

SYMPTOM EXPERIENCE, PALLIATIVE CARE AND SPIRITUAL WELL-BEING AMONG THAIS WITH ADVANCED CANCER

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Keywords: Thais with advanced cancer; Palliative care; Spiritual well-being; Symptom experience

Abstract: This descriptive cross-sectional study of Thais with advanced cancer aimed to: 1) describe symptom experiences, palliative care strategies and spiritual well-being; 2) examine the relationships among these three variables; and, 3) determine predictability of spiritual well-being by symptoms experienced and palliative care received. Two hundred and forty Thais with advanced cancer were purposively selected to respond to four questionnaires: Personal Information Questionnaire; Memorial Symptom Assessment Scale; Palliative Care Assessment Form; and, Spiritual Well-Being Scale.

The most common symptom reported by prevalence and distress was pain. Difficulty swallowing was reported as the most frequent symptom, while "I don't look like myself" was the most severe symptom. The palliative care methods used were a combination of pharmacological and non-pharmacological management strategies. Analgesics, specifically morphine, were the most common pharmacological agents used. The five non-pharmacological strategies most frequently used were: getting information/advice on self care; talking to someone who gave support/

encouragement; changing food/eating behavior; reading Dhamma's book/bible of own religion and making merit; and, taking vitamins or dietary supplements. The two most effective non-pharmacological management strategies included: getting information/advice regarding self-care and talking to someone who gave support and encouragement. Nurses were the most often listed care providers involved in administering non-pharmacological strategies, especially regarding psychosocial care. Subjects reported moderate to high spiritual well-being. Positive relationships were found among the three dimensions of the symptom experience (frequency, severity & distress). Palliative care was found to have a positive relationship with spiritual well-being and a negative relationship with the three symptom dimensions, while spiritual well-being had a negative relationship with the three symptom dimensions. Symptom severity and palliative care, together, accounted for 48.9% of variance in spiritual well-being, while symptom distress and palliative care accounted for 48.8%, and symptom frequency and palliative care explained 48.3%.

Pacific Rim International Journal of Nursing Research 2010; 14(3):219-23