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Thai Buddhist families' perspective of a peaceful death in ICUs

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ABSTRACT

Aim: To describe the concept of a peaceful death in intensive care units (ICUs) from the perspective of Thai Buddhist family members.

Methods: This descriptive qualitative study was based on data generated from individual in-depth interviews of nine Thai Buddhist family members from the southern region of Thailand whose loved ones died in adult ICUs. Colaizzi's phenomenological approach was used to analyse the data. Rigour for the study was established by Lincoln and Guga's guidelines for qualitative research studies.

Findings: Five core qualities emerged that made-up the concept of a peaceful death as described by Thai Buddhist family members who cared for their loved ones while they were dying in ICUs. These core qualities were 'knowing death was impending, preparing for a peaceful state of mind, not suffering, being with family members and not alone, and family members were not mourning'.

Conclusion: Thai Buddhist family members described what they meant by a peaceful death. 'This was: preparing for a peaceful state of mind in knowing that one's impending death is not a situation of suffering or being alone, but rather a time of being with family members who are not yet mourning one's death.' The findings support that family members should participate in promoting a peaceful death for their loved ones dying in ICUs.

Implications for practice: The five core qualities of a peaceful death reported in this study could be used as a framework for nurses to create nursing practice interventions for quality end-of-life care for Thai Buddhists.

Key words: End-of-life • Intensive care • Peaceful death • Qualitative • Thai Buddhist family

INTRODUCTION

In Thailand, where 95% of the population are Buddhists (CIA, World Factbook, 2011), a peaceful death is greatly valued by persons who are at the end of their lives. The term 'peaceful death' is integral to Thai Buddhist religious beliefs and practices and is significant in their care wherever Thai persons may face death: in their homes, in hospitals or in Buddhist temples.

While there is no universal definition of a peaceful death, the terms peaceful death and good death are often used synonymously to describe the same experience (Winland-Brown, 2001; Van der Greest, 2004; Vig and Pearlman, 2004). The notion of a peaceful death is an individual perception based on religious and cultural beliefs (Van der Greest, 2004; Vig and Pearlman, 2004; Hattori *et al*., 2006), and in Thailand where Buddhism is the major religion and values system, the possibility of not having a peaceful death is of great concern to families and those in care of dying loved ones.

The Thailand Bureau of Policy and Strategy (2008) reported that 50% of Thai people die in hospital. Since few Thai hospitals have palliative and hospice units, most terminally ill patients have to die in ward units or in intensive care units (ICUs). Currently, the death rate in a Thai ICU is 14% of patients admitted to the ICU (Kongsuwan *et al*., 2010). This death rate is similar to that reported in some developed countries such as USA, Canada and Sweden, which is 10–20% (Cook *et al*., 2004; Beckstrand *et al*., 2006). Although contemporary models have been developed for family-centered care and participation in care (Downey *et al*., 2006), providing excellent end-of-life care remains a challenging issue in ICUs internationally (Carlet *et al*., 2004; Combs and Long, 2008), and in Thailand particularly.

A review of existing literature showed that several studies have addressed family and end-of-life care in ICUs. These studies explored end-of-life decision-making (Gerstel *et al*., 2008; Gries *et al*., 2008), family perceptions and satisfactions on quality end-of-life care

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(Kjerulf *et al*., 2005; Teno *et al*., 2005; Fridh *et al*., 2007a, 2007b, 2009) and the bereavement of family members (Van der Klinka *et al*., 2010). Recent studies have focused on the concept of a peaceful death, knowing the occasion of a peaceful death and the promotion of a peaceful death from the perspectives of Thai Buddhist ICU nurses (Kongsuwan and Locsin, 2009; Kongsuwan *et al*., 2010; Kongsuwan, 2011; Kongsuwan *et al*., 2011).

In contrast, the concept of a peaceful death for loved ones in ICUs as perceived by Thai Buddhist family members has failed to attract attention. No studies were found in the nursing literature that addressed their feelings and insights. It is necessary to understand their concept of a peaceful death in ICUs if quality of human care in end-of-life care is to be achieved.

LITERATURE REVIEW

The idea of a peaceful death is a major tenet of Buddhism. Buddhism emphasizes the inevitability of death in order to prepare the person to accept impending death. It is believed that death with a peaceful and pure mind leads to a better rebirth (Dhammanada, 1987).

In a qualitative study by Kongsuwan *et al*. (2010), Thai Buddhist nurses in an ICU viewed a peaceful death as being when the dying person showed biobehavioral expressions that indicated peace of mind and being without symptoms of suffering or in pain. It was also important to the nurses that family members accepted the impending death and participated in the process by being with the dying person. In the study, intensive care nurses learned through experience when their patients were dying peacefully. These nurses described four associated patterns: visual knowing, technological knowing, intuitive knowing and relational knowing (Kongsuwan *et al*., 2011).

Kongsuwan and Locsin (2009) studied ICU nurses promoting peaceful deaths using grounded theory method. They found that ICU nurses went through three main processes: awareness of dying, creating caring environments and promoting end-of-life care. These processes involve family members as partners in a caring team providing end-of-life decision-making and comfort. This is commensurate with a study of the experience of eight Thai Buddhist nurses caring for dying persons in ICUs (Kongsuwan and Locsin 2010; Kongsuwan, 2011). These nurses understood that family members were significant to the dying persons, and welcomed their participation in the end-of-life care of their loved ones. Kongsuwan and Touhy (2009) analysed a concept of promoting a peaceful death for Buddhists from literature. They suggested nursing practice guidelines for promoting peaceful deaths. In these, family members are identified as co-providers in the provision of physical, psychological and spiritual care for the dying person.

One study in medical and surgical wards provided understanding of Thai family members' feelings, reactions and needs when their loved ones with critical illnesses were dying (Aramrom *et al*., 2009). Another study explored a peaceful death among Thai Buddhist families in hospitals and home settings (Somanusorn *et al*., 2011). However, the concept of a peaceful death of their loved ones in an ICU was not explored from the views of Thai Buddhist family members in Thai ICUs.

PURPOSE

The purpose of the study was to describe the concept of a peaceful death in ICUs from Thai Buddhist family members' perspectives. This study was a part of a larger project, namely 'Thai Buddhist family members' experiences of caring for their love ones who had a peaceful death in ICUs.' Two questions asked in the larger project were (1) what was the meaning of Thai Buddhists' lived experiences when caring for family members who had a peaceful death in an ICU? and (2) what was the concept of a peaceful death in ICUs from Thai Buddhist family members' perspectives? The findings of Question 1 are presented in the International Journal of Palliative Nursing (Kongsuwan and Chaipetch, 2011). Only the findings of Question 2 are presented in this paper.

METHODS

A qualitative design informed by a phenomenological approach was used to obtain the concept of a peaceful death from the experience of Thai Buddhist family members. The settings for the study were the adult medical ICU, surgical ICU and respiratory ICU in a university and a provincial hospital in the southern region of Thailand. Family members of patients who died in the ICUs were recruited as participants.

Participants in the study

Participants ($n = 9$) were Thai Buddhist family members who met the inclusion criteria of the study and consented to participate in the interviews. The inclusion criteria were being a parent, child or spouse of a patient who died in an ICU, being Buddhist, participating in care during the patient's admission to the ICU for at least 2 days, believing that the patient had had a peaceful death in an ICU and being willing to participate in the study. The ages of the participants

ranged from 30 to 62 years, with a mean of 47 years. They were seven females and two males. Five were daughters, two were sons and two were wives of the patients who died in the ICUs. Three participants had a master's degree, three had a bachelor's degree, one had a diploma, one had completed secondary school and one had completed primary school. The duration of caring for their loved one in ICUs ranged from 2 to 60 days, with a mean of 19 days. The causes of death of their loved ones included septic shock, heart failure, respiratory failure, renal failure and advanced cancer.

Ethical considerations

Approval was obtained for conducting research with human subjects through the Institutional Review Board (IRB), Faculty of Nursing, Prince of Songkla University. A detailed description of the study and the associated procedures were then explained to potential participants. Each participant who decided to participate in the study signed an informed consent form. Participants were anonymous. In addressing the sensitive nature of interviewing family members about their loved one's dying and death, the researchers informed the participants that they were free to stop sharing or discussing their experience at anytime, as well as being free to refuse to answer questions that might make them feel uncomfortable. In addition, the researchers offered participants resources such as counselling and a support group if they felt the need. Whenever the researchers noticed that the participant was sad, stressed or distressed during the interview, the participant was offered an opportunity to stop the interview. A new appointment was able to be arranged as an option. However, none of the participants decided to stop. Furthermore, to prevent any perception that they must continue in the study against their will, the participants were re-informed that participation in this study was voluntary; they were free to stop participating at any time.

Data collection

The data were collected between January and August 2010. After contacting the participants, the researcher and each participant mutually agreed upon the setting for the interview. All interviews were conducted in quiet, private, comfortable and convenient settings. These settings were either in a private home or in the researcher's office. Interviews began when the participants expressed their readiness to take part. This ranged from 2 to 12 months after their bereavement. Individual oral interviews were conducted in the Thai language. The tape recorded interviews took from 45 to 120 min. The main question posed at the interviews was

> 'Can you please describe to me your understanding/perception of peaceful death in an ICU?'

Data analysis

All interviews were transcribed verbatim by the researcher. Codes were assigned to participants to ensure confidentiality. The data were analysed following Colaizzi's (1978) approach. All participants' transcriptions of the interview records were read and analysed independently by two experienced researchers (principal investigator and co-investigator). Each participant's transcription was read several times. Phrases and statements that appeared to describe the participants' understanding of a peaceful death in an ICU were highlighted. Meanings were then formulated from these statements and phrases. The formulated meanings were organized into classifications relating to the core qualities of a peaceful death. Decisions for inclusion of data in core qualities of a peaceful death, formulated meanings and significant statements were examined by the two researchers and found no contradictions. Consultation was obtained from an expert on qualitative research in nursing and provided guidance with data analysis.

During this analysis phase, the investigators continued to journal their reflections, thoughts and feelings about the participants' experiences of the phenomenon under study. When the initial core qualities of a peaceful death were formulated, the principal investigator started writing exhaustive descriptions of meanings within each core quality. After analysis and writing the descriptions, each participant was offered the opportunity to review the descriptions and classifications of a peaceful death. Two participants accepted the opportunity and seven participants refused. No new data were revealed during validation.

Rigour of the study

Lincoln and Guba's (1985) criteria were used to establish the rigour of this study. These included credibility, dependability, confirmability and transferability. Credibility was sought by recruiting and interviewing participants who were able to describe their understandings of a peaceful death. This was gained through their experience of caring for loved ones who had a peaceful death in critical care settings. Dependability or auditability was demonstrated by another researcher following through the process of the study without identifying contradictions in the findings. Confirmability was achieved through the researcher using audit

trails to demonstrate thought processes adhering to the descriptions. Transferability or 'fittingness' was established by providing rich in-depth descriptions depicting the concept of a peaceful death in critical care settings.

Findings

This study found five core qualities of a peaceful death in ICUs in the descriptions of the Thai Buddhist family members

- Knowing death was impending.
- Preparing for a peaceful state of mind
- Not suffering
- Being with family members and not alone
- Family members were not mourning.

Knowing death was impending

For participants, knowing that death was impending was an important process in creating a peaceful death for their loved ones. The participants signified that the peaceful death of their loved ones in critical care would happen when the impending death was known by both the dying persons and their family members. This provided the dying persons and family members time to manage and prepare for the death. In general, physicians informed families about the impending death of patients as part of their formal role. Intensive care nurses might also encourage the family members to be aware of their loved one's dying and death. However, the patients and their families also knew death was imminent by using intuitive or personal knowing that was based on their beliefs. For example, several Thai Buddhist participants noticed that death would come on the same day as the dying person's birthday. Thus, one participant stated

> *'I recognized that today was as his birthday. He may pass away today.'* [P2]

Some patients knew of their pending death and let their family members know

> *'My father told my mom that he would not live longer than 7 days. He was born on Wednesday. He knew that he would die next Wednesday.'* [P5]

Preparing for a peaceful state of mind

A peaceful death was described as the result of having a peaceful state of mind at the time of death. A peaceful death would be achieved when the dying person had prepared his/her mind to be at peace. The concept of a peaceful mind is deeply grounded in Buddhism. Buddhists believe that if a dying person's mind could be clear and focused on good things at the time of death, that person would go to heaven, or be reborn in a good place or a happy world. The participants revealed that the last moment of passing away is most significant for the transition of a spirit to a good place. They felt this was helped by chanting, touching or guiding through whispering into the patient's ear about not worrying and helping focus his/her mind on goodness and good things. Another is to invite a monk to perform Buddhism religious ceremonies at the patient's bedside. These were their rituals to prepare minds to be at peace. As a participant explained

> *'The dying person will pass away peacefully when his mind is peaceful and focused on goodness. His mind should be prepared by inviting the monk to direct him to a good place or go to the happy world.'* [P7]

Preparing a peaceful state of mind could be achieved by family members after knowing about the impending death of the loved ones. As another participant stated

> *'I knew that my dad was dying soon… in the moment of being informed of the impending death by the doctor. He said to me that dad would not survive. Then, I asked the nurse to turn on the tape-recording of the monk's chanting. When dad heard the chanting voice, he grasped my hand and closed his eyes. He wanted to hold every person's hand. I said to him that please pass peacefully, and prayed for his spirit to depart peacefully, not worrying about anything.'* [P5]

Not suffering

'Not suffering' is another core concept related to having a peaceful death in an ICU. The participants realized that those in such units were not only suffering from diseases: the lives of these critically ill patients were being sustained with technologies and this was also seen as suffering. The participants described suffering in relation to physiological suffering. Thus, they felt that the dying person should be in no pain, have no difficulty in breathing and receive comfort care. Activities relating to saving life were understood to generate suffering for the dying person and this was not peaceful. The participants thought that those who were dying should not receive cardiac massage and other aggressive treatment procedures. As one participant expressed it

> *'There should be no performing of a cardiac massage. Let him die peacefully. Not holding on to his life.'* [P3]

Similarly, another participant explained

> *'Peaceful death is how I want my father to pass away while being comforted, not suffering.'* [P9]

Some participants provided the idea of a mind–body relationship while in a state of suffering. When one's mind is on a suffering body it was difficult to be guided to and prepared for peace.

> *'I don't agree with allowing the patient to have shortness of breath before death. This is because when we say anything to them, the mind will not receive it. The mind can only receive these ideas when the body is not suffering. The dying person who can control his mind during suffering is a person who has trained his mind before such as through practicing meditation.'* [P6]

Being with family members and not alone

Dying alone did not allow a peaceful death. The participants perceived that a peaceful death would happen when the dying person had children, and the loved ones were surrounding him/her at the time of passing away. These persons were most significant to the dying person and helped them achieve a peaceful death. As a participant expressed

> *'At the end, all relatives and cousins have to be there…this will help the dying person to leave with happiness and in peace…not feeling alone…'* [P2]

While being with them, their love was communicated and transferred to the dying through touching to help the dying person feel their warmth.

> *'We hold his hand. It was the communication of our affectionate feeling. So he knew that his children were beside him. He was not alone and could pass away warmly in the last moment.'* [P5]

Similarly, another participant spoke about family members' presence during the time of passing and how the family spoke good words and encouraged the dying person not to worry.

> *'I came to be with him (dad) and did some short chanting. I whispered that he should not worry, I will take care of mom. After that my younger brother came in to speak into his ear. Then my mom said to him to have a comfortable sleep, our sons were already grown, not to worry about her and to go to sleep in comfort.'* [P8]

Family members were not mourning

Family members are obliged to create a peaceful environment at death. In a situation of impending death, grief could be expressed at the same time as a human response. The participants perceived that a peaceful death would happen when the family members were not mourning. Crying loudly at the bedside and shedding tears on a dying person's body were not encouraged. One participant said

> *'Don't let him hear our crying.'* [P9]

Another participant confirmed this

> *'I want to cry at the time he is leaving… but I have to keep my tears inside … because I have heard that the tears of the dying person's children should not drop on the dying… if it happens, he will not die in peace.'* [P5]

Based on their Buddhist belief, the participants stated that a peaceful death would happen if the mind was peaceful and happy. Hearing mourning caused sadness and the dying person's mind would not be reborn in a good place. As a participant explained

> *'It was a sorrow. We shouldn't let the dying person' perceive it. Don't make his/her mind be sad before it leaves the body, because it will be reborn in a depressing place. If the mind is in a state of happiness, it will be reborn in a good place. When the dying persons hear the sound of crying, then they will be sad. My younger brother was going to cry. I raised my hand to stop his crying, but didn't say a word because I thought that my mom's mind was still in a state of consciousness. I didn't cry, I stood calmly.'* [P6]

DISCUSSION

Four of the five core qualities of a peaceful death in ICUs described from the perspectives of Thai Buddhist family members in this current study are similar to a peaceful death as perceived by end-of-life patients, families and health care providers across several cultures in America (Winland-Brown, 2001; Vig and Pearlman, 2004), Europe (Ruland and Moore, 1998; Toscani *et al*., 2003; Rietjens *et al*., 2006), Africa (Van der Greest, 2004), Iran (Iranmanesh *et al*., 2011) and Japan (Hattori *et al*., 2006). The first, 'knowing death was impending' could be congruent with 'awareness of death' (Iranmanesh *et al*., 2011). The second, 'preparing for a peaceful state of mind' is similar to 'preparation

for death' (Toscani *et al*., 2003) and 'being at peace' (Winland-Brown, 2001; Van der Greest, 2004; Vig and Pearlman, 2004). The third, 'not suffering' could be identified with the core quality of 'being comfortable' (Ruland and Moore, 1998; Vig and Pearlman, 2004; Hattori *et al*., 2006; Iranmanesh *et al*., 2011). The fourth, 'being with family members and not alone' is similar to the core quality of 'being with loved ones' or 'having close people nearby' (Ruland and Moore, 1998; Toscani *et al*., 2003; Van der Greest, 2004; Hattori *et al*., 2006; Rietjens *et al*., 2006). These similarities indicate that 'a peaceful death' is wished for and comparable for people across cultures.

However, some characteristic of a peaceful death may represent a particular sociocultural situation. In this study, the core quality 'family members were not mourning' suggests that crying loudly and shedding tears on the body of dying persons were not appropriate in Thai Buddhist culture. Thai Buddhists believe that if this happened the dying person would not die peacefully and the spirit would not go to the heaven or a good place (Visalo, 2004). This is markedly different from the Chinese culture. Chinese people believe that crying loudly by children and relatives are acceptable on the death of their loved one. It is believed that hell and heaven will hear their crying and know that the dying person is a good person, so that when he/she died, the persons left behind feel sorrow (Chuengsatiansup *et al*., 2007).

The concept of a peaceful death in the ICU from the perspectives of Thai Buddhist family members were considered in this current study. These were found to be similar to the perspectives of Thai Buddhist ICU nurses investigated in previous studies (Kongsuwan and Locsin, 2009; Kongsuwan *et al*., 2010; Kongsuwan, 2011; Kongsuwan *et al*., 2011).

Thai Buddhist family members thought 'knowing death was impending' was important to them in order to prepare for and manage a peaceful death in an ICU. This current study revealed that an impending death could be known by intuition based on culture and belief. Kongsuwan and Locsin (2009) explored the process of promoting a peaceful death of dying patients from Thai ICU nurses. The findings of the study presented that Thai ICU nurses viewed awareness of dying as the first process of promoting a peaceful death. These nurses used their experiences of caring for many deaths and the knowledge of the dying process to know an impending death of their patients. Another study by Kongsuwan *et al*. (2011) described the experiences of Thai Buddhist ICU nurses in knowing the occasion of a peaceful death. They found that Thai Buddhist ICU nurses were aware of the impending death of patients using empirical knowledge of dying processes, such as using electrocardiograms to monitor vital signs. Dying might sometimes be perceived earlier through intuition than through empirical knowledge. However, empirical data are necessary to confirm dying and death and a peaceful death (Kongsuwan *et al*., 2011). Combining knowledge about the impending death from the two perspectives could be used. The family caregivers and the nurses would thus have better opportunities for promoting a peaceful death for the dying patients in ICUs.

'Knowing death was impending' viewed by Thai Buddhist families and nurses is congruent with a perspective of Iranian families (Iranmanesh *et al*., 2011). Iranian family members valued the awareness of death of the patients in order to achieve a good death (Iranmanesh *et al*., 2011). Unexpectedly, elderly Taiwanese patients with terminal cancer showed lower scores on awareness of death in a good death study (Cheng *et al*., 2008). Cheng *et al*. (2008) explained that in the eastern culture, it was not a practice to tell the truth of illness and serious conditions to cancer patients. A study in the US (Vig and Pearlman, 2004) examined the meaning of good death as expected by terminally ill patients in a hospice and found that one of components of a good death was dying without knowing impending death.

'Preparing a peaceful state of mind' is a concept that is of most concern among Buddhists (Barham, 2003; Visalo, 2004; Nilmanat and Street, 2007; Kongsuwan and Touhy, 2009). The Thai Buddhist family members in this study perceived that a peaceful mind was a critically important antecedent of a peaceful death. This perception is in accordance with the perspective of Thai Buddhist ICU nurses (Kongsuwan *et al*., 2010). A peaceful mind can be identified when the dying person is not worrying and is focusing their mind on merits and faith. Buddhist rituals may be performed at the end-of-life by monks and family members. If followed, they help to prepare dying persons to have peace of mind in the often chaotic ICU environment. Encouragement by Buddhist ICU nurses also helps (Kongsuwan *et al*., 2010; Kongsuwan, 2011). However, ICU nurses took on the role of substitute family members by guiding the minds of the dying patient. They were encouraged by nurses not to worry and to go to a good place or heaven if the patient did not have a family member present when passing away (Kongsuwan and Locsin, 2009). Preparation for death is also a significant concept in Italy, In a study by Toscani *et al*. (2003), participants believed that one should always be ready to die, not to be ready to die at a specific moment. In the moment of death, participants who believed in life after death adhered to prevalent cultural rules and believed in going to heaven and

hoped to meet God (Toscani *et al*., 2003). Similarly, terminally ill patients in a hospice in the US viewed a peaceful death as being at peace with God (Vig and Pearlman, 2004). A study in Ghana, Africa, Van der Greest (2004) found that Ghanaians understand that a peaceful death as being at peace with others and with one's own life and spiritual condition.

'Not suffering' is a common concept that describes a peaceful death for Buddhists (Nilmanat and Street, 2007; Kongsuwan *et al*., 2010). Thai Buddhist family members in this current study thought that cardiac massage and holding on to life with aggressive treatment procedures generated suffering for the dying persons. Similarly, Thai Buddhist ICU nurses also believed that receiving cardiac massage and similar procedures taken to prolong life caused suffering and prevented a peaceful death (Kongsuwan *et al*., 2010). In addition, Thai Buddhist family members' thoughts about the mind–body relationship were that the absence of suffering would help attain peace of mind. However, the ICU nurses did not consider this in previous studies (Kongsuwan and Locsin, 2009; Kongsuwan *et al*., 2010; Kongsuwan, 2011). This concept put forward from the perspective of family members enhanced the appreciation of a peaceful death. In Japan, a good death was reported as the result of being in physical and mental comfort during the dying process (Hattori *et al*., 2006). Iranian Muslims emphasized a good death as religious and spiritual comfort and related to their faith. Faith could strongly support their spiritual and emotional comfort to face death (Tayeb *et al*., 2010; Iranmanesh *et al*., 2011). Unnatural death being connected to a machine or tube was not regarded as a good death in Iran or Japan (Miyashita *et al*., 2008; Iranmanesh *et al*., 2011).

'Being with family members and not alone' is another major concept concerning peaceful death for Buddhists. The findings of this current study confirm the findings of other studies in Thai culture. For example, in a recent study, Somanusorn *et al*. (2011) explored a peaceful death among Thai Buddhist families in hospital and home settings using ethnography. They also found that family members needed to be with the dying loved ones. This helped them to avoid the fear of pending death and helped them think about their merits and not to worry (Somanusorn *et al*., 2011). Likewise, in earlier studies by the researcher (Kongsuwan and Locsin, 2009; Kongsuwan *et al*., 2010; Kongsuwan, 2011), Thai Buddhist ICU nurses thought that a peaceful death would be more likely to take place in the presence of significant others. Thus, death should happen when the family members, friends and other significant persons surrounding the dying patient when they pass away. This concept is best described as a cultural value; the last minute of life was most important to dying persons and their family members. The family members are happy to see the dying for the last time at the very end; the dying person would pass away peacefully without worrying. Being with and nearby the loved ones dying during the time of death is described in many studies in Japan (Hattori *et al*., 2006), Norway (Ruland and Moore, 1998), Italy (Toscani *et al*., 2003), The Netherlands (Rietjens *et al*., 2006) and Ghana (Van der Greest, 2004).

The concepts of a peaceful death from Thai Buddhist family members' perspectives presented in the current study did not include insights about experiences after death. Buddhist ICU nurses' concerns regarding promoting a peaceful death reported in the previous study covers all aspects from 'monitoring the dying process' to 'caring after death' (Kongsuwan and Locsin, 2009). Many similar perspectives of a peaceful death in the ICU between Buddhist families in the current study and Buddhist nurses in previous studies (Kongsuwan and Locsin, 2009; Kongsuwan *et al*., 2010) strongly suggest that these perspectives could be shaped by their belief in Buddhism and Thai culture.

CONCLUSION AND IMPLICATIONS

The findings of this study demonstrated Thai family members' perspectives of a peaceful death in ICUs. The five core qualities of a peaceful death were synthesized as follows: 'Preparing a peaceful state of mind is knowing that one's impending death is not a situation of suffering or being alone, but is a time of being with family members who are not yet mourning one's death.'

A peaceful death is an individual perception and experience. However, the five core qualities of a peaceful death and the concept of a peaceful death are important. They provide knowledge and understanding of the value Thai Buddhist family members place in caring for their loved ones dying in ICUs. The findings of this study could be used to suggest implications for nursing practice, education and research.

Nursing practice

Nurses in different belief systems and culture should be aware that a peaceful death is not simply an individual concern but also involves families and belief systems. A dying patient's family should be seen as a group that has the privilege of managing the death of a loved one to help them achieve a peaceful death. Mutual care between nurses and a dying patient's family is necessary to promote a peaceful death in an ICU. The five core qualities of a peaceful death should be used

as a framework to create nursing practice interventions for quality end-of-life care for Thai Buddhists.

Nursing education

The concept of a peaceful death from the perspectives of Buddhist family members in this study could be added to the body of knowledge of end-of-life care for nursing students and for nurses worldwide in their continuing education.

Nursing research

Further studies could focus on the concept of a peaceful death and an unpeaceful death between chronic and acute illnesses in ICUs. The focus should be on the perspectives of nurses, physicians and family members in different cultures and belief systems.

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WHAT IS KNOWN ABOUT THIS TOPIC

- A peaceful death is hoped for by peoples across cultures.
- The concept of a peaceful death across several cultures included 'being at peace,' 'being comfortable' and 'being with loved ones.'

WHAT THIS PAPER ADDS

- Thai Buddhist family members valued 'knowing death was impending' in order to promote a peaceful death of their loved ones in ICUs.
- Thai Buddhist family members believed in the close relationship between mind and body; a peaceful state of mind could not be achieved when suffering physically.
- Thai Buddhist family members thought that a peaceful death would be achieved if the family members were not mourning.

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