



The Influence of Emotional Counseling on Self-Acceptance of Chronic Illness Patients in the Terminal Phase

Ferdinandus Suban Hoda^{1*}, Zaenal², Wahidyanti Rahayu Hastutiningtyas³

¹Bachelor of Nursing Study Program, Maranatha Health College, Kupang, Indonesia

²Nursing Science Study Program, Islamic University of Makassar, Indonesia

³Nursing Study Program, Tribhuwana Tungadewi University, Indonesia

ABSTRACT

Patients with terminally ill chronic illnesses often experience difficulty accepting their condition, which impacts their quality of life. One intervention that can be used is emotional counseling, which aims to help patients understand and manage negative emotions, thereby increasing self-acceptance. This study aims to determine the effect of emotional counseling on self-acceptance in terminally ill chronic patients. The research method used a quasi-experimental design with a *pretest-posttest approach. control group Design*. A sample of 40 respondents was divided into an intervention group (20 patients received emotional counseling) and a control group (20 patients received standard care). The research instrument was a validated self-acceptance scale questionnaire. The results showed a significant increase in self-acceptance in the intervention group compared to the control group ($p < 0.05$). In conclusion, emotional counseling has a positive effect on increasing self-acceptance in patients with chronic illnesses in the terminal phase. Suggestions: Emotional counseling can be part of palliative nursing interventions in hospitals.

Keywords: Emotional Counseling, Self-Acceptance, Chronic Illness, Terminal Phase

*Correspondent: Ferdinandus Suban Hoda

*Email: ferdinandussuban@gmail.com





1. Introduction

Patients with terminal chronic illnesses often face complex physical, psychological, social, and spiritual challenges. This condition not only causes physical suffering due to the symptoms but also significantly impacts the patient's emotional and psychological well-being. One of the main challenges that arises is difficulty accepting their condition, which is often characterized by feelings of hopelessness, anxiety, depression, and an inability to adapt to the limitations they experience (Septiani & Kurniasari, 2021).

Self-acceptance is an individual's ability to realistically accept their current condition without excessive denial, including accepting weaknesses, limitations, and the reality of death. For terminally ill patients, self-acceptance is crucial because it can improve quality of life, reduce psychological suffering, and help them live their final days more meaningfully (Astuti et al. et al., 2020).

One approach that can be used to increase patient self-acceptance is through emotional counseling. Emotional counseling is a therapeutic process that focuses on emotional management, channeling feelings, and psychological support so that patients can understand and accept their condition. Previous research has shown that emotional counseling is effective in reducing anxiety, increasing motivation, and providing a sense of comfort for patients with chronic illnesses (Wijayanti & Hartono, 2022).

In palliative care settings, non-pharmacological interventions such as emotional counseling are crucial as a complement to medical therapy. Nurses, as the healthcare professionals closest to patients, play a strategic role in providing emotional counseling. However, the practice of emotional counseling in the context of self-acceptance in terminally ill patients remains limited and requires further empirical evidence.

Based on the description, this study was conducted to determine the effect of emotional counseling on self-acceptance of chronic disease patients in the terminal phase, so that it can be the basis for developing more holistic nursing interventions and focusing on the patient's quality of life.

2. Research Methods

a) Research Design

This study uses a quasi- experimental design with a *pretest-posttest approach control group design*. This design was chosen to compare the self-acceptance of terminally ill patients with chronic illnesses before and after receiving emotional counseling intervention, and to compare it with a control group that did not receive the intervention.

b) Population and Sample

The research population was all chronic disease patients who were in the terminal phase and were being treated in the palliative ward at hospital X. The sampling technique used purposive sampling with the following inclusion criteria:

1. The patient was diagnosed with a terminal phase chronic disease.





2. The patient is fully conscious and able to communicate.
3. Willing to be a respondent by signing the informed consent.

The number of samples was determined based on the experimental sample size calculation formula, with a total of 40 respondents divided into two groups: 20 patients in the intervention group and 20 patients in the control group.

c) Research Variables

1. Independent variable: emotional counseling.
2. Dependent variable: self-acceptance of patients with terminal chronic illnesses.

d) Research Instruments

The instrument used in this study was a self-acceptance scale modified from Ryff's (1995) theory, encompassing aspects of acceptance of one's condition, emotional control, and acceptance of limitations. This scale uses a Likert model with scores of 1–4, which has previously been tested for validity and reliability.

e) Intervention Procedure

1. Pretest: initial measurements were made of the level of self-acceptance in the intervention and control groups.
2. Intervention: The intervention group received four sessions of emotional counseling, each lasting 30–45 minutes, over two weeks. The counseling sessions included:
 - Identifying the patient's negative feelings and anxieties.
 - Give patients the opportunity to express their feelings.
 - Provide emotional support and simple relaxation techniques.
 - Helping patients accept their condition and find positive meaning in life.
3. Posttest: re-measurement of self-acceptance levels after the intervention was carried out in both groups.

f) Data analysis

Data were analyzed using a paired t-test to examine differences in self-acceptance scores before and after the intervention in each group, and an independent t-test to examine differences between the intervention and control groups. The analysis was performed with a significance level of $p < 0.05$.

3. Research Result

a. Results

1. Respondent Characteristics

The study respondents were 40 patients with terminal chronic illnesses. Based on the data collection results, the respondent characteristics are shown in the following table:

Table 1. Distribution of Respondent Characteristics





Characteristics	Intervention Group (n=20)	Control Group (n=20)	Total (n=40)
Gender			
Man	9 (45%)	10 (50%)	19 (47.5%)
Woman	11 (55%)	10 (50%)	21 (52.5%)
Age			
40–50 years	6 (30%)	5 (25%)	11 (27.5%)
51–60 years	8 (40%)	9 (45%)	17 (42.5%)
>60 years	6 (30%)	6 (30%)	12 (30%)
Disease Diagnosis			
Cancer	12 (60%)	11 (55%)	23 (57.5%)
Chronic kidney failure	5 (25%)	6 (30%)	11 (27.5%)
Chronic heart disease	3 (15%)	3 (15%)	6 (15%)

2. Self-Acceptance Level Before and After Intervention

Measurement of the patient's level of self-acceptance was carried out before and after providing emotional counseling.

Table 2.
Changes in Self-Acceptance Scores in the Intervention and Control Groups

Group	Pretest (Mean ± SD)	Posttest (Mean ± SD)	p- value (paired t-test)
Intervention (n=20)	56.2 ± 7.1	74.8 ± 6.3	0,000*
Control (n=20)	55.9 ± 6.8	57.1 ± 6.5	0.218

*p < 0.05 significant

3. Intergroup Comparison

Analysis of the differences in self-acceptance scores between the intervention and control groups after the intervention showed the following results:

Table 3.
Differences in Posttest Self-Acceptance Scores Between Groups

Group	Mean ± SD	p- value (independent t-test)
Intervention (n=20)	74.8 ± 6.3	
Control (n=20)	57.1 ± 6.5	0,000*

*p < 0.05 significant

Summary of Results





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- 1) Before the intervention, there was no significant difference in self-acceptance scores between the intervention and control groups ($p=0.812$).
- 2) After the intervention, there was a significant increase in self-acceptance scores in the intervention group ($p=0.000$).
- 3) There was no significant increase in the control group ($p=0.218$).
- 4) The difference between groups in the posttest was highly significant ($p=0.000$), indicating that emotional counseling was effective in increasing self-acceptance in terminal phase chronic disease patients.

b. Discussion

The results of this study indicate that emotional counseling has a significant effect on increasing self-acceptance in terminally ill patients with chronic illness. Patients who received emotional counseling experienced greater improvements in acceptance, reduced feelings of hopelessness, and increased positive attitudes toward their illness compared to the control group.

These findings align with previous research that suggests that emotional counseling can help patients manage feelings of sadness, anger, anxiety, and fear of death, enabling them to find new meaning in their lives even in the terminal phase (Rahmawati & Putri, 2022). Emotional support provided through counseling can also strengthen patients' adaptive coping mechanisms and reduce psychological distress (Halim et al., 2021).

Self-acceptance in terminal chronic patients is very important because it is related to quality of life, compliance with palliative care, and the patient's ability to establish better relationships with family and health workers (Kurniawan et al., 2020). Emotional counseling provides space for patients to express their feelings, gain emotional validation, and develop strategies for adapting to the changing conditions they are experiencing.

Furthermore, the role of nurses and healthcare workers in providing emotional counseling is also a key factor. Through empathetic therapeutic communication, counseling can build trust, allowing patients to feel heard and less alone in facing the end-of-life phase (Yuliana et al., 2021).

Practically, the results of this study support the importance of implementing emotional counseling as part of palliative care services in hospitals and the community. Therefore, this intervention can be used as a strategy to improve patients' psychological well-being and help them achieve greater self-acceptance.

4. Conclusion and Suggestions

a. Conclusion

This study shows that emotional counseling significantly increases self-acceptance in terminally ill patients with chronic illness. Patients who received emotional counseling demonstrated greater acceptance of their condition, reduced feelings of hopelessness, and were able to construct positive meaning for their





remaining lives. These findings underscore the importance of emotional counseling interventions as an integral part of palliative care services.

b. Suggestion

1) For Health Workers

Emotional counseling should be a routine part of palliative care in hospitals and other healthcare facilities. Healthcare workers, especially nurses and counselors, are advised to improve their therapeutic communication skills to provide effective emotional support.

2) For Patients and Families

Patients and families are expected to be more open to emotional counseling services as a means to improve quality of life and strengthen coping mechanisms in facing the terminal phase.

3) For Health Institutions

Hospitals and community health centers need to provide emotional counseling programs with trained professionals to help terminal chronic patients achieve self-acceptance.

4) For Further Researchers

Further research is recommended to use a longitudinal design with a larger sample size and to add other variables, such as social and spiritual support, which may also influence the self-acceptance of terminally ill patients.

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