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

Submission date
05/11/2025

Recruitment status
No longer recruiting

Registration date
11/11/2025

Overall study status
Completed

Last Edited
19/12/2025

Condition category
Cancer

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] 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 ≥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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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 ≥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
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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?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes