



Do Rural Primary Health Care Nurses Feel Equipped for Palliative Care?

The professional and personal impact on rural and remote primary health care nurses who are required to provide palliative care as part of their generalist role.



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Community Primary Health Care nurses in rural and remote settings are required to provide palliative care as part of their generalist role. They have limited access to specialist medical and nursing support and sometimes there are no resident GPs. A study consisting of a mailed survey and follow up interviews was conducted to explore the experiences of these nurses, and to determine how personally and professionally equipped they felt for palliative care service provision.

Most respondents were registered nurses experienced in nursing and in rural and remote settings. They had only occasional palliative care patients, and more than half had provided palliative care for a friend or family member. The nurses either found palliative care rewarding, or preferred not to have to do it. However, even those who did not enjoy working with palliative care patients often went beyond the 'call of duty' to support a home death if that was what the patient wanted.

These nurses juggled multiple work roles as part of their generalist role, with some wearing 11 or more different 'hats'. Competing work demands were particularly challenging when a patient approached the terminal phase and required more care.

Three-quarters had attended palliative care education in the last two years but 88% required more education. Barriers to education included competing work roles, work load, geographical isolation, and lack of backfill. The nurses were prepared to access education using a range of mediums including online education, videoconference and face to face education.

Implications for health services involve ensuring systems and networks are in place to ensure timely and relevant clinical advice, support and debriefing particularly when a nurse has a negative experience, and access to relevant education using modes of delivery that are not constrained by geographical isolation.

For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'

Melissa Cumming is a Clinical Nurse Consultant Grade 3 in Cancer and Palliative Care based in Broken Hill for the Far West LHD and has a Masters Degree in Palliative Care. Melissa began her specialist nursing career in Palliative Care in Sydney in 1987 and moved to Broken Hill in 1989 where she started the local Palliative Care Service. In her nearly 24 years in Broken Hill, Melissa has provided direct and consultative Palliative Care Services and education to many rural and remote communities in the former GWAHS. She has been a passionate advocate for rural and remote palliative care, and her research project topic reflects her interest in rural and remote service provision.



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