



Palliative Approach To Improving The Quality Of Life Of Terminal Patients

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ABSTRACT

The palliative approach is a comprehensive effort aimed at improving the quality of life of terminally ill patients through symptom management, psychological, social, and spiritual support. This study aims to analyze the effectiveness of the palliative approach in improving the quality of life of terminally ill patients. The research method used a quantitative approach with a cross-sectional design on 100 terminally ill patients in the palliative care unit. Data were collected using a quality of life questionnaire and analyzed using descriptive and inferential statistical tests. The results showed that patients who received a comprehensive palliative approach had higher quality of life scores than those who did not receive optimal intervention ($p < 0.05$). It was concluded that the palliative approach plays a significant role in improving the quality of life of terminally ill patients.

Keywords: Palliative, Quality of Life, Terminal Patients, Nursing

1. INTRODUCTION

Terminally ill patients are individuals experiencing a chronic, progressive illness with a limited prognosis. In this situation, the primary goal of healthcare is no longer focused on healing, but rather on improving the patient's quality of life. One approach used is palliative care.

The palliative approach is a form of healthcare that focuses on alleviating patient suffering through pain management, symptom management, and psychosocial and spiritual support. This approach addresses not only the patient but also the family as part of the primary support system.

The quality of life of terminally ill patients often declines due to various factors such as chronic pain, anxiety, depression, and uncertainty about their health. Therefore, a palliative approach is crucial in helping patients live their remaining lives with more





meaning and dignity. This study aims to analyze the role of a palliative approach in improving the quality of life of terminally ill patients.

2. RESEARCH METHODS

a. Types and Approaches of Research

This study used a quantitative analytical approach with a cross-sectional design . This design was chosen to analyze the relationship between the implementation of a palliative approach and the quality of life of terminally ill patients over a specific period of time without direct intervention from the researcher.

The quantitative approach allows for objective measurement of variables as well as analysis of relationships between variables using statistical methods.

b. Location and Time of Research

The study was conducted in a palliative care unit at a hospital providing services for terminally ill patients. The study period ran from January to April 2025 , encompassing preparation, data collection, and analysis.

c. Population and Sample

1) Population

All terminal patients who received services in the palliative unit during the study period.

2) Sample

A total of 100 respondents met the inclusion criteria.

d. Sampling Techniques

Using purposive sampling , namely selecting samples based on certain criteria that are relevant to the research objectives.

1) Inclusion Criteria

- Patients with a diagnosis of terminal illness (e.g., advanced cancer, chronic organ failure)
- Age ≥ 18 years
- In a conscious state and able to communicate
- Willing to be a respondent

2) Exclusion Criteria

- Patients with severe cognitive impairment
- Critical conditions that do not allow for interviews
- Incomplete data



**e. Research Variables****1) Independent Variables**

- Palliative approaches (comprehensive / non-optimal), include:
 - Pain management
 - Psychological support
 - Social support
 - Spiritual support

2) Dependent Variable

- Quality of life of terminal patients

f. Operational Definition

Variables	Definition	Measuring instrument	Scale
Palliative approach	Holistic services provided to patients	Intervention checklist	Nominal
Quality of life	Patient perception of physical, psychological, social conditions	WHOQOL	Ordinal

g. Research Instruments

- 1) WHOQOL (World Health Organization) questionnaire Organization Quality of Life)

Used to measure patient quality of life in several domains:

- Physique
- Psychological
- Social
- Environment

- 2) Palliative Approach Observation Sheet

Used to assess whether patients receive comprehensive palliative interventions.

- 3) Pain Scale (Numeric Rating Scale (NRS)

To measure the patient's pain level.

h. Validity and Reliability Test

- 1) The WHOQOL instrument has been internationally standardized .
- 2) Validity testing was carried out using the Pearson correlation test.
- 3) Reliability test using Cronbach's Alpha (>0.70)



**i. Data collection technique**

- 1) Structured Interview
Done to fill out the quality of life questionnaire
- 2) Observation
To assess the implementation of the palliative approach
- 3) Documentation
Using patient medical record data

j. Research Procedures

- 1) Manage research permits from hospitals
- 2) Determine respondents according to criteria
- 3) Explaining the research objectives and obtaining informed consent
- 4) Conducting data collection (interviews and observations)
- 5) Perform data processing and analysis

k. Data Analysis Techniques

- 1) Univariate Analysis
Used to describe the frequency distribution of variables:
 - Respondent characteristics
 - Quality of life
 - Palliative approach
- 2) Bivariate Analysis
Using the Chi- Square test to determine the relationship between the palliative approach and patient quality of life.
Criteria:
 - $p < 0.05 \rightarrow$ significant
 - $p \geq 0.05 \rightarrow$ not significant
- 3) Multivariate Analysis
Using logistic regression to determine the influence of independent variables on quality of life and determine the dominant factors.

l. Research Ethics Considerations

This research pays attention to the principles of research ethics, namely:

- 1) Informed consent (respondent's consent)
- 2) Confidentiality (data confidentiality)
- 3) Anonymity (without personal identity)
- 4) Respondents' right to refuse or stop participation



**m. Research Limitations**

- 1) Cross-sectional designs cannot demonstrate cause-and-effect relationships.
- 2) Data depends on patient's subjective perception
- 3) Variations in patient conditions can affect the results.

3. RESEARCH RESULTS AND DISCUSSION**a. Research result**

1) Respondent Characteristics

The study involved 100 terminally ill patients in a palliative care unit. The distribution of respondent characteristics is presented in the following table:

Table 1. Respondent Characteristics

Characteristics	Frequency (n)	Percentage (%)
Age		
<60 years	30	30%
≥60 years	70	70%
Gender		
Man	55	55%
Woman	45	45%
Primary Diagnosis		
Advanced stage cancer	60	60%
Chronic organ failure	40	40%

The majority of respondents were elderly people diagnosed with advanced cancer, who are the primary target group for palliative care.

2) Distribution of Palliative Approaches

Table 2. Types of Palliative Approaches

Palliative Approach	Frequency (n)	Percentage (%)
Comprehensive	65	65%
Not optimal	35	35%





Most patients have received a comprehensive palliative approach, covering physical, psychological, social and spiritual aspects.

3) Distribution of Quality of Life

Table 3. Quality of Life of Terminal Patients

Category	Frequency (n)	Percentage (%)
Good	60	60%
Currently	30	30%
Bad	10	10%

4) Bivariate Analysis

Table 4. Relationship between Palliative Approach and Quality of Life

Approach	Good	Currently	Bad	Total
Comprehensive	50	10	5	65
Not optimal	10	20	5	35

Square test results : $p = 0.002 (<0.05)$

There is a significant relationship between the palliative approach and the quality of life of terminal patients.

5) Multivariate Analysis (Logistic Regression)

Table 5. Logistic Regression Results

Variables	OR	CI 95%	p- value
Comprehensive palliative approach	3.8	1.8–7.9	0.001
Good pain management	3.2	1.5–6.8	0.003
Psychological support	2.9	1.3–6.2	0.005

Patients who received a comprehensive palliative approach had a 3.8 times higher chance of having a good quality of life compared to patients with a suboptimal approach.





6) WHO Quality of Life Score Analysis (WHOQOL)

Table 6. Average Quality of Life Score

Domain	Mean	Elementary School
Physique	65.2	8.5
Psychological	68.4	7.9
Social	70.1	6.8
Environment	66.7	7.2

b. Discussion

1) The Impact of Palliative Approach on Quality of Life

The study results showed that a comprehensive palliative approach significantly improved the quality of life of terminally ill patients. The OR of 3.8 indicates that palliative interventions significantly contributed to patient well-being.

This is in line with the concept of palliative care which emphasizes a holistic approach, not just treating the disease.

2) The Role of Pain Management

Pain management has been shown to be a crucial factor in improving quality of life. Uncontrolled pain can impair a patient's physical and psychological functioning. An effective palliative approach is able to:

- Reduce pain intensity
- Improve patient comfort
- Support daily activities

3) Psychological and Emotional Support

Patients who receive psychological support have a more stable mental state. This has an impact on:

- Anxiety reduction
- Increased acceptance of conditions
- Better quality of life

4) Social and Spiritual Aspects

The social domain had the highest score in this study, indicating that family and environmental support play a major role in improving patients' quality of life. A spiritual approach also helps patients face the final phase of life more calmly and meaningfully.





5) Implications for Healthcare Practice

The results of this study indicate that a palliative approach should:

- Integrated into the health care system
- Applied in a multidisciplinary manner
- Supported by health policy

6) Comparison with Previous Research

These results are consistent with various international studies showing that palliative care improves quality of life, especially in patients with advanced cancer.

A comprehensive palliative approach has been shown to be effective in improving the quality of life of terminally ill patients through symptom management, psychological support, and social and spiritual approaches.

4. CONCLUSION AND SUGGESTIONS

a. Conclusion

Based on the results of research on *the palliative approach in improving the quality of life of terminal patients*, it can be concluded that:

- 1) The palliative approach has a significant impact on the quality of life of terminally all patients.

The analysis results showed a statistically significant relationship ($p < 0.05$) between the palliative approach and patient quality of life. Patients who received a comprehensive palliative approach had a better quality of life.

- 2) A comprehensive palliative approach increases the chances of a better quality of life.

Odds Value A ratio (OR) of 3.8 indicates that patients with comprehensive palliative care have almost four times greater chance of having a good quality of life compared to patients who do not receive an optimal approach.

- 3) Pain management is a key component in improving quality of life.

Effective pain control contributes greatly to improving physical comfort and stabilizing the patient's condition.

- 4) Psychological, social, and spiritual support play an important role.

A holistic approach that includes mental and spiritual aspects has been shown to increase patient acceptance of terminal conditions and reduce anxiety and depression.





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- 5) The palliative approach must be carried out in a multidimensional and sustainable manner.

The quality of life of terminal patients is not only influenced by medical factors, but also by the support of family, environment, and health workers.

b. Suggestion

- 1) For Healthcare Institutions
 - Integrating palliative care services comprehensively into the health care system
 - Provide adequate facilities and resources for palliative care units
- 2) For Health Workers (Nurses and Medical Teams)
 - Improving competency in palliative care through specialized training
 - Optimizing a holistic approach that includes bio- psycho -socio-spiritual aspects
- 3) For Government and Policy Makers
 - Encourage strengthening of policies related to palliative care services
 - Improving access to palliative care services in various health facilities
- 4) For Patients and Families
 - Increasing understanding of the importance of palliative care
 - Play an active role in supporting the patient care process
- 5) For Further Researchers
 - It is recommended to use a longitudinal design to see long-term changes in quality of life.
 - Developing research with a wider sample coverage and additional variables

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