

## Letter to the Editor


**Cite this article:** Saputra R, Setyorini, Rasmanah M, Nuraida, Suryati, Lidyawati Y (2024) Strengthening family bonds through end-of-life conversations: Understanding the importance of emotional support and open communication. *Palliative and Supportive Care* 22(6), 2249–2250. <https://doi.org/10.1017/S1478951524000300>

Received: 17 January 2024

Accepted: 28 January 2024

**Corresponding author:** Rikas Saputra;  
Email: [rikassaputra\\_uin@radenfatah.ac.id](mailto:rikassaputra_uin@radenfatah.ac.id)

# Strengthening family bonds through end-of-life conversations: Understanding the importance of emotional support and open communication

Rikas Saputra, M.PD.<sup>1</sup> , Setyorini, M.PD.<sup>2</sup>, Manah Rasmanah, M.SI.<sup>1</sup>, Nuraida, M.AG.<sup>1</sup>, Suryati, M.PD.<sup>1</sup> and Yenni Lidyawati, M.PD.<sup>3</sup>

<sup>1</sup>Department of Islamic Guidance and Counselling, Faculty of Da'wah and Communication, Universitas Islam Negeri Raden Fatah Palembang, South Sumatra, Indonesia; <sup>2</sup>Department of Guidance and Counselling, Faculty of Teacher Training and Education Satya Wacana University, Salatiga, Indonesia and <sup>3</sup>Department of Indonesian Language and Literature, Faculty of Teacher Training and Education, Sriwijaya University, Palembang, Indonesia

Dear Editor

Responding to the article “Gives peace of mind – Relatives’ perspectives of end-of-life conversations” (Smith et al. 2023). End-of-life conversations in the medical domain are critical, going beyond medical decisions to touch on family aspects and patient values. The process involves empathic dialogue that strengthens family relationships and helps understand the patient’s wishes (Scott 2014). This dialogue is essential for making decisions focusing on the patient, respecting their autonomy, and reducing uncertainty. It also allows the family to provide support and a meaningful farewell, which is crucial in grieving (Azoulay et al. 2014; García-Navarro et al. 2023). Thus, these conversations are instrumental both medically, psychologically, and emotionally in helping patients and families face the end of life with dignity and peace (Östlund et al. 2012).

Dialogue that builds mutual understanding between patients and families is crucial, especially in challenging medical situations (Öhlén and Friberg 2023). This communication helps reach the right medical decision and is essential in providing emotional support (Ouyang et al. 2022). Through open and empathetic conversations, families can better understand the patient’s condition, expectations, and concerns while the patient feels heard and valued (Rawlings et al. 2019). This process strengthens relationships, fosters trust, and creates a supportive environment where emotions and thoughts can be honestly shared. This emotional support provides comfort to the patient and assists the family in dealing with difficult situations, allowing them to navigate this challenging journey together more harmoniously.

However, a significant gap in current medical practice criticizes the excessive focus on technical and clinical aspects, which often neglects the emotional impact experienced by the patient’s family (Tramonti et al. 2021). This suggests that while medical care is efficient from a clinical standpoint, a lack of communication and emotional support often leaves families feeling alienated and unprepared to deal with the challenges that arise (Digby et al. 2021). This research emphasizes the importance of a more holistic approach in health care, which addresses the physical problems of patients and considers the psychological and emotional well-being of their families (Weihs et al. 2002). According to these findings, better integration of emotional support and communication in health care can help reduce the psychological burden on families and improve the overall outcomes of patient care (Ateş et al. 2018).

To address this gap, this study proposes a solution in the form of more empathic communication training for health-care workers, focusing on developing active listening skills, expression of empathy, and effective non-verbal communication (Lajante et al. 2023). In addition, it proposes the development of family support programs, such as the “Family Care Conference,” which aims to involve the patient’s family more actively in the care process (Harding et al. 2022). The program will include educational sessions on medical conditions, stress management and coping workshops, and discussion forums that allow families to share their experiences and get peer support (Chien and Norman 2009). The ultimate goal is to create a holistic care environment where patients’ families feel supported, informed, and involved in health-care decision-making. Initiatives such as these are expected to improve the overall quality of care for patients and their families (Dreiherr et al. 2020).

The initiative is designed to provide more holistic support to patients’ families, recognizing that family health and well-being are integral to patient care (Hawthorne and Gordon 2020). With this approach, significant improvements in the quality of patient care are expected, as informed and supported families tend to be more active and effective in their

role as caregivers (Park *et al.* 2018). This may also contribute to a decrease in the levels of stress and anxiety that families often experience in challenging medical situations (Mills and Cortezzo 2020). Furthermore, by ensuring that families' emotional and psychological needs are met, this initiative can improve their overall well-being (Beacham *et al.* 2008). As such, these initiatives improve patient care experiences and outcomes and strengthen social support structures that help families better cope with health-care challenges (Ocloo *et al.* 2020).

**Funding.** The authors declare that no funding was received for this paper.

**Competing interests.** The authors declare no conflict of interest in this paper.

## References

- Ateş G, Ebenau AF, Busa C, *et al.* (2018) "Never at ease" – Family carers within integrated palliative care: A multinational, mixed method study. *BMC Palliative Care* 17(1), 1–11. doi:10.1186/s12904-018-0291-7
- Azoulay E, Chaize M and Kentish-Barnes N (2014) Involvement of ICU families in decisions: Fine-tuning the partnership. *Annals of Intensive Care* 4(1), 1–10. doi:10.1186/s13613-014-0037-5
- Beacham BL, Deatrick JAMY and Elmore S (2008) 基因的改变NIH public access. *Bone* 23(1), 1–7. doi:10.1037/a0026796.The
- Chien WT and Norman I (2009) The effectiveness and active ingredients of mutual support groups for family caregivers of people with psychotic disorders: A literature review. *International Journal of Nursing Studies* 46(12), 1604–1623. doi:10.1016/j.ijnurstu.2009.04.003
- Digby R, Winton-Brown T, Finlayson F, *et al.* (2021) Hospital staff well-being during the first wave of COVID-19: Staff perspectives. *International Journal of Mental Health Nursing* 30(2), 440–450. doi:10.1111/inm.12804
- Dreier D, Blagorazumnaya O, Balicer R, *et al.* (2020) National initiatives to promote quality of care and patient safety: Achievements to date and challenges ahead. *Israel Journal of Health Policy Research* 9(1), 1–16. doi:10.1186/s13584-020-00417-x
- García-Navarro EB, García Navarro S and Cáceres-Titos MJ (2023) How to manage the suffering of the patient and the family in the final stage of life: A qualitative study. *Nursing Reports* 13(4), 1706–1720. doi:10.3390/nursrep13040141
- Harding AJE, Doherty J, Bavelaar L, *et al.* (2022) A family carer decision support intervention for people with advanced dementia residing in a nursing home: A study protocol for an international advance care planning intervention (mySupport study). *BMC Geriatrics* 22(1), 1–10. doi:10.1186/s12877-022-03533-2
- Hawthorne DM and Gordon SC (2020) The invisibility of spiritual nursing care in clinical practice. *Journal of Holistic Nursing* 38(1), 147–155. doi:10.1177/0898010119889704
- Lajante M, Prete MD, Sasseville B, *et al.* (2023) Empathy training for service employees: A mixed-methods systematic review. *PLoS One* 18(8), 1–32. doi:10.1371/journal.pone.0289793
- Mills M and Cortezzo DME (2020) Moral distress in the neonatal intensive care unit: What is it, why it happens, and how we can address it. *Frontiers in Pediatrics* 8(September), 1–10. doi:10.3389/fped.2020.00581
- Ocloo J, Goodrich J, Tanaka H, *et al.* (2020) The importance of power, context and agency in improving patient experience through a patient and family centred care approach. *Health Research Policy and Systems* 18(1), 1–16. doi:10.1186/s12961-019-0487-1
- Öhlén J and Friberg F (2023) Person-centred conversations in nursing and health: A theoretical analysis based on perspectives on communication. *Nursing Philosophy* 24(3), 1–12. doi:10.1111/nup.12432
- Östlund U, Brown H and Johnston B (2012) Dignity conserving care at end-of-life: A narrative review. *European Journal of Oncology Nursing* 16(4), 353–367. doi:10.1016/j.ejon.2011.07.010
- Ouyang B, Wang JJ and Jasmine Chang AC (2022) Patients need emotional support: Managing physician disclosure information to attract more patients. *International Journal of Medical Informatics* 158(November 2021), 104674. doi:10.1016/j.ijmedinf.2021.104674
- Park M, Giap TTT, Lee M, *et al.* (2018) Patient- and family-centered care interventions for improving the quality of health care: A review of systematic reviews. *International Journal of Nursing Studies* 87(July), 69–83. doi:10.1016/j.ijnurstu.2018.07.006
- Rawlings D, Devery K and Poole N (2019) Improving quality in hospital end-of-life care: Honest communication, compassion and empathy. *BMJ Open Quality* 8(2), 5–8. doi:10.1136/bmjopen-2019-000669
- Scott AM (2014) Communication about end-of-life health decisions. *Annals of the International Communication Association* 38(1), 243–277. doi:10.1080/23808985.2014.11679164
- Smith MA, Bröchner AC, Nedergaard HK, *et al.* (2023) "Gives peace of mind" – Relatives' perspectives of end-of-life conversations. *Palliative and Supportive Care* 22(1), 1–8. doi:10.1017/S1478951523001633
- Tramonti F, Giorgi F and Fanali A (2021) Systems thinking and the biopsychosocial approach: A multilevel framework for patient-centred care. *Systems Research and Behavioral Science* 38(2), 215–230. doi:10.1002/sres.2725
- Weihls K, Fisher L and Baird M (2002) Families, health, and behavior – A section of the commissioned report by the committee on health and behavior: Research, practice, and policy division of neuroscience and behavioral health and division of health promotion and disease prevention institute. *Families, Systems, & Health* 20(1), 7–46. doi:10.1037/h0089481