



The Role of Forgiveness in Health and Healthcare: Perspectives from Graduate Nursing Students and Faculty at a Private Faith-based University in the United States

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ABSTRACT

Background: Forgiveness—of self and others—is essential to holistic health, encompassing mental, emotional, physical, psychological, social, and spiritual well-being. As holistic caregivers, nurses must be prepared to facilitate forgiveness in patient care. **Purpose:** The purpose of this study was to examine nursing students' and faculty's perceptions about forgiveness in a private faith-based university in the United States. **Methods:** We conducted a transcendental phenomenological study to explore nurses' forgiveness perceptions. Following IRB approval, faculty and students ($n = 11$) from a large nursing school at a faith-based university filled out a demographic survey that included forgiveness and religiosity measures and then participated in focus groups discussing their perceptions about forgiveness. **Results:** Six themes emerged from qualitative analysis: (1) Forgiveness is a Spiritual Process, (2) Forgiveness is a Personal Choice, (3) Forgiveness is Essential for Self-care, (4) Forgiveness Affects Patient Care, (5) Is Reconciliation Essential for Forgiveness?, and (6) Forgiveness Has Challenges. Quantitative data supported varied levels of forgiveness and religiosity among participants. **Conclusion:** Faculty and graduate students recognized forgiveness as vital for self-care, team cohesion, and patient outcomes. Open dialogue and self-reflection are key to preparing nurses to facilitate forgiveness effectively. **Implications for Nursing:** Nursing educators must understand forgiveness and its impact on health and teamwork to promote holistic care. Further research across diverse faith backgrounds is recommended. Identification of resources on clear strategies to facilitate forgiveness is essential.

Keywords: Forgiveness, Nursing practice, Nursing education, Patient care, Healthcare.

What does this paper add?

1. Nurses have varying understandings of forgiveness.
2. Forgiveness has challenges, yet it is important for a healthy work environment.
3. Nurses who forgive self and others can impact their health and their patients' health uniquely.

Introduction

Forgiveness is the conscious and intentional act of releasing feelings of revenge and resentment towards an offender, whether the offender is deserving or not, as a "moral principle of beneficence" (Enright & Fitzgibbons, 2015, p.32). Forgiveness also involves

developing positive qualities such as respect, kindness, compassion, generosity, and even love toward the offender (Enright & Fitzgibbons, 2015). Unforgiveness is accompanied by feelings like hurt, anger, and resentment, while guilt, regret, and shame are present in situations with unforgiveness to oneself (Kaya & Odaci, 2021). Research suggests that people decide to forgive or seek forgiveness to move toward good physical, mental, and emotional health (Kim et al., 2022b).

The influence of forgiveness on health benefits (both psychological and physiological) has been documented in the literature, but little has been published on the role of forgiveness in the field of nursing. Lee and Enright (2019) and Wade et al. (2014) found that forgiveness has a positive impact on one's health. As nurses strive to facilitate holistic care, encourage healthy living, and teach preventive strategies, forgiveness facilitation as the Nursing Intervention Classification (NIC) list must be emphasized (Butcher et al., 2018). The literature was examined to understand the effect of forgiveness on the health of patients before examining nurses' perspectives.

Background

Forgiveness plays a role in the physical health and wellness of individuals, families, and communities. Forgiveness can improve overall cardiac health and reduce anger-induced myocardial ischemia in patients with coronary artery disease (Vismaya et al., 2024). Negative emotions such as unforgiveness, anger, anxiety, and depression may hinder health and wellness and influence the immune system, specifically on cytokines (Kim et al., 2022b). Additionally, self-forgiveness promotes positive psychological and physical well-being in individuals (Vismaya et al., 2024). Forgiveness is essential in promoting overall wellness that encompasses social, physical, emotional, and spiritual health.

While forgiveness studies exist, the topic has not been fully explored in the field of nursing. Nurses and their practice may be affected by their capacity to forgive self and others. Mullen et al. (2023) highlighted the importance of addressing unforgiveness for all those in health care and made a case for incorporating forgiveness into nursing education. Bibliotherapy may be a cost-effective way to teach nursing students to practice forgiveness, and improvement in forgiveness, anxiety, depression, and fatigue was noted in nursing students with a history of interpersonal challenges (Kim

et al., 2022a). It was reported that forgiveness is positively correlated with higher levels of professional commitment and improved workplace outcomes (Cao et al., 2021). Forgiveness among nurses can promote a healthy work environment, safety culture, nurse satisfaction, and overall health.

The American Association of Colleges of Nursing (AACN, 2021) advocated that a nurse should provide person-centered, holistic, individualized care, including spiritual care. Forgiveness facilitation, as described in the Nursing Intervention Classification (NIC) for the diagnosis of spiritual distress, is described as the ability to assist a person to replace his/her anger towards others, self, or God with beneficence, empathy, and humility has been linked to physical and mental health outcomes (Butcher et al., 2018). To foster this, nurses must be equipped to forgive and facilitate forgiveness. Understanding the impact of forgiveness across all cultures (Recine et al., 2023) on health may allow nurses to achieve healthier outcomes in their personal lives, professional lives, and the lives of their patients.

Integrating spiritual care and forgiveness concepts into the nursing curriculum can improve the well-being of nursing students and practicing nurses, promoting self-care and leading to a healthier community. Healthier nurses are better prepared to holistically care for their patients. Religiosity and spirituality impact healthcare decisions and are incorporated into the concept of Psychosocial Integrity, which makes up approximately 6%-12% of the licensing exam (NCSBN, 2023). However, little research has been published on the impact of religiosity on nurses, nursing care, and patient outcomes (Akers & Miller, 2024; Harris & Tao, 2022). Focusing on religiosity and spirituality may improve nurses' mental well-being and may mediate burnout.

Current Study

The purpose of this study was to explore the topic of forgiveness, specifically in a faith-based nursing education environment, and to examine the knowledge of faculty and students on forgiveness of self and others, considering self-identified religiosity. Participants were registered nurses, including graduate nursing students and faculty, at one private faith-based university in the Southeast U.S. This study aimed to answer the following questions: First, what is the perception of forgiveness and forgiveness facilitation among nursing faculty and

students at a private faith-based university? Second, what is the role of religiosity in their perception of forgiveness and practice of forgiveness?

Methods

Design and Participants

A transcendental phenomenological study was conducted with nursing students and faculty in the school of nursing at a faith-based institution. Approval was obtained from the Institutional Review Board (IRB-FY21-22-245). Nursing students over the age of 18 years and any nursing faculty at the university were eligible to participate in the study. First, an anonymous Qualtrics survey with study information and consent was sent to potential participants (students and faculty) who completed forgiveness and religiosity measures. Those interested in focus group participation shared their contact information. A total of three focus groups (one faculty focus group and two student focus groups) were conducted with 11 participants. Quantitative data collected was used as descriptive data to understand participants, along with other demographic information, such as age and gender. All participants were registered nurses seeking an advanced degree or teaching in the nursing school. Therefore, all the data was combined and analyzed together.

Data Collection, Ethical Considerations, and Analysis

Demographic Data

The demographic questionnaire included items regarding faculty or student status, practice area and education level, age, gender, race/ethnicity, religious preference, marital status, and an item to determine the interest in focus group participation. Also, data on their forgiveness using Enright Forgiveness Inventory – 30 (EFI-30) (Enright et al., 2022) and Enright Self-forgiveness Inventory (ESFI) (Kim et al., 2022c), and data on their religiosity using the Duke University Religion Index (DUREL) (Koenig & Büssing, 2010) was collected.

Focus Groups

Three focus groups were conducted by a researcher with experience in qualitative research, who had no known prior relationship with participants. The focus group participants were separated into current graduate students (educators in their work settings) (n = 7; groups

of 3 & 4) and local faculty (n = 4) groups. The focus group sessions were video recorded in Microsoft Teams®. Participants in the focus groups were eligible to enroll in a raffle for \$25.00 (one winner from the faculty group and another from the two student groups). Participants were asked the same open-ended questions.

The questions were developed by the primary investigators (PIs), including two nursing professors and one professor of psychology whose research focus is forgiveness. The questions were “What does forgiveness mean to you? Or what is your understanding of forgiveness?”, “Why forgive? Why do you think forgiveness matters? Are there any specific motivations or reasons why you would consider forgiveness?”, “What are the benefits of forgiveness?”, “What are the costs of forgiveness?”, and finally, “In what ways is forgiveness relevant in nursing practice? In what ways is forgiveness relevant in nurse self-care?” The questions were developed based on the literature review and the researchers’ previous experiences with forgiveness research. To avoid bias or any coercion, the primary interviewer was the psychology professor who does not teach any courses in the School of Nursing.

Ethical Considerations

All researchers and Student Research Assistants (RAs) completed the human subjects protection training. The Institutional Review Board (IRB) approved the study, and consent was obtained from every participant. All data was stored in a password-protected computer, and de-identified data was shared with student RAs, and confidentiality was ensured.

Analysis

Each interview was scheduled for one hour, and Microsoft Teams® provided transcripts of each focus group. PIs reviewed the transcript, cleaned it, and created pseudonyms to maintain anonymity. For those who participated in the focus groups, scores on forgiveness of self, others, and pseudo-forgiveness were calculated. The scores were then compared to each participant’s religiosity and behaviors related to forgiveness as reflected in the interview. The mixed data from the 11 participants was analyzed and reported.

For the qualitative data analysis, the transcribed focus group interview data was analyzed by using inductive approaches to find common units of meaning as codes and themes. Thematic analysis was used to

analyze the data, and the steps in this process include familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up (Braun & Clarke, 2006). The RAs were trained in coding and thematic analysis. Transcripts were read and re-read independently by three non-nursing RAs, who individually determined codes and themes. A doctoral nursing student discussed and debated the codes and themes with the RAs, and a PI facilitated weekly meetings to promote discussion. Once a second review of the transcripts was completed, the PIs reviewed each code and associated quotes and validated the codes and themes. Thus, the initial codes and themes were developed independently and, thereafter, debated and confirmed.

Results

Participant Information

The demographic data for the 11 focus group participants was collected on gender (female $n = 10$; male $n = 1$), ethnicity (African American $n = 1$; Caucasian $n = 10$), and professional role (faculty $n = 4$; student $n = 7$) (See Table 1). All participants were over 40 years old and identified as Christians. All student participants were graduate students who had been practicing distinct roles as educators and clinical nurses. Since all participants were registered nurses and function in leadership/educator roles, the data from faculty and students was combined and analyzed together.

Table 1. Participant demographic characteristics

Variable	Attribute	Frequency
Gender	Male	1
	Female	10
Status	Faculty	4
	Student participants who were educators elsewhere	7
Age	>40 years	11
Ethnicity	Caucasian	7
	African American	2
	Asian	1
	2 or More	1
Religion	Christian Protestant	9
	Christian Catholic	2

Concerning participants' levels of forgiveness and religiosity, DUREL sub-scales 1, 2, and 3 all indicated elevated levels of religious service attendance (sub-scale 1 with a mean of 5.27 out of 6), private religious activities (sub-scale 2 with a mean of 4.82 out of 6), and intrinsic religiosity (sub-scale 3 with a mean of 14.73 out of 15). These religiosity indicators confirm that our participants were highly religious, as expected from a Christian university. Koenig and Büssing (2010) suggested a score of 13.3 for the intrinsic religiosity sub-scale (items 3-5) used in our study as the expected mean/norm (based on their participants in North Carolina). Participants' intrinsic religiosity was higher ($M = 14.73$) than the score of 13.3 provided as the norm.

Table 2. Quantitative scoring of focus group participants and descriptive statistics

Participants	DUREL: Subscale 1	DUREL: Subscale 2	DUREL: Subscale 3	EFI-30	ESFI	PF	PSF
Abigail	5	6	14	99	149	5	10
Corine	5	5	15	101	160	5	29
Dorcas	5	2	15	119	148	16	16
George**	6	4	15	117	152	12	6
Jessica**	5	5	15	103	87	9	8
Kayli	5	5	15	104	144	12	15
Leah	5	6	15	76	90	5	18
Lynn	6	5	14	150	164	5	10
Mary**	6	6	15	125	139	5	5
Maxine	5	4	14	143	159	5	11
Victoria**	5	5	15	105	131	10	15

Mean	5.27	4.82	14.73	112.91	138.46	8.09	13.00
(SD)	(.47)	(1.17)	(.47)	(21.02)	(26.45)	(3.94)	(6.77)
Possible Range	1-6	1-6	3-15	30-180	30-180	5-30	5-30
Alpha	-	-	no covariance	0.90	0.96	0.72	0.92

Note. All participants' names have been changed to protect their identity. **Nursing faculty. DUREL: Duke University Religion Index (sub-scale 1: frequency of attendance at religious services; sub-scale 2: frequency of private religious activities; sub-scale 3: intrinsic religiosity); EFI: Enright Forgiveness Inventory; ESFI: Enright Self-forgiveness Inventory; PF: Pseudo forgiveness; PSF: Pseudo self-forgiveness. PF and PSF scores >20 may indicate pseudo-forgiveness/ pseudo self-forgiveness.

Higher EFI and ESFI scores indicate higher levels of forgiveness. For this sample of 11 participants, forgiveness measured using EFI-30 had a mean of 112.91 (Range = 76-150), and self-forgiveness measured using ESFI had a mean of 138.46 (87-160). Note that one participant (Leah) had a missing value (there were no other missing values for the main variables for all 11 participants) on ESFI, and we used a simple mean imputation method to address it.

PF and PSF scores >20 may suggest that the participant does not feel that an injustice or a serious problem occurred, therefore, indicating pseudo-forgiveness/pseudo-self-forgiveness. No participant showed pseudo-forgiveness. There was one participant showing pseudo-self-forgiveness (Corine with a score of 29 on the pseudo-self-forgiveness scale). These forgiveness scales do not have specific cut-offs to determine high or low forgiveness. However, given the

possible range of scores (30 to 180) and the median value of 105 for these scales, our participants' forgiveness of others was higher than the median by about eight points on average, while self-forgiveness was higher by about 34 points. See Table 2 for more detailed information about these reports.

Thematic Analysis

The qualitative data analysis resulted in six major themes. The main themes identified were: 1) Forgiveness is a Spiritual Process, 2) Forgiveness is a Personal Choice, 3) Forgiveness is Essential for Self-care, 4) Forgiveness Affects Patient Care, 5) Is Reconciliation Essential for Forgiveness? and 6) Forgiveness Has Challenges, which will be discussed in detail below (See Figure 1).



Figure 1. Themes

Theme 1: Forgiveness is a Spiritual Process

An overarching theme that emerged from the focus groups was the integral nature of forgiveness and spirituality. The commonality of reference to spiritual aspects when conversing with subjects created a clear connection between the metaphysical (or spiritual) and the concept of forgiveness. “God” was directly referred to 29 separate instances across the interviews. Other terms and phrases used were “help from God,” “conviction,” “Christian calling,” and “grace.”

“Help from God” was used to describe instances, in which an individual experienced forgiveness. Participants noted that forgiveness experiences vary among members of the same family, despite similar spiritual upbringings. Maxine and her brother had different responses when someone murdered their sibling; she stated,

We were all raised in the same home, but he became very upset, very bitter, very angry about the situation [*murder of their brother*]. Rightfully so, understandably so, but my personal response to this situation is very different, just because of how we processed it and how we looked at the situation and, honestly, I think that my relationship with God helped me

Religion may play a major role in individual perspectives on forgiveness. George felt that it is “basically impossible to separate the idea of forgiveness from my faith; the two kinds of walk hand in hand”. Victoria appreciated the concept of praying for the offender and asking the Lord to help with the forgiveness process. All participants who noted the importance of religiosity in the practice of forgiveness had high religiosity scores (as anticipated), but their forgiveness scores differed (see Table 2), indicating that forgiveness is a spiritual *process* as opposed to a dichotomous decision.

Theme 2: Forgiveness is a Personal Choice

When responding to the question “What is your understanding of forgiveness?,” personal choice was a theme emphasized by all participants. They added that this choice to forgive was a major contributor to their journey of forgiveness. Terms such as “choose” or “choice” were used by three participants (faculty $n = 2$; student $n = 1$). Jessica stated, “Yes, you choose to forgive, you choose to lay down the revenge and so

forth; but forgiveness and laying down that anger and thoughts of revenge may have to be done daily.” Forgiveness, especially when the hurt is deep, requires the forgiver’s strong will and determination not to be consumed by anger, but to overcome it. George stated, “there are so many potential adverse situations that can occur because we choose not to forgive or are unable to forgive.” This statement indicates that George believes that the decision not to forgive may create internal stress.

Theme 3: Forgiveness is Essential for Self-care

Self-care was a major theme in both the student and faculty focus group data. While self-care was mentioned specifically in each group (totaling 24 times), several codes such as freedom from negative emotions, improving quality of life, growth, acceptance, and letting go of negative feelings, were noted. The code, improvement of quality of life (emotional or physical), was found 13 times throughout the interviews. Referring to emotional health, Lynn stated, “When you’ve truly forgiven someone, it’s almost like you are releasing yourself from captivity. If not, others [*the offender*] is controlling your life as they are going on with their lives, doing the things that they want to do”.

Regarding improvement in physical health, Jessica stated that she has seen physical health improve dramatically in those with certain chronic illnesses by forgiving. She has also seen a decrease in migraines and a decrease in irritable bowel syndrome (IBS) symptoms that come with forgiveness. Dorcas stated, “Forgiveness matters, because it is how we grow.” Growth in general, along with growth in areas of spirituality, emotional intelligence, self-awareness, and empathy/’other-aware’ is significant. Self-forgiveness is an important part of self-care, impacting emotional responses and approaches to patient care at work. According to Abigail, “From the point of self-care, when you make that mistake that we’ll all make, being able to forgive yourself is just the first thing to do.” Abigail added that forgiveness is “liberating and empowering”, while Leah mentioned that it is a “self-protection responsibility”.

Theme 4: Forgiveness Affects Patient Care

Another identified theme was ‘forgiveness affects patient care’ as nurses may carry hurt from personal lives or colleague-related interactions into the work setting. Victoria stated that forgiveness is part of “the calling that you have when you go into that healthcare

profession, whether as a nurse or a provider. You must be able to forgive before you ever get into the situation.” Maxine noted the importance of forgiveness in relation to “being aware of [how] one’s emotions affect patient care.” George stated that “there’s forgiveness right there on the spot, a generalized feeling of forgiveness, and I believe that is really the key to self-care. It really is.... I can’t do my job if I don’t have that perspective.” According to Kayli, forgiveness brings peace of mind and confidence to the work environment, and it gives them the opportunity to gain experience and improve, which is why forgiveness may be beneficial in a professional field.

Theme 5: Is Reconciliation Essential for Forgiveness?

The term ‘reconciliation’ was brought up either as being part of forgiveness or as being unnecessary for forgiveness. While the participants seemed to agree that reconciliation was not essential for forgiveness, the two concepts were occasionally mixed. Some of the most common codes in this category were “forgetting,” “not forgetting,” and “not reconciliation.” “Forgetting” was used interchangeably with reconciliation by many participants, giving insight into how many participants perceived it as reconciliation. Several saw reconciliations as a voluntary forgetting of an offense committed toward them. When a distinction was inferred between forgetting and reconciliation, it was found that reconciliation was mentioned separately to indicate preservation of a prior relationship. Lynn makes this distinction by saying, “It doesn’t mean forgetting, ... it doesn’t necessarily mean reconciliation with that person.” Abigail stated, “The first thing that I think of is it doesn’t mean forgetting.” Leah concurred by saying, “Forgiveness does not mean forgetness”.

While participants agreed throughout the interviews that forgiveness is not forgetting an offense, there was variation in whether forgetting is a part of reconciliation. The variation seemed to suggest a gap in the nursing knowledge of relevant forgiveness terminology that created confusion on the value and definition of reconciliation. A deeper understanding of reconciliation and forgiveness would be necessary for forgiveness facilitation in nursing practice.

Theme 6: Forgiveness Has Challenges

One of the major themes was challenges to forgiveness. Several words were used to discuss the

difficult nature of forgiveness. For example, participants expressed the “cost of forgiveness” 41 times during the focus groups. The degree of difficulty varied with the severity of offences, grudges, and feelings of ineffectiveness.

Participants discussed that the difficulty of forgiving varies with the severity of the offense. Kayli stated,

In my personal opinion, I think that it [forgiveness] really depends on your upbringing and how traumatic that harm done to you, whether it’s physical, psychological, or emotional...It’s a process, and depending on how bad that harm was to me.

Offences may range from a misunderstanding or a purposeful act to hurt an individual. Kayli’s statement is representative of the participants’ discussions on how the depth of hurt caused by the action determined the ease of forgiveness. Abigail described the cost of forgiveness, where she felt that forgiveness became ineffective because of repeated offenses by her family members. Participants indicated that grudges prevent people from forgiving others. Grudges constitute terms such as “bitterness,” “resentment,” or “ill will” expressed by the participants. Victoria discussed the characteristics and how grudges can affect our mindset by renting “a space in their head...music in the background of your mind that plays over and over again”. Corine found forgiveness a “challenge” and a “struggle,” and she stated, “I just feel like they win when I forgive...and I just struggle.” When discussing a situation where the offender did not apologize, Maxine expressed difficulty forgiving by “holding on to it...I struggled, because I wanted that apology.” George and Mary expressed the need to put aside “ego” and “pride” which can be “risky.” Victoria added that putting aside pride and ego is “hard work” and creates “vulnerability.” Dorcas stated, “it also takes courage to forgive”.

Discussion

We attempted to answer the following questions: 1. What is the perception of forgiveness and forgiveness facilitation among nursing faculty and students at a private faith-based university? 2. Is there any role that religiosity plays in their perception of forgiveness? Eleven registered nurses affiliated with a large private faith-based university participated in focus groups, which were conducted in three sessions. Data was coded, and six themes emerged: 1) Forgiveness is a Spiritual Process, 2) Forgiveness is a Personal Choice,

3) Forgiveness is Essential for Self-care, 4) Forgiveness Affects Patient Care, 5) Is Reconciliation Essential for Forgiveness?, and 6) Forgiveness Has Challenges. These themes are examined in the light of current literature.

Theme 1: Forgiveness is a Spiritual Process

Christians may feel an obligation to forgive others, as they follow the teachings of Christ. Some of the participants expressed this as illustrated by the quotes. As Jesus offered forgiveness as a gift, Christians can give that to others who offend them. Our participants' responses were similar when they stated 'help from God' 29 times. Forgiveness is a spiritual process rooted in Christianity and has real benefits in one's health (Ho et al., 2024; Wade et al. 2014).

Furthermore, Enright and Fitzgibbons (2015) emphasized that forgiveness is more beneficial to the forgiver than to the offender, because the offender may not even realize that the other person is hurt. Therefore, nurses can bring this to the attention of their patients which could potentially resolve the situation. While it is a spiritual process, forgiveness helps with the quality of life in those who have no religious affiliation as well.

Theme 2: Forgiveness is a Personal Choice

Participants in general expressed that forgiveness is a personal choice. However, their quotes indicate that the understanding of forgiveness varied among participants. Freedman and Chang (2010) confirmed this finding and described the need to teach the general population about the true nature of forgiveness that involves one's free will decision to extend mercy toward others.

Since Oviedo (2019) emphasized that free will and choice are associated with the Christian faith, one can choose to forgive others. Hertlein and Brown (2017) highlighted the challenges of forgiveness and situations when it is 'contraindicated'. However, these authors may mean reconciliation with the abuser, not necessarily the forgiving itself. As nurses are expected to provide holistic care, facilitation of forgiveness is a pivotal part of that.

Theme 3: Forgiveness is Essential for Self-care

Forgiveness is an essential aspect of self-care that contributes to personal health. It reduces stress and anxiety (VanderWeele & Golen, 2024) and thereby the

emotional burden of resentment and anger (Worthington et al., 2018) which can prevent burnout. Research shows the positive effects of forgiveness, and providers ask that everyone be forgiving (Lee & Enright, 2019; Wade et al., 2014), which is an important reason for nurses to practice forgiveness for self-care (Williams et al., 2022). Forgiveness restores the forgiver's health. Additionally, part of self-care is self-forgiveness that helps with developing compassion toward the self. Forgiveness reduces the incidence of depression and anxiety, thereby improving mental health (Ho et al., 2024; Kim et al., 2022d). Asking and apologizing are not essential to forgiving someone, but they should be forgiving to enhance one's own health. Mullen et al. (2023) and Long et al. (2020) also emphasized the health benefits of forgiveness, which can result in holistic healing. Thus, we can see that forgiveness is a major component of self-care.

Theme 4: Forgiveness Affects Patient Care

The health of a nurse can be associated with the care that they give to their patients. This includes the physical, mental, and spiritual health of the patients. Joseph et al. (2024) indicated that the positive or negative emotions of nurses can impact patient care, and negative emotions can compromise patient safety. When violence against nurses is increasing, nurses may choose to forgive not only those who hurt them on a personal level, but also the patients who hurt them. When they have to come back to care for those who insulted them, reservations may ensue. Recine et al. (2020) discussed some strategies that nurses can use to let go of negative emotions, which will allow them to provide optimal patient care. Our participants shared similar thoughts.

Theme 5: Is Reconciliation Essential to Forgiveness?

When reviewing the quotes, especially concerning this theme, the participants were probably unfamiliar, confused, or unclear on the term 'reconciliation'. Freedman (1998) clarified the differences between forgiveness and reconciliation in the context of counseling and that reconciliation may not be possible where deep personal hurt exists. While reconciliation aims to restore relationships, it can be a long process. Additionally, a sincere apology can result in forgiveness (Tarusarira, 2019), although forgiveness can occur without a verbalized apology. Maxine and Leah appeared confused about forgiveness and reconciliation

based on their discussions. People need to be educated on forgiveness to eliminate misconceptions about reconciliation. This can be clarified by educating nurses about the essence of forgiveness.

Theme 6: Forgiveness Has Challenges

Our participants expressed several challenges to achieving forgiveness-giving and receiving. Repeated exposure to hurtful situations can deepen wounds and separate people (Hertlein & Brown, 2017). However, forgiveness therapy and self-compassion can help a person move from resentment to compassion for the offender eventually. The death of the offender may also hinder forgiveness for the person who wants to experience it. Self-forgiveness also has challenges.

Overall Perception of Forgiveness

We found that overall, the participants understood the importance of forgiveness for their personal conviction as Christ followers, personal health and well-being, and patient care. Participants agreed that forgiveness is about letting go of internal hurt, anger, or frustration, though one participant (Leah) expressed that she “let somebody off the hook,” which indicated a potential misconception about true personal forgiveness. A sense of duty was reflected in the words of the participants who considered forgiveness as an obligation, part of “Christlikeness,” and required of a Christian.

Furthermore, participants indicated that their religiosity/spirituality influenced their perception of forgiveness. As previously reported, participants’ DUREL results showed that the participants in this study were highly religious. Our study participants consistently expressed that forgiveness was a spiritual process, and their reported religiosity scores supported their expressed beliefs. These findings support prior reports that religiosity is positively associated with forgiveness (Matuszewski & Moroń, 2022). Some participants indicated a misunderstanding or an incomplete understanding of forgiveness. Nurses who facilitate forgiveness must fully understand the definition of forgiveness and its purposes for the individual’s physical, mental, and spiritual health.

Implications for Nursing

The six themes identified in this study have significant implications for both nursing practice and

education. Forgiveness among nurses contributes to a healthier work environment, fosters team cohesion, and ultimately enhances patient outcomes. This is particularly critical for bedside nurses working in high-stress settings such as critical care and end-of-life care, where emotional resilience is essential. Nurses must be equipped with knowledge of forgiveness theories, models, and facilitation strategies. Practicing forgiveness—both of self and others—can mitigate burnout and reduce nurse attrition, supporting long-term workforce sustainability.

Forgiveness education should be integrated into nursing curricula. Nurse educators play a pivotal role in preparing students to understand, practice, and facilitate forgiveness as part of holistic and spiritually sensitive care. Faculty should revise curricula to include evidence-based content on forgiveness and select appropriate intervention models tailored to their audience. Currently, two major forgiveness intervention models are available, offering flexible frameworks for educational and clinical application (Worthington, 2020; Freedman & Enright, 2020). Professional development initiatives can include forgiveness facilitation training using these models or other relevant ones to specific communities.

Limitations and Future Directions

This study was conducted at a private faith-based university in the US, which might have skewed the results, preventing generalizability. While forgiveness is part of many faiths, the perceptions of nurses or nurse students of other faiths or of no faith were not included in this study, because all participants were self-identified as Christians. The study used a convenience sample, also limiting generalizability to some extent of a homogenous group. The researchers of this study all self-classify as evangelical Christians, and Christianity does have a significant focus on the topic of forgiveness. This positionality of the researchers as evangelical Christians might have influenced the interpretations of the data, but because both participants and researchers shared the same faith, researchers were also better positioned to understand their responses. Member checking was not done due to the timing of the study, which was near the semester final examinations. This could have enhanced the rigor of this study.

For future research, considerations should include the influence of various faiths, religiosity, and spirituality on

forgiveness and its facilitation. Research can guide when and how to teach forgiveness and its facilitation in the curriculum. Further assessment of the connection between religiosity and forgiveness among nurses of all faiths would add information to better support the practicing nurse who is or is not religious.

Conclusion

The findings of this study add to the scholarly literature on nursing by providing information about the experiences of nursing faculty and students with forgiveness, what forgiveness means to them, the importance of forgiveness in nursing practice and self-care, and the relationship between religiosity and forgiveness. Our findings suggest that forgiving nurses may have a desire for and influence on the facilitation of forgiveness in their patients, which can improve the quality of life of their patients and others in their work environment. Such forgiveness will be useful for promoting population mental health and psychosocial well-being and a healthy community.

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