THE LIVED EXPERIENCE OF REGISTERED NURSES PROVIDING PALLIATIVE CARE IN THE COMMUNITY: A PHENOMENOLOGICAL STUDY

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KEYWORDS

Community palliative care, Registered Nurses

EXECUTIVE SUMMARY

In the Australian healthcare system, community nurses play a vital role in the arena of palliative care in the home through the promotion of individual choice that forms the foundation for person-centred care. Given the reduced on-call assistance and the responsibility of working independently, the community setting is different to inpatient palliative care and yet, little is known about this area. The aim of this study was to explore the lived experiences of nurses providing palliative care in the community. Sixteen Australian Registered Nurses were interviewed, and a descriptive phenomenological methodology was utilised to reveal the essence of their experiences.

INTRODUCTION

For many Australians, death occurs at the end of a long disease process, with both the patient and their family aware of the prognosis. For people who have spent long periods of time in the hospital receiving treatment for their serious illness, dying at home is the 'gold standard' for a good death.
Although research has focussed on the provision of palliative care in Australia in the inpatient setting, little is known about the local community setting. The need for palliative care will continue to increase due to Australia's ageing population. Current models of care use a mix of specialist inpatient palliative care providers and community services. However, individual preferences and monetary constraints point to an increasing need for palliative care delivery in the community.

Community nurses are the key healthcare clinicians who facilitate palliative care in the home, and this involves assessing, implementing care, and reflecting on ways to ensure that a good death occurs. Reassessment is often needed, particularly with any change in the phase of care, such as identifying when the person is nearing the terminal phase of life. The aim of creating a safe environment at home is essential for the wellbeing of the individual receiving care and their carers; and the community nurse facilitates this by adhering to care planning principles. To facilitate a good death in the home, a community nurse must establish therapeutic relationships with family members utilising keen emotional intelligence, maintain open dialogue with patients and families, and deliver consistent and timely education. The role of the community nurse providing palliative care in the community setting is therefore multi-faceted and requires high-level interpersonal skills combined with clinical expertise.

HIGHLIGHTS

- Participants were asked one question: what is your experience providing palliative care in the community?
- Themes emerged around communication, the nursing privilege and the emotional cost of caring
- Community palliative care is a highly skilled and emotionally demanding practice centred on holistic care

METHODOLOGY

In-depth semi-structured interviews were the primary data source for this phenomenological study. Using open-ended questions and an interview guide, participants reconstructed their lived experience rather than recalling interpreted memories, allowing attention to the sensory and embodied aspects of the phenomenon.

Researcher bias was minimised through Colaizzi's bracketing, making assumptions explicit before data collection. Purposive sampling recruited Registered Nurses with at least twelve months' recent Australian community health experience who had provided palliative care. Sixteen recorded Zoom interviews (30–60 minutes) were conducted, transcribed, and analysed using Colaizzi's method, beginning with the question: "What is your experience of providing palliative care in the community setting?"

RESULTS

The descriptive phenomenological interviewing approach enabled participants to articulate the aspects of their experience they considered most significant. Each interview produced a distinct narrative, reflecting an uninterrupted stream of individual consciousness. The interview process was often experienced as cathartic, with participants expressing strong commitment, passion, and professional pride in their practice. Preliminary findings indicate that providing palliative care in the community is a holistic, relationship-centred endeavour grounded in carer education, effective communication, and respect for individual autonomy. Establishing trust, supporting families and carers, and facilitating open discussions about end-of-life decision-making emerged as essential components of safe and effective community-based palliative care.

CONCLUSION

Descriptive phenomenological interviews revealed that community-based palliative care is experienced by nurses as a profoundly relational, culturally attuned, and emotionally demanding practice. Participants described drawing on a wide range of clinical and interpersonal skills to support individuals at the end of life while simultaneously navigating therapeutic relationships, cultural expectations, and the inherent limits of care provision, often managing personal emotional responses alongside professional obligations. These accounts provided the research team with enhanced insight into the phenomenon under investigation. This study seeks to contribute meaningfully to national and international evidence informing community-centred palliative care and the development of palliative care policy.

Table 1: Inclusion and Exclusion Participant Criteria

INCLUDED	EXCLUDED
Registered Nurses	All other nurses and healthcare clinicians
Community nursing experience	No community nursing experience
Have worked a minimum of twelve months in community setting over the last ten years	Have worked less than twelve months total in last ten years in community setting
Must have been working in Australia during this time	Have not been community nurses in Australia
Public healthcare employees	Private healthcare employees

Table 2: Data Analysis

Process of data analysis based on Colaizzi model
Step one is focussed on gaining a sense of the participants' overall experiences through reading the subject's descriptions.
Step two involves extracting significant phrases and statements.
Step three is concerned with the formulation of meaning, and this implies that the researcher must bracket their own assumptions prior to formulating general restatements formed from the significant statements
Step four is concerned with organising the formulated meanings into clusters of themes.
Step five involves exhaustively describing the investigated phenomenon.
Step six involves describing the fundamental structure of the phenomenon.
Step seven involves returning the findings to the participants to validate the essential structure of the phenomenon.