

INTERPROFESSIONAL INTERVENTIONS IMPACT

on the wellbeing of palliative patients

INTRODUCTION

- **Palliative care** has become an **essential component** of healthcare, **addressing the complex needs** of patients with life-limiting illnesses (1).
- Its integration has been **linked to significant improvements in symptom management, psychological wellbeing**, and patient **autonomy** (2).
- **Wellbeing** is a **multidimensional construct** that **encompasses both objective and subjective aspects of health**, including physical, psychological, social, and existential domains (3).
- Given its multifaceted nature, **addressing wellbeing** effectively **requires an interprofessional approach** (4).

OBJECTIVES

- Analyze the effects of **interprofessional interventions on the wellbeing of palliative patients**.
- Identify the **key characteristics** of these interventions.



METHODOLOGY

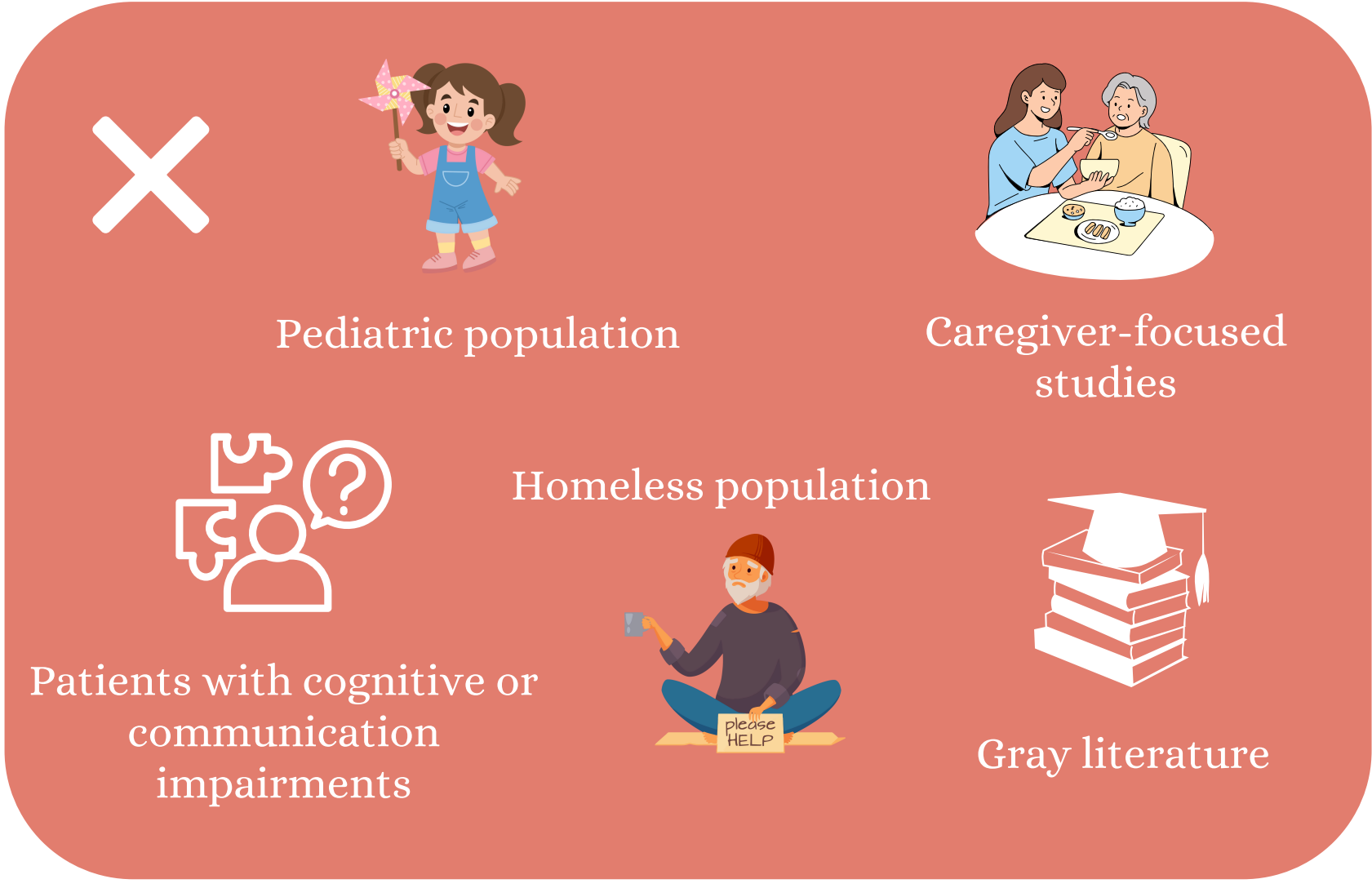
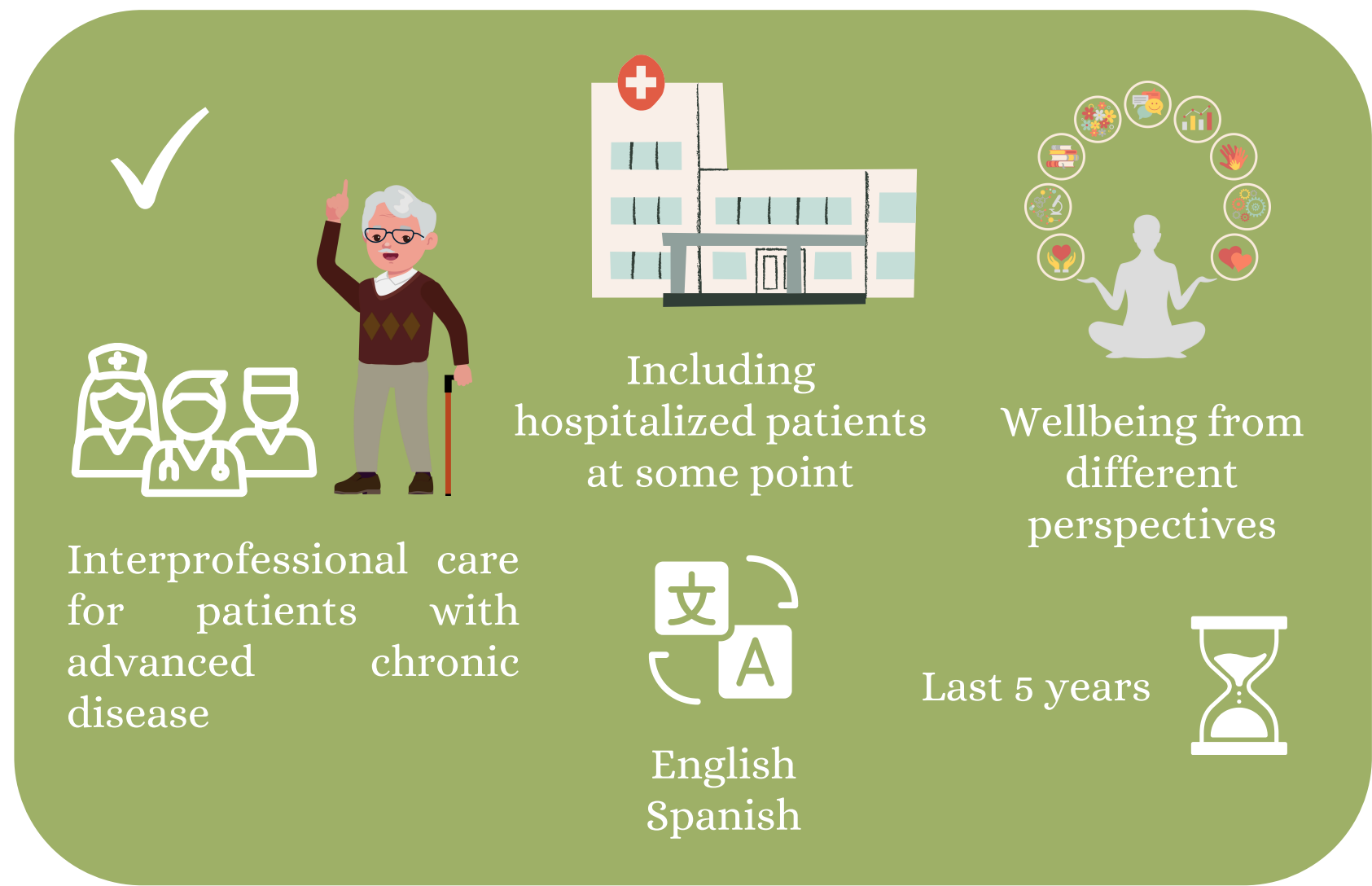
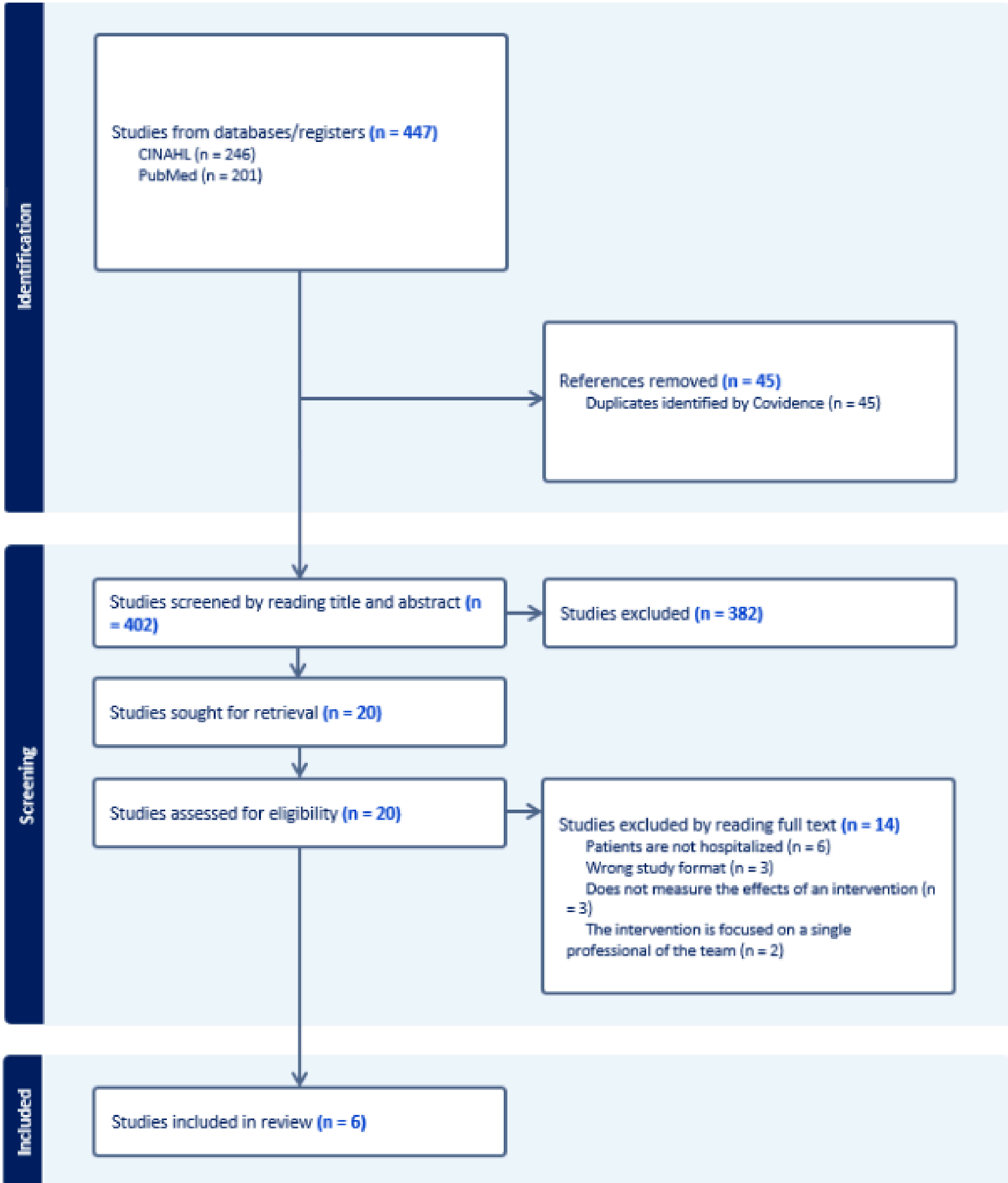
PubMed and CINAHL

2020-2025

N= 6 articles were included

English and spanish language

	Population	Intervention		Outcome
Natural terms	"End of life care" OR EOL OR "Palliative care" OR "Hospice care" OR "Terminal care" OR "Advanced care" OR "Advanced disease" OR "Advanced illness" OR Dying OR "Last days"	Interprofessional OR Interdisciplinary OR Multidisciplinary OR Teamwork OR Collaboration	Intervention OR Strategy OR Program	Wellbeing OR "Well being" OR Well-being OR Wellness OR "Quality of life" OR QOL OR "Health-related quality of life"
Controlled terms	"Palliative care" (PubMed and CINAHL) "Terminal care" (PubMed and CINAHL)	AND	AND	"Quality of life" (PubMed and CINAHL)



Key words: wellbeing, palliative patients, interprofessional relations

RESULTS

Effects on wellbeing

Physical



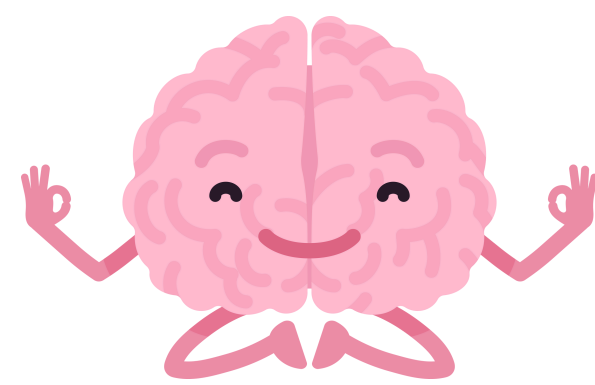
Reduced symptom burden, with **less pain interference in daily activities** and **lower symptom intensity** (5), **improvements in pain, fatigue, stiffness**, and **cramps** (6), and **decreased impact of fatigue and insomnia**, enhancing physical wellbeing (6).

Social

Improved perception of social role, with greater **ability to maintain meaningful relationships** (5), **participate in social activities** (10), and **engage in family and community roles** with fewer limitations (7), **increasing contact and reliance** on their **social network** (8).



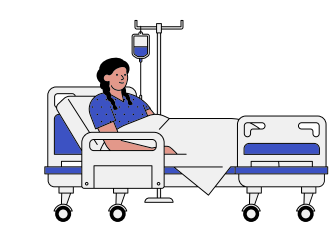
Phsyco-emotional



Improved emotional wellbeing, with greater **emotional stability** and **reduced depressive symptoms** (7,8), **decreased anxiety** (7-9), **less hopelessness, fear**, and **nervousness**, and **enhanced perception of psychological support** (8).

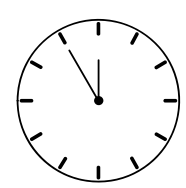
Format
Outpatient consultations (10)

Hospital-based interventions (5,7)



Hospital and home visits (8)

Duration

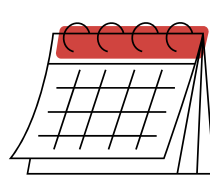


30-60 minutes (5,6,7,10)



Continuity extended to end-of-life care (5,8)

Interventions' characteristics



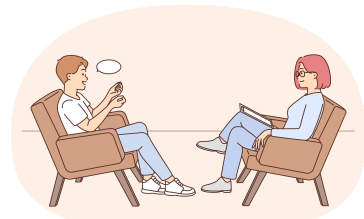
Follow-ups lasted up to 90 days (9)



Physician and nurse (9,10)

Providers

With nutritionist (8)



Included also phsycologist (5,6,8)



Conclusion

Interprofessional interventions in palliative care are essential for addressing the **multidimensional needs** of terminally ill patients, encompassing physical, emotional, social, and spiritual aspects. Future healthcare professionals should be trained through experiential, **emotionally intelligent learning** that equips them not only to treat symptoms but to provide empathetic, **humanistic care**. Additionally, research should incorporate **qualitative** and **interdisciplinary methods** to optimize care, while clinical practice should leverage technology and **shared decision-making** to improve patients' quality of life.

Bibliography

