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Proposing an Integrative Perspective in Palliative Care Regarding Psychological Factors and Prosocial Behavior as Determinants of Grief Reactions

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Abstract

Introduction : Palliative care (PC) aims to improve the quality of life for patients facing life-threatening illnesses and their families by addressing physical, emotional, and spiritual needs. While significant progress has been made in understanding the medical aspects of palliative care, the psychological dimensions of grief reactions remain a vital area for exploration. Psychological factors (PF) play a critical role in shaping individuals' experiences of grief in palliative care settings.

Objectives : Factors such as coping strategies, emotional regulation, and attachment styles influence the way individuals process and adapt to loss. By acknowledging these factors, healthcare providers can tailor interventions to meet the unique needs of each individual and their family, promoting effective grieving and emotional well-being. Furthermore, prosocial behavior (PB), encompassing acts of kindness, compassion, and altruism, has gained recognition as a valuable resource for individuals coping with grief.

Methods : Integrating the promotion of prosocial behavior within palliative care settings can provide opportunities for patients and families to find meaning and purpose amidst their grief, fostering a sense of connection and support. By combining knowledge from psychology and social sciences with palliative care practices, a more comprehensive approach to supporting patients and families during their grieving process can be developed.

Results: This proposed integrative perspective carries implications for healthcare professionals, policymakers, and researchers involved in palliative care.In conclusion, an integrative perspective that considers psychological factors and prosocial behavior as determinants of grief reactions can potentially enhance the quality of palliative care interventions.

Conclusion : By recognizing the complex interplay between these factors, healthcare providers can offer more comprehensive support to patients and families, facilitating healthier grieving processes and improved overall well-being in the face of life-threatening illnesses.

Keywords: Palliative care (PC), psychological factors (PF), prosocial behavior (PB), healthcare providers, grief reactions.

1.Introduction

One of the most traumatic situations is often thought to be losing a close family member. Empirical research has studied the effects of grief on health throughout the years. Bereavement raises the risk of death and the usage of medical services, which is one of the study's key conclusions (Lenzo and Quattropani, 2023). Regional palliative care networks (PCN) are becoming more and more popular across the world as a means of integrating treatment and building responsive, cost-effective systems in multi-agency settings. They provide a thorough approach to assessing PCNs that emphasizes the kind and degree of interprofessional cooperation, community preparedness, and client-centered care. For children whose lives are restricted, pediatric palliative care takes a comprehensive

approach that includes symptom treatment, psychological support, and bereavement care (Aidoo and Rajapakse 2019). In recent years, Europe's elderly population has grown, and illness patterns have changed, leading to an increase in cancer, neuro vegetative, and chronic disease patients. Doctors should be well educated to give patients with good palliative care (PC) since many illnesses may present with challenging indications that follow complicated pathways near the end of life. Bereavement increases the risk of death and the usage of medical services, which is one of the study's key conclusions. Although there are many different ways to respond to sorrow, this case is notable for the ones that result in psychiatric disorders. Commonly regarded as two of the most prevalent symptoms among the bereaved, depression and anxiety significantly reduce the quality of life.

This commission's major goal is to show that PC helps cancer patients in high- and middle-income nations, regardless of the predicted course of treatment. The two paradigms may be thought of as representing two different civilizations. Internal medicine, a branch of conventional medicine, is where the foundations of oncology may be found. The widespread demonstrations of solidarity and prosocial behavior in many parts of the globe were an unusual reaction to the epidemic (Van Niekerk et al., 2019). The variables influencing prosocial and solidarity behavior, which are seen as parts of the same concept in this research, among South Africans during the second COVID-19 wave. Oncology is mainly concerned with the idea of acute care. Beginning in the middle of the 1960s, hospice and palliative care were created outside of the primary healthcare systems and were often funded by philanthropic groups. Bereavement and palliative care have existed for many years. Dame Cicely Saunders coined hospice care to refer to specialist treatment for the terminally ill. The quality of life throughout the dying phase was prioritized in 1997. A life-threatening, life-limiting, or deadly illness may now be identified earlier in pregnancy thanks to technological advancements, allowing families the chance to decide whether to continue the pregnancy and make preparations for the delivery and the postpartum period. Improving the quality of life for families and unborn children who have terminal or life-limiting diseases is the goal of a perinatal palliative care (PnPC) program. However, a combined incidence of 9.8% of the bereaved acquires the illness known as Prolonged grieving Disorder (PGD) among the many grieving responses.

A preventative strategy is crucial since those who develop a PGD incur enormous medical expenditures. This suggests a thorough comprehension of the protective and risk variables that may reduce or raise the possibility of the disorder's emergence. It is vital to have a peek into the elements that increase the likelihood of having unhelpful responses to grieving. Palliative care is very important for empirical study and clinical practice. To fight stigma and support the protection and enhancement of older individuals' mental health, it is essential to emphasize and promote the positive aspects of aging, such as resilience, wisdom, and prosocial behaviors (Reynolds et al., 2022). Family members who have lost a loved one may feel severe grieving responses; as a result, bereavement support is an essential part of palliative care. It is difficult to argue against the fact that specific vital issues are raised when strong grieving responses are seen as mental disorders. Research over the years has shown that following the loss of a loved one, a small but significant fraction of people acquire PGD, and they may be in danger of stigmatization. Stigmatization of people with PGD may hurt prevention and seeking out professional care. The presence of a chronic grieving response, defined by intense desire or longing for the departed person, along with an obsession with thoughts or memories, and the loss of a loved one for at least 12 months are the diagnostic criteria for PGD. Identity disturbance, severe emotional agony, and emotional numbness associated with the loss are other PGD symptoms. Multiple factors contribute to the lack of or delayed commencement of palliative care (PC) in chronic obstructive pulmonary disease (COPD). It is still impossible to start providing palliative care as soon as COPD is diagnosed (Rajnoveanu 2020).

2. Literature Review

Dowling and Roche-Fahy 2019 make it easier to comprehend the challenges faced by regular non-specialized nurses trying to understand and implement the palliative care philosophy to patients in an acute care context. Metaxa et al ., 2021 explored the relationship between the two, namely if assisting others might elevate the sense of purpose the helper feels. The studies were arranged by how empathy was measured. Meta-analyses were calculated when needed. Participants who scored better on prosocial knowledge in both investigations exhibited more outstanding prosocial behavior. They evaluated the number and types of palliative care interventions used in the ICU setting, their impact on ICU practice, and differences in palliative care approaches across different

countries by conducting a systematic review of randomized clinical trials and observational studies. Fidan 2022 looked at activities related to poverty have also just started on the topic of intergroup prosocial behavior, which has lately started to be included in the discipline of social psychology. Dzierżanowski 2021 examined terminologies that are often employed in light of historical precedent, current medical advancements, and societal issues. Also distinguished are phrases like hospice, supportive, end-of-life, and respite care which are similar yet separate. Philip et al., 2021 focused on chronic obstructive pulmonary and interstitial lung disease. We conducted a comprehensive assessment of all papers reporting on referral criteria to palliative care in advanced nonmalignant respiratory illness. Through the perspective of Self-Determination Theory, the article sought to examine possible divergence and convergence concerning healthcare professionals' and patients' acceptance of the use of telehealth within palliative care services. Keenan, 2021 explored the activities relating to poverty that have also just started in the topic of intergroup prosocial behavior, which has lately started to be included in the discipline of social psychology. Although PC implementation is still lacking in certain nations, Parkinson's disease (PD) sufferers are increasingly realizing the value of PC (Chaudhuri et al., 2021). Mondejar-Pont et al., 2019 aimed to define integrated palliative care (IPC) uniformly and to pinpoint the factors that help or obstruct the creation of an integrated palliative care system (IPCS).

3. Methodology

We examine viewpoints on psychological elements and prosocial conduct as predictors of grieving responses in the descriptive portion of this article on palliative care. The connections between prosocial activities and personality characteristics may be significant, although they are not always clear-cut. It is conceivable to predict that prosocial conduct acts as the moderator of the association between insecure attachment and mentalizing deficiencies and the likelihood of PGD in order to answer this issue (Figure 1).

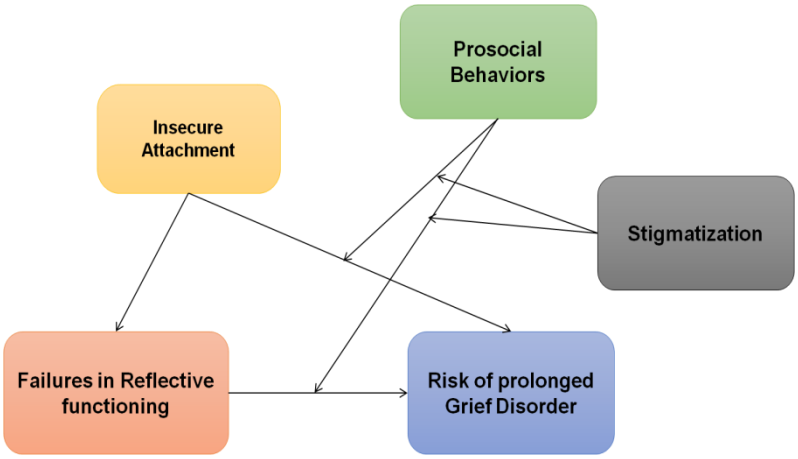

Figure 1: Conceptual Model

3.1 Bereavement and palliative care

More than 180,000 cancer-related fatalities were recorded in Italy, according to current estimates, while approximately 40,000 patients got home care for their condition. The likelihood of complex grief in patients' families receiving palliative care is higher. Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with a life-threatening illness. Palliative care's primary goal is to relieve pain and other symptoms harming a patient's quality of life.Even while complicated mourning has not received much attention, another goal is to assist the families of the deceased. This means that the designation of bereavement assistance as "the forgotten child" of palliative care is not accidental. The public health approach to providing bereavement care seems to be characterized by inadequate resources for those who need psychological assistance.Even though difficult grief avoidance should be their primary focus, not all palliative care provides bereavement support programs. Professionals continue to use outdated beliefs that lack an empirical basis, even though bereavement assistance is still understudied. At best, some of these earlier views saw sorrow as a series of stages that needed to occur one after the other to be most effective.However, a model of the phases

of sorrow does not adequately account for the unique requirements of informal carers of patients receiving palliative care, particularly when they experience sadness. In this sense, thinking about the progression of sorrow through time may be helpful. Or, in another way, the time just after the loss may be marked by misunderstanding regarding one's emotional condition. The general intraindividual tendency may be influenced by elements like social support. Another caution relates to the antecedent predictors of grief trajectories.However, a model of the phases of sorrow does not adequately account for the unique requirements of informal carers of patients receiving palliative care, particularly when they experience sadness. In this sense, thinking about the progression of sorrow through time may be helpful. Put another way, the time just after the loss may be marked by misunderstanding regarding one's mental condition, according to research that included a sample of 28 recent widows. The general intraindividual tendency may be influenced by elements like social support. The antecedent predictors of grief trajectories are the subject of another word of caution. Unexpectedly, the robust pattern characterized by modest sadness throughout time was the most prevalent. Instead, the general mourning pattern was uncommon enough compared to other designs.Research has tried to shed light on the psychological components of the potential for grieving disorder. Nevertheless, there is still a lack of information about palliative care. Some scholars have focused on the critical significance of attachment type as a means of better understanding the significant variety in mourning responses.Losing a loved one may compromise the attachment system. For instance, 157 family caregivers of cancer patients who got palliative home care were included as a sample in the research; the avoidance attachment high order factor and its two components decreased the effect of perceived support on the severity of grief symptoms. The need to combine psychological and social components was another pertinent research conclusion. Thus, doing so may provide a means to understand the interaction of the many factors that cause grief response, which may enhance the effectiveness of any psychological intervention.

3.2 Insecure attachment

A newborn and their main caregiver(s), usually the mother or father, begin to build a pattern of emotional and relational instability throughout the early years of life. It is a phrase used in psychology, most notably in John Bowlby's attachment theory, which was originally put out. According to attachment theory, children develop strong emotional relationships with their caregivers to feel safe, secure, and protected. The basis for how people see and handle relationships throughout their life is laid by these early caregiver interactions. When a child's demands for emotional reactivity, constancy, and attunement from their caregivers are not satisfied consistently, insecure attachment results.

Three main forms of insecure attachment exist:

Anxious-Preoccupied Attachment: Children with this attachment type often worry about their caregiver's response and availability. They may exhibit increased emotional sensitivity, excessive clinginess, and a need for reassurance. These people often have trouble trusting others and may dread being abandoned.

Avoidant Attachment: Children who resist connection sometimes downplay their emotional needs and put themselves at an emotional distance from their caregivers. They could emerge as self-sufficient, independent, and contemptuous of emotional ties. This attachment style is characterized by difficulties in closeness, emotional expression, and possible suppression of attachment demands.

Disorganized Attachment: A combination of nervous and avoidant behaviors, as well as disordered or irregular reactions, define this attachment type. Children with a disordered attachment pattern could act in conflicting ways, such as approaching their caregiver while seeming scared or frozen in their presence. This attachment pattern is often linked to unpredictable or traumatic parenting situations.

It's important to realize that attachment styles may alter over time and can be influenced by several factors, including therapy, networks of support, and later-life experiences. To encourage healthy attachment patterns and partnerships, understanding insecure attachment may help people and professionals recognize and address the underlying emotional and relational difficulties.

3.3 Risk of Prolonged GriefDisorder

An intense and protracted kind of sorrow that lasts longer than what is thought to be a typical mourning phase is known as "Prolonged Grief Disorder (PGD)." PGD is a recognized clinical condition often referred to as complicated grief or persistent complex bereavement disorder.

It is normal to feel various emotions throughout the mourning process after losing a loved one, including grief, rage, and longing. However, those with PGD have a protracted and profound mourning process, which has a significant negative influence on their everyday lives and general well-being.

When someone has prolonged grief disorder, they often exhibit the following symptoms for at least six months before receiving a diagnosis:

1. **Intense longing and yearning**: A great desire to be with or be reunited with the departed, as well as continuous and deep thoughts or preoccupations about them, are present.

2. **Emotional pain and sadness**: Concerning the loss, the person feels intense emotional sorrow, grief, and distress. Feelings of meaninglessness, loneliness, and emptiness may accompany this sadness.

3. **Difficulty accepting the loss**: People with PGD may have trouble understanding the death of a loved one, often finding it difficult to understand or cope with the reality of the loss.

4. **Avoidance of reminders**: They may purposefully steer clear of circumstances, places, or people that make them think of the dead. Their capacity to carry out everyday tasks and preserve social bonds may be hampered by this avoidance.

5. Intense emotional reactions: Due to the loss, the individual may feel strong emotions such as rage, remorse, resentment, or unfairness. Their capacity to function may be hampered by these intense feelings.

6. **Impairment in daily functioning:** The capacity of the person to participate in everyday tasks, such as job, social relationships, and self-care, is severely hampered by prolonged grief disorder. It could result in a reduction in general performance and well-being.

3.4 Failures in Reflective Functioning

The term failures in reflective functioning describe problems or constraints in a person's ability to comprehend and make sense of their ideas, emotions, and intentions, as well as those of others. The idea of reflective functioning comes from attachment theory and is essential to the establishment and maintenance of safe partnerships.

To reflect on one's own mental and emotional states as well as to sympathize with and comprehend the inner experiences of others, one must possess reflective functioning. It enables people to handle social situations, control their emotions, and build deep relationships with others.

People may struggle with the following when reflective functioning is impaired:

Lack of self-awareness: They could struggle to identify and comprehend their feelings, ideas, and intentions. Confusion, impulsivity, and a constrained sense of oneself might result from this.

Limited empathy: People who struggle with reflective functioning may struggle to grasp other people's views and feelings. They could have difficulty recognizing other people's needs and exhibit insensitive or dismissive conduct.

Emotion dysregulation: A person may have trouble controlling their emotions if they have difficulty reflecting. The person may struggle to recognize and comprehend their feelings, which may cause emotional reactivity, mood fluctuations, and stress management issues.

Interpersonal conflicts: Inability to reflect might make it more challenging to establish and sustain good relationships. The person may have trouble reading others' intentions, misread social signs, and have difficulty building closeness and trust.

Rigid thinking patterns: People may think rigidly or in black-and-white, without the capacity to consider diverse views or use flexible problem-solving techniques. This may limit their capacity to successfully deal with difficulties and adjust tonew circumstances**.**

It's crucial to remember that problems in reflective functioning may result from various situations, such as adverse early experiences, trauma, uneasy connection, and specific mental health issues. In therapy contexts, it may be crucial to acknowledge and deal with these shortcomings since doing so can help people become more self-aware, have better interpersonal interactions, and have better emotional health overall.

3.5 Prosocial Behaviors

Prosocial activities and behaviors are designed to aid or benefit others and are often motivated by empathy, compassion, and a feeling of moral obligation. These deeds are selfless acts that advance the welfare, happiness, and well-being of particular people or society at large.

Prosocial conduct may appear in a variety of forms, such as:

Helping others: Doing acts of compassion, support, or aid to lessen suffering or attend to the needs of others. This may include rendering assistance, delivering consoling support, or carrying out actual duties.

Sharing and cooperation: sharing resources, time, or expertise voluntarily with others, encouraging justice and cooperation. This might include lending items to others, participating in group activities, or combining to achieve a shared objective**.**

Empathy and compassion: Demonstrating awareness of, and sensitivity to, the feelings and experiences of others. Prosocial people often demonstrate empathy and compassion by paying close attention while others speak, providing consolation, and expressing interest in their well-being**.**

Altruism: Doing acts of selflessness without anticipating compensation. Altruistic actions include serving others' needs, even at a personal expense or sacrifice.

Volunteering and philanthropy: Engaging in philanthropic work, community service, or providing money to groups or causes that benefit weaker populations or solve social concerns.

Acts of fairness and justice: Acting in a manner that supports social justice, equality, and fairness. This may include opposing discrimination, promoting the rights of disadvantaged groups, or bringing into question unjust practices.

Through the promotion of social cohesiveness, the development of meaningful connections, and the satisfaction of societal demands, prosocial actions improve the well-being of both people and communities. Individual elements (such as empathy, ideals, and moral convictions), societal norms, and environmental circumstances shape these actions. As prosocial activities encourage the development of positive connections, empathy, and a feeling of social duty, they are crucial for creating a caring and supportive society.

Stigmatization

Stigmatization is socially discrediting or undervaluing people or groups because of their traits, actions, or other qualities. It entails applying unfavorable labels, preconceptions, and biases to people, which often results in their exclusion, marginalization, and discrimination. Various factors, such as color, ethnicity, gender, sexual orientation, physical or mental impairment, religion, or social position, may lead to stigmatization. It may sustain inequality and strengthen societal divides by negatively affecting people's opportunities, social interactions, and self-esteem.

4. Results

4.1 Palliative care program in Hospitals

The number of hospitals having a palliative care program and the percentage of hospitals with a program are shown in Table 1 for the years 2000 to 2016. Palliative care programs were available in 650 hospitals in 2000, but that number will rise to 1831 facilities in 2016.

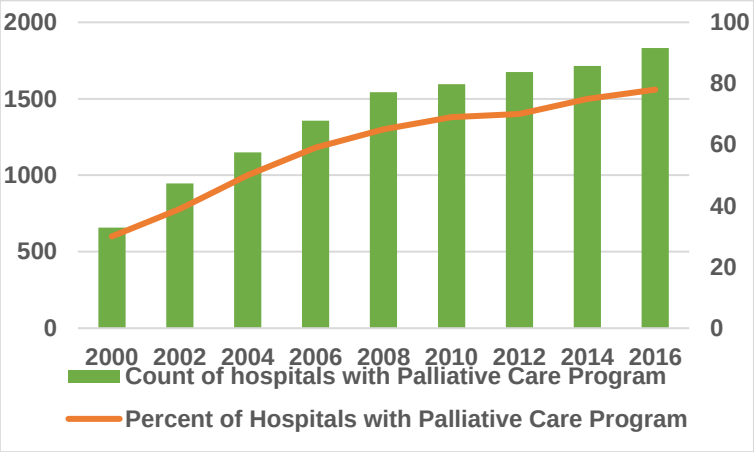

Figure 2 Palliative care program in Hospitals

Table 1: Hospital palliative care programs from 2000 to 2016

Year	Count of Hospitals with Palliative Care Program	Percent of Hospitals with Palliative Care Program
2000	658	30
2002	946	39
2004	1150	50
2006	1357	59
2008	1544	65
2010	1595	69
2012	1676	70
2014	1714	75
2016	1831	78

4.2 Estimated population needing palliative care

According to projection method 2 (which assumes yearly change), between 2014 and 2040, the number of persons who pass away between the ages of 0 and 44 who are likely to need palliative care will decrease from 6465 to 3891. Similarly, owing to anticipated mortality reductions in this age range, as shown in Figure 3 and Table 2, the requirement for palliative care in the 45-69 age group will decrease from 46,201 to 31,132.sss

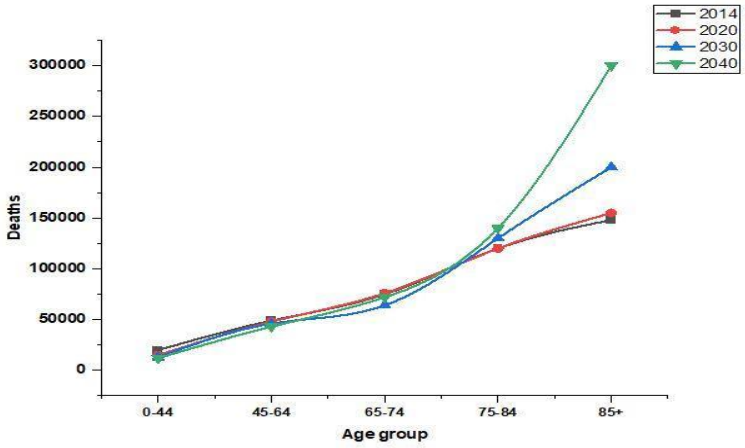

Figure 3 Estimated population needing palliative care

Table 2: Estimated population needing palliative care, by age, from 2014 to 2040

Age group	Deaths			
	2014	2020	2030	2040
0-44	20000	15000	13000	12000
45-64	49000	48000	46000	43000
65-74	75000	76000	64000	72000
75-84	120000	120000	130000	140000
85+	148000	155000	200000	300000

4.3 A Case for Palliative Care in Outpatient and Inpatient

Our outpatient and inpatient treatments provide therapeutic settings that help patients feel more empowered and confident about managing their disease. We provide integrated palliative care, which means we collaborate with medical, surgical, and radiation oncologists to manage patients at many phases of their disease, including when they are first diagnosed while undergoing treatment, and while still experiencing symptoms.

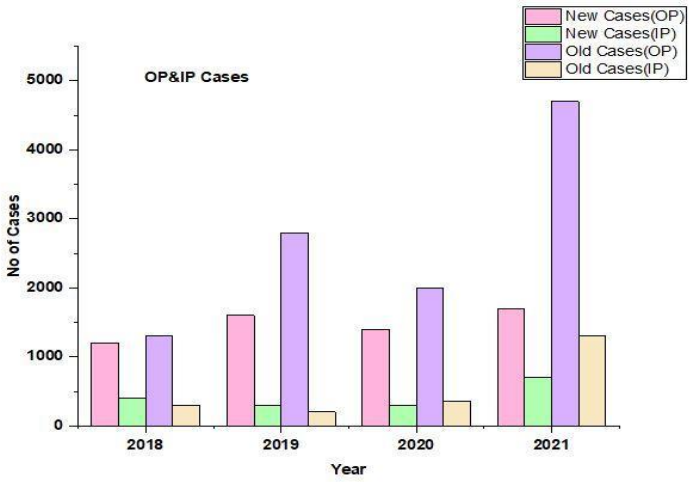

Figure 4: A Case for Palliative Care in Outpatient and Inpatient

Table 3: OP & IP Cases for palliative care

Year	No of Cases			
	New Cases(OP)	New Cases(IP)	Old Cases(OP)	Old Cases(IP)
2018	1200	400	1300	300
2019	1600	300	2800	200
2020	1400	300	2000	350
2021	1700	700	4700	1300

5. Discussion

The psychological mechanisms behind grief responses have received a lot of research. Theoretical phases of grief identified by bereavement theories, however, have raised several significant problems. The notion that grief resolution evolved linearly is a significant flaw in this kind of paradigm.The data seems to provide a diverse picture of the elements behind grieving emotions. First off, unlike what would be anticipated, the majority of those exposed to potentially stressful experiences showed psychological resilience.Furthermore, the linear model cannot adequately describe the complexity of grieving emotions. Another significant drawback is the potential for pathologizing sorrow by establishing a mental condition associated with it.Literature has been heavily contested from its inception, but most individuals were in agreement that the Prolonged Grief condition could be classified as a mental condition.

Although many people participate in bereavement support programs, family caregivers' friends or relatives may stigmatize the mourning person's symptoms.The term prosocial refers to any purposeful activity intended to help another person. Prosocial habits emerge early in infancy and are crucial to human survival. There is evidence that being prosocial generates social support, encourages resilience, and enhances both mental health and quality of life. However, both favorable and unfavorable psychological circumstances might lead to prosocial conduct. Prosocial activities may contribute to grieving responses in the bereaved, even though research has mainly focused on its development. Prosocial activity surrounding grieving caregivers may promote PGD prevention. For instance, family groups made up of people who have similar situations may be able to support the grieving carers by exchanging coping mechanisms. Aside from that, additional prosocial actions recommended by family groups, such as consoling the injured, might lessen mental anguish and the risk of stigmatization. Understanding the connections between these factors in this study area is still tricky, and further research is required. Personality characteristics have been linked to social conduct norms, according to research.However, the potential for psychopathology might impair moral judgment and prosocial action. Knowledge of prosociality would have a lot of additional practical benefits outside of improving our understanding of grieving emotions. Numerous studies have shown evidence that shows prosocial behavior may lessen stress.

Prosocial responses to negative moods, such as assisting, sharing, caring, and soothing, unquestionably reduce emotional discomfort. As was previously mentioned, the intensity of symptoms seems to be correlated with high degrees of insecure attachment. Low degrees of clarity regarding mental states are also often linked to increased anxiety and depressive symptoms. Social support is crucial for family caregivers of patients receiving palliative care, with few exceptions.The connections between prosocial activities and personality characteristics may be significant, although they are not always clear-cut. To address this problem, it is possible to suggest that prosocial behavior functions as a modulator of the link between insecure attachment and mentalizing deficits and the risk of PGD.Particularly at this moment, a fuller comprehension of the connections between individual variances in personality characteristics and prosocial conduct may, at the very least, result in more effective psychological therapies. Prosocial behavior is essential, as the COVID-19 epidemic has shown. Even while protective characteristics like resilience help to reduce it. Prosocial activity is thus crucial to lowering the pandemic's possible harmful effects. In conclusion, more emphasis should be paid to the psychological reasons for unfavorable

grieving reactions and the connection between social behaviors and grief as part of a more proactive plan to prevent PGD among family caregivers of patients who died in palliative care.

6. Conclusion and Implications

It's vital to remember that system integration, however beneficial, requires time and effort from the whole spectrum of palliative care providers, from hospitals to independent practitioners. Numerous crucial elements for the operation of the palliative care system are included in the conceptual framework that has been suggested. This is the first step in guiding assessment so that suitable measures may be developed to better encourage cooperation within the PCN and, ultimately, provide the best palliative care possible while meeting the needs and expectations of patients.Network-integrated care is driven primarily by the need to meet the complicated therapeutic and social support demands of palliative patients in an efficient, affordable way. The paradigm put out is a first step in directing assessment so that suitable measures may be developed to further encourage cooperation within the PCN and, eventually, provide the best palliative care possible that satisfies patients' needs and expectations.

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