

Roles and Responsibilities of Nurses in End-of-Life Care Patients and Delivering Palliative Care

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Abstract

Palliative care includes range of illnesses involving “physical, psychosocial and emotional requirements of chronic ill patients”. The demand for palliative will continue to increase worldwide due to escalating burden of communicable/non-communicable infections and diseases and ageing populations. Adequate measures and “early palliative care” possibly limit unnecessary hospitalizations. Nurses are the primary and essential source for providing safe and efficient care globally. Efficient nurse practitioners “lowers the stress, suffering and complications of patients facing death”. Further, nurses extend “physical, social, psychological” assistance to patients with severe illnesses. Nurses have shown a proven commitment in the treatment of end-of-life patients with better outcomes to palliative care..

INTRODUCTION

In healthcare sector, nurses comprise the majority among the biggest group of healthcare professionals worldwide. It has been reported that approximately four million nurses “contribute to the provision of holistic person-centred care” in U.S. alone [1]. Nurses are the primary and essential source for providing safe and efficient care globally. They are not only involved in ensuring safe and quality care but also spend adequate time with patients (having severe illness) and their families when compared to other healthcare professionals [2]. It is a well-accepted fact that efficient nurse practitioners “lowers the stress, suffering and complications of patients facing death”. Further, nurses extend “physical, social, psychological” assistance to patients with severe illnesses [3].

Providing quality care to patients (suffering from chronic illness with critical complications) and to their families by adopting efficient treatment and preventive methods is called palliative care. Palliative care includes range of illnesses involving “physical, psychosocial and emotional requirements of chronic ill patients” [4]. Institute of Medicine demonstrated roles and responsibilities of nurses is to offer caring, sustainable and deliver best quality care. Incompetent approaches in delivering patient-centred quality care limits palliative care efficacy that will lead to “physical, social and emotional suffering of seriously ill patients” [5]. Along with curative measures, palliative care can be offered simultaneously. In many low- and middle-income countries, concurrent palliative approach is limited as it requires a multidisciplinary team encompassing “nursing, medical and psychological support” to meet multifaceted requirements of patients with persistent illness [6].

It is estimated that each year approximately forty million people demand end-of-life care and seventy eight percent of

people (live in low- and middle-income countries) in need of palliative care. The two most serious symptoms experienced by end-of-life patients are pain and difficulty in breathing and require palliative care. Several reports suggests that approximately eighty percentage of AIDS and cancer patients, sixty-seven percentage of patients with chronic obstructive pulmonary disease and cardiovascular disease at the end of their lives are reported to experience mild to severe pain. To alleviate breathlessness, pain and other physical symptoms opioids are often used, but, limiting these distressing symptoms at an “early stage is an ethical duty” to ease and reduce the suffering [7].

Approximately fourteen percent of people with severe and chronic illness currently receive palliative care. The demand for palliative will continue to increase worldwide due to escalating burden of communicable/non-communicable infections and diseases and ageing populations [8]. Adequate measures and “early palliative care” possibly limit unnecessary hospitalizations. The need of the hour is to develop and implement adequate training programs, national policies to improve access on end-of-life care. End-of-life care includes myriad of services offered by multidisciplinary healthcare team (“Physicians, nursing, paramedics, physiotherapists and other support workers”) to chronically ill patients and great support to their families [9][10].

Recent advancements in science and medical technology have contributed to the progress in healthcare sector. Nurses have always and considered to enhance the quality of life of patients. Advocating end-of-life nursing care primarily involve management (pain/symptom/ethical decision). Nursing interventions are required in end-of-life care when patients reported with “powerlessness, loss of self-control, helplessness, ineffectiveness, dependences, extremely vulnerable, recurrent infections, inability to speak and prolonged hospitalization due to chronic illness”. The nursing practitioner with adequate skill, knowledge and

represent and communicate on behalf of severe ill patients is considered as a core approach and management [11].

A successful approach that enhances the quality of life of patients reported with life-threatening chronic illness is the palliative care. Effective palliative care prevents and alleviates suffering by novel strategies such as early diagnosis, accurate assessment and treatment. Palliative care nurses address suffering and take care of issues with a multidisciplinary team. Palliative care also focused on “special attention, practical needs/individual preferences, bereavement counselling and therapeutic modules” through patient-centred and integrated health services that aid patients to live and lead a happy and active life. Palliative care is the solution to an array of diseases and complications [12]. It has been reported that many adults are diagnosed with life-threatening illness require palliative care. Research data suggest that thirty eight percent of adults with cardiovascular diseases, thirty-four percent cancer, ten percent with chronic respiratory diseases, six percent with AIDS, and approximately five percent suffering from diabetes require palliative care. Other conditions necessitate of palliative care includes “multiple sclerosis, chronic kidney failure, dementia, congenital anomalies, kidney failure, rheumatoid arthritis and neurological disorders” [13].

ROLES AND RESPONSIBILITIES OF NURSES IN PALLIATIVE CARE

Nurses have shown a proven commitment in the treatment of end-of-life patients with better outcomes to palliative care. In the year 2016, a survey was conducted by palliative healthcare services, results demonstrated the superior role of nurses when compared to other healthcare professionals in ensuring support and care to the end-of-life patients. Out of one hundred and twenty-eight discipline providers enrolled in the study, nurses are the major interventionist (around 70%) in the study [14].

Registered nurses offer counselling and adequate education on preventive and control measures, ensure emotional assistance to patients and members of the family. Other responsibilities include monitoring health condition, physical assessment, tracking health history, education on promoting health activities, medication, wound care, personalized interventions and treatment management.

Registered nurses actively collaborate with the team of multi-healthcare-professionals in delivering efficient and quality patient care for “improved practice and patient outcomes” [15]. **Advanced Practice Registered Nurses** deliver efficient care and support to “serious life-limiting illnesses”. They provide patient-centred approach by developing and implementing care of plans that promote health and quality of life maximizing benefits.

Nurses play a significant role in offering complete and empathetic care to end-of-life patients. To accomplish efficient end-of-life care, they collaborate with multidisciplinary team of healthcare professionals to provide support and meet the multifaceted needs of persistent ill

patients and their family. Nurses along with healthcare professionals especially palliative care teams are essential in decision making processes that will contribute to a framework of providing personalized care [16].

Recent years have seen greatest advancements in the end-of-life care. Health care providers especially nurses represent major role in the care and support for chronically ill patients. Institute of Medicine analysis report in the year 2014, revealed that many healthcare systems are poorly designed to meet the requirements (care, support and treatment) of patients at their end-of-life care. The report further states that healthcare systems are geared towards acute care focused to cure illness and not effective in fulfilling the multifaceted needs of end-of-life patients [17]. As a result of inefficient and uncoordinated approaches, patient outcomes are fragmented and escalate complications that create distress to patients and their families. Several methods have been adopted to improve “education, research, practice and administration” in surmount difficulties of efficient end of life care.

Appropriate care, adequate support and precise treatment modules are the key components to the end-of-life patients. Nurses are often “in-a-position” in guiding end-of-life care patients and families to handle and acclimate to challenging situations. Decisions on end-of-life care entails concerns on the quality of life. Nurses provide quality care that comprises “promotion of health and comfort, alleviation of pain and symptom management”. Nurses are one of the key sources of support to the patients on the end-of-life care. Moreover, they establish mechanisms that contribute to focused management [18].

NURSING GUIDANCE AND SUPPORT TO THE END-OF-LIFE PATIENTS

Nurses provide physical comfort for the well-being of patients concurrent with disease management. It is imperative for the nurses to have adequate skills and knowledge in palliative care and the management of complications associated with life-limiting infection and disabilities. Many studies on palliative care have shown to advance “neurologic, renal, cardiovascular” complications [19]. It is mandatory for healthcare providers to assist end-of-life patients and families in ethical decision making and disease management. Promoting care and health is considered crucial in the end-of-life care management. According to a conceptual model on end-of-life nursing care by Patricia Benner, efficient nursing care provides “framework” for enhanced patient outcomes. Additionally, nurse-patient-centered approach and effective communication will lead to build a trust relationship that contributes to significant improvement in treatment procedures.

CONCLUSION

Paramount challenge of palliative care is to offer adequate care and support to severe ill patients and their families as delivering excellent outcomes in end-of-life care is a convoluted process. Health care providers especially nurses represent major role in the care and support for chronically ill patients. Nurses are one of the key sources of support to the patients on the end-of-life care. Nurses involvement in end-of-life care is vital to provide patient care with better functional outcomes. Nurses have shown a proven commitment in the treatment of end-of-life patients with better outcomes to palliative care. Adequate knowledge on palliative care will deliver benefit to the patients. Nurses provide quality care that comprises “promotion of health and comfort, alleviation of pain and symptom management”. They provide patient-centred approach by developing and implementing care of plans that promote health and quality of life maximizing benefits.

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