The Meaning of Life Intervention for Patients With Advanced-Stage Cancer: Development and Pilot Study

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Purpose/Objectives: To develop the Meaning of Life Intervention in response to the need for brief and meaning-focused interventions in palliative care and to establish potential effect sizes for future full-scale randomized, controlled trials.

Design: A randomized, controlled trial conducted to pilot test the Meaning of Life Intervention.

Setting: A 68-bed oncology inpatient ward in an urban acute general hospital in Hong Kong.

Sample: 84 patients with advanced-stage cancer. Fifty-eight completed the study.

Methods: Assessments of outcome variables were conducted at baseline and one day and two weeks after the intervention. Patients were randomly allocated to the intervention group or the control group. Repeated measures analysis of covariance was conducted to assess the impact of the Meaning of Life Intervention on participants’ quality of life.

Main Research Variables: The primary outcome was quality of life and was measured by the Quality-of-Life Concerns in the End-of-Life (QOLC-E) questionnaire and with a single-item scale on global quality of life. The eight subscales of the QOLC-E served as secondary outcomes.

Findings: Statistically significant main effects were noted for the group in the QOLC-E questionnaire total score, the single-item scale on global quality of life, and the existential distress subscale of the QOLC-E questionnaire. The effects represented a medium effect size.

Conclusions: The results of this pilot study show that the Meaning of Life Intervention can improve quality of life, particularly existential distress.

Implications for Nursing: The Meaning of Life Intervention represents a potentially effective and efficient intervention that is feasible for implementation by nursing staff for patients with advanced-stage cancer in a palliative care setting.

Cox, and Oberle (2004) noted that, when deciding the length and format of an intervention and its outcome measurements in palliative care research, patient burden,