

Self-care Behavior of Monks with Chronic Kidney Disease

Warunsiri Praneetham¹ Prasert Sitthijirapat²
and Kanchana Kiatkanont³

Abstract

The purpose of this research was to study self-care behavior of the Monks with Chronic Kidney Disease. Sample of this research was 150 Monks at Priest hospital, Bangkok. Questionnaire has been employed to collect data which consists of two parts. The first part was demographic data of Monks. The second part was self-care of the monks in five dimensions, 53 questions, which are self-routine during one month, food habits, exercise, stress management, adaptation under doctor's order, and seeking medical treatment behavior. Statistic to be used in this study was frequency, percentage, and standard deviation. The findings found that 95.3 percent of respondents were 50 years old and upper with co-morbid included Diabetes, Hypertension, Heart Disease and Dyslipidemia, and 4.7 percent with CKD. The average self-care behavior in overall was good level. Considering each aspect: the highest level was self-routine behavior during one month, second was seeking medical treatment, and the lowest level was food habits. There should have a campaign to offer a healthy food to the monks, develop or identify the way to promote the health of the monks, and raise the awareness in the care and management of monks' health in a holistic and sustainable manner.

Keywords: Monks, Self-care behavior, Chronic Kidney Disease

¹College of Nursing and Health, SuanSunandhaRajabhat University, Thailand

²Sripatum Business School, Sripatum University, Thailand

³College of Nursing and Health, SuanSunandhaRajabhat University, Thailand

Introduction

Buddhism seems to be the root of Thai society which influences the way of life, values, and beliefs of the Thai people for a long time. Based on the National Buddhism Database 2016, there were totally 298,580 monks in Thailand (National Office of Buddhism, 2018). One out of five were found to be suffering from health problems. Most of them are suffering from chronic diseases (Buathed, 2010), such as Diabetes, high blood pressure, high blood fats, Chronic obstructive, Pulmonary disease, Chronic Kidney Disease, and so on (Yospanya and Siwarom, 2007). In addition, the survey of the health of monks and novices in 50 districts of Bangkok, from April to May 2016 was found that the trend of monks with paralysis and kidney disease has increased year by year. The secondary condition was also found Kidney Stones and Chronic Kidney Disease or CKD. This information corresponds to the health information of monks who admitted at Monks Hospital in the Fiscal Year 2015 which found that the five most common diseases in monks include

Hypertension, Diabetes Mellitus or DM, Dyslipidemia, Cardio Vascular Disease, Chronic Kidney Disease or kidney failure, and Osteoarthritis (Thaipost, 2017). All of these diseases were caused by health behavior, especially eating habits and lack of exercise, because most monks have to eat any food that offered by people making merit. Moreover, as a result of the economic, social and environmental conditions change, the religious life and practice of the monks may be differences from the past such as the alms round in the city in shorter distances; daily practice and religious practices that differ from the general public which also caused diseases by health behavior as well; or the use of some drugs that are toxic to the kidneys, especially, painkillers; eating without salt and water limitation. This is also taking medication other than the doctor ordered would cause of Chronic Kidney Disease.

Chronic Kidney Disease is a major public health problem in Thailand and the world. Currently, Thai people suffer from chronic kidney disease 17.6 percent which is about 8

million people. There are 200,000 patients in the End-Stage Renal disease or End-Stage Kidney disease (ESRD or ESKD) and more likely increasing 7,800 patients annually (NHSO, 2017). ESRD includes those patients who have reached stage 5 chronic kidney disease (estimated glomerular filtration rate ≤ 15 mL/min/1.73 m² as measured using the Modification of Diet in Renal Disease equation (MDRD) formula) (NHS, 2009). Patients with ESKD are offered an alternative treatment to dialysis or transplantation known as conservative kidney management (Helen et al., 2018). If these patients were not treated properly, it will cause deterioration of kidney function and cannot keep it back to normal. The patients will become degraded and become a family and social burden. Information of the National Health Security Office (NHSO) found that, in the year 2011, the budget for patients with Chronic Kidney disease is over 3,000 million baht, and more than 17,000 million baht in the year 2017 because of CKD is the chronic disease that cannot be cured (Setboonsrang and Prasomrak, 2015).

The Chronic Kidney Disease also affects the body's systems, such as the cardiovascular system. The major complications are high blood pressure, heart failure, and pericarditis. The most common respiratory system is pulmonary infiltration, often associated with heart failure which caused by eating uncooked salt or tasteless foods. The blood system and blood organs are common anemia, bleeding easily, and low disease resistance which causes complications until death. As mentioned, most of the illness which suffer Thai monks came from eating behavior and lack of exercises. Therefore, they may need to alter some behavior in daily basis which would be self-care behaviors. Orem (2001) states that "self-care is an activity initiated and initiated by self-employed people to maintain a healthy lifestyle and well-being." It is a behavior that acts both occurs during healthy and also illness (Orem, 2001). Therefore, it is important to educate the health care to monks who suffer from chronic kidney disease, Moreover, the restrictions of Buddhism disciplinary limit the monks to perform

self-healthcare appropriately while in illness, particularly, monks with illness. The results from the research will be used to find solutions and design health promotion to develop a holistic approach to the health of monks.

Objective of the Research

To investigate the self-care behavior of monks with Chronic Kidney Disease.

Scope of the Research

- The scope of population: the population in this research were the monks with Chronic Kidney Disease at Priest Hospital, Bbangkok.

- The scope of time: data collection was during April – May 2016.

- The scope of content: Orem's self-care theory has been used in this study. This theory is associated with a desire to enable and allow people to take the initiative in being responsible for their own health care when it is possible (Pearson et al., 2005). The activities to be performed are only when the person decides that the action is beneficial and respond to all self-care needs at that time.

Regular self-care actions will improve health and development. Therefore, self-care is essential for everyone who needs to look after themselves in order to respond to all their self-care needs. Self-care should cover all physical, social, and mental. This includes three essential aspects of self-care:

1. Universal self-care requisites

It is self-care to promote and maintain the health and welfare of the individual. This is a necessity for people of all ages, including maintenance of sufficient intake of air, water, and food; provision of care associated with elimination process; balance between activity and taking a rest; between solitude; and social interaction, prevention of hazards to human life well-being and promotion of human functioning.

2. Developmental self-care requisites

Associated with developmental processes/ derived from a condition or associated with an event. It is self-care derived from the developmental process of human life

at various stages. Life and events affecting the development include adjusting to a new job and adjusting to body changes.

3. Health deviation self-care

Due to the function of the body, it is self-care about seeking and securing the appropriate medical assistance. These include: being aware of and attending to the effects and results of pathologic conditions; effectively carrying out medically prescribed measures; modifying self-concepts in accepting oneself as being in a particular state of health and in specific forms of health care; and learning to live with effects of pathologic conditions.

Findings from the related research addressed that self-care consists of self-care for nutrition, excretory activities, leisure, social interaction and personal time, personal hygiene and stress management. Meanwhile, the self-care assessment, based on Orem's theory, can be evaluated by the self-care activities. Therefore, the researcher used this assessment tool to evaluate the self-care behaviors of the monks

with Chronic Kidney Disease in five categories which are as follows:

- 1) Self-care behavior in eating
- 2) Self-care behaviors in activity and physical activity
- 3) Self-care behaviors in taking medication
- 4) Self-care behaviors in social interaction and personal time
- 5) Self-care behaviors in stress management

Research Methodology

This research investigated the self-care behavior of monks with Chronic Kidney Disease. Samples in this study were 150 monks with Chronic Kidney Disease who are treated at Priest Hospital, Bangkok during April – May, 2016.

Questionnaire has been employed to collect data which consists of two parts. The first part was demographic data of Monks. The second part was self-care of the monks in five dimensions, 53 questions, which are self-routine during one month, food habits, exercise, stress management, adaptation under doctor's order, and seeking medical

treatment behavior. A five point Likert scale (1 = Never to 5 = most frequently) was used to collect data from the respondent. Reliability analysis was done to identify the reliability of the study. Cronbach alpha was at 0.86.

Data Collection

The researcher clarified the purpose of the research, the data collection process, and the ethical consideration. This was also explained how to answer the questions. After that, the researcher reads out the questions to the participants and recorded the answers. The questions started with personal information, and then, self-care assessment questions, in respectively. The interview consumed about 15-30 minutes per participant which include a discussion and general health information. Finally, the researcher reviewed the completeness of the data.

Data Analysis

The data were analyzed by using SPSS / PC program (Statistical Package for Social / Personal

Computer plus). Statistic to be used in this study as follows:

1. Personal data - frequency, percentage, mean, and standard deviation.
2. Score of self-care behaviors of monks- average, standard deviation, and frequency both overall and individual.

Ethical consideration

The ethical consideration proceeded by verbal as follows; 1) clarify the purpose of the research, 2) the process of collecting data and the scope of time; 3) clarify the participants' right to accept or decline to participate the research without any personal concerned; 4) the information obtained from this research will be kept confidential; and 5) data presentation will be presented as a whole, without revealing the real name. Ethical approval for this study was obtained from Priest Hospital

Research results

1. General information

Results showed that most of the samples were 50 years old or

more (67.3percent), followed by 41-50years of age (20.7 percent), 31-40 years old (8.7 percent), and the least were 20-30 years old (3.3 percent). Most of the samples were more than 10 years of services (70 percent). When considering the education, most of the samples finished in primary school (46.7 percent). While 53.3 percent of them graduated from Dharma class at the level of the noble class. It was found that 81.3 percent of the monks were not ordained. Most monks live in temples located in urban areas (54.8 percent).

2. Health information

2.1 Most of the monks had common ailments (95.3 percent). Most of the samples had four common diseases which are diabetes, hypertension, heart disease, and high

blood lipid disorders (28.7 percent), followed by one joint disease (diabetes, cardiovascular disease, heart disease, and hypertension), two common diseases (diabetes and heart disease, diabetes and hypertension, diabetes and high blood lipids, etc.), and three common diseases (diabetes and heart disease, diabetes and hypertension, diabetes and hyperlipidemia), were 24, 22 and 20.70 percent, respectively.

2.2 The average level of self-care behaviors were good (\bar{X} = 3.66, SD = 0.34). When considering each behavior, the most frequency was “practice in the last month or so,” followed by “Medical Seeking Behavior,” and the least level of behavior was “My eating habits.”

Table 1: The overall average and level of self-care behavior of monks, classified by categories:

Categories	\bar{X}	SD	Level
Overall self-care behaviors	3.66	0.34	good
Health Behavior Practice in the last month or so	4.22	0.24	good
My eating habits	3.06	0.37	moderate
Exercise behavior	3.07	1.28	moderate

Stress management behavior	3.66	0.51	good
Behavior Based Medical Practice	3.76	0.45	good
Medical Seeking Behavior	4.19	0.55	good

The overall of average and level of self-care behavior of monks were in good level (\bar{X} =3.66, SD. =.34). The highest behavioral level was “Health Behavior Practice in the last month or so” (\bar{X} =4.22, SD. =0.34), followed by “Medical Seeking Behavior” (\bar{X} =4.19, SD. =0.55) ,

“Behavior Based Medical Practice” (\bar{X} =3.76, SD. =0.45), “Stress management behavior” (\bar{X} =3.66, SD. =0.51) , “Exercise behavior” (\bar{X} =3.07, SD. =1.28) , and “My eating habits” (\bar{X} =3.06, SD. =0.37), respectively.

Table 2: The average self-care behavior of monks, classified by each question:

Health Behavior	\bar{X}	SD
Your activities in the last month.	4.22	0.24
1. Visit the doctor on appointment.	4.94	0.31
2. Added or reduced the medication dose by yourself.	1.08	0.56
3. Avoid going to a crowded place, uncomfortable, or very dusty.	4.75	0.56
4. When tired or dyspnea, you will stop the activity immediately.	4.88	0.33
5. Sleeping 6-8 hours a day.	4.81	0.53
6. When you got sick, you will seek for alternative treatment before deciding.	4.87	0.34
Eating Behavior	3.06	0.37
1. You prefer to eat only healthy food.	4.06	0.73
2. You eat two meals a day regularly.	4.87	0.45
3. You avoid to eat a lot of carbohydrate and fat.	3.33	1.05

4. You avoid to eat some kinds of food, such as salty, spicy, fermented food.	3.50	1.10
5. All of your meals contain fiber food, such as fruits and vegetables.	2.95	1.14
6. You added protein, such as meat, fish, and eggs, into your meal.	4.10	0.62
7. You eat sweet dessert such as banana in coconut milk, Mung Bean Thai Custard Dessert Recipe.	2.49	0.88
8. You drink water the same amount of urine each day plus +500 cc.	1.80	1.19
9. You have more than 2 glasses of juice a day.	2.04	1.06
10. You record your weight every day when you get up in the morning.	2.00	0.79
11. You consume supplements foods, healthy drinks, or vitamin supplements.	1.62	1.12
12. You use a share spoon when you share food with others.	3.99	0.61
Exercise Behaviors	3.07	1.28
1. You exercise by following the ecclesiastical routine, such as taking alms, sweeping the temple, walking, etc.	3.69	1.49
2. You exercise more than the ecclesiastical routine such as Stationary run, Weight lifting, Stretching, Yoga, etc.	1.99	1.43
3. You take the exercise at least 3 days a week, 30 minutes a day.	3.23	1.53
4. You exercise regularly to keep your body immune.	3.22	1.53
5. You like the activities that keep every part of your body moving.	3.21	1.47
Stress Management	3.66	0.51
1. Your friends always cheer you up or support when you feel discouraged or tired.	3.66	0.90
2. When you got a mental problem, you will consult the person	3.47	1.01

you trust.		
3. When you got stress, you will find the cause of stress.	3.90	0.73
4. When a problem occurs, you try to resolve the issue logically.	3.90	0.73
5. When something provokes you, you can stop anger.	3.90	0.73
6. When you feel uneasy, you always keep it secret and leave it as remedy.	3.14	1.09
7. You will stop the activity for a while when you got stress.	3.48	0.68
8. You will pray or meditate, when you got stress.	4.31	0.67
9. Your hobbies, such as planting, sweeping, painting, etc., can help you relieve from stress.	2.58	0.93
10. You agreed that illness was the normal situation in your life.	4.31	0.74
Medical Practices	3.76	0.45
1. You measure the drinking water and urine every day as prescribed by the doctor.	1.65	0.94
2. When you get ill, you will immediately see a doctor.	3.82	0.64
3. When you get minor illness, you usually buy medicine by yourself.	4.35	0.94
4. Doctors, nurses, or specialists could help you keep healthy.	4.27	0.77
5. You take herbal medicine or decoction to treat kidney failure.	1.50	1.06
6. Medicine always has both useful and harmful.	4.25	0.75
7. If there is a minor illness such as a fever or a cold, you will wait to relieve.	4.26	0.76
8. If there is a minor illness such as a fever or a cold, you will wait to disappear.	4.32	0.61
9. You notice the changes that occur to your body.	4.32	0.61
10. You will see the doctor every time.	4.35	0.61
11. When you got illness, you strictly follow the instructions of	4.30	0.60

the medical staff.		
Seeking Medical Attention	4.19	0.55
1. In case of illness, immediately see the doctor; do not let yourself get serious.	4.17	0.61
2. When you got ill, you will treat yourself appropriately.	4.29	0.59
3. You have the regular checkups.	4.28	0.61
4. When you got ill, you usually buy the medicine by yourself.	4.37	0.79
5. Before you take the drug, you have read the usage instructions and side effects.	4.21	0.72
6. If there is a minor illness, you will wait to relieve.	4.11	0.93
7. You always keep up with and follow up on health information.	3.96	0.60
8. When you know that you are sick, you will prevent the disease to contact others.	4.26	0.69
9. You will find information about your illness from various sources to deal with the illness.	4.04	0.65
Overall self-care behaviors	3.66	0.34

From the table 2, results showed that the health behavior can be classified as follows;

The Category on activities in the last month showed that the majority of monks behaved in a very good level. The most common behavior was "Visit the doctor on appointment" ($\bar{X} = 4.94$, $SD = 0.31$), followed by "When you tired or dyspnea, you will stop the activity

immediately" ($\bar{X} = 4.88$, $SD = 0.33$), "When you got sick, you will seek for alternative treatment before deciding" ($\bar{X} = 4.87$, $SD = 0.34$), "Sleeping 6-8 hours a day" ($\bar{X} = 4.81$, $SD = 0.33$), "Avoid going to a crowded place, uncomfortable, or very dusty" ($\bar{X} = 4.75$, $SD = 0.56$). Meanwhile, the lowest level was "Added or reduced the medication dose by yourself" ($\bar{X} = 1.08$, $SD = 0.56$).

The Category on my eating habits showed that the most common behavior was “You eat 2 meals a day regularly” ($\bar{X} = 4.87$, $SD = 0.45$), followed by “You added protein, such as meat, fish, and eggs, into your meal” ($\bar{X} = 4.10$, $SD = 0.62$), “You prefer to eat only healthy food” ($\bar{X} = 4.06$, $SD = 0.73$), “You use a share spoon when you share food with others” ($\bar{X} = 3.99$, $SD = 0.61$), Meanwhile, the lowest level was “You consume supplements foods, healthy drinks, or vitamin supplements” ($\bar{X} = 1.62$, $SD = 1.12$)

The Category on Exercise Behaviors showed that the most common behavior was “You exercise by following the ecclesiastical routine, such as taking alms, sweeping the temple, walking, etc.” ($\bar{X} = 3.69$, $SD = 1.49$), followed by “You take the exercise at least 3 days a week, 30 minutes a day” ($\bar{X} = 3.23$, $SD = 1.53$), “You exercise regularly to keep your body immune” ($\bar{X} = 3.22$, $SD = 1.53$), and “You like the activities that keep every part of your body moving” ($\bar{X} = 3.21$, $SD = 1.47$). Meanwhile, the lowest

level was “You exercise more than the ecclesiastical routine such as Stationary run, Weight lifting, Stretching, Yoga, etc.” ($\bar{X} = 1.99$, $SD = 1.43$).

The Category on Stress Management showed that the most common behavior was “You will pray or meditate, when you got stress” ($\bar{X} = 4.31$, $SD = 0.67$), “When you got stress, you will find the cause of stress”, “When a problem occurs, you try to resolve the issue logically”, and “When something provokes you, you can stop anger” ($\bar{X} = 3.90$, $SD = 0.73$), “Your friends always cheer you up or support when you feel discouraged or tired” ($\bar{X} = 3.66$, $SD = 0.90$), “You will stop the activity for a while when you got stress” ($\bar{X} = 3.48$, $SD = 0.68$), “When you got a mental problem, you will consult the person you trust” ($\bar{X} = 3.47$, $SD = 1.01$), “When you feel uneasy, you always keep it secret and leave it as remedy” ($\bar{X} = 3.14$, $SD = 1.09$), Meanwhile, the lowest level was “Your hobbies, such as planting, sweeping, painting, etc., can help you

relieve from the stress" ($\bar{X} = 2.58$, SD =0.93).

The Category on Medical Practices showed that the most common behavior was "When you get minor illness, you will usually buy medicine by yourself" ($\bar{X} = 4.35$, SD =0.94), followed by "You notice the changes that occur to your body" ($\bar{X} = 4.32$, SD =0.61), "When you got illness, you strictly follow the instructions of the medical staff" ($\bar{X} = 4.30$, SD =0.60), "Doctors, nurses, or specialists could help you keep healthy" ($\bar{X} = 4.27$, SD =0.77). Meanwhile, the lowest level was "You take herbal medicine or decoction to treat kidney failure" ($\bar{X} = 1.50$, SD =1.06).

The Category on Seeking Medical Attention showed that the most common behavior was "When you got illness, you usually buy the medicine by yourself" ($\bar{X} = 4.37$, SD =0.79), followed by "When you got illness, you will treat yourself appropriately" ($\bar{X} = 4.29$, SD =0.59), "You have the regular checkups" ($\bar{X} = 4.28$, SD =0.61), and "When you know that you are sick, you will

prevent the disease to contact others" ($\bar{X} = 4.26$, SD =0.69). Meanwhile, the lowest level was "You always keep up with and follow up on health information" ($\bar{X} = 3.96$, SD =0.60).

Discussion

The research found that self-care behavior of monks were in good level ($\bar{X} = 3.66$, SD =0.34). The research resulted inconsistent with the study of Rakkantoh, Kongkuntod, and Kanjana (2009) which showed that self-care behavior of monks in upper Southern region were in moderate level, because they cannot perform well and contrary to the practice of the monks. When considering each behavior, the most frequency was "Practice in the last month or so," which was in good level ($\bar{X} = 4.22$, SD=0.24), followed by "Medical Seeking Behavior," which was in good level ($\bar{X} = 4.19$, SD=0.55). The least level of behavior was "My eating habits" ($\bar{X} = 3.06$, SD=.37) and "Exercise behavior" ($\bar{X} = 3.09$, SD=1.28).

In terms of eating habits, there are foods restrictions that monks cannot afford to provide for themselves. They also cannot choose to receive alms food, causing the monks to have limited food habits. Thai people always buy foods from the market. Moreover, most of the foods already cooked as sweet, salty, and high in fat which contrary to the disease. The research resulted consistent with the study of Rakkantoh, Kongkuntod, and Kanjana (2009) which showed that most of the monks' illnesses come from consumption behavior. Especially, the offerings of some kith and kinsmen who offer salty, oily, or sweet food are the factors contributing to the sick monks. Additionally, salty foods can cause high blood pressure. Obviously, the results also consistent with the research of PhraKittiyarnmatee, Subroungthong and Sooksamran (2018) which showed that monks in Lopburi province, Thailand, also facing the same problems on eating habits and proper exercise which lead to the risk of chronic diseases.

In addition, the results showed that physical exercise behavior of monks were at moderate level. According to Buddhist discipline, the monk must be in calm manner. Therefore, Thai monks are facing the lack of exercise. Moreover, the behaviors in stress management were at a good level. The research resulted consistent with the study of Pannatorn Chatchawarat (2010) which showed that physical exercise of monks were at moderate level. Meanwhile, the stress management behavior was at good level. Moreover the results shared that medical seeking behavior of monks were at both level. It was found that monks had the regular check up.

Recommendations

1. There should be a campaign to offer a healthy food to the monks which avoid salty, sweet, or oily. Moreover, it should focus on healthy foods, e.g. colorful vegetables, skimmed milk, meat or fish with low fat, and not too sweet fruits, to reduce the risk of chronic diseases such as diabetes, high blood pressure which

reduce the risk of Chronic Kidney Disease.

2. There should develop or identify the way to promote the health of the monks, such as proper physical activity and not conflict with the disciplines.

The proper exercise for the monks are as follows:

- Choose a private place which easily ventilated, such as in the accommodation, the open space in the temple.

- Walking should be continued for 30 minutes or more, or walk 10-15 minutes, 2-3 rounds collectively, 30 minutes in total.

- There should be performed other activities together, e.g. sweeping the yard.

- Before and after exercise, they should warm the body and stretch the muscles. The exercise should not perform during too hungry or full, or two hours after meal.

3. There should raise awareness for Buddhists to emphasis the participatory process of the community, the temple, and the related organizations, in collaborating

in the care and management of monks' health in a holistic and sustainable manner.

4. All health care units should actively coordinate their participation. It can also proliferate the pro-health services of the monks to help them be healthy and have healthy behavior.

Future research

1. There are some more factors that need to be studied, such as health status, congenital disease, body mass index, blood pressure, or body fitness. Data should be collected to incorporate more of these factors to obtain useful information on proper health care planning.

2. There should be a study on the development of a holistic health promotion model of monks which are not contrary to the discipline by developing a participatory model of Buddhist temples and their stakeholders.

3. There should develop the programs to manage the health of monks which are comprehensive, holistic, and suitable for the disciplines.

References

- Buathed D.,2010. **Buddhist Monks' Heath: A Model of Holistic Health Care by Community Participation in Upper Central Thailand (thesis).** Mahasarakham University.
- Chatchawarat, P. (2 0 1 0), **Factors affecting the health behavior of the monks in Muang District, Phayao Province.** Boromarajonnani College of Nursing, Phayao.
- Helen R. N.,(2018). **Palliative Care in chronic Kidney disease: the PACKS study quality of life, decision making, costs and impact on careers in people managed without dialysis.** [cited 2018 Jan 9]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26163382>
- National office of Buddhism, 2018. **Primary information in Buddhism.** [cited 2018 Jun 19]. Available from: http://www.onab.go.th/wpcontent/uploads/2016/12/onab_primaryinfo60edit.pdf
- NHSO,2017. **6 years to help Chronic Kidney Disease Patients access to Treatment.** [cited 2017 Oct 25]. Available from: <http://www.nhso.go.th/frontend/NewsInformationDetail.aspx?newsid=OTU4>
- NHS Kidney Care and the NHS Nationa. (2009). **End of Life Care Programme.** [cited 9Jan 2018]. Available from: <http://www.nhs.uk/resources/end-of-life-care-in-advanced-kidney-disease-a-framework-for-implementation.aspx>
- Orem, D. E.,2001. **Nursing: Concepts of practice.** 6th ed. St. Louis, MO: Mosby.
- Pearson, A., Vaughan, B., and FitzGerald, M.,2005. **Nursing Models for Practice.** 3rd ed. Toronto: Butterworth-Heinemann.
- PhraKittiyarnmatee, Subroungthong V, and Sooksamran S.,2018. **Promoting Holistic Health Care of The monks,Lopburi. Rajapark Journal,12(25).**

Rakkantoh S, Kongkuntod A, and Kanjana S.,2009. **Self-Care Behavior of Monks in Upper Southern of Thailand.** Ayudhaya:Mahachulalongkorn Rajavidhayalai University.

Setboonsrang K, and Prasomrak P.,2015. The Care Model Development for End Stage Renal Disease Patient Who Had Renal Replacement Therapy on Self-Care and Quality of Life in Loengnoktha Crown Prince Hospital, Yasothon Province. **Community Health Development Quarterly**, 4(4).

Thaipost, 2017. **Popular menus lead Monk to ill.** [cited 2017 Oct 17]. Available from: <http://www.thaipost.net/?q=node/35653>

Yospanya J, and Siwarom W. 2007. **The Holistic Caring of the Monks and Novices in Health Promoting Temple Standard in the responsible area of health center region 6.**KhonKaen: Department of

Health Ministry of public Health.

