



SELF-TRANSFORMATION OF LAY WORKERS THROUGH FIELD-BASED LEARNING EXPERIENCES ON CANCER PALLIATIVE CARE

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ABSTRACT

Palliative care is essential in improving quality of life for cancer patients, especially in community settings where access to specialist care is limited. In Indonesia, lay workers play a vital role in bridging formal health services and patients requiring psychosocial and emotional support. This study explores the self-transformation experiences of palliative care lay workers following an advanced palliative cancer training program in Jakarta. Using a qualitative approach with interpretative phenomenological analysis, the study involved 14 participants selected through purposive sampling. Data were collected via in-depth interviews and analysed thematically. Findings reveal four main themes: (1) increased confidence and competence after training, (2) challenges in implementing palliative care in the community, (3) the importance of social and institutional support, and (4) recommendations for improving future training. The study concludes that experiential, context-based training enhances lay workers' ability to provide holistic care, though systemic support and mentorship are crucial for sustainable impact. This research contributes to the growing evidence on community lay workers in palliative care and offers insights for designing programs that empower lay workers as reliable care agents in community-based cancer management.

Keywords: cancer; lay-workers; palliative; self-transformation; training

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INTRODUCTION

Palliative care is a healthcare approach that focuses on improving the quality of life of patients with life-threatening diseases, such as cancer. This approach not only touches on physical aspects, but also includes the psychological, social, and spiritual dimensions experienced by patients and their families (Czerwik-Kulpa and Chylińska 2010; Dasat et al. 2024). In Indonesia, palliative care has not been fully integrated systemically in primary health care, resulting in many cancer patients not receiving optimal support throughout the course of their illness. The limited number of lay workers who have palliative competence is also a major obstacle in efforts to improve this service (Putranto et al., 2017). Therefore, strengthening the role of the community through lay workers is one potential strategy.

Palliative care lay workers play a strategic role in bridging the needs of patients with available health resources in the community. They partner with lay workers in providing assistance at home, conducting empathic communication, and educating patients and families about the disease and its treatment (WHO, 2018). However, to carry out these tasks effectively, lay workers need to receive training that is not only theoretical but also practical and contextual. Training that is systematically designed and tiered can increase the capacity of lay workers to face real challenges in the field. One important form of training is advanced training that focuses on complex case management and holistic approaches (Kagarmanova et al. 2022; Hermawan and Wihardja 2024)

Cancer prevalence in Indonesia continues to rise and poses a huge burden to the national health system. The 2020 Globocan report showed that there were nearly 400,000 new cases of cancer in Indonesia, with the top five cancer types being breast, cervical, lung, colorectal and liver cancer. In urban areas such as the Jakarta Special Region Province, the number of cancer patients is relatively high, so the need for palliative care has increased significantly. However, limited facilities and resources prevent many patients from receiving comprehensive palliative support. This situation suggests that training lay workers who focus on palliative care is needed to address the needs of patients in the community (Dahniar et al., 2023).

Advanced cancer palliative training aims to deepen the knowledge and skills of lay workers in assisting patients in the advanced phase of the disease. The focus of this training includes non-pharmacological pain management, empathic communication, psychosocial support, and spiritual assistance (Hermawan et al., 2025). Through this training, lay workers are expected to be able to apply a more holistic and humane approach in caring for patients at home. In addition, the training can also increase lay workers' confidence in collaborating with health professionals. Thus, the quality of services provided by lay workers will improve and meet the needs of patients (Haris et al., 2022).

The effectiveness of training is not only determined by teaching materials and methods, but also by how lay workers understand and apply the results of training in practice. Learning experience in the field is a key factor in shaping lay workers' self-transformation, both in terms of knowledge, attitudes, and professional values (Hermawan et al., 2025). This transformation includes not only improved technical skills, but also changes in perspective and meaning towards their role in assisting cancer patients. Therefore, it is important to explore the lay workers' experiences in depth and reflectively. Qualitative research with a phenomenological approach is considered appropriate to understand this process thoroughly (Sun et al., 2023).

Previous studies have shown that experiential training can improve the effectiveness of education for lay workers. Field learning allows lay workers to encounter real-life situations, hone interpersonal skills, and build empathy for patients and families (Winter et al. 2022). Training that involves hands-on practice strengthens lay workers' ability to provide emotional and psychosocial support (Powell et al., 2024). Lay workers who participated in training with a practical approach were better prepared to face challenges in the field than lay workers who only received theoretical learning. This confirms that hands-on experience is instrumental in shaping lay workers' readiness and resilience in palliative care (Persson et al., 2022).

However, the transformation does not always go smoothly and without obstacles. In practice, lay workers often face challenges such as limited tools, lack of understanding from patients' families, and stigma towards cancer and palliative care. These challenges have the potential to hinder the application of knowledge gained in training, as well as reduce the motivation of lay workers in carrying out their roles. Therefore, in addition to training, ongoing support is needed from lay workers, communities, and policy systems that formally support the work of lay workers. This support is important so that the self-transformation that occurs during training can be maintained and developed in the long term (Johnson et al., 2022a).

Jakarta Province was chosen as the research site because it has a high prevalence of cancer cases and is the center of various cadre training programs. In addition, the region has complex social characteristics that reflect the real challenges of implementing palliative care in urban communities. The lay workers trained in this area have a great opportunity to develop community-based practice more broadly. Against this background, this study seeks to understand how field learning experiences in advanced training influence the lay workers'

self-transformation process. The main focus of the research is on the meanings, challenges, and changes experienced by lay workers after the training (Gondhowiardjo et al. 2023; Adhistry, Maulida, and Aprilia 2024)

This study has strategic value in developing lay worker training policies and improving palliative care in Indonesia. The results of this study can provide a real picture of the need for more effective training, necessary support, and relevant policies to strengthen the role of lay workers. In addition, this study also provides a theoretical contribution to the understanding of the process of self-transformation in the context of community health services. Through a phenomenological approach, the subjective experiences of lay workers can be explored in depth to understand how their internal changes are formed. This knowledge is important for designing training that not only transfers knowledge, but also shapes the character and commitment of lay workers.

The purpose of this study was to explore the self-transformation of palliative lay workers after attending advanced cancer palliative training conducted with a field learning approach. The study also aimed to identify factors that influence the application of training knowledge in practice, as well as the forms of support needed by lay workers in the community. By qualitatively exploring the experiences of lay workers, this study aims to show how the training process can shape lay workers' attitudes, perspectives, and behaviors in caring for cancer patients. In addition, the results of the study are expected to serve as a basis for the development of more effective and sustainable training. Ultimately, this study contributes to strengthening community-based palliative care in Indonesia in a more structured and humane manner.

METHOD

This study used a qualitative approach with an interpretative phenomenological design to explore the experiences of palliative lay workers. This approach was chosen because it is able to explore the subjective meaning felt by participants in undergoing the field learning process (Ligita et al., 2024). The main focus in interpretative phenomenology is to understand how individuals make meaning of their life experiences in a particular context, especially in social interactions and professional practices (Smith et al., 2022). In the context of this study, the focus is on the transformation experience of lay workers after attending advanced cancer palliative training in the community. This design allows researchers to gain an in-depth understanding of the process of changing attitudes, knowledge, and personal meaning in health care practice (Rodríguez-Prat et al., 2022).

Participants in this study were palliative cadres who had attended advanced training in the Special Region of Jakarta Province in 2024. Inclusion criteria included cadres who had been actively providing services for at least three months after training, willing to participate voluntarily, and able to communicate well. Meanwhile, participants with a formal postgraduate level educational background in the health sector were excluded to keep the focus on non-professional cadres. A purposive sampling technique was used to select participants who were considered to have relevant experiences and characteristics and were able to provide rich data to support the exploration of the phenomenon under study. This technique is appropriate for the phenomenological approach because it allows researchers to explore in depth the subjective meaning of individual experiences in a particular context (Campbell et al., 2020). A total of 14 participants were involved and considered sufficient to achieve depth of data in qualitative studies.

Data were collected through in-depth interviews using semi-structured guidelines to thoroughly explore the lay workers' experiences. Interviews were in-person and lasted between 45 to 60 minutes and were recorded after obtaining participants' consent. In addition, researchers conducted limited field observations to examine the practice of lay worker interactions with patients and families in real contexts. Triangulation techniques were used by comparing data from interviews, observations, and training documents to ensure consistency and validity (Mawoko, 2022). This approach allows for thorough data corroboration from multiple sources.

Data analysis in this study used a thematic analysis approach based on Braun and Clarke's method, which aims to identify and understand patterns of meaning from lay workers' experiences in palliative care. The process began with verbatim transcription, followed by repeated reading to understand the context, then systematic initial coding. The codes were then grouped into themes that represented the participants' narratives in a deep and meaningful way. The analysis was conducted iteratively and reflectively by considering the social context and the lay workers' relationship with patients and families. The credibility of the results was strengthened through member checking and peer debriefing techniques to ensure the accuracy of the interpretation of participants' experiences (Morgan & Nica, 2020).

All participants received detailed written information regarding the study's objectives and procedures and provided written informed consent prior to participation. Participants' identities were anonymized to maintain confidentiality and data privacy. This study followed ethical principles based on the updated Declaration of Helsinki guidelines. In addition, participants were given the freedom to withdraw from the study at any time without any consequences. The researcher also ensured that the entire interview process was conducted by maintaining the participants' psychological comfort during the data collection process.

Table 1.
Interview Guidelines

No.	Interview Questions	Code	Exploration Objectives	Thematic Indicators
1	How was your experience while participating in advanced cancer palliative training?	Q1	To explore lay workers' personal impressions and reflections on the training experience	Personal reflection, satisfaction, meaning of experience
2	How did the training you received influence the way you provide palliative care to cancer patients?	Q2	To assess the impact of training on lay workers' service practices	Changes in work methods, increased competence
3	What are the biggest challenges you face when applying the knowledge from the training in palliative care practice?	Q3	To identify barriers or challenges in implementing training outcomes	Field constraints, limited resources
4	How is the support you receive from your surroundings, both from lay workers, patient families, and the community after participating in the training?	Q4	To evaluate the forms of social and professional support received by lay workers	Collaboration, support from lay workers, family support
5	What changes or benefits do patients and families feel after you apply the knowledge from the training in palliative care?	Q5	To explore lay workers' perceptions of the positive effects of training on patients and families	Impact on patients, family acceptance, usefulness
6	In your opinion, what aspects of the training need to be improved or added to be more effective in improving the competence of lay workers?	Q6	To identify gaps and needs in training for lay workers	Evaluation of training content, learning methods, need for further training

No.	Interview Questions	Code	Exploration Objectives	Thematic Indicators
7	What are your hopes and recommendations for the development of the role of lay workers in cancer palliative care in the future?	Q7	To formulate lay workers' expectations for future roles and development of support systems	Policy recommendations, role strengthening, sustainability of lay workers formation

RESULT

Based on participant characteristics data (Table 2), it can be seen that the majority of palliative lay workers who participated in this study were in the productive age range, namely between 33 and 46 years, with an average age of around 39 years. Most participants had a final education of high school (9 people), while the rest were D3 graduates (5 people), which shows that the educational background of the lay workers is quite diverse but still within the limits of secondary education. In terms of service experience, the duration of service of the lay workers ranged from 1 to 6 years, with most having more than 3 years of experience, reflecting their active involvement and sustainability in community services. This provides a strong foundation that the participants have sufficient empirical experience to reflect on the training they have undergone. The diversity of age, education, and length of service also enriches the results of the study because it provides views from various levels of maturity and capacity of lay workers in facing the reality of palliative services.

Table 2.
Participant Characteristics

Participant Initials	Age (years)	Education Level	Duration of Service (years)
P1	35	High School	3
P2	42	Diploma	5
P3	39	High School	4
P4	44	High School	6
P5	37	Diploma	3
P6	40	High School	4
P7	43	High School	5
P8	36	Diploma	2
P9	38	High School	4
P10	41	Diploma	5
P11	45	High School	6
P12	34	Diploma	2
P13	33	High School	1
P14	46	Diploma	6

This study successfully identified four main themes from in-depth interviews with 14 palliative lay worker participants. These themes describe the lay workers' experiences, challenges, support, and hopes after participating in advanced cancer palliative training. Each theme is supported by direct quotes from participants to demonstrate the originality of the lay workers' experiences.

Theme 1: Impact of Training on Increasing Lay Worker Competence

Advanced palliative training provides real knowledge and skills for lay workers in caring for cancer patients.

...After participating in the training, I understand more about how to care for cancer patients in a more humane way. I also feel more confident when helping them (P1)

...I understand the importance of gentle communication with patients. Sometimes they are very anxious, and we have to be able to calm them down (P3)

...The training was good, it made me more ready to help patients. But I think there are still many things I need to learn again (P4)

...I used to be confused when I had to help patients at home, especially those who were already serious. But now I am more prepared because of this training (P6)

...The relaxation techniques taught were quite simple, and I can use them directly to calm patients down (P9)

Theme 2: Challenges in Implementing Palliative Care in the Field

Although training helps, lay workers face real obstacles in implementing palliative care in the community.

...Many patient families do not understand what palliative care is, so I have to explain it over and over again (P3)

...Sometimes there are no assistive devices at the patient's home. So I can't help them optimally (P4)

...Some patients or their families are still afraid of the word 'cancer'. They think they will definitely die immediately, so it's hard to talk to them (P7)

...If I encounter a difficult case, I don't know who to ask. There should be access to doctors or nurses who can help (P8)

...The knowledge from the training is okay, but in the field it often gets stuck because there are no tools or support (P14)

Theme 3: Support and Collaboration in Palliative Care

Collaboration with lay workers and family support greatly influences the success of lay workers in carrying out their duties.

...I am happy because the health center really helps, especially when I have to refer patients (P1)

"If I chat with fellow lay workers, it feels relieved, so I don't feel alone." (P5)

...Sometimes the patient's family still doubts us. Maybe they don't understand the role of lay workers." (P7)

...The health center is open to helping us. But some patient families still take care of the lay workers." (P9)

...My fellow lay workers are my encouragement. We can support each other when we encounter difficult cases (P11)

Theme 4: Recommendations for the Development of Palliative Care Lay Workers Training and Roles

The lay workers proposed increasing the duration and methods of training and the importance of ongoing mentoring and incentives.

...The training was good, but too fast. It should have been longer and practiced directly at the patient's home (P2)

...I want there to be mentoring from medical personnel after the training. So that we are not confused if we encounter problems (P4)

...It would be better if there were real case studies, so we can know the steps directly (P5)

...If possible, incentives should also be given. So that we are more enthusiastic about helping the community." (P10)

...I hope that our role as lay workers is more appreciated and officially recognized by the government or the agency (P12)

DISCUSSION

Theme 1: Impact of Training on Increasing Lay Worker Competence

The results of the study showed that lay workers experienced an increase in understanding and skills in providing palliative care after participating in advanced training. Participants stated that the training made them more confident in accompanying patients, especially in aspects of empathetic communication, psychological support, and simple care techniques (P1, P3). The training not only provided new knowledge but also opened lay workers' insights into the importance of a holistic approach (P6, P9). This shows that the learning process

experienced by lay workers is profound and has a direct impact on the way lay workers work. In general, the training has succeeded in forming the psychological and technical readiness of lay workers in carrying out their roles (Handayani et al., 2023).

This finding can be interpreted as a form of competency transformation that is in line with the theory of experiential learning, a person will learn effectively when experiencing real processes and situations directly (Indrawati et al., 2018). Training equipped with field practice provides concrete experiences that accelerate the process of internalizing learning for lay workers (P4). This also states that practice-based training can improve lay worker skills in caring for patients with chronic diseases. Lay workers who receive practice-based training have a stronger sense of responsibility and are able to develop initiatives in community services (Noorikhshan et al., 2024).

Improving the competence of lay workers in urban areas such as Jakarta is very necessary, considering the high prevalence of cancer cases and limited public access to professional palliative services. Lay workers are often the spearheads of services in the community, and the quality of their competence has a direct impact on the welfare of patients and families (Sultan et al., 2025). This transformation proves that lay workers are capable of becoming drivers of health services if supported by appropriate training (P6). Therefore, advanced training must continue to be developed and adjusted to the dynamic needs of the field. Real-life experience-based training is also recommended to be widely implemented in various regions (Sultan et al., 2025).

Theme 2: Challenges in Implementing Palliative Care in the Field

This study found that lay workers faced a number of obstacles when trying to implement the results of the training in daily practice. Some of the challenges faced included a lack of assistive devices, low family understanding of palliatives, and the ongoing stigma against cancer (P3, P4, P7). Participants admitted that they often felt less than optimal in carrying out their roles due to limited support facilities and responses from the community. This caused some lay workers to experience doubt or frustration in dealing with complex cases (P8, P14). Despite having received training, unsupportive field conditions can hinder the implementation of competencies in their entirety (Johnson et al., 2022b).

These challenges can be understood through the social ecological model approach, which emphasizes the importance of interaction between individuals and their environment in determining behaviour. The social environment that is not ready to accept the palliative approach, as well as limited support from the health system, makes lay workers feel like they are working alone. Lay workers need structural and emotional support to function optimally in the field (Johnson et al., 2022b). When the system is not supportive, lay workers tend to feel helpless even though they have technical skills (P14). Therefore, training must be accompanied by a referral system and strengthening cross-sector collaboration.

Urban communities often perceive cancer as a curse or the end of life in their cultural context. This stigma reinforces resistance to palliative approaches that are considered a form of giving up on the disease (P7). In situations like this, lay workers are required not only to educate, but also to change the community's perspective. This is very emotionally exhausting, especially when there is no support from health institutions. Therefore, it is necessary to build a sustainable lay worker mentoring system so that this challenge does not have a negative impact on lay worker performance and enthusiasm. An important implication of this finding is the need for an integrative policy between training, public education, and provision of field resources (Bandieri et al., 2023).

Theme 3: Support and Collaboration in Palliative Care

The findings show that support from medical personnel, fellow lay workers, and the social environment greatly determines the success of lay workers in providing services. Participants felt more enthusiastic and confident when they received appreciation and easy access to consultations with lay workers (P1, P9). Emotional support from fellow lay workers also acts as a space for sharing burdens and finding solutions together (P5, P11). This condition shows that the implementation of palliative care cannot run alone, but requires a structured collaborative system. When support weakens, the enthusiasm and quality of lay workers services also decline (Pornrattanakavee et al., 2022).

This phenomenon can be explained through the theory of social capital, where social networks, trust, and shared norms support the effectiveness of individual work in society. The support received by lay workers creates a higher sense of belonging and responsibility towards the community (P5). Lay workers who feel valued and involved in collaborative networks have more stable and long-lasting performance. Lay workers who have support are also more courageous in taking the initiative in providing services to patients. Therefore, building a synergistic working relationship between lay workers, lay workers, and the community is very important (Pedersen et al., 2023).

Communication between stakeholders is often hampered by individual busyness and bureaucratic complexity in the urban context. In fact, good coordination is needed in palliative care, especially when patients need rapid referral or special attention (P8). This finding illustrates that close collaboration will strengthen the community-based service system (Macrae et al., 2020). Therefore, it is necessary to form a lay workers forum with lay workers regularly as a medium for exchanging information and strengthening roles. An important implication of this finding is that lay workers training must be followed by strengthening the cross-sector coordination structure so that services remain optimal.

Theme 4: Recommendations for the Development of Palliative Care Lay Workers Training and Roles

Participants said that the training they attended was still lacking in terms of duration and depth of practical material (P2, P5). Lay workers suggested that the training be made longer, accompanied by real case simulations, and supplemented with direct practice sessions in the field. In addition, lay workers felt the need for assistance after the training, so that they could still receive direction when facing difficult situations (P4). Several lay workers also expressed the importance of a form of award or incentive as a form of appreciation for their dedication (P10). This recommendation reflects the lay workers' need for a more sustainable training and coaching system.

This finding is in line with Knowles' andragogy theory which emphasizes that adults learn effectively if the training material is relevant to their experiences and needs. Lay workers as adult learners need training that is reflective, contextual, and applicable. Tiered training and the existence of an incentive system encourage increased performance of lay workers in community lay services (Gadsden et al., 2021). When training is accompanied by continued support, lay workers tend to have higher motivation and are better prepared to face dynamics in the field (P12). Therefore, a training approach based on real field needs is important to develop.

Lay workers often carry out tasks voluntarily as a form of social service in the context of local culture. However, increased workload without formal support can affect the sustainability of cadre participation (Mehra et al., 2020). Formal recognition, either through financial or symbolic incentives, is part of a form of social justice and role reinforcement (P10, P12). In urban areas such as Jakarta, competition for time and economic burdens make incentives

important to keep lay workers motivated. These findings underline the need for a training system that is not only technical, but also considers the psychological aspects and well-being of lay workers as strategic partners in palliative care.

CONCLUSION

This study shows that advanced cancer palliative training has a positive impact on the self-transformation of palliative lay workers in carrying out their roles in the community. Lay workers experienced increased competence, especially in empathetic communication, psychosocial assistance, and holistic care for cancer patients. However, the implementation of services in the field still faces challenges such as limited equipment, low family understanding, and stigma against cancer. Support from lay workers, patient families, and colleagues has proven to be an important factor in strengthening the motivation and success of lay workers. In addition, lay workers recommend the development of more applicable, sustainable training, as well as the existence of a formal incentive and assistance system. The findings of this study have important implications for the development of community-based palliative care policies and practices. First, training for lay workers needs to be designed contextually, emphasizing field practice, real case simulations, and strengthening reflective capacity. Second, strengthening collaborative networks between lay workers, health centres, and patient families is needed so that services are more synergistic and sustainable. Third, a formal support system in the form of post-training assistance and performance-based incentives will encourage long-term cadre involvement. In an urban context like Jakarta, empowering lay workers not only contributes to improving the quality of life of patients, but also strengthens the community-oriented health care system. Therefore, the results of this study can be the basis for formulating policies for cadre training and systemic coaching for palliative care at the primary level.

REFERENCES

- Adhisty, K., Maulida, M. N., & Aprilia, Z. (2024). Pemberdayaan Masyarakat dalam Kaderisasi Program Relawan Paliatif Bidang Biopsikososial Spiritual. *Jurnal Peduli Masyarakat*, 6 (4), 1887–1892. <http://jurnal.globalhealthsciencegroup.com/index.php/JPM>
- Bandieri, E., Borelli, E., Gilioli, F., Bigi, S., Mucciarini, C., Ferrari, U., Eliardo, S., Pinto, L., Porro, C. A., Efficace, F., Luppi, M., & Potenza, L. (2023). Stigma of Palliative Care among Patients with Advanced Cancer and Their Caregivers on Early Palliative Care. *Cancers*, 15 (14), 1. <https://doi.org/10.3390/cancers15143656>
- Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of Research in Nursing*, 25 (8), 652–661. <https://doi.org/10.1177/1744987120927206>
- Czerwik-Kulpa, M., & Chylińska, J. (2010). Quality of life in palliative care. *Acta Neuropsychologica*, 8 (3), 244–262. <https://doi.org/10.1080/23809000.2017.1400911>
- Dahniar, D., Ibrahim, J., & Rahmawati, R. (2023). Pelatuhan Kader Community-Based Palliative Care. *JMM (Jurnal Masyarakat Mandiri)*, 7 (3), 2183–2193. <https://doi.org/10.31764/jmm.v7i3.14117>
- Dasat, M., Mulyono, S., Khasanah, U., & Hermawan, S. M. (2024). Support Obtained by Families in Running Palliative Care Programs for Advanced Cancer Patients at Home. *Indonesian Journal of Global Health Research*, 6 (4), 1891–1902. <https://doi.org/10.37287/ijghr.v6i4.3394>

- Gadsden, T., Mabunda, S. A., Palagyi, A., Maharani, A., Sujarwoto, S., Baddeley, M., & Jan, S. (2021). Performance-based incentives and community health workers' outputs, a systematic review. *Bulletin of the World Health Organization*, 99 (11), 805–818. <https://doi.org/10.2471/BLT.20.285218>
- Gondhowiardjo, S., Nurhidayat, W., Zhafirah, N. F., Jayalie, V. F., Sekarutami, S. M., Koesmedi Priharto, R., & Widyastuti, W. (2023). Cancer Profile in Jakarta: A 5-year Descriptive Study. *Access Macedonian Journal of Medical Sciences*, 11 (E), 17–22. <https://doi.org/10.3889/oamjms.2022.8200>
- Handayani, A., Yuliani, E., & Anggraeni, S. (2023). Efektivitas Pelatihan Kader Terhadap Pengetahuan dan Keterampilan Deteksi Dini Kehamilan Resiko Tinggi. *PREPOTIF Jurnal Kesehatan Masyarakat*, 7 (3), 16545–16553.
- Haris, Pabanne, F. U., & Syamsiah. (2022). Pelatihan Kader Kesehatan dan Aplikasi Edukasi Faktor Risiko Penyakit Tidak Menular. *Media Karya Kesehatan*, 5 (2), 137–150.
- Hermawan, S. M., Anggraini, D., Zendrato, M. L. V., & Ernawati. (2025). Penguatan Kader PKK dalam Pelayanan Pasien Kanker Melalui Pelatihan Paliatif Dasar. *Jurnal Peduli Masyarakat*, 7 (1), 87–98. <http://jurnal.globalhealthsciencegroup.com/index.php/JPM>
- Hermawan, S. M., & Wihardja, H. (2024). Barriers to Palliative Kader in Assisting Cancer Patients and Families at Home. *Indonesian Journal of Global Health Research*, 6 (2), 679–688. <https://doi.org/10.37287/ijghr.v6i2.2719>
- Indrawati, P. A., Sulistiowati, N. M. D., & Nurhesti, P. O. Y. (2018). Pengaruh Pelatihan Kader Kesehatan Jiwa terhadap Persepsi Kader dalam Merawat Orang dengan Gangguan Jiwa. *Jurnal Keperawatan Jiwa*, 6 (2), 71–75.
- Johnson, L. J., Schopp, L. H., Waggie, F., & Frantz, J. M. (2022a). Challenges experienced by community health workers and their motivation to attend a self-management programme. *African Journal of Primary Health Care and Family Medicine*, 14 (1), 9. <https://doi.org/10.4102/phcfm.v14i1.2911>
- Johnson, L. J., Schopp, L. H., Waggie, F., & Frantz, J. M. (2022b). Challenges experienced by community health workers and their motivation to attend a self-management programme. *African Journal of Primary Health Care and Family Medicine*, 14 (1), 1–9. <https://doi.org/10.4102/phcfm.v14i1.2911>
- Kagarmanova, A., Mwesiga, M. D., Sisk, M. L., Kabagambe, C., Nyakaisiki, S., Marentette, T., & Ahern, L. N. (2022). Palliative care in Uganda: quantitative descriptive study of key palliative care indicators 2018-2020. *BMC Palliative Care*, 21 (1), 1–11. <https://doi.org/10.1186/s12904-022-00930-7>
- Ligita, T., Yulanda, N. A., Balqis, B., & Maharani, D. (2024). How Were Palliative Care Assessments Performed by Students During a Clinical Nursing Experience? A Study in Interpretive Phenomenology Analysis. *Indian Journal of Palliative Care*, 30 (3), 200–206. https://doi.org/10.25259/IJPC_328_2023
- Macrae, M. C., Fazal, O., & O'Donovan, J. (2020). Community health workers in palliative care provision in low-income and middle-income countries: A systematic scoping review of the literature. *BMJ Global Health*, 5 (5), 1–10. <https://doi.org/10.1136/bmjgh-2020-002368>

- Mawoko, T. (2022). Peran Relawan Paliatif dalam Perawatan Paliatif Pasien Stroke. *Media Husada Journal of Nursing Science*, 3 (3), 273–281. <https://mhjns.widyagamahusada.ac.id>
- Mehra, R., Boyd, L. M., Lewis, J. B., & Cunningham, S. D. (2020). Considerations for Building Sustainable Community Health Worker Programs to Improve Maternal Health. *Journal of Primary Care and Community Health*, 11 (1), 1–8. <https://doi.org/10.1177/2150132720953673>
- Morgan, D. L., & Nica, A. (2020). Iterative Thematic Inquiry: A New Method for Analyzing Qualitative Data. *International Journal of Qualitative Methods*, 19 (1), 1. <https://doi.org/10.1177/1609406920955118>
- Noorikhsan, F. F., Muharry, A., Annashr, N. N., Yogaswara, D., & Nurohman, T. (2024). Strengthening and Improving Interpersonal Communication Skills of Health Care Workers in Preventing Non-Communicable Diseases in Cipakat Village, Singaparna Subdistrict. *Abdimas Galuh*, 6 (2), 1590–1601.
- Pedersen, L. M., Jakobsen, A. L., Buttenschøn, H. N., & Haagerup, A. (2023). Positive association between social capital and the quality of health care service: A cross-sectional study. *International Journal of Nursing Studies*, 137, 1–9. <https://doi.org/10.1016/j.ijnurstu.2022.104380>
- Persson, H. Å., Ahlström, G., & Ekwall, A. (2022). Professionals' readiness for change to knowledge-based palliative care at nursing homes: a qualitative follow-up study after an educational intervention. *BMC Palliative Care*, 21(1), 1–14. <https://doi.org/10.1186/s12904-022-01018-y>
- Pornrattanakavee, P., Srichan, T., Seetalarom, K., Saichaemchan, S., Oer-areemitr, N., & Prasongsook, N. (2022). Impact of interprofessional collaborative practice in palliative care on outcomes for advanced cancer inpatients in a resource-limited setting. *BMC Palliative Care*, 21 (1), 1–9. <https://doi.org/10.1186/s12904-022-01121-0>
- Powell, C., Brown, T., Yap, Y., Hallam, K., Takac, M., Quinlivan, T., Xenos, S., & Karimi, L. (2024). Emotional intelligence training among the healthcare workforce: a systematic review and meta-analysis. *Frontiers in Psychology*, 15, 1–18. <https://doi.org/10.3389/fpsyg.2024.1437035>
- Putranto, R., Mudjaddid, E., Shatri, H., Adli, M., & Martina, D. (2017). Development and challenges of palliative care in Indonesia: Role of psychosomatic medicine. *BioPsychoSocial Medicine*, 11 (1), 1–5. <https://doi.org/10.1186/s13030-017-0114-8>
- Rodríguez-Prat, A., Pergolizzi, D., Crespo, I., Balaguer, A., Porta-Sales, J., & Monforte-Royo, C. (2022). Control in patients with advanced cancer: an interpretative phenomenological study. *BMC Palliative Care*, 21 (1), 1–10. <https://doi.org/10.1186/s12904-022-00984-7>
- Smith, J. A. ., Flowers, Paul., & Larkin, Michael. (2022). Interpretative phenomenological analysis : theory, method and research. In *The Teoretical Foundation of IPA* (2nd ed., Vol. 1, pp. 1–29). SAGE.
- Sultan, M. A., Miller, E., Tikkanen, R. S., Singh, S., Kullu, A., Cometto, G., Fitzpatrick, S., Ajuebor, O., Gillon, N., Edward, A., Moleman, Y. P., Pandya, S., Park, I., Shen, J. Y., Yu, Y., Perry, H., Scott, K., & Closser, S. (2025). Competency-based education and

- training for Community Health Workers: a scoping review. *BMC Health Services Research*, 25 (1), 1–18. <https://doi.org/10.1186/s12913-025-12217-7>
- Sun, G., Lemonde, M., & Tremblay, D. (2023). Experience of oncology nurses with cancer survivors during transition from acute oncology treatment to primary care. *Canadian Oncology Nursing Journal*, 33 (3), 336–341. <https://doi.org/10.5737/23688076333336>
- WHO. (2018). *Integrating Palliative Care and Symptom Relief into Primary Health Care: A WHO Guide for Planners, Implementers and Managers*. I, 1–88.