

A Concept Analysis of Gratitude in Patients Based on Rodgers' Evolutionary Method

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ABSTRACT

This article presents a concept analysis of the gratitude experience of diseased patients. The Rodgers' Evolutionary Method was used for conducting the analysis. A search of CINAHL, MEDLINE, PsycARTICLES, and Springer databases was conducted using "gratitude or appreciation or thanks" and "patient or illness" as a key word, 22 final articles were selected. Three critical attributes of gratitude in patients were identified: positive emotions, acceptance of the current status, and a driving force to plant the will of life. In addition, two antecedents of gratitude in patients were identified: interactions with people or the environment, and the perception of a favorable stimuli or help. Two consequences of gratitude in patients were identified: an increased compliance in implemented treatment, and an enhancement of trust relationship. The concept analysis describes diseased patients' gratitude. This paper will become the basis for future clinical research related to diseased patients' gratitude.

Key words: *Gratitude, Emotion, Patients, Nursing, Concept Analysis.*

1. INTRODUCTION

Over the past decade, positive psychology has emerged as an area of psychology that considers an individual's strength and the potential influencing factors [1]. Concurrently, human strengths have become of great interest. According to the VIA (Values In Action) taxonomy, which was created to illuminate the positive aspects of humans, universal strengths can be classified into 24 types, with gratitude as one of the best virtues [2], [3]. Consequently, many viewpoints have been proposed. Gratitude is a feeling of thankfulness or appreciation for gifts or favors [4] that are considered by positive psychologists as mainly positive emotions. Emmons and Crumpler [5] reported that gratitude is the emotional response to an altruistic gift to enhance the personal and relational well-being. In addition, McCullough *et al.* [6] described gratitude as a response of an individual to a positive experience and perceived offers of help from others. It is a positive emotion and personality trait that is necessary to pursue a psychologically healthy and happy life.

The above mentioned papers discuss the personal aspect of gratitude, but it is also recognized as an important factor in the formation of social relationships. Emmons and Crumpler [5] emphasized the relational virtue of gratitude that involves an increased tendency to repay the received favor, as well as the improvement of the relationship between the recipient and the giver. Due to the fact that a person who receives feels grateful to the person who helped them, Carr [7] suggested that gratitude is a tool for interpersonal relationships or social control. Gratitude is discussed in relation to several situations and is studied not only in psychology but in several other disciplines with an interest in humans. Thus, gratitude is an important concept from the viewpoint of nursing that reflects the environment, health, and nursing as a meta-paradigm.

Previous studies related to gratitude have been extended into various areas such as tool development and intervention effect measurement, as well as the above mentioned definitional aspect; in addition, many studies have suggested that there is a strong relationship between gratitude and an individual's health. Danner *et al.* [8] published results showing that the longevity of nuns who wrote positive words, including those of gratitude, in their autobiographies, was higher than that of nuns who did not. Emmons and McCullough [9] suggested that gratitude, such as writing a thank you diary, can help to

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Manuscript received Dec. 23, 2016; revised Jun. 20, 2017;
accepted Jun. 20, 2017

reduce physical symptoms and promote a sense of satisfaction in university students. Seligman *et al.* [10] emphasized that gratitude is effective to diminish depression in patients who participate in a gratitude program including writing a letter of thanks. In addition, Lau RWL & Cheng ST [11] focused on gratitude as a means to lessen death anxiety. These studies have shown that healthy individuals remove themselves from stressful environments and seek happiness from the experience of gratitude that is expected to have a clinical effect. The first-mentioned studies on gratitude are currently considered to be leading, but the focus is gradually switching to the latter studies.

Cancer patients have a better notion of gratitude towards the many people who surround them [12]. It appears that gratitude is a critical mode among patients with chronic disease.

Thus, gratitude defined in various ways, has been used as a concept that is closely related to human health. However, the gratitude experienced by patients is still ambiguous.

The connection between gratitude and quality of life, well-being, and happiness in people who have not been diagnosed with any illnesses has been studied from a psychological perspective [13]-[20]. Some studies in individuals with depression have suggested that there is a strong relationship between an individual's health and their tendency towards gratitude [9], [21]. A lot of literature regarding intervention and promoting individual gratitude has begun to appear. The gratitude program including writing letters of thanks is effective in diminishing depression in patients [10].

Despite the positive effect of gratitude on an individual's health, most research has focused on the gratitude experienced by healthy individuals and not patients with illnesses. There is likely to be a clear difference between the gratitude experience of a patient and that of normal individuals, in the context of disease. Therefore, understanding the patients' thoughts and feeling of gratitude is first necessary, in order to use gratitude as a therapeutic in real practice. However, gratitude experience among patients has been rarely studied from a nursing point of view, and consequently, there is insufficient knowledge to explain or understand the concept. Therefore, the present paper attempts to analyze the concept of the gratitude experience among patients.

2. METHODS

2.1 Data Sources

The Rodgers' evolutionary method was used to analyze the concept of gratitude in patients. Rodgers [22] suggested that concepts are dynamic rather than static or fixed, relative rather than absolute, and context-dependent rather than universal. Therefore, Rodgers' evolutionary view was deemed suitable for this paper, because the gratitude experience of a patient is different from that of a healthy individual who doesn't have a disease [23].

A search of the CINAHL, MEDLINE, PsycARTICLES, and Springer databases was conducted using "gratitude or appreciation or thanks" and "patient or illness" as a key word. Articles were limited to available full text publications in the

English language, and the publication year was not limited. The search yielded 195 articles. Duplicate articles were deleted and the work was screened to encompass only articles related to patients, by checking the title and abstract of each paper. Through this process, 12 records were selected, along with 10 additional articles, yielding 22 final articles. Two researchers carried out this process by using the same searching words and searching engine and made final decisions through video conference with data sharing and discussion.

2.2 Data Analysis

The sources were analyzed based on the evolutionary method of Rodgers [22]. They were classified as research papers, expert opinions, essays, and books, assigned an alphanumeric code based on the nature of the paper (research paper, expert opinion, essay, and book), and put in alphabetical order according to the name of the first author. There were 18 research reports (13 quantitative research, 5 qualitative research), 3 expert opinions, 5 essays, and 2 books. Each was read and coded for each category of data (attributes, consequences, definitions, and related concepts).

The age of the participants in the studies analyzed ranged from 28 to 87 years and the majority of the participants were female (> 60%) and had completed more than college level education (> 60%). The participants' disease type included various cancers (breast cancer, colorectal cancer, gynecological cancer, lung cancer, and etc.), mental disease (depression, panic disorder, and post-traumatic), AIDS, spinal cord injury, and so on. The period after the onset varied from 1 year to 40 years.

3. RESULTS

3.1 Antecedents

An antecedent is a phenomenon that precedes the appearance of a concept [22]. Two antecedents of gratitude in patients were identified. The first antecedent is the interaction with a person or the environment. Algie & Stanton [24] discussed the gratitude that develops when a particular relationship is welcomed by the recipient. Chun & Lee [23] suggested that the interaction with a person or God can bring gratitude to spinal cord injury patients.

The second antecedent is the perception of favorable stimuli or help. Shadday [25] wrote in her essay that daybreak made her feel thankful and happy if she had feeling in her legs when she opened her eyes in the morning. Ruini & Vescovelli [12] suggested that gratitude comes from the acts of benevolence and kindness of others. Chun & Lee [23] showed that traumatic spinal cord injury patients feel grateful and receive perception of benefit from their experience; and Webster [26] reported that she felt grateful when the doctor expressed confident words regarding treatment. Stephen & Bruce [27] discussed the fact that when a doctor touches the hand of a distressed patient, the patient feels grateful and actively seeks warm favors. The former antecedent precedes the latter, or both antecedents could occur simultaneously.

3.2 Critical attributes

Three critical attributes of gratitude in patients were identified: (1) Positive emotion
(2) Acceptance of the current status
(3) Driving force to plant the will of life (Figure 1).

3.2.1 Positive emotion: The first attribute of gratitude in patients is positive emotion. The person experiencing the gratitude shows a positive view and feeling through positive words and behaviors [11], [12], [23], [26], [28]-[30]. In addition, experiencing gratitude may have numerous positive effects on the mental health of an individual. Chang *et al.* [29] discussed gratitude as a positive state of mind or feeling, and Algoe & Stanton [24] stated that gratitude is an emotion that leads in a good direction.

3.2.2 Acceptance of the current status: The second attribute of gratitude in patients is acceptance of the current status. Patients that feel grateful recognize and accept the state of their disease and feel relieved by their current status when they see another patient with a worse prognosis [23], [25], [30]. Moreover, they are satisfied that they are still alive [28], have options of treatment, and tolerance to the treatment [12], [23], [26], [28], [30].

3.2.3 Driving force to plant the will of life: The third attribute of gratitude in patients is the driving force to plant the will of life. It inheres in the wish to repay the person who granted help or a favor, and the power to make an effort to be better than before. The patient's gesture of repaying the favor is expressed as behaviors of attempting to manage their illness better, due to family or clinical workers making them feel grateful in their recovery [27]. Patients who are faced with the crisis of death, in particular cancer patients, think of their current life as a second chance [23], [25], and have the wish to help others [31], and make changes within themselves [6], [23]. Lau & Cheng [11] reported that gratitude changes a patient's perception of their life. Furthermore, Chun & Lee [23] suggested that gratitude offers a meaning to life, resulting in the view of life as gift, thus planting a will for life. Webster [26] stated that when depressed, she did not wish to, nor think about anything at all because of her disease. After experiencing gratitude, she embarked on a life plan. Gratitude makes patients think productively, plan for something, and behave better towards themselves and others.

3.3 Consequences

Two consequences of gratitude in patients were identified. They are increased compliance with the implementation of treatment and the enhancement of trust relationship. In her essay, Webster [26] wrote that since she experienced gratitude as a result of the medical staff, especially the doctor, she more easily trusted their words, willingly took part in the care plan, carried out treatment, resulting in positive changes in her interpersonal relationships. Lau & Cheng [11] indicated that phobia patients reported lessening of traumatic memories and that they embraced and followed their treatment better after experiencing gratitude. Vernon *et al.* [32] showed that feeling

grateful produces a strong relationship between college women who have post-traumatic stress disorder and their caregiver.

3.4 Derived definition

Our definition is derived using Rodgers' analysis. Gratitude in patients is a positive emotion and a driving force to plant the will of life, in which they accept their current status. This is a concept that almost certainly appears after an interaction with a person or with the environment (a thing, an activity, an event, a situation, God, or a state of mind), and with the perception of a favorable stimulus or help. It results in an increased compliance with the implementation of treatment and an enhancement of trust relationship. Identified antecedents have unexpected characteristics and identified consequences have positive characteristics Fig.1.

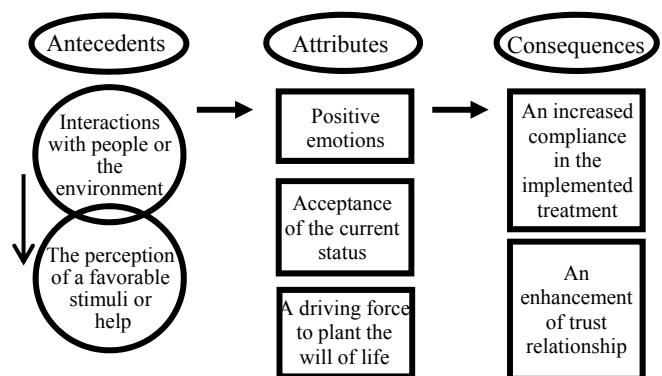


Fig. 1. The antecedents, critical attributes, and consequences of gratitude in patients

4. DISCUSSIONS

The concept of gratitude has long been regarded as one of the great virtues and has been studied from various angles to target the general public [2], [3], [38]. Attempts to apply the concept in clinical practice are based on results that gratitude experience could act positively on the individual's health [24], [39], [40]. However, until now, the concept of gratitude has often been analyzed among people who do not have the disease [24], [25], and is different from gratitude experienced by patients, due to lack of understanding of the context for the disease situation. In other words, the concept of gratitude in patients is not clearly understood and furthermore, research on nursing phenomenon is rare. Therefore, the present study aimed to establish the concept and provide a clear understanding of gratitude that the patient experiences. The study can provide a basis for follow-up research that uses the concept of gratitude among patients in nursing practice.

The degree of gratitude that patients feel varies according to precedents including the severity and retention period of the disease, and the interaction with other people or the environment [23], [24], [41]. In particular, the interaction with God who they can depend upon has an important role [23], [41]. In addition, if help or stimulus was considered favorable under these interactions, they could feel grateful [12], [23], [26], [27]. Otherwise, they could experience negative emotions

such as blame on themselves [42], [43]. Therefore, it is important that nurses, who must necessarily interact with patients in clinical practice and have an obligation to provide nursing service, approach patients therapeutically with these considerations.

Patients who experience gratitude mostly express their status positively and try to see the positive side, as manifested through their words and actions [11], [12], [23], [26], [28]-[30]. This can be a more positive and adaptive mechanism for a variety of stressful and frustrating experiences during the treatment process [24], consistent with positive emotion as the first gratitude attributes of this study.

Furthermore, among the gratitude attributes of this study, acceptance of the current status and driving force to plant the will of life were clear among patients with the disease. Patients who experience gratitude are grateful for the current state of their health, and ability to receive treatment; they also feel a sense of relief that the disease does not worsen and accept their current status [23]-[26], [28], [30]. Also, emotions in response to favors or aid from family and people around or the help with healing process played a role in firmly planting the will of life [6], [11], [23], [25]-[28]. Therefore, extending the attributes of gratitude presented in this study to the nursing process of a patient, would lead a more holistic and therapeutic approach.

The results from the gratitude experience of this study are beneficial to the healing process of all patients and are essential. Firstly, increasing compliance with treatment implementation can reduce the time to debate for the patient as well as medical staff. This leads to good treatment effect because patients accept the opinion of the medical staff and follow rapidly [11], [23], [26]. In addition, the basis of all nursing processes begins in building a trust relationship with the patient. The enhancement of trust relationship, which is the second gratitude consequence of this study, is thought to facilitate the basic process of nursing.

We suggest developing a Mobile Application that tracks gratitude disposition of patients during hospitalization based on the results of this study and using for intervention in future research.

5. CONCLUSIONS

The aim of this study was to analyze the concept of gratitude in patients.

The consequences of the concept appear to be connected with the opinions of Travelbee, who emphasized that nursing involves helping to prevent and deal with a disease and suffering, as well as interpersonal processes to discover the meaning in such experiences. In other words, the enhancement of trust relationship, which results from improved gratitude in patients, has an important meaning in the nursing discipline whose objective is to help a patient; moreover, care is the basis of the relationship between the patient and the nurse.

A limitation of the present study was the very small number of papers selected due to the inclusion criteria of relatedness to patients and gratitude. However, prior studies conducted by the current researcher on measuring the effectiveness of gratitude in patients within a community

setting, was a decisive influence to begin this study. Despite this prior experience, further analysis of concept is required to complement the field work, since the concept is affected by the context.

To date, clinical papers have focused on the positive side, and gratitude has been considered a method for regeneration or improving the quality of life. Future studies must be carried out focusing on these points. However, application between healthy subjects and patients clearly differed with respect to the actual question tools developed to verify the effectiveness and development of an efficient program to be applied to patients.

Thus, this study could be the basis for future clinical research related to gratitude.

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