

# Palliative care and end of life interventions based on culture, religion and belief: Qualitative

Helmi Juwita<sup>1</sup>, Surya Prihatini<sup>2</sup>, Muhammad Qasim<sup>3</sup>

<sup>1,2,3</sup>Nursing Department, STIKES Amanah Makassar, Makassar, Indonesia

## ARTICLE INFO

### Article history:

Received Oct 1, 2024

Revised Oct 15, 2024

Accepted Oct 30, 2024

### Keywords:

Chemotherapy  
End of Life Intervention  
Palliative Care

## ABSTRACT

Chemotherapy patients often face great emotional stress. Palliative care interventions by providing psychosocial support help overcome stress, anxiety, and depression that may arise during treatment. In addition to alleviating psychosocial symptoms, alleviating the symptoms of the patient's disease or improving the quality of life of chemotherapy patients also need to be done. The interventions given do not only focus on the patient's bio psychosocial, but interventions related to culture, religion and beliefs are needed for patients. This study aims to determine the palliative care and end of life interventions of nurses based on culture, religion and beliefs in the chemotherapy room of Hasanuddin University Hospital. The research design uses a qualitative research with a purposive sampling technique based on inclusion criteria. The instruments used were interview guidelines related to the theory of peaceful end of life and transcultural nursing theory by considering the cultural, religious and belief aspects of the patient. The results of the study showed that nurses provided interventions for pain, feelings of comfort, feeling dignified, being at peace, closeness to family and close people. Culturally, interventions were carried out by fully involving the family and paying attention to the patient's religion and beliefs in the chemotherapy room.

This is an open access article under the [CC BY-NC](#) license.



### Corresponding Author:

Helmi Juwita,  
Nursing Department,  
STIKES Amanah Makassar,  
Jl. Hertasning Baru, Kassi-Kassi, Kec. Rappocini, Kota Makassar, Sulawesi Selatan, 90221, Indonesia  
Email: [Helmijuwitahelju@gmail.com](mailto:Helmijuwitahelju@gmail.com)

## INTRODUCTION

The International Agency for Research on Cancer states that cancer indicates 19.3 million new cancer cases and nearly 10 million cancer deaths occurred in 2020 worldwide. Globally, China has the highest new cancer cases and deaths and the burden of cancer is increasing (Liang et al., 2024). In Indonesia, cancer data in 2020 was 396.914 cases and ranked 8<sup>th</sup> in Southeast Asia (Rokom, 2022). Therefore, in improving the quality of life of cancer patients, palliative care intervention is needed. Palliative care is an approach that improves the quality of life of patients and their families in dealing with life-threatening diseases through prevention and reduction of suffering. The task of palliative medicine is to use new methods and combine the achievements of the modern world to improve chronic conditions or other conditions (Kasimovskaya et al., 2023). While end of life care

is a term that describes a particular form of palliative care given to patients during the dying process, especially during the last 6 months of life (Crawford et al., 2021). Based on previous research, palliative care and end of life are very important in the chemotherapy room. This is an important part of comprehensive cancer patient management that focuses not only on treating the disease, but also on the patient's quality of life and well-being (Greer JA et al, 2022). Palliative care focuses on healing physical symptoms as well as emotional, social and spiritual distress (Merluzzi et al., 2024).

Chemotherapy has an effect on physical changes that impact psychosocial adaptation (Bellali et al., 2020). So there is a need for palliative care to improve the patient's quality of life caused by their illness and side effects of treatment (Lewandowska et al., 2020). In chemotherapy patients, culture and religion often form strong values and beliefs related to health, illness and treatment. Health workers can adopt the patient's beliefs and beliefs in decision-making to manage patients (Dewi et al., 2019). The importance of cultural competence in palliative care in managing pain is often a challenge for health professionals, but this challenge increases when the patient in pain is dying (Givler A, Bhatt H, 2024).

All dimensions of the patient must be considered, because all of them affect their symptoms and treatment. One of them is spiritual care. The World Health Organization (WHO) describes spiritual care as an important domain, although it is still one of the most neglected components of the health care system. As a nursing service provider, patient care and treatment are aligned with the goals and values of the patient or their family (Costeira et al., 2024).

Currently, there has been no research related to palliative care and end of life interventions by considering the cultural, religious and belief aspects held by the patient. According to previous research, nurses are tasked with making culturally competent nursing plans, which must be based on an analysis of the knowledge learned in this field and comparing it with aspects of real practice (Kasimovskaya et al., 2023). Health care providers may face further challenges if the patient's cultural norms differ from those of health care providers, especially regarding palliative and end of life care, which can have an impact on the provision of quality end-of-life services. Therefore, researchers are interested in conducting research related to palliative care and end of life interventions based on culture, religion and belief in the chemotherapy room of Hasanuddin University Hospital. This study aims to determine the palliative care and end of life interventions of nurses based on culture, religion and belief in the chemotherapy room of Hasanuddin University Hospital.

## RESEARCH METHOD

The research design used is qualitative research to explore experiences and phenomena that occur in the surrounding environment in finding detailed and in-depth information about the situation in the field. This research was conducted in the chemotherapy room of Hasanuddin University Hospital on June 19<sup>th</sup> - July 31<sup>st</sup>, 2024. The sampling technique informants used purposive sampling with the inclusion criteria working in a chemotherapy room, minimum Associate's Degree in Nursing education and willing to be an informant. The exclusion criteria are nurses who are on leave during the study. The instruments used in this study were interview guidelines related to the peaceful end of life theory and transcultural nursing theory by paying attention to the cultural, religious and belief aspects of patients in the chemotherapy room with interview question indicators concerning pain-free, feeling comfortable, feeling dignified, being in peace and closeness of family with the closest people.

The technique used was a semi-structured interview using an interview guideline that could more deeply explore information about the phenomenon being studied through questions that were developed and were still related to the questions in the interview guideline that had been prepared. Information from interviews to further deepen the research recorded by researchers using a voice recorder on a mobile phone for 15-30 minutes until reaching saturation point in each

element/domain/indicator of all questions. Then data analysis using NVivo analysis. This research is based on ethical permission from an ethics agency No:108/STIKES-NH/KEPK/V/2024.

## RESULTS AND DISCUSSIONS

The characteristics of informants obtained in this study based on informant code, age, education and work experience of nurses in the chemotherapy room can be seen in the table below:

**Table 1.** Characteristics informant

Informant Code	Age (years)	Education	Work Experience
Informant 01	35	Ners Profession	6 months
Informant 02	39	Ners Profession	6 years
Informant 03	38	Bachelor Degree (S1)	2 years
Informant 04	35	Ners Profession	12 years
Informant 05	36	Ners Profession	6 years
Informant 06	31	Ners Profession	2 years
Informant 07	34	Ners Profession	5 years

The interventions provided by nurses based on this research are described through the following variables:

### Painful

From the interview results, the interventions carried out by nurses in the chemotherapy room to overcome pain are to provide non-pharmacological and pharmacological therapy. The non-pharmacological therapy provided is to provide relaxation techniques such as Progressive Muscle Relaxation (PMR) and breathing relaxation therapy, provide Guided Imagery (GI) therapy and music therapy. Meanwhile, pharmacological therapy is the administration of analgesics to chemotherapy patients.

Pain is one of the most common complaints in cancer patients, especially during chemotherapy and is one of the most debilitating symptoms, affecting around 66% of cancer patients. Pain can affect quality of life and have a negative impact on physical, psychological, and social activities. Patients tend to feel anxious about the future, the effectiveness of treatment, and the fear that the pain will get worse when the patient experiences persistent pain. This anxiety often worsens the perception of pain, making the pain seem more intense. So pain management is an important aspect in the care of cancer patients. Research has shown that pain without proper control can contribute to higher levels of depression (Chen et al., 2021).

Nurses in the chemotherapy room in this study provided Progressive Muscle Relaxation (PMR) and breathing relaxation therapy, provided Guided Imagery (GI) therapy and music therapy. This is in line with Ricky (2022) research that PMR is effective in reducing anxiety in breast cancer patients undergoing chemotherapy. Progressive muscle relaxation can help reduce pain perception by reducing muscle tension and increasing blood flow to the affected area.

*".....pain management with muscle relaxation reflexology with massage, there is also additional five-finger therapy for two consecutive weeks, the first week with the massage, thank God the patients felt comfortable.....", informant 04*

*".....the nurses provide relaxation techniques, we usually also provide distraction techniques, massage techniques....", informant 06*

Breathing therapy is also effective in reducing pain. Relaxation techniques with breathing involve the nurse teaching the patient how to do deep breathing and slow breathing. This can control pain by minimizing sympathetic activity in the autonomic nervous system and increasing pulmonary ventilation and blood oxygenation.

*"Usually if the patient is in pain, I recommend deep breathing techniques", informant 03*

*"... the assessment is if the patient still has mild pain or a scale of one to three, usually they are given relaxation therapy, namely deep breathing...", informant 04*

*"... give deep breathing relaxation techniques...", informant 05*

*"If they complain of pain, we will give interventions such as deep breathing relaxation...", informant 07*

In addition, guided imagery therapy is also an effective alternative. This therapy involves the use of guided imagery to reduce fatigue, emotional tension and cognitive decline. Research results show that this therapy can reduce the negative effects of chemotherapy, including stress, anxiety and improve quality of life (Sinha et al., 2021). According to research by (Amir et al., 2022), patients with cancer undergoing chemotherapy treatment can benefit from and GI sessions to reduce anxiety and depression.

*".....patients in pain know their own comfortable position better", Informant 02*

*".....diversion while talking to the patient.....", informant 05*

*".....providing a comfortable position for the patient", informant 07*

In addition, the intervention in this study was the provision of music. This study is in line with the study of (Bradt et al (2015) which recommends the use of music in cancer care. Music therapy is one of the effective complementary therapies in dealing with pain, nausea, vomiting, and anxiety in patients undergoing chemotherapy. Music can help reduce nausea and vomiting due to chemotherapy by distracting attention from these symptoms and increasing patient comfort (Nguyen et al., 2023). The music therapy was an effective approach in alleviating pain and anxiety and promoting sleep quality in lung cancer patients receiving platinum-based chemotherapy (Tang et al., 2021). In addition, it improves mood in cancer patients during chemotherapy (Chirico et al., 2020).

*"When this music therapy was first implemented during chemotherapy, it received many positive responses from patients, starting from feeling calm, relaxed, and sleeping, to the point where they didn't realize that their chemotherapy was over", informant 04*

*".....providing music therapy as one way to reduce the patient's pain", informant 06*

Spiritually, the music therapy commonly used is Al-Qur'an murrotal therapy which is one way to reduce anxiety because it can be calming. In addition, murrotal therapy can overcome problems such as pain. Al-Qur'an murrotal is very effective in reducing anxiety in cervical cancer patients (Syukurayah & Alfiyanti, 2023).

Collaboration in administering analgesic drugs is given to reduce patient pain. This is in line with research (Chen et al., 2021) that collaboration in administering analgesics for cancer pain management can be associated with increased pain reduction in cancer patients. Collaboration in administering analgesic drugs is the most effective intervention in treating pain felt by palliative and critical patients, however, providing non-pharmacological techniques and education are also effective independent nursing interventions according to nurses in treating pain in patients.

*".....patients feel more severe pain and patients feel that the pain does not decrease after carrying out initial education, then direct collaborative action with the doctor", informant 02.*

*"collaborative intervention to confirm the provision of analgesics", informant 03.*

*".....doctor collaboration related to cancer pain is all handled with drugs", informant 06*

*".....doctor collaboration for the provision of analgesics", informant 07*

Collaboration between nurses and doctors is an effective solution in dealing with pain in patients undergoing chemotherapy. In the treatment process, nurses and doctors work together to identify and manage pain comprehensively. An initial evaluation conducted together by nurses and doctors is essential to determine the underlying cause of pain and determine the appropriate type of intervention. This evaluation involves collecting data on the patient's medical history, pain symptoms and response to previous treatments. After the initial evaluation, the doctor can prescribe appropriate analgesic drugs to reduce pain, while the nurse assists in administering the drugs and monitoring for side effects. This collaboration ensures that the patient receives effective and safe treatment.

### Feeling of Comfort

Based on the results of interviews with informants, effective communication between nurses and doctors can provide comfort to patients and their families. In the treatment process, good communication between nurses, doctors, and patients is very important to ensure that patients feel comfortable and receive optimal treatment. Some patients feel awkward in expressing their feelings to doctors, so they prefer to convey them to nurses. Nurses are often more accessible and better able to understand the emotional needs of patients. Nurses can provide more intensive emotional support and listen better, so that patients feel more comfortable talking about their feelings.

Meanwhile, doctors can provide clear and complete information about the treatment process, answer patient questions, and ensure that patients understand every step that will be taken. Doctors can also provide appropriate recommendations for the type of intervention that is most effective for patients. Collaboration between nurses and doctors allows for continuous monitoring of patient responses to interventions. If necessary, they can adjust the intervention to increase the effectiveness of treatment and make patients feel more comfortable.

*"Patients are more open to nurses than doctors. So nurses listen to what patients complain about, but if it is related to their complaints, sometimes we tell them that a doctor is coming, please express your complaints, because if you complain to the nurse, the nurse will also report to the doctor, so it is better if the patient directly conveys their complaints to the doctor, so their complaints are handled immediately", informant 01*

*".....first cycle patients often express their feelings", informant 02*

*"First cycle patients generally come with a high level of anxiety, even fear. Sometimes patients come when they are already quite serious, for example, wounds have appeared, so that's when we usually ask why it's too late for chemotherapy?, so at that time we also provide education related to chemotherapy, because the general public's view is that chemotherapy is like a stove, once it goes in and when it comes out it suddenly turns black", informant 02*

*"On average, patients express their complaints by themselves when we ask what their complaints are. Open with the nurse to express his feelings whether it is fear or anxiety including also sharing the desire to get well", informant 03*

*"In the chemotherapy room we work as a team, so both the doctor and the nurse collaborate to provide the development of the patient's illness and how the disease process is developing", informant 07*

In this study, the intervention given to the patient's comfort in the chemotherapy room is to carry out effective communication from nurses and doctors so that it can provide comfort to patients and their families. In the treatment process, good communication between nurses, doctors, and patients is very important to ensure that patients feel comfortable and get optimal treatment. Patients who need emotional support often express their needs implicitly through gestures. Therefore, the nurse's ability to recognize and respond to patient cues and concerns will meet the patient's psychosocial needs regardless of the duration of the consultation. Patients often prefer to

express emotional concerns to nurses. Therefore, nurses in nurse-led chemotherapy clinics must provide good psychosocial care (Farrell et al., 2020).

This study is in line with previous studies that the Health Service Team is very concerned about their health conditions, doctors always provide information about health developments to both patients and families and take action quickly and appropriately with the patient's consent, with this kind of service patients feel happy and there is enthusiasm to recover quickly. The interpersonal relationship between nurses and patients is therapeutic communication to overcome every problem, aimed at healing patients and gaining experience (Waruwu & Silaen, 2023).

### Feeling Dignified

Patients will feel appreciated if they involve their family in every action that will be taken during the chemotherapy process. By involving their family, patients can feel more comfortable and get stronger support. Families can help in experiencing the chemotherapy process, such as accompanying patients to the clinic, supervising patients during the treatment process, and providing very important emotional support.

Nurses and doctors can also utilize the presence of families to improve the quality of care. They can provide clear information about the chemotherapy process, answer questions from patients and families, and ensure that patients and families understand every step that will be taken. Thus, patients will feel safer and more appreciated because they know that they are not alone in facing this challenge.

In addition, involving families in the chemotherapy process can also help improve the quality of life of patients. Family support can help reduce stress and anxiety that are often experienced by patients. Patients who feel appreciated and supported will find it easier to face existing challenges and will have the enthusiasm to continue the treatment process. Thus, involving families in every action that will be taken during the chemotherapy process is an effective strategy to make patients feel appreciated and get optimal treatment.

*"Yes, the family is involved in patient education, because chemo patients must be accompanied directly by the family. If education to the family is related to fulfilling the patient's daily needs such as food and patient care while at home later", informant 01*

*".....sometimes there are patients and families who agree to refuse or there are also families who are more biased towards the nurse", informant 02*

*".....if family support is good, the rest will remain good and enthusiastic but if family support is not good they come with a flat expression not too enthusiastic or even eat it is sometimes forced, so the patient depends on the family too", informant 02*

*".....the patient and family must agree so we nurses educate the patient to convince the family or vice versa usually the family knows and understands better how to approach the patient", informant 03*

*"On average, here chemo patients from when they arrive until they go home are accompanied by their families", informant 06*

*".....if there is a new patient admitted, first it is very important to provide education to the patient and their family", informant 07*

The intervention given in this study was to involve the family in every action that would be taken during the chemotherapy process. This study is in line with the research of Utami et al (2020) that the family must be involved in the administration of chemotherapy. This can improve the quality of life of patients. Involving the family in the care of chemotherapy patients is very important to support the physical and emotional well-being of patients. Families can play a role in helping patients understand complex medical information and assist in decision-making regarding care and treatment plans.

### Being in Peace

The role of the family in providing peace to chemotherapy patients is very important and significant. The family can provide invaluable support and assistance to their sick family members, thereby reducing the psychological burden experienced by the patient due to their illness. Family support can be in the form of instrumental, informational, assessment, and emotional support, so that with high family support, the level of anxiety of patients undergoing chemotherapy will be lower or even not experience anxiety at all.

In addition, the family also plays an active role in accompanying cancer patients during chemotherapy. They can maintain effective coping with cancer patients and the cancer therapy they undergo. The family also plays a role in accompanying clients in dealing with the physical and psychological side effects of chemotherapy, and is responsible for assistance and financing.

Family support not only helps in reducing patient anxiety, but also increases patient self-esteem. The results of the study showed that there was a significant relationship between family support and the self-esteem of cancer patients undergoing chemotherapy. The higher the family support given, the higher the self-esteem of the cancer patient. Thus, the role of the family in providing peace to chemotherapy patients is very important. They not only provide emotional support, but also help in dealing with the side effects of chemotherapy and improve the patient's quality of life.

*"The nurse will reassure the patient until they feel no longer anxious, the point is to return to education and we also provide music therapy so that the patient's mind is calm and not anxious. The family is always directly involved, both accompanying during the assessment so that they also get education", informant 01*

*"The family is involved because there are patients who have children who always give encouragement to their parents who are undergoing chemotherapy, to the point that there were signs of shock in the patient but there were children who gave encouragement, gave calm so that they relaxed until they were helped. The nurse will invite the family to pray and calm the patient if they are in a coping condition, but sometimes there are also families who find it a bit difficult because they panic first, right", informant 02*

*"We provide psychosocial support to patients and families. Involve the patient's family in all matters related to patient treatment because chemo patients must be given support to stay motivated.....", informant 03*

*"We do require that there be family members who accompany us, especially for patients who are anxious, worried, and tense who are having their first chemo, we will definitely provide support, including our families, so we will tell them as much as possible to help us calm the patient down before the procedure begins." Informant 04*

*".....chemo patients must be anxious, especially if it is their first time having chemo, so we provide information about chemo and its effects, this is how it works, basically everything about chemo is explained. Some patients want to bring all their family members, some want to be accompanied all the time.....", informant 06*

*".....we have educated the patient beforehand, so indirectly the patient already understands with their family that we are doing chemo. So communication is very important between the family and the patient.....", informant 07*

The intervention given so that patients are at peace involves the role of the family. This study is in line with previous studies that family support is very much needed for malignant patients undergoing chemotherapy, to increase the spirit of life or inspiration in patients with diseases undergoing chemotherapy. The absence of family support in malignant growth patients can make these patients less enthusiastic about undergoing chemotherapy. Family support is not only clear as sincere help, but also great help and material assistance, family support can also ease the burden of someone who is experiencing problems and understand that there are other people who care (Silaban & Ritonga, 2021).

### Closeness of Family and Close People

The closest people to patients undergoing chemotherapy are family. Family can provide emotional, physical, and psychological support that is very important for patients. Family support can help reduce anxiety, increase self-esteem, and ensure that patients feel comfortable and safe during the treatment process. For patients who are not accompanied by family, they usually ask for help from nurses. Nurses can provide the same support as family, including providing clear information about the chemotherapy process, answering patient questions, and ensuring that patients feel comfortable and safe.

The process of funeral arrangements, however, is left to officers. Professional officers such as nurses and doctors who are experienced in dealing with this sensitive and emotional situation. They can provide professional and empathetic support to families who have lost their family members, helping them through the funeral process in a respectful and professional manner. Thus, the closeness of the family to patients undergoing chemotherapy is very important to improve the comfort and quality of life of patients. If there is no family who can accompany, nurses can be an effective alternative to provide the same support.

*"There was once a patient who came alone, took care of the administration themselves, right? Before the chemo, the patient was advised to wear a diaper because while the medicine was in the patient was not allowed to go to the bathroom. If there is no family accompanying the patient, then the nurse will take care of all the patient's needs until they go home. If someone dies, it will be handled directly by the mortuary staff. The chemotherapy nurse will prepare a death letter or document to be given to the patient's family", informant 01*

*"There is a family member accompanying the patient. There are patients who come alone, then the nurse who monitors the patient back and forth every fifteen minutes to meet their needs during the chemotherapy process because there is no family. The nursing department will make a death certificate, after that the mortuary staff will pick up and take care of the body until the family takes it home", informant 02*

*"... the nurse who accompanies the patient who comes alone or does the roommate usually help in terms of reporting to the nurse if there is anything wrong with the patient, you know, they are like family, we often meet, especially if the chemo schedule is always the same", informant 03*

*"From the beginning until they go home, there must be family assistance. If someone dies, it will be taken care of by the mortuary department. Usually we give understanding to the patient's family, but actually they understand at the beginning, especially if it is in the final stage, the preparation is definitely higher and they know that it will end like this. So our job as nurses is to inform and provide support ... ", informant 06*

Family support can help reduce anxiety, increase self-esteem, and ensure that patients feel comfortable and safe during the treatment process. This study is in line with previous studies that nurses involve families in palliative and end-of-life patient care that involves patients in decision-making and involves the spiritual needs of patients at the end of their lives (Prihatini & Juwita, 2023).

## CONCLUSION

Palliative care and end of life nurse interventions based on culture, religion and belief in the chemotherapy room of Hasanuddin University Hospital are based on the principle of end of life, namely providing interventions for patient pain, feelings of comfort, feeling dignified, being at peace and closeness to the patient's family. Culturally, interventions are carried out by fully involving the family and paying attention to the patient's religion and beliefs. From this study, it is hoped that further research will be carried out on palliative and end of life research in hospitals, not only on patients and the health service team involved, but also on the families of palliative patients.

## References

- Amir, N., Saleh, A., Journal), S. S.-N., & 2022, U. (2022). Guided Imagery to Improve Mental Health in Cancer Patients with Chemotherapy: Literature Review. *Jurnal Keperawatan Komprehensif*, 8(1). <http://journal.stikep-ppnijabar.ac.id/index.php/jkk/article/view/310>
- Bellali, T., Manomenidis, G., Meramveliotaki, E., Minasidou, E., & Galanis, P. (2020). The impact of anxiety and depression in the quality of life and psychological well-being of Greek hematological cancer patients on chemotherapy. *Psychology, Health and Medicine*, 25(2), 201–213. <https://doi.org/10.1080/13548506.2019.1695864>
- Bradt, J., Potvin, N., Kesslick, A., Shim, M., Radl, D., Schriver, E., Gracely, E. J., & Komarnicky-Kocher, L. T. (2015). The impact of music therapy versus music medicine on psychological outcomes and pain in cancer patients: a mixed methods study. *Supportive Care in Cancer*, 23(5), 1261–1271. <https://doi.org/10.1007/s00520-014-2478-7>
- Chen, K. J., Tai, Y. T., Chang, E. H., Kuo, L. N., & Kuo, C. N. (2021). Effectiveness of collaboration between oncology pharmacists and anaesthesiologists for inpatient cancer pain management: A pilot study in Taiwan. *Journal of International Medical Research*, 49(11). <https://doi.org/10.1177/03000605211055415>
- Chirico, A., Maiorano, P., Indovina, P., Milanese, C., Giordano, G. G., Alivernini, F., Iodice, G., Gallo, L., De Pietro, G., Lucidi, F., Botti, G., De Laurentiis, M., & Giordano, A. (2020). Virtual reality and music therapy as distraction interventions to alleviate anxiety and improve mood states in breast cancer patients during chemotherapy. *Journal of Cellular Physiology*, 235(6), 5353–5362. <https://doi.org/10.1002/jcp.29422>
- Costeira, C., Querido, A., Ventura, F., Loureiro, H., Coelho, J., Benito, E., Nabal, M., Dones, M., Specos, M., & Laranjeira, C. (2024). Spiritual Care[Givers] Competence in Palliative Care: A Scoping Review. In *Healthcare (Switzerland)* (Vol. 12, Issue 11). Multidisciplinary Digital Publishing Institute (MDPI). <https://doi.org/10.3390/healthcare12111059>
- Crawford, G. B., Dzierżanowski, T., Hauser, K., Larkin, P., Luque-Blanco, A. I., Murphy, I., Puchalski, C. M., & Ripamonti, C. I. (2021). Care of the adult cancer patient at the end of life: ESMO Clinical Practice Guidelines ☆. *ESMO Open*, 6(4). <https://doi.org/10.1016/j.esmoop.2021.100225>
- Dewi, N. L. P. T., Arifin, M. T., & Ismail, S. (2019). BUDAYA BERDAMPAK PADA PROSES PEMULIHAN LATAR BELAKANG. *Jurnal Health Care Media*, 3(6), 24–36.
- Farrell, C., Chan, E. A., Siouta, E., Walshe, C., & Molassiotis, A. (2020). Communication patterns in nurse-led chemotherapy clinics: A mixed-method study. *Patient Education and Counseling*, 103(8), 1538–1545. <https://doi.org/10.1016/j.pec.2020.02.032>
- Givler A, Bhatt H, M.-F. P. (2024). *The Importance of Cultural Competence in Pain and Palliative Care*. [Updated 2023 May 22]. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK493154/>
- Greer JA, Moy B, El-Jawahri A, Jackson VA, Kamdar M, Jacobsen J, Lindvall C, Shin JA, Rinaldi S, Carlson HA, Sousa A, Gallagher ER, Li Z, Moran S, Ruddy M, Anand MV, Carp JE, T. J. (2022). Randomized Trial of a Palliative Care Intervention to Improve End-of-Life Care Discussions in Patients With Metastatic Breast Cancer. *J Natl Compr Canc Netw.*, Feb;20(2): <https://doi.org/doi:10.6004/jnccn.2021.7040>. PMID: 35130492; PMCID: PMC8830600.
- Kasimovskaya, N., Geraskina, N., Fomina, E., Ivleva, S., Krivetskaya, M., Ulianova, N., & Zhosan, M. (2023). Russian nurses' readiness for transcultural care of palliative patients. *BMC Palliative Care*, 22(1). <https://doi.org/10.1186/s12904-023-01198-1>
- Lewandowska, A., Rudzki, G., Lewandowski, T., Próchnicki, M., Rudzki, S., Laskowska, B., & Brudniak, J. (2020). Quality of life of cancer patients treated with chemotherapy. *International Journal of Environmental Research and Public Health*, 17(19), 1–16. <https://doi.org/10.3390/ijerph17196938>
- Liang, M., Liang, J., Xu, J., Chen, Q., & Lu, Q. (2024). Experience of multidisciplinary medical teams on humanistic palliative care in oncology wards: a descriptive qualitative study in Southern China. *BMJ Open*, 14(2). <https://doi.org/10.1136/bmjopen-2023-074628>
- Merluzzi, T. V., Salamanca-Balen, N., Philip, E. J., Salsman, J. M., & Chirico, A. (2024). Integration of Psychosocial Theory into Palliative Care: Implications for Care Planning and Early Palliative Care. In *Cancers* (Vol. 16, Issue 2). Multidisciplinary Digital Publishing Institute (MDPI). <https://doi.org/10.3390/cancers16020342>
- Nguyen, K. T., Hoang, H. T. X., Bui, Q. V., Chan, D. N. S., Choi, K. C., & Chan, C. W. H. (2023). Effects of music intervention combined with progressive muscle relaxation on anxiety, depression, stress and quality of life among women with cancer receiving chemotherapy: A pilot randomized controlled trial.

- PLoS ONE*, 18(11 November), 1-16. <https://doi.org/10.1371/journal.pone.0293060>
- Prihatini, S., & Juwita, H. (2023). Intervensi End Of Life Perawat di Ruang ICU Rumah Sakit Islam Faisal Makassar: Studi Kualitatif. *Journal of Palliative Medicine*, 4(4), 507. <https://doi.org/10.1089/109662101753381656>
- Rokom. (2022, December 2). Kanker Payudara Paling Banyak di Indonesia, Kemenkes Targetkan Pemerataan Layanan Kesehatan. *Sehat Negeriku Sehatlah Bangsa*.
- Sinha, M. K., Barman, A., Goyal, M., & Patra, S. (2021). Progressive muscle relaxation and guided imagery in breast cancer: A systematic review and meta-analysis of randomised controlled trials. *Indian Journal of Palliative Care*, 27(2), 336-344. [https://doi.org/10.25259/IJPC\\_136\\_21](https://doi.org/10.25259/IJPC_136_21)
- Syukuriyah, E., & Alfiyanti, D. (2023). Murrotal Al-Qur'an Menurunkan Kecemasan Pasien Kanker Serviks dengan Kemoterapi. *Ners Muda*, 4(2), 126. <https://doi.org/10.26714/nm.v4i2.8137>
- Tang, H., Chen, L., Wang, Y., Zhang, Y., Yang, N., & Yang, N. (2021). The efficacy of music therapy to relieve pain, anxiety, and promote sleep quality, in patients with small cell lung cancer receiving platinum-based chemotherapy. *Supportive Care in Cancer*, 29(12), 7299-7306. <https://doi.org/10.1007/s00520-021-06152-6>
- Utami, K. C., Puspita, L. M., & Karin, P. A. E. S. (2020). Family support in improving quality of life of children with cancer undergoing chemotherapy. *Enfermeria Clinica*, 30, 34-37. <https://doi.org/10.1016/j.enfcli.2020.07.007>
- Waruwu, K. N., & Silaen, H. (2023). Hubungan Komunikasi Teraupetik dengan Kepuasan Pasien yang Menjalani Kemoterapi. *Jurnal Penelitian Perawat Profesional*, 5(2), 481-490. <https://doi.org/10.37287/jppp.v5i2.1458>
- Yanti Silaban, N., & Edisyah Putra Ritonga. (2021). Hubungan Dukungan Keluarga Dengan Motivasi Untuk Sembuh Pada Pasien Kanker Yang Menjalani Kemoterapi Di Rsu. Imelda Pekerja Indonesia. *Jurnal Ilmiah Keperawatan Imelda*, 7(2), 157-163. <https://doi.org/10.52943/jikeperawatan.v7i2.615>
- Z, R. (2022). The Effectiveness of Progressive Muscle Relaxation (PMR) Against Anxiety in Breast Cancer Patients Undergoing Chemotherapy at Dr Wahidin Sudirohusodo Hospital Makassar. *Jurnal Perilaku Kesehatan Terpadu*, 1(2), 41-48. <https://doi.org/10.61963/jpkt.v1i2.71>