The Effect of Thai Imaginary Meditation Healing Exercise (SKT6) in Palliative Care for People Living with End Stage Renal Disease
ผลของสมาธิเพื่อการเยียวยาไทยจินตภาพ (SKT6) ในการดูแลแบบประคับประคอง สำหรับผู้ป่วยไตวายเรื้อรังระยะสุดท้าย

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บทคัดย่อ

โรคเรื้อรังมีผลกระทบอย่างมากต่อบุคคลและครอบครัวที่นำมาซึ่งความทุกข์ทรมาน โดยเฉพาะอย่างยิ่งโรคไตวายเรื้อรังระยะสุดท้ายที่ต้องการบำบัดรักษาด้วยการฟอกเลือดด้วยเครื่องไตเทียม หรือล้างไตผ่านทางหน้าท้อง ดังนั้น การที่จะช่วยลดความทุกข์ทรมานทางกายและใจลงได้นั้น ต้องอาศัยการดูแลอย่างเป็นระบบ เช่น การพยาบาลแบบประคับประคองที่เป็นการดูแลทั้งกาย จิตสังคมและจิตวิญญาณ ฯลฯ ซึ่งส่งผลต่อการพัฒนาคุณภาพชีวิตสำหรับผู้ป่วยและครอบครัวที่ถูกคุกคามด้วยโรคเรื้อรัง วัตถุประสงค์ของการศึกษานี้เพื่อประเมินผลของการใช้สมาธิเพื่อการเยียวยาไทยจินตภาพ (SKT6) ในการดูแลแบบประคับประคอง ที่ส่งผลต่อการมีคุณภาพชีวิตของผู้ป่วยไตวายเรื้อรังระยะสุดท้าย การวิจัยครั้งนี้เป็นการวิจัยแบบกึ่งทดลอง กลุ่มตัวอย่างเป็นผู้ป่วยไตวายเรื้อรังระยะสุดท้าย 74 คน แบ่งเป็น 2 กลุ่ม โดยคัดเลือกจาก 2 หอผู้ป่วย ที่เป็นหอผู้ป่วยฟอกเลือดด้วยเครื่องไตเทียม กลุ่มทดลอง 1 หอผู้ป่วย จำนวน 35 คน และกลุ่มควบคุมอีก 1 หอผู้ป่วย จำนวน 39 คน โดยกลุ่มทดลองจะปฏิบัติสมาธิเพื่อการเยียวยาไทยจินตภาพ หรือเรียกว่า SKT6 ระหว่างฟอกเลือดด้วยเครื่องไตเทียมและที่บ้านทุกวัน ส่วนกลุ่มควบคุมได้รับการดูแลตามปกติ ทั้ง 2 กลุ่ม ได้รับการประเมินอาการทางกายโดยใช้แบบสอบถามของ The Edmonton Symptom Assessment System (ESAS) และแบบวัดคุณภาพชีวิตรูปแบบที่ 3 ของเฟอร์แลนด์และเพาว์เวอร์ ผลการวิจัยพบว่า กลุ่มทดลองที่ได้ปฏิบัติสมาธิเพื่อการเยียวยา (SKT6) มีคุณภาพชีวิตก่อนและหลังฝึกเปลี่ยนแปลงเพิ่มขึ้นจากระดับที่ 19.65 เป็น 19.98 เมื่อจำแนกคุณภาพชีวิต 4 ด้านก่อนและหลังฝึกปฏิบัติ พบว่า ความผาสุกทางร่างกายและการทำหน้าที่ มีค่าเฉลี่ยเพิ่มจาก 17.58 เป็น 21.28 ความผาสุกทางสังคมและเศรษฐกิจ มีค่าเฉลี่ยเพิ่มจากระดับคะแนน 19.79 เป็น 21.82 ความผาสุกทางจิตใจและจิตวิญญาณ มีค่าเฉลี่ยเพิ่มจาก 21.34 เป็น 23.88 ความผาสุกทางครอบครัว มีคะแนนเฉลี่ยเพิ่มจาก 22.85 เป็น 24.43 ส่วนกลุ่มที่ไม่ได้ฝึกปฏิบัติ มีแนวโน้มลดลงทุกองค์ประกอบ ดังนั้น การดูแลแบบประคับประคองด้วยการ

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ประยุกต์ใช้สมาธิเพื่อการเยียวยาจึงมีผลต่อร่างกาย โดยการลดความเครียด จิตสงบ ส่งเสริมการเติมเต็มด้านจิตวิญญาณให้มีสุขภาพกายและจิตเข้มแข็งดีขึ้น จึงส่งผลต่อการพัฒนาคุณภาพชีวิตของผู้ป่วยไตวายเรื้อรัง

คำสำคัญ: *สมาธิเพื่อการเยียวยาไทยจินตภาพ (SKT6) การพยาบาลแบบประคับประคอง ไตวายเรื้อรังระยะสุดท้าย*

Abstract

Chronic illnesses can pose a profound burden on the lives and families of those affected. This is particularly evident in those who have to undertake hemodialysis or peritoneal dialysis. The objective of this study was to evaluate the effect of Thai imaginary meditation healing exercise (SKT6) on quality of life of people living with end stage renal disease (ESRD). The quasi-experimental study recruited 74 people living with ESRD, divided in 2 groups: 35 people in the SKT intervention group and 39 people of the non SKT control group. The two groups were treated with hemodialysis, but was separated wards at the same hospital. In the SKT group, they practiced Thai imaginary meditation healing exercise (SKT6) during hemodialysis in hospital and home. Both groups completed questionnaires of the Edmonton Symptom Assessment System (ESAS) tool for symptom assessment and Ferrans and Powers; Dialysis version III quality of life tool. The results of the SKT6 group after the Thai imaginary meditation intervention revealed an increase of total quality of life score from a mean score of 19.65 before the intervention to a mean score of 19.98 after SKT6 intervention. The mean score of 4 dimensions of quality of life in health and functioning also increased from 17.58 to 21.28. The mean score of social and economic increased from 19.79 to 21.82. The mean score of psychological and spiritual scale increased from 21.34 to 23.88, the mean score of family scale increased from 22.85 to 24.43. In contrast, the non-SKT control group scores had an opposite pattern, with an increase in physical symptoms and uncertainty and a decrease in quality of life from time to time. We therefore suggest that the Thai imaginary meditation healing exercise (SKT6) can be a component of palliative care. The exercise combined with meditation and visualization for releasing tension and attaining spiritual fulfillment, and improving the quality of life.

Keyword: *Thai imaginary meditation healing exercise (SKT6), palliative care, ESRD*

Introduction

Many people living with ESRD in developing countries treated with hemodialysis die or stop treatment within the first three months because of cost constraints and many want to die at home (Brumley, Enguidanos, & Cherin, 2008). In Thailand, which is considered a low to middle income developing country has been providing universal healthcare coverage since 2001 (Gilbertson et al., 2005). As a result of strong pressure from various stakeholders, universal access to peritoneal dialysis was provided to all Thai people effective from January, 2008. The prevalence of chronic kidney disease among people aged over 40 years was significantly higher than that reported in the U.S. for both stage III and IV ESRD disease, and the disease severity has incurred more suffering to patients (Zucker, Yosipovitch, David, Gafter, & Boner, 2003). The incidence of ESRD in Thailand was also higher than the reported rates in Taiwan and Australia (Wowchuk, Wilson, Embleton, Garcia, Harlos, & Chochinov, 2009). This high incidence and prevalence of chronic kidney disease in Thailand may be also related to increasing rates of diabetes and had obvious implications for public health and healthcare resources (Moss, 2010; Rogers, Keller, & Larkey, 2010; Valderrábano, Jofre, & López-Gómez, 2001).

Previous studies of ESRD persons based on qualitative interviews, revealed that as symptoms progress, some persons living with ESRD encounter many health problems. People with ESRD shared stories of tremendous suffering including severe bone pain due to poor circulation. Most of the participants spoke about their difficulty adjusting to their life and coping with this disease. One man appeared sad, depressed and expressed suicidal ideation. Another person living with ESRD mentioned that it was quite difficult to become familiar or accustomed to this disease which caused physical suffering as well as significant economic consequences. Many were forced to retire early. One woman said “Why did I suffer so much in my life not only from the disease but also as part of a couple?”. She lost her husband through divorce. She experienced not only physical suffering from the disease but also emotional and economic consequences from the divorce (Triamchaisri, Mawn, & Artsanthia, 2013).

Physical symptom was one part of suffering. The Edmonton Symptom Assessment System (ESAS) guidelines was used to evaluate physical symptom for palliative care. This tool was designed to assist in the assessment of nine symptoms common in cancer patients and it was applied appropriately with people living with ESRD in the end of life stage. The common symptoms include pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, well-being and shortness of breath. The severity of assessment was rated from 0 to 10 on a numerical scale, 0 meaning that the symptom was absent and 10 was reflected the worst possible severity. When

people living with ESRD encounter with suffering from disease or long term treatment they felt uncomfortable in life, restricted in food intake, restricted in behaviors until condition change.

According to the World Health Organization (WHO, 2007), palliative care is the total care of patients whose disease is not responsive to curative treatment and includes control of pain, other symptoms, and psychological, social, and spiritual problems. Palliative care is not limited to patients at the end of life but applies earlier in the course of illness, provided in conjunction with active treatment. The ultimate goal of palliative care is the best possible quality of life (QOL) for people and families experiencing illness that is both chronic and life-threatening (Zhang, & Rothenbacher, 2008; Brumley, Enguidanos, & Cherin, 2008).

Quality of Life of people living with ESRD refers to the measure of people living with ESRD's functioning, well-being and general health perception in each of four domains: physical, psychological, social and spiritual. These measures which include family and social functioning can be measured by using the Quality of Life Index (QLI) developed by Ferrans and Powers (1985).

Thai imaginary meditation healing exercise (SKT6) is an innovation technique of mindfulness meditation which related to biopsychological markers. The SKT6 was a basic tool that was created by Dr. Somporn Kanthraradussadee Triamchaisree (SKT). It has been used when people determine to establish and develope a new set of beliefs until they became part of subconscious mind. The SKT6 combines meditation and visualization for releasing tension and attaining spiritual fulfillment. This method integrates techniques based on the concepts of psychoneuroimmunology that incurs the interaction between psychological processes and the nervous and immune systems of the human body. The meditation healing exercise will affect in process (Robert Ader, Founder of Psychoneuroimmunology, Dies, 2011). It encourages people living with ESRD to use creative imagination techniques to decrease negative thinking which can lead to the process of healing that was regulated the cranial nerves and neurotransmitters that release hormone in working of the body (Valderrábano et al., 2001). The connection between human body and human psychology supports spiritual and psychological realms to give persons calm and peace. So in this study, the Thai imaginary meditation healing exercise by the technique of SKT6 (Kantraradusadee, 2008) was applied to enhance psychological support and to increase quality of life.

Objective

To evaluate the effect of Thai imaginary meditation healing exercise (SKT6) on quality of life in palliative care for people living with end stage renal disease.

Material and Methods

This study used a quasi-experimental quantitative method.

1. Target population: People living with end stage renal failure were treated with hemodialysis at Saint Louis hospital with the inclusion criteria was the stage V of ESRD, willing to be participants and exclusion criteria was ESRD patients with heart disease or severe complications of the disease.

Sample: The study included the people living with ESRD who met the inclusion criteria with men and women stage V ESRD who voluntarily agreed to participate in this study, they were living in the community of Pratumwan, Bangruk, Yannawa, Sathorn District. The 74 people living with ESRD were divided in 2 groups with 35 people living with ESRD in the SKT6 intervention group and 39 people living with ESRD in the non SKT in control group that means receiving regular treatment. The two groups were treated with hemodialysis but in different wards. In the SKT group, they practiced and listened in Thai imaginary meditation healing exercise (SKT6) during hemodialysis and at home.

2. Setting: was the home of people who live with ESRD and hemodialysis ward during the time spent on hemodialysis. The geographic area covered in Pratumwan, Bangruk, Yannawa, Sathorn District.

3. Data collection tools: Instruments for training on mindfulness meditation included a written SKT 6 guideline, and a recorded compact disc with guidelines for Thai imaginary meditation healing exercises (SKT6).

Quality of Life Questionnaire was an instrument designed to evaluate quality of life based on the levels of satisfaction and importance in four dimensions: health/functioning, psychological/spiritual, socioeconomic and family (Ferrans & Powers, 1985). In this study, the test had internal consistency reliability of subscale of health and functioning subscale with Cronbach's Alpha was 0.88, Social and economic subscale with Cronbach's Alpha was 0.89, psychological and spiritual subscale with Cronbach's Alpha was 0.87, and family subscale with Cronbach's Alpha was 0.74.

The Edmonton Symptom Assessment System (ESAS) questionnaire was the guidelines for physical assessment. A closed and open ended questionnaire was used to ask the general characteristic of the study participants. This tool was designed to assist in the assessment of nine symptoms common: pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, wellbeing and shortness of breath. The severity assessment was rated from 0 to 10 on a numerical scale, 0 meaning that the symptom was absent and 10 that it was of the worst possible severity. The reliability test for the Edmonton System Assessment System –Revise Version (ESAS-R) for progressive symptoms in this study was adequate with a Cronbach's Alpha of 0.87.

The method in practice of Thai imaginary meditation healing exercise (SKT6), was used to apply for 3 months and practice every day following the control record table. The method includes 5 steps as following:

Step 1: Prepare people living with ESRD, the place should be quiet place and without any distraction environment, SKT compact disk.

Step 2: Sit or lie down in the convenient place and put both arm next to the body and gently closed two eyes.

Step 3: Deep breath and hold for 3-4 second and exhale via nose slowly then deep breath by count 1-5 during inhale and hold for 3-4 second then exhale again. Repeat this step 3 times.

Step 4: Pay attention with the feeling in internal and external organ follow these:

Figure 1 Thai imaginary meditation healing exercise (SKT6).
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Cycle 1: Start from head and focus on the mind with following words: My head feels to relax, relax, relax, relax, relax. My head feels to relax, relax, relax, relax, relax. My head feels to relax, relax, relax, relax, relax. My head feels to relax, relax, relax, relax, relax, and continue to deep relax. My head feels to relax, relax, relax, relax, relax, and continue to deep relax.

Cycle 2: Start from the forehead and focus on the mind with following words: Forehead feels to relax, relax, relax, relax, relax. Forehead feels to relax, relax, relax, relax, relax. Forehead feels to relax, relax, relax, relax, relax. Forehead feels to relax, relax, relax, relax, relax, and continue to deep relax. Forehead feels to relax, relax, relax, relax, relax, and continue to deep relax.

Cycle 3: Start from the temple on each side of the head and focus on the mind with following words: Temple feels to relax, relax, relax, relax, relax. Temple feels to relax, relax, relax, relax, relax. Temple feels to relax, relax, relax, relax, relax. Temple feels to relax, relax, relax, relax, relax, and continue to deep relax. Temple feels to relax, relax, relax, relax, relax, and continue to deep relax.

Cycle 4: Start from the eyelids and focus on the mind with following words: Eyelids feel to relax, relax, relax, relax, relax, Eyelids feel to relax, relax, relax, relax, relax. Eyelids feel to relax, relax, relax, relax, relax. Eyelids feel to relax, relax, relax, relax, relax, and continue to deep relax, Eyelids feel to relax, relax, relax, relax, relax, and continue to deep relax.

Cycle 5: Start from the cheeks and

focus on the mind with following words: Cheek feels to relax, relax, relax, relax, relax. Cheek feels to relax, relax, relax , relax, relax. Cheek feels to relax, relax, relax, relax, relax. Cheek feels to relax, relax, relax, relax, relax, and continue to deep relax. Cheek feels to relax, relax, relax, relax, relax, and continue to deep relax.

Cycle 6: Start from the chin and focus on the mind with following words: Chin feels to relax, relax, relax, relax, relax. Chin feels to relax, relax, relax, relax, relax. Chin feels to relax, relax, relax, relax, relax. Chin feels to relax, relax, relax, relax, relax, and continue to deep relax. Chin feels to relax, relax, relax, relax, relax, and continue to deep relax.

Cycle 7: Start from the lips and focus on the mind with following words: Lip feels to relax, relax, relax, relax, relax. Lip feels to relax, relax, relax, relax, relax. Lip feels to relax, relax, relax, relax, relax. Lip feels to relax, relax, relax, relax, relax, and continue to deep relax. Lip feels to relax, relax, relax, relax, relax, and continue to deep relax.

Cycle 8: Start from neck and focus on the mind with following words: Neck feels to relax, relax, relax, relax, relax. Neck feels to relax, relax, relax, relax, relax. Neck feels to relax, relax, relax, relax, relax. Neck feels to relax, relax, relax, relax, relax, and continue to deep relax. Neck feels to relax, relax, relax, relax, relax, and continue to deep relax.

Cycle 9-12: Start from shoulder arm and hand to practice following the same as cycle 8

Cycle 13: Start from hand and focus on the mind with following words: Hands feel more increase weight, more increase weight, more increase weight, more increase weight, more increase weight. Hands feel more increase weight, more increase weight, more increase weight, more increase weight, more increase weight. Hands feel more increase weight, more increase weight, more increase weight, more increase weight, more increase weight. Hands feel more increase weight, more increase weight, more increase weight, more increase weight, more increase weight. Hands feel more increase weight, more increase weight, more increase weight, more increase weight, more increase weight.

Cycle 14-21: Start from chest, back, abdomen, buttock, thigh, and knee to recall the same word in different position

Cycle 22: Start from foot: Feet feel more increase weight, more increase weight, more increase weight, more increase weight, more increase weight. Feet feel more increase weight, more increase weight, more increase weight, more increase weight, more increase weight. Feet feel more increase weight, more increase weight, more increase weight, more increase weight, more increase weight. Feet feel more increase weight, more increase weight, more increase weight, more increase weight, more increase weight. Feet feel more increase weight, more increase weight, more increase weight, more increase weight, increase weight.

Cycle 23: Start from whole body and

focus on the mind with following words: Whole body feels to relax, relax, relax, relax, and relax. Whole body feels to relax, relax, relax, relax, and relax. Whole body feels to relax, relax, relax, relax, and relax. Whole body feels to relax, relax, relax, relax, relax, and continue to deep relax. Whole body feels to relax, relax, relax, relax, relax, and continue to deep relax.

Step 5: Deep breathing do it the same as step 3

4. Data collection:

4.1 Contact key persons who worked in community, hospital and explained the objective of the study.

4.2 Set the date to meet and to explain the objective of this study.

4.3 In depth interview with the people who are interested in Thai imaginary meditation healing exercise (SKT6) to include in the research project.

4.4 Training SKT practice for people who living with ESRD.

4.5 Collect the data of quality of life of people who living with ESRD.

4.6 Set the date for evaluation of SKT6 practice was occurred in every week. The people living with ESRD practiced SKT6 every day for three months during on hemodialysis and home whenever they had convenient time to practice but at least 2 times per day and recorded in the document of practice.

5. Statistical analysis: Descriptive analysis was used to identify demographic characteristics, and the frequency and percentage. Examination of the data revealed that they met the assumption of normality necessary for the use of parametric statistical tests. Statistical analyses by using paired t-tests in 'before-after' studies.

6. Ethical considerations: The research procedures and subject consent forms were approved by the Ethics Committee of the Public Health Faculty, Mahidol University that issued on May 20, 2011. (MUPH 2011-136). The researcher gave participants information about the purpose of the study, the method, and benefits of this study. The researcher obtained a written consent form prior to conducting interviews from all participants. Participants had the right to refuse to sign the consent and not participate in the study and could withdraw at any time without negative consequences. Through out the process, participants had the right to be protected from any possibility of discomfort or excessive burden.

Result

The result of Thai imaginary meditation healing exercise (SKT6) in people living with ESRD.

1. The Descriptive of group study: The general characteristics of people living with ESRD in the study had shown in table 1.

Table 1 Description of samples in SKT group and non SKT group

Characteristic	SKT Group (n=35)		Non SKT Group (n=39)	
	Number	Percent	Number	Percent
Age (year)				
41-50	4	11.43	8	20.51
51-60	7	20.00	10	25.64
61-70	9	25.71	10	25.64
71 ≥ 80	15	42.86	11	28.21
Gender				
Male	19	54.29	20	51.28
Female	16	45.71	19	48.72
Marital status				
Married	14	40.00	21	53.84
Single	5	14.29	9	23.08
Divorced	4	11.43	3	7.69
Widowed	12	34.29	6	15.39
Education				
Primary school	12	34.29	10	25.64
Secondary /Technical	15	42.86	18	46.15
Bachelor degree	8	22.85	11	28.21
Employment				
Employed	10	28.57	26	66.67
Unemployed	25	71.43	13	33.33
The right in welfare				
Out of pocket scheme	27	77.14	14	35.89
Social security S.	3	8.57	18	46.15
Government servant	5	14.29	7	17.96

2. The result of Physical assessment symptoms: From the study, physical symptoms were included the numbness on the hand or leg, and itching found that in both groups had dry skin, itching. The result were shown in table 2.

Table 2 The characteristics related to skin in people living with ESRD before-after intervention

Intervention	Dry skin	Numbness	Itching
	N (%)	N (%)	N (%)
SKT before	32 (91.42)	28 (80.00)	17 (48.57)
SKT after	28 (80.00)	22 (62.85)	12 (34.28)
Non SKT before	37 (94.87)	29 (74.36)	13 (33.33)
Non SKT after	36 (92.30)	27 (69.24)	11 (28.21)

Symptom assessment: the Edmonton symptom assessment for palliative care measured on tiredness, anxiety, overall well-being and several other physical symptoms. The results were displayed in Table 3. In the non SKT group at the post –test period, the major problems reported included tiredness with mean score of 5.33, well-being with mean score of 2.42, and anxiety with a mean score of 4.95. In the intervention group, the major reported symptoms included overall well-being with a mean score of 5.21, tiredness with a mean score of 2.65, and drowsiness with a mean score of 2.02.

Table 3 Physical symptom (ESAS) in palliative care after intervention

Physical symptom	SKT group	Non SKT group
	$\bar{X}$ ±SD	$\bar{X}$ ±SD
Pain	1.48±1.63	3.97±2.09
Tiredness	2.65±1.78	5.33±1.75
Drowsiness	2.02±1.82	4.05±1.97
Nausea	1.28±1.60	2.05±2.01
Lack of appetite	1.68±1.69	4.84±1.87
Shortness of breath	1.34±1.45	3.54±2.47
Depression	1.54±1.85	2.48±2.36
Anxiety	1.94±1.96	4.95±1.83
Well-being	5.21±2.06	2.42±1.64
Other symptom	1.31±1.93	2.23±2.24

3. The result of the quality of life of people living with ESRD: Quality of life of people living with ESRD was measured by quality of life index score of Ferrans and Powers dialysis version III. The quality of life index score composed of 4 dimensions of quality of life in health and functioning, social and economic, psychological/ spiritual, family and measured quality of life both in SKT group and non SKT group to compare the mean difference of pre-test and post-test. As shown in the table 4, 5.

Table 4 Quality of life index scores in Ferrans and Powers Dialysis version-III of SKT group in before and after SKT practice

Physical symptom	Before SKT	After SKT
	$\bar{X}$ ±SD	$\bar{X}$ ±SD
Health and Functioning	17.58±5.74	21.28±3.54
Social and Economic	19.79±4.28	21.82±3.49
Psychological /Spiritual	21.34±5.72	23.88±3.25
Family scale	22.85±5.47	24.43±4.31
Total QOL	**19.65±4.77**	**19.98±3.19**

Table 5 Quality of life index scores in Ferrans and Powers Dialysis version-III in non SKT group before and after intervention

Variables	Before	After
	$\bar{X}$ ±SD	$\bar{X}$ ±SD
Health and Functioning	17.30±4.19	15.15±1.98
Social and Economic	19.62±4.20	18.41±2.86
Psychological /Spiritual	21.17±4.88	18.54±3.56
Family scale	20.87±5.45	17.80±3.04
Total QOL	**19.14±3.76**	**16.94±2.15**

4. The result of before and after SKT intervention: After the SKT intervention, the results showed physical symptoms in palliative care score between 0 and 45 with the mean of 17.65 and SD 13.88. the Quality of life score had a mean of 22.82, S.D. = 3.98, as seen in table 6.

Table 6 The result of before and after SKT6 intervention in physical symptoms (ESAS), and quality of life in SKT group

Variables	Before	After
	$\bar{X}$ ±SD	$\bar{X}$ ±SD
ESAS	21.08±17.73	17.65±13.88
QOL	19.64±4.76	22.82±3.98

Table 7 The result of before and after SKT intervention in physical symptoms (ESAS), and quality of life of non SKT group

Variables	Time period 1	Time period 2
	$\bar{X}$ ±SD	$\bar{X}$ ±SD
ESAS	22.65±15.48	38.66±12.69
QOL	19.23±3.48	17.11±1.72

The results revealed that the control group had a decreased quality of life from time period 1 to time period 2 without the intervention. In addition, the other measures related to quality of life decreased in the non-intervention group over time, as seen in table 7.

5. The result of SKT group and non SKT group: The result showed that the mean score of physical symptoms, total and all aspect of quality of life in SKT group were better than non SKT group, as seen in table 8.

Table 8 Mean and standard deviation of variable of SKT group and non SKT group at the beginning and the end of the study (before and after SKT practice)

Variables	SKT group		Non SKT group	
	Before	After	Before	After
	$\bar{X}$ ±S.D.	$\bar{X}$ ±S.D.	$\bar{X}$ ±S.D.	$\bar{X}$ ±S.D.
ESAS (Physical symptoms)	21.08±17.73	17.65±13.88	27.10±14.48	38.66±12.69
Health & functioning	17.89±5.04	21.28±4.58	7.44±3.82	15.15±1.98
Social & economic	19.79±4.28	21.82±4.02	19.62±4.19	18.41±2.86
Psychological & spiritual	21.34±5.72	23.88±4.95	21.38±4.41	18.77±2.88
Family	22.84±5.46	24.43±4.33	20.88±5.41	18.77±2.89
Quality of life	19.64±4.76	22.82±3.98	19.23±3.48	17.11±1.72

In the SKT group: Table 9 shown SKT practice group, a paired-samples t-test was conducted to compare SKT meditation healing practice before and after SKT conditions. There was a significant difference in all the dependent variables. There was a significant difference in the following scores in a different pattern from the SKT group: health & functioning; social and economic; psychological and spiritual; quality of life; family relations aspect of quality of life; total quality of life; physical symptoms (ESAS).

Table 9 Pair difference test of variables between before and after SKT intervention with SKT group

Factors	$\bar{X}$	S.D.	Sample t-test	df	p-value (2 tailed)
ESAS	3.42	5.26	3.85	34	<.001
Quality of life	3.17	3.24	5.77	34	<.001
Health &Functioning	3.38	3.13	6.39	34	<.001
Social& Economic	2.03	1.95	6.16	34	<.001
Psychological& spiritual	2.54	3.26	4.61	34	<.001
Family	1.58	2.01	4.67	34	.002

In the non SKT group: a paired-samples t-test was conducted to compare non SKT practice group conditions in different time of beginning to observe until the model over. The results showed that the non-SKT group had an increase in physical symptoms and decreased quality of life in all subscales. The data was shown in table 10.

Table 10 Paired t-test in non SKT group

Factor	$\bar{X}$	S.D.	Paired t-test	df	p-value
ESAS	1.15	8.83	8.17	38	<.001
Quality of life	2.12	2.25	5.89	38	<.001
Health & Functioning	2.29	2.64	5.41	38	<.001
Social & Economic	1.21	1.97	3.83	38	<.001
Psychological & spiritual	2.54	3.06	5.19	38	<.001
Family	2.11	4.98	2.65	38	.012

Conclusion and discussion

The result of this study showed that the SKT6 practice group had an increased quality of life when compare with the non-SKT group. The trend of the quality of life in the SKT group was increased and the non-SKT group had the trend towards a decrease in QOL. This result was congruent with the study of Hofmann, Sawyer, Witt, and Oh (2010) who had also done research on the effect of learning mindfulness of breathing meditation techniques on anxiety and depression in patients who have had chronic kidney failure and received a kidney transplant. That study concluded the experimental group who was taught mindfulness of breathing meditation techniques suffered less anxiety and depression and their level of stress and anxiety were clearly lower than those of the control group. That was congruent with the study of quality of life in end-stage renal disease patients that shown health-related quality of life (QOL) then referred to the measure of a patient's functioning, well-being, and general health perception in each of three domains: physical, psychological, and social. Along with survival and other types of clinical outcomes, patient QOL was an important indicator of the effectiveness of the medical care they received. QOL of patients with end-stage renal disease is influenced by the disease itself and by the type of replacement therapy (Valderr´abano, Jofre, & L´opez-G´omez, 2001)

The results provided rich data that supported the development of a multifaceted palliative care intervention for people living at home with ESRD which included a specialized meditation technique. The intervention group in this study received a specified series of evidence-based meditation/relaxation exercises developed by T.S. Kantraradusadee (Kantraradusadee, 2008), that have been shown the impact physical, psychological and spiritual needs. Supportive care to both the intervention and control groups included home visits focused on education and symptom management. The non SKT group received the usual care. The SKT group received instructions on the technique of meditation healing exercises for both the hospital (during dialysis) and home setting.

The results in the SKT practice group after the implementation of the Thai imaginary meditation exercises, showed an increase in the total quality of life score, the quality of life in health and functioning scale, the social and economic scale, the psychological and spiritual scale and the family scale. These results suggested that the SKT Thai imaginary meditation exercises positively impacted their quality of life on many dimensions. A paired-sample t-test was conducted to compare the SKT Thai imaginary meditation healing exercise before and after SKT implementation and the increased scores were noted to be significantly different. In addition, there was a statistically significant reduction in the reported number of symptoms.

In contrast, the non-SKT practice control

group scores decreased from the first-time period to the second-time period (during which time they received support palliative care but not the SKT intervention). Specifically, these groups' score decreased in the total quality of life, the health and functioning subscale, the social and economic scale, the psychological and spiritual scale, and the family subscale. These results suggested that provision of usual care alone does not impact quality of life positively in people suffering with ESRD.

Other relationships noted among the study variables included a negative correlation between quality of life and physical symptoms. Not surprisingly, as physical symptoms increased, the quality of life decreased. This also held true for the relationship between physical symptoms, the social and economic subscale as well as the psychological and spiritual subscale, with both having a statistically significant negative correlation.

Limitations of this study

This study was quasi-experimental not experimental so the participants could do everything as normal but the participants must record and practice SKT6 every day by themselves. The researcher controlled to practice during the participants on hemodialysis treatment at hospital and followed up participants at home twice a week.

Recommendations

1. Recommendations for public health nursing service: The researcher found that home visiting in the community was an important component to psychological support. It is an active service to promote health of people in community by using Thai imaginary meditation healing exercises (SKT6). SKT6 will act on the body when practiced everyday by increasing oxygen supply to the cell in internal organ then healing process will be occurred. It will be benefit for people living with ESRD because of waste accumulation and tiredness.

2. Recommendation for further nursing research: The results from the practice of Thai imaginary meditation healing exercises (SKT6) revealed that participants demonstrated a high level of discipline in relation to practicing at home. Thus, it was an intervention easy to learn and to implement this procedure at the home setting. The positive impact of SKT was tested and supported in this study in terms of quality of life, satisfaction, physical symptoms so in the next study should apply to many chronic disease including people who have paralysis or are bed ridden.

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