



## HPNA Value Statement Hospice and Palliative Nursing

### Background

Palliative care evolved from the concept of hospice care, which was first introduced in 1963 by Dame Cicely Saunders as specialized care for the dying.<sup>1</sup> Palliative nursing emerged as a professional nursing specialty in the 1970s with the initiation of a hospice nurse curriculum by Florence Wald and the later significant contributions of Dr. Jeanne Quint Benoliel and Dr. Betty Ferrell. The foundational work of these nurse leaders, along with landmark studies, reports, and significant nursing events, forged the way to our current standards of practice for comprehensive and compassionate palliative care from diagnosis through the end of life.

Palliative care nursing focuses on supporting the holistic needs of patients and their caregivers by improving quality of life through the assessment and management of the symptoms and stress related to serious illness, with attention to preventing and relieving the physical, psychosocial, and spiritual dimensions of suffering.<sup>2,3</sup> Palliative care should be available for all patient populations across the lifespan from diagnosis of a serious illness through the end of life.<sup>2,4</sup> Hospice care nursing focuses on quality of life for those living with life-limiting illnesses by managing distressing physical, psychosocial, and spiritual symptoms to promote comfort and support the dying person's family, friends, and community as they cope with the dying process.<sup>2</sup> Nurses at all levels of training advocate for and coordinate care among healthcare settings, among interdisciplinary members of the healthcare team, and between patients and family caregivers to ensure that patients receive high-quality care.<sup>5</sup>

The COVID-19 pandemic highlighted the need for: (1) the expansion of and equitable access to palliative care services for patients, families, and communities, especially minoritized populations; (2) frequent conversations about death, dying, and coping with loss; (3) expert symptom management; and (4) attention to the health of the nursing workforce.<sup>6-8</sup> Palliative and hospice nurses play an instrumental role in mentoring and educating fellow nurses and interprofessional colleagues in primary palliative care. As such, the inclusion of palliative care education in undergraduate and graduate nursing programs is now outlined in the American Association of Colleges of Nursing (AACN) *Essentials: Core Competencies of Professional Nursing Education*.<sup>6,9</sup> The End-of-Life Nursing Education Consortium, in association with AACN, has integrated palliative care education into hundreds of undergraduate and graduate nursing programs across the United States to meet the increasing palliative needs of the populations that nurses serve.<sup>8</sup>



The Hospice and Palliative Nurses Association's (HPNA's) *Scope and Standards of Palliative Nursing*<sup>10</sup> and HPNA's *Scope and Standards of the Licensed Practical Vocational Nurse*<sup>11</sup> outline the standards of practice for palliative nurses.

The National Consensus Project's *Clinical Practice Guidelines for Quality Palliative Care* and the National Quality Forum's *A Framework and Preferred Practices for Palliative and Hospice Care Quality* further establish standards for access to and provision of high-quality palliative care. The guidelines reflect an interdisciplinary orientation to address the need for primary- and specialty-level palliative care in multiple settings to achieve the best possible quality of life through relief of suffering, control of symptoms, and restoration of functional capacity, while remaining sensitive to patients' personal, cultural, and religious values, beliefs, and practices.<sup>12,14</sup> Collaboration with all members of the healthcare team must occur for optimal interdisciplinary hospice and palliative care.

Professional hospice and palliative care nurses are key to guiding the entire healthcare team in recognizing serious or life-threatening situations and to providing specialized and individualized care and support that patients want and need in such situations.<sup>8</sup>

HPNA supports and values that palliative nursing is:

- A specialty with its own art and science, unlimited by body system, diagnosis, prognosis, setting, or age.<sup>10,11</sup>
- Critical to achieving the healthcare goals of patients, families, communities, and populations from diagnosis through the end of life.<sup>10,11</sup>
- Based on competencies that combine the science and art of professional nursing care and guided by a code of ethics.<sup>14-17</sup>
- Validated by the achievement and maintenance of certification in the specialty, as well as continuing professional development.

Advanced practice registered nurses (APRNs) achieve a greater depth and breadth of knowledge and are distinguished by their ability to synthesize complex data; develop, implement, and coordinate comprehensive, holistic, patient-centered plans of care; and provide leadership in hospice and palliative nursing.<sup>18-20</sup> They are uniquely qualified and positioned to address the myriad needs of individuals facing serious illness.<sup>21,22</sup> The value of the advanced practice hospice and palliative nursing role extends beyond specialized and expanded knowledge, critical thinking, and evidence-based practice to enhanced communication skills that facilitate direct patient care through informed decision-making, patient and family education, and psychosocial/spiritual care.<sup>19</sup> Clinical Nurse Specialists are uniquely positioned to address barriers to palliative care and can develop guidelines, policies, and best-practice protocols that support family-centered approaches to transitions in care.<sup>20</sup>



Furthermore, APRNs:

- Represent a valuable resource in efforts to improve health care and increase access to high-quality palliative care for patients and their families living with serious illnesses.
- Have the knowledge and clinical judgment to provide primary palliative care, including advanced care planning, in all settings.<sup>18,23</sup>
- Can model optimal patient care to all members of the interdisciplinary healthcare team and assume palliative nursing leadership roles in education, practice, research, and public policy arenas.<sup>19,24-26</sup>

In 2017, the American Nurses Association's Professional Issues Panel, in association with HPNA, developed a paper titled "Call for Action: Nurses Lead and Transform Palliative Care." It urges nurses in all roles and settings to lead and transform palliative care in practice, education, administration, policy, and research.<sup>23</sup> Hospice and palliative nursing leadership, at all levels of practice, encompasses clinical practice to promote excellence and evidence-based practice, education to ensure hospice and palliative care skill development, advocacy to guide changes to healthcare delivery and access, and research to grow and enhance the evidence.<sup>14</sup> Hospice and palliative nurse leaders promote the visibility of nursing as an essential partner in healthcare delivery in serious illness in all settings.<sup>10,22,27</sup>

Palliative nursing leadership is:<sup>8,22,27</sup>

- A vital skill demonstrated across all levels and settings of palliative nursing practice.
- Demonstrated by actions to promote access, remove disparities, and ensure quality.
- Advanced by palliative nurse involvement with national nursing associations; local, regional, and national healthcare initiatives; and other healthcare professionals to enhance the quality and equitable delivery of palliative care.
- Transformative and leads to improved care of patients with both acute and chronic serious illnesses.
- Influences the values of inclusive care for all patients across the lifespan and in all healthcare delivery settings.

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