



## Editorial

### Reflections on Advancing Preventive Care Through Evidence and Compassion

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#### Article Info

##### Keywords:

Preventive Care  
Evidence-Based Nursing  
Compassionate Care  
Nursing Leadership  
Healthcare Quality and Safety

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##### How to Cite This Article:

Hanifi N. Reflections on  
Advancing Preventive Care  
Through Evidence and  
Compassion.  
Prev Care Nurs Midwifery J.  
2024;14(4):1-2.



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#### Editorial

As Editor-in-Chief, it is my privilege to introduce this issue of the *Preventive Care in Nursing and Midwifery Journal*, which brings together a set of studies that speak directly to the evolving heart of our professions. While each article presents its own scientific contribution, together they create a powerful reflection on what it means to care, to teach, and to lead in times of continual change.

The comparative study on nurses' anxiety, moral distress, and moral courage during the COVID-19 pandemic captures a reality many of us witnessed firsthand [1]. Beyond the data, it serves as a poignant reminder of the emotional weight carried by nurses and the moral resilience that sustained clinical teams when certainty was scarce. Supporting such resilience remains one of our shared responsibilities as educators, leaders, and researchers.

In clinical care, the article examining treatment selection in acute myocardial infarction offers valuable insights into how decisions are shaped by both evidence and lived practice [2]. It invites us to reflect on the importance of aligning clinical expertise, system capacity, and patient needs to ensure timely, high-quality care—an essential principle in preventive cardiology. This issue also highlights meaningful progress in women's health and midwifery. The validated Turkish version of the Respectful Maternity Care Scale offers a reliable tool for evaluating childbirth experiences from a dignity-centered perspective [3]. At the same time, the exploration of distance education in midwifery reveals educators' adaptability during a time of accelerated digital transition [4]. Both studies emphasize the importance of our profession remaining responsive, culturally sensitive, and forward-looking.

The psychosocial dimensions of preventive care are further enriched by evidence on positive counseling approaches for pregnant women facing fetal anomaly-related anxiety [5] and for postmenopausal women through telephone-based interventions [8]. These findings reaffirm that preventive care must extend beyond physical health and include emotional well-being at every stage of life.

Finally, the articles on family relational health [6] and chronic disease management among individuals with asthma [7] broaden the preventive lens to include the environments, behaviors, and relationships that shape everyday health.

Collectively, the works in this issue remind us that preventive care is both a scientific practice and a deeply human one. They encourage us—as researchers, clinicians, and educators—to continue building systems rooted not only in evidence, but also in empathy, reflection, and shared purpose.

It is my hope that the insights presented here will inspire further inquiry, strengthen professional dialogue, and support continued advancement in nursing and midwifery care.

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