Spiritual Needs of Taiwan’s Older Patients With Terminal Cancer

Fu-Jin Shih, RN, DNSc, Hung-Ru Lin, RN, PhD, Meei-Ling Gau, RN, PhD, Ching-Huey Chen, RN, PhD, Szu-Mei Hsiao, RN, MSN, Shaw-Nin Shih, RN, MSN, and Shuh-Jen Sheu, RN, PhD

From biologic, ecologic, medical, sociologic, cosmologic, philosophic, and ethical views, death is an inevitable event and a universal process in human life (Grogono, 2000; Hsin & Macer, 2006). Older people who are closer to death and have had full life experiences may have noteworthy needs to share.

Possibly because of increased life expectancy in Taiwan, more patients are dying from cancer. According to the Department of Accounting and Statistics (2005, 2008), Taiwan’s older population (aged 65 and older) has increased from 7.6% of the total population in 1995 to 10.38% in 2008. An older patient with a terminal illness faces physical, psychological, spiritual, and moral suffering. Many Taiwanese patients with a terminal illness expect healthcare providers and family members to provide appropriate end-of-life care, care that creates peace of body, mind, and spirit during the uncertainty of the death-approaching phase (Lin, 2003; Tseng et al., 2005; Yiting, Doring, Fang, Li, & Baoqi, 2005).

Shih, Gau, Lin, Pong, and Lin (2006) indicated that quality care during the dying process can turn an expected loss into a positive for patients, the patients’ families, and healthcare providers. In contrast, an unsatisfactory level of care may prevent patients from achieving a peaceful passage because of physical discomforts and an unsuccessful completion to life. Some patients may even believe that their afterlife is negatively affected during the dying process. Based on patient, family member, and healthcare provider suggestions, the elements of good death care include bodily peace (e.g., effective pain and symptom management, cleanliness, integrity of the body), peace of mind (e.g., yielding, settlement of all necessary affairs, not being lonely), and peace of spirit (e.g., a meaningful life, a sense of completion, affirmation of the whole person) (Steinhauser et al., 2000).

Among the domains of care, spiritual health is at the core of a patient’s existence and affects, connects, and transcends all aspects of being (Isaiah, Parker, & Murrow, 1999). Spirituality has long been acknowledged as a basic human need associated with quality of nursing care. The defining characteristics of spirituality include establishing belief systems; mastery of life’s challenges; experiencing a sense of love (e.g., belonging, protection,