European Journal of Oncology Nursing 18 (2014) 347–354

Contents lists available at ScienceDirect

European Journal of Oncology Nursing

journal homepage: www.elsevier.com/locate/ejon

The concept and relevance of existential issues in nursing

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Keywords:
Death
Existential issues
Existential philosophy
Meaning

A B S T R A C T

Aim: The aim of this study was to illuminate and clarify the concept of existential issues in relation to nursing research and nursing practice.
Methods: This article is a theoretical analysis of existential issues in relation to nursing.
Results: Existential issues are becoming more commonly discussed and investigated in nursing research. Thus, it is important to clarify the concept.
Conclusions: A clarification of existential issues may contribute to health care quality by increasing awareness of what existential issues are and drawing attention to the importance of discussing and reflecting on these issues, since practitioners in a caring profession will most likely encounter them.

Introductions

Existential issues are relevant, not only in nursing research, but also in nursing practice as nurses interact daily in various situations with patients with different needs. Aside from patients' obvious physical and medical needs, patients also express needs relating to emotional and/or existential aspects of the new and often unexpected life situation they find themselves in Strang and Strang (2002), Grumann and Spiegel (2003), Sand and Strang (2006), Mok et al. (2010). In critical situations, such as being diagnosed with a life-threatening illness, where a previously envisioned future and one's basic security come under threat, existential issues often arise (Yalom, 1980). Questions such as "Why me?" are common following on the heels of a severe illness (Winterling et al., 2006; Lavoie et al., 2008). Therefore, as a threat to existence, medical problems also become existential problems involving suffering and issues of life and death (Torjuul et al., 2005).

Patients under care and/or treatment for cancer, palliative or newly diagnosed, often have existential issues and a desire to discuss them (Landmark et al., 2001; Strang et al., 2001; Henoch et al., 2007; Sand et al., 2008). When nurses empathize with a patient's uniqueness by acknowledging their individual issues, unnecessary anxiety and distress can be avoided for that patient (Jangland et al., 2009; Lelorain et al., 2012). When issues such as feelings of meaninglessness are recognized and supported, patients can better cope with their disease and treatment (Landmark et al., 2001; Mazzotti et al., 2011). If, however, these needs are ignored, adjustment to the new situation becomes more difficult and the patient's quality of life may be negatively affected (Laubmeier et al., 2004; Vachon, 2008).

Studies show that many patients are dissatisfied with the emotional and existential support they are given, even if they are satisfied with their medical and physical care (De Vogel-Voogt et al., 2007), and seriously ill patients often refrain from discussing their existential thoughts with nurses because they feel that nurses do not acknowledge this need (Westman et al., 2006). Although some patients need professional counselling from a medical social worker, therapist or priest, it would usually suffice for a nurse to pause and acknowledge that they recognize the patient's difficult existential situation (Houtepen and Hendrikx, 2003; Chochinov et al., 2006). Basic communications skills are therefore needed to approach patients' existential cues and questions. Fallowfield et al. (2001) emphasize the importance of communication skills, for nurses, in supporting patients. They found that communication problems between patients and nurses not only have negative effects on patient care, but also create stress for the nurses. Several educational intervention studies have been published with the aim to improve health care professionals' (mainly nurses' and oncologists') communication in cancer care from a more general point of view, i.e. not focussing on existential issues (e.g., Razavi et al., 1993; Hainsworth, 1996; Fallowfield et al., 2002; Wilkinson et al., 2003; Arranz et al., 2005). For example, Jenkins and Fallowfield (2002) conducted a 3-day residential communication training workshop for physicians containing cognitive, experiential and behavioural

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http://dx.doi.org/10.1016/j.ejon.2014.04.002
1462-3889/

components (including video-taped consultations, group discussions, etc), which increased focused responding and asking of more open questions. Similar to Jenkins and Fallowfield's (2002) communication course, workshops for oncologists in Italy, conducted over a period of 5 years, were evaluated by Lenzi et al. (2011) showing improvements in communication, such as giving difficult information. Wilkinson et al. (2008) trained nurses in communication in a course similar to that in Jenkins and Fallowfield (2002), which showed an impact on nurses' improved ability to communicate. However, the studies mentioned above evaluate communication in general and do not focus on how to support nurses' communication on existential issues.

Although there are some studies focussing on patients and existential issues, which identify important components for psycho-social wellbeing, such as perceived meaning, purpose and hope (Breitbart, 2002; Richer and Ezer, 2002; Lin and Bauer-Wu, 2003; Breitbart et al., 2004; Chochinov et al., 2006; Lethborg et al., 2006), there are also descriptive studies focussing on how nurses perceive existential issues, how existential support is prioritized (Strang et al., 2001; Browall et al., 2010) and how existential issues affect nurses' stress and coping ability when needing to deal with existential issues (Ekedahl and Wengström, 2007).

Henoch and Danielson (2009) report that there is a gap in knowledge about how patients' existential wellbeing may best be supported by nurses and other health care professionals in everyday practice. One of the few intervention studies found, concerning meaning-focused interventions for palliative care nurses, aimed at improving their sense of work-related meaning and quality of life to better manage the stress associated with caring for the dying (Fillion et al., 2009). The authors based the intervention on Viktor Frankl's logotherapy (1987). The intervention included four weekly meetings. It showed no effects on general job satisfaction or quality of life, but did improve nurses' perception of the benefits of working in palliative care. In another intervention study regarding nurses' attitudes towards caring for patients feeling meaninglessness, Morita et al. (2009) describe an educational intervention for nurses in different settings, consisting of lectures on theory, communication and reflection. The intervention was shown to have affected nurses' confidence during patient encounters, as well as improving their attitudes towards helping patients who were experiencing meaninglessness. Frommelt (1991, 2003) has shown that training in communication may influence nurses' attitudes towards patients at the end of life, and may further contribute to better care for the patients in addition to supporting more productive communication with patients. Iranmanesh et al. (2008) propose that education about death may contribute to changes in attitudes and in how nurses handle death and dying, and improve the quality of interaction with and consequently the care of dying patients. Other studies likewise suggest that there is a connection between attitudes and ways of caring (Dunn et al., 2005; Rolland and Kalman, 2007; Lange et al., 2008; Braun et al., 2010). A barrier for nurses' recognition and acknowledgement of existential issues is that nurses often feel they are unprepared to meet with patients facing the end of life (Frommelt, 1991; Strang et al., 2001; Delgado, 2007). Consequently, to facilitate a deeper understanding of existential issues, and support strategies in nurse–patient communication, it is important to first clarify the meaning of the term "existential". A clarification most likely will contribute to increased awareness which may affect attitudes, so that nurses and other health care professionals may become more familiar with existential issues and as a consequence become more secure in handling them (cf. Udo et al., 2013a, 2013b). Thus, a climate of legitimacy and acceptance, in which patients can raise existential issues, may be created and patients may be better able to prepare for any treatments and/or changes that accompany the disease (Richer and Ezer, 2002).

Aim

The aim of this study was to illuminate and clarify existential issues in relation to nursing research and nursing practice.

Existential issues

Existential dimensions are always present in human life, though often dormant until something happens and we are forced to confront our latent and "forgotten" thoughts (Yalom, 1980; Van Deurzen, 2010). The existential dimension may for example be triggered when caring for a severely ill and/or dying patient (Udo et al., 2011; Udo et al., 2013a). Existential issues may encompass meaning, loneliness, death and freedom and are common to all people, regardless of culture, gender or religion (Yalom, 1980). Awakened existential issues may challenge our inner basic assumptions about life and its conditions that we as humans believe to be true without questioning them. The existential fundamentals pertain to humanity in general, irrespective of culture or religion, and address humanity's "ultimate concerns" which include issues such as meaning, freedom, existential loneliness, and death (Yalom, 1980). The "ultimate concerns" are concerns of human existence, in which physical aspects are crucial since we humans inevitably exist within the reality of the physical world, with which we are forced to cope. According to continental existential philosophy, all situations contain some degree of freedom and some constraints (Van Deurzen, 2010). A basic ontological foundation in existential philosophy is the assumption that humans are not determined, but that they are influenced by their past, present and future, all of which affect their being and doing (Heidegger, 1962). People find themselves in life situations with varying degrees of freedom, with different aspects, such as practical, physical, emotional and perceived boundaries, affecting that freedom (Kierkegaard, 1980).

Sartre (1948), inspired by Heidegger (1962) and other philosophers, argued that existence precedes essence in the sense that there can be no essence without existence. We are born into the world and therefore we exist; however, the essence of existence is unique, largely created in situations and encounters, within varying degrees of freedom (Sartre, 1948; Heidegger, 1962). Therefore we are to some extent co-creators in forming who and what we are, constantly moving in some direction and aiming at something when in the process of forming the essence of our existence (Heidegger, 1962; Jaspers, 1970; Kierkegaard, 1980) professionally and personally. Already in 1641, Descartes (1996), followed by Kierkegaard, in 1844 (1980), and others claimed that as humans we perceive the world subjectively, thus creating unique possibilities and limitations, as well as attitudes. In other words, our interpretation of the world is individual and multiple interpretations of the same situation are possible based on the assumption that we are all unique with a unique context and experience (Gadamer, 1989). As humans, we are constantly in a process of interpreting the world. Consequently, our understanding of the world changes along with situations and context (Gadamer, 1989).

Different dimensions of knowing are involved when dealing with existential issues. Knowledge is largely empirical, based on experience, observation and interpretation of the daily interaction with others (Berger and Luckmann, 1966). Thus enhancing knowledge is more about processes and relating to others, than about tangible structures. In addition, knowledge is closely linked to our view of the world (Burr, 2003). Aristoteles' perspective of knowledge and the different ways of "knowing" included several dimensions; episteme, techne and phronesis (Ackrill, 1981). Being a