

## GUEST EDITORIAL

### Nurse's Multiple Roles in Health Care

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According to the World Health Organization (WHO), 56.2 million people die worldwide every year and 7.6 million of these die from cancer. In Europe, 3.2 million people die each year and 1.7 million deaths are caused by cancer (1).

Throughout history, nurses have been responsible for ensuring the quality of life for patients, their families, and the community through all stages of life (2). Patients with cancer spend a significant period of time in oncology units where primarily nurses are responsible for patients' end-of-life (EOL) care and spend more time with patients than any other health care professionals (3). While providing regular care nurses may identify behaviours that obstruct or improve EOL care for patients and their families (4).

Nurses play multiple roles in acute, community, and public health settings that include, but are not limited to, care team member and leader, primary care provider, patient and family advocate, population health coordinator, and educator. Through each of these roles, nurses impact the medical and social factors that drive health outcomes and the equity of health and health care (5).

Progress in medical technology changes natural death standards. The technologically advanced procedures have the ability to intervene at the time of death and to prolong the lives of individuals. In other words, medical technology facilitates natural death by supporting people's lives. Therefore, these medical achievements have given patients, their families and health care professionals an important task to decide on end-of-life care. Decision-making on end-of-life care is an important component of decent death that raises ethical dilemmas for health care professionals, patients and their relatives.

Nursing as a profession is grounded in moral obligation (6). Nursing practice is based on ethical standards and principles: to do no harm, to promote justice, to be accountable, and to provide safe and competent care (7). The nature of the nurse-patient therapeutic relationship requires acting on the patient's behalf. A nurse feels emotionally distressed when one must act in a way that contradicts his/her

personal beliefs and values and when they know the right moral decision but are unable to implement the decision. In their daily practice, nurses encounter difficult ethical decisions due to both, individual and organizational factors (8).

Modern society often lacks knowledge of how qualified end-of-life care should be implemented for patients. This lack of knowledge is usually determined by the denial of death in the society and an unwillingness to speak about it, until the circumstances cause them to be in a situation where end-of-life issues are inevitable. It is equally important to provide such knowledge to the society because it is essential and helps to ensure effective supervision and facilitate the work of medical staff (9).

The nursing workforce will be tested in a variety of ways over the next decade, including responding to an aging population that has more complex and intense medical needs, demand for more primary care capacity, and the need to bridge medical and health care with the social factors that influence people's health and well-being. To build a future workforce that effectively provides the health and health care that society needs will require a substantial increase in the numbers, types, and distribution of the nursing workforce, as well as an education system that better prepares nurses for practicing in community-based settings with diverse populations that face a variety of lived experiences. These improvements will occur more rapidly, more uniformly, and more successfully if programmatic, policy, and funding opportunities can be leveraged by health systems, governments, educators, and payers (5). Nurses, nursing leaders and researchers will contribute to these developments with multiple roles they perform in health care system.

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