The Terminally Ill: SERENITY NURSING INTERVENTIONS FOR HOSPICE CLIENTS

Because the concept of serenity is new in nursing literature, many nurses are unaware of the meaning and importance of serenity (Roberts, 1991). Furthermore, nursing interventions have not been clearly identified and tested. This article reports the results of a study that evaluated potential serenity nursing interventions.

LITERATURE REVIEW

A review of the literature supported the need for this research. Only four serenity citations were found in nursing literature (Reed, 1991b; Roberts, 1990, 1991, 1992). Roberts and Cunningham (1990) presented seminal nursing research on serenity that consists of a concept analysis and theoretical definition; from this a serenity assessment instrument was developed and pilot tested.

INTRODUCTION

The spiritual state of serenity helps older adults cope with harsh and/or chronic health problems. It decreases their stress and promotes optimal health (Bocley, 1955; Gerber, 1986; Roberts, 1990). Nurses often are in key positions to assist older adults attain serenity; for example, nurses can help clients to sort out what can and cannot be changed about their health problems, and accept what cannot be changed.

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Roberts and Cunningham (1990) suggested that serenity is a valuable nursing concept, but that there is still a need to identify and test nursing interventions. Reed (1991b) concurred that serenity is a unique and valuable concept, and noted that it also serves as an important component of spirituality.

Roberts and Fitzgerald (1991) published a more extensive description of the concept analysis. They defined serenity as a spiritual experience of inner peace, trust, and connectedness that exists independently of external events. Essential attributes were identified as follows:

- The ability to be in touch with an inner haven of peace and security;
- The ability to detach from excessive desires and emotions;
- The ability to accept situations that cannot be changed;
- The habit of actively pursuing all
reasonable avenues for solving problems;
- The ability to let go of the past and future, and live in the present;
- Forgiveness of self and others;
- A sense of connectedness and belonging;
- The ability to give of oneself unconditionally;
- A trust in a power greater than oneself; and
- A sense of perspective of the importance of oneself and life events (Roberts, 1991).

Roberts and Fitzgerald (1991) emphasized the concept's value and usefulness to persons coping with extraordinary life situations, such as dying and chronic illness.

Spiritual issues such as serenity become particularly important to clients who are terminally ill. Conrad (1983) described the spiritual needs of the terminally ill as including a search for meaning in life and death, a sense of forgiveness for oneself and others, a need for love, and a need for hope. Other spiritual needs of the dying were trust in a higher power, a sense of connectedness with the world, and a need to live life to the fullest (Mudd, 1981). These needs are similar to the serenity attributes.

Research also indicated that elders, particularly those who are dying, may be predisposed to serenity. Apparently, these persons desire serenity and welcome assistance in achieving the state. One third of the individuals experiencing near-death events have characteristics of serenity, indicating that those dying or near death may have a propensity to be serene (McLaughlin, 1984). Reed (1987a,b) reported that terminally ill adults had a greater spiritual perspective than nonterminal clients.

Peterson (1985) completed a study of 75 elderly clients and found that three fourths welcomed nursing assistance with their spiritual needs. Reed (1991a) found that clients have a strong preference for nurses who assist them in spiritually-related issues during the dying process. In a qualitative study by Nystrom and Andersson-Segesten (1990), elderly clients reported peace of mind/spirit as an important aspect of health.

Spiritual nursing interventions that increase the spiritual well-being of the terminal client result in less anxiety, better coping in the death experience, and greater overall well-being (Kaczorowski, 1989; Reed, 1987b). In these studies, however, nursing interventions specific to the spiritual concept of serenity were not addressed.

Terminally ill clients and hospice nurses believe that pursuing spiritual issues, such as the attainment of serenity, is an essential goal of care (Millison, 1990; Reed, 1987b; Wood, 1987). Hospice nurses have been found to be highly spiritual in their personal and professional lives and to employ spiritual interventions routinely (Millison, 1990).

In summary, available scientific literature has clarified the meaning of serenity and proposed that clients will benefit from its attainment. Scientifically based serenity nursing interventions, however, have not been identified. Hospice nurses seem particularly attuned to interventions related to the spiritual dimension of clients and, therefore, possibly to serenity.

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**METHODOLOGY**

**Design**

Using a descriptive survey design, investigators asked hospice nurses to rate proposed serenity interventions on effectiveness in facilitating serenity in the terminally ill and describe how often they use these interventions in practice.

**Setting and Sample**

The study was conducted at six hospice agencies in small urban to large metropolitan cities in a midwestern state. A convenience sample of 59 hospice nurses was drawn from an accessible population of 75 nurses.

All 59 nurses who completed the study were women. They ranged in age from 20 to 60, with 46% from ages 30 to 39, and the mean age was 45. Educational preparation ranged from licensed practical nurse to master's degree in nursing. Most (40%) had associate degree preparation.

The mode for nursing experience was “over 15 years” (38.89%). The next highest groups were “11 to 15 years” (25.93%) and “6 to 10 years” (22.22%); “0 to 5 years” (12.96%) was last. The majority of the subjects had from 0 to 5 years of actual hospice experience (72.73%).

**Instrumentation**

Investigators developed the Serenity Intervention Questionnaire

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(SIQ) for the study. They reviewed wellness, nursing, and other literature to identify potential interventions. Each intervention was reviewed for logical consistency with the essential attributes of serenity identified by Roberts and Fitzgerald (1991). If this criterion was met, the intervention was added to the instrument.

The final SIQ was a 58-item, Likert-type, self-report instrument. Proposed serenity interventions were listed and subjects were asked to rate them as to how often they used the intervention in practice and how effective the intervention was in helping clients attain serenity, and circle 'U' if they were uncertain of their response. A 5-point scale was used, with 1 indicating the least effectiveness and lowest frequency of use, and 5 designating the highest effectiveness and frequency of use.

Open-ended questions also were used to ask subjects to nominate other interventions and/or propose other definitions of serenity. Internal consistency reliability (Cronbach's α) with this sample was .97 for the effectiveness scale and .94 for the frequency scale.

### RESULTS

#### Rating of Serenity Interventions

All interventions listed on the SIQ were rated 3 or above on the 5-point effectiveness scale by 76% (n = 45) of the subjects. At least one half of the subjects rated 35 of the interventions as both effective in facilitating serenity and put in use at least some of the time in their practice. Of the 15 highest rated effective interventions, subjects indicated a certainty level of at least 88%.

#### Most Effective/Most Frequently Used Interventions

Tables 1 and 2 show the rank order of the top 15 serenity interventions rated as most effective and most frequently used. The three top-rated interventions for being the most effective and most frequently used were pain control, therapeutic touch, and assisting clients to build trust. Pain control was listed as the most effective and most frequently used intervention, with subjects indicating 100% certainty. Unfortunately, a definition of therapeutic touch was not given to the subjects, so it is unclear as to the actual meaning of this intervention.

#### Comparison of Effectiveness With Frequency of Use

With four exceptions, subjects rated interventions that they thought were most effective also as interventions that they most frequently used in practice. Facilitating prayer, helping clients participate in formal religious events, helping clients listen to inspirational literature, and providing massage were the interventions that were infrequently used.

#### Definition of Serenity

Subjects were asked to indicate whether they were in agreement with the Roberts and Aspy (1992) defini-
### TABLE 2

**Rank Order of Frequency of Intervention Use for 15 Interventions Most Frequently Used by Hospice Nurses (N = 59)**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>M</th>
<th>SD</th>
</tr>
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<tbody>
<tr>
<td>Assist with pain control</td>
<td>4.966</td>
<td>.183</td>
</tr>
<tr>
<td>Assist to build trust</td>
<td>4.559</td>
<td>.726</td>
</tr>
<tr>
<td>Use therapeutic touch</td>
<td>4.281</td>
<td>1.098</td>
</tr>
<tr>
<td>Assist to accept self</td>
<td>4.254</td>
<td>.843</td>
</tr>
<tr>
<td>Encourage to maintain hope</td>
<td>4.254</td>
<td>.902</td>
</tr>
<tr>
<td>Help escape from routine</td>
<td>4.153</td>
<td>.867</td>
</tr>
<tr>
<td>Assist in managing the difficult</td>
<td>4.138</td>
<td>.805</td>
</tr>
<tr>
<td>Encourage to forgive self</td>
<td>4.121</td>
<td>1.186</td>
</tr>
<tr>
<td>Help accept what cannot be changed</td>
<td>4.102</td>
<td>1.078</td>
</tr>
<tr>
<td>Nurture sense of trust</td>
<td>4.051</td>
<td>1.105</td>
</tr>
<tr>
<td>Help live in present</td>
<td>4.037</td>
<td>1.027</td>
</tr>
<tr>
<td>Encourage to do what can be done</td>
<td>4.000</td>
<td>.965</td>
</tr>
<tr>
<td>Help appreciate humor in life</td>
<td>4.000</td>
<td>.983</td>
</tr>
<tr>
<td>Assist in setting daily goals</td>
<td>3.949</td>
<td>.918</td>
</tr>
<tr>
<td>Encourage awareness of other’s feelings</td>
<td>3.897</td>
<td>.931</td>
</tr>
</tbody>
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**DISCUSSION**

Each of the 15 highest-rated interventions has the potential to help clients attain one or more of the essential attributes of serenity. Pain control emerged as the most effective and the most frequently used serenity intervention by study participants. The importance of pain control is consistent with other authors who identified pain control as a means to improving comfort, spiritual well-being, and serenity (Bodley, 1955; Snyder, 1985; Thibault, 1985). Pain control is one means of facilitating a healthy detachment and sense of peaceableness, two key attributes of serenity (Bodley, 1955).

It is possible, however, that the ranking of this intervention as the most effective was skewed because hospice nurses comprised the research sample. Pain control is one of the central, pervasive principles of hospice programs. Replication of the study with other nursing populations will be important to evaluate the centrality of pain control to serenity.

Although it is uncertain whether respondents interpreted therapeutic touch as the simple, reassuring touching and stroking of a client or the four-phase procedure suggested by Krieger (1975), subjects nevertheless acknowledged touch as useful in effecting inner peace among terminally ill patients, perhaps by increasing a sense of connectedness. This finding potentially validates previous findings that describe touch as nurturing and enhancing peacefulness in connection with stressful environments, facilitating relaxation, and relieving anxiety (Bulechek, 1992; Jurgen, 1987; Krieger, 1975). Future research should include a clear definition of the term.

Assisting the client to build a sense of trust was the third most effective intervention and the second most commonly implemented. Trusting in something or someone greater than oneself provides a sense of protection from evil forces and a feeling that events happen for the best (Benson, 1984).

Nurturing a sense of belonging was indicated to be an effective means of facilitating serenity. A sense of belonging minimizes feelings of isolation and abandonment, and therefore enhances serenity (Mudd, 1981).

Encouraging clients to express affection toward others was found to be an effective means of enhancing client serenity. This finding supports Roberts and Fitzgerald's (1991) supposition that giving unconditionally of oneself by whatever means is critically important in becoming se-
rene; in this case one is giving affection. The expression of affection also may affect other essential attributes (including connectedness) by increasing general well-being, increasing contact with others, and fulfilling the inner need to give love and seek/express goodness (Alcoholics Anonymous, 1976; Bodley, 1955; Liebman, 1946; Siegel, 1986).

Nurses in the study strongly agreed with Roberts and Fitzgerald’s (1991) conceptual definition of serenity. They indicated that facilitating serenity should be a priority in their clinical practice and, further, that terminally ill clients could receive great benefit from achieving serenity.

**IMPLICATIONS FOR NURSES**

Study data provide support for Roberts and Fitzgerald’s (1991) conceptualization of serenity. Findings both validate assertions that clients can benefit from becoming serene and identify serenity interventions as valuable tools for supporting the spiritual dimensions of clients (Reed, 1991b; Roberts, 1991). Replication of this study is necessary, however, to expand the number of hospice nurses included in evaluation of the interventions, and to get input from other groups of nurses.

Interventions used in this study represent the vision of two nursing serenity experts. Other logically consistent interventions could be considered in future studies. Finally, a fruitful avenue for exploration would entail determination of why some interventions were listed as most effective in facilitating serenity but were not rated as frequently used in practice—for example, facilitating prayer and providing inspirational literature.

**CONCLUSION**

Helping clients achieve an inner peace that is independent of life events is a challenging but important nursing task. It can bring a sense of well-being to clients and improve their quality of life. Moreover, it is a practical way of enhancing their spiritual life.

The 10 essential attributes of serenity provide the nurse with a conceptual map for assessing client needs. Once a particular attribute is identified as weak or absent, specific interventions can be selected to strengthen this area. This research provides a beginning identification of nursing interventions that the nurse might select. More research is needed to expand the theoretical base for serenity nursing interventions.

**REFERENCES**


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Serenity Nursing Interventions

KEYPOINTS

1. Serenity is an inner peace that is independent of external events. It often is desired by persons near death.

2. Information about nursing interventions to facilitate clients' serenity, however, is missing from the literature.

3. In the study presented, pain control, therapeutic touch, and assisting clients to build trust were the three highest-ranked interventions on both effectiveness and frequency of use.

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This manuscript was made possible because of funding received from the USDHHS, PHS, Division of Nursing, Advanced Nurse Training grant, 5 D23 NU00832, “MSN Care of the Older Adult,” 10/1/89-9/30/92. Ms. Messenger completed this research as part of her studies at the University of Louisville School of Nursing. Without these funds, she would not be a gerontological nurse and would not have contributed this research to nursing theory.

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BIBLIOGRAPHY


