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ANALYSIS AND ASSESSMENT OF THE PEACEFUL END OF LIFE THEORY ACCORDING TO FAWCETT'S CRITERIA¹

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ABSTRACT

Objective: to assess the Peaceful End of Life Theory according to an assessment framework of nursing theories.

Method: reflection developed through the investigation of the Peaceful End of Life Theory and its application in Palliative Care nursing practice, using the analysis and assessment framework proposed by Jacqueline Fawcett. The analysis involved an impartial and detailed investigation of the theory, including the scope, context and content of the theory; and the assessment was based on the criteria of significance, internal consistency, parsimony, testability, empirical adequacy and pragmatic adequacy.

Results: what the scope is considered, this is considered a medium-range and predictive theory. Its context is based on Katharine Kocalba's Comfort Theory. In the content, it presents defined, well-outlined and interrelated concepts. Its significance derives from its explicit definition of the concepts of the metaparadigm; its internal consistency from the definition it provides for each concept and its use of the concepts without contradiction. It is parsimonious because nurses can use it for care to end-of-life patients.

Conclusion: the importance of the theory is highlighted, as well as its application in the activities of nurses focused on care to end-of-life individuals and their relatives, as it presents concepts and propositions in line with what Palliative Care proposes.

DESCRIPTORS: Nursing. Terminally ill. Palliative care. Nursing theory. Assessment of theory.

ANÁLISE E AVALIAÇÃO DA TEORIA FINAL DE VIDA PACÍFICO SEGUNDO CRITÉRIOS DE FAWCETT

RESUMO

Objetivo: avaliar a Teoria do Final de Vida Pacífico, seguindo um quadro de avaliação de teorias de enfermagem.

Método: reflexão desenvolvida por meio da investigação da Teoria do Final de Vida Pacífico e sua aplicação na prática de enfermagem em Cuidados Paliativos, utilizando o quadro de análise e avaliação proposto por Jacqueline Fawcett. A análise envolveu um exame imparcial e detalhado da teoria, incluindo escopo, contexto e conteúdo da Teoria; e a avaliação baseou-se nos critérios de significância, consistência interna, parcimônia, testabilidade, adequação empírica e adequação pragmática.

Resultados: quanto ao escopo, é considerada uma teoria de médio alcance e preditiva, tem seu contexto baseado na Teoria do Conforto de Katharine Kocalba. No conteúdo apresenta conceitos definidos, bem delimitados e inter-relacionados. Tem significância ao definir, explicitamente, os conceitos do metaparadigma; tem consistência interna ao dar uma definição para cada conceito e utilizá-los sem apresentar contradição, é parcimoniosa podendo ser utilizada por enfermeiros direcionada aos pacientes em fase terminal.

Conclusão: destaca-se a importância da teoria e sua aplicação na atuação de enfermeiros voltada ao cuidado de indivíduos em final de vida e seus familiares, visto que apresenta conceitos e proposições condizentes com aquelas propostas pelos Cuidados Paliativos.

DESCRIPTORIOS: Enfermagem. Doente terminal. Cuidados paliativos. Teoria de enfermagem. Avaliação de teoria.

ANÁLISIS Y EVALUACIÓN DE LA TEORÍA FINAL DE VIDA PACÍFICA SEGÚN CRITERIOS DE FAWCETT

RESUMEN

Objetivo: evaluar la Teoría Final de Vida Pacífica, siguiendo un cuadro de evaluación de teorías de enfermería.

Método: reflexión desarrollada por medio de la investigación de la Teoría Final de Vida Pacífica y su aplicación en la práctica de enfermería en Cuidados Paliativos, utilizando el cuadro de análisis y evaluación propuesto por Jacqueline Fawcett. El análisis implicó un examen imparcial y detallado de la teoría, incluyendo Alcance, Contexto y Contenido de la Teoría; y la evaluación se basó en los criterios de significancia, consistencia interna, parsimonia, testabilidad, adecuación empírica y adecuación pragmática.

Resultados: en cuanto al ámbito, es considerada una teoría de medio alcance y predictiva, tiene su contexto basado en la Teoría del Confort de Katharine Kocalba. En el contenido presenta conceptos definidos, bien delimitados e interrelacionados. Tiene significancia al definir, explícitamente, los conceptos del meta-paradigma; tiene consistencia interna al dar una definición para cada concepto y utilizarlos sin presentar contradicción, es parsimoniosa pudiendo ser utilizada por enfermeros dirigida a los pacientes en fase terminal.

Conclusión: se destaca la importancia de la teoría y su aplicación en la actuación de enfermeros orientada al cuidado de individuos en final de vida y sus familiares, ya que presenta conceptos y proposiciones que concuerdan con aquellas propuestas por los Cuidados Paliativos.

DESCRIPTORES: Enfermería. Enfermo terminal. Cuidados paliativos. Teoría de enfermería. Evaluación de la teoría.

INTRODUCTION

In the age of biotechnology a modality of care for people who are dying should reveal Nursing care that integrates scientific knowledge, respect for the principles of bioethics and human sensitivity in the face of suffering. Technical knowledge is as essential as human competence to care for a patient in the finiteness of his life.¹

Data from the World Health Organization (WHO) show that we are going against this understanding: in developed and developing countries, people are living and dying alone and full of fear, with their uncontrolled physical pain and symptoms, and the psychosocial and spiritual demands not attended to. In view of this reality, the need arises to promote palliative care. It is worth mentioning that, of the 58 million deaths per year in the world, 34 million are due to disabling and incurable chronic-degenerative diseases. Brazil has one million deaths a year, 650 thousand of which are due to chronic diseases. About 70% of these deaths occur in hospitals, most of them in intensive care units.²

Palliative Care, as a philosophy, does not reject the progress of biotechnology. On the contrary, the most advanced pharmacological proposals for symptom control are used, constituting an active response to the problems resulting from an incurable and/or terminal illness. It also harmoniously combines science with humanism, so it becomes essential for the professional to perceive the demands of his patient, as well as to know the possibilities of intervention, whether pharmacological or not.³ Even with the interdisciplinary approach, nurses are an essential part of the palliative team. They represent the first link in the triad multidisciplinary team, patient and family.⁴

In addition to the various competencies, nurses are now required to master evidence-based practice, which is much desired in contemporary health care. On the other hand, little attention has been paid to the value of theory-based nursing practice or the relationship between theory and research.⁵

In this sense, a theoretical nursing framework was developed that supported the palliative philosophy, which proposes to protect life in its fullness, even in borderline situations, enabling patients to enjoy the possibility of well-being in the end-of-life process. In that sense, the Theory of the Peaceful End of Life, which proposes the relief of real and/or perceived fears and anxiety for the patient and his family.⁶

Thus, the nurse could create a quieter end of life instead of simply completing the routine hospital tasks with the patient. This theory, created in 1998 by Cornelia Ruland and Shirley Moore, both nurses, allows nursing professionals to discover the complexity of caring for a terminally ill patient and how they can contribute to a quiet end of life.⁶

The importance of the Peaceful End of Life Theory is undeniable in order to support nurses' palliative care practice. It is also important to promote the Theory due to the lack of studies on the theme in the Brazilian scenario.

This study aims to evaluate the Theory of the Peaceful End of Life, following a framework for the assessment of nursing theories. Thus, the judgment of the aforementioned theory is justified by the production of descriptive, analytical and critical comments, in order to broaden the understanding of the theory, induce the improvement of its concepts and disseminate its propositions to the scientific community.

METHOD

This reflection was developed through the investigation of the Theory of the Peaceful End of Life and its application in palliative care nursing practice, using, for this purpose, the original manuscript of the theory, other texts of its authors, as well as articles that they used as a theoretical reference.

To reach the objective of the study, the analysis and evaluation framework of the nursing theories was used. It emphasizes the most important characteristics of large theories and the medium-range theories and is appropriate for the level of abstraction of these two types of nursing theories.

The analysis of the study followed the updated model proposed by Fawcett.⁷ The picture was first published many years ago and has since undergone repeated refinement. This improvement was motivated by dissatisfaction with other frameworks, mainly because of their failure to distinguish, among conceptual models, large theories and medium-range theories. The current version of the framework reflects a greater understanding of the relation between conceptual models and nursing theories, considering the metaparadigm, philosophies and empirical indicators.

This analysis involves an unbiased and detailed examination of the theory, including the scope, context and content of the theory. The assessment, however, requires judgments to the extent that a theory meets certain criteria, that is, the assessment is based on the results of the analysis, as well as the review of previously published critiques, research reports, and reports of practical applications. These criteria are: significance, internal consistency, parsimony, testability, empirical adequacy and pragmatic adequacy.

RESULTS AND REFLECTION

The first step in the analysis is to classify the Theory as to its Scope. The large theories are broad in scope and substantially nonspecific; their concepts and propositions are relatively abstract. Medium-range theories, by contrast, are more circumscribed and substantially specific. In addition, the medium-range theories are classified as descriptive, explanatory or predictive.⁷

The Theory of the Peaceful End of Life has as its scope "to improve the quality of life and achieve a peaceful end of life in terminally ill patients, related to the nursing interventions and specific results for this group of patients".^{6:171} Therefore, it can be considered a medium-range and predictive theory.

With respect to the "Content", this covers the identification of philosophical claims upon which the Theory is based. The Peaceful End of Life Theory is based on Kocalba's Theory of Comfort. Comfort is the immediate holistic experience of having needs met in four contexts of experience (physical, psychospiritual, social and environmental).⁸ In the Comfort Theory, the nurse performs actions to increase the patient's comfort level with a positive expected result while, in the Peaceful End of Life Theory, nurses help the patient/family achieve a peaceful death.

The "Content" of a theory is articulated through concepts and propositions of the theory. The concepts of a theory are words or groups of words that express a mental image of some phenomenon. They represent the special vocabulary of a theory. In addition, concepts give meaning to what can be imagined or observed through the senses.

The Theory is supported by the following concepts: not being in pain (avoiding the patient experiencing suffering or discomfort, as pain is considered an unpleasant experience as a whole, be it emotional or sensory); comfort experience (relief from discomfort, relaxation, and satisfaction are part of a good and enjoyable life, providing the patient's well-being); experience of dignity/respect (the terminal patient is a human being with autonomy and deserving of respect, one must consider his wishes, without ruling out his right of defense, even if he is dependent); being in peace (it means providing greater tranquility in the physical, psychological and spiritual aspects); and closeness to important people/caregivers (allowing terminally ill patients to be closer to family members, friends and/or caregivers).

The graphical expression of the concepts adopted by the Pacific End of Life Theory are presented in figure 1:

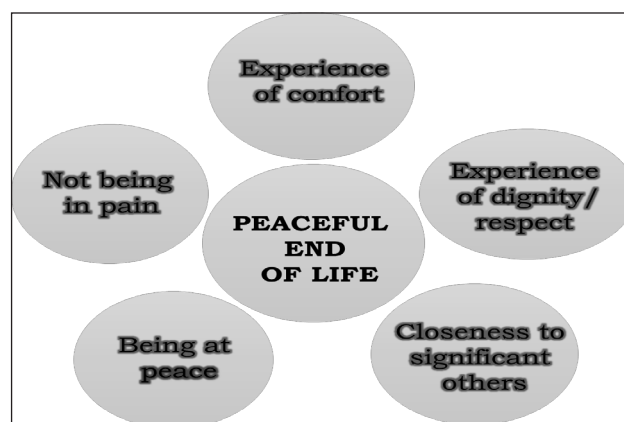


Figure 1 - Theoretical conceptual structure of the research. João Pessoa, Paraíba. 2017.

Also on the content of the Theory, it is important to highlight non-relational propositions, which describe concepts and their definition. The Peaceful End of Life Theory does not define the concept of pain, as it has been well described in the literature, but it brings the description informed by the taxonomy of the International Association for the Study of Pain. The comfort experience has been explained as everything that makes life easy or enjoyable. The experience of dignity has been defined as a notion of value and is an important attribute for a terminally ill patient, which involves being recognized and respected as an equal and not being exposed to anything that violates the patient's integrity and values. Being at peace involves the feeling of calm, harmony and contentment, without being bothered by anxiety, nervousness, worries and fear. Proximity to significant others is the feeling of connection with other human beings who care.

Relational propositions correspond to the associations or connections between two or more concepts and are expressed in the Theory as follows: "The patient's experiences of not being in pain, comfort, dignity and respect, being in peace; closeness to significant others or caring people contribute to a peaceful end of life".⁶ Considering that these five concepts are the outcome indicators of the Theory, the nursing interventions that contribute to this end are its prescribers.

The evaluation of a theory, according to Fawcett,⁷ goes beyond its analysis. In this, only the work is considered, while the evaluation allows for inferences and the judgment of materials that were based on the theory.

The first step in the evaluation focuses on the significance, which requires justification of the importance of the theory for the nursing discipline, being attended when the metaparadigmatic origins and influential nursing authors are explicit. Regarding the concepts of the metaparadigm, these were initially identified by Fawcett in 1978 and denominated central units of nursing, which are: person (later updated to human being), environment, health and nursing. These concepts are inherent in nursing practice, which is care in its full complexity.⁷

According to Ruland and Moore's theory,⁶ person is defined as: being single, whose events and feelings in the end-of-life process are personal and individual in each living being; nursing: it has the role of providing the best possible care to the terminal patient through technologies and measures of well-being, with the purpose of improving the

quality of life and achieving a quiet death; health: it is the search to minimize the pain and discomfort suffered by the terminal patient; and, environment: it is the space that provides the best state of harmony and calm, with the approach of the family and loved ones to grant the patient effective care. Applying the criterion of significance to Ruland and Moore's theory, it is observed that the concepts of metaparadigm (human being, environment, health, nursing) are explicit, as demonstrated previously.

For the theoreticians, there is no particular theory of nursing that directly influenced the development of their work. Several authors of medium-range theories are cited though, who have been published in the literature and who have developed increasingly applicable studies that are testable in clinical situations. Examples of these theories are: Mishel's Uncertainty in Illness Theory,⁹ Pender's Health Promotion Model¹⁰ and Lenz' Theory of Unpleasant Symptoms.¹¹

The criterion of internal consistency requires that the concepts of the Theory present semantic clarity, fulfilled when a definition is provided for each concept, and semantic coherence, when the same term and the same definition are used for each concept in all discussions of the author on the Theory. The Theory fulfills all of these criteria.

In addition, it presents structural consistency, that is, the concepts used in the Peaceful End of Life Theory are interrelated, which provides a unique vision for nursing practice, and there are no obvious contradictions in the relational propositions.

The criterion of parsimony is fulfilled when the statements clarify rather than obscure the phenomena of interest. This criterion requires that a theory be affirmed in the most economic way possible without oversimplifying the phenomena of interest. This means that the less concepts and propositions require complex explanations of the phenomena of interest, the better.

The Theory can be characterized as parsimonious as it presents only five concepts and these are well related. In addition, they can be used easily by nurses and nursing students by providing care to patients of various religions, whether in the Western or non-Western culture. A study on holistic care for buddhist patients created a practical guide to promote a peaceful death, summarized based on the Peaceful End of Life Theory.¹²

Testability is regarded as the main feature of a scientifically useful theory. Medium-range theories fulfill the criterion of testability when specific instruments or protocols have been developed to

observe the concepts of the theory and statistical techniques are available to measure the assertions made by the propositions.

On this issue, the Theory influences the various nursing interventions and is widely used in hospitals and palliative care services worldwide, such as Vienna, where patients can have their meals when they want and these are maintained for longer periods or as long as it suits them; if they are asleep, they are not awakened (unless requested); the shared rooms can be divided by curtains, ensuring peace and privacy; a living room is available for patients and family; there is an exclusive area for cigarette use or any other product that can be smoked, and soothing baths, aromatherapy, relaxing massages and music are also offered.¹³

In the United States, nurses are encouraged to identify holistic aspects during terminal patient care and deathbed phenomena, which include pre-morbid visions, dreams, hallucinations, and energy surges. The final hours of life are sacred and nurses should remain open to experiences that are not easily explained within a traditional medical model. As the most consistent caregivers, nurses evaluate, recognize, and validate these experiences to help patients find meaning, comfort, and a peaceful end to life.

In Thailand, family members are actively involved in promoting a peaceful death for their loved ones. For Thai nurses, a peaceful death consists of peace of mind and no signs and symptoms of suffering. Peaceful death also occurs when family members declare acceptance of death or eventual death. The application of the Theory encouraged nurses to be with and provide palliative care to terminal patients and families.¹²

In Brazil, however, no articles were found that used the Theory in the period investigated. It cannot be inferred, however, that the Peaceful End of Life Theory is devalued in Brazilian academic and professional spaces. The lack of national scientific production on nursing theories is a reality, as only 4.6% of publications in journals in the area used some nursing theory. Thus, it is urgent that the theory be disseminated more widely in order to support research at the national level.¹⁵

The criterion of empirical adequacy requires that statements made by theory be congruent with empirical evidence, that is, the extent to which a theory satisfies the criterion of empirical adequacy is determined by a systematic review of the results of all studies that have been guided by that theory.

As might be expected from a recent theory, not all statements have empirical support. Therefore, this Theory requires testing to assert its empirical validity, determining whether all statements are indispensable, or whether additional statements are necessary to enable terminally ill patients to experience a peaceful end of life.

Pragmatic appropriateness requires that the theory be based on socially meaningful actions, leading to favorable outcomes, which include: reducing complications, improving health conditions, and increasing satisfaction with theory-based actions by all who participate.

Especially in established institutions, such as the St. Raphael's Hospice,¹³ Ruland and Moore's theory has received great emphasis and the policies and guidelines for dealing with terminal patients are increasingly tied to theory. It is worth highlighting the value of disseminating the concepts of the theory in the orientation of patients and their families, so that they can mitigate the reality of having a fatal disease by allowing the health team, patient and family to move on together. The possibility of contributing to the stability of care in the home through active listening, open dialogue and humanized attitudes is also highlighted, factors that allow the nurse to attend to the wishes and needs of the patient.¹⁶ Thus, the Theory has a good reach in palliative settings and its five concepts cover many important areas in palliative care.

One limitation, however, is that it has not presented testability in Brazil, as evidenced by the incipient nature of studies using the theme. Therefore, it is relevant to carry out new research on the theory in the clinical practice of nurses in palliative care services.

CONCLUSION

This study consisted of the evaluation of the Peaceful End of Life Theory from Fawcett's point of view. As for the scope, it is considered a medium-range and predictive theory. Its context is based on Kocalba's Theory of Comfort. It contains well-defined, well-outlined and interrelated concepts.

The Theory's significance derives from its explicit definition of the concepts of the metaparadigm; its internal consistency from its definition for each concept and its use of the concepts without contradictions. It is parsimonious as nurses can use it for end-of-life care to patients and their relatives, in view of its concepts and propositions in accordance with the proposals of palliative care.

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