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ENHANCING WELL-BEING THROUGH PROACTIVE HEALTHCARE: THE IMPACT OF ADVANCED CARE PLANNING IN EXCLUSIVE HOSPITALS

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ABSTRACT

Advanced Care Planning (ACP) enhances patient-centered care in long-term care (LTC) settings. This study assessed ACP's impact on quality of life (QoL) and healthcare utilization using a mixed-methods approach with 50 participants. Data collection included questionnaires on demographics and ACP, with a content validity index of 0.83. QoL was measured using the EORTC QLQ-C30 ($\alpha = 0.90$).Key barriers to ACP implementation included limited provider knowledge, unclear communication, time constraints, cultural beliefs, and institutional policies. Despite challenges, 72.33% of participants reported good QoL, with strong correlations between ACP, QoL ($r > 0.8$, $p < 0.05$), and Mindset ($r = 0.69$, $p < 0.05$). Mindset significantly influences ACP effectiveness. QoL is shaped by physical, emotional, and cognitive functioning, while financial burdens impact well-being. Enhancing physical health supports overall functionality, emphasizing ACP's role in improving LTC outcomes.

Keywords: ACP, LTC, QoL, HealthCare, Patient Care, PCCM, HBM

INTRODUCTION

Advanced Care Planning (ACP) in Long-Term Care Settings:

Advanced Care Planning (ACP) is a fundamental aspect of patient-centered care, particularly in long-term care (LTC) settings. It fosters meaningful discussions among patients, families, and healthcare providers to document future healthcare preferences, ensuring that medical decisions align with patients' values and wishes. In private hospitals across Bangkok, Thailand, ACP is increasingly recognized for its role in enhancing the quality of life (QoL) of LTC residents.ACP involves comprehensive conversations about future medical care, particularly for individuals who may become seriously ill or unable to communicate their decisions. These discussions help clarify care preferences, ensuring that treatment aligns with patients' personal beliefs and goals (Burghout C., *et al.,* 2023).

Key Objectives of ACP:

Enhancing Healthcare Personnel's Understanding of Patient Needs: ACP enables healthcare professionals to recognize patients' values and preferences across multiple dimensions, including physical, mental, social, and emotional well-being (Goins R.T., *et al.,* 2022). This understanding allows providers to develop personalized care plans that reflect patients' wishes.

Maintaining Up-to-Date Health Information: As a continuous and evolving process, ACP ensures that care preferences remain relevant over time. Regular updates to an individual's ACP record help accommodate disease progression and other influencing factors.

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providers. The plan informs medical teams about the patient's values and preferences, ensuring continuity of care even when care teams change or urgent treatment is required. Additionally, ACP allows patients to designate a decision-maker to advocate for their healthcare choices if necessary (Ding J., *et al.,* 2022).By integrating ACP into LTC settings, healthcare providers can deliver care that respects patients' autonomy, improves their QoL, and enhances decision-making processes in complex medical situations (Shepherd-Banigan M., *et al.,* 2022).

Advance Directives:Legal Documents for ACP:Many individuals formalize their care preferences through advance directives—legal documents that provide instructions for medical care when they cannot communicate their wishes. The two most common types of advance directives are:

Living Will: A legal document specifying the medical treatments and interventions a person wishes to receive—or avoid—if they are unable to make decisions about emergency care.

Durable Power of Attorney for Healthcare: A legal document designating a healthcare proxy (representative, surrogate, or agent) to make medical decisions on behalf of the patient if they are unable to do so. This proxy should be someone familiar with the patient's values and care preferences. Having a healthcare proxy ensures that medical decisions can still be made in unforeseen situations, such as a severe accident (Burghout C., *et al.,* 2023).

The Impact of ACP on Patient Care:Advance care planning empowers individuals to take control of their healthcare decisions, providing clarity and guidance for both families and healthcare providers. By implementing ACP, LTC facilities and hospitals can

enhance patient care, minimize conflicts, and improve the overall well-being of patients and their loved ones (Bzura M., *et al.,* 2023). ACP plays a crucial role in ensuring that patients receive medical care aligned with their values, preferences, and long-term health goals. In exclusive hospitals, where personalized and high-quality care is prioritized, ACP serves as a proactive approach to enhancing patient well-being and healthcare outcomes (Shepherd-Banigan M., *et al.,* 2022; Anderson Head B., *et al.,* 2018).

This study highlights the significance of ACP in improving QoL for patients, particularly those in LTC settings or facing chronic and life-limiting illnesses. By fostering open discussions between patients, families, and healthcare providers, ACP reduces uncertainty in medical decision-making, minimizes stress for both patients and caregivers, and ensures that treatments remain consistent with patient wishes. Furthermore, ACP enhances healthcare efficiency by guiding providers in delivering patient-centered care, reducing unnecessary interventions, and optimizing resource allocation.

In exclusive hospital settings, where advanced medical services and personalized care plans are key priorities, integrating ACP into standard practice strengthens the overall healthcare experience. By examining the impact of ACP in these settings, this study aims to emphasize its role in enhancing well-being, promoting dignity in care, and ultimately transforming the patient-provider relationship into a more collaborative and compassionate process.

LITERATURE REVIEW

This literature review explores existing research on ACP and its impact on QoL in LTC settings, with a focus on private healthcare institutions in Bangkok.This study was grounded in three key healthcare models that support the integration of Advanced Care Planning (ACP) into exclusive hospital settings (Rietjens, J.A.C *et al.,* 2017).ACP is a process that involves discussions about future healthcare choices, often including directives on end-of-life care, palliative care, and decision-making delegation. Studies indicate that ACP can improve patient satisfaction, reduce unnecessary hospitalizations, and ensure that medical interventions align with patient preferences (Sudore & Fried, 2010).

Patient-Centered Care Model (PCCM)

The Patient-Centered Care Model emphasizes the importance of shared decision-making, personalized care, and active patient involvement in healthcare planning. In the context of ACP, PCCM ensures that patients' values, preferences, and goals are respected, fostering a collaborative approach between patients, families, and healthcare providers. This model enhances trust, improves patient satisfaction, and leads to better health outcomes. (Paholpak, S., Sirisuthivoranun, P., & Boonyanurak, P. ,2019; J. Artsanthia, S. Sumet, and S. Daodee, 2020).

Health Belief Model (HBM)

The Health Belief Model provides a framework for understanding patients' perceptions, motivations, and barriers to engaging in ACP. It highlights key factors such as perceived susceptibility, severity, benefits, and self-efficacy, which influence a patient's willingness to participate in proactive healthcare planning. By addressing these factors, healthcare providers can enhance ACP adoption and encourage informed decision-making. (Bandura A., 2010; Al-Ani A, *et al.,* 2024)

Proactive Healthcare Model

The Proactive Healthcare Model shifts the focus from reactive to preventive and early intervention strategies. It promotes long-term patient well-being by integrating ACP into routine care, ensuring timely discussions about future health preferences, and reducing crisis-driven decision-making. This model aligns with ACP's goal of enhancing quality of life and reducing unnecessary hospital interventions.

These models collectively provide a strong foundation for implementing ACP in exclusive hospitals, fostering a holistic, patient-centered, and preventive approach to healthcare.

Advanced care planning consists of 3 main steps:

Step 1: Invite and allow the patient to think about what was important and valuable to the patient. Conditions that were acceptable and unacceptable to the patient The extent of treatment that was acceptable and unacceptable to the patient and what context did the patient want to happen or not want to happen when the patient's last day of life arrives? Taking into account the meaning of good death and bad death from the patient's perspective so that the patient can prepare in advance in case of a poor prognosis.

Step 2: Let the patient choose the decision maker on their behalf. This was the person the patient believes understands the patient's needs. and decide on future care that best meets the patient's needs In case the patient had to make a decision that was not specified in the plan in advance.

Step 3: The attending physician records the patient's needs in a document to communicate to the caring medical team the patient's needs. If possible, this document should be entered into the information system of the hospital that was caring for the patient, and the patient should have another copy kept with him.

A summary of the steps for planning care was as follows:

- Think about own needs. Living life the way want,
- Talk and make plans with family members, caregivers, and medical personnel,
- State care needs. On the day I can't decide for myself. What type of treatment is needed? Do not want any form of treatment, Including who will make the decision instead.
- Record the needs of what was discussed and discussed, possibly in written form. or sound recording

In Thailand, ACP is still developing, with cultural and religious factors playing a significant role in shaping patient and family attitudes towards end-of-life planning (Teerawichitchainan *et al.,* 2019). The integration of ACP in private hospital settings presents unique opportunities and challenges compared to public healthcare institutions.Thus, the researchers would like to study the impact of ACP on the quality of life of individuals in long-term care settings and healthcare utilization in the hospital or in the community, where the patients have referral systems from hospital to home following the standards for advanced care planning in Thailand.

Quality of Life in Long-Term Care Settings

QoL in LTC settings is influenced by various factors, including physical health, emotional well-being, social interactions, and autonomy in decision-making (Kane *et al.,* 2003).Effective ACP implementation has been associated with better symptom management, improved mental health outcomes, and greater family satisfaction with care (Detering *et al.,* 2010). A study by Gillick (2004) highlights that proactive discussions on ACP can reduce patient distress and improve their sense of control over their healthcare journey. In the context of Bangkok's private hospitals, where patient expectations for personalized care are high, ACP can serve as a vital tool to enhance QoL.

The Role of Private Hospitals in Bangkok

Private hospitals in Bangkok are known for their high-quality medical services and patient-centered care models. Unlike public hospitals, they often have more resources to implement ACP programs effectively. However, there are barriers to widespread ACP adoption, including:Cultural Sensitivity: Many Thai families hesitate to discuss end-of-life care due to cultural taboos.Legal and Ethical Considerations: The lack of clear policies on ACP in Thailand poses challenges for healthcare providers.(Ingleton *et al.,* 2013) Provider Training and Awareness: Ensuring that healthcare professionals are well-trained in ACP discussions is crucial for effective implementation (Houben *et al.,* 2014).

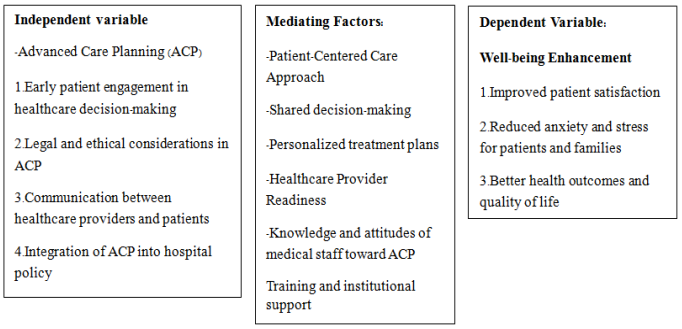
Evidence from International and Local Studies

Research from Western countries suggests that ACP leads to improved QoL for LTC patients. Detering *et al*., (2010) conducted a randomized controlled trial in Australia and found that ACP significantly enhanced patient and family satisfaction while reducing stress and anxiety. Similarly, a study by Morrison *et al*., (2008) in the U.S. demonstrated that ACP interventions in LTC settings reduced hospitalization rates and increased palliative care utilization. **Burghout *et al.,* (2023); Bavelaar*et al.,* (2022)** In the Thai context, limited studies have examined ACP in private hospitals. However, research on palliative care services indicates that when patients are involved in decision-making, they experience higher QoL (Paholpak *et al.,* 2019; Artsanthia and Chaleykitti, 2016).Expanding ACP practices in Bangkok's private hospitals could yield similar benefits, bridging gaps in end-of-life care.

From the review literature, the researcher found that Communication and Advance Care Planning are important to set directive advanced care plans with success. The expectation of death for at least three months before the event (where clinically possible) and palliative care training for GPs improve the uptake of ACP in general practice. Advance care planning (ACP) is documenting the healthcare one would want if one could not speak for oneself. (Bavelaar L.,*etal.,*2022). Advanced care plans (ACPs) increase patient-centered care and reduce caregiver burden and healthcare costs. So this study will set the objective to evaluate the impact of ACP on the quality of life of individuals in long-term care settings and healthcare utilization in private hospitals in Bangkok.

CONCEPTUAL FRAMEWORK

The framework suggests that ACP in exclusive hospitals positively influences well-being by promoting proactive healthcare planning. The impact was enhanced through effective institutional support, provider readiness, and patient-centered care practices.This study draws upon several healthcare theories and models, including:Patient-Centered Care Model (PCCM) – Emphasizing shared decision-making and personalized care.Health Belief Model (HBM) – Understanding patients' perceptions of ACP and their motivation to engage in planning.Proactive Healthcare Model – Focusing on prevention, early intervention, and long-term patient benefits.



OBJECTIVE OF THE STUDY

The objective was to evaluate the impact of ACP on the quality of life of individuals in long-term care settings and healthcare utilization.

RESEARCH METHODOLOGY

Research Design: A mixed-methods design will be used, including both quantitative and qualitative data collection. Participants will be recruited from long-term care settings in the hospital. A total of 50 participants will be recruited, with 37 receiving ACP in the quantitative study ,and 13 in qualitative study.

For qualitative study: Population: Patients and family or caregivers who need palliative care and treatment in the hospital or in the community who have ACP. **Sample size:** 13 Palliative care patients and families. Inclusion criteria: all participants are available time with ACP. Exclusion criteria: Participants could not communicate with the language Thailanguage.

For quantitative study :Sample: by using the population of patient of palliative care in end of life who admitted during 6 months in the hospital composed of 37 patients. Inclusion criteria: all participants related to the end of life and have available time, Exclusion criteria: participants could not communicate in the language Thai language.

Research instruments:

1. Questionnaires to collect basic information and ACP process.For ACP questionnaire , CVI was .83.
2. Quality of life in end-of-life care questionnaire, EORTC QLQ-C30 (version 3), healthcare utilization. Cronbach's alpha coefficient values ranged from 0.72–0.95, in this study was measure at 0.9 , illustrating the reliability of the scales measured. The EORTC QLQ-C30 (in all versions), and the modules that supplement it, are

copyrighted and may not be used without prior written consent of the EORTC Data Center. So the researcher requests permission to use the EORTC QLQ-C30 and the modules, or to reproduce or quote materials contained in this manual, at:QL Coordinator, Quality of Life Unit, EORTC Data Center, Avenue E Mounier 83 - B11,1200 Brussels, BELGIUM.

3. Guideline Interview for collecting data on the impact of ACP on the quality of life means to the quality of patient-physician communication, preference for comfort care, decisional conflict, and patient-caregiver congruence in preference and that it improved ACP documentation to improve outcomes in end-of-life care for patients suffering

Data collection will include:

1. Focus group and Surveys on quality of life and satisfaction with care
2. Medical record reviews to assess healthcare utilization and outcomes
3. Interviews with participants and their families to understand their perceptions of ACP and its impact on their care.

Data analyses: Data analysis included descriptive statistics,correlation analyses to find the relation that impact of ACP on quality of life and healthcare utilization, and thematic analysis of qualitative data.

RESULTS AND DISCUSSION

The result of qualitative data found that: Challenges and Barriers to ACP Implementation

Despite its benefits, the implementation of ACP in healthcare settings faces several challenges:

1. Limited Knowledge and Training: Many healthcare professionals lack in-depth knowledge and specialized training in ACP, even in well-staffed teams.
2. Unclear Communication: Miscommunication between healthcare teams, patients, and families can lead to misunderstandings, potentially impacting decision-making.
3. Time Constraints and Workload: High workloads among medical personnel limit the time available for ACP discussions with patients and families.
4. Inconsistencies Among Healthcare Teams: Differences in approaches among nurses, attending physicians, and palliative care specialists may create inconsistencies in ACP implementation.
5. Cultural and Religious Beliefs: The values and beliefs of patients and families may conflict with ACP principles. Some individuals may be reluctant or unprepared to discuss end-of-life care and death.
6. Changing Patient Health Status: Rapid health status changes can make previously established ACP plans obsolete. Patients and families may also change their preferences, sometimes leading to conflicting decisions—relatives may wish to prolong treatment, while patients may seek relief from suffering.
7. Institutional Policies and Guidelines: While hospitals have ACP guidelines, their application is often limited to hospice or palliative care units, restricting broader implementation.
8. Lack of Support and Resources: A shortage of trained personnel and seamless care coordination between teams often leads to discontinuity in ACP execution.

The result of quantitative data found that

The quality of life in rural areas was assessed, yielding an average score of 72.33 categorized as good. Key dimensions of functional was summarized in Table 1

Table 1Quality of life and Functional scale of the samples in the study

Items	Average (%)	Interpretation	Compared with other study	
			Average	Interpretation
QoL	72.33	Good	71.56	Good
Functional scales				
Physical functioning (PF)	35.26	moderate	83.35	Good
Role functioning (RF)	43.67	moderate	64.15	Good
Emotional Functioning (EF)	32.67	Low moderate	67.27	Good
Cognitive functioning(CF)	34.1	Low moderate	87.92	Very good
Social functioning (SF)	33.67	Low moderate	75.07	Good

From table 1 Quality of Life (QoL)Current Study: 72.33% (Good)Compared Study: 71.56% (Good)Functional scales in the current study are notably lower than the compared study.Physical, role, emotional, cognitive, and social functioning all score lower.The compared study rates these functions Good to Very Good, while the current study reports mostly Moderate or Low Moderate levels.Interpretation: Both studies show a similar good QoL, with the current study slightly higher.

Table 2:The correlation of the Advanced care plan effect with other dimensions

Correlations

		Mindset	ACP	Practice	QoL	PF	RF	SF	EF	CF	FI
Mindset	Pearson Correlation	1	.69**	.60**	.24	-.43**	-.43**	-.28	-.24	-.49**	.08
	Sig. (2-tailed)		.00	.00	.15	.008	.008	.10	.16	.002	.65
ACP	Pearson Correlation	.69**	1	.65**	.04	-.30	-.35*	-.05	-.12	-.28	-.11
	Sig. (2-tailed)	.00		.00	.81	.07	.03	.75	.47	.09	.50
Practice	Pearson Correlation	.60**	.655**	1	.05	-.18	-.25	.12	-.09	-.19	-.02
	Sig. (2-tailed)	.00	.00		.78	.29	.13	.48	.60	.24	.91
QoL	Pearson Correlation	.24	.042	.05	1	-.68**	-.64**	-.31	-.79**	-.61**	.87**
	Sig. (2-tailed)	.15	.81	.78		.00	.00	.06	.00	.00	.00
PF	Pearson Correlation	-.43**	-.30	-.18	-.68**	1	.91**	.34*	.69**	.69**	-.34*
	Sig. (2-tailed)	.008	.07	.29	.00		.00	.04	.00	.00	.04
RF	Pearson Correlation	-.43**	-.35*	-.25	-.64**	.91**	1	.13	.63**	.62**	-.36*
	Sig. (2-tailed)	.008	.03	.13	.00	.00		.46	.00	.00	.03
SF	Pearson Correlation	-.28	-.05	.12	-.31	.34*	.13	1	.36*	.46**	-.14
	Sig. (2-tailed)	.10	.75	.48	.06	.04	.46		.03	.00	.42
EF	Pearson Correlation	-.24	-.12	-.09	-.78**	.69**	.63**	.36*	1	.72**	-.58**
	Sig. (2-tailed)	.16	.47	.60	.00	.00	.00	.03		.00	.00
CF	Pearson Correlation	-.49**	-.28	-.19	-.61**	.68**	.62**	.46**	.72**	1	-.37*
	Sig. (2-tailed)	.002	.09	.24	.00	.00	.00	.00	.00		.03
FI	Pearson Correlation	.08	-.11	-.02	.87**	-.34*	-.36*	-.14	-.58**	-.37*	1
	Sig. (2-tailed)	.65	.50	.91	.00	.04	.03	.42	.00	.03	

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

QoL= Quality of Life, ACP=advance care planning,PF = Physical functioning, RF = Role functioning, SF = Social functioning, EF = Emotional functioning,CF = Cognitive functioning, FI = Financial difficulties.From the table 2,

1. **Strong Positive Correlations(r > 0.6, p < 0.01) :**

The result showed ACP and QoL($r > 0.8$, $p < 0.01$) , meaning individuals with a strong in advance care planning are more likely to engage with QoL. Mindset&ACP ($r = .692$, $p < 0.01$) ; A strong relationship between mindset and ACP, meaning individuals with a strong mindset are more likely to engage in advance care planning., PF & RF ($r = .905$, $p < 0.01$); Physical functioning is highly related to role functioning, indicating that better physical health supports better ability to perform roles in daily life.,QoL& FI ($r = .870$, $p < 0.01$);QoLwas strongly associated with financial difficulty, meaning financial stability might be a key factor in perceived overall health of QoL., EF & CF ($r = .720$, $p < 0.01$); Emotional functioning is strongly linked with cognitive functioning, suggesting that better emotional health supports cognitive abilities.

2. **Strong Negative Correlations ($r < -0.6$, $p < 0.01$):**

QoL& PF ($r = -0.676$, $p < 0.01$); Poor physical functioning is strongly associated with lower QoL perception.
QoL& EF ($r = -0.785$, $p < 0.01$);Emotional well-being is highly linked with perceived overall health, meaning mental health plays a crucial role in overall health perception.QoL& CF ($r = -0.611$, $p < 0.01$); Cognitive functioning has a strong negative correlation with QoL perception, indicating cognitive decline may lower perceived health quality.FI & EF ($r = -0.582$, $p < 0.01$); Financial impact negatively affects emotional functioning, suggesting financial stress leads to poorer emotional health.

3. **Moderate Correlations ($0.3 < |r| < 0.6$, $p < 0.05$)**

ACP &Practice ($r = .655$, $p < 0.01$); Advance care planning is moderately correlated with practice in palliative care procedure, meaning those with better ACP also tend to have higher getting good practical care.PF & SF ($r = .344$, $p < 0.05$); Physical functioning is moderately related to social functioning, meaning those who have better physical health tend to engage better in social activities.RF & EF ($r = .634$, $p < 0.01$); Role functioning is linked with emotional health, suggesting that people who can perform their roles well tend to feel emotionally better.

DISCUSSION

The current study found that the overall Quality of Life (QoL) was 72.33%, which is categorized as good, and slightly higher than the compared study (71.56%) However, despite similar overall QoL ratings, functional scales in the current study were notably lower than those in the compared study. Specifically, physical, role, emotional, cognitive, and social functioning scores were lower, whereas the compared study rated these domains from good to very good. This suggests that while general QoL perception remains positive, specific functional domains present challenges that need further investigation. (Bzura *et al.* ,(2023)

The correlation analysis provides deeper insights into factors influencing QoL. Strong positive correlations ($r > 0.6$, $p < 0.01$) highlight key relationships. Advance care planning (ACP) exhibited a significant positive correlation with QoL ($r > 0.8$, $p < 0.01$), indicating that individuals actively engaged in ACP tend to have a better QoL. Furthermore, mindset and ACP were strongly related ($r = 0.692$, $p < 0.01$), suggesting that individuals with a strong mindset are more likely to engage in ACP. Physical functioning (PF) and role functioning (RF) were highly correlated ($r = 0.905$, $p < 0.01$), reinforcing that better physical health contributes to improved role performance in daily life. QoL was also strongly linked with financial difficulty (FI) ($r = 0.870$, $p < 0.01$), emphasizing the critical role of financial stability in perceived health. Additionally, emotional functioning (EF) and cognitive functioning (CF) were significantly associated ($r = 0.720$, $p < 0.01$), indicating that emotional well-being plays a crucial role in cognitive abilities.Goins *et al.*, (2022)

Conversely, strong negative correlations ($r < -0.6$, $p < 0.01$) underline key challenges affecting QoL. Poor physical functioning was strongly associated with lower QoL perception ($r = -0.676$, $p < 0.01$), highlighting the importance of maintaining physical health. Similarly, emotional well-being had a high negative correlation with perceived overall health ($r = -0.785$, $p < 0.01$), emphasizing the crucial role of mental health in QoL. Cognitive functioning also exhibited a strong negative correlation with QoL perception ($r = -0.611$, $p < 0.01$), suggesting that cognitive decline negatively impacts perceived health quality. Furthermore, financial impact was found to negatively affect emotional functioning ($r = -0.582$, $p < 0.01$), reinforcing the link between financial stress and emotional distress.

Moderate correlations ($0.3 < r < 0.6$, $p < 0.05$) further supported these findings. ACP was moderately correlated with practice in palliative care procedures ($r = 0.655$, $p < 0.01$), suggesting that those with better ACP tend to receive improved practical care. Physical functioning and social functioning (SF) showed a moderate correlation ($r = 0.344$, $p < 0.05$), implying that individuals with better physical health are more likely to engage in social activities. Lastly, role functioning and emotional functioning were moderately linked ($r = 0.634$, $p < 0.01$), indicating that individuals who perform their roles effectively tend to experience better emotional well-being.ACPs improve patient-centered care and reduce caregiver burden and healthcare costs.Ding *et al.,* (2022;Bzura *et al.,* (2023)

The findings strongly support the implementation of Advance Care Planning (ACP) in exclusive hospitals, as it enhances patient-centered care, improves QoL, and reduces caregiver burden and healthcare costs (Ding *et al.,* 2022; Bzura *et al.,* 2023). Additionally, the results highlight the critical interplay between physical, emotional, cognitive, and financial factors in shaping QoL.Hospitals should adopt integrated ACP strategies that address both psychosocial and financial barriers to maximize patient well-being and healthcare outcomes.

In summary, while the overall QoL remains good, functional limitations in physical, emotional, cognitive, and role-related aspects highlight areas for targeted interventions. Strong positive correlations reinforce the benefits of ACP, financial stability, and emotional well-being, whereas strong negative correlations emphasize the detrimental effects of poor physical and cognitive functioning. Addressing these factors through improved health interventions, financial support mechanisms, and psychological care strategies may further enhance QoL outcomes. (Shepherd-Banigan *et al.,* 2022, Anderson Head *et al.,*2018)

IMPLICATION

The impact of ACP in exclusive hospitals extends beyond individual patient care—it fosters a proactive, patient-centered healthcare model that enhances well-being, optimizes healthcare resources, and improves provider-patient communication. By prioritizing ACP, exclusive hospitals can set new benchmarks for high-quality, compassionate, and efficient healthcare delivery, reinforcing their role as leaders in modern healthcare innovation.

The findings highlight several key areas where Advanced Care Planning (ACP) can drive improvements in patient care, healthcare efficiency, and overall well-being.

1. Improving Patient-Centered Care and Well-Being
   From the result of ACP related with QoL ensures that medical decisions align with patients' values, preferences, and long-term care goals. By proactively discussing and documenting healthcare choices, patients experience greater peace of mind, reduced anxiety about future medical interventions, and improved overall well-being. This approach empowers individuals to take an active role in their healthcare journey, promoting dignity and autonomy.
2. Enhancing Healthcare Provider Readiness and Decision-Making
   From the result of Exclusive hospitals, known for their high standards of care, can leverage ACP to improve clinical decision-making. Healthcare providers gain clearer insights into patient preferences, enabling them to deliver more personalized and efficient care. This reduces uncertainty in urgent situations and enhances the coordination between multidisciplinary teams.
3. Reducing Unnecessary Healthcare Utilization and Costs
   From the study ,by guiding treatment plans in alignment with patient preferences, ACP can help prevent unnecessary hospital admissions, intensive care interventions, and non-beneficial treatments. This not only improves resource allocation within exclusive hospitals but also contributes to a more sustainable healthcare system.
4. Strengthening Communication Between Patients, Families, and Medical Teams

The result shown ACP fosters open and structured conversations about healthcare preferences, reducing conflicts among family members and ensuring that everyone involved understands the patient's wishes. In exclusive hospital settings, where high expectations for patient experience exist, effective communication can enhance trust and satisfaction with care.

5. Influencing Healthcare Policy and Institutional Practices
The findings of this research support the need for integrating ACP as a standard practice in exclusive hospitals. Policymakers and hospital administrators can use the insights to develop guidelines, training programs, and institutional frameworks that prioritize ACP, ensuring its seamless implementation within high-end healthcare facilities.

6. Advancing Professional Development and Training
The study highlights the necessity of equipping healthcare professionals with specialized training in ACP discussions. Exclusive hospitals can enhance staff competencies by integrating ACP training into their continuing medical education (CME) programs, enabling physicians, nurses, and care coordinators to facilitate meaningful and effective patient conversations.

7. Addressing Ethical and Cultural Considerations
Incorporating ACP in private hospital settings must account for ethical, cultural, and religious factors influencing patients' healthcare decisions. Hospitals can develop culturally sensitive ACP frameworks that respect diverse patient backgrounds while ensuring alignment with ethical best practices.

CONCLUSION

This study underscores the vital role of Advanced Care Planning (ACP) in enhancing patient-centered care within long-term care (LTC) settings. Despite the challenges in ACP implementation—such as inadequate knowledge and training among healthcare providers, communication barriers, and resource limitations—its positive impact on quality of life (QoL) is evident. The findings demonstrate that ACP fosters improved physical, emotional, and cognitive well-being, with a significant portion of participants (72.33%)reporting good QoL. The study further highlights the strong correlations between ACP and QoL, as well as the influence of mindset, financial stability, and physical and role functioning on overall well-being. These results emphasize the need for targeted interventions to promote ACP awareness, enhance healthcare provider training, and integrate ACP into routine LTC practices. Addressing barriers to ACP can lead to more informed decision-making, better healthcare utilization, and improved patient outcomes. Moving forward, incorporating comprehensive ACP programs within LTC settings, supported by policy development and institutional commitment, will be essential in ensuring that patients receive care that aligns with their values and preferences. By prioritizing proactive and well-structured ACP, healthcare systems can significantly enhance the well-being, autonomy, and dignity of individuals in long-term care.

LIMITATION AND SCOPE FOR THE FUTURE RESEARCH

- Despite the valuable insights gained from this study, several limitations should be acknowledged:
  Sample Size and Generalizability – The study was conducted with a relatively small sample size (58 participants) from a single hospital's long-term care (LTC) setting. The findings may not be fully generalizable to other healthcare settings, including public hospitals or community-based care facilities.
- Challenges in Measuring Long-Term Impact – The study focused on the immediate and short-term effects of Advanced Care Planning (ACP) on quality of life (QoL). However, ACP is an ongoing process, and its long-term impact on healthcare utilization and patient well-being requires further longitudinal studies.

Scope for Future Research

To build upon the findings of this study, future research should consider the following areas:

- Expanding the Study Population ;Conducting research across multiple hospitals, including public, private, and community healthcare settings, to enhance the generalizability of the findings.
- Longitudinal Studies on ACP Outcomes;Future studies should explore the long-term effects of ACP on healthcare utilization, end-of-life decision-making, and patient well-being over extended periods.
- Exploring Cultural and Ethical Considerations;Investigating how cultural beliefs, religious perspectives, and ethical concerns influence ACP adoption and decision-making in diverse patient populations.
- Evaluating ACP Training for Healthcare Providers ;Assessing the impact of specialized ACP training programs on healthcare professionals' ability to facilitate meaningful ACP discussions and improve patient outcomes.
- Examining Technology-Driven ACP Approaches ;Investigating the role of digital health tools, telemedicine, and electronic ACP documentation systems in improving ACP accessibility, communication, and implementation in various healthcare settings.
- Assessing Financial and Policy Implications ;Future research should explore the economic impact of ACP on healthcare cost reduction, resource utilization, and policy development, particularly in exclusive hospitals and long-term care facilities.

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