

Phenomenology

Interview of 15 Norwegian patients informed that there is no curative treatment for their cancer finds oscillation between feelings of suffering and striving for health

Solveig Hauge^{1,2}

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¹Institute of Health Sciences, Telemark University College, Porsgrunn, Norway

²Department of Nursing Sciences, Institute of Health and Society, University of Oslo, Oslo, Norway

Correspondence to:

Solveig Hauge

Faculty of Health and Social Science, Institute of Health Sciences, Telemark University College, Postboks 203, Porsgrunn N-3901, Norway; solveig.hauge@hit.no

Commentary on: **Saeteren B**, Lindström UÅ, Nåden D. Latching onto life: living in the area of tension between the possibility of life and the necessity of death. *J Clin Nurs* 2011;**20**:811–18.

Context

The context for Saeteren *et al's* study is the lived experience of incurable cancer. They base their study on the assumption that knowing one is heading towards certain death invokes suffering but may also reveal inner health resources. The main focus of the authors' interest is on the dialectic between suffering and health. Accordingly, they note that their aim in this study is to promote a deeper understanding of how patients experience health and suffering.

Methods, results and conclusions

Fifteen patients aged 47–76 years with incurable cancer were included in the study. Qualitative interviews, in the form of a conversation between the researcher and the

patient, were conducted. The interviews were conducted in a hospital ward and lasted between 1 and 1.5 h. The interviews were audiotaped and transcribed.

The analytical approach was based on Gadamer's ontological hermeneutic, which implies use of the hermeneutic cycle alternating between parts and the whole. Data were read through several times, searching for deeper meanings, by using questions such as: what does the text say? what does it mean? what is the deeper meaning? Through this process, themes and units of meaning were extracted from the text.

Results are presented as three main themes: a desire to be myself and in control of my life, an inner will to live as normal a life as possible and to experience hope and meaning, and a contradiction between my current

situation and the situation in which I want to be. The authors conclude that, alongside confronting death, there seems to be a striving for health, wholeness and sustaining a self in a life dominated by suffering.

Clinical implications

- Nurses need more knowledge and training to see and respond to spiritual/existential needs of patients with serious cancer.
- Nurses should be aware of their patients' need to talk about their state of being in depth and in calm and private surroundings.
- Nurses should be made aware of the patients' feelings of loneliness and their need to be acknowledged as a person with a continuing identity.

Commentary

Saeteren *et al*'s study is valuable for having gained a deeper understanding of the experience of living with a life-threatening disease. The study's particular strength is its description of how patients move between an outer level, where they try to live their lives as normally as possible, and an inner level, where they experience loneliness. Furthermore, the study gives insight into the patients' need to speak openly about the fact that their life situation is not being met by nurses or others, with the consequence that the patient ends up suffering with a deep feeling of loneliness.

Unmet psychosocial needs and, particularly, loneliness are known to have serious negative impacts on physical and psychological health,¹ and as such these needs are important to respond to in cancer nursing. Research also indicates that meeting spiritual needs is likewise essential for a person suffering from severe cancer.² In light of this research and the study by Saeteren *et al*, it is therefore discouraging that barriers, like high workload, lack of available time, ineffective or lacking communication skills and problems related to timing of psychosocial care, seem to limit nurse's ability to provide psychosocial care.³ These

barriers are confirmed by Saeteren *et al* and underpin the need for further research to help nurses develop strategies to provide better psychosocial and spiritual care.

There are some weak parts in Saeteren *et al*'s study. First, there are reasons to question the analytical process although it is very well described in the methodological section. In a hermeneutic analytic tradition, interpretation is the main means of developing new knowledge. A combination of sensitivity to the text and creative and exigent ways of thinking are necessary, as are logic and procedure.⁴ In this case, one can question the extent to which the analytical process has been brought to an end point, making it possible to present the results in a systematic and logical manner. The reason for asking this question lies in the presentation of the results. The results section is marked by repetition. For example, loneliness is presented in two of the themes. In addition, each theme is given in three different labels: one in the introduction of the results, second in the detailed presentation of the themes and third in the introduction of the discussion. Second, the relationship between the three main themes and the main concepts of suffering and health is not easy to understand. It is particularly unclear whether the theme a desire to be myself and in control of my life is interpreted as health related or related to suffering. However, in spite of these critical remarks, the study makes a valuable contribution to the research literature on patients' experiences of living with serious illness.

Competing interests None.

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