



Understanding cancer patients' reflections on good nursing care in light of Antonovsky's theory



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A B S T R A C T

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Purpose: Data from an empirical study about cancer patients' perception of good caring are analysed in the light of Antonovsky's theory. The aim was to reflect on whether and how health personnel by giving good care, can function as vital resources at cancer patients disposal in activating their General Resistance Resources (GRRs) in a stressful life situation, and by that contribute to promotion and maintenance of their sense of coherence.

Methods and sample: A hermeneutical approach was chosen for analysing the data. The informants were cancer patients in an oncology ward in a regional hospital in Norway. Twenty patients were interviewed, ten women and ten men. The patients had various cancer diagnoses at different stages and had different prognoses.

Key findings: The findings indicate that most of the patients succeeded in activating their GRRs in dealing with the stressor. Nurses, doctors, family and friends can be seen to function as vital resources at their disposal when needed. Most likely good caring supported the patient's promotion and maintenance of the components of meaningfulness, comprehensibility and manageability which form the concept sense of coherence (SOC).

Conclusion: Health personnel can support the patients' meaningfulness by listening to the patients' stories about what still gives them meaning in life and their comprehensibility by giving good information. Alleviation of physical suffering may promote and maintain their manageability. Because all three components are intertwined, it is important to focus on all of them when caring for cancer patients.

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Introduction

Findings from an empirical study, conducted by the first author, of cancer patients' perception of good caring have been published previously in four articles (Kvåle, 2006, Kvåle, 2007; Kvåle and Bondevik, 2008; Kvåle and Bondevik, 2010). The analysis employed in those articles was inspired by Giorgi's (1985) modified, scientific approach to Husserl's philosophical phenomenology. In this present article the data from the same empirical study are analysed from the theoretical angle presented by sociologist Aaron Antonovsky (1987, 1979) by using a hermeneutic approach. What we aim at is hence to interpret the data by using another methodology. By this new approach, other important facets of what the cancer patients expressed in the interviews may be highlighted which previously have not been attended to.

Antonovsky's theory has been central in much research in health care. In most of this research Antonovsky's (1987,1979) "orientation to life questionnaire" is applied to measure peoples sense of coherence (SOC) in different life situations, and it is found that a strong sense of coherence (SOC) is promoting and protecting health in stressful situations such as a serious illness (Gustavsson-Lillius et al., 2007). In a review article, Eriksson and Lindström (2006) conclude that a strong SOC seems to be a health promoting resource. Vast research are done about the relation between patients SOC and Quality of life, and a review article about this subject concludes that the stronger the SOC the better the Quality of life (Eriksson and Lindström, 2007).

Research on Antonovsky's theory among cancer patients has found that a strong SOC alleviate development of distress (Gustavsson-Lillius et al., 2007), and that low SOC subjects show more distress and appraise and cope with stressful situations in ways less likely to resolve or eliminate their distress (McSherry and Holm, 1994). Another study showed that optimistic cancer patients with a strong SOC reported fewer symptoms of depression and anxiety than less optimistic subjects and subjects with a weaker

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SOC (Gustavsson-Lillius et al., 2012). In a qualitative study of patients with brain tumour it was found that sense of coherence as a concept can explain how exposed persons handle their difficult life situation (Strang and Strang, 2001), and other research also support Antonovsky's theory that sense of coherence (SOC) moderates the health impact of stressful life events (Richardson and Ratner, 2005).

To our knowledge little research is done emphasising the practice of care for cancer patients related to their sense of coherence (SOC), but in an article published in 1991 Antonovsky's theory (1987) is discussed and applied to psychiatric nursing. The author claims that the salutogenic model can provide a helpful way for psychiatric nurses to organise their processes and improve the health care services that they offer to their clients (Onega, 1991). In another article Schachtner (1996) argues for the inclusion of Antonovsky's theory in nursing theory and practice as a way of underpinning the importance of the resources of patients.

As shown in this short overview, there is much research on Antonovsky's theory related to patients SOC in general and among cancer patients. However we have found no previous research where Antonovsky's theory has been applied to cancer patients' perception of good caring. In this paper we want to emphasise this perspective. A detour through Antonovsky's theory in light of cancer patient's own perspectives can give valuable contributions to what is at stake in good cancer care.

Antonovsky's sense of coherence theory

In 1979, the medical sociologist Aaron Antonovsky introduced his salutogenic 'sense of coherence' theory. The salutogenic orientation leads one to prioritise the promotion of health rather than the prevention of diseases. When Antonovsky was interviewing Israeli women about their adaptation to menopause, he also questioned them about having been in a concentration camp. The findings showed that the group with experiences from concentration camps during the Second World War was in quite good emotional health. He was then confronted with the question of why some people, regardless of highly stressful situations and severe hardships, stay healthy while others do not. As a result of his analysis, Antonovsky (1987 p.19) introduced his definition of the concept of 'sense of coherence' (SOC). Antonovsky defines the concept "sense of coherence" (SOC) as follows: *The sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that 1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; 2) the resources are available to one to meet the demands posed by the stimuli; and 3) these demands are worthy of investment and engagement (p. 19).*

General resistance resources (GRRs)

A set of general resistance resources (GRRs) is according to Antonovsky (1987) vital for the development of a person's sense of coherence (SOC). GRRs, he says, is shaped by life experiences and develops over one's lifespan and provides a person with sets of meaningful, coherent life experiences which reinforce the SOC (1987). What is common to all GRRs is that they are making sense out of stressors we are exposed with, and by that generate over time, a strong SOC. GRRs however, can have a dual function; they create life experiences that produce a strong sense of coherence, and in this sense they are constantly active, but they also function as a form of potential. Someone with a strong SOC, when confronted with a stressor, can call upon their GRRs to manage the situation successfully. The crucial role of GRRs is in overcoming the stressor and thereby resolving the tension.

The sense of coherence's three components

According to Antonovsky, three components form the sense of coherence (SOC), but these components he says, are intertwined. One person can however, be high on one component and low on another. The motivational component of meaningfulness seems to be most crucial, but successful coping depends on the SOC as a whole (Antonovsky, 1987, p. 21 & 22).

The three components are:

- 1) **Meaningfulness** is a person's ability to find meaning in their situation (motivational), and refers to the extent to which one feels that life makes sense emotionally, that at least some of the problems and demands posed by living are worth investing energy into, are worthy of commitment and engagement, and are challenges that are welcome rather than burdens that one would rather do without. When unhappy experiences are imposed on a person who has a high degree of meaningfulness, he or she will willingly take up the challenge, will be determined to seek meaning in it and will do his or her best to overcome it with dignity.
- 2) **Comprehensibility** is a person's ability to understand what happens around them (cognitive), and refers to the extent to which one perceives the stimuli that confront him or her as making cognitive sense, and as information that is ordered, consistent, structured and clear. A person with high comprehensibility expects that the stimuli he or she will encounter in the future will be predictable; when surprises occur, a person with high comprehensibility will make sense of them. An individual with a strong SOC regards information as a potential resistance resource to be sought when it can be useful, not sought when it is likely to provide overload and not to be avoided consistently.
- 3) **Manageability** refers to the extent to which people can manage a situation on their own or through significant others in their social network (instrumental/behavioural). Manageability is defined as the extent to which one perceives that the resources necessary to meet the demands posed by various stimuli are at one's disposal. 'At one's disposal' may refer to resources under one's own control or to resources controlled by legitimate others, such as one's spouse, friends or colleagues, God, or a physician whom one can count on and trust. A person who has a high sense of manageability will not feel victimised by events or feel that life treats him or her unfairly. When certain events do occur in life, he or she is able to cope and not grieve endlessly.

Some relevant aspects from the empirical study

Informants

The informants were cancer patients in an oncology ward in a regional hospital in Norway. Staff nurses selected the informants according to certain inclusion criteria and the guidelines of the Data Inspectorate of Norway (purposive sampling). Twenty patients were interviewed, ten women and ten men (the gender balance was not deliberate). Three more patients were invited to participate in the study but refused, for unknown reasons. Little new information was revealed in the later interviews, and therefore no more patients were included in the study. Most of the patients were between the ages of forty and seventy. The patients had various cancer diagnoses at different stages and had different prognoses. Sixteen of the patients had metastases. Most of the patients had been given life-prolonging and symptom-relieving treatment,

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