National Palliative Care Workforce Survey

KEY FINDINGS

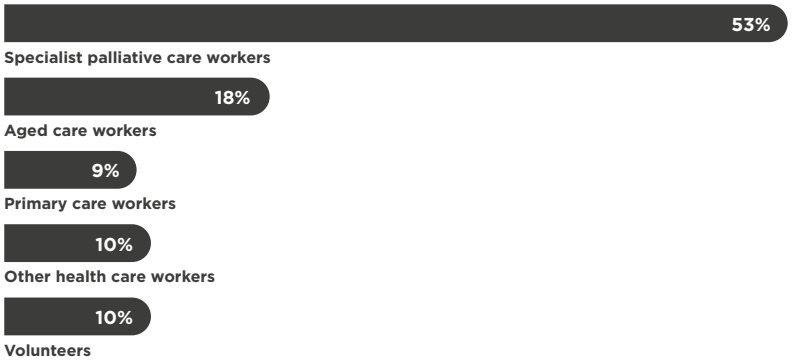
Palliative Care Australia
Matters of life and death

About the survey

The National Palliative Care Workforce Survey was commissioned by Palliative Care Australia and conducted by Winton Research & Insights. Surveys were conducted online in May-August 2024 with full survey results released in September 2025.

The 1,400 survey respondents were asked about the key issues and challenges across different health and aged care settings where palliative care is provided.

About the 1400 survey respondents



IN SPECIALIST PALLIATIVE CARE SETTINGS

90%
of respondents reported **increased demand** for specialist palliative care in the previous year, but only **28% said** funding met that demand.

69%
agreed the palliative care service where they worked had **difficulty recruiting staff**, and **48% reported** difficulty retaining staff in the previous year.

Only **33%**
agreed the palliative care service where they worked had **enough staff** to ensure high quality care for every patient.

Just **16%**
agreed **funding** for their palliative care service was sufficient to provide **out-of-hours care** to all who needed it.

Specialist palliative care respondents

"We are so understaffed to provide optimal care and also we do not have enough allocated palliative care beds."

"Workload due to patient-staff ratio makes it difficult to provide the much-needed quality time with patients and families."

"There is no way we will ever have enough in-patient beds for all who need palliative care, so we need better 24-hour staffed and resourced community services..."

"[There is]... growing need for palliative care without a corresponding increase in funding and staffing."

Read the full report

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IN PRIMARY CARE SETTINGS

72%
of primary care workers agreed that **demand for palliative care** had increased in the previous year.

Only **18%**
of primary care workers said that the **boundaries** between their role and the role of specialist palliative care services was clear.

96%
of primary care workers agreed that **early discussion** of palliative care is critical, but only **11% agreed** their service was adequately funded to provide palliative care in the previous year.

Primary care respondents

"Patients may have complex care needs but don't meet referral criteria for specialist palliative care."

"We have an excellent palliative care service but they are stretched by their resources."

"Medicare needs to start recognising the importance of primary care in palliative care by funding it properly."

IN AGED CARE SETTINGS

83%
reported that the aged care service where they work provided **palliative care** to all those who needed it.

39%
of aged care workers agreed that the service where they work was **adequately funded** to provide palliative care in the last year.

Despite the **Aged Care Royal Commission's** vision that palliative care become "core business" in aged care, **half** of aged care workers reported either no change (37%) in the quality of palliative care provided in the past year, or decreased quality (12%).

Aged care respondents

"We commence palliative care conversations on admission. This means we are better able to support individual palliative care needs and remain more person-centred in our care."

"...[An] extreme nursing shortage has [led to]... burnout and extreme physical and mental fatigue, pressure and stress on nurses."

REGARDING VOLUNTARY ASSISTED DYING

Half of respondents asked about VAD (49%) said that the introduction of VAD had actually **increased demand** for palliative care, while just **2% said** it had **decreased demand** for palliative care.

Specialist palliative care respondents

"I am proud to be able to support my patients and their family through a dignified passing that my patient has independently chosen."

"The presence of VAD complicates conversations about other end-of-life care options."

"This is all unfunded work and pressure is placed on GPs to provide services at no cost to their patient."

"Unfortunately, I feel that access to VAD is a first option for rural and remote patients rather than a second option after a patient has received equitable access to good palliative care."

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