Group reminiscence among people with end-stage chronic lung diseases

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Background. Reminiscence is a process of recalling long-forgotten memorable experiences and events through verbal interaction between the person eliciting memories and one or more persons. Reminiscence is considered an effective treatment for various groups of people, particularly the elderly.

Aim. This paper describes an intervention study on group reminiscence intervention for people with end-stage chronic lung diseases. The following hypotheses were proposed: (1) Depression in people with end-stage chronic lung diseases will decrease after participating in a reminiscence group. (2) Self-esteem in people with end-stage chronic lung diseases will increase after participating in a reminiscence group. (3) People with end-stage chronic lung diseases will report increased well-being after participating in a reminiscence group.

Methods. The research design was quasi-experimental, using Beck Depression Inventory and Rosenberg’s Self-Esteem Survey pre- and posttreatment, in addition to conducting semistructured interviews after the treatment was finished and qualitatively evaluating outcomes of selected nursing diagnosis. A total of 12 patients participated, 10 women (mean age 70 years) and two men (mean age 86 years). The treatment was provided by two nurses to a group of patients dwelling at a long-term unit for people with end-stage lung diseases located in Iceland. A total of 13 group meetings were held, with 5–8 participants each time. Each group meeting had a preselected focus. It started with a short period of relaxation followed by a selected reading from a biography or from Icelandic literature and then the group discussion started, focusing on the topic of the day.

Results. The first two hypotheses were not supported. The following themes support the third hypothesis: (a) enjoyment, (b) feeling well and (c) closeness and affirmation of self and others.

Conclusions. The purpose of the study was partly achieved. Although hypotheses one and two were not supported, the third was supported by the qualitative
Introduction

To recall memories is a natural occurrence in human life. Throughout life people tap into their memories for various reasons such as communicating, entertaining, coaching and understanding and affirming of self and others. Reminiscence, as a structured process of recalling memories, is considered an effective nursing intervention for various groups of people, particularly, but not exclusively, the elderly. Reminiscence is particularly suitable for elderly people with chronic lung diseases, as these patients are seriously affected emotionally and socially (Jonsdottir 1998).

Results from a study on the effects of group exercise among people with end-stage chronic lung diseases (n = 5) indicated that group participation was helpful to alleviate emotional and social difficulties, particularly to reduce social isolation (Jonsdottir et al. 1996). In the light of these results and the heritage of story telling as a strong thread in Icelandic culture, group reminiscence intervention was initiated as a research project in the care of patients with end-stage lung diseases living in a long-term pulmonary unit in Iceland.

Reminiscence

Reminiscence is ‘a process of recalling long-forgotten experiences, events which are memorable to the person’ (Burnside & Haight 1992, p. 856). According to Burnside and Haight (1992) critical attributes of reminiscence are: (1) verbal interaction between the person eliciting memories and one or more persons, (2) interaction that involves recall or telling of early events or a memorable early experience, and (3) not recalling recent events or experiences.

Language is an essential part of reminiscence. Language as a tool for constructing experience is receiving more and more attention from health professionals and researchers. The making of meaning that takes place through telling another person about one’s life and oneself is referred to as the narrative (Mishler 1986, Polkinghorne 1988, Sandelowski 1994). Polkinghorne further explains the function of the narrative:

[Narrative is a scheme by means of which human beings give meaning to their experience of temporality and personal actions. Narrative meanings function to give form to the understanding of a purpose to life and to join everyday actions and events into episodic units. It provides a framework for understanding the past events of one’s life and for planning future actions. It is the primary scheme by means of which human existence is rendered meaningful (p. 11).

Recalling the past helps people to adjust to life’s changes and thus provides a sense of continuity, integrity and purpose within the person’s current life context. At the same time that recollection of memories is a thinking activity internal to the person, it is also a social activity where people talk together about their memories (Parker 1995).

Reminiscence can take place in pairs or groups. The role of the nurse leading such a group is multiple. Among the functions is to keep the group intact, prevent attrition, skilfully monitor group process, protect the weakest members of the group and use group process skills concurrently implementing the best of each (Haight & Burnside 1993). The nurse does not reframe or push for insight or evaluation. By doing so another intervention is in effect, namely life review, which is frequently and mistakenly used interchangeably with reminiscence. Life-review, however, includes a critical analysis and resolution of troublesome conflicts (Merriam 1989, Haight & Burnside 1993).

Reminiscence has been used for some decades by different health care professions, among them nurses. Studies and anecdotes are abundant and they vary extensively in degree of methodological sophistication, making comparison between studies problematic (Haight 1991, Merriam 1989, Kovach 1990, Parker 1995). It has been maintained that studies lack consistency in conceptualization and operationalization of terms and are even mixed with other interventions as in the case of life-review. The content of reminiscence episodes is seldom reported and the purposes of it are multiple, making intended outcomes differ widely. Therefore, the outcome measurement instruments are various. Measurement instruments specific to the intervention exist but they are inadequate in their validity and reliability. The intervention is carried out in groups and pairs, and time frames for the studies differ widely. There are also several categories or levels of reminiscence indicating different quality. Although the majority of participants are elderly, people differences in

Keywords: reminiscence, group reminiscence, people with chronic lung diseases, nursing intervention, well-being, depression, self-esteem
sample characteristics need to be taken into account when comparing results, and samples are often small making statistically significant findings unattainable.

Research on group reminiscence is abundant and inconclusive as indicated above. Despite this it is generally regarded positively as a practical and effective treatment. Johnson (1999), writing about reminiscence as a nursing intervention, gives an overview of the main outcomes of the intervention, showing mixed results. According to her the intervention has been used to positively influence mood, well-being and life satisfaction. Depression and self-esteem are the most frequently used dependent variables. Reminiscence has also been used to improve behavioural, social, and cognitive functioning and to aid the developmental process of ageing. Table 1 presents an overview of selected nurse-led group reminiscence studies. As the table shows the purposes of the interventions were generally to enhance well-being among the elderly, particularly women, but results are inconclusive.

Negative outcomes of reminiscing are rarely reported (Haight 1991). Reservations are expressed now and then, indicating that patient groups may exist that do not respond favourably to the intervention such as paranoid patients, and people grieving over unresolved loss (Burnside 1990, see Hamilton 1992, Lashley 1993). Therefore, an individual assessment is recommended prior to participation. Bender et al. (1999) maintain that in some cases, an unclear purpose of intervention makes it difficult to evaluate the outcome, which increases the likelihood that patients will be harmed.

Research hypothesis

As the purpose of this group reminiscence intervention was to alleviate emotional and social difficulties, the following hypotheses were proposed:

- Depression in people with end-stage chronic lung diseases will decrease after participating in a reminiscence group.
- Self-esteem in people with end-stage chronic lung diseases will increase after participating in a reminiscence group.
- People with end-stage chronic lung diseases will report increased well-being after participating in a reminiscence group.

Method

The research design was quasi-experimental, with one experimental group only and nonrandom selection of participants for the treatment. No control group was found in the country that allowed for matching participants on disease-related characteristics.

Participants and procedures

A total of 12 patients were available to participate in the treatment, 10 women (mean age 70 years) and two men (mean age 86 years). Each session was attended by 5–8 patients. Dropout was as a result of death (4) and declining to participate (1). Participants were residing in a long-term pulmonary unit. The intervention was incorporated into the daily routine on the unit. The selection criteria were that the

<table>
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<td>Lappe 1987</td>
<td>Randomized two group quasi-experimental design</td>
<td>Increase self-esteem</td>
<td>Elderly residents in nursing homes $n = 83$ Mean age = 82.6 years</td>
<td>Significant difference between experimental and control group ($P = 0.002$).</td>
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<tr>
<td>Burnside 1993</td>
<td>Non-randomized four group quasi-experimental design</td>
<td>Analyse the discussion in relation to themes</td>
<td>Women living independently $n = 67$ Mean age = 74.2 years</td>
<td>Most discussed themes: Favourite holiday, first pet and first job. Relevant selection of themes is a major factor in the success of group reminiscence therapy.</td>
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<tr>
<td>Bramlett and Gueldner (1993)</td>
<td>Non-randomized two group quasi-experimental design</td>
<td>Enhance sense of power</td>
<td>Elders living independently $n = 75$ Mean age = 71.5 years</td>
<td>No difference between experimental and control group.</td>
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<td>Cook 1998</td>
<td>Randomized three group experimental design</td>
<td>Increase life satisfaction</td>
<td>Women residents in nursing homes $n = 36$ Mean age = 82.4 years</td>
<td>Significantly higher life satisfaction in the experimental group compared to the two control groups ($P = 0.03$).</td>
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persons were orientated, able to express themselves, had intact memory, were interested in participating in a group discussion about their experience and were physically able to attend a meeting for 1 hour (see Burnside & Haight 1992). Participants were also selected according to the potential benefits they might have from the participation. Therefore, patients having one or more of the following nursing diagnoses were considered: anxiety, fear, low self-esteem, social isolation, sleep disturbances and increased/decreased nutritional intake (Hamilton 1992). Participants were recruited following approval by the respective ethical committees. All the potential participants gave their consent to participation after reading the informed consent form and discussing it with the nurses conducting the treatment. Two nurses working on the patients’ unit carried out the intervention and the data collection. Both had experience in working with patients with lung diseases.

Measurements and data analysis

The Beck Depression Inventory (BDI) and Rosenberg’s Self-Esteem Scale (SES) have been used to measure outcomes of reminiscence intervention (Bass & Greger 1996, see Johnson 1999 and Lappe 1987, Kovach 1990, Stevens-Ratchford 1993), and were used in this study. The reliability and validity of these scales are well established (Beck et al. 1988, Blascovich & Tomaka 1991). Because of small sample size, the Wilcoxon test for paired samples was used to compare scores of the BDI and SES pre- and postintervention. Mean and standard deviations (SDs) of these scores were calculated as well. Semi-structured interviews with participants were also carried out posttreatment in order to qualitatively capture a wider perspective on potential benefits and disadvantages of the intervention. Outcomes of the participants’ nursing diagnosis were analysed with emphasis on changes in goals.

Of the 12 participants, measurements exist on depression and self-esteem both pre- and posttreatment on five patients. In addition there are four measurements pre-treatment only and three posttreatment only resulting in a total of nine pre-treatment and eight posttreatment measurements. Seven women participated in the interviews. A research assistant, not familiar with the patients’ unit, conducted the interviews. The interview schedule consisted of what was most memorable about participating in the meetings, how the participants were feeling during and after the meetings and whether participation impacted on the participants in any way. The interviews lasted 15 minutes on average. The nurses kept a journal about what took place at the meetings, the participants’ responses and their feelings and reactions. The interviews and the journal were transcribed verbatim and content analysed, drawing from interpretive thematic content analysis, following emphasis made in the interviews (Baxter 1994). Evaluation of the outcomes of selected nursing diagnosis was carried out by qualitatively evaluating the patients’ records and the nurses’ notes on participants’ responses.

Intervention

A total of 13 group meetings were conducted over 7 months. Each group meeting had a preselected theme and started with 5 minutes relaxation to help participants become centred and help to set the tone for the meetings. The relaxation consisted of one of the nurses talking in a calm voice to the participants asking them to envision a beautiful place that they remembered and to simultaneously breathe calmly. Relaxing music, always the same, was played on a CD player during the relaxation. To refresh memory, short excerpts from selected writings by well-known biographers in Icelandic literature were read before discussions started. Themes for the meetings were decided beforehand and developed along the developmental life span approach (Burnside & Haight 1992, Haight & Burnside 1993). The following themes were selected: First memory, school years, intimate surroundings in childhood, adolescence and the first love/dating, marriage, child rearing and home, career and ways of work that have disappeared, sickness, a memorable anniversary, disappointments and crises, annual gathering of sheep, memorable people, and the final session consisted of an entertainment programme.

Selection of themes and excerpts from the literature mainly centred on facilitation of elicitation of pleasant memories, honouring the socio-historical context of the participants’ lives and taking gender preferences into account (Burnside 1993, Haight & Burnside 1993, Lamme & Baars 1993). Potential sensitive times, such as anniversary dates and Christmas, that might interrupt the group process, and the patients’ participation were also kept in mind.

Each participant received individual attention from the nurses (Burnside & Haight 1994) and was encouraged to share a story about him- or herself at each meeting, although no one was pressured to do so. Participants were informed that what took place in the meetings was confidential. The nurses emphasized caring sensitivity, respect, empathy and active listening (Burnside & Haight 1992, Hamilton 1992).
and keeping the discussion focused (Burnside & Haight 1994), although silence was welcomed as well. Each meeting lasted about 60 minutes.

**Results**

Results are presented according to the research hypothesis.

**Depression**

Hypothesis 1, *Depression in people with end-stage chronic lung diseases will decrease after participating in a reminiscence group*, was not supported. Although mean depression scores lowered with treatment (see Table 2) the difference was not statistically significant when the Wilcoxon Signed Ranks Test was calculated on the five paired measurements that exist pre- and posttreatment ($P = 0.14$), see Table 3. When the Mann–Whitney U-test was calculated on available measurements pre- and posttreatment (8 and 9, respectively) the difference was also nonsignificant ($U = 26, P = 0.53$).

Table 4, showing the use of medications influencing mood for seven participants before treatment, shows that the majority of participants used psycholytic, antidepressant and prednisolon medications.

**Self-esteem**

Hypothesis 2, *Self-esteem in people with end-stage chronic lung disease will increase after participating in a reminiscence group*, was not supported. No statistical difference was found in self-esteem when the Wilcoxon Signed Ranks Test was calculated on the five paired measurements that exist pre- and posttreatment ($P = 0.50$), see Tables 2 and 3. When the Mann–Whitney U-test was calculated on available measurements pre- and posttreatment (8 and 9, respectively) the difference was also nonsignificant ($U = 31, P = 0.63$).

**Increased well-being**

Hypothesis 3, *People with end-stage chronic lung diseases will report increased well-being after participating in a reminiscence group*, was supported. These results will be reported as (1) evaluation of the outcomes of selected nursing diagnoses and (2) the patients’ perception of the intervention.

1. **Outcomes of selected nursing diagnoses**

The most frequent nursing diagnoses were social isolation and anxiety found in six out of seven participants. One of the goals related to social isolation was to enjoy more meaningful relationships with somebody, which was attained by all of the participants. Goals related to lowered anxiety were not attained by anybody.

2. **Patients’ perception of intervention**

The following themes emerged from the data: (a) enjoyment; (b) feeling well; and (c) closeness and affirmation of self and others.

**Enjoyment**

Participants found it gratifying to participate in the meetings. They had an enjoyable time and nothing negative happened. The meetings were enlivening and there was a lot of humour in them. The women enjoyed talking about their own experiences and they also enjoyed listening to others talking about remarkable events in their lives. It was amusing as well to listen to the readings from the literature. One said: ‘There were so many pleasant things that happened at the meetings; the women spoke about many things and we laughed so much. This was very valuable to me’.

The women also looked forward to the meetings. One said: ‘I so much looked forward to the day of the meetings’.
Another one said: ‘I am very pleased with the meetings. Going to the meetings keeps me going and I look forward to them’.

Feeling well
The participants felt that the meetings were ‘cozy’, calm, and peaceful and they felt well during the meetings. One said: ‘I felt well inside myself. We sat and just talked together but that does not happen often here on the unit’. All of the women experienced relaxation, although other kinds of wellness were also reported. One referred to the relaxation as ‘a kind of a prayer’. Another one said: ‘I relaxed very much and I think that all of us did’. An indication of how well the participants felt during the meetings is that no one ever had to leave a meeting and no one ever required extra broncholytic medications.

Feelings of well-being emerged forth when the meetings were over. One woman said: ‘I felt very well (after the meetings). Usually I slept very well’. One participant said that after the meetings she had thought much about what had been discussed, particularly in relation to what could have been different in her life. These reflections, however, did not make her sad; rather, she felt that ‘all of the meetings were wonderful’.

Closeness and affirmation of self and others
The interactions during the meetings gave opportunities for participants to give of themselves and to receive from others. One said: ‘We gave the nurses a little bit, but that was nothing in comparison with what they gave us’. Another said: ‘I got more insight into the lives of the other women and I also gave of myself’. Still another said: ‘I felt that I was much more open and I started becoming more receptive to the topics of discussions (after I started participating in the meetings)’. For this woman it was easier to be among people afterwards. She said: ‘I was more willing to participate in several things, which I had not been before. These meetings urged me to be among people more’.

Before the treatment, participants did not know each other well despite the fact that some of them had lived on the same unit for quite some time. The women also said that as the conversations were on topics that were entertaining ‘we got to know each other differently’ and they also considered the meetings ‘a learning experience’.

The women emphasized greatly the closeness that had developed among the group members. What one woman said was the most memorable was ‘how united the women were’. Another one said: ‘This has probably made us become closer to each other’. Still another one said: ‘I feel that I have more friends now…real friends’.

Discussion
The purpose of the group reminiscence intervention was to lessen emotional and social difficulties. The qualitative results support this notion, although quantitative measurements on depression and self-esteem do not. Results show that the benefits of the intervention were quite extensive in terms of decreasing social isolation, it being an enlivening and enjoyable event, participants feeling well during and after the meetings, and the growth of closeness and affirmation by and of others. Numerous studies support these results, both within and outside nursing (Johnson 1999). Among nursing studies are Cook’s (1998) study on life satisfaction of a group of elderly women and Burnside and Haight’s (1992) study on social isolation in a group of elderly women.

The results support the notion of the creation of meaning as a social activity where individuals converse about their experiences and memories. Through the conversations, participants both received affirmation of themselves as valuable persons and learned to appreciate their fellow patients. Participants received support from each other and friendship developed, and it has been suggested that this is the most valuable outcome of reminiscence intervention (Haight & Burnside 1993). Critical analysis or resolutions of troublesome conflicts, as in life-review, were not prominent, nor were they intended to be. The focus of the discussions was mainly on pleasant memories that would evoke a lighthearted atmosphere, although sad memories were also talked about. Parker (1995) has proposed that the more positive the content of the reminiscence, the greater the therapeutic benefits. This was not measured in the study, but the impact of themes and content of discussions on the outcome of interventions is of great importance, and should be studied systematically in future research.

Significant differences in self-esteem and depression as the dependent variables were not demonstrated in this study and this is no surprise in a sample of this size. Scores on depression are per se of importance where the mean of the participants were 18.1 and 16.5 pre- and posttreatment, respectively, with wide SD. This indicates moderate depression (Beck et al. 1988) and is consistent with an estimated rate of depression of 42% among people with chronic obstructive pulmonary disease (Gift & McCrone 1993). Long-term steroid use is significantly related to higher levels of depression (Gift et al. 1989). Six out of seven participants in this study used steroids more or less continuously, which further underlines the seriousness of the participants’ condition.

Contrary to the proposed hypothesis, self-esteem did not increase either during the intervention. Some earlier studies
have shown the opposite (Kovach 1990, Haight & Burnside 1993), although results have not been entirely consistent. Scores on self-esteem are of concern, with mean of 21.3 and 20.3 pre- and posttreatment, respectively. On a scale where score 40 reflects the lowest self-esteem and score 0 the highest this suggests rather low self-esteem and further underscores the importance of providing these people with interventions that aim at fostering self-worth.

It has been pointed out that, as used in this study, self-esteem in adults is a global and relatively stable characteristic and that meaningful changes in it as a dependent variable are unlikely (Blascovich & Tomaka 1991). This raises questions about the sensitivity of self-esteem to detect significant and permanent changes because of the reminiscence intervention. Sensitivity of the BDI to detect changes in psychological condition as a result of the intervention, as used in this research, is also questioned. The psychometric properties of the BDI have been studied extensively with psychiatric patients and the normal population demonstrating high reliability and validity (Beck et al. 1988). However, comparisons on its properties as regards patients with complex somatic symptoms are few, further calling into question its validity in studying people with chronic lung diseases. Six out of 21 question of the BDI contain items that are concomitant with symptoms of the participants’ disease and their circumstances in life (sleep difficulties, fatigue, appetite problems, concerns about health, work and sexual life, the last two of which do not apply on the unit where the participants live) (see also Kaszniak & Allender 1985 in Gift & McCrone 1998). This may not only raise the depression score attained, but also reduces the variation in individual attainable scores, making expectation of a difference between pre- and postmeasurements unrealistic.

The reliability of data collection that uses instruments to capture outcomes of interventions intended for the frail elderly has raised some questions (Burnside et al. 1998) and is of concern in this study. Most of the participants were not able to fill out the instruments themselves and the nurses sometimes questioned how well participants truly understood the content of the questions. The use of standardized questions to be answered on a sheet of paper is also different from the way nurses usually exchange information with these patients, which made participants uneasy at times.

Identification of dependent variables that are sensitive to a lot of important intervention, among them reminiscence, has a long way to go. As long as an intervention itself is conceptually unclear, sensitive dependent variables are hard to pinpoint. What further obscures the picture is that the same intervention has been used for multiple purposes, as in the case of reminiscence, as well as several interventions being used simultaneously without exploring the individual effect of each of them (Egan et al. 1992).

Incorporating intervention research into practice, as was carried out in this study, is a challenge for nurse researchers. The reminiscence intervention was integrated into practice in an individualistic and flexible way so that it would become a natural part of daily work. This approach immediately raises questions about the research protocol and methodological rigour. True experimental design is not applicable in a situation like this. Not only is randomization, the use of control groups and thorough manipulation of the independent variable impossible, but true experimental design does not either allow for context-dependent, situation-specific and spontaneous interpersonal aspects of nursing practice to be illuminated. Suggestions are arising that encourage nurses to use research methods that are different from the experimental design, but which capture the complexity of nursing intervention outcomes (Snyder 1999, Grypdonck, 2000, Morse et al. 2000, Richardson 2000). The qualitative approach taken in this study is in line with this trend.

Reflections on the intervention process

The reminiscence intervention was well received not only by participants but by the staff as well. The staff found it gratifying to notice how much the participants gained from reminiscing. The nurses carrying out the intervention also appreciated the connections that they established with the participants on which they could build further interactions. The nurses also started reminiscing with individuals in their daily practice, which has created more open and rewarding interactions. Being able to develop an successful intervention for the patients and to interact with them in a more open way has also fostered confidence in the nurses, which has encouraged them to create new projects for the patients.

It has been suggested that group meetings for reminiscence intervention should be held at the same time, the same day of the week and in the same place (Hamilton 1992). Hamilton maintains that participants should be the same at every meeting in order to get a feeling for a unity of the group. Meetings should also not be interrupted after starting. None of this was practicable but it did not distract the group from its intended goals. Rather, the structure of the meetings needed to be flexible due factors such as sickness and workload on the units.

Having two nurses leading the group discussions was necessary throughout the treatment. At the beginning some participants were reluctant to join, but after a few meetings...
they became so fond of the meetings that they started waiting eagerly for them. During the meetings participants also needed support to express themselves, although this improved dramatically as time went on.

Themes chosen for discussions turned out to suit the participants well. Some themes prompted more discussion than others, particularly those that facilitated expression of enjoyable memories. Themes related to childhood experiences created the most discussions. Painful memories were also discussed in relation to sickness and loss, and during these participants made special efforts to be of support to each other. Gender differences were also apparent despite attempts to reconcile them. The few men who started did not endure for various reasons, one of which was that they did not like the discussions as they were ‘all women’s talk’. After the men had quit the women expressed themselves more openly and the discussions in fact became women talk, which the women enjoyed thoroughly.

**Conclusions**

As the literature indicates, reminiscence is a valuable intervention for various groups of people, among them participants in this research. The notion of increased friendships as the most valuable outcome of reminiscence intervention (Haight & Burnside 1993) was strengthened in the study. Participants enjoyed participation in the treatment, they felt well and developed closer relationship with each other. The extent to which these effects lasted is not known. But, as one nurse said: ‘For the participants to be able to laugh and forget for the moment the difficulties they are in, may be the most important thing’.

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**References**


Issues and innovations in nursing practices

End-stage chronic lung diseases


