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

Esther Mok, RN, PhD, Ka-po Lau, RSW, Theresa Lai, RN, DHSc, and Shirley Ching, RN, PhD

Palliative care is a patient treatment approach that attempts to improve the quality of life (QOL) of patients facing life-threatening diseases. Palliative care focuses on the prevention and relief of suffering by means of early identification and assessment and the treatment of pain and other physical, psychosocial, and spiritual problems (Sepúlveda, Marlin, Yoshida, & Ullrich, 2002). Unlike the traditional curative approach, palliative care not only focuses on medical care, such as physical symptom control, but also integrates the psychosocial and spiritual aspects of patient care to enhance QOL (World Health Organization [WHO], 2002). In a review of treatments for existential distress in patients with life-threatening diseases, LeMay and Wilson (2008) summarized that when patients were asked to reflect on issues important to them, they often expressed the need to discuss existential themes such as meaning, purpose, relationships, and death. LeMay and Wilson (2008) further pointed out that existential concerns could be extremely distressing for some patients at the end of life and, if left unattended, these concerns might threaten patients' psychosocial well-being and QOL; increase their level of anxiety, depression, and suicidal ideation; and decrease their will to live. Recognition that existential well-being is an important determinant of QOL, particularly in people with life-threatening diseases, is increasing (Cohen, Mount, Tomas, & Mount, 1996; Field & Cassel, 1997; O'Boyle & Waldron, 1997). In addition, researchers have suggested that a sense of meaning is one of the most important variables that should be included in assessments and interventions for patients with advanced-stage cancer (Thompson, 2007).

Despite the apparent importance of enhancing a sense of meaning in patients with life-threatening diseases, few clinical interventions have been developed to address this critical issue (Breitbart et al., 2010). Arraf,

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 were 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,