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Reconciliation in palliative care: A concept analysis

Margareta Karlsson, R.N., M.N.SC., PH.D.[1], Andrea Uhlman, R.N., M.N.SC., B.SC.[2], Benedict Kämper, R.N., M.N.SC.[3] and Britt Hedman Ahlström, R.N., R.N.T., M.N.SC., PH.D.[1]

[1]Department of Health Sciences, University West, Trollhättan, Sweden; [2]Municipal Health Care, Uddevalla Municipality, Sweden and [3]NU Hospital Group, Uddevalla Hospital, Uddevalla, Sweden

Review Article

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Corresponding author: Margareta Karlsson; Email: margareta.karlsson@hv.se

Abstract

Objectives. The aim was to gain a deeper understanding of the meaning of reconciliation as a concept in palliative care. Terminal illnesses affect almost all aspects of life and being close to death may lead to a need for reconciliation. The end of life is stressful on an existential level for both patients and relatives. It can therefore be of relevance for palliative care nurses to understand the meaning of reconciliation.

Methods. This study used a design for a literature study in accordance with a hybrid model. A deductive qualitative content analysis of autobiographies about being seriously ill and in a palliative stage in life was used to test the meaning of reconciliation. Ethical aspects concerning the use of autobiographies and the ethical principles of the Helsinki Declaration were considered. The theoretical perspective was the caritative theory of caring.

Results. The result showed that for patients in palliative care, reconciliation can be described as a strive for acceptance, to live in a truthful way, to forgive and be forgiven. People wish to create meaning in their existence and reconcile as a whole in body, spirit, and soul. By striving to unite suffering, life, and death as well as a peaceful relationship with relatives, people can achieve reconciliation at the end of life. Reconciliation is something ongoing and can be a force in what has been, what is, and what will be.

Significance of results. We conclude that reconciliation is a concept of importance when caring for patients in end-of-life care. However, reconciliation can be expressed in different ways without necessarily using the concept itself. A broader and deeper understanding of the concept facilitates conversations about the meaning of reconciliation in palliative care and can enable patients who strive to achieve reconciliation to be more easily identified and supported.

Background

Concepts and their meanings are common features in healthcare and systematically analyzing them can be seen as an approach to deepening knowledge in palliative care. Although analysis and development of concepts can be considered a part of theory, concepts have a relevance and meaning in their own right (Koort 1975; Rodgers et al. 2018). A concept analysis contributes ontological evidence about the meaning of concepts in clinical settings (Eriksson 2010a). Ontology has to do with existence; thus, ontological evidence concerns truth and reality (Eriksson 2010b; Nilsson 2012). According to Eriksson (2010b), nothing is evident until it has been expressed and formulated in words. The development of concepts can facilitate interaction in the meeting between a nurse and a patient (Näsman 2020; Nilsson 2012). It is emphasized that people are dependent on others and that it is through relationships with others that people create their existence (Lindström et al. 2010).

The caritative theory of caring is the theoretical framework of this concept analysis of reconciliation in end-of life care. The theory is characterized by caritas, which means that caring consists of actions based on mercy and love (Eriksson 1987; Kirkevold 2000; Lindström et al. 2010; Näsman 2020; Robinson Wolf et al. 2017). According to the theory, health and suffering are parts of a whole with mutual preconditions (Eriksson 1987, 2015; Lindström et al. 2010). Suffering can relate to care, illness, or life, and a goal of nursing is to relieve or eliminate suffering (Kirkevold 2000; Lindström et al. 2010; Näsman 2020). The alleviation of suffering has been described as an impression of health and being able to express one's suffering can bring relief (Karlsson et al. 2020; Lindström et al. 2010; Näsman 2020). In the movement between suffering and health, reconciliation can play a crucial role by recreating meaning and wholeness (Karlsson et al. 2017; Lindström et al. 2010). Thus, reconciliation is identified as a main concept in caritative caring theory and as a prerequisite for caritas (Lindström et al. 2010).

Serious illness poses a threat to identity, which may cause suffering (Ekman and Norberg 2013; Gustafsson 2012). However, people struggle to alleviate suffering (Gustafsson 2012; Lindström et al. 2010). Supporting patients in achieving reconciliation can be perceived as

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rewarding and meaningful (Gustafsson 2012). Based on the patients' life story, the nurse can acknowledge personal experiences and support reconciliation (Ekman and Norberg 2013; Gustafsson 2012).

Reconciliation can be one way of moving toward health and quality of life for a person living with an incurable illness. In palliative care, it can be important to understand what reconciliation as a concept can mean for a patient (Gustafsson 2012). According to the World Health Organization (WHO 2020), the definition of palliative care *is an approach that improves the quality of life of patients – adults and children – and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, impeccable assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual*. Being confronted with end of life can become a wish to achieve reconciliation and for patients with an incurable illness, reconciliation can make a peaceful death possible (Tornøe et al. 2015). Achieving reconciliation can mean that quality of life and well-being can be established at the end of life (Gustafsson 2012). The form of reconciliation can depend on who the patient is as a person (Eriksson 2015; Lindström et al. 2010).

Therefore, it is important to broaden the analysis of the meaning of reconciliation by adding a caring context in order to gain a deeper understanding of the concept. Hence, the aim of this study was to gain a deeper understanding of the meaning of reconciliation in palliative care.

Methods

This literature study used Schwartz-Barcott's and Kim's (2000) hybrid model for concept analysis as it is appropriate for nursing practice and found valuable for determining the relevance of a concept in a specific context (Hupcey et al. 1997; Schwartz-Barcott and Kim 2000). The concept analysis consists of three phases: a theoretical phase, a fieldwork phase, and an analytical phase.

Methods in the theoretical phase

The theoretical phase, the first phase, was initiated by the choice of concept (Schwartz-Barcott, Kim 2000). Reconciliation was chosen due to its nuances in caring science and palliative care. Next, a literature review of the concept of reconciliation was conducted to gain an understanding of its use in different fields of science over time.

The literature search took place during spring 2021 in the CINAHL and MEDLINE databases, which were selected due to their caring sciences connection (Polit and Beck 2021). The search terms were reconciliation, palliative, and end of life. Boolean operators were applied and truncation was used in order to include different forms of the search terms. Inclusion criteria were peer-reviewed, full text, English-language articles with keywords after the abstract. Initially, 20 articles were selected, of which 12 were included (Figure. 1). A further search in the Digital Scientific Archive (DiVA) revealed a doctoral thesis in caring science by Gustafsson (2008). Eriksson's theoretical work "The Suffering Human Being" (2015) was also included. The studies included in the theoretical phase are presented in Table 1.

Similarities and contrasts in the material were determined in accordance with Schwartz-Barcott and Kim (2000, p. 137). The analysis focused on identifying explicit and implicit meanings of reconciliation, in the literature. Examples of organizing and analyzing the literature are presented in Table 2.

The theoretical phase ended with a suggested working definition for the forthcoming fieldwork phase in accordance with Schwartz-Barcott and Kim (2000). The working definition is presented in the Results section.

Methods in the fieldwork phase

The fieldwork phase is intended to confirm or disprove the working definition and, in order to do so, the hybrid model recommends observations such as interviews with patients (Schwartz-Barcott and Kim 2000). However, in line with the focus and the ethics of this concept analysis, autobiographies were considered an alternative to interviews with patients at the end of life. In order to ensure the relevance of the autobiographies based on the selected palliative care perspective, the inclusion criteria were authors' own description of experiences associated with incurable illness until the end of life, written in the Swedish language and published since the year 2000. Inclusion criteria were formulated to ensure the relevance of autobiographies in the palliative care perspective. The Swedish-language autobiographies had to contain descriptions of the persons' own experiences associated with incurable illness until the end of life. The autobiographies by Ingesson and Ekblom Ystén (2016), Gidlund (2013), and Lindquist (2004) were selected.

A qualitative content analysis was used, with focus on the latent content in the reading of the autobiographies (Graneheim et al. 2017; Graneheim and Lundman 2004). The autobiographies were read several times in order to gain a sense of the whole and 2 of the authors individually selected meaning units in the form of quotations, while keeping the working definition of reconciliation in mind. The latent content is presented in the form of subthemes and themes to reveal latent messages. Examples of the analysis process in accordance with Graneheim and Lundman (2004) are presented in Table 3.

Methods in the analytical phase

In the analytical phase, the third phase, the analyses continued with inquiring into what had emerged about reconciliation in the theoretical- and fieldwork phases based on the following questions: *How much is the concept applicable and important to nursing? Does the initial selection of the concept seem justified? To what extent do the review of literature, theoretical analysis and empirical findings support the presence and frequency of this concept within the population selected for empirical study?* (Schwartz-Barcott and Kim 2000, p. 147)

Results

The theoretical phase, fieldwork phase and analytical phase are presented in the result section. Reconciliation as a concept is highlighted from different perspectives in order to formulate a working definition. Content from the autobiographies of Ingesson and Ekblom Ystén (2016), Gidlund (2013), and Lindquist (2004) that corresponds with the working definition is presented, as are the results of the final analysis of the previous phases.

Results from the theoretical phase

The different reconciliation perspectives revealed by the literature were reconciliation in theology – peace and conflict studies, reconciliation in a semantic analysis, reconciliation in health sciences, and reconciliation in palliative care.

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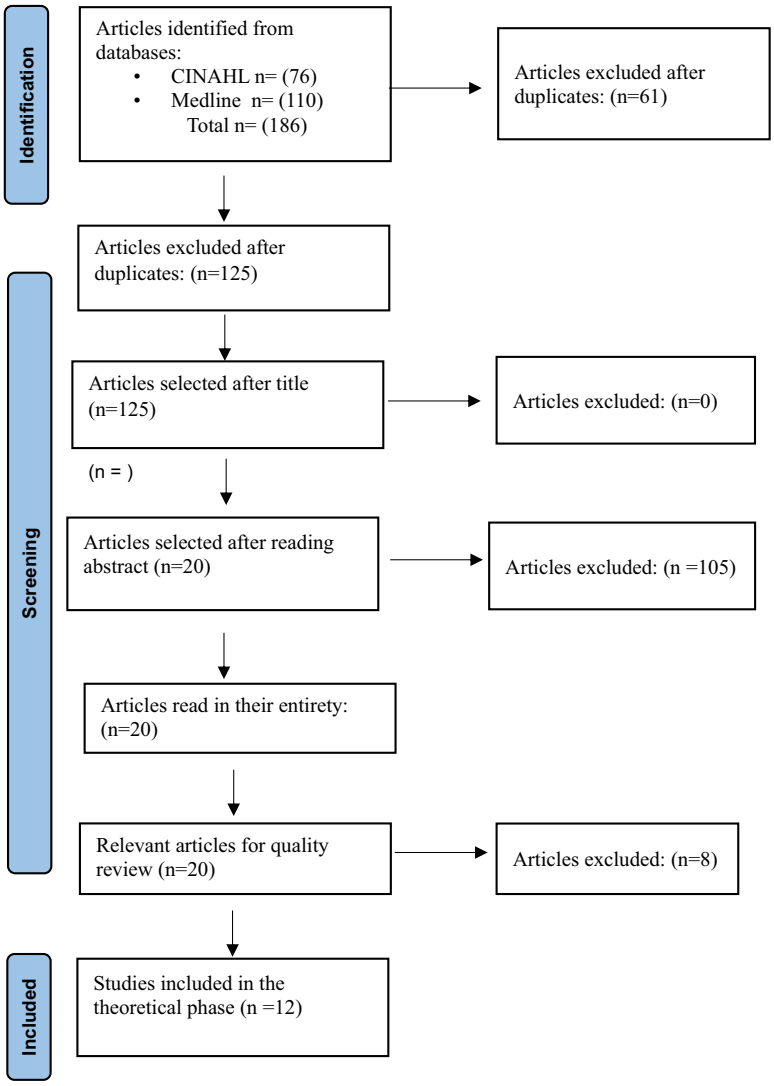


Figure 1. Flow diagram of the search process (Page et al. 2021).

Reconciliation in theology

As a concept reconciliation has a clear foundation in theology as well as in peace and conflict studies. The original Swedish meaning of reconciliation was to settle a fight. In Judaism and Buddhism, suffering is considered an inescapable part of life and destiny. Therefore, reconciliation can only be achieved if people accept suffering. According to Islam, reconciliation can involve finding meaning in life events by trusting God (Gustafsson 2008). In Christianity, reconciliation can be described as a feeling of God's fellowship and love (Eriksson 2015; Gustafsson 2008). In research on peace and conflict, reconciliation has been described as the creation of good relations between conflicting parties. Achieving acceptance can be seen as a central attribute of the concept. In sociology and criminology, reconciliation is considered an ongoing process between people (Gustafsson 2008).

Reconciliation in a semantic analysis

In a semantic analysis by Gustafsson (2008), reconciliation has several meanings including establishing, overcoming, unifying, enduring, and purifying. Reconciliation as establishing can concern the self, life, and suffering. Through reconciling, a new wholeness can be formed, which can enable people to see meaning in their suffering. Clearing away what is immaterial with confidence in the future provides a clearer picture of the whole, including the self and the outside world. Absorbing suffering while facing it can lead to acceptance of suffering as something bearable. Overcoming through reconciliation can mean moving from what is to what will be. Overcoming suffering can inspire feelings of freedom and control over one's own life. Reconciliation with suffering can therefore be seen as a survival strategy (Gustafsson 2008).

Reconciliation in health sciences

In health sciences and caring contexts, reconciliation is linked to acceptance. The acceptance of life experiences involves healing through self-knowledge and knowledge about suffering to become whole. In order to become whole, parts of life that have been experienced as negative need to be seen as part of the whole. Feelings of clarity, peace and harmony were found by reconciling with death. Achieving reconciliation can therefore mean a life of hope and the belief that better days will come regardless of life's uncertainty (Benzein et al. 2001; Gustafsson 2008).

Experiencing a sense of wholeness leads to health. Unifying the past and the future inspires a sense of control and perfection in life. Regardless of context, the experience of wholeness leads to an impression of community in the world and contributes to a

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Table 1. Presentation of the studies included in the theoretical phase

Author, year of publication, and country of study	Title	Aim	Participants	Method	Main result
Benzein E, Norberg A, and Saveman, B-I (2001) Sweden	The meaning of the lived experience of hope in patients with cancer in palliative home care.	The aim of this study was to illuminate the meaning of the lived experience of hope in patients with cancer in palliative home care.	Nurses from primary healthcare, hospital-based home care and a palliative care team ($N = 11$)	Qualitative method empirical study. Narrative interviews.	The result shows a tension between hope for something, meaning hope of being cured, and living in hope meaning reconciliation and comfort with life and death.
Chao C C-S, Chen C-H, and Yen M (2002) Taiwan	The essence of spirituality of terminally ill patients.	The purpose of this study is to explore and describe the essence of spirituality of terminally ill patients in Taiwan in order to develop some culturally relevant care models in the context of hospice palliative care.	Terminally ill cancer patients in a hospice ($N = 6$)	Qualitative In-depth unstructured interviews	The essence of spirituality of terminally ill patients results in communion with a higher being, communion with others, communion with nature and communion with self.
Keeley M P (2007) Texas USA	'Turning toward death together': The functions of messages during final conversations in close relationships.	To examine the messages and the functions of end-of-life communication by exploring relational partners' stories of their final conversations (FCs) with a loved one.	Participants with relationships to the dying person: Immediate family (e.g., spouse, child, sibling, or parent of the dying person) extended family member (e.g., grandchildren, niece/nephew, aunt/uncle), close friends who described themselves as closer than family ($N = 55$)	Interviews retrospective interviews	The result show five primary messages of partners**'** final conversations with their loved one; love, identity, religion/spirituality, routine/everyday content, and difficult relationship issues.
Mok E, Lam W M, Chan L N, Lau K P, Ng J S C, and Chan K S (2010a) Hong Kong	The meaning of hope from the perspective of Chinese advanced cancer patients in Hong Kong	This article reports a study to examine the meaning of hope from the perspective of Chinese advanced cancer patients in Hong Kong.	Palliative care unit including inpatients and outpatients ($N = 17$)	Qualitative Semi-structured interviews	Advanced cancer patients' meaning of hope consisted of 5 themes: living a normal life, social support, actively letting go of control, reconciliation between life and death and wellbeing of significant others.
Mok E, Lau K-P, Lam W-M, Chan L-N, Ng J S C, and Chan K S (2010b) Hong Kong	Health-care professionals' perceptions of existential distress in patients with advanced cancer.	This paper is a report of an exploration of the phenomenon of existential distress in patients with advanced cancer from the perspectives of healthcare professionals.	Palliative care unit including professional staff ($N = 23$)	Qualitative Focus groups interviews	Three causal conditions of existential distress were identified: anticipation of a negative future, failure to engage in meaningful activities, and relationships and having regrets.
Axelsson L, Randers I, Jacobsson S H, and Klang, B (2011) Sweden	Living with haemodialysis when nearing end of life.	The aim of this study was to describe and elucidate the meanings of being severely ill living with haemodialysis when nearing end of life.	Severely ill adults with end stage renal disease (ESRD) ($N = 8$)	Qualitative Serial qualitative interviews A phenomenological hermeneutical method	Three themes were identified: being subordinate to the deteriorating body, changing outlook on life and striving to uphold dignity. Living with haemodialysis at the end of life can be understood as suffering simultaneously with reconciliation and well-being.

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Table 1. (*Continued.*)

Author, year of publication, and country of study	Title	Aim	Participants	Method	Main result
Ho A, H Y, Leung P P Y, Tse D M W, Pang S M C, Chochinov H M, Neimeyer R A, and Chan C L W (2013) Hong Kong	Dignity amidst liminality: Healing within suffering among Chinese terminal cancer patients	This study critically examines the concepts of dignity and liminality at the end-of- life, in an effort to better understand the processes of healing within suffering among Chinese terminal cancer patients receiving palliative care services in Hong Kong.	Terminal cancer patients and their families receiving palliative care services ($N = 18$)	Qualitative ethnographic Meaning-oriented interviews	Dignity in the liminal space between living and dying resulted in 2 main themes: personal autonomy, and family connectedness.
Tornøe K A, Danbolt L J, Kvigne K, and Sørlie V (2015) Norway	The challenge of consolation: nurses' experiences with spiritual and existential care for the dying – a phenomenological hermeneutical study.	The aim of this study is to describe nurses' experiences with spiritual and existential care for dying patients in a general hospital.	Registered nurses (RN) in a combined medical and oncological ward ($N = 6$)	Qualitative Individual narrative interviews Phenomenological hermeneutical method	The result consists of 3 themes: the elusive entanglement of suffering, spiritual and existential care and conveying consolation
Durepos P, Sussman T, Ploeg J, Akthar-Danesh N, Punia H, and Kaasalainen S (2019) Canada	What does death preparedness mean for family caregivers of persons with dementia?	The purpose of this study was to clarify the concept of death preparedness for family caregivers in dementia.	Theoretical study, included articles ($N = 63$)	Concept analysis Rodgers' evolutionary method	The concept analysis resulted in 7 attributes: knowing and recognizing symptoms of decline in dementia and what dying looks like, understanding emotions and grief responses, accessing and appraising supports needed to manage, plan, and provide care around death, organizing affairs and completing tasks in advance, accepting that losses are inevitable and imminent, reflecting on caregiving, finding meaning, a 'silver lining' and closing, reconciling and renewing relationships, completing the family member's life.
Koper I, Roeline W, Pasman H, Schweitzer B P M, Kuin A, and Onwteaka-Philipsen B D (2019) Netherlands	Spiritual care at the end of life in the primary care setting: experiences from spiritual caregivers – a mixed methods study.	This study aimed to provide an overview of the practice of spiritual caregivers in the primary care setting and to investigate, from their own perspective, the reasons why spiritual caregivers are infrequently involved in palliative care and what is needed to improve this.	Participants from two professional associations for spiritual caregivers: the Spiritual Caregivers Association (VGVZ), and Humanistic Covenant (HV) ($N = 31$)	Sequential mixed methods Online questionnaire with structured and open questions	Spiritual care at the end of life helps patients find meaning, acceptance or reconciliation, paying attention to the spiritual issues of relatives of the patient and helping them all to say farewell.
Renz M, Bueche D, Reichmuth O, Schuett Mao M, Renz U, Siebenrock S, and Strasser F (2020) Switzerland	Forgiveness and reconciliation (F/R) processes in dying patients with cancer.	The study explored the dynamics, trajectories and phases of F/R processes in patients approaching death.	Three interdisciplinary units at a hospital, dying patients with cancer ($N = 50$)	Mixed-method exploratory study Participant observation combined with interpretative phenomenological analysis and descriptive statistical analysis. A semi-structured observation protocol.	The result show that conflicts were complex and involved relational, biographical, and spiritual layers. Motivation to seek forgiveness and reconciliation were imminent death, a mediating third party, acceptance, and experiences of hope.

(*Continued*)

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Table 1. (*Continued.*)

Author, year of publication, and country of study	Title	Aim	Participants	Method	Main result
Tan-Ho G, Choo P Y, Patinadan P V, Low C X, and Ho A H Y (2020) Singapore	Blessings or burdens: an Interpretative Phenomenological Analysis (IPA) study on the motivations and their impact on end-of-life caregiving among Asian family caregivers.	This paper explores the motivations that drive family caregivers in supporting their family members at the end-of-life and critically examines how internal appraisal processes of such motivations can both positively and negatively impact their wellbeing.	Primary family caregivers who were tending to a dying family member ($N = 20$)	Qualitative Interpretative phenomenological analysis	The result present 6 caregiving motivations: honoring fidelity, alleviating suffering, enduring attachment, preserving gratitude, navigating change, and reconciling with mortality.

Table 2. Example of the format for organizing and analyzing the literature

Reference	Explicit	Implicit	Examples	Comments
Gustafsson 2008	To resolve a fight between different parties	Create acceptance, Harmony, and unity	Between people/countries/tribes	Conflict perspective
Gustafsson 2008	Reconciliation with suffering as part of life	Create wholeness		Judaism Buddhism
Gustafsson 2008	Reconciliation concerns trust in God	Finding power in something greater than the self	Finding strength through faith in difficult moments	Islam
Gustafsson 2008	Communion with God	The relationship with God is strengthened through reconciliation		Christianity
Gustafsson 2008	Reconciliation between people	Acceptance	Between the victim and the practitioner	Criminology Sociology
Gustafsson 2008	Endure		Enduring suffering	Semantic analysis
Benzein et al. 2001; Gustafsson 2008	Acceptance of suffering and illness	A life in hope		Caring science
Chao et al. 2002; Durepos et al. 2019	Mutual forgiveness among loved ones	Inner harmony	Preparing for death	Palliative care Relatives' perspective
Gustafsson 2008; Tan-Ho et al. 2020	Reconciliation with an impending death	Create precious memories	Less suffering for relatives	Palliative care Relatives' perspective
Keeley 2007	Relationship reconstruction	Relatives can move on		Palliative care Relatives' perspective
Benzein et al. 2001; Mok et al. 2010a	Preparation for and acceptance of death	Living a hopeful life		Palliative care Patient perspective
Chao et al. 2002	Mutual forgiveness among loved ones	Inner harmony		Palliative care Patient perspective
Axelsson et al. 2011	Reconciliation is something continuous			Palliative care Patient perspective
Mok et al. 2010b; Tornoe et al. 2015	Healthcare professionals can help patients achieve reconciliation	Helps the patient achieve acceptance and a new wholeness		Palliative care Health-care professional perspective
Eriksson 2015; Koper et al. 2019	Reconciliation as a part of spiritual care	Finding meaning and creating wholeness		Palliative care Health-care professional perspective

transition from loneliness to community, thus enhancing a person's ability to discover new things in life (Gustafsson 2008).

Reconciliation may be achieved in a changed reality (Gustafsson 2008) and provides new strength to overcome suffering (Eriksson 2015). Failure to reconcile with suffering can lead to a sense of futility, while reconciliation can give meaning to life despite illness. Reconciliation might mean a shift from something that has been to something new. Through acceptance of one's life story, the true self can be shown without the need to hide behind a constructed ideal self-image (Gustafsson 2008).

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Table 3. Application of qualitative content analysis in the analysis of the autobiographies with meaning units, interpretation of the latent content based on the working definition, subthemes, and themes

Meaning units	Interpretation of latent content based on the working definition	Subthemes	Themes
Gidlund (2013): That I have cancer. That I am dying. That I am not even 30 years old. That's how I wake up every day. That is what it feels like. I will be there for a while. Then I realize that every day is like a birth. I breathe deeply, time and time again more than ever and get up. Thinking I just have to bite the bullet. And get back in the game. Then I put my pants on, one leg at a time, to try and do something sensible with the time that is left. (p. 46).	Reconciliation can mean the creation of meaning in life, which can be done by changing one's perspective. Becoming ill can change life and everyday life. Reasoning can be a way for human beings to cope with this change and see meaning in life.	Reconciling with life	Achieving reconciliation
Ingesson and Ekblom Ystén (2016): I think everyone felt the same way. Like me, they knew the cancer would kill me, but somewhere along the way we had probably all begun to imagine that it would not happen. You fool your brain to live in the present. (p. 193).	One obstacle to reconciliation may be not wanting or being unable to see life as it is. At the same time, a person may choose not to see and acknowledge certain events in life as a way to reconcile with their situation.	Not reconciling with life	Not achieving reconciliation

Reconciliation in palliative care

In palliative care, reconciliation is linked to other concepts and contexts. Experiencing reconciliation between life and death is a prerequisite for living in hope. Emotional and practical preparation for acceptance of death is described as central to living a hopeful life (Benzein et al. 2001; Mok et al. 2010a). As a terminally ill person, being able to reconcile with life and its changeability can mean an existence in well-being. Reconciliation, on the other hand, is not seen as a condition per se but as something that goes hand in hand with illness (Axelsson et al. 2011).

Achieving reconciliation concerns gaining inner harmony, but also mutual forgiveness among relatives (Chao et al. 2002). Reconciliation can be expressed by planning for death together with relatives (Durepos 2019). Achieving reconciliation means that relatives are able to talk about the person who has died without being overwhelmed by pain and sadness (Gustafsson 2008). Reconciling with the impending death of a family member means embracing life and precious memories while they remain (Tan-Ho et al. 2020). Reconciliation in the form of conflict resolution may be important in the final conversation between relatives and the person who is dying. By resolving conflicts and rebuilding relationships, loved ones do not need to be remorseful about the past. In palliative care, the nurse can help patients achieve reconciliation by trying to resolve conflicts (Keeley 2007; Mok et al. 2010b)

For patients with serious illness, the connection between reconciliation and forgiveness means the restoration of broken relationships (Ho et al. 2013). The awareness of a limited life span evokes a need to reconcile thus achieving reconciliation may lead to a peaceful death (Keeley 2007; Renz et al. 2020). The nurses' support in a patient's reconciliation could be seen as a form of spiritual care (Koper et al. 2019; Tornøe et al. 2015).

The working definition of reconciliation in palliative care

Reconciliation means striving to settle a conflict and in palliative care the concept can be described as striving for acceptance, living in a truthful way, as well as to forgive and be forgiven. People wish to create meaning and to reconcile as a whole in body, spirit, and soul. At the end-of-life people strive to reconcile by uniting suffering, life, and death, as well as their relationship with their loved ones. Reconciliation is something ongoing; a force in what has been, what is, and what will be.

Result from the field work phase

Two themes emerged: "achieving reconciliation" and "not achieving reconciliation." The first theme has 3 subthemes: reconciling with life, reconciling with death, and reconciling with a changed self-image. The second theme has three subthemes: not reconciling with life, not reconciling with death, and not reconciling with a changed self-image.

Achieving reconciliation

Reconciling with life

To be reconciled to life is accepting the situation and life as it is including the fact that life and illness cannot be controlled. It can be challenging to let go and accept what is, but by doing so, people have the opportunity to reconcile with existence.

> Sometimes it makes no sense to analyse mistakes and decisions. Sometimes things do not go your way. Somehow you must accept it as both a coach and a player and move on. Anyone who thinks he can control everything that happens will ultimately not be able to control anything, (Ingesson and Ekblom Ystén 2016, p. 185)

To reconcile with life entails the creation of meaning in life, which is achieved by a change of perspective. Becoming ill is life changing and affects everyday life. Reasoning works as a way of coping with change and seeing meaning in life.

> That I have cancer. That I am dying. That I am not even 30 years old. That is how I wake up every day. That is what it feels like. Then I will be there for a while. Then I realise that every day is like a birth. I breathe deeply, time and time again more than ever and get up. Thinking I just have to bite the bullet. And get back in the game. Then I put my pants on, one leg at a time, to try and do something sensible with the time that is left. (Gidlund 2013, p. 46)

Reconciling with life involves creating new goals and seeing the positive in what is in the situation; it can be achieved by accepting

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suffering as a part of life. The awareness that death is near entails a need to live for the moment, without thinking about what will happen in the future.

> I am going to die of Amyotrophic Lateral Sclerosis (ALS) unless something unexpected happens. There are two ways of looking at it. One is to lie down, be bitter and wait. The second is to try to make sense of the misery. To look at it positively, no matter how trivial it may sound. My path is the second one. Logically, therefore, I have to live in the here and now. In fact, there is no bright future for me. But one brilliant here and now. That is how children live. For the moment. Nothing is coming next. That is why I laugh like a child. Uncontrollably. (Lindquist 2004, p. 84)

Reconciling with relatives can be meaningful in order to reconcile with life. Sometimes there has already been a reconciliation with relatives and loved ones so no further apologies, explanations or words are necessary. The relationship with loved ones continues as before without conflicting interests.

> One late afternoon, my two lives meet in bed. Ulrica and Carin are here. Their father has come here with his daughter from a marriage before his and mine. [..] There is no need for any conciliatory words because we have never been enemies. (Lindquist 2004, p. 177–178)

Reconciling with death

To be reconciled to death at the end of life means that death is accepted as part of life even though the urge to live is strong. Acceptance of death enables a person to say goodbye to relatives, which can be seen as important at the end of life. Reconciliation may therefore arise as a result of final conversations with relatives.

> I am ready, but I am not done. I sense you never will be in these situations: no matter how much time the doctors give you, it will still be too little. [..] At least now I have done what I was supposed to do: said goodbye to my loved ones, said goodbye to my friends, reconciled with the thought of dying. (Ingesson and Ekblom Ystén 2016, p. 214)

Reconciling with death means that a person reflects on funeral arrangements. Thinking about one's own funeral makes death something that can be controlled. Even though death itself is uncontrollable, the funeral preparations can be an expression of reconciling with death.

> This morning I was standing in the place where I want to be buried. I get caught in the sentence, because I understand it is a sentence to get caught in. But for me, it does not hurt. I made up my mind a long time ago. You can see the roof on our house from there. My brother's upstairs window. (Gidlund 2013, p. 76)

Reconciling with death means the acceptance that life has an end. Reconciling with death brings people closer to life. Impending death contributes to a reformulation of the meaning of life and endows life with a greater value than before.

> It is amazing - I do not actually want to be without this part of my life! I have a very limited time left here. But it is only now that I feel present. Death brings me closer to life. (Lindquist 2004, p. 199)

Reconciling with a changed self-image

To be reconciled to a changed self-image means accepting the self as it was and as it is today. It can be difficult to accept a changed self-image. On the other hand, accepting who you have been and who you are leads to inner power and strength. Being fully reconciled to oneself means accepting deficiencies so that one's self-image gains a new and unexpected form.

> You would think that such an insight makes you pause a little in life - that it would make you think again and be a little nicer to yourself. But it is what it is. You can learn to understand why you do what you do, but at the end of the day you are who you have always been. You learn to live with it. (Ingesson and Ekblom Ystén 2016, p. 182)

Reconciling with one's own changed body is a source of well-being. The body is important for achieving reconciliation with the bodily part of the self and with an altered self-image.

> I saw my slightly tanned face. And felt right there and then that I looked pretty good after all, for the first time since hell started for the second time. (Gidlund 2013, p. 35)

Emotionally separating what feels healthy from what feels ill is a way to create a self-image in which a person feels well. Focusing on the spirit when the body feels ill is a form of reconciling with the self. By focusing on what is perceived as good and beautiful, reconciliation becomes a constructive force in which suffering is processed.

> I am not my body. I am in it. It is ill, but my spirit is healthy. My self is my soul and it is strong. Suffering can be my strength. The primal force. Like when the baby's head rotates out of the womb. I know how it is going to end. Makes me strong. Calm (Lindquist 2004, p. 90)

Not achieving reconciliation

Not reconciling with life

To not reconcile with life may be due to not wanting or being able to see life as it is. At the same time, a person may choose not to acknowledge certain events in life as a way to reconcile with what is happening.

> I think everyone felt the same way. Like me, they knew the cancer would kill me, but somewhere along the way we had probably all begun to imagine that it would not happen. You fool your brain to live in the present. (Ingesson and Ekblom Ystén 2016, p. 193)

Not reconciling with death

To not reconcile with death may come from an inability to accept death as part of life. Not reconciling with death is influenced by a strong will to live. Living an existence threatened by incurable illness brings feelings of sadness and pain. Even though death is present, it is denied.

> I even think the silent man is here at the motel. In the same house, death sits with a cigarette. On the edge of the bed. Fully clothed. I put the latch on the door. Make sure it is locked. Close the curtain. In my loneliness, I might be safe. I will give it a try. One more time. And another one. In my head, reality continues to burn. (Gidlund 2013, p. 34)

Not reconciling with a changed self-image

To not reconcile with a changed self-image, no longer being who you once were can result in spiritual agony and thoughts about how to accept the new self. It can be difficult to achieve bodily reconciliation when the body has changed and affects the self-image. There is a wish for everything to remain the same.

> How is a middle-aged person who has always celebrated independence going to learn how to accept having to be looked after like a child? How is a woman who still wants to be attractive to her husband going to learn to accept that she probably is not anymore? (Lindquist 2004, p. 134)

Feeling attractive is important for reconciling with one's self-image.

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Results from the analytical phase

Based on the analytical questions described in the method, the analytical phase is a continued adaptation and interpretation of what emerged about reconciliation in the theoretical- and fieldwork phases (Schwartz-Barcott and Kim 2000).

The concept of reconciliation is applicable to and important for palliative care nursing. The choice of reconciliation as a concept can be justified by its original meaning in the Swedish language, which was to settle a fight. Gustafsson (2008) has shown that reconciliation is essential in nursing. In addition, reconciliation is an important anchor in Eriksson's theory (Eriksson 1987, 2015). Reconciliation is considered a concept of relevance in palliative care (Gustafsson 2008, 2012).

Comparing what emerged about reconciliation in the theoretical and the fieldwork phase largely supported our working definition of reconciliation in palliative care. Reconciliation as a quest for acceptance, to live in a truthful way with oneself and be able to forgive and be forgiven has been mentioned both in the scientific literature (Chao et al. 2002; Durepos et al. 2019; Eriksson 2015; Gustafsson 2008; Ho et al. 2013) and in the autobiographies (Gidlund 2013; Ingesson and Ekblom Ystén 2016; Lindquist 2004). The literature on palliative care emphasizes that reconciliation can mean resolving conflicts in human relationships, for which forgiveness is a prerequisite (Keeley 2007; Mok et al. 2010b; Tornøe et al. 2015).

The literature, theoretical analysis, and findings support the presence and frequency of reconciliation within the autobiographies selected for empirical observation. Acceptance has been highlighted as an important meaning of reconciliation. It is clear in both the scientific literature and the autobiographies that reconciliation means acceptance of what has been, what is, illness, death, and an altered self-image (Benzein et al. 2001; Eriksson 2015; Gustafsson 2008; Mok et al. 2010a). In the subtheme reconciling with death, based on the interpretation of the autobiographies by Ingesson and Ekblom Ystén (2016), reconciliation with death can be achieved even when the will to live is strong. Lindquist (2004) outlined the difficulty of accepting oneself physically and spiritually since becoming terminally ill.

The wish to create meaning in life and existence is an important understanding of reconciliation. Reconciliation creates meaning, which has been emphasized in caring science as a way of overcoming experienced suffering (Eriksson 2015; Gustafsson 2008). In the interpretation of the autobiographies dealing with constructing meaning by changing one's perspective on life, as described by Gidlund (2013), reconciliation involves the construction of meaning in relation to peoples' existence. Therefore, in the working definition "People wish to create meaning" can be reformulated as "People wish to create meaning in their existence." This modification of the working definition is based on what emerged in the fieldwork phase and the analytical phase.

To reconcile as a whole in body, soul, and spirit means striving towards health. Reconciliation as an experience of wholeness entails feelings of hope and fellowship despite illness (Benzein et al. 2001; Gustafsson 2008; Mok et al. 2010a). The feeling of being a whole consisting of different dimensions emerged in the subtheme reconciling with a changed self-image; the bodily dimension of the self feels ill, while the spirit and soul feel healthy.

At the end of life, struggling to reconcile through unifying suffering, life and death, as well as reconciling with relatives, emerged as an essential meaning of reconciliation both in the scientific literature and the autobiographies. Reconciliation is a way of unifying what has happened, what will happen and what has caused suffering and death. By considering suffering, life and death as united, people reconcile their existence with an incurable illness; a limited life span brings the person closer to life and makes her/him feel more alive than before.

That reconciliation is an ongoing force in what has been, what is, and what will be can be seen in relation to peoples' ever-changing existence. Whether reconciliation touches on life, death, or a changed self-image, the meaning of the concept is dynamic and changeable in the same way as people's existence (*cf.* Axelsson et al. 2011). The wish to reconcile has been confirmed by analyzing the working definition of reconciliation in palliative care. The need for reconciliation in palliative care is strengthened by the notion of a limited life span (Keeley 2007).

"Not achieving reconciliation" did not emerge to the same extent as the theme "achieving reconciliation." Finding a rebuttal to the elaborate working definition of a concept can be seen as confirmation of the definition (Schwartz-Barcott and Kim 2000). Therefore, the theme not achieving reconciliation and the subthemes not reconciling with life, not reconciling with death, and not reconciling with a changed self-image, may be seen as proof of the relevance of the working definition within the chosen perspective, namely palliative care.

A final definition of reconciliation in palliative care

Reconciling means striving to settle a conflict, and in palliative care reconciliation can be described as striving for acceptance, to live in a truthful way, to forgive, and be forgiven. People wish to create meaning in their existence and achieve reconciliation as a whole in body, spirit and soul. By striving to unite suffering, life and death as well as a peaceful relationship with relatives, people can achieve reconciliation at the end of life. Reconciliation is something ongoing and can be a force in what has been, what is, and what will be.

Discussion

A broader and deeper understanding of the concept reconciliation in palliative care contributes to the nurse's ability to listen, see, and understand patients' suffering in their pursuit of reconciliation. In caring, nurses encounter patients in their wholeness as people, consisting of body, soul, and spirit (Lindström et al. 2010). The person at the end of life strives for reconciliation with suffering, life and death to gain meaning, wholeness, and a peaceful death. Facing one's own death can evoke a need to reconcile, while achieving reconciliation can contribute to a peaceful death (Ho et al. 2013; Keeley 2007). Not achieving reconciliation at the end of life was less prominent in the autobiographies than achieving reconciliation. However, it illustrates peoples' striving for a peaceful end of life. To forgive and be forgiven can be of importance for reconciliation at the end of life. Forgiveness can be understood as an act and is the outer dimension in striving to reconcile, while reconciliation is the inner striving to reconcile.

The final definition of reconciliation in palliative care is the most important result of this study. It has been demonstrated that the definition originates in philosophy, literature, and peoples' experiences. From a research ethics point of view, it is important that the definition has been shown to have a theoretical and empirical basis, as this can be considered confirmation that the study contains valuable knowledge about reconciliation in palliative care.

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Because of its meaning and relevance within several care contexts, the present final definition of reconciliation in palliative care may be transferable to other contexts. Contributing knowledge about palliative care is important for society due to people living longer, even with chronic diseases (World Health Organization 2020). As the connection between reconciliation and life, death, and an altered self-image is also a philosophical and spiritual issue, this concept analysis may be relevant for people who do not live with a life-threatening incurable illness.

Strengths and limitations

The theoretical phase consisted of 1 dissertation on reconciliation from a health science perspective, which can be seen as a limitation. On the other hand, the dissertation provided a good basis for an initial understanding of the concept within caring science.

The autobiographies included in the fieldwork phase were written by 2 men and 1 woman, which ensures gender equality in the concept analysis. The use of autobiographies instead of interviewing people at the end of life may be seen as a limitation. However, researching experiences of reconciliation in an empirical manner was not considered justifiable from an ethical perspective. The hybrid model recommends 3 to 6 participants for the fieldwork phase, therefore justifying the inclusion of 3 autobiographies. Nevertheless, this can affect the transferability of the result. Furthermore, the selection of quotations was limited in agreement with the publishers. On the other hand, these published autobiographies can be regarded as a strength, as all 3 narrate experiences of palliative phases and describe being seriously ill with an incurable disease.

An understanding of reconciliation facilitates conversations about its meaning in palliative care. Patients who strive to achieve reconciliation can be more easily identified and supported. An understanding of one's own reconciliation regarding life, death, and self-image contributes to personal and professional development in caritative caring. Clarifying what reconciliation means in palliative care can lead to more sustainable care of patients with incurable illness.

Practical implications

A broad and deep understanding of the concept of reconciliation in palliative care can be seen as a tool for nurses, which can help them to think differently when meeting patients and their relatives at the end of life. Thanks to the deeper understanding of reconciliation, conversations can be held about the meaning of the concept with both personnel and patients in palliative care. For instance, by using the themes and subthemes that emerged from the empirical phase; achieving reconciliation based on the subthemes reconciling with life, reconciling with death, and reconciling with a changed self-image; and not achieving reconciliation based on the subthemes not reconciling with life, not reconciling with death and not reconciling with a changed self-image, such conversations could guide nurses when caring for people in palliative care. Patients striving to achieve reconciliation can be identified and supported to a greater extent. This conceptual analysis can also be useful as a basis for supervision of nursing students and personal in palliative care to increase the understanding and knowledge of reconciliation.

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