

Original Article

Nurses' Responses to Requests for Forgiveness at the End of Life

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Abstract

Context. Patients or family members facing serious illness often express regrets over life events or the need for forgiveness. Professionals, including nurses as the prominent discipline at the bedside, witness these expressions of regret or needs for forgiveness but may not be adequately prepared to optimally address patient concerns regarding forgiveness.

Objectives. The objectives of this descriptive study were to 1) identify contexts in which nurses have witnessed expressions of regret or the need for forgiveness and 2) describe nurses' responses to these clinical experiences related to forgiveness.

Methods. Nurses attending palliative care educational programs shared narratives of their experiences in caring for patients who expressed regret or the need for forgiveness. Study narratives were analyzed qualitatively, using content analysis. Themes were identified.

Results. Narratives were provided by 339 nurses from courses throughout the U.S. and Belize, India, the Philippines, and Romania.

Conclusion. Nurses provide clinical care for patients with advanced illness who struggle with issues of forgiveness. Nurses would benefit from additional education regarding how best to address these concerns. *J Pain Symptom Manage* 2014;47:631–641. © 2014 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Forgiveness, regret, communication, relationships at end of life, palliative nursing

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Introduction

Background and Literature Review

Patients facing serious illness or the end of life may review their lives, reflecting on critical life events, relationships, missed opportunities, or actions now seen as regretful. The need for forgiveness may be expressed as self-forgiveness, the need to seek forgiveness

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from others, or forgiveness from God or a higher power.¹⁻³ The concept of forgiveness as a task of end-of-life closure has been increasingly recognized in the palliative care literature.⁴⁻⁸

In palliative care, recognition of forgiveness is built on research and theory derived from the fields of psychology, psychiatry, and theology.⁹ Forgiveness has been described as restoring justice or balance through making a prosocial response that recognizes the injustice yet provides a merciful internal response to the injustice. Exline et al.¹⁰ state that "When people forgive, they reduce or let go of bitter, resentful feelings and desires for revenge." There are diverse definitions of forgiveness but some common elements. There is common recognition that forgiveness is a conscious decision by one who has felt harmed to release the offender from threat of retribution and to forgo bitterness and vengeance. The literature describes many harmful effects on individuals from holding on to the hurt and failing to forgive.¹⁰ These harms include chronic anger, depression, distress at the end of life, and difficult bereavement for family caregivers. Conversely, benefits ascribed to forgiveness include improved emotional status, decreased depression, decreased anger, improved hope, and completion of life tasks.¹¹⁻¹⁶

Scholars in the field of forgiveness^{17,18} also have sought to clarify what forgiveness is not. Forgiveness is not simply forgetting, excusing, condoning, minimizing, denying, reconciling, or pardoning. Forgiveness is described as an internal process in which the harm or damage is fully acknowledged and the impact of the harm is described.¹⁹ Forgiveness includes both the conscious internal decision to let go of the harm and to seek peace as well as the hard work of the emotional transformation from replacing negative unforgiving emotions with positive, other-oriented emotions such as empathy, sympathy, compassion, and love.⁹

In recent years, palliative care researchers have applied forgiveness theories in intervention studies focused on patients at end of life.²⁰ Intervention studies prompt patients to think within the logical flow of the interventionist, and thus, data on thought processes of patients who attend the intervention might not reflect what occurs in patients in naturally

occurring settings. Nevertheless, an intervention that does not connect with a patient's felt experience is unlikely to be effective, so it is important to consider interventions. Kramer et al. studied family conflict at the end of life in a sample of 120 community-based frail elders and their family members who were in a managed care program. Addressing conflicts arising at the end of life includes attention to issues of forgiveness, complex relationships, and facilitating communication.^{21,22} Another study by Kramer et al.²³ of predictors of family conflict at end of life involved 155 spouses or adult children of patients with lung cancer. This study reinforced opportunities for clinicians to assess for unresolved family conflict early in the course of care and, if possible, to facilitate communication and resolution of the conflict.²⁴ Such interventions can contribute to improved decision making in end-of-life care, improved communication, and enhanced quality of life (QOL) at end of life for patients and families.

Hansen et al.²⁵ conducted an intervention study in which they assessed the efficacy of a four-week forgiveness therapy protocol ($N = 20$) in terminally ill elderly cancer patients. The intervention was successful in all outcomes measured including forgiveness, hope, QOL, and anger. The authors concluded that, "As part of comprehensive intervention in palliative care, forgiveness therapy may help to improve QOL at the end of life."

Steinhauser et al.¹⁴ conducted a randomized, pilot control test of an intervention based on life review and emotional disclosure. The intervention subjects participated in three sessions addressing life story, forgiveness, and heritage/legacy. The session on forgiveness used the questions by the facilitator of the intervention (Table 1). Steinhauser et al. concluded that this brief, standardized, and replicable intervention could improve QOL for patients with serious illness by instigating talk about regret and forgiveness and facilitating patients' dealing with difficult-to-address issues.

A nurse-scholar who has significantly contributed to understanding forgiveness in palliative care is Prince-Paul.²⁶⁻²⁸ Her work has addressed relational communication, the interaction between spiritual well-being and forgiveness, and interventions that support

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