Meaning in Life: Translating Nursing Concepts to Research

Joyce J. Fitzpatrick*, PhD, RN, FAAN

Elizabeth Brooks Ford Professor of Nursing, Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, Ohio, USA

It is proposed that individuals who find meaning in their lives experience a higher level of health and wellness. In this paper, research focused on life meaning is described. This program of research includes studies of life meaning from the individual person and/or patient perspective and studies of the meaningfulness of nurses’ professional work life. Translations of the theoretical concepts into research and professional nursing interventions are described. [Asian Nursing Research 2008;2(1):1–4]

Key Words  life meaning, spiritual practices, spirituality, suicide

My recent journey within nursing research has led to reconnections with previous work conducted as part of the conceptualization of life’s meaning within a life development rhythm perspective (Fitzpatrick, 1989), and with very early research to test the effects of interventions to reduce pain and enhance sleep among groups of hospitalized individuals. The current research is being conducted among persons who are experiencing a health or life crisis and among nurses engaged in finding meaning in their work lives. As with many large scale research endeavors, this research is being undertaken with a number of faculty colleagues and with the involvement of doctoral students, including students who are pursuing research and professional practice doctorates. The general topics of the research are presented in the following discussion. Specific components of each of the research projects have been published or have been submitted for publication in nursing and health care literature. Often the publications have been targeted to clinical journals so as to influence the direct focus on improving nursing care among vulnerable groups of patients.

The basic theoretical proposition is that individuals who derive meaning in their life experience higher level wellness, and that this wellness concept can be translated within the bio-psycho-social-cultural-spiritual dimensions of being. Applying these understandings to professional nursing practice would lead to nursing interventions focused on enhancing high level wellness through an understanding of the life experience and aspects of personal behavior that interfere with deriving meaning at a personal, interpersonal and social level. It is expected that not only will this benefit the patients cared for by nurses, but it also will assist nurses to strengthen their therapeutic

*Correspondence to: Joyce J. Fitzpatrick, PhD, RN, FAAN, Elizabeth Brooks Ford Professor of Nursing, Frances Payne Bolton School of Nursing, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106, USA. E-mail: jjf4@case.edu
relationships with patients, thus enhancing their own professional development and life satisfaction.

The literature contains a number of studies of spiritual dimensions among persons with cardiac conditions (Beery, Baas, Fowler, & Allen, 2002; Westlake & Dracup, 2001). Our research team has been specifically interested in understanding holistic life meaning among heart failure patients, comparing elders with heart failure to elders without heart failure on variables of spiritual wellbeing and depression. Significant differences have been identified between these two groups; heart failure patients had significantly lower quality of life in the physical dimension and higher levels of spiritual wellbeing. There was no significant difference in depression between the groups, contrary to previous research. Also, there were no significant differences in the mental component of quality of life or daily spiritual experiences (Quinn Griffin et al., 2007). Among hospitalized heart failure patients, there was an inverse relationship between depression and spiritual wellbeing (Whelan Gales, Quinn Griffin, Maloni, & Fitzpatrick, 2008).

In addition to the spiritual wellbeing and depression variables, the research team has identified spiritual practices most frequently used by elders with heart failure (Quinn Griffin, Salman, Lee, Seo, & Fitzpatrick, in press; Whelan Gales et al., 2008). The spiritual practices checklist we have used in the research was conceptually derived from literature on holistic interventions, and includes interventions such as relaxation, meditation, listening to music, praying alone and with others, physical exercise, and spending time with family members. All of the research participants are asked to indicate whether or not they use the individual interventions (Quinn Griffin et al.). In some of the studies we also have asked the participants to indicate the holistic practices they have most frequently used. Among those with and without heart failure, while a range of different interventions have been identified, the most frequently used activities are those that involve relationships such as family activities. Praying alone and with others also was identified as a holistic practice among both heart failure and non-heart failure older adults (Quinn Griffin et al.). While the positive value of prayer is often reported in the general literature, there is little specific research identifying prayer practices and their relationship to health and wellness. This aspect of the research is of interest in future studies.

Another dimension of the overall research is the determination of differences in spiritual practices used by participants of different cultures. Thus far, elderly persons from the United States (US), South Korea, and Israel have been studied and similarities and differences in spiritual practices have been reported (Fitzpatrick et al., 2007). All older individuals reported using some of the holistic practices identified, with the majority of activities focused on spending time with family members and helping others. Using additional funding, research team members are currently in the process of extending this research to those from additional cultures, including elders residing in Taiwan and Ireland and those from the identified cultural groups who have recently immigrated to the US.

The variables of spiritual wellbeing and spiritual practices have also been examined among individuals with other life-threatening health conditions. Specifically, the research team has studied women with cancer and women with HIV infections (Lopez, Quinn Griffin, McCaffery, & Fitzpatrick, 2008; Scarinci, Quinn Griffin, & Fitzpatrick, 2008; Thomas, Quinn Griffin, & Fitzpatrick, 2008). The long-term goal is to compare spiritual wellbeing among those with different chronic and life-threatening illnesses, and to compare those who have chronic illnesses to age-matched individuals not experiencing acute or chronic illnesses.

Plans for additional research are to extend the illness groups included in future work. Also, the research on differences among individuals based on cultural backgrounds and the cross-cultural analyses will be extended to individuals in other countries, as well as those who have immigrated to the United States from the country of origin for the original data sets.

Short term planning among research team members is also focused on pilot testing of interventions to enhance purpose-in-life, including interventions focused on reducing stress and enhancing spiritual
wellbeing. The interventions being designed include aspects of meditation and relaxation. The interventions will be examined among individuals experiencing life-threatening illnesses and chronic illnesses; differences in cultural backgrounds will also be examined, as will individuals from different developmental stages.

The second major component of the research program focused on life-meaning is centered on the meaningfulness of the work of nurses. This research has been conceptually related to both purpose-in-work-life and to workforce issues in nursing and health care. It is believed the extent to which nurses derive meaning from their work will be directly related to job satisfaction and commitment to the profession. Several studies have been initiated to address related concepts including nurse empowerment (both structural and psychological empowerment), autonomy, collaboration, job satisfaction, and intent to leave the nursing profession and/or the current work position. Each of these studies has been designed to test one of the following dimensions: relationships between the key variables, relationships between variables within particular health care settings, or relationships between variables among selected groups of nurses (e.g., nurse practitioners) and other health care providers (e.g., physicians). Specific outcomes that have been identified include high levels of autonomy and empowerment of nurse practitioners in acute care settings (Cajulis & Fitzpatrick, 2007; Nozdrovicky, Vezina, Quinn Griffin, & Fitzpatrick, 2007); differences in empowerment between certified and non-certified nurses employed in a community hospital (Piazza, Donahue, Quinn Griffin, Dykes, & Fitzpatrick, 2006); and relationships between nurse empowerment and patient satisfaction (Donahue, Piazza, Quinn Griffin, Dykes, & Fitzpatrick, 2008).

Current studies extending this workforce-related research are focused on nurse empowerment and autonomy among nurse practitioners in primary care roles, nurse job satisfaction and intent-to-stay among nurse practitioners in acute care, and differences in empowerment among staff nurses who work in a variety of organizational settings, e.g., acute care, managed care and primary care. The long-term goal of the research focused on assisting nurses to derive meaning from work will be to evaluate interventions which reduce stress and enhance relatedness within the nurses’ work environment. Holistic interventions are being designed and implemented within various work environments, including high-stress areas such as critical care nursing and long-term care environments. Additionally, nurses are being taught how to assess and intervene with patients based on their spiritual needs (Cerra & Fitzpatrick, in press). While there is much discussion in nursing literature about the nurse’s role in providing spiritual care, there is little systematic evaluation of educational programs targeted toward assessing and implementing spiritual care programs. It is expected this component of the research program will be extended to nurses who work in a variety of care settings, and that educational programs can be specifically tailored to the work environments.

Another key component of the research is focused on the loss of life’s meaning, which is conceptually understood to be related to giving up on life, reflected in direct or indirect self-destructive behaviors. An initial assessment was done among older persons who were hospitalized in an acute care setting. Approximately one fourth of these persons were found to be depressed (Fitzpatrick, 2005). Little recognition is available in the nursing literature regarding “silent suicide” or the giving up on life among older persons, although almost all nurse clinicians who work with older persons recognize the clinical signs of silent suicide. Older persons often give up on life by withdrawing from interactions with family members or by stopping their medications, not eating, and not exercising when they should be maintaining as active a life as possible. The signs of silent suicide often are evident when older persons realize, due to a change in health status, they will be dependent on others for care and assistance. Silent suicide also may occur in transition from acute care to long-term care when the individual understands he or she will no longer be able to live independently due to the change in health status (Fitzpatrick).
Research among those who have very little meaning in their lives and can be assisted to derive meaning is of special interest to the research team. The phenomenon of suicide, especially among vulnerable groups of elders who have the highest suicide rates in all cultures, is of particular clinical interest as well. A current study is underway to teach nurses who work with elders in long-term care to recognize the signs of silent suicide and intervene as appropriate. It is expected this research will be extended to additional groups of nurses and older patients so that the phenomenon of silent suicide can be better understood and nurses can employ methods of direct intervention.

As clinicians, nurses intervene on a daily basis to help individuals understand the meanings that are significant in their lives, and assist them to grow and learn from life experiences, no matter how traumatic or pervasive the stress and suffering. This is the goal toward which this program of research is directed: to improve the lives of those for whom we care.

REFERENCES


