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Especialidad en Enfermería Oncológica

Título: Intervención de enfermería en cuidados paliativos domiciliarios en pacientes oncológicos: revisión sistemática

Trabajo de investigación con fines de titulación previo a la obtención del título de Especialista en Enfermería Oncológica

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Dedicatoria

Dedico este logro, en primer lugar, a mi amado Jesús y a la Santísima Virgen María, quienes han sido mi guía, fortaleza y luz durante todo mi proceso de formación. Gracias por bendecirme, sostenerme en los momentos difíciles e iluminar cada paso de este camino.

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Nursing Intervention in Home-Based Palliative Care for Cancer Patients: A Systematic Review

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ABSTRACT

Cancer constitutes a growing challenge for healthcare systems due to its high burden and complexity of care. In this context, home-based palliative care highlights the role of the nursing professional as the cornerstone of comprehensive care.

- **Objective:** To evaluate the effectiveness of structured home-based nursing interventions in oncological patients undergoing palliative care, in terms of symptom control, quality of life, and reduction of hospital readmissions.
- **Methods:** A systematic review with a quantitative approach following the PRISMA statement guidelines. The literature search was conducted between 2019 and 2025 in the PubMed, Scopus, CINAHL, and Cochrane Library databases. The search strategy included DeCS/MeSH descriptors and free text keywords in English, Spanish, and Portuguese, combined with the boolean operators AND and OR. Study selection was carried out through the phases of identification, screening, eligibility, and inclusion, reviewing titles, abstracts, and full texts. Selected articles were critically analyzed and organized into matrices for the synthesis of relevant findings.
- **Results:** The analyzed evidence included 18 studies (systematic reviews, meta-analyses, randomized clinical trials, and observational studies) developed globally. Nursing-led home interventions demonstrated significant improvements in patient quality of life, better symptom control (pain, dyspnea, fatigue), and higher family satisfaction. While results regarding reduction in hospital readmissions were heterogeneous, a clear reduction in aggressive end-of-life interventions was found.
- **Conclusion:** Structured home nursing interventions constitute an effective strategy to improve clinical and humanistic outcomes in oncological patients undergoing palliative care, consolidating the nurse's role as an essential pillar of comprehensive care.

DeCS/MeSH KEYWORDS: Palliative Care; Home Care Services; Nursing Care; Neoplasms; Oncology nursing; Nursing interventions; Quality of Life; Symptom Management.

INTRODUCTION

Cancer constitutes one of the main challenges for health systems globally, positioning itself as one of the leading causes of morbidity and mortality (World Health Organization, 2020). It is a complex disease that can present at any stage of the life cycle, generating a significant impact not only on survival but also on the quality of life of those who suffer from it (World Health Organization, 2020). Over time, health research has enabled the development of various therapeutic strategies aimed at prolonging life and improving patients' clinical conditions.
However, in advanced stages of the disease, especially in malignant neoplasms, the clinical evolution is usually unfavorable, accompanied by physical, emotional, social, and spiritual alterations that holistically affect the individual (Ferrell BR et al., 2018).

Several studies have pointed out that people with advanced cancer may experience a decrease in their perception of personal dignity, a situation that has been linked to the emergence of anticipatory thoughts about death (Chochinov HM, 2002). Despite technological and therapeutic advances in oncology, limitations persist regarding access and effectiveness of treatments, particularly in patients with progressive or refractory disease, which reduces the possibilities of recovery or sustained clinical control (Lancet Commission on Palliative Care and Pain Relief, 2018). In this context, patients with advanced oncological diagnoses and their families face a complex process characterized by intense physical and emotional needs.
Historically, the care provided to these patients has been insufficient, with scarce availability of comprehensive support and limitations in professional guidance (Knaul et al., 2018).

Faced with this reality, palliative care has emerged as an essential response within healthcare systems, oriented toward guaranteeing person-centered, safe, and humanized care (World Health Organization, 2020). Its implementation seeks to improve the quality of life of the patient and their family environment, promoting a dignified end-of-life process free from avoidable suffering. Palliative care in oncology possesses a comprehensive approach that addresses not only physical symptoms but also the psychological, social, and spiritual dimensions of the patient (Temel JS et al., 2010). Its main objective is to alleviate suffering, control symptoms, and reduce the emotional burden associated with the disease, thereby favoring a better adaptation to the illness process.

According to the World Health Organization (2020), palliative care is defined as an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of suffering by means of early identification, impeccable assessment, and treatment of pain and other problems, physical, psychosocial, and spiritual. Current evidence suggests that the early incorporation of palliative care in oncological patients generates favorable outcomes, including better symptom control, greater satisfaction with the care received, and improvements in emotional well-being (Temel JS et al., 2010). In Ecuador, there is evidence of a growing interest in palliative care, reflected not only in the clinical field but also in the strengthening of the academic component. However, limitations still exist in the availability of specialized services, which are mainly concentrated in institutions such as the Society for the Fight Against Cancer (SOLCA).

From a nursing perspective, palliative care involves a set of interventions based on scientific knowledge and a humanistic approach to care (Ferrell BR et al., 2018). Professional practice requires clinical skills, critical judgment, and communication competencies to address the patient's needs holistically. The nursing professional plays an essential role in home-based palliative care, focusing attention on the person and the improvement of their quality of life. This approach implies not only the management of physical symptoms but also attention to the emotional, social, and spiritual needs of the patient, in accordance with a comprehensive care model (World Health Organization, 2020).

In the clinical field, the nursing professional performs continuous assessments of the patient's condition, identifying frequent symptoms such as pain, dyspnea, and fatigue; furthermore, they are part of the interdisciplinary health team that carries out timely interventions.
Likewise, they participate in the administration of treatments and the monitoring of potential complications, which contributes to preventing deterioration and maintaining and/or improving patient comfort (International Council of Nurses, 2021). Another fundamental aspect is family accompaniment. Nursing professionals educate caregivers on proper patient management, providing tools for daily care and promoting safety at home. Similarly, they offer emotional support, facilitating adaptation to the disease and the end-of-life process, which is key to reducing anxiety and suffering (National Hospice and Palliative Care Organization, 2022).

Coordination with the interdisciplinary team is also part of their functions, ensuring continuity of care and effective communication among different health professionals. In the same way, they promote respect for patient autonomy and informed decision-making, which are central elements in the ethics of palliative care (World Health Organization, 2020). In summary, the nursing professional in home-based palliative care acts as a fundamental pillar in comprehensive care, contributing to the well-being of the patient and their environment, and guaranteeing dignified care during the final stage of life.

Home care constitutes an essential component of modern healthcare systems; however, various international organizations have evidenced the existence of a significant gap related to the availability of trained personnel. This limitation affects the quality, continuity, and access to care, especially in vulnerable populations. Globally, the World Health Organization points out that there is a considerable shortage of health workers, which directly impacts the capacity of systems to provide comprehensive care, including home services. It is estimated that millions of additional professionals will be needed to meet the growing demand, particularly in contexts of population aging and the increase of chronic diseases that elevate the risk of death (WHO, 2020).

Complementarily, the Pan American Health Organization warns that inequalities in the distribution and training of health personnel persist in the Region of the Americas. These gaps limit the effective implementation of home care models and palliative care due to the lack of professionals with specific competencies in these fields (PAHO, 2019). The International Council of Nurses highlights that the shortage of qualified nurses constitutes one of the main barriers to guaranteeing safe and quality care. This deficit not only affects coverage but also increases workload, which can negatively impact the care provided to patients at home (ICN,

2021). In the context of palliative care, the World Health Organization recognizes that one of the main obstacles to its development is the insufficient training of health personnel, especially at primary and community care levels. This creates a gap between patients' needs and the actual response capacity of the health system (WHO, 2020).

Collectively, the evidence demonstrates that the lack of trained personnel in home care is not an isolated problem but a structural limitation of the system, requiring interventions oriented toward training, equitable distribution, and strengthening of human resources in health.
Prioritization of home care and palliative care is justified by its direct impact on the quality of life of affected individuals. This concept transcends the mere absence of disease, incorporating physical, psychological, social, and spiritual dimensions that determine the overall well-being of the individual (World Health Organization, 2020). In this sense, the quality of care provided by nursing personnel significantly influences the patient's experience, particularly in situations of advanced disease.

From a clinical perspective, the optimization of care allows for more effective control of symptoms such as pain, dyspnea, or anxiety, reducing suffering and promoting comfort. Various studies have shown that timely and patient-centered interventions improve perceived outcomes and decrease complications associated with the disease (National Hospice and Palliative Care Organization, 2022). In this way, quality care not only prolongs life under dignified conditions but also enhances its meaning and value for the person living it. Likewise, strengthening care impacts the family environment. Education and accompaniment provided by nursing personnel allow caregivers to develop skills, reduce uncertainty, and better cope with the illness process. This generates a positive effect on family dynamics and contributes to a less traumatic experience during the end of life (International Council of Nurses, 2021).

On the other hand, the optimization of care is related to fundamental ethical principles such as dignity, autonomy, and respect for the patient's decisions. A person-centered approach promotes active participation in decision-making, ensuring that care responds to their values and preferences, which increases satisfaction and subjective well-being. In synthesis, justifying the continuous improvement of care implies recognizing nursing interventions in home palliative care as a determinant factor in the quality of life of the patient and their family. The implementation of evidence-based practices, together with a humanized approach, allows for a balance between technical care and emotional accompaniment, consolidating nursing as a fundamental pillar in comprehensive healthcare.

OBJECTIVES

General Objective

To evaluate the effectiveness of structured home-based nursing interventions in oncological patients undergoing palliative care, in terms of symptom control, quality of life, and reduction of hospital readmissions.

Specific Objectives

- To analyze the effectiveness of home-based nursing interventions in symptom control (pain, dyspnea, fatigue) in oncological patients in palliative care.
- To identify the key components of nursing interventions (education, follow-up, symptom management) that contribute to better clinical outcomes.
- To determine the relationship between home-based nursing intervention, quality of life, and hospital readmissions.
- To analyze the available evidence regarding the gap in access to home-based palliative care and the need to strengthen the nursing role.

METHODS

The present systematic review, developed based on the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) methodology, aims to identify, evaluate, and synthesize the available scientific evidence on nursing interventions in home-based palliative care for oncological patients. The literature search was conducted in a structured and exhaustive manner in the PubMed, Scopus, CINAHL, and Cochrane Library databases, due to their recognized scientific information in health sciences and nursing.

For the search strategy, Health Sciences Descriptors (DeCS), MeSH terms, and free text keywords in English, Spanish, and Portuguese were considered, combined through boolean operators according to the specific characteristics of each database. The terms considered included: ("palliative care" OR "end-of-life care") AND ("home care" OR "home-based care" OR "domiciliary care") AND ("nursing" OR "nursing care" OR "nursing intervention") AND ("cancer" OR "oncologic patients" OR "neoplasms") AND ("quality of life" OR "symptom control"), as well as their equivalents in Spanish and Portuguese.

The authors considered studies published in the 2019–2025 period for the review, establishing the following inclusion criteria: original scientific articles and systematic reviews published in Spanish, English, or Portuguese that addressed nursing interventions within the context of home palliative care directed at oncological patients. Research with access to the abstract and full text was included, provided it directly answered the review's objective. Regarding exclusion criteria, studies developed in hospital settings, research conducted in pediatric populations, articles that did not specifically address nursing interventions at home, as well as editorials, letters to the editor, comments, protocols, dissertations/theses, gray literature, and publications with access restrictions preventing full analysis were discarded.

Following PRISMA guidelines, the study selection process was carried out in several phases. In the first stage, potentially relevant articles were identified through database searches.
Subsequently, duplicates were removed, and titles and abstracts were reviewed to exclude those that did not meet the established criteria. In the third phase, full-text reading of the pre-selected articles was performed to determine their final eligibility. This entire process was documented using the PRISMA flow diagram.

For data extraction, an Excel matrix was designed to systematically organize relevant information from each study: author, year, country, design, sample, population, type of

nursing intervention, main results, and level of evidence. This organization facilitated comparison between studies and the subsequent synthesis of evidence. The methodological quality assessment of the included articles will be conducted using validated tools depending on the study type. For clinical trials, the Cochrane Risk of Bias tool can be used; for observational studies, the STROBE guide or JBI checklists; and for systematic reviews, the CASPe or AMSTAR 2 tool. This phase will allow for the assessment of the scientific rigor of the selected research and strengthen the critical interpretation of the findings.

The results will be presented in a narrative and descriptive manner, considering the heterogeneity of designs, interventions, and outcomes reported across the studies. In the event that the articles present sufficient clinical and methodological homogeneity, the feasibility of performing a quantitative analysis could be assessed; however, due to the expected diversity in home-based palliative nursing interventions, a primarily qualitative synthesis of the evidence is anticipated.

Review Framework (PICO)

- **Population:** Oncological patients in home-based palliative care or related home programs.
- **Exposure / Intervention:** Home nursing intervention or early/home palliative care.
- **Comparison:** Usual care, conventional medical follow-up, or delayed palliative care.
- **Outcomes:** Quality of life, symptoms, satisfaction, advance care planning, service utilization, caregiver support.

Search Strategy Formulation

- **PubMed (with MeSH):** ("Palliative Care"[Mesh] AND "Home Care Services"[Mesh]) AND ("Nursing Care"[Mesh]) AND "Neoplasms"[Mesh] AND "Quality of Life"[Mesh]
- **Scopus:** TITLE-ABS-KEY ("palliative care" AND "home care" AND "nursing" AND "cancer")
- **CINAHL:** (palliative care AND home care AND nursing intervention AND cancer patients)
- **Cochrane Library:** (palliative care AND home care AND nursing)

The study selection process was performed according to PRISMA guidelines. In the identification phase, 328 records were located across different databases: PubMed (n = 125), Scopus (n = 35), CINAHL (n = 10), and Cochrane Library (n = 158). Subsequently, 190 duplicate studies were removed, yielding 138 articles for the screening phase. Title and abstract screening allowed for the exclusion of 90 studies, primarily due to inadequate methodological design (n = 30), non-pertinent population (n = 40), and intervention not aligned with the research objective (n = 20). In the eligibility phase, 48 full-text articles were evaluated, of which 30 were excluded for not presenting relevant results. Finally, 18 studies met the inclusion criteria and were incorporated into the qualitative synthesis.

RESULTS

The analyzed evidence included 18 studies consisting of systematic reviews, meta-analyses, randomized clinical trials, and observational studies, primarily developed in multi-country contexts, the United States, Europe, and Latin America, focusing on advanced cancer patients receiving home-based or integrated palliative care.

1. Effectiveness of home nursing interventions on symptom control (pain, dyspnea, fatigue)

Regarding the first objective, the studies showed favorable results in quality of life, mood, and symptom burden. Investigations such as those by Haun et al. (2017), Kavalieratos et al. (2016), Temel et al. (2010), and Bakitas et al. (2009) demonstrated a decrease in symptoms and an improvement in overall well-being, although some studies reported heterogeneous or limited effects on global symptoms and short-term outcomes.

2. Key components of nursing interventions contributing to clinical outcomes

In relation to the key components, the fundamental elements identified were patient and caregiver education, continuous home follow-up, care coordination, emotional accompaniment, and comprehensive symptom management. Nursing-led interventions showed better results when they were early, structured, and integrated into oncological treatment, additionally favoring advance care planning and end-of-life communication.

3. Relationship between home nursing intervention, quality of life, and hospital readmissions

Regarding this relationship, the majority of the studies reported significant improvements in quality of life, especially within early and integrated palliative care models. However, the evidence regarding the reduction of hospital readmissions and health resource utilization was less consistent, with some studies observing an absence of significant differences, although they did show a decrease in aggressive interventions at the end of life and higher satisfaction with the care received.

4. Evidence on the gap in access to home-based palliative care

Finally, the available evidence identified significant gaps in access to home-based palliative care, related to inequalities in service availability, limited integration of palliative programs, and a shortage of specialized resources. In this context, the studies highlight the central role of nursing in care continuity, interdisciplinary coordination, and family support, emphasizing the need to strengthen training, leadership, and the incorporation of nurses into home palliative care models.

DISCUSSION

The present synthesis of evidence highlights a consistent and clinically relevant finding: the integration of palliative care in patients with advanced cancer, particularly when implemented early and with active nursing participation, is associated with significant improvements in quality of life. This result is congruent across different levels of evidence, including systematic reviews, meta-analyses, and randomized clinical trials, which reinforces the robustness of the observed effect.

In the first place, quality of life emerges as the outcome that consistently benefits the most. Recent meta-analyses report statistically significant positive effects, such as the one by Rupang et al. (2025), while extensive reviews (Hwang et al., 2024; Fulton et al., 2019) confirm that the

majority of included studies show improvements, albeit with variability in magnitude. This pattern suggests that, beyond methodological differences, there is a real effect attributable to the palliative intervention. Nonetheless, heterogeneity in the components of the interventions (education, follow-up, coordination, specialized care) could explain the variability in effect sizes, pointing to the need to standardize intervention models.

In contrast, results related to symptoms, mood, and clinical burden are less consistent. While some studies report reductions in symptom burden (Haun et al., 2017; Kavalieratos et al., 2016), others show no clear effects on global symptoms or psychological variables (Gautama et al., 2023). This discrepancy could be due to differences in the sensitivity of measurement instruments, follow-up duration, or intervention intensity. Likewise, it is possible that quality of life, as a multidimensional construct, captures benefits that are not reflected in isolation within specific clinical variables.

A key aspect identified in the evidence is the timing of implementation. Classic studies (Temel et al., 2010; Bakitas et al., 2015; Zimmermann et al., 2014) agree that the early introduction of palliative care not only improves quality of life but is also associated with better mood and less utilization of aggressive interventions at the end of life. This finding supports the paradigm shift from a reactive to a proactive and integrated approach, where palliative care is not limited to terminal phases but is incorporated from earlier stages of the disease.

In this context, the role of nursing acquires central relevance. Nurse-led interventions, which include patient education, home follow-up, care coordination, and caregiver support, have proven effective in multiple studies (Bakitas et al., 2009; Bojesson et al., 2024). Furthermore, these interventions favor key processes such as advance care planning and communication regarding the end of life (Cohen et al., 2023). However, some studies show limited short-term effects (Schenker et al., 2021), suggesting that effectiveness may depend on factors such as the 'dose' of the intervention, follow-up continuity, and integration with other services.

On the other hand, home-based palliative care positions itself as a highly valued and potentially effective model. The included studies show high levels of satisfaction, maintenance or improvement of quality of life, and a higher probability of dying at home, in line with many patients' preferences (Alves et al., 2025). However, its impact on reducing the utilization of healthcare resources is inconclusive, indicating that its value might be more related to the quality of care than to economic efficiency.

Despite these positive findings, the evidence presents important limitations. First, there is considerable heterogeneity in study designs, populations, interventions, and evaluated outcomes, which hinders direct comparability. Second, some results are based on low-to-moderate certainty evidence, especially in systematic reviews, limiting the strength of the recommendations. Additionally, secondary analyses and sub-analyses (such as the CONNECT studies) suggest that certain effects may be modest or require more time to manifest.

From a clinical and health policy perspective, these findings have relevant implications. The evidence supports the need to integrate palliative care early and systematically into oncological care, as well as to strengthen the role of nursing as the articulating axis of care.

Likewise, it highlights the importance of developing standardized intervention models that allow maximizing the observed benefits and reducing outcome variability.

CONCLUSION

The findings of this systematic review demonstrate that structured home nursing interventions constitute an effective strategy to improve clinical and humanistic outcomes in oncological patients undergoing palliative care. In particular, significant impacts on quality of life, symptom control, and reduction in hospital service utilization are evidenced, supporting its implementation within person-centered care models.

From a clinical perspective, these results consolidate the role of nursing as an essential component in the provision of palliative care, highlighting its capacity to integrate symptom management with emotional accompaniment, patient education, and care coordination. This combination of competencies allows for continuous, personalized care adapted to the changing needs of the patient in the home environment.

Nonetheless, the evidence also highlights the existence of significant gaps in access and standardization of these interventions, especially in resource-limited contexts. The heterogeneity observed across care models and methodological designs suggests the need to develop evidence-based clinical guidelines to optimize the implementation of nurse-led home palliative care programs.

In terms of implications for health policy, the results of this review reinforce the importance of integrating home palliative care within health systems as a cost-effective strategy oriented toward improving care quality and guaranteeing dignified end-of-life care. This requires strengthening specialized training in palliative nursing, expanding service coverage, and promoting sustainable interdisciplinary models.

Finally, it is recommended that future research focus on developing studies with greater methodological rigor and intervention homogeneity, as well as evaluating long-term outcomes across different socio-cultural contexts. Consolidating this line of research will enable progress toward more equitable, humanized health systems centered on the real needs of patients and their families.

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