

# **The lived experiences of spiritual suffering and the healing process among Taiwanese patients with terminal cancer**

邱仲峰

**Chio CC;Shih FJ;Chiou JF;Lin HW;Hsiao FH;Chen YT**

摘要

## **Abstract**

**AIMS AND OBJECTIVES:** The purposes of this study were to explore the lived experiences of spiritual suffering and the change mechanism in healing processes among Taiwanese patients with terminal cancer. **METHODS:** The approach to this study was phenomenological-hermeneutic. Twenty-one patients with terminal cancer were invited to participate in a semi-structured interview that dealt with their experiences of spiritual suffering and the healing process. This study was conducted in the inpatient unit of the oncology department in two general hospitals. The interviews were recorded, transcribed and later analysed using the approach of narrative analysis. **RESULTS:** According to the results of case narration, the causes of spiritual suffering included cancer, known as a life-threatening illness, physical pain, treatment complications, uncertain illness progression, disability problems and lack of support. Patients turned to internal resources (including regarding the suffering as a life challenge, volunteering to help other cancer patients and searching for life wisdoms) and external resources (including peer support groups and family support) as they endured spiritual suffering. Taiwanese patients turned to Eastern and Western philosophies of Taoism, Confucianism, Buddhism and Christianity as methods to interpret their spiritual suffering. **CONCLUSION:** Patients' positive views of misfortune because of cancer and sufficient social supports were the key elements of the healing process to alleviate spiritual suffering. **RELEVANCE TO CLINICAL PRACTICE:** Nurses who learn to participate in suffering assessment are better able to understand spiritual needs of cancer patients. Cancer patients' views on the change mechanism in healing processes could provide essential information for nurses in developing an effective intervention programme. If nurses consider cultural factors that shape patients' experiences of spiritual suffering and the healing process, they could learn how to meet the needs of patients better from different cultural backgrounds.