



IMPLEMENTING AND EVALUATING NURSE-LED PALLIATIVE CARE PROGRAMS

Taghreed Naeem Mutarrid Alruwaili^{1*}, Kawthar Radhi Juhayyim Alanazi², Mohammed Salfeeq Huwies Alshammari³, Shayiz Musaad Shayiz Alruwaili⁴, Tahani Mufadi Jurbua Alrawili⁵, Ahod Obeed Alanazi⁶, Sultan Mohammed Hadi Zella⁷, Nwal Abdullah M. Al Enazy⁸, Fahdah Dhaher Hajij Alanazi⁹, Mesaad Sameer Alruwaili¹⁰

Abstract:

This review article explores the implementation and evaluation of nurse-led palliative care programs in healthcare settings. Nurse-led palliative care programs play a crucial role in improving the quality of life for patients with serious illnesses by providing comprehensive and compassionate care. The article synthesizes current literature on the benefits, challenges, and best practices associated with nurse-led palliative care programs. It examines the impact of these programs on patient outcomes, caregiver satisfaction, healthcare costs, and healthcare system efficiency. Furthermore, the review discusses the role of nurses in delivering palliative care, the necessary training and skills required, and the importance of interdisciplinary collaboration in providing holistic care. The article also addresses the barriers to implementing nurse-led palliative care programs and suggests strategies for overcoming these obstacles. Overall, this review aims to provide insights into the effectiveness of nurse-led palliative care programs and their potential to enhance the quality of end-of-life care for patients.

Keywords: Palliative care, Nurse-led programs, Implementation, Evaluation, Interdisciplinary collaboration, End-of-life care

¹*Nursing Specialist, Maternity and Children's Hospital in Arar, Saudi Arabia.

²Nursing technician, Maternity and Children's Hospital in Arar, Saudi Arabia.

³Nursing Specialist, Rafha General Hospital, Saudi Arabia.

⁴Nursing Technician, Directorate of Health Affairs in the Northern Border Region, Saudi Arabia.

⁵Nursing Technician, Eradah Complex for Mental Health, Arar, Saudi Arabia.

⁶Nursing Technician, North Medical Tower at Arar, Saudi Arabia

⁷Nursing Technician, Dhamad Al-Janoubi Primary Healthcare Center, Jazan, Saudi Arabia.

⁸Nursing Technician, Department of Population and Public Health, Arar, Saudi Arabia.

⁹Nursing Technician, North Medical Tower, Arar, Saudi Arabia

¹⁰Nursing Technician, Health Control Centre in Haditha, Qurayyat, Saudi Arabia.

***Corresponding Author:** Taghreed Naeem Mutarrid Alruwaili

*Nursing Specialist, Maternity and Children's Hospital in Arar, Saudi Arabia.

DOI: 10.53555/ecb/2022.11.6.91

Introduction:

Palliative care is a specialized form of medical care that focuses on providing relief from the symptoms and stress of serious illness. It is a holistic approach that aims to improve the quality of life for patients facing life-threatening conditions, as well as support their families. Nurse-led palliative care programs play a crucial role in delivering this type of care, as nurses are often at the forefront of providing compassionate and comprehensive support to patients and their loved ones [1].

Nurse-led palliative care programs are designed to address the physical, emotional, social, and spiritual needs of patients with serious illnesses. Nurses in these programs work closely with patients and their families to develop individualized care plans that prioritize comfort, dignity, and quality of life. They provide symptom management, pain relief, emotional support, and assistance with decision-making, ensuring that patients receive the care and support they need to live as fully and comfortably as possible [2].

One of the key benefits of nurse-led palliative care programs is the continuity of care they offer. Nurses in these programs develop long-term relationships with patients and their families, providing ongoing support and guidance throughout the course of the illness. This continuity helps to build trust and rapport, allowing nurses to better understand the needs and preferences of their patients and tailor their care accordingly [3].

In addition to providing direct patient care, nurses in palliative care programs also play a vital role in coordinating care across different healthcare settings. They work closely with other members of the healthcare team, including physicians, social workers, and chaplains, to ensure that patients receive comprehensive and coordinated care that addresses all aspects of their illness. Nurses also serve as advocates for their patients, helping to navigate the complex healthcare system and ensure that their wishes and preferences are respected [4]. Nurse-led palliative care programs are also instrumental in providing education and support to patients and their families. Nurses help to explain complex medical information, clarify treatment options, and facilitate discussions about end-of-life care planning. They also provide emotional support and counseling to help patients and families cope with the challenges of serious illness, grief, and loss [2].

Benefits of Nurse-Led Palliative Care Programs:

One of the key benefits of nurse-led palliative care programs is the provision of holistic care. Nurses are trained to address not only the physical

symptoms of a patient's illness but also their emotional, social, and spiritual needs. This comprehensive approach to care ensures that patients receive the support they need to cope with their illness and maintain a high quality of life. Nurses are also skilled in communication and can facilitate difficult conversations between patients, families, and healthcare providers, helping to ensure that everyone is on the same page regarding the patient's care and treatment plan [5].

Another benefit of nurse-led palliative care programs is improved patient outcomes. Studies have shown that patients who receive palliative care early in their illness experience less pain, have better symptom management, and report a higher quality of life compared to those who do not receive palliative care. Nurses are able to provide personalized care that is tailored to the individual needs of each patient, helping to improve their overall well-being and satisfaction with their care [3].

Nurse-led palliative care programs also have benefits for families and caregivers. Nurses are able to provide education and support to help families navigate the challenges of caring for a loved one with a serious illness. They can offer guidance on managing symptoms, making difficult decisions, and accessing resources and support services. By alleviating some of the burden on families, nurses can help to reduce caregiver stress and burnout, allowing them to better support their loved one and maintain their own well-being [6].

In addition to the benefits for patients and families, nurse-led palliative care programs also have advantages for healthcare systems. By providing early and proactive palliative care, nurses can help to reduce hospital admissions, emergency room visits, and unnecessary medical interventions for patients with serious illnesses. This can lead to cost savings for healthcare systems and improve the overall efficiency of care delivery [7].

Overall, nurse-led palliative care programs offer a wide range of benefits for patients, families, and healthcare systems. By providing holistic, patient-centered care, nurses can help to improve the quality of life for patients with serious illnesses, support families and caregivers, and optimize healthcare resources. As the demand for palliative care continues to grow, nurse-led programs will play an increasingly important role in meeting the needs of patients facing life-threatening illnesses [8].

Challenges in Implementing Nurse-Led Palliative Care Programs:

However, implementing nurse-led palliative care programs can be challenging for healthcare

organizations for a variety of reasons. One of the main challenges in implementing nurse-led palliative care programs is the lack of awareness and understanding of palliative care among healthcare professionals. Many healthcare professionals, including nurses, may not have received adequate training in palliative care and may not fully understand the principles and practices of this specialized form of care. This lack of awareness can lead to resistance to implementing nurse-led palliative care programs and can hinder the delivery of high-quality care to patients with serious illnesses [9].

To address this challenge, healthcare organizations can provide education and training on palliative care to nurses and other healthcare professionals. This can help to increase awareness and understanding of palliative care and can empower nurses to take on leadership roles in delivering palliative care to patients. By investing in education and training, healthcare organizations can build a strong foundation for implementing nurse-led palliative care programs and can ensure that nurses have the knowledge and skills to provide high-quality care to patients with serious illnesses [9].

Another challenge in implementing nurse-led palliative care programs is the lack of resources and support for nurses. Palliative care can be emotionally and physically demanding for nurses, as they are often caring for patients who are facing end-of-life issues and complex symptoms. Nurses may also face challenges in coordinating care with other healthcare providers, managing medications, and addressing the psychosocial needs of patients and their families [10].

To address these challenges, healthcare organizations can provide resources and support to nurses who are involved in palliative care. This can include access to consultation services, training on symptom management, and support from interdisciplinary teams. By providing resources and support, healthcare organizations can help to reduce the burden on nurses and can ensure that they have the tools and support they need to deliver high-quality palliative care to patients [11].

In addition to these challenges, healthcare organizations may also face barriers in integrating nurse-led palliative care programs into existing healthcare systems. Palliative care is often delivered in a fragmented manner, with patients receiving care from multiple providers in different settings. This can lead to gaps in care and can make it difficult for nurses to coordinate care and communicate effectively with other healthcare providers [12].

To overcome these barriers, healthcare organizations can implement strategies to integrate

nurse-led palliative care programs into existing healthcare systems. This can include developing care coordination protocols, implementing electronic health records systems, and establishing communication channels between nurses and other healthcare providers. By integrating palliative care into existing healthcare systems, healthcare organizations can improve the continuity of care for patients with serious illnesses and can ensure that nurses have the support they need to deliver high-quality palliative care [13].

Implementing nurse-led palliative care programs can be challenging for healthcare organizations due to a variety of factors, including lack of awareness and understanding of palliative care, lack of resources and support for nurses, and barriers in integrating palliative care into existing healthcare systems. However, by investing in education and training, providing resources and support to nurses, and implementing strategies to integrate palliative care into existing healthcare systems, healthcare organizations can overcome these challenges and deliver high-quality palliative care to patients with serious illnesses. By empowering nurses to take on leadership roles in palliative care, healthcare organizations can improve the quality of life for patients and their families and provide compassionate and holistic care to those facing serious illnesses [14].

Evaluation Methods and Outcomes of Nurse-Led Palliative Care Programs:

Palliative care is a specialized form of medical care that focuses on providing relief from the symptoms and stress of a serious illness. It is designed to improve the quality of life for both the patient and their family. Nurse-led palliative care programs have become increasingly popular in recent years, as they offer a unique and holistic approach to care that is tailored to the individual needs of the patient [15].

Nurse-led palliative care programs are designed to provide comprehensive care for patients with serious illnesses, such as cancer, heart disease, and chronic obstructive pulmonary disease. These programs are often based in hospitals, but can also be provided in the patient's home or in a hospice setting. The goal of nurse-led palliative care is to manage the physical, emotional, and spiritual needs of the patient, and to provide support for their family members [16].

The evaluation of nurse-led palliative care programs is essential to ensuring that they are providing high-quality care to patients and their families. There are several methods that can be used to evaluate these programs, including patient and family satisfaction surveys, clinical outcome

measures, and cost-effectiveness analyses. Patient and family satisfaction surveys are often used to gather feedback on the quality of care provided, and to identify areas for improvement. Clinical outcome measures, such as pain management and symptom control, are used to assess the impact of the program on the patient's quality of life. Cost-effectiveness analyses are used to determine the economic impact of the program, and to assess its value to the healthcare system [17].

The outcomes of nurse-led palliative care programs have been shown to be positive, with research indicating that these programs can improve the quality of life for patients and their families. Studies have found that nurse-led palliative care can reduce hospital admissions, emergency department visits, and healthcare costs, while also improving patient and family satisfaction. Additionally, nurse-led palliative care has been associated with improved pain management, reduced symptom burden, and increased access to support services for patients and their families [18]. The impact of nurse-led palliative care programs extends beyond the individual patient and their family, and can have broader implications for the healthcare system as a whole. By providing comprehensive and holistic care, nurse-led palliative care programs can help to reduce the burden on hospitals and emergency departments, and can support patients to remain in their homes for longer periods of time. This can result in cost savings for the healthcare system, and can also improve the overall quality of care provided to patients with serious illnesses [19].

Nurse-led palliative care programs play a crucial role in providing high-quality care to patients with serious illnesses. The evaluation of these programs is essential to ensuring that they are meeting the needs of patients and their families, and to identifying areas for improvement. The outcomes of nurse-led palliative care programs have been shown to be positive, with research indicating that these programs can improve the quality of life for patients and their families, while also reducing healthcare costs and improving the overall quality of care provided. As the demand for palliative care continues to grow, nurse-led programs will play an increasingly important role in meeting the needs of patients with serious illnesses, and in supporting their families during difficult times [20].

Role of Nurses in Delivering Palliative Care:

Nurses play a crucial role in delivering palliative care to patients. They are on the front lines of patient care and are often the ones who spend the most time with patients and their families. Nurses in palliative care are specially trained to provide

compassionate and holistic care to patients who are facing the end of life. They work closely with the rest of the healthcare team to ensure that patients receive the best possible care and support [21].

One of the key roles of nurses in palliative care is to assess and manage the physical symptoms of patients. This includes managing pain, nausea, fatigue, and other symptoms that can be distressing for patients. Nurses are skilled in pain management techniques and are able to adjust medications and treatments to ensure that patients are as comfortable as possible. They also provide emotional support to patients and their families, helping them to cope with the challenges of a serious illness [22].

In addition to managing symptoms, nurses in palliative care also provide education and support to patients and their families. They help patients and families understand their illness and treatment options, and provide guidance on how to make decisions about care. Nurses also help patients and families navigate the healthcare system, connecting them with resources and support services that can help improve their quality of life [23].

Another important role of nurses in palliative care is to advocate for patients and their families. Nurses are often the ones who are most familiar with the needs and wishes of patients, and they work to ensure that these are respected and honored. Nurses advocate for patients to receive the care and support they need, and help to ensure that their wishes are followed, even at the end of life [24].

Nurses in palliative care also play a key role in providing spiritual care to patients and their families. They help patients and families explore their beliefs and values, and provide support and comfort in times of spiritual distress. Nurses in palliative care respect the diverse spiritual and cultural backgrounds of patients, and work to ensure that their spiritual needs are met [25].

Nurses play a vital role in delivering palliative care to patients who are facing a life-limiting illness. They provide compassionate and holistic care, managing symptoms, providing education and support, advocating for patients, and providing spiritual care. Nurses in palliative care are dedicated professionals who work tirelessly to improve the quality of life for patients and their families during a challenging time. Their expertise and compassion make a significant difference in the lives of those they care for, and their role in palliative care is invaluable [26].

Interdisciplinary Collaboration in Nurse-Led Palliative Care:

In recent years, there has been a growing recognition of the importance of interdisciplinary

collaboration in nurse-led palliative care. This approach involves bringing together healthcare professionals from different disciplines, such as doctors, nurses, social workers, and chaplains, to work together to provide the best possible care for patients. By combining their unique skills and expertise, these professionals can address the complex physical, emotional, and spiritual needs of patients in palliative care [27].

One of the key benefits of interdisciplinary collaboration in nurse-led palliative care is the ability to provide a more comprehensive and holistic approach to patient care. Nurses are often the primary caregivers for patients in palliative care, and they are well-positioned to assess and address the physical, emotional, and psychosocial needs of patients. By working closely with other healthcare professionals, such as doctors and social workers, nurses can ensure that all aspects of a patient's care are being addressed [28].

Interdisciplinary collaboration also allows for better communication and coordination of care among healthcare professionals. By working together as a team, healthcare professionals can ensure that all members are on the same page regarding the patient's care plan and goals. This can help to prevent misunderstandings or gaps in care, and ensure that patients receive the most effective and appropriate care possible [29].

Another benefit of interdisciplinary collaboration in nurse-led palliative care is the opportunity for professionals to learn from one another and share their knowledge and expertise. By working together, healthcare professionals can gain a better understanding of each other's roles and responsibilities, as well as learn new skills and approaches to care. This can ultimately lead to improved patient outcomes and a more positive experience for both patients and their families [30]. In addition to improving patient care, interdisciplinary collaboration in nurse-led palliative care can also lead to greater job satisfaction for healthcare professionals. By working as part of a team, professionals can feel supported and valued in their roles, and have the opportunity to contribute their unique skills and expertise to the care of patients. This can lead to a more positive work environment and a greater sense of fulfillment in their work [31].

Overall, interdisciplinary collaboration in nurse-led palliative care is essential for providing the best possible care to patients facing life-threatening illnesses. By bringing together healthcare professionals from different disciplines, nurses can ensure that patients receive comprehensive, compassionate, and effective care that addresses all aspects of their physical, emotional, and spiritual

needs. By working together as a team, healthcare professionals can improve patient outcomes, enhance communication and coordination of care, and ultimately provide a more positive experience for patients and their families [32].

Conclusion:

Overall, nurse-led palliative care programs play a critical role in improving the quality of life for patients with serious illnesses. By providing compassionate, comprehensive, and holistic care, nurses in these programs help to ensure that patients receive the support they need to live as comfortably and fully as possible. Their expertise, dedication, and commitment to excellence make them invaluable members of the healthcare team and essential partners in the delivery of palliative care.

References:

1. Ferrell BR, Temel JS, Temin S, et al. Integration of palliative care into standard oncology care: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2017;35(1):96-112.
2. Hui D, Bruera E. Integrating palliative care into the trajectory of cancer care. *Nat Rev Clin Oncol*. 2016;13(3):159-171.
3. National Consensus Project for Quality Palliative Care. *Clinical Practice Guidelines for Quality Palliative Care*. 4th ed. Richmond, VA: National Consensus Project for Quality Palliative Care; 2018.
4. World Health Organization. WHO Definition of Palliative Care. Available at: <https://www.who.int/cancer/palliative/definition/en/>. Accessed September 10, 2021.
5. Meier DE, Back AL, Morrison RS. The inner life of physicians and care of the seriously ill. *JAMA*. 2001;286(23):3007-3014.
6. Downar J, Goldman R, Pinto R, Englesakis M, Adhikari NK. The "surprise question" for predicting death in seriously ill patients: a systematic review and meta-analysis. *CMAJ*. 2017;189(13):E484-E493.
7. Temel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med*. 2010;363(8):733-742.
8. Bakitas M, Lyons KD, Hegel MT, et al. Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer: the Project ENABLE II randomized controlled trial. *JAMA*. 2009;302(7):741-749.
9. Zimmermann C, Swami N, Krzyzanowska M, et al. Early palliative care for patients with advanced cancer: a cluster-randomised

- controlled trial. *Lancet*. 2014;383(9930):1721-1730.
10. Ferrell B, Sun V, Hurria A, et al. Interdisciplinary palliative care for patients with lung cancer. *J Pain Symptom Manage*. 2015;50(6):758-767.
 11. Morrison RS, Meier DE. Clinical practice. Palliative care. *N Engl J Med*. 2004;350(25):2582-2590.
 12. Bakitas MA, Tosteson TD, Li Z, et al. Early versus delayed initiation of concurrent palliative oncology care: patient outcomes in the ENABLE III randomized controlled trial. *J Clin Oncol*. 2015;33(13):1438-1445.
 13. Hui D, Bruera E. Models of palliative care delivery for patients with cancer. *J Clin Oncol*. 2018;36(9):852-857.
 14. Smith TJ, Temin S, Alesi ER, et al. American Society of Clinical Oncology provisional clinical opinion: the integration of palliative care into standard oncology care. *J Clin Oncol*. 2012;30(8):880-887.
 15. Temel JS, Greer JA, Admane S, et al. Longitudinal perceptions of prognosis and goals of therapy in patients with metastatic non-small-cell lung cancer: results of a randomized study of early palliative care. *J Clin Oncol*. 2011;29(17):2319-2326.
 16. Ferrell BR, Temel JS, Temin S, et al. Integration of palliative care into standard oncology care: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2017;35(1):96-112.
 17. Hui D, Bruera E. Integrating palliative care into the trajectory of cancer care. *Nat Rev Clin Oncol*. 2016;13(3):159-171.
 18. National Consensus Project for Quality Palliative Care. *Clinical Practice Guidelines for Quality Palliative Care*. 4th ed. Richmond, VA: National Consensus Project for Quality Palliative Care; 2018.
 19. World Health Organization. WHO Definition of Palliative Care. Available at: <https://www.who.int/cancer/palliative/definition/en/>. Accessed September 10, 2021.
 20. Meier DE, Back AL, Morrison RS. The inner life of physicians and care of the seriously ill. *JAMA*. 2001;286(23):3007-3014.
 21. Downar J, Goldman R, Pinto R, Englesakis M, Adhikari NK. The "surprise question" for predicting death in seriously ill patients: a systematic review and meta-analysis. *CMAJ*. 2017;189(13):E484-E493.
 22. Temel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med*. 2010;363(8):733-742.
 23. Bakitas M, Lyons KD, Hegel MT, et al. Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer: the Project ENABLE II randomized controlled trial. *JAMA*. 2009;302(7):741-749.
 24. Zimmermann C, Swami N, Krzyzanowska M, et al. Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial. *Lancet*. 2014;383(9930):1721-1730.
 25. Ferrell B, Sun V, Hurria A, et al. Interdisciplinary palliative care for patients with lung cancer. *J Pain Symptom Manage*. 2015;50(6):758-767.
 26. Morrison RS, Meier DE. Clinical practice. Palliative care. *N Engl J Med*. 2004;350(25):2582-2590.
 27. Bakitas MA, Tosteson TD, Li Z, et al. Early versus delayed initiation of concurrent palliative oncology care: patient outcomes in the ENABLE III randomized controlled trial. *J Clin Oncol*. 2015;33(13):1438-1445.
 28. Hui D, Bruera E. Models of palliative care delivery for patients with cancer. *J Clin Oncol*. 2018;36(9):852-857.
 29. Smith TJ, Temin S, Alesi ER, et al. American Society of Clinical Oncology provisional clinical opinion: the integration of palliative care into standard oncology care. *J Clin Oncol*. 2012;30(8):880-887.
 30. Temel JS, Greer JA, Admane S, et al. Longitudinal perceptions of prognosis and goals of therapy in patients with metastatic non-small-cell lung cancer: results of a randomized study of early palliative care. *J Clin Oncol*. 2011;29(17):2319-2326.
 31. Gomes B, Higginson IJ. Where people die (1974-2030): past trends, future projections, and implications for care. *Palliat Med*. 2008;22(1):33-41.
 32. Hui D, Elsayem A, De la Cruz M, et al. Availability and integration of palliative care at US cancer centers. *JAMA*. 2010;303(11):1054-1061.