

# Cultural acceptability and potential effectiveness of dignity therapy for patients with terminal cancer in Taiwan

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 11/11/2025	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 19/12/2025	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data
		<input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

This study explores how culturally acceptable and clinically effective dignity therapy (DT) is for people with terminal cancer in Taiwan. Dignity therapy helps patients reflect on their lives and share meaningful memories, which may reduce emotional distress. The research addresses a gap in evidence about how well this therapy works in East Asian settings.

### Who can participate?

Participants include adults diagnosed with terminal cancer who are expected to live less than six months. They must be able to communicate clearly, complete questionnaires, and speak either Mandarin Chinese or Taiwanese.

Family caregivers in the DT intervention group must be designated by the patient as recipients of the legacy document. Caregivers must be aged  $\geq 20$  years, willing to participate, able to communicate effectively, and able to complete questionnaires independently. Fluency in Mandarin or Taiwanese is required. Caregivers with severe organic brain disorders, mental illness, depression, or cognitive impairment will be excluded.

### What does the study involve?

Participants are aged 20 or older and choose to take part voluntarily. They take part in dignity therapy sessions and complete questionnaires to help researchers understand how the therapy affects their emotional well-being.

### What are the possible benefits and risks of participating?

Researchers expect that patients who receive dignity therapy will experience less distress related to dignity compared to those receiving standard comfort care. They also anticipate that both patients and their families will find the therapy acceptable and helpful. No major risks are reported.

### Where is the study run from?

The study takes place in two oncology wards at a large hospital in southern Taiwan.

When is the study starting and how long is it expected to run for?  
The study runs from April to June 2022.

Who is funding the study?  
The study is funded by Taiwan's National Science and Technology Council (NSTC).

Who is the main contact?  
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## Contact information

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## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### ClinicalTrials.gov (NCT)

Nil known

### Protocol serial number

Nil known

# Study information

## Scientific Title

Cultural acceptability and potential effectiveness of dignity therapy (DT) for patients with terminal cancer in Taiwan: a quasi-experimental study

## Acronym

DTIT

## Study objectives

1. Patients receiving DT would report greater reductions in dignity-related distress over time than those receiving comfort care alone
2. DT would be perceived as acceptable and satisfactory by both patients and their family members

## Ethics approval required

Ethics approval required

## Ethics approval(s)

approved 09/04/2022, Institutional Review Board of National Cheng Kung University (No. 138, Shengli Rd., North District, Tainan City, 704302, Taiwan; +886 2757575; em51020@email.ncku.edu.tw), ref: A-ER-109-193

## Study design

Quasi-experimental non-randomized controlled design

## Primary study design

Interventional

## Study type(s)

Quality of life

## Health condition(s) or problem(s) studied

Cancer dignity-related distress

## Interventions

Participants in the intervention group received a standardized 7-day course of dignity therapy in addition to the standard comfort care provided to the control group. Participants in the control group received standard comfort care in accordance with institutional comfort care protocols. Eligible participants were referred by the clinical care team. After providing informed consent, group assignment was initiated. Due to the narrative and emotionally reflective nature of DT, full randomization was not feasible. Participants who expressed a preference for DT were directly assigned to the intervention group, while the remaining eligible participants were randomly allocated to either the intervention or control group using block randomization sequences (e.g., EECC, CCEE). An independent research assistant conducted the randomization, and a senior research coordinator supervised the allocation process to ensure procedural integrity and transparency. Participants who withdrew from the study continued to receive standard care.

Blinding of participants and intervention providers was not possible due to the nature of the intervention. However, to mitigate bias, self-reported questionnaires were used for outcome

measurement, and participants were provided adequate time and privacy to complete them. Importantly, research personnel responsible for data collection and analysis were blinded to group allocation to enhance objectivity and minimize response bias.

### **Intervention Type**

Supplement

### **Primary outcome(s)**

Dignity-related distress was measured using the Patient Dignity Inventory–Mandarin Version (PDI-MV) at baseline, post-intervention, and two-week follow-up

### **Key secondary outcome(s)**

Acceptability was assessed using the Dignity Therapy Patient and Family Feedback Questionnaires (DTPFQ/DTFFQ) at post-intervention

### **Completion date**

01/06/2022

## **Eligibility**

### **Key inclusion criteria**

1. Aged 20 years or older
2. Voluntarily agreed to participate
3. Capable of effective communication and completing self-report questionnaires
4. Fluent in either Mandarin Chinese or Taiwanese
5. Diagnosed with terminal cancer with a medically estimated life expectancy of less than six months

(added 19/12/2025)

Family caregivers in the DT intervention group:

1. Designated by the patient as recipients of the legacy document
2. Aged  $\geq 20$  years
3. Willing to participate
4. Able to communicate effectively
5. Able to complete questionnaires independently. Fluency in Mandarin or Taiwanese is required

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Mixed

### **Lower age limit**

20 years

### **Upper age limit**

80 years

**Sex**

All

**Total final enrolment**

24

**Key exclusion criteria**

1. Diagnosis of a severe organic brain disorder
2. The presence of a diagnosed mental illness or depression
3. Unconsciousness or cognitive impairment
4. Expected hospital discharge within three days
5. Currently receiving formal palliative care

(added 19/12/2025)

Family caregivers in the DT intervention group:

1. Caregivers with severe organic brain disorders, mental illness, depression, or cognitive impairment .

**Date of first enrolment**

27/04/2022

**Date of final enrolment**

01/06/2022

**Locations****Countries of recruitment**

Taiwan

**Study participating centre**

**Two oncology wards at a tertiary medical center in southern Taiwan.**

No. 138, Shengli Rd., North District

Tainan city

Taiwan

704302

**Sponsor information****Organisation**

National Science and Technology Council

**ROR**

<https://ror.org/02kv4zf79>

# Funder(s)

## Funder type

Government

## Funder Name

National Science and Technology Council

## Alternative Name(s)

National Science and Technology Council (Taiwan), National Science and Technology Council, R.O. C, National Science and Technology Council of Taiwan, Ministry of Science and Technology, Taiwan, Taiwan's National Science and Technology Council, , NSTC

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

Taiwan

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not expected to be made available

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes