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The Impact of Nurse-Led Education Programs on Patient Outcomes

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Abstract:

Nurse-led education programs have emerged as a transformative approach in healthcare, offering tailored and patient-centered education to improve health outcomes. These programs leverage the unique position of nurses as trusted healthcare providers to bridge the gap between complex medical knowledge and patient understanding. By focusing on holistic care, skill-building, and behavior modification, nurse-led programs have demonstrated significant success in improving clinical outcomes, enhancing quality of life, and reducing healthcare costs. This paper explores the components, benefits, and measurable impacts of these programs, highlighting their critical role in chronic disease management, surgical care, and preventive health strategies.

Keywords: Nurse-led education, patient outcomes, chronic disease management, patient empowerment, healthcare education, self-management, clinical outcomes, patient satisfaction, healthcare cost reduction.

INTRODUCTION

Patient education is a cornerstone of effective healthcare delivery, enabling individuals to better understand their conditions, make informed decisions, and actively participate in their treatment plans. Traditionally, education in healthcare settings has been delivered by various providers, but nurse-led education programs have emerged as a particularly impactful approach. These programs are uniquely positioned to enhance patient outcomes due to the close, sustained interactions nurses have with patients and their families (1). Nurses bring a holistic perspective to patient care, considering not just the medical condition but also the social, emotional, and environmental factors that influence health. This makes them ideal educators, capable of tailoring information to meet the diverse needs of patients. Nurse-led education programs often go beyond simply providing information, emphasizing skill-building, empowerment, and behavior change to achieve long-term improvements in health (2).

The significance of nurse-led education has grown as healthcare systems worldwide face increasing challenges such as rising chronic disease prevalence, healthcare access disparities, and the need for cost-effective solutions. By focusing on prevention, self-management, and adherence to treatment plans, these programs have demonstrated their ability to reduce hospital readmissions, improve quality of life, and foster greater patient satisfaction (3). Nurse-led education programs are structured initiatives in which nurses take the lead in delivering tailored health education to patients and their families. These programs aim to empower patients with the knowledge and skills necessary to manage their health conditions effectively, fostering greater independence and adherence to treatment plans. Unlike general education efforts, nurse-led programs are personalized, addressing the specific medical, emotional, and social needs of each patient (4).

Nurse-led education programs are interventions designed and implemented by nurses to bridge the gap between complex medical information and patient understanding. These programs span a wide range of healthcare contexts, including chronic disease management (e.g., diabetes or hypertension), pre-and post-surgical care, maternal and child health, and preventive care (5). The scope of these programs extends beyond clinical instruction, incorporating elements such as emotional support, cultural sensitivity, and the use of practical tools like visual aids or digital platforms. For example, in chronic disease management, a nurse-led program may involve teaching patients how to monitor their symptoms, recognize warning signs, and adjust their behavior accordingly. In surgical settings, these programs might focus on pre-operative preparation and post-operative recovery to reduce complications and promote faster healing (6).

Components of Effective Nurse-Led Education

An effective nurse-led education program comprises several key components (7):

- 1. **Assessment of Patient Needs**: Nurses begin by conducting thorough assessments to identify the patient's knowledge gaps, health literacy levels, cultural preferences, and specific concerns. This information forms the foundation for a personalized education plan.
- 2. **Goal-Oriented Curriculum**: The education is structured around clear, achievable objectives, such as teaching a diabetic patient how to monitor blood glucose levels or guiding a cardiac patient through a safe exercise regimen.

- 3. **Interactive Teaching Methods**: Nurses use a variety of techniques to enhance patient engagement, including hands-on demonstrations, question-and-answer sessions, and role-playing scenarios. These methods ensure that patients not only receive information but also develop practical skills.
- 4. **Follow-Up and Reinforcement**: Education does not end with a single session. Effective programs include follow-up visits or virtual checkins to reinforce learning, address new questions, and evaluate progress.
- Collaboration with Multidisciplinary Teams: Nurses often coordinate with other healthcare professionals, such as physicians, dietitians, and physical therapists, to provide comprehensive and consistent education.

Patient Outcomes and Metrics of Success

The ultimate goal of any healthcare intervention, including nurse-led education programs, is to improve patient outcomes. In the context of diabetes management, chronic disease care, and other health-related conditions, the success of nurse-led education programs can be measured in several ways. Patient outcomes encompass various dimensions of health, including clinical results, quality of life, patient satisfaction, and healthcare utilization. By focusing on these aspects, nurses can assess the effectiveness of their educational interventions and adjust them to meet the evolving needs of patients (8).

Patient outcomes are the tangible and measurable effects of healthcare interventions on individuals. They can be categorized into clinical outcomes, quality of life outcomes, and patient satisfaction:

1. Clinical Outcomes:

These are the most direct measures of the effectiveness of nurse-led education programs. For instance, in chronic disease management, clinical outcomes include improvements in biometric indicators such as blood pressure, blood glucose levels, cholesterol levels, and weight. In diabetes care, for example, successful education programs often result in lower HbA1c levels, improved glycemic control, and a reduction in complications such as diabetic neuropathy or retinopathy. These clinical outcomes are typically monitored through regular check-ups, lab tests, and patient self-reporting (9).

In addition, nurse-led programs have been shown to reduce the incidence of hospital readmissions. For example, a well-structured education program for heart failure patients can decrease hospitalizations by teaching patients how to manage fluid intake, recognize signs of exacerbation, and adhere to their prescribed medication regimen.

2. Quality of Life Outcomes:

Quality of life (QoL) is a broader, subjective measure of how patients feel about their health, daily functioning, and overall well-being. Nurse-led education programs aim to improve QoL by helping patients manage chronic conditions with greater confidence, thus reducing feelings of anxiety, depression, and frustration associated with illness. In conditions like diabetes or hypertension, well-educated patients often experience improved emotional well-being, better stress management, and a more positive outlook on managing their health. Nurses can assess QoL through standardized tools like the EQ-5D (EuroQol-5D) or SF-36, which measure physical and emotional functioning, social participation, and general health perception (10).

3. Patient Satisfaction:

Patient satisfaction is another crucial indicator of the success of nurse-led education programs. When patients feel informed, supported, and empowered, they are more likely to report higher levels of satisfaction with their care. Nurse-patient interactions that are characterized by clear communication, empathy, and patient-centered approaches tend to increase trust in healthcare providers, enhancing patient compliance with treatment and follow-up care. Nurses can measure satisfaction through surveys or interviews, focusing on the clarity of the information provided, the accessibility of educational materials, and the effectiveness of communication (11).

Methods for Measuring the Impact of Education

To determine the effectiveness of nurse-led education programs, various metrics and evaluation methods are employed. These tools allow healthcare providers to track changes in patient outcomes and identify areas for improvement (12):

1. **Pre- and Post-Education Assessments**: One of the most common ways to measure the impact of nurse-led education is through pre- and post-assessment tests. Before initiating the program, nurses assess patients' knowledge, attitudes, and skills related to their condition. After the program, the same assessments are repeated to measure any

improvements. These assessments may include quizzes on condition management, lifestyle modifications, or symptom recognition.

- 2. Patient Self-Report Surveys: Nurses often use self-report surveys to gather data on how patients feel about their knowledge, confidence, and ability to manage their condition after participating in an educational program. These surveys provide insight into patients' perceived improvement in health literacy and self-management skills.
- 3. Clinical Indicators and Health Records: Nurses monitor clinical indicators such as blood pressure, blood glucose levels, weight, and medication adherence to track objective improvements in patient health. These measurements provide direct evidence of the program's effectiveness in improving patients' medical outcomes.
- 4. **Follow-Up and Long-Term Monitoring**: Continuous follow-up care is essential to ensuring that the benefits of education programs persist over time. Nurses often schedule follow-up appointments to check on patients' progress, provide additional support, and address any new challenges. Long-term monitoring may involve tracking patients' ability to maintain health improvements, such as continued weight loss, blood pressure control, or reduced incidence of complications.
- 5. Patient Engagement and Behavior Change: An essential metric of success is the degree to which patients engage with and apply the education provided. Behavior changes, such as increased physical activity, better dietary habits, or improved medication adherence, can be observed through patient self-report, health records, or direct observation by nurses during follow-up visits. Tracking these behavior changes is essential for assessing the sustainability of the educational intervention.

The Role of Nurses in Patient Education

Nurses have a fundamental and multifaceted role in patient education, which is essential to improving health outcomes and ensuring patients can manage their conditions effectively. Education, in this context, goes beyond simply conveying medical information; it is a dynamic, patient-centered process where nurses guide patients through understanding their health conditions, treatment options, and the necessary lifestyle changes for optimal management. Nurses are often the primary healthcare providers who interact

with patients regularly, making them uniquely positioned to provide ongoing education and support (13).

Bridging the Gap Between Patients and Complex Medical Information

One of the most important roles of nurses in patient education is simplifying complex medical information. Healthcare, particularly in chronic disease management, often involves technical terms, intricate treatment regimens, and nuanced care plans that can be overwhelming for patients. Nurses are trained to break down these concepts into understandable, digestible pieces of information tailored to each patient's level of health literacy. For example, when educating a diabetic patient on blood glucose monitoring, a nurse will not only explain how to use the glucometer but also emphasize the significance of tracking readings and the role of diet and exercise in controlling blood sugar levels. Through their ability to communicate clearly, nurses help patients understand the importance of adherence to treatment plans, reducing the risk of miscommunication and improving overall compliance with medical advice (14).

Building Trust and Communication

Nurses are often the most trusted healthcare professionals by patients, which plays a pivotal role in effective education. Trust is the foundation upon which successful patient education is built. Nurses spend substantial time with patients, often developing personal relationships and understanding individual patient needs, fears, and challenges. This bond fosters a safe and supportive environment where patients feel comfortable asking questions, seeking clarification, and expressing their concerns without fear of judgment. Nurses employ active listening skills, empathy, and patience in these interactions, ensuring that patients not only receive information but also feel heard and supported in their healthcare journey. This level of communication is essential for ensuring that patients fully understand their condition and feel motivated to make the necessary changes to improve their health (15).

Personalizing Education to Meet Individual Needs

Another critical aspect of nurses' role in patient education is personalizing the education process to suit each patient's unique situation. Each individual's circumstances, including their culture, socioeconomic status, literacy level, and psychological state, influence how they process and respond to information. Nurses assess these factors through comprehensive patient evaluations and adjust their approach accordingly. For instance, a nurse

working with an elderly diabetic patient with limited vision might use larger print materials or digital tools that enhance readability. Similarly, a nurse might use visual aids or videos to explain complex concepts to patients who have trouble understanding written instructions (16).

Personalized education also involves addressing patients' emotional and mental health needs. Nurses are trained to provide emotional support, recognizing that chronic conditions such as diabetes, hypertension, or cancer can lead to feelings of anxiety, depression, or fear. Addressing these emotions while delivering educational content ensures that patients not only grasp the necessary medical information but also feel empowered to take charge of their health. By fostering an environment of trust and understanding, nurses help to mitigate the emotional barriers that can prevent patients from fully engaging in their treatment plans (17).

Providing Tools for Self-Management

Nurses play an integral role in preparing patients to manage their health conditions independently. This involves teaching them skills for self-monitoring and self-care. In chronic conditions like diabetes, nurses educate patients on how to monitor their blood glucose levels, use medications correctly, and adjust their lifestyle (including diet and exercise) based on their condition. This hands-on education empowers patients to take responsibility for their health, ultimately leading to better long-term outcomes. For example, a nurse might teach a patient how to administer insulin injections, and then supervise the patient as they practice the technique. This practical, hands-on approach ensures that patients feel confident and capable in managing their condition (18).

In addition to practical skills, nurses also provide patients with tools to manage their condition, such as symptom tracking charts, apps for medication reminders, or resources for local support groups. These tools make it easier for patients to adhere to their treatment plans and monitor their progress over time. Nurses also ensure that patients understand how to utilize these tools effectively, helping to promote long-term engagement in their care (19).

Promoting Health Behavior Changes

A significant part of patient education involves encouraging health behavior changes that align with managing chronic conditions or preventing diseases. Nurses use motivational interviewing techniques, a patient-centered approach that helps individuals reflect on their behaviors, values, and goals, to inspire

positive changes. By discussing the benefits of health modifications—such as exercise, healthy eating, or smoking cessation—nurses can motivate patients to adopt healthier lifestyles. Additionally, nurses provide continuous support to help patients overcome challenges and maintain these changes over time (20).

For instance, in a nurse-led education program for patients with hypertension, nurses may discuss the impact of reducing sodium intake, managing stress, and regular exercise on lowering blood pressure. The nurse will also help the patient set achievable goals, provide resources like recipes or stress-relief exercises, and follow up to ensure that the patient is progressing. This emphasis on behavior change goes beyond short-term interventions and fosters lifelong habits that improve health outcomes (21).

Advocating for Patient Rights and Access to Resources

Beyond direct education, nurses also play a critical advocacy role in ensuring that patients have access to the resources they need to manage their conditions effectively. This includes helping patients navigate the healthcare system, access medications, find financial assistance for treatments, or connect with support groups. Nurses advocate for their patients' needs, ensuring they receive the necessary resources and support to optimize their health (22).

In some cases, nurses may work in partnership with social workers, dietitians, or physical therapists to provide a comprehensive support network for patients. By coordinating care and referring patients to specialists, when necessary, nurses help ensure that patients' education extends beyond self-care, promoting access to a wide range of healthcare services (23).

Benefits of Nurse-Led Education Programs

Nurse-led education programs offer a range of significant benefits, both for patients and the broader healthcare system. These programs are designed to equip patients with the knowledge and skills they need to manage their health effectively, improving outcomes and reducing the burden on healthcare facilities. The holistic nature of nurse-led programs, which combine clinical expertise with patient-centered education, has proven to be highly effective in promoting long-term health and preventing complications. Below, we explore some of the key benefits of these programs (24).

Improved Health Literacy and Self-Management

One of the primary benefits of nurse-led education programs is the enhancement of health literacy. Nurses are adept at breaking down complex medical information into simple, understandable terms, ensuring that patients comprehend their conditions and the steps they need to take for better management. For instance, in the case of diabetes management, nurses educate patients about how to monitor their blood glucose levels, the importance of diet and exercise, and the correct use of medications. This type of education empowers patients to become active participants in their care. As a result, they are more likely to make informed decisions, adhere to treatment plans, and manage their conditions independently. Improved self-management leads to better clinical outcomes, such as more stable blood glucose levels in diabetic patients or controlled hypertension in individuals with high blood pressure (25).

Reduction in Hospital Readmissions and Complications

Nurse-led education programs have also been shown to reduce hospital readmissions and complications related to chronic conditions. When patients are well-educated about their conditions, they are better equipped to manage symptoms, recognize early signs of complications, and seek timely intervention before conditions worsen. For example, heart failure patients who are educated about fluid management and medication adherence are less likely to experience acute exacerbations that require hospitalization. Similarly, in diabetic care, patients who understand the importance of regular glucose monitoring and managing their insulin therapy are less likely to develop severe complications like diabetic ketoacidosis. By preventing complications and reducing the need for emergency care, nurse-led education programs not only improve patient outcomes but also reduce healthcare costs by avoiding unnecessary hospital admissions (26).

Enhanced Patient Satisfaction and Empowerment

Patient satisfaction is a key indicator of the success of healthcare interventions, and nurse-led education programs consistently improve satisfaction levels. Patients who feel informed and involved in their care are more likely to report positive experiences with healthcare services. The education provided by nurses enhances patients' confidence in managing their conditions, which leads to a greater sense of empowerment. When patients feel that they understand their health and have the tools to take control, they experience less anxiety and greater satisfaction with their care. This empowerment fosters a more positive relationship with healthcare providers, as patients are more likely to adhere to medical advice and engage in healthy behaviors when they understand the rationale behind their treatment plans (27).

Better Adherence to Treatment Plans

One of the most critical benefits of nurse-led education is improved adherence to prescribed treatment regimens. Patients who are educated about the importance of following their treatment plans are more likely to stick to them, whether it involves taking medications as prescribed, following dietary guidelines, or engaging in regular physical activity. Nurses play a key role in motivating patients to maintain these behaviors, especially when they emphasize the long-term benefits and provide ongoing support. For example, in hypertension management, nurses educate patients about the importance of regular blood pressure monitoring and medication adherence. As a result, patients who have participated in nurse-led education programs are more likely to achieve better control of their condition, reducing the risk of stroke, heart attack, and other complications (28).

Improved Clinical Outcomes

Improved clinical outcomes are one of the most significant advantages of nurse-led education programs. By providing patients with the knowledge and resources they need to manage their health conditions, nurses contribute to better disease control and prevention of complications. For example, a nurse-led diabetes education program that focuses on blood sugar management, healthy eating, and physical activity has been shown to improve glycemic control in diabetic patients. Similarly, patients with chronic obstructive pulmonary disease (COPD) who are educated on breathing exercises, medication use, and managing exacerbations experience fewer flare-ups and improved lung function. These clinical improvements not only benefit patients' health but also reduce the strain on healthcare facilities by decreasing the frequency of hospital visits and emergency interventions (29).

Fostering Long-Term Behavior Change

Nurse-led education programs are particularly effective in fostering long-term behavior change, which is essential for managing chronic diseases. Nurses use a variety of educational strategies, such as motivational interviewing, goal setting, and regular follow-ups, to help patients adopt and maintain healthier lifestyles. For instance, in a nurse-led smoking cessation program, nurses provide education about the risks of smoking, the benefits of quitting, and strategies to manage cravings. By guiding patients through the process of behavior change and offering ongoing support, nurses help ensure that these lifestyle changes stick, leading to improved health outcomes over the long term. Whether it's adopting a heart-healthy diet, increasing physical activity, or reducing alcohol consumption, nurse-led education helps patients make sustainable changes that significantly improve their quality of life (30).

Reducing Healthcare Costs

Another major benefit of nurse-led education programs is the reduction in overall healthcare costs. By preventing complications, reducing hospital admissions, and improving self-management, these programs lower the need for expensive emergency interventions and long-term medical care. For example, educating diabetic patients about foot care and proper glucose management reduces the risk of diabetic foot ulcers and amputations, which are costly and require long-term care. Similarly, teaching patients with cardiovascular disease how to manage their blood pressure and reduce their risk factors helps avoid costly hospitalizations and surgeries. In this way, nurse-led education not only enhances patient outcomes but also contributes to more efficient and cost-effective healthcare delivery (31).

Conclusion

Nurse-led education programs represent a vital evolution in patient care, addressing the growing need for effective, individualized health education. These programs empower patients by providing them with the knowledge and skills required to manage their conditions effectively, resulting in improved clinical outcomes, reduced hospital readmissions, and enhanced quality of life. Furthermore, the trust and rapport established between nurses and patients create a supportive environment conducive to learning and long-term behavior change. By integrating these programs into healthcare systems, providers can not only improve patient satisfaction but also promote cost-effective solutions to the challenges of modern healthcare.

References

- (1) Tian C, Zhang J, Rong J, Ma W, Yang H. Impact of nurse-led education on the prognosis of heart failure patients: A systematic review and meta-analysis. International Nursing Review. 2024 Mar;71(1):180-8.
- (2) Huesken A, Hoffmann R, Ayed S. Persistent effect of nurse-led education on self-care behavior and disease knowledge in heart failure patients. International journal of nursing sciences. 2021 Apr 10;8(2):161-7
- (3) Pouresmail Z, Nabavi FH, Zare NV. Outcomes of Patient Education in Nurse-led Clinics: A Systematic Review. Journal of Caring Sciences. 2023 Sep;12(3):188.
- (4) Son YJ, Choi J, Lee HJ. Effectiveness of nurse-led heart failure self-care education on health outcomes of heart failure patients: a systematic review and meta-analysis. International Journal of environmental research and public health. 2020 Sep;17(18):6559.
- (5) Kin C, Tsang CY, Zhang LW, Chan SK. A nurse-led education program for pneumoconiosis caregivers at the community level. International journal of environmental research and public health. 2021 Feb;18(3):1092.
- (6) Xiao LD, Ullah S, Morey W, Jeffers L, De Bellis A, Willis E, Harrington A, Gillham D. Evaluation of a nurse-led education program to improve cross-cultural care for older people in aged care. Nurse education today. 2020 Apr 1;87:104356.
- (7) Schmüdderich K, Kiwitt J, Palm R, Roes M, Holle B. Core elements and potential of nurse-led care models in residential long-term care: A scoping review. Journal of clinical nursing. 2023 May;32(9-10):1858-84.
- (8) Carey D. Recognizing the Value of Advanced Practice Providers on an Inpatient Service: Development of Outcome-Based, Advanced Practice Provider-Specific Metrics (Doctoral dissertation, Oklahoma City University).
- (9) Voorwinde V, Steenhuis IH, Janssen IM, Monpellier VM, van Stralen MM. Definitions of long-term weight regain and their associations with clinical outcomes. Obesity surgery. 2020 Feb;30:527-36.

- (10) Duong HY, Roccuzzo A, Stähli A, Salvi GE, Lang NP, Sculean A. Oral health-related quality of life of patients rehabilitated with fixed and removable implant-supported dental prostheses. Periodontology 2000. 2022 Feb;88(1):201-37.
- (11) Aashima, Nanda M, Sharma R. A review of patient satisfaction and experience with telemedicine: a virtual solution during and beyond COVID-19 pandemic. Telemedicine and e-Health. 2021 Dec 1;27(12):1325-31.
- (12) Kubiszyn T, Borich GD. Educational testing and measurement. John Wiley & Sons; 2024 Jan 24.
- (13) Sharma M. Theoretical foundations of health education and health promotion. Jones & Bartlett Learning; 2021 Jul 14.
- (14) González-Gonzalo C, Thee EF, Klaver CC, Lee AY, Schlingemann RO, Tufail A, Verbraak F, Sánchez CI. Trustworthy AI: closing the gap between development and integration of AI systems in ophthalmic practice. Progress in retinal and eye research. 2022 Sep 1;90:101034.
- (15) Hong H, Oh HJ. The effects of patient-centered communication: exploring the mediating role of trust in healthcare providers. Health communication. 2020 Mar 20;35(4):502-11.
- (16) Tzenios N. Clustering students for personalized health education based on learning styles. Sage Science Review of Educational Technology. 2020 Nov 28;3(1):22-36.
- (17) Stout NL, Brown JC, Schwartz AL, Marshall TF, Campbell AM, Nekhlyudov L, Zucker DS, Basen-Engquist KM, Campbell G, Meyerhardt J, Cheville AL. An exercise oncology clinical pathway: screening and referral for personalized interventions. Cancer. 2020 Jun 15;126(12):2750-8.
- (18) Tharani A, Van Hecke A, Ali TS, Duprez V. Factors influencing nurses' provision of self-management support for patients with chronic illnesses: A systematic mixed studies review. International Journal of Nursing Studies. 2021 Aug 1;120:103983.
- (19) Hong PC, Chen KJ, Chang YC, Cheng SM, Chiang HH. Effectiveness of theory-based health information technology interventions on coronary artery disease self-management behavior: a clinical randomized waitlist-controlled trial. Journal of Nursing Scholarship. 2021 Jul;53(4):418-27.
- (20) Aggarwal A, Tam CC, Wu D, Li X, Qiao S. Artificial intelligence—based chatbots for promoting health behavioral changes: Systematic review. Journal of medical Internet research. 2023 Feb 24;25:e40789.
- (21) Anuar H, Shah SA, Gafor H, Mahmood MI, Ghazi HF. Usage of Health Belief Model (HBM) in health behavior: A systematic review. Malaysian Journal of Medicine and Health Sciences. 2020 Nov;16(11):2636-9346.
- (22) Abbasinia M, Ahmadi F, Kazemnejad A. Patient advocacy in nursing: A concept analysis. Nursing ethics. 2020 Feb;27(1):141-51.
- (23) Rosa WE, de Campos AP, Abedini NC, Gray TF, Huijer HA, Bhadelia A, Boit JM, Byiringiro S, Crisp N, Dahlin C, Davidson PM. Optimizing the global nursing workforce to ensure universal palliative care access and alleviate serious health-related suffering worldwide. Journal of pain and symptom management. 2022 Feb 1;63(2):e224-36.
- (24) Carey MR. Benefits of Collaborative Efforts Based on Nurse-Led Clinic Education. J Med-Clin Res & Rev. 2024;8(10):1-4.
- (25) Yu X, Chau JP, Huo L, Li X, Wang D, Wu H, Zhang Y. The effects of a nurse-led integrative medicine-based structured education program on self-management behaviors among individuals with newly diagnosed type 2 diabetes: a randomized controlled trial. BMC nursing. 2022 Aug 5;21(1):217.
- (26) Keller KL. Effects of Nurse-Led Hemodialysis Education Intervention on Hospital Readmission Rates. (27) Goodman KJ, Dougan BM, Stevens DM, Smith JR, Mikhail MA, Majka AJ. Introducing nurse-led patient education visits: empowering patients and elevating nursing practice. Journal of Nursing Care Quality. 2021 Jan 1;36(1):43-9.
- (28) Berardinelli D, Conti A, Hasnaoui A, Casabona E, Martin B, Campagna S, Dimonte V. Nurse-Led Interventions for Improving Medication Adherence in Chronic Diseases: A Systematic Review. InHealthcare 2024 Nov 22 (Vol. 12, No. 23, p. 2337). MDPI.
- (29) Broach MR. Benefits of Collaborative Efforts Based on Nurse-Led Clinic Education. California State University, Fresno; 2021.
- (30) Anselm RL. Differences Between Nurse-Led Intervention Topics, Longevity, Changed Practices, and Sustainability Planning (Doctoral dissertation, Walden University).
- (31) Alhazme WA, Alhazmi HA, Alhazmi AA, Alshemari HM, Alsheiman NK, Khubrani AA. NURSE-LED MANAGEMENT OF CHRONIC DISEASE. Neuropsychopharmacologia Hungarica. 2024 Jul 4;22(2):39-43.