NEEDS OF THE NURSING TEAM WORKING IN HOME PALLIATIVE CARE: INTEGRATIVE REVIEW

Necessidades da equipe de enfermagem atuante nos cuidados paliativos domiciliares: revisão integrativa

Necesidades del equipo de enfermería actuante en cuidados paliativos domiciliarios: revisión integradora

Elson Junior*, Elza Higa**, Magali Moraes***

ABSTRACT

Background: the Nursing Team holds the primary responsibility for the clinical monitoring and articulation of the care plan for patients receiving Palliative Care at Home Care settings. They face challenges related to professional training, as well as emotional and relational difficulties, underscoring the demand for specific professional qualification. **Objective**: to analyze the needs encountered by the Nursing Team in the management of patients receiving Palliative Care in Home Care settings. **Methodology**: an Integrative Literature Review was conducted in the LILACS, BDENF, MEDLINE, Web of Science, and Scopus databases. The search stemmed from the research question, "What are the needs encountered by the nursing team in the management of patients in Palliative Care in Home Care?", which was formulated following the PICo strategy. A total of 4,694 articles were initially identified, with 29 articles included for final analysis. **Results**: Three analytical categories were listed: Needs related to Professional Qualification in Palliative Care, Organization of Interdisciplinary Teamwork, and Self-Care and Emotional Support. **Conclusion**: the review fulfilled its objective by identifying that the evidenced analytical categories are central axes supporting the quality of the service. Thus, it suggests the implementation of continuous education and sychological support for the comprehensive preparation of the team.

Keywords: palliative care; home nursing; nursing

*BSc., master's student, Faculty of Medicine of Marília (FAMEMA), São Paulo, Brazil – https://orcid.org/0009-0002-6835-8538

**PhD., Faculty of Medicine of Marília (FAMEMA), São Paulo, Brazil – https://orcid.org/0000-0001-5772-9597

***PhD., Faculty of Medicine of Marília (FAMEMA), São Paulo, Brazil – https://orcid.org/0000-0001-5888-1638

Corresponding Author:
Elson Junior
jr_med@hotmail.com

How to cite:
Junior, E., Higa, E., & Moraes, M. (2026). Needs of the nursing team working in home palliative care: integrative review. *Revista de Investigação & Inovação em Saúde, 9*, 1-15
https://doi.org/10.37914/riis.v9.504

Received: 20/08/2025
Accepted: 17/12/2025

RESUMO

Enquadramento: a Equipe de Enfermagem é a principal responsável pelo monitoramento clínico e articulação do plano de cuidados dos pacientes em Cuidados Paliativos na Atenção Domiciliar, enfrentam desafios na formação profissional, desafios emocionais e relacionais, evidenciando a exigência de qualificação profissional específica. **Objetivo**: analisar as necessidades da Equipe de Enfermagem no manejo de pacientes em Cuidados Paliativos na Atenção Domiciliar. **Metodologia**: revisão Integrativa da Literatura nas bases de dados LILACS, BDENF, MEDLINE, *Web of Science* e Scopus, partindo da pergunta de pesquisa “Quais as necessidades encontradas pela equipe de enfermagem no manejo do paciente em Cuidados Paliativos na Atenção Domiciliar?” elaborada seguindo a estratégia PICo, identificados inicialmente 4694 artigos e incluídos 29 artigos para análise. **Resultados**: foram elencadas três categorias analíticas: Necessidades relacionadas a Qualificação profissional em Cuidados Paliativos, Organização do trabalho em Equipe Interdisciplinar e Autocuidado e Suporte emocional. **Conclusão**: a revisão cumpriu seu objetivo identificando que as categorias analíticas evidenciadas são eixos que sustentam a qualidade do serviço, com isso, sugere a implementação de educação continuada e suporte psicológico para a preparação integral da equipe.

Palavras-chave: cuidados paliativos; assistência domiciliar; enfermagem

RESUMEN

Marco contextual: el Equipo de Enfermería es el principal responsable del monitoreo clínico y la articulación del plan de cuidados de los pacientes en Cuidados Paliativos en la Atención Domiciliaria. Enfrentan desafíos en la formación profesional, así como emocionales y relacionales, lo que evidencia la exigencia de una cualificación profesional específica. **Objetivo**: analizar las necesidades encontradas por el Equipo de Enfermería en el manejo de pacientes en Cuidados Paliativos en la Atención Domiciliaria. **Metodología**: se realizó una Revisión Integrativa de la Literatura en las bases de datos LILACS, BDENF, MEDLINE, Web of Science y Scopus. La búsqueda se basó en la pregunta de investigación "¿Cuáles son las necesidades encontradas por el equipo de enfermería en el manejo del paciente en Cuidados Paliativos en la Atención Domiciliaria?", formulada siguiendo la estrategia PICo. Inicialmente se identificaron 4,694 artículos, incluyéndose 29 para el análisis final. **Resultados**: se enumeraron tres categorías analíticas: Necesidades relacionadas con la Cualificación Profesional en Cuidados Paliativos, Organización del Trabajo en Equipo Interdisciplinario y Autocuidado y Soporte Emocional. **Conclusión**: la revisión cumplió su objetivo al identificar que las categorías analíticas evidenciadas son ejes centrales que sustentan la calidad del servicio. Por lo tanto, se sugiere la implementación de educación continua y apoyo psicológico para la preparación integral del equipo.

Palabras clave: cuidados paliativos; atención domiciliaria de salud; enfermería

INTRODUCTION

History and definition of palliative care

Palliative care emerged in Brazil around the 1980s, with a significant expansion of structured services over the last ten years (Castilho et al., 2021). Defined by the World Health Organization as an approach aimed at improving the quality of life of patients and their families facing life-threatening illnesses, through the prevention and relief of physical, psychosocial and spiritual suffering (World Health Organization, 2020). It is incorrect to view this as an interruption of treatment; the focus is shifted away from the disease, and care is centred on the needs of the patient and their family (Fundação Hospitalar do Estado de Minas Gerais, 2024).

The National Palliative Care Policy stipulates that palliative care should be provided at all levels of care; this study focuses on home care, which is recommended for people who are dependent on care and bedridden, and for whom their home is the preferred setting, whenever possible, for the provision of coordinated care between the Interdisciplinary Team and the family in accordance with the Individualised Care Plan (Ministério da Saúde, 2024). In this context, the Interdisciplinary Team, defined by the Pan American Health Organization (2025) as a group of health professionals working in an integrated and interdependent manner, is essential to ensure high-quality and effective care (Neto et al., 2024).

Theoretical framework

Although the Interdisciplinary Team is essential, this review focuses on the Nursing Team, comprising nurses, nursing technicians and nursing assistants, as provided for in the Law on the Professional Practice of Nursing (Congresso Nacional, 1986). The Nursing Team is primarily responsible for clinical monitoring and coordinating the care plan (Machado et al., 2022). However, in Home Care, their central role goes beyond numerical aspects; they occupy a strategic position due to being in continuous contact with the patient and assume functions of clinical monitoring, coordination of the treatment plan, and liaison between the family and health services (Pesut et al., 2024). Furthermore, working in the home demands greater autonomy, real-time decision-making, the management of complex situations without immediate supervision, and intense immersion in the family environment, elements that increase the complexity of professional demands.

It is within this high-demand and complex scenario that the Nursing Team faces an interconnected system of weaknesses. The most recurrent and long-standing problem is the lack of professional training to work in Palliative Care (Nascimento et al., 2024; Souza & Alves, 2015). This lack of preparation is exacerbated by the nascent organisation and precarious service structures, forcing professionals to take on responsibilities that exceed their competencies (Machado et al., 2022). This combination of factors culminates in professional burnout and poor quality of care (Tan et al., 2025). Nursing grapples with the difficulty of interdisciplinary coordination and the intense psychological distress inherent in the final stages of life (Nardino et al., 2021; Sørstrøm et al., 2023). Such emotional challenges require professionals to actively seek psychological support, self-care and institutional support to prevent mental ill-health (Bovero et al., 2025).

In the face of this crisis of competence, evidenced by training deficits and professional burnout, it is imperative to conceptualise professional qualification

not as limited to academic training or experience, but as encompassing all forms of learning that prepare the professional (Ministério do Trabalho e Emprego , s.d.). Qualification is effective when training strategies are guided by the concept of competencies, not restricted to technical knowledge (Guo et al., 2024). The concept of competence in nursing practice is complex and dynamic; it integrates theoretical knowledge, education and clinical practice, signifying the professional's ability to perform their duties with the knowledge and skills necessary to provide safe, effective and high-quality care to individuals (Mrayyan et al., 2023).

Although the literature has been discussing, for over a decade, the lack of qualifications and other obstacles faced by the Nursing Team, there remains a gap in the literature regarding an up-to-date, integrated and analytical synthesis of the needs of teams working in the home setting, given that nursing practice evolves within a dynamic institutional process, requiring regular review of professional competency frameworks to reflect the essential demands of practice (Wit et al., 2023). Furthermore, the recent expansion of Home Care services and the growth of Palliative Care policies in the country (Castilho et al., 2021) necessitate a contemporary synthesis that consolidates evidence on the specific needs of these professionals in this context, as per the recent mapping by Sørstrøm et al. (2024a), which describes the fragmented literature on home care and highlights gaps and heterogeneity in the evidence. Thus, this review is justified, as it seeks to provide a current, integrated and evidence-based analysis of the needs of the Nursing Team in home-based palliative care, informing care practices and continuing education strategies.

Taking all these aspects into account, this article aims to analyse the needs of the Nursing Team in the management of palliative care patients in home care, through an integrative review.

METHODOLOGICAL REVIEW PROCEDURES

An Integrative Literature Review enables the synthesis of knowledge from a broad range of literature to integrate significant findings into practice (Souza et al., 2010). Its design is guided by six phases: 1 – Formulation of the guiding question; 2 – Literature sampling; 3 – Data collection; 4 – Critical analysis of the included studies; 5 – Discussion of the results; and 6 – Presentation of the integrative review (Dantas et al., 2021).

The research question "What needs did the Nursing Team identify in the management of palliative care patients in home care?" was formulated using the PICo strategy (Population – Nursing Team; Interest – Needs in the management of patients in palliative care; and Context – Home care), which guided the literature search strategies on the topic (Aromataris et al., 2024). The advanced search utilised Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) subject headings combined with the Boolean operators AND and OR as a search strategy in the Latin American and Caribbean Health Sciences Literature (LILACS) database, the Nursing Database (BDENF), the Medical Literature Analysis and Retrieval System Online (MEDLINE), Web of Science (WOS) and Scopus. A time frame was established between 2018—a year marking an important regulatory milestone for palliative care services with the publication of

guidelines for the organisation of services—and 2024, when the National Palliative Care Policy was formalised. This period also demonstrates the highest volume of scientific publications related to the research topic. The inclusion criteria were defined as primary articles in English, Portuguese and Spanish that addressed the research question and were available in full in electronic journals. The exclusion criteria were literature reviews, dissertations, books, manuscripts, theses and editorials. Table 1 presents the databases and the strategies used for article selection.

Table 1

Database search strategies

DATABASE	SEARCH STRATEGY
LILACS	((mh:(Nursing OR "Nurses")) OR (Nursing OR Nurse*)) AND ((mh:("Palliative Care")) OR ((Care* OR Assistance* OR Treatment*) AND Palliative*)) AND ((mh:("Home Care" OR "Home Care Services")) OR (Home*))
BDENF	((mh:(Nursing OR "Nurses")) OR (Nursing OR Nurse*)) AND ((mh:("Palliative Care")) OR ((Care* OR Assistance* OR Treatment*) AND Palliative*)) AND ((mh:("Home Care" OR "Home Care Services")) OR (Home*))
MEDLINE	(((Nursing OR Nurses[MeSH Terms]) OR (Nurs*)) AND ((Palliative Care[MeSH Terms]) OR (Palliative Care))) AND ((Home Nursing OR Home Care Services[MeSH Terms]) OR ((Home OR Domiciliar*) AND (Care OR Nursing)))
WEB OF SCIENCE	**Nurs*** (Topic) and **Palliative Care** (Topic) and **(Home OR Domiciliar*) AND (Care OR Nursing)** (Topic)
SCOPUS	(TITLE-ABS-KEY (nurs*) AND TITLE-ABS-KEY (palliative AND care) AND TITLE-ABS-KEY ((home OR domiciliar*) AND (care OR nursing)))

Source: compiled by the authors

The data collection phase took place in two stages, carried out by two independent reviewers, Author 1 and Author 2, who read and assessed the titles, selected material for reading the abstracts and subsequently selected and read the full texts. Disagreements were resolved by consensus or through the intervention of Author 3, who acted as a referee. The entire process strictly followed the recommendations of *the Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) (Moher et al., 2009), as demonstrated in Figure 1, which illustrates the process followed up to the inclusion of the integrative review articles.

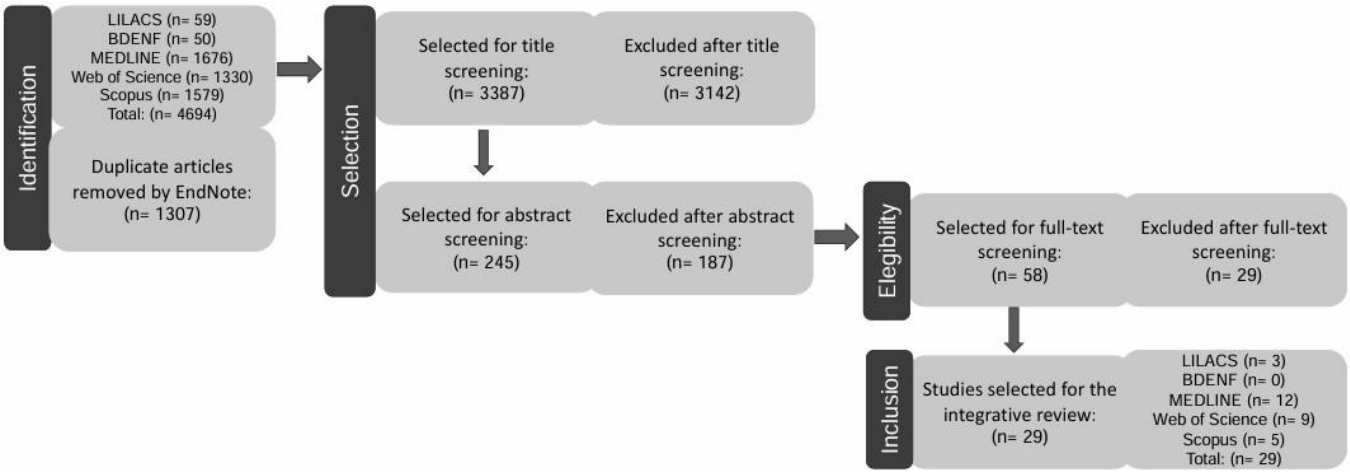

Figure 1

Flowchart of the selection process for articles included in the integrative review

Source: adapted from Haddaway et al. (2022)

For the systematic extraction of data from the 29 included articles, a data extraction form was developed comprising the following fields: Authors, Year of publication, Method, Title, Journal, Database, Country of origin, Level of evidence and, in response to the research question, the needs of the nursing team in the management of palliative care patients in home care. The analysis of the level of evidence was carried out in accordance with the guidelines of the Joanna Briggs Institute (JBI) *Manual for Evidence Synthesis*, which sets out the criteria for levels of evidence according to the characteristics of the study method (Aromataris et al., 2024).

Finally, the analysis and synthesis of the data were carried out collaboratively by the three authors using thematic content analysis, from which three analytical categories emerged, guiding the presentation and discussion of the results.

RESULTS

The main findings resulting from the data extraction from the 29 articles are compiled in Table 2, providing the basis for answering the guiding question of this review.

Table 2

Data extraction tool

Authors, Year of publication, Method, Title, Journal, Database, Country of origin, Level of evidence	Needs of the Nursing Team in the Management of Palliative Care Patients in Home Care
Silva et al., 2023/ Qualitative/ Management of palliative care at home: Perspectives of nurses in a municipality in western Paraná/ UNIPAR Health Sciences Archives/ LILACS/ Brazil/ 4.b	Training in palliative care, with a focus on communication and patient reception. Competence in providing family support and receiving support from the multidisciplinary team, as well as the need for greater integration between levels of care.
Melo et al., 2021/ Qualitative/ Conceptions, challenges and competencies of nurses in palliative care in primary health care/ Nursing Journal/ LILACS/ Brazil/ 4.b	Qualification in palliative care due to insufficient knowledge and insecurity, particularly regarding communication to address the topic and guide patients and families.

Vasconcellos et al., 2020/ Qualitative/ Nurses' experiences of palliative care in the home setting/ Journal Health NPEPS/ LILACS/ Brazil/ 4.b	Updating academic training, reframing care practice and rebuilding understanding of end-of-life care. Maintaining boundaries and respecting the patient's wishes, ethical, emotional and relational preparedness.
Näppä et al., 2023/ Qualitative/ Palliative Care in rural areas – collaboration between district nurses and doctors: an interview study/ BMC Palliative Care/ MEDLINE/ Sweden/ 4.b	Proactive care planning. Technical preparedness and adequate organisation to ensure confidence in carrying out actions. Specialised support and knowledge sharing among the team.
Johansen et al., 2022/ Qualitative/ Palliative care in home health care services and hospitals – the role of the resource nurse, a qualitative study/ BMC Palliative Care/ MEDLINE/ Norway/ 3.e	Peer support, opportunities for professional exchange. Improved organisational conditions, availability of time and cooperation between teams and levels of care to strengthen interprofessional practice.
Zhang et al., 2022/ Qualitative/ Challenges faced by Chinese community nurses when providing home-based hospice and palliative care: a descriptive qualitative study/ BMC Palliative Care/ MEDLINE/ China/ 4.b	Organisational preparation and support to provide patient-centred care. Training and career development equivalent to that offered to nurses in public hospitals, highlighting a significant gap in qualifications and institutional support.
Bagchus et al., 2024/ Challenges in recognising and discussing changes in a resident's condition in the palliative phase: focus group discussions with nursing staff working in nursing homes about their experiences/ BMC Palliative Care/ MEDLINE/ Netherlands/ 4.b	A specific clinical perspective that relies on in-depth knowledge of the patient's history, preferences and usual appearance. Recognising clinical changes independently and with technical support. Dealing with differences in perception among colleagues, doctors and family members, as well as communication breakdowns within the team.
Muldrew et al., 2018/ Quantitative/ Ethical issues in nursing home palliative care: a cross-national survey/ BMJ Supportive & Palliative Care/ MEDLINE/ United Kingdom/ 3.e	Improve the management of ethical issues related to nutrition and hydration, decision-making, family distress and the preservation of patient autonomy, as well as the quality and organisation of care.
Johannesen et al., 2024/ Qualitative/ District nurses' experiences in providing terminal care in rural and more urban districts. A qualitative study from the Faroe Islands/ Scandinavian Journal of Primary Health Care/ MEDLINE/ Denmark/ 3rd ed.	Expand continuing education, with training opportunities, visits to specialist services and supervision to cope with the emotional burden of care. Need to build close relationships with patients and families in the home.
Barrué & Sánchez-Gómez, 2021/ Qualitative/ The emotional experience of nurses in the Home Hospitalisation Unit in palliative care: an exploratory qualitative study/ Clinical Nursing/ MEDLINE/ Spain/ 4.b	Continuous training, particularly in self-awareness, mindfulness and communicating bad news, identified as fundamental tools for coping with the emotional demands of palliative care.
Ervik et al., 2023 / Qualitative / Dying at "home" – a qualitative study of end-of-life care in rural Northern Norway from the perspective of healthcare professionals / BMC Health Services Research / MEDLINE / Norway / 4.b	Organisational and emotional support to sustain professional practice. Peer support and appropriate spaces to discuss concerns or share decisions. Coping with the emotional strain arising from closeness to families during the patient's final days.
Bolt et al., 2020/ Quantitative/ Nursing Staff Needs in Providing Palliative Care for Persons With Dementia at Home or in Nursing Homes: A Survey; Journal of Nursing Scholarship/ MEDLINE/ Netherlands/ 4.b	Skills to manage pain and address family conflicts. Opportunities for peer learning, exchange of experiences and joint reflection. Support for communication and safety in care. Time and organisational conditions that allow for the establishment of bonds.
Khemai et al., 2020/ Quantitative/ Nurses' needs when collaborating with other healthcare professionals in palliative dementia care/ Nurse Education in Practice/ MEDLINE/ Netherlands/ 4.b	Interprofessional coordination, having a designated professional for support, transfer of information between services and disciplines. Better coordination between teams, with clearly defined roles, efficient communication and accessibility across disciplines.
Gershater et al., 2024/ Qualitative/ Nurse assistants' perception of caring for older persons who are dying in their own home/ BMC Palliative Care/ MEDLINE/ Sweden/ 4.b	Technical and emotional support; training, supervision and time; an organisational structure that reduces isolation, fostering exchanges between colleagues and the multidisciplinary team; specific and ongoing training.
Wu et al., 2021/ Qualitative/ Community Nurses' Preparations for and Challenges in Providing Palliative Home Care: A Qualitative Study/ International Journal of Environmental Research and Public Health/ MEDLINE/ Taiwan/ 4.b	Continuous and multidimensional training, through workshops, continuing professional development and practical training that enhances their readiness to work safely. They highlight the need for institutional support and support from colleagues.
Beyermann et al., 2023/ Qualitative/ Nurses' challenges when supporting the family of patients with ALS in specialised palliative home care: A qualitative study/ International Journal of Qualitative Studies on Health and Well-being/ SCOPUS/ Sweden/ 4.b	Building trusting relationships with patients and their families, understanding the uniqueness of each family, balancing care between the demands of the family and the patient. Protecting one's own boundaries, seeking support from colleagues in emotionally difficult situations. Joint reflection and supervision to process difficult experiences.
Brant et al., 2019/ Quantitative/ Global Survey of the Roles, Satisfaction, and Barriers of Home Health Care Nurses on the Provision of Palliative Care/ Journal of Palliative Medicine/ SCOPUS/ Israel/ 4.b	Professional qualification and increasing the number of professionals equipped with structured and ongoing training to practise competently in palliative care.

Daneau et al., 2023/ Qualitative/ 'Intensive palliative care': a qualitative study of issues related to nurses' care of people with amyotrophic lateral sclerosis at end-of-life/ Palliative Care and Social Practice/ SCOPUS/ Canada/ 3.e	Structural factors relating to adequate staffing, sufficient time and an appropriate environment for practice and professional recognition. Need for specific training to better support patients and their families.
Dijxhoorn et al., 2023/ Qualitative/ Nursing assistants' perceptions and experiences with the emotional impact of providing palliative care: A qualitative interview study in nursing homes/ Journal of Advanced Nursing/ SCOPUS/ Netherlands/ 4.b	Unmet emotional and developmental needs. Practical knowledge and social skills, particularly to provide emotional support to patients and families and to operate in different palliative care settings. Need for spaces for peer exchange, to share experiences and process emotions safely.
Sørstrøm et al., 2024b/ Qualitative/ Facilitating planned home death: A qualitative study on home care nurses' experiences of enablers and barriers/ Journal of Advanced Nursing/ SCOPUS/ Norway/ 3.e	Strengthening clinical competence, communication between teams and a supportive organisational culture, ensuring appropriate conditions for safe, high-quality palliative care at home.
Ervik et al., 2020/ Qualitative/ Adapting and Going the Extra Mile: A Qualitative Study of Palliative Care in Rural Northern Norway From the Perspective of Healthcare Providers/ Cancer Nursing/ Web of Science/ Norway/ 3rd ed.	To expand knowledge of palliative care, particularly in the face of resource constraints and geographical barriers.
Hudson et al., 2019/ Qualitative/ Addressing Cancer Patient and Caregiver Role Transitions During Home Hospice Nursing Care/ Palliative & Supportive Care/ Web of Science/ United States/ 3rd	To develop communication skills to sustain therapeutic relationships with patients that go beyond physical care.
Porter et al., 2021/ Qualitative/ Community Hospice Nurses' Perspectives on Needs, Preferences, and Challenges Related to Caring for Children With Serious Illness/ JAMA Network Open/ Web of Science/ United States/ 3.e	Develop technical skills, specific communication skills with patients and families, and resilience strategies for self-care and setting emotional boundaries.
Brännström et al., 2024/ Qualitative/ Healthcare professionals' experiences of video consultations in palliative care in rural areas: an intervention study in community care/ BMC Health Services Research/ Web of Science/ Sweden/ 4.c	To expand knowledge of palliative care and ensure continuous clinical support. Need for tools that facilitate joint communication with patients and families, promoting mutual understanding and the management of sensitive end-of-life issues.
Dadich et al., 2023 / Qualitative / 'When a patient chooses to die at home, that's what they want… comfort, home': Brilliance in community-based palliative care nursing / Health Expect / Web of Science / Australia / 3rd	Maintaining a calm and confident demeanour. Communication skills. Maintaining a bond and closeness whilst avoiding excessive contact that may intrude on the family's routine. Respecting the autonomy of patients and carers and promoting more balanced care relationships.
Dehghannezhad et al., 2021/ Quantitative/ Home Care Nurses' Attitude Towards and Knowledge of Home Palliative Care in Iran: A Cross-Sectional Study/ Iranian Journal of Nursing and Midwifery Research/ Web of Science/ Iran/ 4.b	Comprehensive educational strategies capable of simultaneously promoting greater conceptual mastery and attitudes more aligned with the principles of palliative care.
Spelten et al., 2019/ Qualitative/ Rural palliative care to support dying at home can be realised, experiences of family members and nurses with a new model of care/ Australian Journal of Rural Health/ Web of Science/ Australia/ 3.e	Spaces for discussion to address the high emotional burden involved. Addressing the impact on work-life balance and the risk of illness.
van den Bosch et al., 2023/ Qualitative/ Moral Challenges of Nurses and Volunteers in Dutch Palliative Care. A Qualitative Study/ Journal of Palliative Care/ Web of Science/ Netherlands/ 3rd ed.	Skills to address existential issues and death with patients, particularly when the patient does not accept their terminal condition. Understanding the uniqueness of the patient's experience, institutional support and strengthening moral competencies.
Ye et al., 2023/ Quantitative/ Attitudes and influencing factors of nursing assistants towards hospice and palliative care nursing in Chinese nursing homes: a cross-sectional study/ BMC Palliative Care/ Web of Science/ China/ 4.b	Specific training in home-based palliative care through training programmes tailored to nurses with different profiles.

Source: compiled by the authors

Regarding the profile of the selected articles, publications in BMC Palliative Care predominate. The Netherlands is the main country of origin, although the studies are distributed globally. The years 2023–2024 account for the highest number of publications (n=14). MEDLINE accounts for 42% of the selected evidence, mostly qualitative (82%). The prevailing level of evidence is 4.b, corresponding to descriptive cross-sectional studies (Aromataris et al., 2024). Analysis of the findings allowed for the organisation of three analytical categories: 1. Professional Qualification in

Palliative Care; 2. Organisation of Interdisciplinary Work; and 3. Self-Care and Emotional Support.

Professional qualifications in palliative care

Professional qualifications in palliative care emerge as the most recurrent and globally recognised need in home care (Silva et al., 2023; Ye et al., 2023). The nursing team highlights a lack of specific training, which renders practice based on intuitive experience insufficient and leads to insecurity, ethical shortcomings and a decline in the quality of care (Bagchus et al., 2024; Ervik et al., 2020; Gershater et al., 2024; Melo et al., 2021; Muldrew et al., 2018; Sørstrøm et al., 2024b; Vasconcellos et al., 2020; Wu et al., 2021; Zhang et al., 2022).

The studies reinforce the need for systematic continuing education strategies in the home care setting, including theoretical and practical training, supervision and technical visits (Brännström et al., 2024; Dehghannezhad et al., 2021; Gershater et al., 2024; Johannesen et al., 2024; Sørstrøm et al., 2024b; Wu et al., 2021). Such training should cover competencies for all levels of care (Brant et al., 2019), particularly in symptom management and addressing patients' emotional and psychosocial needs (Bolt et al., 2020; Daneau et al., 2023; Dijxhoorn et al., 2023).

The enhancement of communication skills is considered central, as care goes beyond physical management and involves guidance, support and shared decision-making (Hudson et al., 2019). The team recognise the need to develop greater confidence in addressing difficult topics — finitude, therapeutic limits and bad news — thereby positively impacting the quality of care (Barrué & Sánchez-Gómez, 2021; Beyermann et al., 2023; Gershater et al., 2024; Johannesen et al., 2024; Melo et al., 2021). The use of educational and technological resources is highlighted as an effective strategy for this training (Barrué & Sánchez-Gómez, 2021; Bolt et al., 2020; Näppä et al., 2023).

The literature also highlights the importance of the ability to establish relationships of trust and closeness with patients and their families, respecting individual differences and promoting a joint care plan (Beyermann et al., 2023; Brännström et al., 2024; Dadich et al., 2023; Gershater et al., 2024). This bond underpins the approach to sensitive end-of-life issues and facilitates conflict resolution. To this end, the team must be prepared to receive and manage overt or projected emotional demands, acting as a source of support and alleviating suffering (Bagchus et al., 2024; Beyermann et al., 2023; Dijxhoorn et al., 2023; Ervik et al., 2023; Hudson et al., 2019; Johannesen et al., 2024; Khemai et al., 2020; Silva et al., 2023; Vasconcellos et al., 2020; Zhang et al., 2022). Competence is also required to deal with family conflicts and disagreements during care planning (Bolt et al., 2020).

Organisation of interdisciplinary teamwork

The organisation of interdisciplinary teamwork is highlighted as essential for preventing fragmented and isolated care. The development of a care plan requires the support of the care team and improved communication between the different levels of care, as well as the active participation of the patient and carers (Brännström et al., 2024; Gershater et al., 2024; Johannesen et al., 2024; Melo et al., 2021; Silva et al., 2023; Sørstrøm et al., 2024b; Wu et al., 2021).

It is essential that there be well-defined organisation and coordination of tasks and responsibilities (Khemai et al., 2020; Näppä et al., 2023). The need for case discussion meetings and receiving *feedback* from

different perspectives is crucial for guiding actions and decision-making (Bagchus et al., 2024; Brännström et al., 2024; Johansen et al., 2022).

Optimising time for the provision of individualised care, taking into account the specificities of home-based palliative care, is also cited as a necessity (Brant et al., 2019; Gershater et al., 2024; Johansen et al., 2022). Finally, group cohesion and good peer relationships foster mutual support and create a secure support network for sharing experiences, providing both informational and emotional support (Barrué & Sánchez-Gómez, 2021; Bolt et al., 2020; Ervik et al., 2023).

Self-care and emotional support

The need for self-care and emotional support has emerged as a desire among professionals to address issues surrounding death and the end of life, through a safe space to explore existential and emotional questions, which is fundamental to developing and validating strategies for coping with their own grief following a patient's death (Gershater et al., 2024; van den Bosch et al., 2023; Vasconcellos et al., 2020).

It is essential to receive support to cope with burnout and the risk of mental health issues arising from working with terminally ill patients (Barrué & Sánchez-Gómez, 2021; Beyermann et al., 2023; Dijxhoorn et al., 2023; Gershater et al., 2024; Spelten et al., 2019). Strategies for emotional regulation include receiving emotional support and supervision; drawing on spirituality; conversation circles and safe spaces; and time for leisure activities (Barrué & Sánchez-Gómez, 2021; Beyermann et al., 2023; Dijxhoorn et al., 2023; Ervik et al., 2023; Johannesen et al., 2024; Porter et al., 2021).

Finally, the team recognises the importance of maintaining boundaries between professional and personal relationships with patients and their families, in order to preserve the emotional well-being of the professional without compromising the quality of care (Beyermann et al., 2023; Gershater et al., 2024; Vasconcellos et al., 2020).

DISCUSSION

Professional training in home-based palliative care is a central necessity, given the lack of specific training and its impact on the safety and quality of care. There is a clear urgency for theoretical and practical training focused on the clinical, psychosocial and communicational complexities of the home setting, supported by ongoing strategies such as supervision and technical visits. Recent studies demonstrate that structured, multimodal training improves knowledge, attitudes and practice, particularly when focused on real-world demands and accompanied by mentoring (Alhaddar et al., 2025). Training programmes based on active methodologies and local needs also promote greater applicability of knowledge in practice (García-Salvador et al., 2025).

The findings highlight that communication skills and empathetic therapeutic relationships are fundamental to involving patients and their families in the care plan and enhancing the quality of the support provided. Skills such as mediating conflicts, conducting difficult conversations, communicating bad news and addressing distress at the end of life are central to professional practice. Lagerin et al. (2025) highlight that presence and the building of trust facilitate discussions about death and terminal illness, reinforcing the need for institutional support through

time for reflection and specific training. In the home care context, such skills are particularly relevant, as this model of care seeks to align interventions with the patient's preferences (Lin & Chu, 2025).

With regard to the organisation of interdisciplinary teamwork, it requires clear coordination, defined responsibilities and collaborative environments that foster the exchange of knowledge and mutual support. This arrangement strengthens the personalisation of care and the shared resolution of clinical and emotional challenges. For collaboration to be effective, it is necessary to consider the team's competencies and ensure a solid foundation for working together (Bucher et al., 2024). The effectiveness of the interprofessional model, central to home care (Lin & Chu, 2025), depends on well-defined roles, regular meetings, advance planning and effective communication (Bucher et al., 2024). Its sustainability requires a continuous commitment to interprofessional education (Bucher et al., 2024; Lin & Chu, 2025).

The review highlights the need for self-care and emotional support for professionals, due to the high emotional burden and the risk of moral suffering in home-based palliative care, especially when practical is limited by organisational factors (Geuenich et al., 2025). Institutional strategies such as supervision and safe spaces for emotional expression are fundamental (Geuenich et al., 2025), as are low-cost interventions, including peer support networks (Crape et al., 2025) and psychological training to reduce compassion fatigue (Chen et al., 2022).

Overall, the findings reinforce the view that continuous professional development, effective communication, interdisciplinary work and emotional support are cornerstones of quality home care. Policies and institutions must ensure adequate training, consistent supervision and support for staff mental health (Chen et al., 2022; Crape et al., 2025; Schröder et al., 2024).

Study limitations

Limitations must be considered when interpreting the results. There is a risk of publication bias, as studies with null or negative findings may not have been made available and, consequently, were not identified. The exclusion of grey literature may have reduced the scope of the synthesis, particularly in a field still undergoing consolidation. The geographical concentration of the included studies, predominantly from European countries with healthcare systems distinct from the Brazilian context, limits the direct transferability of the findings. Furthermore, the restriction to English, Portuguese and Spanish introduces potential linguistic bias, which may have excluded relevant evidence published in other languages.

Despite these limitations, the measures adopted to ensure methodological rigour, such as structured searches, double-blind independent review and the use of a standardised data extraction tool, contribute to the reliability of the presented synthesis. Nevertheless, it is recommended that future research broadens its linguistic and geographical scope to deepen the understanding of the needs of the Nursing Team in Home Palliative Care.

CONCLUSION

This review fulfilled its objective by synthesising the pressing needs of the Nursing Team working in palliative care in the home setting. The findings establish that Professional Qualification, Organisation

of Interdisciplinary Work, Self-Care and Emotional Support are the central pillars underpinning the quality and safety of the service. The critical importance of these pillars is amplified by the home care context, which demands greater autonomy, the ability to make immediate decisions, and complex management of family dynamics; it is imperative that professionals are fully prepared to deal with end-of-life care.

The implications for practice require that health policies go beyond general guidelines, implementing continuing education programmes focused on active methodologies, such as clinical simulations and on-the-job mentoring, aimed at improving communication skills and the management of complex symptoms. At the same time, it is essential to create spaces for the discussion and processing of emotions, and also to ensure access to external psychological supervision to mitigate compassion fatigue and moral suffering. The work organisation must be reviewed to ensure effective interprofessional coordination and avoid the fragmentation of care.

However, the review reveals weaknesses in the evidence base, marked by a reliance on European studies and the predominance of qualitative approaches. Therefore, the future research agenda must be prospective and cross-cultural, prioritising multicentre investigations in contexts such as Brazil and Latin America, in order to understand and adapt practices to local sociocultural and structural realities.

It is imperative to develop intervention studies, such as clinical trials, to test the efficacy and effectiveness of new training and support models, objectively correlating them with quality of care outcomes. In summary, this conclusion does not bring the topic to a close, but may serve as a scientific manifesto that guides the next generation of research and inspires concrete, structured and sustainable actions in support of the home-based palliative care workforce.

CONFLICTS OF INTEREST

There are no conflicts of interest that could compromise the impartiality of this article.

ACKNOWLEDGEMENTS

This research was carried out with the support of the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) – Funding Code 001, to whom we extend our thanks.

REFERENCES

Alhaddar, M., Falna, H., Sultan, H., Abu-Odah, H., Khleif, M., & Najjar, S. (2025). Towards enhancing palliative care competencies through comprehensive training for nurses and physicians in resource-limited settings: a cross-sectional study. *BMC Nursing, 24*, 688. https://doi.org/10.1186/s12912-025-03412-2

Aromataris, E., Lockwood, C., Porritt, K., Pilla, B., & Jordan, Z. (Eds.). (2024). *JBI manual for evidence synthesis*. JBI. https://doi.org/10.46658/JBIMES-24-01

Bagchus, C., Zee, M. S., van der Steen, J. T., Klapwijk, M. S., Dekker, N. L., Onwuteaka-Philipsen, B. D., & Pasman, H. R. W. (2024). Challenges in recognizing and discussing changes in a resident's condition in the palliative phase: focus group discussions with nursing

staff working in nursing homes about their experiences. *BMC Palliative Care*, *23*(144). https://doi.org/10.1186/s12904-024-01479-3

Barrué, P., & Sánchez-Gómez, M. (2021). La experiencia emocional de enfermeras de la unidad de hospitalización a domicilio en cuidados paliativos: un estudio cualitativo exploratorio. *Enfermería Clínica*, *31*(4), 211-221. https://doi.org/10.1016/j.enfcli.2020.11.006

Beyermann, A., Asp, M., Godskesen, T., & Söderman, M. (2023). Nurses' challenges when supporting the family of patients with ALS in specialized palliative

home care: a qualitative study. *International Journal of Qualitative Studies on Health and Well-being*, *18*(1), article 2238984. https://doi.org/10.1080/17482631.2023.2238984

Bolt, S. R., Meijers, J. M. M., van der Steen, J. T., Schols, J. M. G. A., & Zwakhalen, S. M. G. (2020). Nursing staff needs in providing palliative care for persons with dementia at home or in nursing homes: a survey. *Journal of Nursing Scholarship*, *52*(2), 164-173. https://doi.org/10.1111/jnu.12542

Bovero, A., Spada, M. F., Cito, A. L., Pidinchedda, A. V., Tosi, C., & Carletto, S. (2025). Autocuidado em profissionais de saúde paliativa: um estudo qualitativo. *Nursing Reports, 15*(5), artigo 139. https://doi.org/10.3390/nursrep15050139

Brännström, M., Philipsson, J., & Andersson, S. (2024). Healthcare professionals' experiences of video consultations in palliative care in rural areas: an intervention study in community care. *BMC Health Services Research, 24*, 740. https://doi.org/10.1186/s12913-024-11196-5

Brant, J. M., Fink, R. M., Thompson, C., Li, Y. H., Rassouli, M., Majima, T., Osuka, T., Gafer, N., Ayden, A., Khader, K., Lascar, E., Tang, L., Nestoros, S., Abdullah, M., Michael, N., Cerruti, J., Ngaho, E., Kadig, Y., Hablas, M., ... Silbermann, M. (2019). Global survey of the roles, satisfaction, and barriers of home health care nurses on the provision of palliative care. *Journal of Palliative Medicine*, *22*(8), 945–955. https://doi.org/10.1089/jpm.2018.0566

Bucher, S. M. A., Dimech, A. M. S., Müller, B., & Beeler, P. E. (2024). Interprofessional collaboration during a specialised mobile palliative care service pilot in the rural area of Lucerne. *PLOS ONE, 19*(9), e0308256. https://doi.org/10.1371/journal.pone.0308256

Castilho, R. K., Silva, V. C., & Pinto, C. S. (2021). *Manual de cuidados paliativos da Academia Nacional de Cuidados Paliativos (ANCP)* (3ª ed.). Editora Ateneu.

Chen, X., Chen, M., Zheng, H., Wang, C., Chen, H., Wu, Q., Liao, H., Zhu, J., Lin, J., Ou, X., Zou, Z., Wang, Z., Zheng, Z., Zhuang, X., & Chen, R. (2022). Effects of psychological interventions on empathy fatigue in nurses: a meta-analysis. *Frontiers in Public Health, 10*, 952932. https://doi.org/10.3389/fpubh.2022.952932

Congresso Nacional (Brasil). (1986). Lei nº 7.498, de 25 de junho de 1986. *Diário Oficial da União, Seção 1(119), 9273-9275*. https://hdl.handle.net/20.500.12178/217515

Crape, B., Nurlybekova, A., Turganbekova, A., Ospanova, G., & Khudaibergenova, M. (2025). Behind the care: emotional struggles, burnout, and denial in Kazakhstan's professional palliative care workforce. *BMC Palliative Care, 24*, 161. https://doi.org/10.1186/s12904-025-01798-z

Dadich, A., Hodgins, M., Womsley, K., & Collier, A. (2023). 'When a patient chooses to die at home, that's what they want… comfort, home': brilliance in community-based palliative care nursing. *Health Expectations, 26*(4), 1716–1725. https://doi.org/10.1111/hex.13780

Daneau, S., Bourbonnais, A., Allard, É., Asri, M., Ummel, D., & Bolduc, E. (2023). 'Intensive palliative care': a qualitative study of issues related to nurses' care of people with amyotrophic lateral sclerosis at end-of-life. *Palliative Care & Social Practice*, *17*, 1–13. https://doi.org/10.1177/26323524231170881

Dantas, H. L. L., Costa, C. R. B., Costa, L. M. C., Lúcio, I. M. L., & Comassetto, I. (2021). Como elaborar uma revisão integrativa: sistematização do método científico. *Revista Recien, 12*(37), 334–345. https://doi.org/10.24276/rrecien2022.12.37.334-345

Dehghannezhad, J., Hassankhani, H., Taleghani, F., Rahmani, A., SattarPour, S., & Sanaat, Z. (2021). Home care nurses' attitude towards and knowledge of home palliative care in Iran: a cross-sectional study. *Iranian Journal of Nursing and Midwifery Research, 26*(4), 272–278. https://doi.org/10.4103/ijnmr.IJNMR_249_19

Dijxhoorn, A.-F. Q., Heijnen, Y., van der Linden, Y. M., Leget, C., Raijmakers, N. J. H., & Brom, L. (2023). Nursing assistants' perceptions and experiences with the emotional impact of providing palliative care: a qualitative interview study in nursing homes. *Journal of Advanced Nursing*, *79*(10), 3876–3887. https://doi.org/10.1111/jan.15733

Ervik, B., Brøndbo, P. H., & Johansen, M.-L. (2020). Adapting and going the extra mile: a qualitative study of palliative care in rural Northern Norway from the perspective of healthcare providers. *Cancer Nursing, 43*(6), E323–E330. https://doi.org/10.1097/NCC.0000000000000815

Ervik, B., Dønnem, T., & Johansen, M. (2023). Dying at "home" - a qualitative study of end-of-life care in rural Northern Norway from the perspective of health care professionals. *BMC Health Services Research*, *23*(1359). https://doi.org/10.1186/s12913-023-10329-6

Fundação Hospitalar do Estado de Minas Gerais. (2024). *Linha de cuidado e diretrizes assistenciais: Cuidados paliativos* (Caderno 2). https://www.fhemig.mg.gov.br/files/1394/Protocolos-Clinicos/33307/Linha-de-Cuidado-e-Diretrizes-Assistenciais---Cuidados-Paliativos-%C2%A0(caderno%C2%A0n%C2%BA2).pdf

García-Salvador, I., Chisbert-Alapont, E., Antonaya Campos, A., Hurtado Navarro, C., Fernández Peris, S., Gómez Royuela, L. A., Rodríguez Castellano, P., & Casaña Mohedo, J. (2025). Evaluation of the effectiveness of basic palliative care training for primary care nurses in a health area in Spain: a quasi-experimental study. *Healthcare, 13*(19), 2419. https://doi.org/10.3390/healthcare13192419

Gershater, M. A., Brenner, J., Nordberg, M., & Hommel, A. (2024). Nurse assistants' perception of caring for older persons who are dying in their own home: an interview study. *BMC Palliative Care*, *23*(70). https://doi.org/10.1186/s12904-024-01399-2

Geuenich, P., Schlömer, L., Owusu-Boakye, S., & Stanze, H. (2025). Supervision, moral distress and moral injury within palliative care: a qualitative study. *International Journal of Environmental Research and Public Health, 22*, 1156. https://doi.org/10.3390/ijerph22071156

Guo, J., Dai, Y., Chen, Y., Liang, Z., Hu, Y., Xu, X., & Xiao, Y. (2024). Competências essenciais entre enfermeiros que atuam em cuidados paliativos: uma revisão de escopo. *Journal of Clinical Nursing, 33*(11-12), 3905-3922. https://doi.org/10.1111/jocn.17294

Haddaway, N. R., Page, M. J., Pritchard, C. C., & McGuinness, L. A. (2022). PRISMA2020: An R package and Shiny app for producing PRISMA 2020-compliant flow diagrams, with interactivity for optimised digital transparency and Open Synthesis. *Campbell Systematic Reviews, 18*(2), artigo e1230. https://doi.org/10.1002/cl2.1230

Hudson, J., Reblin, M., Clayton, M. F., & Ellington, L. (2019). Addressing cancer patient and caregiver role transitions during home hospice nursing care. *Palliative & Supportive Care, 17*(5), 523–530. https://doi.org/10.1017/S1478951518000214

Johannesen, E. J. D., Timma, H., & Róin, Á. (2024). District nurses experiences in providing terminal care in rural and more urban districts. A qualitative study from the Faroe Islands. *Scandinavian Journal of Primary Health Care*, *42*(3), 367-377. https://doi.org/10.1080/02813432.2024.2329207

Johansen, H., Grøndahl, V. A., & Helgesen, A. K. (2022). Palliative care in home health care services and hospitals the role of the resource nurse, a qualitative study. *BMC Palliative Care*, *21*(64). https://doi.org/10.1186/s12904-022-00956-x

Khemai, C., Janssen, D. J. A., Schols, J. M. G. A., Naus, L., Kemper, S., Jole, I., Bolt, S. R., & Meijers, J. M. M. (2020). Nurses' needs when collaborating with other healthcare professionals in palliative dementia care. *Nurse Education in Practice*, *48*(102866). https://doi.org/10.1016/j.nepr.2020.102866

Lagerin, A., Melin-Johansson, C., Holmberg, B., Godskesen, T., Hjorth, E., Junehag, L., Lundh Hagelin, C., Ozanne, A., Sundelöf, J., & Udo, C. (2025). Interdisciplinary strategies for establishing a trusting relation as a pre-requisite for existential conversations in palliative care: a grounded theory study. *BMC Palliative Care, 24*(1), 47. https://doi.org/10.1186/s12904-025-01681-x

Lin, C.-P., & Chu, W.-M. (2025). Home-based palliative care: benefits, challenges, opportunities and future directions in a super-aged society. *Journal of Hospice and Palliative Care, 28*(3), 81–88. https://doi.org/10.14475/jhpc.2025.28.3.81

Machado, M. M. S., Ribeiro, F. S., Siqueira, N. R., Campos, J. L., & Santos, D. P. M. A. (2022). Protocolo de assistência de enfermagem ao paciente em cuidado terminal: construção através de revisão integrativa. *Nursing (Edição Brasileira), 25*(292), 8662–8673. https://doi.org/10.36489/nursing.2022v25i292p8662-8673

Melo, C. M., Sangol, K. M., Kochhann, J. K., Hesler, L. Z., & Fontana, R. T. (2021). Concepções, desafios e competências dos enfermeiros em cuidados paliativos na atenção primária à saúde. *Revista Nursing*, *24*(277), 5833-5839. https://doi.org/10.36489/nursing.2021v24i277p5833-5846

Ministério da Saúde (Brasil). (2024). Portaria GM/MS nº 3.681, de 7 de maio de 2024. *Diário Oficial da União, Seção 1(98), 215*. https://www.in.gov.br/web/dou/-/portaria-gm/ms-n-3.681-de-7-de-maio-de-2024-561223717

Ministério do Trabalho e Emprego (Brasil). (s.d.). *Qualificação profissional*. https://www.gov.br/trabalho-e-emprego/pt-br/servicos/trabalhador/qualificacao-profissional

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA Statement. *PLoS Medicine, 6*(7), artigo e1000097. https://doi.org/10.1371/journal.pmed.1000097

Mrayyan, M. T., Abunab, H. Y., Abu Khait, A., Rababa, M. J., Al-Rawashdeh, S., Algunmeeyn, A., & Abu Saraya, A. (2023). Competency in nursing practice: a concept analysis. *BMJ Open, 13*(6), e067352. https://doi.org/10.1136/bmjopen-2022-067352

Muldrew, D. H. L., Kaasalainen, S., McLaughlin, D., & Brazil, K. (2018). Ethical issues in nursing home palliative care: a cross-national survey. *BMJ Support Palliative Care*, *10*(3) https://doi.org/10.1136/bmjspcare-2018-001643

Näppä, U., Nässén, E., & Winqvist, I. (2023). Palliative care in rural areas - collaboration between district nurses and doctors: an interview study. *BMC Palliative Care*, *22*(73). https://doi.org/10.1186/s12904-023-01190-9

Nardino, F., Olesiak, L. R., & Quintana, A. M. (2021). Significações dos cuidados paliativos para profissionais de um serviço de atenção domiciliar. *Psicologia: Ciência e Profissão, 41*, artigo e222519. https://doi.org/10.1590/1982-3703003222519

Nascimento, N. B., Ferreira, B. E. S., Assis, V. L., Castro, C. M. F., Ferreira, G. R., Pereira, V. L. D., Silva, E. L., & Araújo, C. M. (2024). Atuação do enfermeiro a pacientes em cuidados paliativos: uma revisão integrativa de literatura. *Nursing (Edição Brasileira), 28*(312), 9359–9365. https://doi.org/10.36489/nursing.2024v28i312p9359-9365

Neto, E. G. R., Caldas, C. M. G., Santos, S. P., Vilela, A. B. A., & Gomes, R. M. (2024). Abordagem interprofissional à pacientes em cuidados paliativos: uma revisão integrativa da literatura. *Revista Saúde.Com, 20*(4), 3583-3593. https://doi.org/10.22481/rsc.v20i4.15154

Pan American Health Organization. (2025). *Interprofessional health teams for integrated care*. https://iris.paho.org/items/87f8c74c-9c68-4f33-b230-98682a292043

Pesut, B., Thorne, S., Wright, D. K., & Banwell, M. (2024). The centrality of nursing in realizing high quality palliative care: exploring Canada's framework on palliative care priorities. *BMC Nursing, 23*, artigo 814. https://doi.org/10.1186/s12912-024-02488-6

Porter, A. S., Zalud, K., Applegarth, J., Woods, C., Gattas, M., Rutt, E., Williams, K., Baker, J. N., & Kaye, E. C. (2021). Community hospice nurses' perspectives on needs, preferences, and challenges related to caring for children with serious illness. *JAMA Network Open, 4*(10), e2127457. https://doi.org/10.1001/jamanetworkopen.2021.27457

Schröder, J., Riiser, K., & Holmen, H. (2024). The needs of healthcare personnel who provide home-based pediatric palliative care: A mixed-method systematic review. *BMC Health Services Research, 24*, 45. https://doi.org/10.1186/s12913-023-10495-7

Silva, E. M., Moraes, A., Casarolli, A. C. G., & Ribeiro, C. C. F. S. (2023). Gestão de cuidados paliativos em domicílio: perspectivas de enfermeiros de um município do oeste do Paraná. *Arquivos de Ciências da Saúde da UNIPAR*, *27*(5), 3283-3302. https://doi.org/10.25110/arqsaude.v2715.2023-074

Sørstrøm, A. K., Ludvigsen, M. S., & Kymre, I. G. (2023). Home care nurses facilitating planned home deaths. A focused ethnography. *BMC Palliative Care, 22*, artigo 175. https://doi.org/10.1186/s12904-023-01303-4

Sørstrøm, A. K., Kymre, I. G., & Ludvigsen, M. S. (2024a). Nursing care to patients who have the home as the preferred place of death: a scoping review. *BMC Health Services Research, 24*, Article 123. https://doi.org/10.1186/s12913-024-11757-8

Sørstrøm, A. K., Ludvigsen, M. S., & Kymre, I. G. (2024b). Facilitating planned home death: a qualitative study on home care nurses' experiences of enablers and barriers. *Journal of Advanced Nursing*, *81*(1), 340–352. https://doi.org/10.1111/jan.16171

Souza, M. T., Silva, M. D., & Carvalho, R. (2010). Revisão integrativa: O que é e como fazer. *Einstein, 8*(1 Pt 1), 102–106. https://doi.org/10.1590/s1679-45082010rw1134

Souza, J. M., & Alves, E. D. (2015). Cuidados paliativos de enfermagem na atenção domiciliar. *Revista de Enfermagem UFPE on line, 9*(2), 669–676. https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10386

Spelten, E., Timmis, J., Heald, S., & Duijts, S. F. A. (2019). Rural palliative care to support dying at home can be realised: experiences of family members and nurses with a new model of care. *Australian Journal of Rural Health, 27*(4), 336–343. https://doi.org/10.1111/ajr.12518

Tan, L., Sheri, S., Goh, Y. Y., Fong, R., Govindasamy, R., Ong, Y. T., Hamid, N. A. B. A., Low, T. L. X., & Krishna, L. K. R. (2025). Experiences of healthcare professionals providing palliative care in home settings - a scoping review. *BMC Palliative Care, 24*, artigo 83. https://doi.org/10.1186/s12904-025-01728-z

van den Bosch, G., van Schaik, M., Pasman, H. R., Janssens, R., Widdershoven, G., & Metselaar, S. (2023). Moral challenges of nurses and volunteers in Dutch palliative care: a qualitative study. *Journal of Palliative Care, 38*(3), 364–371. https://doi.org/10.1177/08258597221098129

Vasconcellos, S. A., Viegas, A. C., Muniz, R. M., Cardoso, D. H., Azevedo, N. A., & Amaral, D. E. D. (2020). Experiências vividas por enfermeiros sobre os cuidados paliativos no ambiente domiciliar. *Journal Health NPEPS*, *5*(2), 274-290. https://doi.org/10.30681/252610104728

Wit, R. F., de Veer, A. J. E., Batenburg, R. S., & Francke, A. L. (2023). International comparison of professional competency frameworks for nurses: a document analysis. *BMC Nursing, 22*, 343. https://doi.org/10.1186/s12912-023-01514-3

World Health Organization. (2020, August, 5). *Palliative care*. https://www.who.int/news-room/fact-sheets/detail/palliative-care

Wu, C.-Y., Wu, Y.-H., Chang, Y.-H., Tsay, M.-S., Chen, H.-C., & Hsieh, H.-Y. (2021). Community nurses' preparations for and challenges in providing palliative home care: a qualitative study. *International Journal of Environmental Research and Public Health*, *18*(11838). https://doi.org/10.3390/ijerph182211838

Ye, Z., Jing, L., Zhang, H., Qin, Y., Chen, H., Yang, J., Zhu, R., Wang, J., Zhang, H., Xu, Y., & Chu, T. (2023). Attitudes and influencing factors of nursing assistants towards hospice and palliative care nursing in Chinese nursing homes: a cross-sectional study. *BMC Palliative Care, 22*, 49. https://doi.org/10.1186/s12904-023-01175-8

Zhang, J., Cao, Y., Su, M., Cheng, J., & Yao, N. (2022). Challenges faced by Chinese community nurses when providing home-based hospice and palliative care: a descriptive qualitative study. *BMC Palliative Care*, *21*(14). https://doi.org/10.1186/s12904-022-00905-8