

Opinion

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Integrating Nurse-Led, Culturally Sensitive Palliative Care in Resource-Constrained Settings: An Urgent Priority



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Introduction

Palliative care, defined as holistic care for individuals with life-threatening illnesses, is essential for alleviating suffering and improving quality of life; however, global access remains highly inequitable [1]. Although healthcare systems in high-income countries have made strides in specialist palliative services, low- and middle-income countries (LMICs) and conflict-affected regions face profound challenges including limited infrastructure, shortage of trained professionals, and cultural barriers to care uptake. Within these contexts, nurses constitute the backbone of healthcare delivery and are uniquely positioned to lead culturally attuned palliative services. This opinion argues that implementing nurse-led, culturally sensitive palliative care models is a pressing and actionable strategy to reduce suffering and improve care equity in settings with constrained resources.

Palliative Care Inequities and the Nurse's Role

Despite demonstrated benefits for patients, caregivers, and health systems, palliative care reaches only a fraction of those in need worldwide [1]. Disparities are particularly stark in LMICs, where access to essential palliative medicines, pain management, and specialized services is inconsistent or absent. Peeler and colleagues (2025) emphasize the need for coordinated policy, education, and service development to expand equitable access. In regions such as the Middle East, North Africa, and sub-Saharan Africa, nurses frequently deliver the majority of direct patient care but often lack formal training in palliative competencies and cultural competence, impeding quality care delivery [2]. Nurse-

led palliative models are practical in resource-limited settings because they capitalize on the existing workforce and prioritize continuity of care. Evidence from integrative primary palliative care suggests that when nurses receive targeted training in basic palliative interventions, symptom management, and communication, patients experience better clinical outcomes without reliance on scarce specialist resources [3]. Moreover, nurses' continuous patient contact places them at the forefront of understanding individual patient needs and cultural preferences, enabling more responsive and person-centered care.

Cultural Sensitivity as Core to Care Delivery

Cultural beliefs about illness, suffering, and death profoundly influence patient expectations and care experiences. Recent qualitative research highlights linguistic barriers, differing death rituals, and varying family involvement as significant challenges for nurses in culturally diverse palliative settings [4]. In conflict-affected and culturally heterogeneous regions, failure to address these dimensions can result in mistrust, poor adherence to care plans, and psychosocial distress for patients and families. Culturally sensitive palliative care requires nurses to integrate communication strategies that respect local beliefs while providing evidence-based symptom relief. Training programs that foster cultural humility and competence such as those being piloted in perinatal palliative care have demonstrated promise in improving communication and family satisfaction [5]. Embedding cultural competence within palliative nurse education is essential, not auxiliary, to effective care.

Education, Policy, and System Implications

Achieving sustainable nurse-led palliative care requires systemic support through education and policy reform. Targeted education programs, including psychosocial and palliative care courses tailored to local contexts, are being developed and evaluated in LMICs, reflecting broad recognition of the training gap [6,7]. Such programs increase nurse confidence and competence in meeting complex physical and emotional needs of patients with advanced illness. Policy frameworks must recognize palliative care as an integral part of universal health coverage and codify nurses' scopes of practice to include palliative competencies. International initiatives advocate for palliative care education and essential medicine availability as foundational health system components. Aligning national health policies with these priorities ensures that nurse education and practice are supported institutionally rather than ad hoc.

Conclusion

Nurse-led, culturally sensitive palliative care represents an evidence-informed, ethical, and feasible model for addressing palliative care gaps in resource-constrained and culturally diverse environments. By strengthening nurse education, integrating cultural competence into practice, and aligning policy with service needs, health systems can expand access to quality palliative care and reduce preventable suffering. The centrality

of nurses to this endeavor is not merely functional but strategic; without empowered and prepared nurses, the vision of equitable, compassionate end-of-life care will remain unattained.

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