ARTICLES

Understanding the Meaning of Social Well-Being at the End of Life

Maryjo Prince-Paul, PhD, APRN BC-PCM

Purpose/Objectives: To advance understanding of the social well-being domain, a dimension of quality of life, from the perspective of dying individuals.

Research Approach: Qualitative, hermeneutic, and phenomenologic.

Setting: Private residences in a community setting.

Participants: 8 terminally ill adult patients with cancer, aged 35–75, enrolled in hospice care.

Methodologic Approach: In-depth, semistructured, tape-recorded, and transcribed interviews were analyzed using the Giorgi method.

Main Research Variables: Social well-being and quality of life at the end of life.

Findings: Six themes emerged that described the meaning of close personal relationships at the end of life: meaning of relationships with family, friends, and coworkers; meaning of relationships with God or a higher power; loss and gains of role function; love; gratitude; and lessons on living.

Conclusions: Patients who were terminally ill with advanced cancer expressed the importance of close personal relationships at the end of life and the need to communicate their importance through love and gratitude. All participants believed that personal relationships were strengthened by the end-of-life experience.

Interpretation: Nurses can support terminally ill patients by understanding the importance of social relationships at the end of life. The relationships may be enhanced when nurses raise patients' conscious awareness of the relationships and encourage them to express their importance.

he dying experience affects all dimensions of an individual. Dying evokes many changes and reactions in the patient as well as the family. Only people with a terminal illness understand the experience of living with such an illness. The need to belong, to have close personal connections and relationships with others, is the very essence of human existence (Baumeister & Leary, 1995). According to the National Consensus Project for Quality Palliative Care (2004), a comprehensive interdisciplinary social assessment, including relationships, lines of communication, and existing social networks, should be completed and documented. Most quality-of-life (QOL) models, within the context of patients with cancer, have concentrated on physical, psychological, and spiritual domains (Steinhauser et al., 2001). One QOL conceptual framework focuses primarily on patients with cancer and lends support to the concept of close personal relationships in the context of the social well-being domain

Key Points...

- Close, personal relationships are an important component of social well-being at the end of life that may be defined as having a relationship with God or a higher power.
- ➤ Relational communication of love and gratitude support close personal relationships.
- ➤ Nurses can increase dialogue and conversation with patients at the end of life by having a list of themes targeting the importance of the social well-being domain of quality of life.

(Ferrell, Grant, Funk, Otis-Green, & Garcia, 1997). However, within the context of end-of-life (EOL) care, the social domain of QOL has been largely untapped. If knowledge about the meaning of social well-being at EOL from the perspective of the terminally ill patient with cancer is gained, it will broaden the understanding of QOL at EOL, specifically contributing to understanding of the importance and meaning of close personal relationships. This study aimed to advance the understanding of the social well-being domain, as a dimension of QOL, from the perspective of dying patients within the context of terminal illness.

Literature Review

According to Bowlby (1979), adults have a need to form enduring, emotional attachments with other adults. Close personal relationships take on a variety of forms and have been found to be of paramount importance for the wellbeing of individuals experiencing stressors such as those associated with life transitions (Berschied & Peplau, 1983).

Maryjo Prince-Paul, PhD, APRN BC-PCM, is an assistant professor in the Frances Payne Bolton School of Nursing at Case Western Reserve University, a research associate at the Hospice of the Western Reserve, and a postdoctoral fellow at Case Comprehensive Cancer Center, all in Cleveland, OH. This research study was supported by a doctoral scholarship from the American Cancer Society (DSCN—05-188-01). (Submitted July 2007. Accepted for publication October 24, 2007.)

Digital Object Identifier: 10.1188/08.ONF.365-371