

Empowering Nurses in Palliative Care: Enhancing Skills, Roles, and Future Prospects

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Abstract: *Palliative care is essential in improving the quality of life for patients with life-limiting illnesses and their families. Nurses, being the largest group of healthcare providers, play a crucial role in delivering palliative care by managing symptoms, providing emotional and spiritual support, and ensuring holistic patient-centered care. However, many nurses lack the necessary training and confidence to provide effective palliative care, creating gaps in practice. The increasing demand for palliative care due to aging populations and the impact of the COVID-19 pandemic highlights the urgent need for integrating palliative care education into nursing curricula and professional training programs. Specialized roles such as nurse practitioners, clinical nurse specialists, and palliative care navigators are evolving to meet these needs. Additionally, advancements in telemedicine and home-based care offer new opportunities to improve patient outcomes. Institutional support, targeted training, and policy enhancements are crucial in equipping nurses with the necessary skills to lead and implement high-quality palliative care. This article emphasizes the need for continued education, multidisciplinary collaboration, and administrative support to enhance nurses' capabilities in palliative care, ensuring comprehensive and compassionate patient care.*

Keywords: Palliative care, nursing education, symptom management, holistic care, patient support

1. Introduction

The active and comprehensive care provided to patients whose sickness does not respond to curative treatment is known as palliative care. Achieving the highest quality of life for patients and their families is the aim of palliative care. This objective can be accomplished in a number of ways, including the alleviation of psychological and physical symptoms, preservation of function throughout the dying process, chances to fulfil unfulfilled life goals and tasks, conflict resolution, communication in important relationships, and relinquishing control to trusted others.

Regardless of the disease's stage or the requirement for additional medicines, the aim of palliative care is to prevent and relieve pain and to provide the highest quality of life for patients and their families.

1.1 Need of integration palliative care and nursing

The COVID-19 pandemic, ageing populations, and rising rates of serious disease have all contributed to an exponential rise in the requirement for palliative care within our healthcare system in recent years. Even though they are essential in providing palliative care, many nurses lack the knowledge and confidence to handle very sick patients clinically and psychologically. This results in practice gaps. The pandemic's cumulative weight has highlighted the value of palliative care training and education, particularly in the areas of symptom management, communication, and ongoing education.

Nurses are the largest group of healthcare providers in the world. In order to guarantee that the world's population is given safe and effective care, nurses are an essential resource.

During times of critical illness, nurses spend more time than any other health professional with patients and their families. In addition to being able to support each patient's

and their family's specific physical, social, psychological, and spiritual requirements, expert nursing care helps lessen the suffering and difficulties of individuals facing death. All nurses have shown a dedication to palliative care, and some have gone above and above in helping patients towards the end of their lives.

In order to lessen suffering, palliative care nursing entails the assessment, diagnosis, and treatment of human reactions to real or potentially fatal illness. It also calls for a dynamic, compassionate connection with the patient and family. As a result, as the art and science of nursing and palliative care advance, so does palliative nursing as a specialism of nursing practice.

1.2 Changing role of nurses

Even though nursing care is often holistic, palliative/hospice care is viewed as a specialty profession in many regions of the world and necessitates additional

Within the profession, new positions including advanced practice nurses, nurse practitioners, clinical nurse specialists, and nursing navigators are progressively taking shape in palliative/hospice settings and practices.

In addition to providing direct patient care, the incumbents in these positions may also work in research and education. These positions are meant to guarantee that patients and other members of the healthcare team have access to palliative care expertise. Additionally, it is anticipated that these incumbents would push for systemic quality improvement in the delivery of healthcare. They are probably mentors and change makers who push for the highest standards of patient care.

Research has shown that critical care nurses are not only ignorant about palliative care in general and the management of symptoms in particular, but they are also ignorant about

supporting patients and their families, interacting with them, and attending to their spiritual needs.

Effective models that handle a person's medical, medication, daily living activities, social, and care coordination needs through the use of clinicians, nurses, counsellors, and social workers. Nurse - palliative care visit teams have the option of taking on primary care roles or collaborating with other healthcare practitioners to co - manage patient care. A home - based palliative care program can offer a great way to manage treatment, cut down on acute care visits, save costs, and lessen

Competencies of Palliative Care Nursing

It is recommended that nurses enhance their proficiency in these domains to enhance the comprehensive treatment strategy for patients facing terminal illnesses.

Holistic evaluation and treatment of symptoms

Rather than relying solely on episodic treatment, management of pain and other symptoms—including not only physical but also psychosocial and spiritual—should be evaluated and treated holistically.

Support for Bereavement and Grief

Establishing a network of support to help patients, families, and caregivers deal with bereavement and losses sustained throughout the course of the patient's illness.

Spirituality and Psychosocial Issues

In addition to physical care, additional factors like psychosocial and spiritual support—which includes giving patients dignity and counseling—should also be taken into account. Personalized mental, emotional, and spiritual support that considers the patient as a whole is essential for fostering

2. Future aspects in palliative care nursing

1) House calls

In the home context, palliative care nurses can provide specialized consultation. This covers some of the intricate, time - consuming symptom management, end - of - life care, and care coordination. Office visits that are very difficult, lengthy, intense, or more frequent visits, or patients who live in places lacking an office - based palliative care practice, are a few situations where home - based palliative care might be used.

2) Nursing and Technology Interactions Employing telehealth

A rapidly evolving field of clinical medicine, telemedicine—also called telehealth—transfers medical data via phone, Internet, video, or other networks for the purposes of remote medical examinations or procedures, education, consultation, and health status monitoring. Both direct patient contact in the patient's home and video telemedicine between clinicians and patients in clinical settings are examples of telemedicine.

While there aren't many comprehensive studies on the use of telemedicine for palliative care, research on patients with chronic conditions like diabetes, chronic obstructive

pulmonary disease, and congestive heart failure suggests that home telemedicine may lower hospitalization and ER visit rates.

In keeping with this latest declaration, we declare that nurses ought to feel competent and empowered to provide palliative care in all contexts and capacities. The following suggestions are put out in an effort to better prepare and assist nurses in providing palliative care.

Regardless of the setting, all nurses should be skilled in palliative care.

- 1) **Training and development for bed side nurses:** Provide concise, evidence - based palliative care training programs, such the End - of - Life Nursing Education Consortium (ELNEC) or the COMFORT communication curriculum, to educate and develop skills in communication, goal - setting, end - of - life decision - making, and symptom management. Modify presently implemented evidence - based palliative care training programs to make them available to nurses in a variety of care settings. For example, consider offering online training with real - time video conferencing.
- 2) **Addition of palliative care content in existing nursing curriculum:** Palliative care should be a competency area for all newly graduated nurses. Regardless of specialty, incorporate palliative care competencies into undergraduate and graduate nursing programs. To guarantee a consistent nursing workforce capable of meeting palliative care demands in a variety of clinical settings, continue incorporating palliative care into all curricula.
- 3) **Specialized palliative care nurses to provide focused approach:** Specialist nurses in palliative care also need general consistent and targeted training to prepare for their responsibilities, ideally in a multidisciplinary setting to meet the demand for multi professional clinical collaboration. Clinical nurse specialist in palliative care is defined as a resource to support the treatment of patients with complex needs, one that was educational and supportive, and that was "about advocacy" for the patient and their family as well as continuity in care:
- 4) **Role of administration to enhance the nurses' skills in palliative care:** Establish wholesome work settings that uplift the moral agency of nurses. A workplace should encourage and facilitate professional nursing practice, enabling nurses to practice to the best of their abilities. This can entail setting up forums for continuing discussion regarding moral issues in palliative care.

Establish a culture that encourages nurses to look for their physical and mental needs while they are giving palliative care. For instance, nurses in leadership roles in practice, education, or administration could train other nurses in quick coping mechanisms to lessen the emotional strain that comes with providing palliative care. Additionally, it could be advantageous to start support groups or offer debriefings to facilitate peer - to - peer assistance regarding their experiences giving palliative care. Because they provide patients and families with palliative care, nurses require institutional support.

3. Conclusion

There is no denying the importance of palliative care for nurses who provide the majority of treatment to patients who are critically ill, and it is necessary to support and prepare nurses for the supplying excellent palliative and terminal care.

A lack of understanding of palliative care is significant, as evidenced by numerous research. Since there is little research on palliative care among nurses, the first step in creating a plan to support and teach them about it is to evaluate their present knowledge, attitudes, and practice.

Given the widespread use of palliative care across the nation and the growing body of evidence highlighting its advantages for patients and their families, nursing has to take the lead in adopting and delivering high - quality palliative care. In order to overcome obstacles that prevent nurses from spearheading palliative care programs across care settings, this call to action offers practical suggestions. However, they are just the beginning. All nurses can work with their clinical partners to smoothly and continually meet the aims of palliative care for their patients and families by means of enhanced evidence - based research, education, and administrative assistance.

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