for end-of-life person? Why is this?
 11. How do your Buddhist faith, values and beliefs help when caring for the end-of-life person?
 12. How do you apply Buddhist doctrines in caring for the end-of-life person?
- After death:*
13. How do you perceive the death of the end-of-life person?
 14. How do you feel about this death? What this death means to you? Why do you feel this?

15. How did you care for the end-of-life person before his/ her death?
16. What are your activities when caring for a peaceful death?
17. What did you do for the end-of-life persons after his/ her death?

For General Informants: other family members, other caregivers, friends, neighbors, and relevant others.

1. What activities do you undertake for the end-of-life person?
2. What do family members/nurses do to care for the end-of-life person?
3. What are family members'/nurses' purposes in caring end-of-life person?
4. How can you help the family members'/nurses' care for the end-of-life person?

5. What are the factors that enhance your caring for the end-of-life person?

Why is this?

6. What are the important things when caring for end-of-life person? Why is this?

7. How do your Buddhist faiths, values and beliefs help when caring for the end-of-life person?

8. What are Buddhist activities (such as chanting and merit making) that family members and nurses use when caring for end-of-life person?

After death:

9. How do family members/ nurses and you perceive the death of the end-of-life person?

10. How did family members/ nurses and you care for the end-of-life person before death?

Note: The general interview questions will be covered and related to the following main open-ended questions. It may be different in some situations where issues based on the individual informant's situations may be raised.

APPENDIX C

Guidelines for Observation Participation

Guidelines for participant observation in caring for the end-of-life persons

1. What is happening and going on as events in this end-of-life care situation?
2. How are family members/nurses caring for the end-of-life person to die peacefully?
3. How are the other persons interacting in this end-of-life care situation?
4. What Buddhist practices do the family members/nurses/other persons practice in this end-of-life care situation?
5. How do environments and equipment that family members/ nurses have and use affect caring for the end-of-life person?

Note: The researcher will try to observe several sessions of caring in the morning, at noon, and at night, in accord with the participant's permission and convenience.

APPENDIX D

Informed Consent Form for the Informants

Researcher's Introduction

My name is Miss Sirilak Somanusorn. I am a doctoral student studying at the Faculty of Nursing, Prince of Songkla University. I am interested in caring and helping end-of-life person by family members and nurses in the Thai Buddhist culture.

Purpose of the study

The purpose of this research is to explore meaning, activities, culture, and other factors that are related to caring for end-of-life persons in the Thai Buddhist culture. Understanding these could be meaningful for family members and health care providers for promoting end-of-life care. This should benefit end of life persons.

Procedures

You will be asked to answer questions, including demographic data, about age, gender, marital status, educational level, occupation, religious status, family member status, living area, relational status with the end-of-life person, and persons with whom the informant is living. After you have given this data, I will interview you about your thoughts, your perception, and your caring for the end-of-life person in the Thai Buddhist culture. I will interview you in a place that you choose and at your convenience. The interview may be divided into several sessions, depending on your preferences. The duration of each interview will be approximately 30-60 minutes or until you would like to stop. Moreover, I will ask your permission to join and stay with you so that I can participate in some of your caring activities. There should be no risks. You are kindly asked to answer the interview questions and to give permission for me to join in activities so that I can understand situations better. Interviews will be audiotaped with your permission. With your permission I may take notes, take pictures or record, so that I can help remember what I observe and hear during the interviews. After I analyze the interview, I will contact you to share the

results and obtain agreement from you so that I can use the information for research purposes.

Human's Protection

Your participation in this study is voluntary. Your identity will not be revealed and your confidentiality will be maintained in all reports of the research. A code number will be used instead of your name. You may choose not to answer some questions and you may withdraw from this study at any time without loss of benefits. Only group data will be reported and used only for this study.

Informant's Certification

I certify that I understand the foregoing, that I have been given satisfactory answers to my inquiries concerning study procedures and other matters, and that I have been advised that I am free to withdraw my consent and to discontinue participation in the study at any time without any risk. I herewith give my consent to participate in this study.

.....

(.....)

Signature of the informant

...../...../.....

Date

(If you have any question, you can call the researcher, Sirilak Somanusorn
on 09-xxxxxxx)

Informed Consent Form for the Informants (Thai)

แนะนำตัว

ดิฉัน สิริลักษณ์ โสมานุสรณ์ เป็นนักศึกษาปริญญาเอก คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ มีความสนใจศึกษาเกี่ยวกับ การดูแลผู้ที่อยู่ในระยะสุดท้ายเพื่อให้ตายอย่างสงบตามแนววิถีไทยพุทธ ในบทบาทของสมาชิกในครอบครัวและพยาบาลที่เป็นผู้ให้การดูแล

วัตถุประสงค์

การศึกษาเรื่องนี้เป็นการศึกษาเกี่ยวกับการดูแลผู้ที่อยู่ในระยะสุดท้ายเพื่อให้เกิดความเข้าใจถึงความหมาย วิธีการ ตลอดจนวัฒนธรรมและปัจจัยอื่นๆ ที่เกี่ยวข้องกับการดูแลของสมาชิกในครอบครัวและพยาบาล ซึ่งจะช่วยให้ได้รูปแบบในการดูแลผู้ที่อยู่ในระยะสุดท้าย อันจะเป็นประโยชน์สำหรับสมาชิกในครอบครัวและบุคลากรทางการแพทย์ในการดูแลผู้ที่อยู่ในระยะสุดท้ายรายอื่นๆ ต่อไป

ขั้นตอนการศึกษา

ท่านจะได้รับการสอบถามรายละเอียดเกี่ยวกับข้อมูลส่วนบุคคลในเรื่องของอายุ ศาสนา สถานภาพสมรส ระดับการศึกษา อาชีพ และความสัมพันธ์กับผู้ที่อยู่ในระยะสุดท้าย เมื่อท่านให้ข้อมูลเรียบร้อยแล้ว ผู้วิจัยจะทำการสัมภาษณ์ท่านเกี่ยวกับกิจกรรมการดูแลผู้ที่อยู่ในระยะสุดท้ายในสถานที่ที่ท่านสะดวกจะให้สัมภาษณ์ ผู้วิจัยอาจจะต้องทำการสัมภาษณ์ท่านหลายครั้ง ทั้งนี้ขึ้นอยู่กับกิจกรรมการดูแลของท่านที่เกิดขึ้นหรือเปลี่ยนแปลงไปในแต่ละช่วงเวลา การสัมภาษณ์แต่ละครั้งจะใช้เวลาประมาณ 30-60 นาที หรือเมื่อท่านขอยุติการสัมภาษณ์ นอกจากนี้ ผู้วิจัยจะขอเข้าไปสังเกตและมีส่วนร่วมในกิจกรรมการดูแลของท่านในบางเวลาตามความสะดวกของท่านเพื่อช่วยให้ผู้วิจัยได้เข้าใจในกิจกรรมการดูแลของท่านได้อย่างชัดเจนยิ่งขึ้น โดยระหว่างการสังเกตและการสัมภาษณ์ ผู้วิจัยจะขอบันทึกภาพ บันทึกเสียง และจดบันทึกสิ่งที่สังเกตเห็นและได้ยินขณะสัมภาษณ์ด้วย

การปกป้องรักษาความลับ

ในรายงานวิจัย ข้อมูลของท่านที่เกี่ยวข้องในการศึกษาคั้งนี้จะถูกเก็บไว้เป็นความลับ จะไม่มีการระบุชื่อจริง และข้อมูลทั้งหมดจะถูกทำลายภายหลังสิ้นสุดการศึกษา ท่านสามารถที่

เลือกตอบคำถามหรือไม่ตอบคำถามก็ได้ และสามารถถอนตัวจากการศึกษาได้ตลอดเวลาโดยไม่มีผลใดๆตามมา ข้อมูลที่ได้จะถูกนำเสนอในภาพรวม และนำมาใช้เพื่อการศึกษาเท่านั้น

การยินยอมเข้าร่วมการวิจัย

ข้าพเจ้าขอรับรองว่า ข้าพเจ้ามีความเข้าใจข้อความดังกล่าวข้างต้นและพอใจในการตอบคำถามเกี่ยวกับขั้นตอนการศึกษาและอื่นๆที่ข้าพเจ้ามีความเป็นห่วงอยู่ ข้าพเจ้าได้รับการแนะนำเกี่ยวกับอิสระในการเข้าร่วมการวิจัยและสามารถถอนตัวจากการศึกษาได้ตลอดเวลาโดยไม่มีผลเสียใดๆตามมาและไม่สูญเสียสิทธิทางกฎหมายใดๆจากการเซ็นชื่อยินยอมเข้าร่วมในการศึกษา ข้าพเจ้าจึงยินยอมเข้าร่วมในการศึกษารั้งนี้

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(.....)

ลายเซ็น

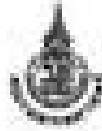
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วันที่

(หากท่านมีคำถามเกี่ยวกับการศึกษานี้ ท่านสามารถติดต่อผู้วิจัย คือ นางสาวสิริลักษณ์ โสมานุสรณ์ ได้ที่หมายเลขโทรศัพท์ : 09-xxxxxxx)

APPENDIX E

Approval of the Institutional Research Board



အမည်: မောင်မောင်

အထူးကုမဂ္ဂဇာတ်ကားတိုက်
အုန်းကလေး၊ မုဒုံကလေး
ဧရာဝတီ ၈၀၁၁၀

ပုဂ္ဂိုလ်ရေးအဖွဲ့အစည်း

အဖွဲ့ဝင်များ: ကျေးဇူးပြု၍ အဖွဲ့ဝင်များ၏ အမည်များကို အောက်ဖော်ပြပါ အဖွဲ့ဝင်များ၏
အမည်များ : မောင်မောင် မောင်မောင်
အဖွဲ့ဝင်များ : အထူးကုမဂ္ဂဇာတ်ကားတိုက်

မိမိတို့အဖွဲ့အစည်း၏ အဖွဲ့ဝင်များ၏ အမည်များကို အောက်ဖော်ပြပါ အဖွဲ့ဝင်များ၏
အမည်များ အဖြစ် အတည်ပြုပေးပါ။


၂၀၂၂ ခု ဇူလိုင် ၁၁ ရက်နေ့



မောင်မောင်
အထူးကုမဂ္ဂဇာတ်ကားတိုက်
အုန်းကလေး၊ မုဒုံကလေး


မောင်မောင်
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အုန်းကလေး၊ မုဒုံကလေး

APPENDIX F

Glossary of Buddhist Terms

- Ahosi-kamma* (อโหสิกรรม)
settling *Kammic* account, begging for forgiveness for past acts, non-anger, freedom from hatred, defunct *Kamma*, an act or thought which has no longer any potential force
- Anapanasati* (อานาปานสติ)
mindfulness on breathing
- Anatta* (อนัตตา)
no-self, ownerless, egolessness, one of the three characteristics
- Anicca* (อนิจจา)
impermanence, one of the three characteristics
- Atta* (อัตตา)
self, ego
- Bhikkhu* (ภิกษุ)
Buddhist monk
- Bhavana* (ภาวนา)
meditation, mental culture, moral development, the control and evolution of the mind
- Bud-to* (พุทธ, พุทโธ)
awake; enlightened, an epithet for the Buddha
- Dakkhinodakapatana* (กรวดน้ำ)
pouring the water of dedication, to transfer merit to other beings
- Dana* (ทาน)
alms giving, giving, charity, donation
- Dependent origination*
see *paticcasamuppada*.
- Dhamma* (Pali) *Dharma* (Sanskrit) (ธรรมะ)
the doctrine, the teaching of the Buddha, the law of nature, the truth, the second refuge of the triple gem
- dhamma* (ธรรม)
when spelled this way (not capitalized), means roughly 'phenomenon'
- Dhammaguna* (ธรรมคุณ)
virtue or quality of the *Dhamma*
- Dukkha* (ทุกข์)
suffering, misery, pain, ill, sorrow, trouble, discomfort, stress; distress; discontent, one of the three characteristics
- Dukkhati* (ทุกข์ติ)

(the 3 or 4) state of unhappiness, evil states, *a place with suffering*, woeful course of existence

Eightfold Path (มรรคแปด)

the path of the fourth noble truth: right understanding, right thinking, right speech, right attitude, right livelihood, right effort, right mindfulness, right concentration.

Four Noble Truths (อริยสัจสี่)

suffering, suffering has a cause, suffering has an end, there is a path that leads to the cessation of suffering

Idappaccayata (อิทัปปัจจยตา)

this/that conditionality, this name for the causal principle the Buddha discovered on the night of his awakening stresses the point that, for the purposes of ending suffering and stress, the processes of causality can be understood entirely in terms of forces and conditions that are experienced in the realm of direct experience, with no need to refer to forces operating outside of that realm

Kamma (Pali) (*Karma*, Sanskrit) (กรรม)

Action (often translated ‘cause and effect’), deed, literally, intentional acts that result in states of being and birth, good and bad volition

Karuna (กรุณา)

compassion

Kusala (กุศล)

wholesome, meritorious, good action, virtue

Magga (มรรค)

the path, the way the path to the cessation of suffering and stress

Metta (เมตตา)

loving kindness, one of the brahmaviharas

Nibbana (*Nibbana*, Sanskrit) (นิพพาน)

the extinction of the fires of greed, of hatred and ignorance; the unconditioned, the supreme goal of Buddhism, the final emancipation, absolute extinction of suffering and its causes, Liberation, ‘total nibbana’ in some contexts denotes the experience of awakening; in others, the final passing away of an *arahant*

Pali (บาลี)

the canon of texts (see *Tipitaka*) preserved by the Theravada school

Panna (ปัญญา)

discernment; insight; wisdom; intelligence; common sense; ingenuity. One of the ten perfections

Paticcasamuppada (ปฏิจจสมุปบาท)

dependent origination, the twelve-stage process that leads from ignorance to rebirth, the Dependent Origination, The Law of Causation, The twelve links of conditioned co-production

Pob Bhummi (ภพภูมิ)

realm, the other world from this life world

Precepts (ศีลห้า)

a basic set of standards for moral conduct: to refrain from killing, stealing, harmful sexual behavior, lying and the use of intoxicants

Punna (Thai: tham boon) (บุญ)

merit, merit-making, meritorious action, virtue, righteousness

Samadhi (สมาธิ)

concentration (as in the 'right concentration' of the Eightfold Path), a state of one-pointedness of mind, achievable through certain forms of meditation

Samsara (สังสาระ, สังสารวัฏ)

transmigration; the wheel or round of death and rebirth

Sasana (ศาสนา)

teaching, religious

Sati (สติ)

consciousness of/attention to experience here and now, awareness, mindfulness (as in the 'right mindfulness' of the Eightfold Path), self-collectedness, powers of reference and retention

Satipatthana (สติปัฏฐาน)

(the Four) foundations of mindfulness, frame of reference-body, feelings, mind, and mental events, viewed in and of themselves as they occur

Sila (ศีล)

morality, virtue, moral conduct, training role, a precept, *Sila* is the first of the three grounds for meritorious action

Sugati (สุคติ)

happy states, good born

Tipitaka (Skt. Tripitaka) (พระไตรปิฎก)

the Buddhist Canon, literally, "three baskets," in reference to the three principal divisions of the Canon

Tri-lakkhana (ไตรลักษณ์)

the three characteristics, the common characteristics of component things, three characteristics inherent in all conditioned phenomena-being inconstant, stressful, and not-self

Triple Gem (รัตนตรัย)

Ratanattaya: the Buddha, Dhamma and Sangha

Upekkha (อุเบกขา)

equanimity, neutrality, one of the brahmaviharas

Vipassana (วิปัสสนา)

insight, seeing things as they are insight intuitive vision, introspection, contemplation, insight development, insight meditation

VITAE

Name Miss Sirilak Somanusorn

Student ID 4758005

Educational Attainment

Degree	Name of Institution	Year of Graduation
Bachelor's degree of Nursing	Boromarajonani College of Nursing, Nakhonratchasima	1990
Master's degree of Nursing	Faculty of Nursing, Chiang Mai University	1998

Scholarship Awards during Enrolment

Ph.D. Government Scholarship, Commission on Higher Education, Ministry of Education, Royal Thai Government

Work-Position and Address

Assist. Prof., Gerontological Nursing Division, Faculty of Nursing,
Burapha University, Maung, Chonburi, Thailand, 20131

List of Preceeding

- Somanusorn, S., Hattakit, U., Nilmanat, K., & Armer, M. J. (2007, April). *Thai Nurses' lessons: Buddhist end-of-life care*, Poster session presented (3rd Place Winner) at the 7th annual PhD research conference, at the Jesse Hall, University of Missouri-Columbia, Missouri, USA.
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