

Nurses' Support for Families Managing Palliative Care at Home: Literature Review

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Nurses specialising in palliative care apply an additional level of care concerning clinical functions, which include the management and clinical evaluation of symptoms. Their assessments help in recognising even the most delicate changes in the patient's status, which, if not attended to, would lead to highly discomforting symptoms. Their assessments and interventions are holistic and evidence-based in nature, which ensures that the patients are attended to in the most appropriate clinical manner, considering the situation at hand, which means attending to the patient's dying process. In promoting patient care, nurses acquire both technical and judgment skills, and combining both enhances the ability to avert injuries that would otherwise be caused by individualised nursing interventions that would be inhumane, since they are devoted to the patients (van der Stap et al., 2023). The compassionate yet accurate approach of specialist nurses reinforces the pivotal role they play in aiding continuity and quality in the provision of palliative care.

Essential Role of Specialist Nurses in Symptom Management and Proactive Care

Clinical Expertise and Symptom Control

Patient symptoms can be managed effectively only when the nurse can address the physical, emotional, and even spiritual dimensions of care. Nurse specialists integrate these dimensions into holistic care plans and shift their focus from responding to crises to implementing preventative strategies that minimise the risk of symptom crises (Ikander et al., 2022). For instance, they tend to monitor patients for emerging discomfort to adjust medication and non-pharmacological therapies. This kind of proactive involvement is crucial for complex conditions like cancer or advanced organ failure, where symptoms may escalate quickly and require skilled oversight (Colomer-Lahiguera et al., 2024). Thus, they are vital to the maintenance of patient and family comfort and the preservation of quality of life in the terminal phase of illness.

As the main point of contact, the specialist nurse also helps to cultivate trust and reduce anxiety, reinforcing the contact for patients and families. The pre-existing relationship enables patients to share new or worsening symptoms without fear, while the informed interactions build trust that helps in the early identification of problems that would otherwise slip until they are exceptionally difficult to manage (Colomer-Lahiguera et al., 2024; Fethney et al., 2024). Through the cultivation of these environments, patients are more likely to disclose the information, and therefore, nurses are better positioned to make changes that would be more acceptable to the patients.

Proactive Care Planning and Unplanned Hospital Admissions

Interdisciplinary collaboration remains a vital characteristic of proactive care planning. As an advanced practice nurse, nurse specialists cooperate with physicians, social workers, and other allied healthcare professionals in developing and implementing coordinated, integrated care pathways, which prepare for and anticipate the possible changes in a patient's condition as well as the available resources at a point in time. This interprofessional collaboration is essential to the continuous and patient-centred application of the symptom management strategies (Fethney et al., 2024) and the attentive patient-centred care that the nurse ensures is granted to the patient during the home, hospital, and hospice redirection or transitions (Marshall et al., 2024). Through these interprofessional relations, the nurse further provides and ensures necessary continuity of care, which is vital in reducing the fragmentation and stress, which is a primary patient and family concern. Proactive planning further entails preparing patients and families for the likely symptom progression, which mitigates uncertainty and improves coping capacity. These actions improve the patient's comfort and help reduce the unwarranted strain placed on emergency services (van der Stap et al., 2023). Therefore, such a readiness shows the proactive framework of the nursing

knowledge underpinning theory, where anticipating difficulties is as critical as addressing them.

Specialist nurses' involvement in both active participation in scheduling and symptom mitigation improves the patient outcome. There is a model where nurses are at the core of decision-making, and it has been documented that such a model has led to reduced hospital admissions, better control of symptoms, and improvement in satisfaction scores (Colomer-Lahiguera et al., 2024). This implies that their involvement is not simply supportive in nature, but rather pivotal in determining the trajectory of care. Moreover, the fact that such nurses are able to change and modify care as the situation changes makes it more likely that such care will remain active, agile, and in tune with the patient's demands. They are capable of real-time shifting of strategies and care as the patient and care objectives evolve, whether these revolve around comfort, function, or psychosocial aspects (van der Stap et al., 2023). This reinforces their dual functions as clinicians and care coordinators who are capable of integrating the immediate and the remote.

The Critical Need for Enhanced Communication Skills and Training in Nursing

The Difficult Conversation: Transition to Dying

In specialised palliative home care, there is the additional consideration of the patient's relatives to the care being given in the home, which is always subject to change. This is always a new environment. Empirical studies such as the one conducted by Beyermann et al. (2023), focusing on patients suffering from ALS, have found that the communication extends beyond the patient. Moreover, the family's emotional concerns and underlying fears are often linked with great grief, anger, and even, in some cases, depression. Nurses through the years have come to the understanding that during emotional communications, families' bereavement and mental likeness, families have to bear the heavy burden of accepting the harsh truths which are often bottled in medical jargon. With such a critical form of care to the patients, many trained nurses are often given

limited time to learn during their respective clinical rotations (Dakka, 2022). Within the evidence-based hierarchy model, such real-world, context-rich evidence occupies a vital role in shaping best practices.

The Imperative for Formal Training and Education

Scholarly analysis emphasises the value of formal education in integrating specialised communication training into practice. For instance, in oncology and palliative care, review findings suggest that nurses often do not possess the necessary skill set to sufficiently manage end-of-life conversations (Ikander et al., 2022). These gaps result from a lack of structured communication exposure or insufficient routine opportunities. Nurses also report a lack of direction on culturally sensitive topics, including managing emotions, professional boundaries, and social distance during private conversations (Colomer-Lahiguera et al., 2024). Educating nurses in these technologies strengthens their professional capabilities and improves patient and family satisfaction with the care received.

Additional research has highlighted the importance of integrating the development of communication skills with overarching quality frameworks in palliative care. For example, an expert consensus on the quality of palliative nursing includes “responsible communication” as a fundamental element of quality within palliative nursing, marking its importance in relationship-building and holistic nursing care (Zulueta Egea et al., 2023). This view considers communication to be at the same level as symptom management, family participation, and spiritual care, illustrating the idea that technical skill devoid of the ability to relate and connect with patients and families is of no value (Ikander et al., 2022). Communication competency scales that have undergone validation can strengthen continuous professional development in this domain.

The adaptation of communication training within nursing practice should reflect the intricacy

of the nurse's function within multidisciplinary teams. Scoping reviews indicate that, while nurses facilitate person-centred care and foster positive interpersonal interactions, their role in communication, especially among physicians, tends to be more passive in hierarchical frameworks where physicians lead many decision-making processes (Marshall et al., 2024; Moran et al., 2024). Organisational frameworks that provide clearly defined boundaries and endorse policy at the institutional level that support communication as a collective endeavour, rather than solely the domain of physicians, are necessary.

Overcoming Systemic and Organisational Barriers in Community Nursing Care

Structural Barriers: Funding, Staffing, and Resources

Workforce shortages further limit what community teams can achieve within the constraints of their capabilities. While nurses represent the majority of the health workforce globally, the majority of health systems do not enable nurses to lead and practice to full scope, or initiate palliative care pathways where they are often the only constant in families' lives (Rosa et al., 2022; Sørstrøm et al., 2025). When the scope of practice, staffing, and leadership provisions are limited, community services lose the very local knowledge and continuity that enable home care to function.

Insufficient funding directed to education further slows the translation of best evidence into practice. A systematic review of the chosen materials highlights the lack of appropriate time or limited access to databases, aside poor readiness within the agency, as recurring barriers to the development of evidence-based routine in palliative nursing (Dakka, 2022). Without the provision of learning time, managerial support, and straightforward mechanisms for adopting best practice, nurses are forced to work in clusters instead of relying on standardised, contemporary systems.

Implementation Challenges and Staff Engagement

Boundary-spanning services such as primary and downstream social services present a

challenge for community nurses who need to coordinate with other hospitals and social services while preserving rapport at home. In many rural areas, reporting from patients and families indicates that while timely specialist consultation, trajectory signposting, and reliable 24/7 support are critical, many areas do not consistently embed or fund these (Marshall et al., 2024). In the absence of such infrastructure, nurses are cast as navigators instead of part of the cohesive planning partnership with the integrated team.

Evidence from a nurse-led community program illustrates that symptom burden and overall quality of life can be improved with systematic assessment and education, alongside proactive organisational support and basic resource provision (Abdel-Aziz et al., 2025). These improvements emphasise the importance of standardised assessments and care pathways that demonstrate nursing strategy implementation, and how nursing skill sets can be integrated into diverse patient care with uniform plan efficacy (Johansen et al., 2022). This also emphasises the urgent need for dedicated funding that shields family coaching and service coordination from crisis-driven visits for plan reviews.

Conclusion

Community nurses report that successful home palliative care relies on the readiness of the individual involved, preset roles, and reliable external support that can respond promptly. These community nurses report how peer support enhances professional confidence and mentorship to teams, while problematic real-time backup and unclear referral processes to the complex backup make complex cases feel precarious. Structural and organisational concerns, such as transport, equipment, and documentation systems, can consume the time that would otherwise be spent on family teaching and anticipatory guidance.

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