

# OPIOID USE IN PALLIATIVE CARE: A QUALITATIVE STUDY AND ASSESSMENT OF PATIENTS' QUALITY OF LIFE AT ANUTAPURA HOSPITAL, PALU, INDONESIA

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## ABSTRACT

Palliative care, being a state of care for patients with terminal conditions, often utilizes opioid analgesics to manage the moderate and severe pain endured by the patients. Despite their powerful painkiller, opioids are notorious for their negative consequences on several aspects of the users' health. To investigate the knowledge, perceptions, and experiences, as well as the quality of life of patients receiving opioids in palliative care. This study is a descriptive qualitative design with a phenomenological approach. Of the 14 opioid users identified between 2023-2024 in palliative setting, with purposive sampling approach, we recruited 5 (five) eligible patients who were willing to participate in the study. We interviewed the patients using the developed questionnaire, referencing the existing published opioid qualitative literature. The eight qualitative questionnaire domains were: (1) Pain/physical ailments (2) Resources/Support system, (3) Knowledge and Awareness of The Medication, (4) Functionality, Autonomy, and Mobility, (5) Physical, Emotional, and Psychological health, (6) Coping/Resources, (7) Feeling of security in treatment, (8) Hope. Furthermore, we added patients' clinical data from the medical records, and quality of life measured with the SF-12 questionnaire. It is worth noticing that the patients perceived inadequate information about the holistic aspects of opioid use. Regardless, the patients still found that the opioids were viable for their pain management. However, they were still somehow worried about the side effects of the drugs. In general, judging from the SF-12 measurement, the patients had good health conditions. Despite the viability of the opioid drugs in pain management, participants' knowledge of opioids as strong analgesics could still be improved. The opioid users were also still concerned about addiction, physical dependence, and other side effects. Overall, the patients felt the opioids' benefits, as shown by their relatively good health conditions and quality of life.

**Keywords:** narcotics, interview, qualitative study, pain, palliative

## INTRODUCTION

Palliative care is a type of care designed for patients and their families facing incurable or terminal diseases. This care aims to improve the patient's quality of life by relieving disturbing symptoms, including reducing pain, and providing psychological and spiritual support to patients and their families (Listyarini & Alvita, 2020). The increasing number of patients requiring palliative care, both in cancer and non-cancer cases, emphasizes the importance of implementing such care in all healthcare facilities. However, it is unfortunate that only 14% of the population receives palliative care, while the remaining 86% do not have access (Witarini *et al.*, 2023).

Given that palliative patients potentially endure moderate to severe pain, opioids are prescribed as powerful painkillers (Lau *et al.*, 2021). While pain management using opioids is essential to reduce chronic pain, the possibility of side effects can limit their increased dosage and effectiveness. Therefore, it is crucial to monitor opioid side effects closely and provide appropriate treatment. Common side effects of opioid use include nausea, vomiting, itching, constipation, and drowsiness. Furthermore, opioids are widely known to be associated with drug addiction and physical dependence (Lukito, 2023).

When pain endured is too excruciating or the pain is manageable but the medications produce disturbing adverse effects, palliative patients may experience distressing feelings, which could lower the quality of life (QoL). QoL is a significant parameter in assessing patients' symptom management, treatment, and rehabilitation. When patients express concerns related to quality of life, it can trigger adjustments or changes in treatment and care approaches, even suggesting that some therapies provide only limited benefits (Haraldstad *et al.*, 2019). Quality of life can be influenced by several factors consisting of

sociodemographic factors (gender, age, ethnicity, education, occupation, and marital status), medical factors (length of illness, length of treatment, stage of disease, comorbidities, and medical management undertaken), and psychological factors (depression and social support) (Teten, 2023).

In addition, as pain is subjective and so is medication use compatibility, it is important to explore patients' knowledge, perception, and experience with opioid use, especially among patients with advanced stages of disease (e.g., in palliative care). Anutapura Palu General Hospital is one of the largest hospitals in Central Sulawesi Province, especially in Palu City. This hospital has special programs and services that deal with various chronic health conditions, including pain management and opioid use. Although the hospital has no specific palliative care departments, it recognizes and classifies patients for medication therapy adjustments based on the disease severity. In 2024, 10 patients were identified as opioid users, specifically morphine. Based on the description above, we intend to investigate the palliative patients' knowledge, perceptions, and experiences on their pain management with opioids as well as their QoL in general during medication use.

## METHODS

### Study design

This study employed a descriptive qualitative research method with a phenomenological approach. The subjects were patients who were on opioids treated at the Anutapura Hospital, Palu, Indonesia [Tadulako University Medical Faculty Institutional Review Board (IRB) approval #: 1087/UN 28.1.30/KL/2024]; written informed consent was obtained from each patient.

The purposively sampled patients were interviewed using a developed questionnaire referencing the published opioid qualitative study literature. The interview was recorded followed by the collection of medical record data. Upon the completion of the interview, a full script of the patients' interview was created for further steps of the study. For the QoL, the 12-Item Short Form Health Survey (SF-12) scores were adapted and calculated using the OrthoToolKit QoL calculator (<https://orthotoolkit.com/sf-12/>).

## Population and samples

The population was all palliative patients captured based on the hospital data, who were prescribed opioids for their pain management (i.e., MST (Morphine Sulfate Tablet), which was the sole opioid formulation used). We tracked patients with opioid prescriptions during 2023-2024 and contacted them. Among 14 opioid users identified between 2023-2024 in palliative setting, with purposive sampling approach, we recruited 5 (five) eligible patients (adults >18 years old who were willing to participate in the study). Those who did not have clear study-necessary clinical data or had passed away were excluded. Patients with caregivers to clarify information given by the patients were still included. Overall, we ensured all information was obtained from the very patients interviewed. After applying all the criteria, we had 5 patients as the final sample.

## Study instruments

### *Open-ended Questionnaire*

We developed a set of questions based on the Phenomenology Approach, which focuses on gathering information from subjects solely based on their experiences. We adapted questions from Romero (2019) and Coyle (2013) to fit this approach. The questionnaire encompassed eight domains with itemized questions below:

1. Pain/Physical Ailments
  - How are you today?
  - What is your current illness?
  - How would you rate your current health?
  - How would you describe the pain related to your illness when it occurs?
2. Resources/Support System
  - What role does your family or those closest to you play in handling your illness and treatment?
3. Knowledge and Awareness of Medication
  - Do you know what opioid painkillers are?
  - Have healthcare workers explained the use and details of opioid painkillers to you?
  - Do you know if you have been prescribed opioid painkillers? (If not, the interviewer will inform you of the type prescribed.) If yes, can you name the drug?
  - Are you currently using these opioid painkillers?
  - How often do you use them (only when in pain or regularly)?
  - When did you start taking opioid pain relievers?
  - What do you see as the advantages and disadvantages of using opioid pain relievers?
  - Does your family or close ones know you are taking opioid pain medication? If so, what is their view?
4. Functionality, Autonomy, and Mobility
  - How is your life now compared to before you started using opioid painkillers? Have they been effective in managing your pain?
  - Have there been any changes in your social or work relationships due to the use of opioid painkillers?

5. Physical, Emotional, and Psychological Health
  - Have you experienced any physical, emotional, or psychological effects from using opioid pain relievers in your daily life?
  - Do you feel dependent on opioid painkillers?
6. Coping/Resources
  - What strategies do you use to deal with the side effects or risks of using opioid painkillers?
7. Feeling of Security in Treatment
  - How did you react when your doctor prescribed opioid painkillers?
  - Have you ever been concerned about the side effects or adverse effects of opioid painkillers?
  - If you had to continue taking opioid painkillers for the next five years, what would you think?
8. Hope
  - What are your expectations for your health journey in the future? Are there any plans or steps you want to take to achieve these goals?

### QoL measurement with SF-12

The SF-12 questionnaire is a short version of the SF-36 health survey which has 12 questions and the aspects of the question are the same as the SF-12 including physical function, physical role, body pain, general health status, vitality, social role function, emotional role function, and mental health (Putra *et al.*, 2022). The scoring system of the SF-12 quality of life questionnaire is that scores above 50 indicate better than average health quality of life, while scores below 50 indicate below-average health (Romero, 2019).

### Data collection

Data collection is based on primary data and secondary data. Primary data in this study were obtained directly from open-ended interviews with patients who used

opioid painkillers in palliative care at Anutapura Palu Hospital. Primary data from respondents were obtained directly from the results of the SF-12 questionnaire and patient interviews. Secondary data in this study were obtained from medical records and the identity of patients who used opioid painkillers in palliative care at Anutapura Palu Hospital.

### Data analysis

The data analysis of this research was carried out descriptively, which is an analysis method used to describe the characteristics of the research subject. For the initial content analysis of the data, each line of the text was the unit of analysis. The researcher coded for meaning clustered codes into conceptual categories and identified the need for further data collection for clarification or expansion of categories. After the formal data collection, the steps taken for data analysis are outlined in Table 1. This report explores the conceptual categories related to pain and opioid use.

**Table 1. Steps Taken for Qualitative Data Analysis after the Formal Data Collection**

- All interview transcripts were examined thoroughly and repeatedly to gain an overall understanding of the content.
- Extracting relevant and significant statements and selecting keywords from the selected statements by coding them.
- Identifying the meaning of the keywords to form categories
- Organizing the formulated meanings into theme groups and re-reading all categories to compare and find similarities between them.
- Grouping similar categories into sub-themes and themes.
- Integrating the research results into a complete description of the phenomena experienced by the participants.

## RESULTS AND DISCUSSION

The total number of participants interviewed was 5 out of 10 patients identified from the medical record search. Some patients refused to give statements in this study for personal reasons and some patients passed away at the time of the study. The duration of the interview varied between 7 to 15 minutes.

In addition to interviewing patients, the researcher also used the patient's medical records to find out the main diagnosis and comorbidities of the patient. For the measurement of quality of life, this study was conducted using the SF-12 quality of life questionnaire instrument.

Based on Table 2, this study involved five participants at Anutapura Palu Hospital, consisting of three men and two women, aged 33 to 80 years. Three participants had non-university education, and two held bachelor's degrees. Employment status revealed three unemployed and two employed individuals. Diagnoses included breast cancer (2 participants), congestive heart failure (CHF) (2 participants), and chronic obstructive pulmonary disease (COPD) (1 participant). Comorbidities were hypertension (2 participants), and anemia, dyspepsia, and unstable angina pectoris (UAP) (1 participant each). PCS scores were good for three participants and unfavorable for two, while all participants had good MCS score.

**Table 2. Participant characteristics**

Code	P1	P2	P3	P4	P5
Gender	Female	Female	Male	Male	Male
Age	33 years old	39 years old	66 years old	63 years old	80 years old
Education	S1 (Bachelor's)	SMP (Junior High)	S1 (Bachelor's)	SMA (Senior High)	SMP (Junior High)
Occupation	Housewife	Housewife	Pastor	Farmers	Head of family
Main diagnose	<i>Ca mammae</i>	<i>Ca mammae</i>	<i>Congestive Heart Failure</i> (CHF) + (CHF)	<i>Congestive Heart Failure</i> (CHF) + <i>Chronic Obstructive Pulmonary Disease</i> (COPD)	<i>Congestive Heart Failure</i> (CHF)
Comorbid	Hypertension	Anemia	Dyspepsia	Hypertension	<i>Unstable Angina Pectoris</i> (UAP)
<i>PCS</i>	52 (good)	52 (good)	52 (good)	39 (not good)	42 (not good)
<i>MCS</i>	53 (good)	51 (good)	53 (good)	51 (good)	50 (good)

## General Condition of Participants Receiving Opioids

In general, the condition of the participants was described in two expressions: the condition at the time of the interview and the pain experience. Participants P1, P2, and P3 reported that their condition at the time of the interview was better than before.

"Alhamdullilah, I can do my activities as usual" (P1)

"Alhamdulillah, I feel good even though yesterday it had dropped" (P2)

"I feel better today than yesterday, which was in pain due to pain. the doctor also said that he was allowed to go home today from the hospital" (P3).

The expression of the participant's condition that was short of breath and difficult to make the participant feel not in a fit state was experienced by P4 and P5.

"Currently, I still feel shortness of breath and difficulty breathing, you could say there has been no change" (P4).

"There is still no change today but it is still difficult if I want to eat" (P5).

Three pain experiences conveyed by participants were grimacing, stabbing, and disturbing. The expression of the pain experience felt by a participant to grimace was conveyed by P3. Participants indicated that the pain was so intense that it was difficult to endure. The expression of the pain experience felt by participants as stabbing was conveyed by P1 and P2. Participants indicated that the pain sensation was very sharp and piercing, similar to the sensation of being stabbed or cut. The expression of pain experiences felt by participants to interfere with activities was conveyed by P4 and P5. Participants indicated that the level of pain felt was very high, exceeding the usual tolerance limit.

"When the pain comes, it hurts so much that I grimace, the pain is extraordinary" (P3).

"It feels bad, the chest hurts like being stabbed" (P1)

"Like being stabbed, just pain when the pain suddenly comes" (P2).

"Once the pain cannot be endured it is very disturbing" (P4)

"Words cannot express how much it hurts to the point of disrupting activities" (P5).

In general, patients who use opioids feel that their current health is better than before. The relatively good general condition of patients receiving opioids indicates that although they feel serious pain related to their medical conditions, they can live their daily lives as seen from the relatively good quality of life assessment using the sf-12 questionnaire instrument. Based on the results of the interview, two participants felt that they were not in a fit state and two participants felt better condition due to the positive effects of using opioids in reducing the pain they experienced. This is consistent with existing published literature stating that opioids are used in treatment for moderate to severe pain in cancer and non-cancer pain (Yun *et al.*, 2021). The pain experience felt was that one participant had pain to the point of grimacing, two participants felt the pain was like being stabbed and two participants felt pain to the point of interfering with activities. Of course, patients with chronic pain feel this way. Evidently, patients suffering from terminal illness experience distinctive characteristics compared to other diseases. They experience a gradual increase in symptoms and pain levels over time (progressive), until they reach a stage that is often referred to as the final phase of life (Sari *et al.*, 2019).

## Importance of Support System in Pain Management of Individuals Receiving Opioids

The two supports provided to participants were emotional support and informational support. Emotional support provided by the support system to participants was felt by P2 and P3. Participants showed emotional support in the form of accompanying during treatment.

"My wife always accompanies me and takes me to treatment because my children have all grown up and migrated" (P2).

"Usually I go for treatment alone, but sometimes my first child accompanies me" (P3).

Emotional support provided by the support system to participants was felt by P4 and P5. Participants showed emotional support in the form of paying attention while undergoing treatment.

"Yes, my first child and the last child who took me for treatment and always gave me support and attention" (P4).

"My son definitely always pays attention to my health by seeing the progress of my condition every day" (P5).

The support provided to P1 is in the form of information about treatment and advice in solving participants' problems.

"My husband, who always gives advice when there is a problem, also reminds me of the treatment schedule for the hospital" (P1).

Support from family can provide much-needed support for patients, making them feel supported, understood and cared for in their journey of managing chronic pain. In addition, the family can also help in monitoring the patient's responses. Based on the results of the interview, there are two supports provided to participants, namely

emotional support such as accompanying and giving attention and informational support such as information about treatment and providing advice. It is established that the role of the family is an important aspect in managing patient pain. The support provided by the family includes attention, motivation and always their presence near the patient, this is useful for raising the patient's spirits. In the context of health, the family serves as a source of information for family members who are experiencing pain.<sup>12</sup> With this role, the family provides support through encouragement, information about health, and supervision of the patient's daily activities.<sup>13</sup>

## Knowledge of Opioids

This knowledge included participants' understanding of the nature of opioid narcotics as well as the information they received from health professionals regarding the use of these drugs. The knowledge participants received from health workers about opioids included the rules of use, but they did not receive a complete explanation. Two participants stated that they received information, but only about the rules of use. The other three participants said that there was no comprehensive explanation about opioids. P1 and P2 revealed that health workers had explained but only the rules for using opioids. P3, P4 and P5 revealed that health workers did not provide explanations regarding the use of opioids.

"yes, I was told about the rules of use" (P1)

"It has been explained that this is a pain medication that must be taken according to the doctor's prescription or the rules of use" (P2).

"nothing, just given and then told to take the medicine" (P3)

"There is no explanation, only told not to forget to take the medicine" (P4)

"until now no one has come to explain" (P5)

Knowledge of opioid use, especially knowledge of the narcotic properties and information on drug use, is a key element in patients' understanding of their treatment. Based on the results of the interviews, participants in this study revealed variations in their level of knowledge, which was influenced by the information they received from health workers. Health workers, including pharmacists, have a great responsibility in ensuring the welfare of patients. This responsibility not only includes the provision of physical care, but also includes a moral obligation to support patients in facing the end of life with peace and dignity, as well as the professional duty to provide comprehensive drug information based in accordance with applicable regulations, particularly for controlled substances like opioids (Lau *et al.*, 2021).

While some participants received explanations from health workers, the information provided was often limited to the rules of use.<sup>14</sup> They were simply given the medication and instructed to take it, without further explanation of possible side effects or the proper way to use it. On the other hand, some participants stated that they did not receive adequate explanation from health workers regarding opioid use. This may be influenced by several factors, including the high workload experienced by health workers. High workload in health workers affects their ability to meet job demands and feel satisfaction in ensuring patient safety and providing high-quality care.<sup>15</sup>

### **Level of Effectiveness of Opioids In Pain Management (Functionality, Autonomy, And Mobility)**

Two main ideas regarding the effectiveness of opioids in relation to social or occupational change. The two effectiveness of opioids mentioned by participants were reducing pain and improving conditions. The expression of the

effectiveness of opioids in reducing pain experienced by participants was conveyed by P1 and P2. Participants felt that their current pain was less than before.

"This medicine is very helpful for my pain" (P1)  
"yes, it is effective in reducing pain" (P2)

The expression of opioid effectiveness in improving the condition of the disease experienced by participants was conveyed by P3, P4 and P5. Participants felt that their disease condition was better than before.

"Before I often felt sick but since taking this medicine I feel my condition is much better, I think it's effective" (P3).

"I think it has been effective because my condition is getting better every day" (P4)

"yes, it is effective, my condition is much better" (P5).

Two impacts of pain and opioid use on social or work activities, namely experiencing changes and not experiencing changes P1 and P2 stated that although opioids were proven effective in reducing pain, it does not automatically make them more social or active outside.

"since I got sick, I've been at home more so I rarely interact with people" (P1)  
"maybe you can't do work that is too heavy" (P2)

P3, P4, and P5 stated that although they experienced pain and used opioids, they felt there was no change in their social or work life.

"there is no change" (P3)  
"normal, nothing" (P4)  
"nothing, still as usual"(P5)

Opioids were proven to be effective in pain management, making them the first

choice of treatment in certain medical conditions. However, despite being able to reduce or even eliminate pain, opioids do not necessarily improve or assist in participants' social and work activities. Based on the results of the interviews, most participants revealed that opioids were effective in reducing the pain they experienced, and some other participants felt that although their pain was reduced, this did not make them more social or active outside the home. This is consistent with the findings that the use of opioids makes some individuals even avoid talking about more common pain topics during social interactions.<sup>16</sup>

### **Effect of Opioid Use on Self (Physical, Emotional, and Psychological)**

Three expressions of the effects of opioid use on oneself are physical, emotional and psychological changes and opioid dependence. Physical changes experienced by participants during opioid use included drowsiness, dizziness, decreased appetite and difficulty defecating as stated by P1, P4 and P5.

"I became sleepy quickly" (P1)

"sometimes I feel sleepy, my head is also dizzy" (P4)

"I become lazy to eat, I can only eat 3-4 spoons at a time and have difficulty defecating" (P5).

Emotional and psychological changes experienced by participants during opioid use include worry, anxiety and emotionality conveyed by P2 and P3

"I become anxious easily and feel excessive worry" (P2)

"the effect is only to feel sleepy the rest is not there, in fact, before using opioids I became more emotional from holding back the pain" (P3).

Participants in this study revealed the effects of opioid use including feeling

dependent and not feeling dependent. Participants in this study revealed that they felt dependent on the use of opioids in managing pain conveyed by P1 and P2.

"yes, I feel a little dependent because when pain is sought after this drug" (P1)

"Yes, I feel dependent because every time I have pain I always look for this medicine" (P2).

Participants in this study revealed that they did not feel dependent on the use of opioids conveyed by P3, P4 and P5.

"so far nothing because the medicine is taken according to what the doctor said" (P3)

"I feel no dependence on this drug" (P4)  
"it's normal, not dependent" (P5)

The use of opioids in pain management can impact a person's physical, emotional and psychological health. Although effective in reducing pain, opioids also have the potential to cause significant side effects and the risk of dependence. Based on the interview results, some participants felt physical changes such as drowsiness, dizziness, constipation, and lack of appetite. Emotional changes such as anxiety and worry, as well as limitations in carrying out daily activities have a major impact on the psychological and spiritual aspects of patients and caregivers.<sup>17</sup> Common side effects of opioid use include nausea, vomiting, itching, constipation, and drowsiness. One of the most serious side effects is respiratory depression.<sup>4</sup> Dependence on opioids is a problem recognized by some patients. This has been in accordance with the literature the adverse effects of long-term opioid use include the risk of dependence and serious side effects, including overdose which can be life-threatening or non-fatal.<sup>16</sup>

## Opioids' Side Effect Management Strategies

The three expressions of strategies used by participants included resting, taking traditional medicine and being left alone. Participants in this study had a strategy to manage opioid side effects by resting, as done by P1, P2, and P5.

"Just rest more and find activities that make you happy" (P1)  
"Just rest a lot at home and don't need to think too much" (P2)  
"I just take it to sleep or rest in the room" (P5).

Participants in this study have a strategy for managing opioid side effects, namely by resting and taking traditional medicine, as done by P3.

"I usually rest a lot and take traditional medicine" (P3).

Participants in this study had a strategy to manage opioid side effects by waiting for them to subside, as done by P4.

"I just wait for the pain to disappear because it usually goes away by itself" (P4).

Opioid use is often accompanied by various side effects that can interfere with the participant's daily life. Participants in this study used a variety of strategies to manage opioid side effects, with variations in health management. These strategies included resting, taking traditional medicine, and letting the side effects go away on their own. Opioid analgesics are useful for treating pain, but their use can be limited by potentially negative side effects.<sup>18</sup> To manage these side effects, patients can adopt several lifestyle change strategies, such as resting, reducing activity, changing diet, taking traditional medicine, taking vitamins or supplements, reading books, doing moderate exercise, and practicing yoga and meditation.<sup>18</sup>

## Feelings Of Safety in Opioid Treatment

In general, participants felt safe and trusted health professionals. However, concerns about side effects and the perceived long-term use of opioids were also major concerns. Participants in this study expressed reactions to opioid side effects, namely worrying that side effects were getting worse and not worrying. Participants' reaction to opioids was to worry about side effects getting worse. As stated by P2 and P5.

"I'm worried that the side effects might be more or worse" (P2)

"Yes, I am worried because of the age factor, I am also afraid that it will get worse and worse"

Participants' reactions to opioids were not worried about side effects. As stated by P1, P3 and P4,

"so far the side effects are not too disturbing so it's okay" (P1)

"never worried because the side effects are not severe" (P3)

"no worries" (P4)

Participants in this study expressed views on long-term opioid use, namely accepting and rejecting. Participants' views on long-term opioid use are accepting if the condition is still sick and following the doctor's recommendations. As stated by P3,

"If I am still sick and the doctor says I have to use the medicine, I will definitely keep taking it" (P3).

Participants' views on long-term opioid use are to reject the use of opioids in the long term. As stated by P1, P2, P4 and P5

"I don't think I need to take medicine for the next 5 years" (P1)

"actually I don't want to continue taking medicine for a long time" (P2)

"if it's not necessary, it's better not to take it anymore" (P4)

"I disagree because I hope that when I return home from this hospital, I don't need to take a lot of medicine" (P5).

The use of opioids in medicine, particularly for pain management requires special attention regarding the patient's sense of safety. Although opioids are effective in controlling pain, various factors influence patients' perception of the safety of this treatment. Based on research conducted, feelings of safety in opioid treatment are influenced by trust in health professionals, concerns about side effects, and views on long-term opioid use. Based on the results of the interviews, it shows that in general, participants feel confident and trust in the health workers who treat them. According to Susanto (2020)<sup>14</sup> that in terminal conditions or nearing the end of life, patients often do not have enough power to express their opinions. Therefore, medical decisions are usually left entirely to health professionals or the patient's family. Despite trust in healthcare professionals, concerns over opioid side effects remain a significant issue. Participants' views on long-term opioid use also varied, and this affected their feelings of safety in treatment. There were two main groups of accepting and rejecting views. Some participants rejected long-term opioid use for a variety of reasons, including concerns about long-term side effects and a desire not to be dependent on the drug. This is consistent with the literature that one can reject a type of treatment that only provides an uncertain and very burdensome extension of life, and prolongs suffering.<sup>14</sup>

### Expectations About Future Health

The three hopes expressed by the participants were restoring health, not feeling pain, living a healthy lifestyle. Participants in this study have hopes of recovery and better health so that they can return to their normal

activities and return home as stated by P3, P4 and P5.

"Of course I want to be healthy so that I can return to my daily activities better" (P3).

"I hope to recover quickly so that I can return home soon" (P4).

"I hope to recover quickly and return home quickly and there is a decrease in symptoms or complications that exist" (P5).

Participants in this study have the hope of not feeling pain anymore so they can return to work as stated by P1

"I certainly hope I don't feel pain anymore and can go back to work" (P1).

Participants in this study have hopes of living a healthy lifestyle and participating in positive activities conveyed by P2.

"I hope I can live a healthier lifestyle and participate in positive activities" (P2).

Expectations about future health expressed by research participants included three main goals: restoration of health, freedom from pain, and living a healthy lifestyle. According to Julianto *et al.* (2020)<sup>19</sup> Hope helps a person understand the meaning of their life. Participants want health recovery that allows them to return to their daily activities without obstacles and return home in better condition, as expressed by several participants who hope to recover quickly so that they can carry out normal activities. In addition, freedom from pain is an important expectation, as ongoing pain can interfere with work and daily routines. This hope was described by participants who wanted to return to work without pain. A healthy lifestyle is also a key focus, with participants hoping to lead healthier and more active lives and participate in positive activities that support their physical and mental well-being.

This is in line with research that at a productive age, expectations are more likely to focus on recovery and returning to the world of work, while in elderly patients, expectations are more focused on the ability to carry out daily activities as usual and interact socially.<sup>20</sup>

### **Quality of Life of Participants Using Opioids at RSUD Anutapura Palu**

Based on the results of the assessment of the quality of life score of participants who used opioids at Anutapura Palu Hospital, it was found that the PCS (Physical Component Score) score with a good quality of life category was experienced by participants 1 and 2 with the main diagnosis of ca mammae and participant 3 with the main diagnosis of Congestive Heart Failure (CHF) and the PCS (Physical Component Score) score with an unfavorable category was experienced by participant 4 with the main diagnosis of Congestive Heart Failure (CHF) + Chronic Obstructive Pulmonary Disease (COPD) and participant 5 with a diagnosis of Congestive Heart Failure (CHF).

Participants with ca mammae showed good physical condition compared to participants with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). This suggests that the physical impact of CHF, especially when combined with COPD, is more severe than that of ca mammae in terms of physical quality of life. The impact of congestive heart failure can affect the physical condition which is increasingly declining or weakening, afraid if the heart disease experienced is not immediately improved because the heart is one of the important organs and if the heart is experiencing problems then health also deteriorates.<sup>21</sup> COPD patients will experience a decrease in quality of life due to the negative impact of the disease, activity limitation is the main

complaint of COPD patients which affects quality of life.

The MCS (Mental Component Score) scores of all participants had a good mental status, with MCS scores above 50. This shows that despite facing serious health conditions, participants were able to maintain their mental well-being well, reflecting effective strategies or good family support. Family is the main support system for a patient where the support provided is very influential in improving the quality of life.<sup>22</sup>

## **CONCLUSION**

In general, the knowledge of participants in this study did not fully know about opioid painkillers. This was influenced by the information they received from health workers, which was unclear. Participants' perceptions were that they did not have problems related to the use of opioid pain relievers, but were still worried about the side effects and dependence of opioid pain relievers. In addition, participants' experience of opioid pain relievers was that they generally felt that their current disease condition was better than before. This can be seen from the participants' relatively good quality of life.

## **AUTHOR'S CONTRIBUTION STATEMENT**

**Rudi Safarudin:** Conceptualized the study and designed the research methodology. Drafted the initial manuscript and contributed to revisions.

**Fyolla Patricia Panto:** Assisted in study design, developed the interview guide, and led the qualitative data collection, including patient interviews. Contributed to the interpretation of findings and manuscript writing.

**Areesh Bilal:** Assisted in qualitative data analysis and reviewed and revised the manuscript critically for intellectual content.

**Afriani Kusumawati:** Coordinated patient recruitment and data collection, ensured adherence to ethical guidelines, and contributed to data interpretation and manuscript preparation.

**Ririen Hardani:** Assisted in qualitative data analysis and reviewed and revised the manuscript critically for intellectual content.

**Eny Kustiowaty:** Assisted in the interpretation of quality-of-life measurements and integrated quantitative findings with qualitative themes.

**Irnyanti:** Provided overall supervision, contributed to study design, and critically reviewed the manuscript.

## CONFLICTS OF INTEREST

The authors declare no conflicts of interest related to this study.

## SOURCE OF FUNDING STATEMENTS

This research was conducted independently, and no financial or personal relationships influenced the study design, data collection, analysis, or interpretation of findings.

## STATEMENT OF ETHICS

This research has gone through ethical testing at Anutapura Palu Hospital with number 1087/UN 28.1.30/KL/2024.

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