Peaceful End of Life Nursing Theory

NURS 302: Advanced Concepts Nursing Practice

University of Pikeville

Dr. Gulley

Alyssa Thacker

October 20, 2024

As a hospice nurse, I believe the Peaceful End of Life Theory would be an excellent model to incorporate into my work. The theory's structural setting is the family system (terminally ill patients and their significant others) that is receiving care from professionals on an acute care hospital unit and process is defined as those actions (nursing interventions) designed to promote the positive outcomes of the following: (1) being free from pain, (2) experiencing comfort, (3) experiencing dignity and respect, (4) being at peace, and (5) experiencing a closeness to significant others and those who care (Ruland & Moore, 2018).

The Peaceful End of Life theory was developed by Cornelia M. Ruland, who holds a doctorate in nursing, and Shirley M. Moore, who received a master's degree in psychiatric and mental health and a doctorate in nursing science. Ruland met Moore while attending one of her classes at Case Western University in Cleveland, Ohio. Together the two women developed the Peaceful End of Life theory, which is informed by several theoretical frameworks including Donabedian's model of structure, process, and outcomes (Ruland & Moore, 2018).

Theoretical sources used to develop the Peaceful End of Life theory include the General System theory, which is pervasive in other types of nursing theory, from middle range to micro-range theories. Another theory used to develop the Peaceful End of Life theory was the Preference theory, which was used by philosophers to explain and define quality of life. It is a concept that is used in end-of-life research and practice.

In Preference theory, a good life can be defined as getting what one wants, an approach that seems particularly appropriate in end-of-life care. It can be applied to both sentient and incapacitated persons who have provided documentation related to end-of-life decision making. Quality of life, therefore, is defined and evaluated as a manifestation of satisfaction through empirical assessment of such outcomes as symptom relief and satisfaction with interpersonal

relationships. Incorporating patient preferences into health care decisions is considered appropriate and necessary for successful process and outcomes (Ruland & Moore, 2018).

Empirical evidence was used in the development of the Peaceful End of Life theory. Clinical nurses experienced in caring for the terminally ill for over 5 years participated in the development. The standard of care consisted of best practices based on research-derived evidence in the areas of pain management, comfort, nutrition, and relaxation. The prescriptive theory comprises several proposed relational statements for which more empirical evidence is needed. It must be the best, most technologically advanced treatment, a type of care that commonly results in overtreatment. Rather, the goal in end-of-life care is to maximize treatment, that is, the best possible care will be provided through the judicious use of technology and comfort measures to enhance quality of life and achieve a peaceful death (Ruland & Moore, 2018).

Hospice is a concept of healthcare that provides the physical, emotional, and spiritual needs of patients with life limiting illnesses, as well as caring for the needs and feelings of the patient's entire family and significant others. By using the Peaceful End of Life Theory, I can give patients the best quality of life so they can enjoy every moment surrounded by their loved ones. My goal is to ensure the patient is respected, dignified, pain free, comfortable, and at peace.

While the Peaceful End of Life Theory does not include spirituality, the basic concepts are the same as hospice. The assumptions of the theory are the basic accepted truths that underlie theoretical reasoning. The Peaceful End of Life Theory, assumes that "a person's approach to the end of life is a highly personal experience that can be facilitated by nurses" (Ruland & Moore, 2018). Ruland and Moore felt the need for improvement and expansion of the

Peaceful End of Life theory (Ngabonziza et al., 2021). The theory is an important and valuable theory in the nursing profession. It provides a guideline for nurses to treat suffering patients at the end of their life to let them go with as much dignity as possible. It uses the family centered approach, which helps terminally ill patients and their families in dealing with sorrow, loss, and anxiety related to the loss of a loved one. Theory construction standards of care: a proposed theory of the peaceful end of life (Ngabonziza et al., 2021).

In conclusion, the theory is important to guide nursing practice, research, and education. The Peaceful End of Life Theory structural setting is the family system (terminally ill patients and their significant others) that is receiving care from professionals on an acute care hospital unit and process is defined as those actions (nursing interventions) designed to promote the positive outcomes of the following: (1) being free from pain, (2) experiencing comfort, (3) experiencing dignity and respect, (4) being at peace, and (5) experiencing a closeness to significant others and those who care. As a hospice nurse, I believe the Peaceful End of Life Theory would be an excellent model to incorporate into my work.

References

- Ngabonziza, S., Murekatete, M. C., Nyiringango, G., & Musabwasoni, S. M. G. (2021, December 30). *Peaceful end of life theory: A critical analysis of its use to improve nursing practice*. Rwanda Journal of Medicine and Health Sciences. https://www.ajol.info/index.php/rjmhs/article/view/220046
- Ruland, C. M., & Moore, S. M. (2018, January). *Peaceful End of Life Theory*. Research Gate.https://www.researchgate.net/publication/320172003_Cornelia_M_Ruland_and_Shirley_M_Moore_Peaceful_end_of_life_theory