Living with dignity among Chinese cancer patients undergoing chemotherapy: a qualitative study

Jinnan XIAO, Carmen Wing Han CHAN, Ka Ming Chow
The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong

Introduction: Safeguarding the dignity for cancer patients has recently been gaining attention, whereas its development is constrained by the ambiguity construct of dignity. This study aims to describe dignity perceived by cancer patients receiving chemotherapy based on Dignity Model* and provide insights on promoting dignity conserving care in China.

Methods: A qualitative description design was conducted with face-to-face, semi-structured, individual interviews. Consecutive sampling of cancer patients receiving chemotherapy in a public hospital was recruited. The data was analyzed using the Framework Method analysis with both inductive and deductive approaches.

Results: 15 cancer patients with age ranged from 28 to 66 years completed the interviews.

*: Chochinov, H. M., Hack, T., McClement, S., Harlos, M., & Kristjanson, L. J. (2002). Dignity in the terminally ill: An empirical model. *Soc Sci Med*, 54(JUNE), 433–443.

Results (continuous): The summary of the categories, themes and subthemes is presented in the table.

Conclusions: Patients’ sense of dignity can be affected by various issues, including illness, personal attitudes and behavior, and social environment. **Culture** and **economics** impact the construct of dignity hugely among Chinese population. **Family-oriented approaches** are recommended to create an environment where patients feel valued, respected and supported, helping cancer patients adapt to the illness changing process and maintain dignity.

CATEGORY	THEME	SUBTHEMES	
Illness related concerns (Issues related to illness itself which threaten or impinge on patients’ sense of dignity)	Level of independence	Cognitive acuity	Functional capacity
	Symptom distress	Physical distress: death anxiety was not supported	
		Psychological distress	
Dignity conserving repertoire (One’s worldview and attitude that helps to promote dignity or personal behavior that bolster dignity)	Dignity conserving perspective	Role preservation: to preserve their role of a filial offspring or responsible parent	
		Generative/legacy: something lasting transcendent meant healthy and filial offspring, in other words, passing on filial piety from generation from generation.	
		Maintenance of pride: rather than the diminishing independence, patients feel loss of dignity when they are unable to maintain their sense of pride due to the impaired body image.	
		Continuity of self	Hopefulness
		Autonomy/control	Acceptance
		Resilience/fighting spirit	
	Dignity conserving practice	Living in the moment	Maintaining normalcy
		Seeking spiritual comfort: spiritual comfort did not translate to specific religion in our study, but hold the belief of ‘exerting the utmost of human abilities, and then resigning the rest to the mandate of Heaven’, which in Chinese words of “Jin Ren Shi, Ting Tian Ming (尽人事，听天命)”.	
Social dignity inventory (Social concerns or relationship dynamics that enhance or impinge on patients’ sense of dignity)	Privacy boundaries		Social support
	Care tenor		Burden to others
	Aftermath concerns		
	Communication openness: communication openness of information and emotions between patients and families.		
	Financial burden: unaffordable high medical expenditure which undermines patients’ sense of dignity.		