

The Role of Nurses in Palliative and End-of-Life Care: A Review of Best Practices

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Abstract

The spiritual, emotional, and physical needs of patients and relatives during these challenging times are addressed by nurses, who are of paramount importance in end-of-life and palliative care. They are in charge of symptom alleviation, pain management, and promoting death with dignity. Nurses make sure that care is focused on the patient by being kind and communicating well. This makes the patient more comfortable and improves their quality of life. This article reviews the many studies on the role of nurses in end-of-life and palliative care. In providing patient-centered, compassionate palliative and end-of-life care, nurses are essential, as this review study emphasizes. During the latter phases of life, their unwavering presence guarantees patients and their families respectful treatment, emotional support, and symptom control. Effective nursing practices are shaped by knowledge, intention, self-efficacy, and supportive care environments. Training programs must emphasize the importance of nursing roles in palliative care to enhance outcomes and quality of life. By addressing holistic needs and fostering open communication, nurses ensure comfort, respect, and dignity for every patient. Strengthening targeted interventions can further improve nursing practices, especially in primary healthcare settings, ensuring equitable, high-quality end-of-life care.

Keywords; Nurses, Palliative Care, End-Of-Life Care, Nursing Practices, Patients, Families, Healthcare, Hospitals.

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1 Introduction

The majority of healthcare workers globally are nurses, making them the largest group in the healthcare industry. According to reports, there are almost four million nurses in the United States alone who help provide comprehensive, person-centered care. Globally, nurses are the main and most important source of safe and effective healthcare [1]. They spend more time with patients and their families than other medical professionals, in addition to helping to guarantee that patients get safe and effective care. It is a widely recognized fact that the tension, anguish, and complications experienced by patients who are approaching mortality are reduced by effective nurse practitioners. Additionally, patients with grievous ailments receive "physical, social, and psychological" support from their nurses [2].

Palliative care is the provision of high-quality care to patients (who have a chronic disease with serious consequences) and their families by implementing effective treatment and prevention measures. The scope of palliative care encompasses a variety of maladies that affect the "physical, psychosocial, and emotional needs of chronically ill patients." According to the Institute of Medicine, nurses' tasks and responsibilities include providing compassionate, long-lasting, and high-quality care [3], [4]. The effectiveness of palliative care is limited by incompetent methods of providing patient-centered, high-quality treatment, which will cause "physical, social, and emotional suffering of seriously ill patients." Palliative care may be provided together with curative therapies. Because a multidisciplinary team of "medical, nursing, and psychological care" is required to handle the complex requirements of patients with chronic diseases, the concurrent palliative strategy is limited in many low- and middle-income countries [5], [6].

Because they are the ones who spend the most time with patients and have one-on-one interactions with them, nurses are the primary providers of "end-of-life care". They are also the first to notice when a patient is not responding to treatment, understand the patient's and family's preferences, bring the entire healthcare team, the patient, and the family together, and accurately interpret and communicate what they observe in accordance with their professional knowledge [7]. In this way, nurses can protect patients' rights during the dying process by acting as patient advocates, guide the shift from treatment-oriented to comfort-oriented care with their roles as care managers and decision-makers, and provide the necessary care and support to "patients and their families as end-of-life care practitioners" [8], [9].

A. Defining palliative care and end-of-life care

For individuals with life-limiting conditions, a variety of terms are employed to describe the care they receive. Although we recognize the variety of terms used to refer to this significant area of healthcare, we have chosen to utilize the PCA definitions of palliative care and end-of-life care for the purposes of this study [10]. In other words:

1. Palliative care

Specialized medical treatment for patients with life-threatening illnesses is known as palliative care. The goal of this kind of treatment is to alleviate the illness's stress and symptoms. The goal is to improve the

quality of life for both the patient and their family [11]. To provide an extra layer of support, a team of experts, including nurses, social workers, physicians, and chaplains, give palliative care in conjunction with the patient's medical doctors [12]. The foundation of palliative care is the patient's needs, not their prognosis. It can be administered in conjunction with curative treatment and is suitable for individuals of all ages and at any stage of a severe illness [13].

2. End-of-life care

Care at the End of Life It is impossible to think of life and death as distinct notions since they are mutually complementing. Death is an integral component of human existence, just as true as everyday life. Death is the last, inevitable, and tragic act of humanity. When it is accepted that death is an unavoidable outcome, end-of-life care is given to patients till their last hours or days of life. This care honours and protects dying people, helps people deal with their physical limits, and defends people's dignity via words and actions. While honouring the dying person's preferences, the goal of this care is to avoid or minimize discomfort as much as possible, not to extend life. End-of-life care is an effort to enhance the quality of life of the individual and guarantee that they have a tranquil and dignified demise [14].

B. Roles of Nurses in End-of-Life Care

During the final stages of life, nurses are at the vanguard of the provision of care to patients and their families. Providing care for patients who are near death entails significant tasks and obligations for nurses and their families [15]. Nursing practices are essential to ensuring that dying patients get the care they need to die peacefully and honorably [16]. In addition, nurses play a unique role in the transition to end-of-life care by providing patient care and monitoring them, which enables them to identify when a patient is in pain despite not responding to therapy [14]. These observations and understanding lead a nurse to be the first to identify that the patient needs end-of-life care. In order to facilitate the transition to end-of-life care, nurses can share their observations and knowledge with other healthcare professionals and, in collaboration with the healthcare team, participate in the decision-making processes that are informed by the patients' physiological realities, preferences, and the clinical limitations of their nursing roles [13].

C. The roles of a Palliative care nurse

A wide range of duties performed by palliative care professionals support patients' long-term well-being. Assuring that the patient receives the necessary daily care, these responsibilities involve the continuous evaluation of the patient's health and the observation of symptoms [17].

Furthermore, these specialized nurses support patients, doctors, and other healthcare professionals in maintaining a direct line of contact while assisting with adherence to prescription schedules and procedures.

Palliative care nurses can offer assistance in maintaining physical mobility and completing daily tasks, which is necessary for a significant number of patients. In addition, they are in charge of maintaining the equipment, monitoring its usage, and providing support for personal cleanliness and nutrition [18].

Above all, palliative care nurses provide a safe, comfortable, and reassuring atmosphere for patients and their families [19].

2 Literature Review

(Osei et al., 2025) [2] This study aimed to identify the specific end-of-life care needs of patients and their families in order to influence nurses' end-of-life care practices in specific Accra, Ghanaian contexts. Eleven subthemes and three major themes were found in the study. The primary topics were perspectives about end-of-life care, upholding ethical principles, and offering comfort and dignity care. The subthemes included showing up, showing compassion, addressing challenges in end-of-life conversations, promoting autonomy and respect, managing gratitude and discontent, helping patients accept their condition, seeking additional education, building emotional ties, involving families, and respecting patients' social, cultural, and religious beliefs. In Ghana, nurses offer compassionate care while addressing ethical issues, pain management, and patient emotions of appreciation and dissatisfaction. Their work is impacted by cultural and religious considerations. To raise the level of end-of-life care, lawmakers should develop culturally appropriate palliative care guidelines and provide nurses structured training on end-of-life care so they can better fulfill the needs of patients receiving end-of-life care.

(Chisla & Patel, 2024) [20] Palliative care aims to lessen patients' physical, emotional, and spiritual problems while also providing patients and their families with thorough assessment and treatment. As a patient's death approaches, it could be essential to palliate their symptoms more forcefully. Support for the dying patient's family should be increased in tandem with the comfort measures. Grieving and family support are the main topics of palliative care. after the patient's death.

(Alshammari et al., 2023) [21] in order to examine the perspectives of registered nurses toward superior end-of-life care, along with the barriers and facilitators that impact its delivery. The research design employed was sequential explanatory mixed methods. The findings of this study indicate that registered nurses generally hold favorable opinions about end-of-life care. However, they hold unfavorable attitudes toward the management of patients' emotional states and the discussion of mortality with patients and their families. To increase knowledge of the notion of death in a variety of cultural contexts, healthcare executives and education providers should think about creating programs for clinical practice nurses and student nurses. Knowing about a patient's culture can improve nurses' attitudes toward dying patients and improve coping mechanisms and communication.

(Sarkahya et al., 2023) [5] In addition to identifying the difficulties they encounter and how they handle them, the goal of this study was to describe the experiences and approaches of nurses who provide palliative and end-of-life care to cancer patients. This research found that nurses who care for cancer patients in the palliative and end-of-life stages have difficulties because of their professional background. They also have a variety of learning opportunities and rely on teamwork and training as coping mechanisms. According to the study's findings, palliative in-service training should be planned after

graduation, palliative care facilities should be set up, and the challenges encountered in identifying needs should be taken into account.

(Xu et al., 2023) [8] Since they are the main healthcare professionals in charge of improving the standard of care for patients and relatives, nurses are essential to the delivery of palliative care services. This original empirical study has thoroughly investigated the relationship and severity of behaviors and other factors among nurses who provide the first phase of "palliative care in primary healthcare institutions in Shanghai, China". This study demonstrated the relationships between nurses' perceptions of their "vulnerability, benefits, challenges, subjective norm, self-efficacy, intention, and behaviors" about palliative care and therapies that improve their real work practices. Intention, subjective norms, and self-efficacy all had a substantial effect on practices, according to our study. Interventions that prioritize self-efficacy, intention, and subjective norms are essential for enhancing the practices of nurses.

(Nacak & Erden, 2022) [10] In order to help patients have a happy dying experience and lessen their pain as they approach death, nurses provide end-of-life care. Nurses who have direct patient contact play important roles in both the choice to switch to end-of-life care and in providing end-of-life care to patients. This article discusses end-of-life care, its meaning for patients, and the differences among it and palliative care, which are often misunderstood. Nursing responsibilities and obligations are additionally underscored in the context of end-of-life care. In the transition from treatment-oriented to comfort-oriented end-of-life care, nurses are essential to ensuring that patients die with dignity and to providing good end-of-life care.

(S & J, 2021) [22] The scope of palliative care encompasses a variety of maladies that affect the "physical, psychosocial, and emotional needs of chronically ill patients." Palliative care will become more and more in demand globally as a result of the growing burden of infectious and non-communicable illnesses and infections as well as the aging of the population. Unnecessary hospitalizations may be mitigated through the implementation of appropriate measures and "early palliative care." Globally, nurses are the main and most important source of safe and effective healthcare. The stress, anguish, and complexities of patients approaching death are reduced by effective nurse practitioners. Additionally, nurses provide patients with serious diseases with "physical, social, and psychological" support. It has been shown that nurses are committed to provide palliative care to patients who are reaching the end of their life.

(Blaževičienė et al., 2020) [23] This study examined nurses' views on providing end-of-life care as well as the barriers and supportive behaviors they displayed in many renowned hospitals in Eastern Europe. The largest challenges, according to nurses who provide care for patients who are nearing the end of their lives, were angry relatives, a lack of time to speak with patients, a lack of nursing expertise to deal with the family of the bereaved patient, a failure to consider nurses' perspectives, and doctors' avoidance of talking about the diagnosis and their overly optimistic assessment of the situation. Family participation, volunteering, and end-of-life training were the most facilitating behaviours to enhance nursing care. Nurses found that spiritual demands were the most common needs of patients nearing the end of their lives. Providing end-of-life care still faces significant challenges, one of which is family-

related. Furthermore, how physicians behave and interact with nurses remains one of the most sensitive subjects in end-of-life care.

3 Conclusion

To sum up, nurses are essential in providing patients with competent and compassionate "palliative and end-of-life care", guaranteeing that they feel supported, pampered, and comfortable in their last moments. They are crucial in symptom management, pain relief, and meeting the psychological, spiritual, and physical requirements of patients as well as their families because of their unwavering presence, professional expertise, and emotional fortitude. Nurses professionally and empathetically assist in the delicate communication needed to go from curative therapy to end-of-life care. Through a patient-centered approach, nurses develop individualized care plans that enhance quality of life, empower informed decision-making, and support the family unit. In order to enhance the quality of palliative care, it is imperative that nurses are provided with the necessary knowledge and skills through education and training. The quality of nursing care in this area is greatly influenced by self-efficacy, intention, subjective norms, and knowledge, as shown by evidence-based practices. Interventions targeting these factors can greatly enhance nursing practices, particularly in primary healthcare settings. By integrating these best practices, nurses can provide meaningful, culturally sensitive care that respects the patient's values and supports a dignified death. This review underscores the urgent need for continued education, institutional support, and policy-level initiatives to strengthen nursing roles in palliative and end-of-life care, ultimately improving patient and family outcomes.

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