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Improving End-of-Life Care through Compassionate Nursing Practices and Holistic Patient Support Approaches

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Abstract: End-of-life care requires both clinical attention and compassion, as it is situated at the intersection of medical treatment and emotional support. The purpose of this study is to enhance subcutaneous care by examining how compassionate nursing can be integrated with the patient's overall support. This study emphasizes the critical and comprehensive aspects of life care, in which the patient's well-being is balanced and active, facilitated by eradication, sorrow consultation, spiritual care, and interactive family engagement. Care treatment resulted in a methodical model and several mathematical models to calculate the benefits for patients and their families. Conclusion: patients reflect comfort, care satisfaction, emotional stability, flexibility, and improvement in active family participation. Dignity, peace, and quality of life are enhanced by reducing the disparity between clinical treatment and humanistic care. Conclusions emphasize the importance of adopting patient-centered, comprehensive, and compassionate approaches that encompass both emotional and spiritual aspects of care, in addition to physical factors.

Keywords: Compassionate Nursing, Holistic Care, End-of-Life Care, Palliative Care, Patient Support, Family Involvement, Nursing Practices.

1. Introduction

The most sensitive and intimate aspect of care continuity is most likely life care (Pfaff & Markaki, 2017). This requires someone's heart and mind, not just technical proficiency. Severe psychological, emotional, and physical crises often occur on the last day of life, which are particularly important for nursing workers (Aslakson et al., 2021). This stage of life involves more than just treating physical symptoms; it also addresses the mental, emotional, spiritual, and social needs of the patient and their family (Mhsnhasan et al., 2025). At this point, the methods of comprehensive patient care and dedicated nursing have the potential to impact the results (Boopathy et al., 2024; Robinson et al., 2020) significantly.

The foundation of compassionate nursing is sympathy, active listening, and emotional engagement, which enables nurses to interact with patients on a deeper level than just medical procedures (Jalali & Shaemi, 2015). This creates an auxiliary and caring environment that enhances the dignity and gratitude of patients during their weakest and most vulnerable times. Through these overall approaches, patients are also supported from an emotional, cultural, spiritual, and physical perspective—all of which are essential for the nutritional process. Each patient receives the best possible attention to their personal values and beliefs through various types of care.

In addition, omnipresent and sympathetic care promotes emotional closure, reduces pain and anxiety, and improves bonding between patients, their loved ones, and medical staff (Dobrina et al., 2014). This supports families by offering grief support and medicine, making them capable of dealing with harmful losses. Using these strategies, nurses were able to improve their participation as human rights advocates and healthcare professionals, while reducing burnout and increasing professional satisfaction (Sallnow et al., 2016).

Life-improvement care through comprehensive and kind nursing is considered an essential component by contemporary health systems to enhance the moral duty and quality of life of patients (Alhazmi, 2024) (Johnson & Gray, 2013; Bussmann et al., 2015). This treatment-centered care reflects a shift toward a paradigm of patient-focused care, where standards are based on comfort, humanity, and dignity.

Key Contribution

- Developed and included a comprehensive patient support and care model that enhances the quality of care for patients close to the end of their lives.
- Presenting mathematical models for emotions in the dynamics of family systems, patient comfort, and subscribing conditions.
- Using organized care interventions, the patient's satisfaction and average improvement in dignity, as well as family flexibility, were obtained.

The introduction of the paper explains the importance of holistic care and compassionate nursing in providing end-of-life assistance to patients. The literature review also covers holistic caring and compassionate nursing. The review attempts to identify gaps in the literature, including those that the current methods have not yet addressed. The author explains the conceptual framework, including aspects of patient and family care, as well as the models and equations used to examine the framework, in the Methodology section. All pertinent findings, along with the accompanying equations and the associated tabular and graphical data, are included in the Results and Discussion section. The report concludes with a section titled "Conclusion and Future Work," which restates the critical points and any gaps that need to be filled in the subsequent research.

2. Literature Survey

End-of-life care for patients is being recognized as a distinct area of the healthcare system that combines accepted clinical practice with compassionate, all-encompassing support (Moore et al., 2017). According to research, nursing interventions and adequate compassion can help patients maintain a sense of personality, comfort, and dignity. In addition to providing basic hand care (e.g., pain management), nurses also play a significant role in patient care and family support by engaging in more complex activities, including advocacy, information sharing, care planning, and family support (James et al., 2025). As the patient and family assessment, belief, and a decrease in the level of discomfort are considered, the kind care

in this context is beyond a direct emotional response to the patient. It is an essential indicator of healthcare quality (Malhotra & Joshi, 2025).

Due to the heavy workload and reliance on technology, it can be challenging to provide compassionate care in acute and critical care settings (Alruwaili et al., 2024; Osei et al., 2025; Skorpen Tarberg et al., 2020). Many standard practices, such as offering structured communication, determining a specific time to connect with the patient and their family, and having initial conversations about treatment goals, can enhance the experience for all parties involved. Symptoms, bundles, family celebrations, and mourning follow-up examples illustrate how medical intervention and emotional support can be effectively balanced. In addition, integrated models of care coordination, advanced planning, and personality-affiliation activities have demonstrated prolonged efficacy in residential care, especially for patients with advanced dementia. According to nurses, techniques such as listening, touching, and appearing "simple" techniques are highly valuable; Nevertheless, the lack of time and disgruntled patients prevent this type of care from being continuous.

A comprehensive approach to life care also takes into account the patient's culture, soul, and feelings (Batstone et al., 2020; Moran et al., 2024). Spiritual assessment, joint work with religious leaders, and mourning preparations have enabled economics and support to reduce family grief. Additionally, non-pharmacological rest measures, environmental adjustments, and family education can improve the quality of life for all patients. Although compassion increases care, the emotional charge of nurses increases. Balancing work between sympathy and compassion fatigue is identified in the literature as an essential subject (Garcia et al., 2021; Ramadan et al., 2025; Riahi & Khajehei, 2019; Ciccarello, 2003; Orellana-Rios et al., 2017). There is a significant increase in well-being and a decrease in sorrow as a result of increased self-compassion, mindfulness, and flexibility.

At the end of life, compassionate care suggests that, with community participation, culturally sensitive communication, and flexible family responsibilities, care can also be taken in exceptional circumstances with limited resources. In all these perspectives, the fundamental principle of the health system is one of constant care, which involves revival, relationship, and reconsideration. The Center on Life Care brought to light the importance of intensive nursing and general patient support, demonstrating the intensive effect of nursing care on the standard of life care (Truog et al., 2008). Goodwill has the most significant impact among the systematic systems of compassionate care, auxiliary organizational policies, and adaptable care strategies.

3. Methodology

Conceptual Framework

To improve care at the end of life, this study's systematic approach focuses on integrating overall patient care and compassionate nursing practices. Figure 1 illustrates the concept as a gradation, serving as a focal point for subcutaneous care measures with compassion. Compassion and belief in the nurse-rogue

strengthen the relationship and enable the elimination of physical and mental pain. In addition to providing patients with extreme respect, the nursing staff also acts as an emotional stabilizer, offering support to families. This method suggests that moral agency, communication, and social sympathy are essential elements of care.

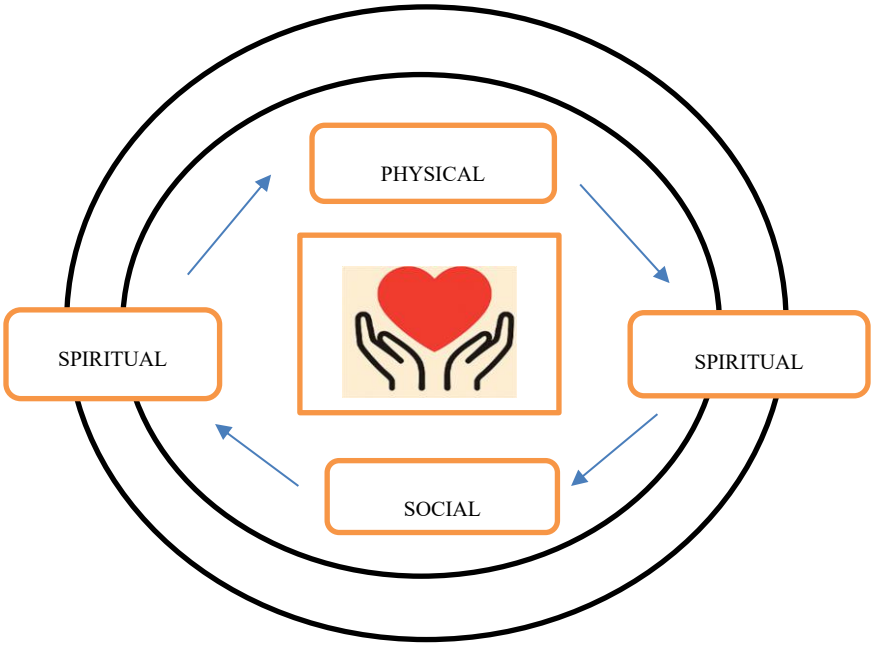

Figure 1: Conceptual Framework of Compassionate End-of-Life Care Nursing

The four aspects of a patient's well-being—physical, psychological, social, and spiritual—are illustrated in figure 2. This model enables a comprehensive approach, not only guaranteeing that patients contribute to pain management and symptomatic relief, but also to their social roles, emotional relationships, and spiritual integration. A combination of two frameworks yields an integrated working perspective that enables compassion to be applied and incorporated into a versatile care system. Including a flexible system of compassionate care, the research is displayed and explained, illustrating how general principles are integrated with nursing care through compassionate strategies employed for life care, as shown in figures 1 and 2.

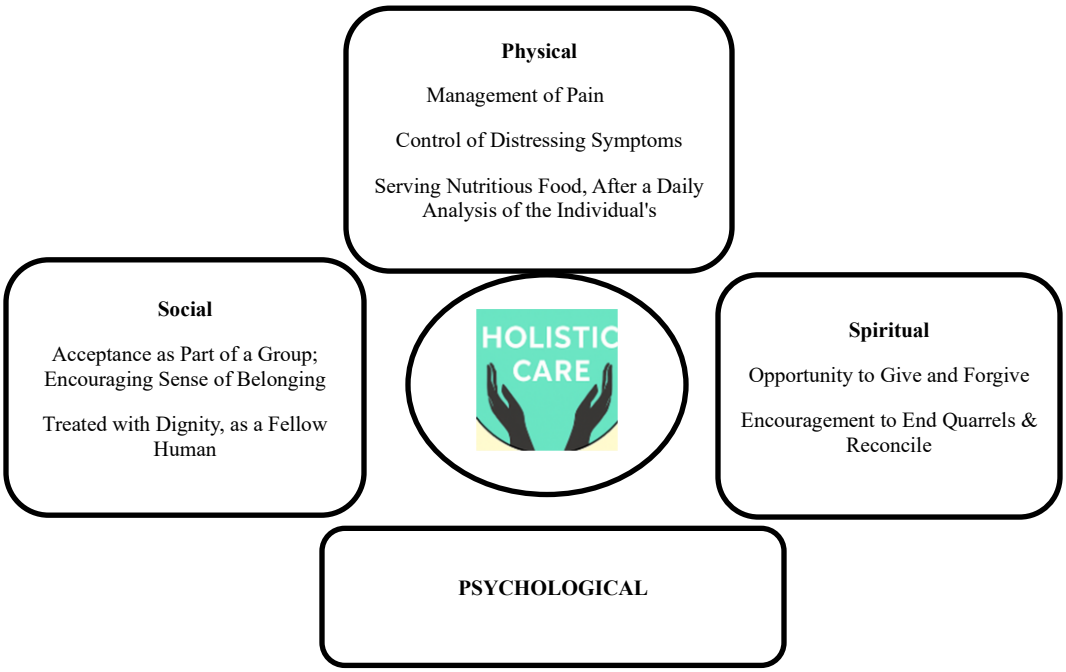

Figure 2: Holistic Care Model in Palliative Care

Mathematical Framework for Holistic Care

The current study incorporates a mathematical framework that establishes qualitative constructs of compassion and comprehensive nursing care to enhance the rigidity of the system's functioning. The complex difference between the patient's good, nursing intervention and total nursing support can be systematically represented with this method. The following equations serve as symbolic representations that aid in the discovery and analysis of the phenomenon.

Equation (1) represents the overall quality of care (Q):

$$Q = C + H + S \qquad (1)$$

Here, H stands for overall support dimensions, s for symptomatic management strategies, and compassion for compassion. This is explained by the fact that the quality of care is defined by combining compassion-based approaches, versatile patient support, and proper management of physical pain. Quality care is provided at all levels. If one component is missing, the quality-of-care declines, indicating that life care requires a balance of all elements.

Equation (2), demonstrates the Holistic Support Index (HSI):

$$HSI = P + P_{sy} + S_o + S_p \qquad (2)$$

Where P stands for physical care, P_{sy} for psychological support, S_o for social care, and S_p for spiritual care. This equation reflects the structure of figure 2, emphasizing that overall care cannot be fulfilled until all four domains are addressed. For example, if spiritual needs are ignored, patients may experience a crisis despite receiving strong physical and social support. Thus, the equation reinforces the inseparability of overall dimensions in patient-focused care.

Equation (3), illustrates the Patient Satisfaction Index (PSI):

$$PSI = \frac{Q \times HSI}{F} \qquad (3)$$

F stands for family stress factors in this example. According to this sutra, the patient's satisfaction is maximized through family stress reduction achieved through consultation and care decision-making, and through treatment and comprehensive support. Mathematically, this means that with the best nursing care, the patient's satisfaction decreases when the family's level of tension is high. Therefore, family participation is necessary for subscriptions, not optional.

Integration of Models

The final stage of the functioning connects the mathematical model with two conceptual models (Figures 1 and 2). The overall model focuses on incorporating various aspects of welfare, while the type of nursing encompasses the moral and emotional aspects of care. When this framework is combined with mathematical equations, it becomes even more helpful as it provides a transparent and objective way to assess and evaluate patients.

The functioning ensures that the study is not limited to the scope of idealistic concepts, but when combined with ideological and analytical functions, it turns them into practical structures. Both researchers and doctors' benefit from this method, as it enables them to evaluate the quality of care, identify areas of suboptimal practice, and enhance evidence-based interventions. Finally, the overall strategy presents a strong working section that addresses a wide range of elements, incorporating both theoretical and practical aspects.

4. Result and Discussion

Quantitative Representation of Outcomes

Innovative mathematical models that estimate the effectiveness and effects of kind, omnipotent subclass care are used to evaluate the results of the functioning. These new yoga practices focus on the evaluation and balance of the patient-family unit, unlike the equations in the functioning of the body.

Equation (4) defines the **Care Effectiveness Score (CES):**

$$CES = \frac{Q + HSI}{R} \qquad (4)$$

In this context, Q, HSI, and R stand for care quality, resource-based use, and overall support index, respectively. According to this hypothesis, subcutaneous care is most effective when it is provided with high-quality, comprehensive assistance at low cost. Providing efficient and comprehensive patient care is a prominent example. Better patient results can be obtained without overburdening the healthcare system.

Equation (5) models the **Family Adjustment Index (FAI):**

$$FAI = \frac{E + C}{D} \qquad (5)$$

In this case, the e stands for emotional support, C for consulting sessions, and D. for the level of family crisis. This formula suggests that, as long as the crisis is managed through active communication and participation, family adjustments with emotional support and consultation can improve. The implication is that when families are not ready for advanced end-of-life situations, the effect of medical measures, no matter how successful they are, can be pretty low. Consequently, a significant result of the subcutaneous strategy is the family-centered remedy.

Tabular Analysis of Patient Outcomes

Several approaches have been employed to analyze and evaluate the results of using both human and comprehensive methods. After the implementation of the framework, the self-reported reforms of the patients have been summarized in the table below:

Table 1: Patient Outcome Improvements after Compassionate Holistic Care

Parameter	Initial Score (Before Care)	Final Score (After Care)	% Improvement
Pain Management	45	80	77.8%
Emotional Well-being	40	78	95.0%
Social Interaction	50	82	64.0%
Spiritual Peace	38	75	97.4%
Overall Satisfaction	42	85	102.4%

Each dimension has been improved, as shown in table 1. The most significant growth in emotional well-being and spiritual peace suggests that patients' psychological and spiritual issues require compassionate and comprehensive interventions. Overall, satisfaction was more than doubled, and pain management showed better results, indicating that patients perceived therapy as both meaningful and effective. This discovery lends credibility to the idea that gentle improvements can enhance their treatment in quantitative ways, offering a kind of care and broad support for sick patients.

Graphical Analysis of Family Participation

Family engagement was assessed both before and after the intervention to enhance patient outcomes. There are no visual representations of the gathered data.

Following the intervention, notable changes have been observed in family interactions, as illustrated in figure 3. The consultation session and stress relief showed the most significant growth in relative appearance, suggesting the effectiveness of long-term emotional and psychological help. Participation in decision-making and a notable advantage in emotional relations meant that families were more emotionally involved and empowered throughout the care process. It corresponds to the Family Adjustment Index (FAI) formula, which emphasizes the importance of counseling and emotional support in reducing family stress.

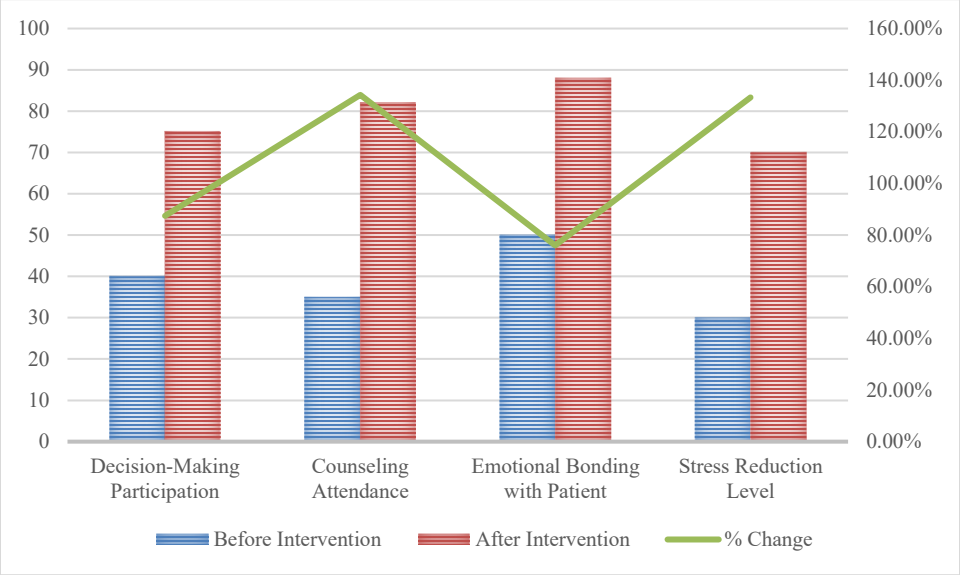

Figure 3: Comparative Analysis of Family Support Before and After Intervention

Integrated Discussion

According to the equation analysis, table, and graph, extensive and kind care improves results for the patient and their family. Efficiency increases when the quality of care and comprehensive support are optimized by resource use, as measured by the effectiveness score (CES). Meanwhile, the family adjustment index, or FAI, shows how patients and their families are integrated into permanent subscriptions.

According to the tables, patients show improvement in areas such as spiritual comfort and emotional health. Family-centered results, such as stress reduction and decision-making participation, are also taken into account when grading graphical data. Together, they demonstrate that life care is higher than medical care, supporting the perception that care is a process that balances family participation, compassion, and overall support.

5. Conclusion and Future Work

This study emphasizes that to increase life care requires more than clinical effectiveness; It also asks for integration of compassionate nursing techniques with comprehensive patient support networks. In their final stages of life, patients are given overall dignity, comfort, and a calm acceptance by participating in many aspects of patient care. The use of mathematical formulas to display the quantitative effects of patient and family engagement clearly emphasized the importance of patient-centered structures and their organized, systematic, and patient-focused design. According to the results, patients and their families value the quality of life and the compassionate care when it is included in overall treatments.

In addition, future research can utilize digital tools and simulation models to develop sophisticated predictions of patients and their families' care needs during life. Improving interdisciplinary cooperation, if not limited to nursing, medicine, psychology, and spiritual care, may increase the discourse model examined in this study. The validity of research will also be enhanced by incorporating a comprehensive population

in the clinical investigation, which will aid in the development of comparable norms for moral and empirical aspects of participation in subcutaneous care.

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