

A Mixed Methods Study on Nurse-led Initiatives to Advance Palliative Care

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Commentary

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INTRODUCTION

Palliative care, which emphasizes symptom management, psychological support, and spiritual care, attempts to enhance the quality of life for people with life-limiting illnesses. Despite its importance, there are notable gaps in care since palliative care services' quality and availability varied depending on the healthcare context. Initiatives headed by nurses have drawn notice as a successful strategy for overcoming these obstacles and improving palliative care delivery. Using a mixed methods approach, this study investigates how nurse-led initiatives affect palliative care in order to provide a thorough knowledge of their efficacy. Using a mixed methods strategy, this study collects and analyzes both quantitative and qualitative data.

The objective is to better comprehend how nurse-led initiatives affect the results of palliative care, in addition to the viewpoints and experiences of patients, families, and medical professionals participating in such programs. Structured questionnaires were used to gather quantitative data from patients, families, and healthcare professionals participating in nurse-led programs. The questionnaires evaluated quality of life, patient satisfaction, and symptom control, among other facets of palliative care. The quantitative data was analyzed using descriptive statistics and inferential methods ^[1-3].

DESCRIPTION

The results of this study provide credence to the idea that nurse-led programs are essential to improving palliative care. Increased symptom management, patient-centered care, and increased team coordination and communication are all facilitated by nurse-led approaches. The beneficial results that patients and their families have reported underscore the importance of nurse-led programs in addressing the particular requirements of palliative care recipients. Additionally, the qualitative results highlight how crucial it is to acknowledge and encourage nurse leadership in palliative care in order to improve the provision of high-quality care. Nurses can assume a leadership role in palliative care through nurse-led initiatives. In this particular profession, nurses are well-suited to promote change and enhance results because of their special combination of clinical skill, compassionate care, and holistic approach. Nurses are given the authority to decide, plan care, and speak up for patients and families through nurse-led initiatives, guaranteeing that their needs are successfully satisfied.

A key element of palliative care is effective symptom management, which aims to reduce emotional, psychological, and physical suffering. Through prompt assessment, suitable therapies, and continuous monitoring, nurse-led programs have demonstrated potential in enhancing symptom management. Nurses who actively participate in symptom management help patients feel more comfortable, experience less pain, and live better lives. These results highlight how important nurses are in meeting the diverse requirements of patients receiving palliative care ^[4-6].

CONCLUSION

A promising strategy for improving palliative care and filling in the current gaps in quality and access is nurse-led initiatives. This mixed-methods study offers important new information about how nurse-led initiatives affect the outcomes of palliative care as well as the perspectives of patients, families, and medical professionals. According to the findings, nurse leadership is crucial in palliative care because it fosters patient-centered care, better symptom management, increased coordination and communication, and continuity of care. Healthcare organizations and legislators must acknowledge and encourage nurse-led initiatives in order to maximize the provision of palliative care, giving nurses the tools and chances they need to succeed in leadership positions. We can guarantee the delivery of excellent palliative care that meets the individual needs by funding nurse-led initiatives.

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CONFLICT OF INTEREST

Authors declare no conflict of interest.

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