



Editorial

Palliative and end-of-life care: Making strides in 2020



The year: 2020. The availability of evidence-based science and advanced medical technology crossing all age groups: Outstanding. Health care expenditures and the prevalence of aging older adults living with chronic co-morbidities: Exploding. But in light of this information, we must ask: Are providers well prepared to explore care options with their patient populations who may be traversing a serious illness, or who may be at the end of life? We are making strides, as evidenced by the great work presented in this special edition of Applied Nursing Research, but still, we face challenges. Before we can meet the future demands of these complex and diverse populations, we must ensure that our workforce is well educated on the best practices in palliative and end-of-life care. Professional organizations, such as the National Academies of Sciences, Engineering and Medicine, the American Nurses Association (ANA), and the Hospice and Palliative Nurses Association (HPNA) among others, are encouraging nurses to take a lead in the movement to help prepare people, and to help educate health care professionals, so that patients can live and die, with quality, dignity and comfort.

In this special edition, we present 11 articles on diverse topics of palliative and end-of-life care, spanning patient populations and health care settings. Articles were organized according to content with similar themes. We begin by presenting research that describes perspectives of family members who endured the loss of a loved one - infant (Cote-Arsenault, Denney-Koelsch, McCoy, & Kavanaugh), child (Denhup), and older adult (Sopcheck). Following the research that examines bereavement experiences, we present several articles describing clinician and provider challenges of implementing advance care planning processes (Gazarian, Cronin, Baker & Friel; Sullivan & Klingman; Hinderer & Lee). Next, we offer two articles which describe strategies to navigate methodological challenges in conducting research, including: instrumentation research in noncommunicative palliative care patients (Kaiser, McGuire, Keay, Haisfield-Wolfe), and the use of social media as a recruitment method to reach a diverse sample of bereaved parents (Johnson, Dias, Clarkson, & Schreier). The remaining three articles examine health care professionals' knowledge concerning palliative and end-of-life care, and effective strategies to enhance provider education

(Kim, Savage, Song, Vincent, Park, Ferrans, & Kavanaugh; O'Shea & Mager; Conelius & Shea).

As we reflect on the research presented in this special edition of ANR, we contemplate future directions as clinicians and researchers to further impact palliative care for all patient populations. A priority action step is the continued education of students in nursing, medical, and other health related programs, on the topic of palliative care. National curricula exist, such as End-of-Life Nursing Education Consortium (ELNEC) and EPEC: Education in Palliative and End-of-Life Care (Northwestern University), which have demonstrated strong effectiveness over time, but the curricula needs broader dissemination and implementation. Continued education must also extend to our current workforce through in-service, conference attendance, and access to consultants and to scholarly publications in journals. Contacting state legislators to support the Palliative Care and Hospice Education and Training Act (PCHETA) will increase opportunities for all health care professionals to attain this necessary education. Additionally, research and quality improvement projects that aim to either generate new knowledge or identify best practices within our varied patient populations are needed. Further examination of cultural, psychosocial, emotional and spiritual issues among those living with serious illness will augment the palliative care literature beyond physical conditions, pain and symptom management. Advance care planning is another topical area of need. Specifically, it is essential to describe effective strategies on how to start the conversation and how to implement goals of care, so that individuals become empowered to declare what matters most to them, and how they wish to live their life with a serious medical condition. And, when the time comes, how to respect individual's wishes and choices for a peaceful and dignified death. We wish to thank our contributors for sharing their timely and important work.

Diana Mager*, Eileen R. O'Shea

Kanarek Center for Palliative Care Nursing Education, Egan School of Nursing and Health Studies Fairfield University, United States of America
E-mail address: dmager@fairfield.edu (D. Mager).

* Corresponding author.