SYMPTOM EXPERIENCE, PALLIATIVE CARE, AND SPIRITUAL WELL-BEING IN PATIENTS WITH ADVANCED CANCER

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ABSTRACT

Cancer is a major health problem and the leading cause of death in Thailand. Many patients are diagnosed with advanced stages of the disease with deteriorated physical, psychological, social, and spiritual dimensions. Thus, healthcare providers need to understand patients’ status and assist them with dealing with a life-threatening experience.

The purposes of this study were to explore the characteristics of symptom experience, palliative care, and spiritual well-being, as well as their relationships in patients with advanced cancer. The Symptom Management Model and palliative care concept was employed as a conceptual framework. The participants in this study were two hundred and forty Thai patients with advanced cancer who visited or were admitted to three tertiary hospitals in Bangkok and nearby. They were purposively selected to complete four questionnaires: a Demographic Questionnaire, the Memorial Symptom Assessment Scale, Palliative Care Assessment Form, and Spiritual Well-Being Scale. Descriptive statistics were used to describe symptom experience, palliative care, and spiritual well-being characteristics, while multiple regression analysis was used to examine the relationships and predict symptom experience in three dimensions as well as palliative care on spiritual well-being.

The results revealed the most common symptom reported by prevalence and distress was pain. Difficulty swallowing was reported as the most frequent symptom, whereas not looking like oneself was the most severe symptom. There was a variety of palliative care strategies used including pharmacological and nonpharmacological management strategies. Analgesic and adjuvant drugs were the medications used most. The nonpharmacological management was categorized into four major groups: psychosocial group, mind-body intervention and spiritual group, physical group, and traditional medical herbs and diet group. The strategic management used most in the psychosocial group were the strategies of getting information/advice for self-care, and talking to someone who gave support/courage. The reported source or provider of knowledge was a nurse. Most participants presented moderate to high spiritual well-being. Each symptom dimension had a highly significant positive relationship, whereas palliative care had a significant positive relationship with spiritual well-being, and a negative relationship with symptom distress, frequency, and severity. Spiritual well-being had a significant negative relationship with symptom distress, frequency, and severity. Symptom severity and palliative care together significantly accounted for 48.9% of the variance in spiritual well-being. A slight difference was shown in symptom distress and palliative care which accounted for 48.8% of the variance, while symptom frequency and palliative care explained 48.3%.

The findings suggest that patients with advanced cancer rated symptoms experienced differently across dimensions. Patients used a combination of palliative care strategies provided by both conventional care and complementary therapy which enhanced spiritual well-being. Further study should emphasize the development and testing of interventions based on the effective management strategies reported by patients in this study.

KEY WORDS: SYMPTOM EXPERIENCE/PALLIATIVE CARE/ SPIRITUAL WELL-BEING/ ADVANCED CANCER

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