

Advances in Family Dignity Interventions in Hospice Care

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Abstract: The current concept, background, basic theory, method, and actual application effect of the family dignity intervention proposed are analyzed. The application of family dignity intervention in hospice care in China is studied in the hope that it can effectively promote effective application in the clinic and provide a reference for the clinic.

Keywords: Family dignity; Nursing interventions; Hospice; Spiritual care; Progress in application

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1. Introduction

The current stage of clinical research proved that the Worldwide Hospice Palliative Care Alliance redefined hospice care, which requires health professional caregivers and volunteers to provide relevant medical, psychological, and spiritual care to the dying person at the end of life in the hope of helping the dying person to gain peace, comfort, and dignity. Hospice care will not only provide normal help to the patient but also help the patient's family to understand the patient's psychological needs. The application of hospice care needs to be strictly implemented following the relevant principles, including symptom control, psychological counseling, and spiritual support, to continuously optimize the patient's quality of life with the relevant principles, and to ensure that the patient can maintain a dignified death. Family dignity intervention in the current implementation, mainly through the patient and the patient's family face-to-face dialogue to enhance the final association between the patient and the family, and create a family legacy document to enhance the patient's sense of dignity at the end of life. This study summarizes and analyses the concepts, practical background, theoretical basis, methods, and application effects of family dignity intervention, hoping to be able to improve China's family dignity intervention based on the background of hospice spiritual care-related intervention research and provide reference for the development of clinical work.

2. Basic concepts of family dignity interventions

Family dignity intervention, as a family-centered intervention model, is mainly a spiritual care method based on

the duality of the patient and family treatment model. Combining family therapy and dignity therapy enhances the patient's sense of dignity based on reducing the generation of anxiety and depression psychological state during the patient's treatment, promotes the dialogue between the patient and their family members when they are at the end of their life, strengthens the enhancement of the family's sense of connection, and creates an everlasting family legacy, provide more situations to improve the patient's condition, promote the patient's psychological stability and peace of mind, and increase the family members' acceptance of the disease ^[1].

3. Background research on family dignity interventions

In the research on the dignity of dying patients, it has been found that the majority of terminal cancer patients feel a loss of dignity and that this far exceeds the dignity felt by cancer patients abroad before they die. Negative psychological emotions combined with the loss of the patient's own will to live will lead to serious damage to the patient's dignity at the end of life, while a sense of control, hope, pride, and self-esteem will allow the patient to face death with more dignity, which is an important element of the current hospice care. For hospice patients, spiritual care can be an effective way to empower patients and ensure that they feel loved and cared for at the end of life. It can be shown through relevant research that in semi-structured interviews, investigating the actual perception of dignity of several hospice patients in the late stages of life, the dignity model is formed, and the related concept of dignity therapy is proposed ^[2].

Dignity therapy has a certain influence in Western countries in social hospice spiritual care, but in different ethnic and cultural backgrounds, dignity value and connotation have certain differences, so the realization of dignity therapy will also be the full embodiment of individualism. In Asian societies, collectivism in the context of the development of the family needs to become an effective principle to enhance the dignity of the intervention. It is also found that family relationships are the main component of the Asian dignity model. At the same time, research studies have found that dignity therapy needs to be adjusted in combination with the cultural context, and family dignity in social dignity needs to be a new development perspective, highlighting the main content of dignity in maintaining culture and family, emphasizing the importance of cultural competence and awareness in dignity therapy, and actively adopting a family-oriented approach to treating the patient ^[3-6].

Family dignity intervention has evolved from the development of dignity therapy. The intervention design is mainly derived from dignity therapy, from the implementation of the methodology, the need to improve the shortcomings of traditional dignity therapy, and the final results, to let the family in the early stage of the patient's death through the inheritance of the document to obtain a certain degree of comfort, from the early stage of the implementation of the dignity therapy, to promote effective dialogue between the patient and the family, through the content of the document to achieve effective reconciliation and consolation. From the initial stage of the implementation of dignity therapy, it promotes effective dialogue between the patient and the family and achieves effective reconciliation and comfort through the content of the documents.

4. Grounded theory of family dignity intervention

4.1. Family-centered grief therapy

Family-centered grief care is the main principle of palliative care for patients with advanced cancer and families, mainly to be able to reduce the suffering caused by illness and loss. When a family member is diagnosed with advanced cancer, not only does it affect the patient's physical and mental state, but the whole family feels the sadness and pain caused by the illness. As the primary caregivers during hospice care, family

members need to provide comprehensive care for the patient during their care of the patient, balancing the adverse emotional state that occurs during the patient's death. Family-centered grief therapy, as a multi-possible, realistic, and unique intervention, can bring comprehensive interventions to families during palliative care and wounded relatives, ensure communication among family members, reduce the patient's as well as the family's degree of depression, promote open communication between the patient and the family, and reduce the caregiver's sadness based on enhancing the patient's sense of dignity ^[7-10].

4.2. FOCUS program

Under the FOCUS program, the family intervention program is a family-based supportive intervention, which, from a practical point of view, consists of five basic modules that support and encourage the patient and family members to participate in the process of the disease, to help the family members to face the main problems of the disease together, and to study the solutions positively and effectively. This also reduces the burden of caregiving on the caregiver and improves the patient's and family's experience ^[11].

5. Methods of implementation of family dignity interventions

5.1. Interview process

Family dignity interventions need to be carried out by professional therapists, who can be doctors, caregivers, social workers, volunteers, or even counselors. The interviews need to be fully implemented in the following aspects during the actual intervention ^[12].

In the first interview work, it is necessary to conduct a comprehensive survey of the basic information of family members, including the development of the patient's condition, psychological and social information, and so on, to establish a relationship of trust with the interviewed family, and to introduce to the family members the relevant contents and precautions of family dignity intervention. This interview needs to be maintained for about 30 minutes.

The second interview is conducted one or two days after the first interview, and based on the basic points raised in the interview, the participant is guided through a reminiscence of their own life to personalize the intervention program for dignity in the family, which is audio-recorded and lasts for about one hour, and then transformed into a text and video file, which can be easily transmitted. This will also facilitate the transmission and preservation of the patient ^[13-15].

During the third interview, which takes place after the text has been compiled, the text is reviewed with the family, and any omissions or irregularities in the interview are added, and the interview lasts for 30 minutes.

In the fourth interview work, the text needs to be forwarded to the family, thus enhancing the outcome of the family dignity intervention. This interview needs to be sustained for 30 minutes, the document needs to be processed for sharing, and the patient, as well as the family caregiver, must be involved in the decision-making power of the legacy grantor.

5.2. Outline of the interview

The family dignity intervention requires the formation of a patient-family caregiver interview as a whole from the participant recruitment process, with additions to the basic content of the interviews, which are shown in **Tables 1** and **Table 2**, as well as the outline of the interviews ^[16].

Table 1. Outline of patient interviews

Serial number	Element	Serial number	Element
1	Individually about your life experiences; what were the most important and memorable moments? When did you feel most energized?	7	Is there anything in particular that you would like to ask for forgiveness or offer forgiveness for?
2	Does your relationship with a loved one affect your life?	8	Is there anyone in particular you would like to thank a loved one for?
3	What are some of the things you want the people you take on to know or remember about you?	9	Is there any advice or guidance you would like to pass on to your loved ones?
4	What do you consider to be the most important and meaningful achievement in your life (including family, career, and relationships)?	10	Do you have any hopes for the future, yourself, loved ones, family?
5	Is there anything in particular you would like to thank your loved ones for?	11	Is there anything else you would like to record when creating a permanent record?
6	What do you appreciate most about your loved one?	12	Is there anything else you would like to spend time on before the session ends?

Table 2. Outline of carer interviews

Serial number	Element	Serial number	Element
1	What are your life experiences with your loved one; what are the most important and memorable times together; when are you most energized with your loved one?	7	Is there anything in particular you would like to thank your loved ones for?
2	Does your relationship with a loved one affect your life?	8	Is there anything in particular that you would like to ask for forgiveness or offer forgiveness for?
3	What things do you think your loved ones know or remember about you?	9	What advice or guidance do you think you get from your loved ones that you pass on to other family members?
4	What do you consider to be your loved one's most important and meaningful achievement in life (including family, career, and relationships)?	10	Do you have any expectations and hopes for the future for your loved ones, yourself, and your family?
5	What do you appreciate most about your loved one?	11	Is there anything else you would like to record during the creation of your permanent record?
6	What do you think your loved ones are proud of or appreciate most about you?	12	Is there anything you'd like to take the time to say again before the interview ends?

6. Analysis of the effectiveness of the application of family dignity interventions

6.1. Effectiveness of application to patients

Family dignity is mainly based on the traditional form of dignity therapy, and constantly supplements the content of the therapy, to reduce the patient's anxiety, depression, and other negative emotions, to enhance the patient's sense of well-being and satisfaction at the end of life. It is hoped that the level of treatment and the quality of life have a certain effect of improvement, to ensure the dignity of the effective implementation of the therapy, and to promote the patient's ability to realize self-expression and enhance self-consciousness. In the effect of dignity therapy, relevant domestic researchers conduct comprehensive research on the study to constantly deepen the research and elaboration ^[17].

6.2. Effectiveness of application to family primary carers

The experience of the primary caregiver in the family needs to be valued during dignity interventions, and this was the first effective study to unite dignity therapy with the family. Dignity therapy in the family model has been applied abroad in a variety of patients with advanced cancer, and the results of the study showed that dignity therapy can reduce the negative emotions generated by the family members themselves and increase the patient's desire for warmth of their loved ones. At the same time, the legacy documents formed during dignity interviews are the main form of comfort for carers in bereavement. In the early application of family dignity intervention in China, it was mainly used in elderly patients with mild cognitive impairment, and the results showed that family dignity intervention can reduce the workload of caregivers of elderly patients with mild cognitive impairment, improve the negative emotional state of caregivers, and enhance caregivers' mastery and understanding of knowledge. From the current study, it was found that the effective implementation of family dignity care can also improve the comfort and relationship between patients with terminal cancer and their family members, reduce the degree of grief of family members, and improve the overall quality of life of patients in the terminal period. In addition, family dignity intervention can improve the burden of patients with malignant tumors and terminal cancer, raise the level of hope and dignity of patients, and better enhance the actual caregiving ability of caregivers, reflecting the effectiveness of the application of family dignity intervention.

7. Conclusion

At this stage, interventions for the sense of dignity of terminally ill patients are constantly changing, gradually evolving from a personal perspective to a dualistic perspective of the patient and the family, correctly helping the patient and the family to understand the role and value of family relationships in dignity therapy, and better guiding the development of clinical practice and research work. From the current actual situation, there are few studies on family dignity intervention to enhance the sense of dignity of terminally ill patients and improve family relationships, so it is still necessary to study the intervention methods according to the development of China's cultural background, to better formulate the relevant content, and then effectively enhance the sense of dignity of terminally ill patients.

Disclosure statement

The authors declare no conflict of interest.

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