

Application progress of dignity therapy in spiritual care of cancer patients

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Abstract: Through systematic literature review, this paper summarizes the current situation of spiritual care needs of cancer patients, clarifies the outline and evaluation tools of dignity therapy, and expounds the research and clinical practice of dignity therapy in spiritual care of cancer patients at home and abroad, the aim of the study is to provide a theoretical basis for the clinical practice of spiritual care in the Chinese mainland.

Keywords: Dignity therapy, Spiritual needs, Spiritual care, Cancer patients

The rapid development of modern medical technology has extended the lives of cancer patients, but most patients need to face the cruel reality of loss of body function brought by treatment and dependence on others' care, and most patients lack the will to live due to loss of dignity^[1-2]. Palliative care guidelines^[3] point out that spiritual care is the basic element of end-stage disease care, and dignity therapy, as a new intervention means of spiritual care for cancer patients, is of great significance in alleviating patients' negative emotions, reducing the spiritual and psychological burden of cancer patients, and improving the quality of life^[4]. This paper summarizes the application status, implementation process, evaluation tools and development resistance of dignity therapy in spiritual care of cancer patients, aiming to provide theoretical basis for the development of personalized spiritual care programs for clinical cancer patients, guide clinical nursing practice, improve the quality of life of cancer patients, and maximize the benefits of patients.

1. Present situation of spiritual care for cancer patients

1.1 Concept of Spiritual Needs

Since its establishment, the discipline of nursing has been emphasizing holistic nursing, which includes the spiritual needs of the individual. Spiritual needs are the core of the discipline of nursing, including meeting the spiritual needs of patients^[5]. The concept of spiritual needs has not been unified, but the most widely used concept at present refers to the individual's expectations and needs to find meaning, value and purpose in life, as well as the need to experience the connection between oneself and the present moment, self, others, God, faith and nature^[6-7]. 1.2 Significance of spiritual care for cancer patients Spiritual care aims to alleviate the spiritual pain of cancer patients, enable them to find value from pain and illness, and help them find meaning in life and the capacity for love and forgiveness^[8]. For patients with advanced cancer, they are more likely to have negative emotions such as self-doubt, confusion, anger, depression, powerlessness and helplessness. This is because patients intuitively feel a strong sense of dying. Therefore, they tend to have a higher need for spiritual characteristics such as meaning and purpose in life, hope, strength, love and forgiveness, gratitude, faith and connection. Spiritual characteristics are summarized as universality, that is, everyone is spiritual; Particularity: that is, each person's spirituality is closely related to his own life experience; Regression, that is, spirituality is the individual's own internal perception, reflection and so on; Extensibility, that is, there is a certain connection between spirituality and the outside world, including people, environment, faith, etc. Guidance, that is, spirituality can regulate and guide individual behavior; Support, the ability of spirituality to empower individuals. Positivity, that is, spirituality has a positive meaning for individuals, and they learn to grow in adversity^[9]. Spiritual care can alleviate patients' fear of death, uncertainty and discomfort in the treatment process, and enable cancer patients to regain inner peace^[10]. Breitbart's study^[11] showed that psychotherapy intervention for cancer patients

could be effective.

1.2 Current status of the spiritual care needs of cancer patients

Spirituality has been shown to be an important component of quality of life. ASTROW et al.^[12] showed that 33% of cancer patients believed that their spiritual needs were not met, and 60% of cancer patients hoped to get help from medical staff to meet their spiritual needs. HOCKER et al.^[13] reported that almost all cancer patients (94%) reported having at least one spiritual need, and in a recent study 85% of cancer patients said spirituality played the biggest role in their overall health and recovery, 35% of cancer patients reported, The medical team's attention to their spirituality will increase their satisfaction with care. The earliest research on spiritual care in China was conducted by Hsiao et al.^[14], a scholar in Taiwan, who conducted qualitative research on 33 patients with advanced cancer in the course of treatment. In this study, four spiritual needs were summarized: the need to cultivate the hope of survival and the mentality of peace; The need to realize the meaning of life and maintain their dignity; Need to experience more reciprocal human love; In the end, to receive help and face death peacefully, the findings show that nearly all advanced cancer patients need the help of caregivers, friends and religion to meet their spiritual needs during treatment. Li Mengqi et al.^[15] took 153 patients with internal cancer as research objects and conducted a cross-sectional investigation to analyze their spiritual needs. The results showed that cancer patients generally had a moderate level of spiritual care needs, and the highest score was: "Bring humor to them," "provide them with space to be alone," and "listen to their mental concerns." 64 percent of the patients wanted medical staff to listen to their life experiences. Unmet spiritual needs of cancer patients may lead to decreased perception of care quality, decreased satisfaction with care, and decreased quality of life ^[12].Therefore, when cancer patients are faced with difficult illness or death, they usually have spiritual needs and also want spiritual care from medical staff. Only when spiritual needs are met, the patient's spiritual needs can be stable.

2. Application status of dignity therapy in cancer patients

2.1 Overview of Dignity therapy

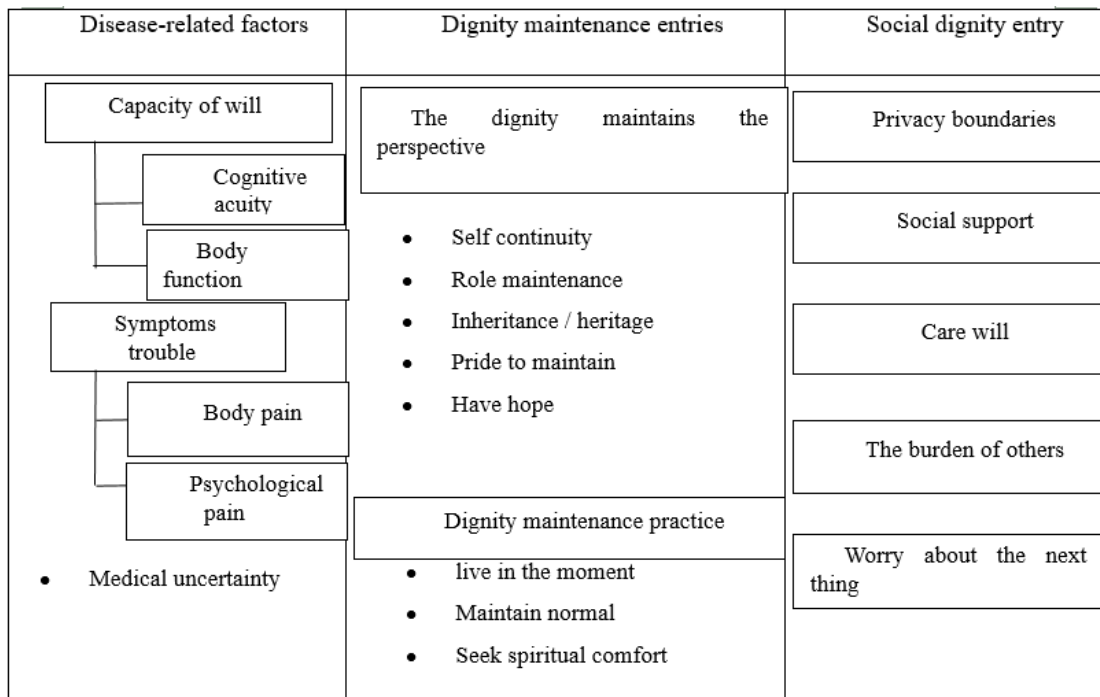


Figure 1: A dignity model for patients with end-stage disease

Dignity Therapy, DT is a^[16] based on dignity therapy model (see figure 1) simple, with personalized a short-term psychological intervention, as one of the spiritual care methods, cancer patients provide patients with an open heart, by guiding patients to impressive, meaningful people and things, reduce anxiety, depression, at the same time can reduce family economic burden and other social guilt, so as to

realize the value of life, get dignity. The dignity model mainly describes three influencing factors^[17]; and their own worries and worries can directly affect the sense of dignity, resulting in low sense of self-esteem, dignity maintenance entry refers to the maintenance of patient psychological and spiritual levels, social dignity entry refers to the factors that affect patient self-esteem.

2.2 Dignity therapy-related assessment tools

2.2.1 Self-esteem Scale (SES)

The self-esteem scale was originally developed by Rosenberg^[18] equal to 1978 with the primary aim of assessing overall individual self-esteem. Ji Yifu^[19] is equal to 1993 scholars. This scale includes 10 items in 2 dimensions: self-affirmation and self-denial, using Likert 4-level scoring method, among which 4 items are scored in reverse direction. But Chinese scholars Tian-Mei^[20] research found that the scale cultural adaptability problem, 8 translated for Chinese for "I hope I can win more respect" should be modified to positive score, and English version for reverse score, so Tian-Mei scholars suggested for 8 should be deleted or adopt positive score to achieve good credit validity, the scale deleted 8 for nine items, total score is 9~36 points, the higher the score, the higher the degree of self-esteem, the Cronbach's α coefficient of 0.835. Although the scale has high reliability validity, individual items have a low discrimination index, thus requiring further study.

2.2.2 Status Self-esteem Scale (SSES)

The scale, originally developed by Heatherton^[21] equal by 1991, works mainly to measure individual views of themselves and also to assess the effect on patient intervention. Later, LAN Xingniu^[22] was translated and translated SSES in 2008, including 20 items in three dimensions: behavioral self-esteem, appearance self-esteem and social self-esteem. The Likert 5-level scoring method was adopted, among which 13 were reverse scoring. The higher the score, the higher the self-esteem level, and the Cronbach's α coefficient was 0.82. Chang^[23] and others were used to assess the self-esteem level of Hong Kong, China stroke patients, and^[24] first introduced SSES to the mainland for assessing the self-esteem level of stoma patients. The results showed that the social support was positively correlated with self-esteem within 1 year after colostomy, and it had good content validity, and its Cronbach's α was 0.86. This scale is relatively mature in foreign studies, and the domestic research on dignity therapy is in its infancy stage, so researchers need to further explore.

2.2.3 Dignity Scale (PDI)

The scale originally by add Chochinov professor^[25] on the basis of dignity model, developed the PDI, the scale can be used to assess the dying in play for dignity caused by the negative emotions, thus screening patients dignity status^[26], can also be used for intervention research evaluation tool^[27-28], PDI for expected survival time is not more than half a year. In 2015 Chinese scholars Liu Fang^[29] of dignity scale and revision, the scale Cronbach's α is 0.93, contains five dimensions, a total of 25 items: symptoms, survival, independence, social support, peace and mentality, each item using Likert 5 scoring method, 1 point said "no difficulty", 5 points said "invincible difficulty", total score 25~125 points, the higher the score, the lower the dignity of patients. This scale is the most widely used and easy to evaluate the effect of dignity treatment intervention.

3. Domestic and foreign studies of dignity therapy in the spiritual care of cancer patients

Studies have shown that^[30] spirituality is an important part of cancer well-being. Therefore, spirituality-based interventions are essential to help the spiritual health of cancer patients. As a new intervention for spiritual care for cancer patients, dignity therapy has become a hot topic in nursing research abroad, and is applied to the care of the dying elderly or terminally ill patients. Since its establishment in 2005, dignity therapy has been studied and applied in many Western countries. In foreign studies, Chochinov and other^[31] scholars intervened for cancer patients who meet the inclusion criteria, and found that dignity therapy was better than usual care in improving spiritual health, higher satisfaction with cancer patients compared with patients receiving standard palliative care, and better than standard palliative care in alleviating sadness and depression. The study of^[32] scholars on dignity therapy in patients with advanced COPD has confirmed its positive impact on the well-being of patients with end-stage diseases. Zaki et al.^[33] scholars used dignity therapy to 50 cancer patients receiving palliative care in Iran, and found that the intervention group in cancer patients significantly improved in physical and emotional function. Therefore, the application of dignity therapy is beneficial

to cancer patients to relieve pain, improve symptoms, physical and emotional functions and spiritual health. Meanwhile, the application of dignity therapy abroad is increasingly mature, and the application scope is expanded to more diseases, and the treatment methods are constantly improved and improved.

In recent years, Chinese scholars have also begun to pay attention to the dignity therapy. Taiwan scholar Li Yuchi^[34], performed dignity therapy and routine care for 30 cancer patients respectively, and the results confirmed that the dignity level of cancer patients has increased significantly after dignity treatment. Therefore, clinical nurses can relieve psychological stress and improve spiritual needs through dignity therapy. Chen Jingyi^[35] For dignity therapy intervention and routine care for 66 patients, after intervention, the spiritual health level of the experimental group of patients was significantly higher than that of the control group. Wang Ning and other^[36] scholars conducted a randomized controlled trial of 148 patients with advanced lung cancer. The trial group conducted dignity therapy intervention, and the control group adopted routine care. The results confirmed that dignity therapy could significantly improve the hope level of patients with advanced lung cancer, enabling them to actively face the disease and treatment and overcome their fear. Although dignity therapy has been shown to be effective in improving the sense of dignity and spiritual health, there are still shortcomings: the study is focused on patients with end-stage disease, not widely used in other diseases, and most studies lack follow-up; the interview outline is directly transliterated, and the interview outline suitable for the localization in China has not been explored.

4. Resistance to the clinical practice of dignity therapy

4.1 Lack of spiritual perspective of medical staff

Spiritual perspective is an emerging term in western countries^[37], which is to understand the spiritual needs of individuals from the overall perspective of individual life growth. Research suggests that in^[38], the spiritual perspective of medical staff is an important influencing factor in spiritual care. In China, the research on spiritual perspective and the meaning of spirituality in life is in the embryonic stage. In spiritual care and evaluation, medical staff cannot identify the spiritual needs of cancer patients in time. Thus medical staff can acquire the skills needed to provide spiritual care by accepting themselves as a spiritual being, experiencing, reflecting, and exploring their own spiritual meaning.

4.2 Lack of spiritual education among caregivers

Carers had the longest contact with hospitalized patients, so caregivers are most likely to detect patient spiritual crisis^[39]. However, there is evidence that in^[40], nurses are often unable to handle and assess patients' spiritual needs in time, and the reasons are multifaceted, including the lack of spiritual care knowledge and related skills, so many times, caregivers can not timely identify the spiritual needs signals of patients and cannot meet the spiritual needs of patients. Nursing students are the main force in the future medical field, and education in spiritual care is relatively scarce. Research shows that^[41], during the period of school, schools lack of spiritual care training, although nursing students think spiritual care is an important part of nursing, at the same time is also very important in promoting health, but many nursing students think they are not fully prepared for spiritual assessment and meet the spiritual needs of patients, so for nursing staff and nursing spiritual training is particularly important.

4.3 Other Factors

Time pressures, cultural context, and religious differences may also be a resistance to caregivers implementing spiritual care. Research shows that in^[42], caregivers with religious and cultural backgrounds regard spirituality and religious beliefs as synonyms, who are more likely to receive spiritual care, and who are relatively more motivated to actively participate in learning and training. In addition, research has shown that^[43]encounters problems with the lack of manpower and time in the implementation of spiritual care, and it believes that spirituality involves personal privacy and is reluctant to share with others. The difference of cultural background is also one of the influencing factors^[28]. Many patients benefit from dignity therapy, but due to the regional and cultural differences in Sinicization, it needs to be culturally adjusted to meet the local patients.

5. Recommendations and outlook

As one of the spiritual care methods, dignity therapy can regulate the psychological state of cancer patients, improve the quality of life of patients, improve the self-esteem level of patients, so as to realize their own value. However, there are still many defects. At present, the spiritual needs of cancer patients in China are at a high level, but the spiritual care ability is relatively low. Regarding the current developmental resistance of dignity therapy in spiritual care, The suggestions are as follows: First, The important role of nurses' spiritual care ability should be clarified and the spiritual care education should be vigorously promoted, Strengthen professional and spiritual care training for nurses and nursing students, Constantly improve their professional quality and work skills, Clarify the reasons for the difficulties in implementing spiritual care in hospitals, Improve the spiritual care of nurses, Lay the foundation for the healthy development of our spirituality; 10 Second course, Domestic studies on the impact of the spiritual needs of cancer patients are mostly demographic characteristics, The sample size and population diversification should be expanded for further analysis, And select appropriate intervention methods to apply to cancer patients, at the same time, Analysis of the factors that affect the dignity of cancer patients, To improve the intervention method based on this approach, More conducive to the development of dignity therapy in our country; "Third, there is no," Hospital administrators should popularize the significance of spiritual care to the general public, Improving the acceptance of spiritual care; Its four, Strengthening the evaluation of the effect of dignity therapy in spiritual care, Improve the patient experience, Improve the quality of life of the patients.

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