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THE IMPLEMENTATION OF THE PEACEFUL END OF LIFE THEORY IN BREAST CANCER PATIENT

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ABSTRACT
Cancer is a major global health concern and a leading cause of mortality among non-communicable diseases. It involves the uncontrolled growth of abnormal cells that are malignant, invasive, and capable of metastasizing to distant organs. Among the various types of cancer, breast cancer is one of the most prevalent and is often detected at a late stage. The peaceful end of life theory provides comfort, dignity and emotional support to the patient. This study aims to analyze the implementation of the Peaceful end of life theory in Breast Cancer patients through nursing process approach. The method used is case study. In the nursing assessment, the patient reported experiencing pain, anxiety, and worry about their deteriorating condition. They expressed feelings of meaninglessness and helplessness, and showed reluctance to meet others due to fear of being ridiculed. Based on the Standardized Nursing Diagnosis (SDKI), the nursing diagnoses included chronic pain related to tumor infiltration, anxiety related to the threat of death, spiritual distress related to end-of-life concerns, nutritional deficit related to increased metabolic needs, self-care deficit, and impaired body tissue integrity. The nursing interventions aimed to improve the patient's quality of life, promote a peaceful end of life, provide emotional support, facilitate intimacy with family, alleviate pain, and offer empathy to both the patient and their family. The implementation of the Peaceful end of life Theory involves not only the patient but also the active involvement of the family, as it enhances the quality of life by providing support and aiding in decision-making.

Keywords: breast cancer; nursing process; peaceful end of life theory

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INTRODUCTION

Breast cancer has become a significant reproductive health issue, both globally and in Indonesia, and is now receiving serious attention. It is one of the leading causes of cancer-related mortality among women worldwide (Suryani et al., 2016). Breast cancer is a malignant neoplastic disease characterized by the abnormal growth of breast tissue, which differs from the surrounding tissue. The cancer can originate in the mammary glands, fatty tissue, or connective tissue of the breast (Sunarti et al., 2018). In the United States, the prevalence of breast cancer in 2015 was 231,840 new cases, with 40,290 women dying from the disease. In 2016, the number of new cases increased to 246,660, and 40,450 women died as a result of breast cancer (Maria et al., 2017). The Global Cancer Observatory (GLOBOCAN) also reported data on breast cancer cases in 2012. Worldwide, the total number of breast cancer cases in 2012 reached 1.677 million, with 522,000 deaths. In Southeast Asia, there were 240,000 cases and 110,000 deaths from breast cancer in the same year. In Indonesia, breast cancer is the second most common cancer among women, following cervical cancer, with a noticeable increasing trend in incidence over the years. The breast cancer incidence rate in Indonesia is estimated to be

100 cases per 100,000 people per year, with 50% of cases diagnosed at advanced stages (Agung et al., 2016). According to the 2018 Riskesdas data, the prevalence of cancer in East Nusa Tenggara in 2018 was 1.49%, equivalent to 44,782 cases. Cancer patients may experience disturbances in physical, psychological, social, and spiritual aspects. As a result, patients often face depression, including issues with physical function and social activities. The physical impacts include reduced appetite, weight loss, hair loss, pelvic pain, and a feeling of tightness in the lower abdomen. Psychologically, upon learning of their diagnosis, patients may experience fear of death, feelings of incapacity, abandonment, dependency, loss of independence, disruption of role functions, and financial depletion (Susilowat & Afiyanti, 2020) (Yulianti 2010; (Smith et al., 2019)

The application of the Peaceful End of Life theory is essential in reducing the suffering experienced by patients with breast cancer. The theory comprises five core aspects, each associated with specific outcome criteria that guide the standard of care. Based on the Peaceful End of Life Theory, desired outcomes for patients include: the absence of pain, absence of nausea, a sense of being respected, the attainment of comfort, a feeling of peace, and the assurance that they are not alone in facing the end of life. Implementing this theory helps ensure that patients experience dignity, comfort, and holistic support during their final phase of life (Alligood, 2014).The Peaceful End of Life (PEL) approach is derived from a theoretical framework based on the Donabedian model. Its primary aim is to enable individuals to experience peace and comfort before death. End-of-life care within this approach emphasizes the importance of being free from pain, receiving emotional support, maintaining closeness with significant others, and fostering a sense of empathy and respect. The PEL approach integrates structural, process, and outcome components, as conceptualized by Donabedian, to ensure that care at the end of life meets both physical and psychosocial needs of the patient (Ruland dan Moore,). The implementation of the Peaceful End of Life (PEL) theory encourages nurses to provide palliative care not only to patients but also to their families. The purpose of this paper is to analyze the application of the Peaceful End of Life theory in patients with breast cancer (Carcinoma Mammae) using the nursing process approach. This analysis aims to demonstrate how PEL-based care supports holistic nursing interventions that address the physical, psychological, emotional, and spiritual needs of both patients and their families during the end-of-life phase.

METHOD

This study uses a qualitative approach with a case study method that aims to describe the implementation of the Peaceful End of Life theory in stage IV breast cancer patients. Data were collected through in-depth interviews, observations, and physical examinations of patients and their families. The research subject was a 47-year-old woman with a diagnosis of stage IV Ca Mammae, who lives in West Baumata Village, Penfui Health Center working area. Data were analyzed thematically by referring to the principles in the Peaceful End of Life theory, to understand the patient's experience and the effectiveness of the nursing approach provided. This research was conducted with the consent of the patient and family, as well as maintaining the confidentiality and ethics of the nursing profession during the research process.

RESULT

This research raised a case study of the application of the Peaceful End of Life theory (Cornelia & Shirley, 1998) (Ruland & Moore) on Mrs. R.B.H, a patient with a diagnosis of Ca Mammae stage IV. The assessment was conducted thoroughly including biological, psychological, social, and spiritual aspects. Based on the assessment results, six main nursing diagnoses were determined: Chronic Pain, Anxiety, Spiritual Distress, Nutrition Deficit, Self-

Care Deficit, and Skin/Tissue Integrity Disorder. Nursing implementation was carried out for three weeks through various interventions according to each diagnosis.

Nursing interventions are structured and tailored to the individual needs of the patient based on the Peaceful End of Life theory approach:
-First week: Intervention focus on pain and anxiety control. Deep breath relaxation techniques were taught to the patient. Body position was arranged to be comfortable, and environmental therapy was done by turning on the fan to reduce heat sensation. For spiritual distress, the patient was facilitated to pray with family and given quiet time. Wound care was performed by cleaning the decubitus wound and monitoring for signs of infection. Nutrition was monitored, and the family was encouraged to give liquid food.
-Week 2: The patient started to show adaptation to the intervention. Deep breathing techniques were repeated, and the patient was given gentle massage therapy. The patient was allowed to listen to spiritual music to promote spiritual calm. The family was active in assisting with oral hygiene and feeding. Wound evaluation showed no worsening. The patient was repositioned every two hours.
-In the third week, there was partial improvement in all aspects of the patient's condition, especially in the decrease in pain intensity from a scale of 7 to 5, decreased anxiety through music therapy and emotional assistance, and the patient's spiritual acceptance began. The decubitus wounds began to show signs of improved healing, and the patient began to consume small amounts of food although not optimal.

DISCUSSION

Pain Management in Advanced Cancer Patients

In fact, studies show that pain is one of the most dominant symptoms experienced by advanced cancer patients, with an intensity scale of 6-7. This pain spreads throughout the body and significantly affects the patient's quality of life. Nonpharmacological interventions such as deep breath relaxation techniques and music therapy have shown effectiveness in reducing pain levels to scale 5 within three weeks. This approach is in line with the Comfort theory by Boudiab & Kolcaba, (2015) , which emphasizes that physical comfort is an essential need in palliative care.The effectiveness of music therapy in reducing pain and anxiety is also supported by a meta-analysis study conducted by (Li et al., 2025) which found that this intervention had a significant impact on cancer patients. Although nonpharmacological approaches are quite effective, previous research (Dewi et al., 2024) shows that the results of interventions can vary, depending on the patient's condition and the integrative approach applied so as to improve the patient's quality of life. Therefore, the authors argue that the best strategy in pain management is a multimodal approach, which combines nonpharmacological techniques with opioid-based pharmacotherapy according to WHO guidelines to achieve optimal results.

A Psychosocial Approach to Terminal Anxiety

Researchers believe that severe anxiety in terminal cancer patients is a normal psychological reaction but requires comprehensive treatment. This anxiety is often triggered by fear of death, concern for the fate of the family left behind, and uncertainty about the course of the disease. Therefore, psychosocial nursing interventions should be an integral part of palliative practice.We believe that approaches such as therapeutic communication, emotional support, and relaxation techniques such as guided imagery and mindfulness-based stress reduction (MBSR) have been shown to be effective in significantly reducing patients' anxiety levels, as suggested by (Carlson et al., 2013) . These interventions not only relieve psychological symptoms, but also assist patients in developing inner calm and acceptance of terminal conditions.In addition, the findings of (Miovic & Block, 2007) underscore the importance of the psychosocial dimension in oncology nursing, which supports the researcher's assessment

that psychosocial approaches should be sustainable, holistic and tailored to the individual needs of the patient. Nurses have a central role in creating an emotionally safe environment, strengthening patients' resilience, and facilitating the expression of feelings and fears without stigma.Thus, the integration of a consistent, empathy-based and evidence-based psychosocial approach needs to be standardized in palliative nursing care to ensure the emotional and spiritual well-being of patients at the end of life.

Spiritual Distress and the Terminal Acceptance Process

Spiritual distress, which includes loss of meaning in life and denial of death, is very common in palliative patients. Interventions that support patients' spiritual and religious expressions were shown to improve terminal acceptance. This is in accordance with the theoretical approach of (Puchalski et al., 2009) which emphasizes that the spiritual dimension is a major component in end-of-life quality. The study by (Balboni et al., 2010) and the study by(Sisy Rizkia, 2020) reinforce this by showing that physical and psychological challenges during treatment require support from family and spiritual support to improve the patient's quality of life. Therefore, the spiritual approach should be individualized, tailored to the values, beliefs, and active family involvement.The researcher is of the opinion that spiritual distress is an integral aspect of patients' experience of the terminal phase of illness, particularly in cancer patients. This distress arises in response to uncertainty, fear of death, and struggles with the meaning of life and existence. In this context, palliative care should not only focus on physical aspects, but should also reach deeply into spiritual needs. In practice, nurses and health workers need to have spiritual sensitivity and communication skills that support patients' exploration of the meaning of life, forgiveness, and spiritual reconciliation. Interventions such as prayer, self-reflection, involvement of religious leaders, and religious rituals should be facilitated in an open and inclusive manne. Researchers also emphasized the importance of interdisciplinary collaboration, including clergy, spiritual counselors, and families, in creating a safe and meaningful space for patients to undergo the process of acceptance with wholeness, dignity, and peace.

Nutrition in Terminal Cancer Patients

Cancer patients in advanced stages often experience malnutrition due to the direct effects of disease and treatment, including nausea, anorexia and metabolic changes. Palliative nutrition approaches are not aimed at rehabilitation, but rather focus on improving comfort and quality of life. Studies by (Nasution & Ashariati, 2021) explain that cancer cachexia syndrome requires a multidisciplinary approach, including nutritional, pharmacological, and psychosocial support. Based on the description above, researchers are of the view that nutritional fulfillment in terminal cancer patients cannot solely be measured through the quantity of intake or conventional nutritional status indicators. In the context of palliative care, the approach to nutrition should be based on the principles of comfort, patient preferences, and the body's ability to accept intake, not only on the aim of rehabilitation or physiological restoration of nutrition.

Although family support is often considered as one of the important factors in improving food intake, research results (Mugi Prayitno, 2019) show that the relationship between family support and nutritional status is not always significant. This confirms that nutritional fulfillment in palliative patients is a complex process that is influenced by various factors, including metabolic disorders, psychological conditions, medication side effects, and individual responses to food.Researchers believe that flexibility in the delivery of nutritional interventions should be promoted, taking into account the needs and comfort of individual patients. A multidisciplinary approach involving medical personnel, nutritionists, psychologists, nurses, and families is necessary in designing nutritional strategies that are not coercive but still holistically meaningful. Therefore, it is important for palliative care teams to

continuously review nutritional approaches that are ethical, humane, and based on the patient's quality of life.

Decubitus Wound Management and Physical Comfort

Researchers consider that nutritional approaches and decubitus wound management in a palliative context are crucial aspects that directly affect the comfort and quality of life of terminal patients. In the palliative approach, nutrition is not focused on full recovery, but rather directed at minimizing physical discomfort and supporting metabolic processes that can still be maintained. As described by (Ferris et al., 2019), cancer cachexia syndrome requires multidisciplinary interventions, which include nutritional, pharmacological and psychosocial aspects simultaneously.Researchers also emphasize that the success of nutritional therapy in advanced cancer patients is greatly influenced by the flexibility of the approach and the nurse's ability to adjust interventions based on the patient's preferences and condition. Family involvement remains important, but it cannot fully address biological challenges such as metabolic disorders. Therefore, strategies that are adaptive, evidence-based and sensitive to the patient's condition need to be implemented on an ongoing basis**.**Regarding decubitus wounds, researchers (Rohyadi et al., 2022) believe that changing position every 1 (one) hour is more effective when compared to massage every 3 (three) times a day. Furthermore, researchers support the findings (Ferris et al., 2019), that wound repair cannot be separated from optimizing nutritional status, especially protein and fluid intake. Therefore, the synergy between local wound care and nutritional therapy should be managed in an integrated manner, with a holistic approach based on the patient's individual condition.

CONCLUSION

The application of Peaceful End of Life theory and comfort theory in the care of advanced breast cancer patients has been proven to improve the quality of life of patients in the terminal phase. A holistic approach that includes non-pharmacological interventions such as breath relaxation and music therapy, psychosocial and spiritual support, as well as nutritional fulfillment and wound care, plays an important role in reducing pain, anxiety, and increasing acceptance of terminal conditions. Successful treatment requires multidisciplinary team collaboration and active family involvement to ensure the patient's overall physical, emotional, spiritual and social comfort.

REFERENCES

Agung, G., Guntari, S., Luh, N., & Suariyani, P. (2016). Gambaran Fisik Dan Psikologis Penderita Kanker Payudara Post Mastektomi Di Rsup Sanglah Denpasar Tahun 2014. Arc. Com. Health • Juni, 3(1), 24–35.

Alligood, M. R. (2014). Nursing Theorist and Their Work. Elsevier Ltd.

Balboni, T. A., Paulk, M. E., Balboni, M. J., Phelps, A. C., Loggers, E. T., Wright, A. A., Block, S. D., Lewis, E. F., Peteet, J. R., & Prigerson, H. G. (2010). Provision of spiritual care to patients with advanced cancer: Associations with medical care and quality of life near death. Journal of Clinical Oncology, 28(3), 445–452. https://doi.org/10.1200/JCO.2009.24.8005

Boudiab, L. D. theory: U. the complexities of veterans' health care needs, & Kolcaba, K. (2015). Comfort theory: Unraveling the complexities of veterans' health care needs. Advances in Nursing Science, 38(4), 270–278. https://doi.org/10.1097/ANS.0000000000000089

Carlson, L. E., Tamagawa, R., Speca, M., Faris, P., Doll, R., Stephen, J., & Drysdale, E. (2013). Randomized controlled trial of mindfulness-based cancer recovery versus supportive expressive group therapy for distressed survivors of breast cancer (MINDSET). Journal of Clinical Oncology, 31(25), 3119–3126. https://doi.org/10.1200/JCO.2012.47.5210

Cornelia, R. M., & Shirley, M. M. (1998). Theory of the Peaceful End of LifeCornelia, R. M., & Shirley, M. M. (1998). Theory of the Peaceful End of Life. In Sustainability (Switzerland) (Vol. 11, Issue 1, pp. 1–14).

Dewi, S. U., Anggi pratiwi, & Ayu muthia. (2024). Efektivitas Terapi Komplementer Untuk Meningkatkan Kualitas Hidup Pada Pasien Kanker: Literature Review. Jurnal Keperawatan Widya Gantari Indonesia, 8(1). https://doi.org/10.52020/jkwgi.v8i1.6424

Ferris, A., Price, A., & Harding, K. (2019). Pressure ulcers in patients receiving palliative care: a systematic review. Palliative Medicine. https://doi.org/10.1177/0269216319846023

Li, Y., Ji, S., Tao, Y., Wang, H., Wen, Z., Liu, L., & Zhang, X. (2025). The effect of music therapy on anxiety, depression, pain and sleep quality of lung cancer patients: a systematic review and meta-analysis. Supportive Care in Cancer, 33(3). https://doi.org/10.1007/S00520-025-09213-2,

Maria, I. L., Sainal, A. A., & Nyorong, M. (2017). Risiko Gaya Hidup Terhadap Kejadian Kanker Payudara Pada Wanita. Media Kesehatan Masyarakat Indonesia, 13(2), 157. https://doi.org/10.30597/mkmi.v13i2.1988

Miovic, M., & Block, S. (2007). Psychiatric disorders in advanced cancer. Cancer, 110(8), 1665–1676. https://doi.org/10.1002/cncr.22980

Mugi Prayitno. (2019). Hubungan Dukungan Keluarga Dengan Status Nutrisi Pasien Kanker Serviks Stadium Ii Dan Iii Yang Menjalani Kemoterapi Di Rsud Dr. Saiful Anwar Malang. In Sustainability (Switzerland) (Vol. 11, Issue 1).

Nasution, H. N., & Ashariati, A. (2021). Kaheksia kanker dan tatalaksana nutrisi pada penderita kanker. Jurnal Kedokteran Syiah Kuala, 21(2). https://doi.org/10.24815/jks.v21i2.19165

Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., Chochinov, H., Handzo, G., Nelson-Becker, H., Prince-Paul, M., Pugliese, K., & Sulmasy, D. (2009). Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference. Journal of Palliative Medicine, 12(10), 885–904. https://doi.org/10.1089/jpm.2009.0142

Rohyadi, Y., Setiawan, A., & Fathudin, Y. (2022). Efektifitas Perubahan Posisi Dan Massage Pada Pasen Tirah Baring Dalam Pencegahan Terjadinya Dekubitus Di Rsud Al Ihsan Kabupaten Bandung. Jurnal Keperawatan Indonesia Florence Nightingale, 2(2), 32–37.

Sisy Rizkia, P. (2020). Hubungan Dukungan Keluarga Dan Dukungan Spiritual Terhadap Kualitas Hidup Pasien Kanker Dengan Kemoterapi. British Medical Journal, 2(5474), 1333–1336.

Smith, G. L., Lopez-Olivo, M. A., Advani, P. G., Ning, M. S., Geng, Y., Giordano, S. H., & Volk, R. J. (2019). Financial Burdens of Cancer Treatment: A Systematic Review of Risk Factors and Outcomes. Journal of the National Comprehensive Cancer Network : JNCCN, 17(10), 1184. https://doi.org/10.6004/JNCCN.2019.7305

Sunarti, D. E., Yusran, S., & Pratiwi, A. D. (2018). Analisis faktor Risiko yang Mempengaruhi Kanker Payudara terhadap Pasien RSUD Bahtermas Provinsi Sulawesi Tenggara Tahun 2017. Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat, 3(3), 1–11.

Suryani, R., Subandriyo, H. D., & Yanti, D. E. (2016). Faktor Resiko yang Berhubungan dengan Kejadian Kanker Payudara di Rumah Sakit Umum Daerah dr. H.Abdoel Moeloek Provinsi Lampung. Jurnal Kesehatan, 7(1), 73–80. https://doi.org/10.26630/JK.V7I1.121

Susilowat, M., & Afiyanti, Y. (2020). Dampak Financial Toxicity Pada penyintas Kanker. Jurnal Ilmiah Ilmu Keperawatan Indonesia, 10(03), 72–77. https://doi.org/10.33221/jiiki.v10i03.658.