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REVIEW ARTICLE

Nursing practices in the context of home-based oncological palliative care

Prácticas de enfermería en el contexto de los cuidados paliativos oncológicos domiciliarios

Práticas do enfermeiro no contexto da paliação oncológica domiciliar

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Abstract

This study aimed to describe nursing care strategies for users in home-based oncology palliation. This is a bibliographic review with a qualitative, descriptive, and exploratory approach. The Virtual Health Library, Scientific Electronic Library Online, and Google Scholar were used as search databases, through cross-referencing of the descriptors and keywords: "Oncology," "Nurse," and "Home." After applying inclusion and exclusion filters, six materials were selected for analysis to respond to the research objective. As main results, we can highlight nursing care established through the nursing process, pain and suffering relief, improvement in quality of life, health promotion, continuing education, and welcoming. Many challenges were found for quality care, which go beyond professional competence, but with continuous training and improvement, the impact on the care process is reduced.

Descriptors: Oncology; Nurse; Home Care; Oncology Nursing; Nursing Care.

Resumén

El objetivo fue describir las estrategias de cuidado de enfermería a los usuarios en paliación oncológica domiciliaria. Se trata de una revisión bibliográfica con enfoque cualitativo, de carácter descriptivo y exploratorio. Se utilizaron como bases de búsqueda la Biblioteca Virtual en Salud, Scientific Electronic Library Online y Google Académico, mediante cruce entre los descriptores y palabras clave: "Oncología", "Enfermero" y "Domicilio". Tras la aplicación de los filtros de inclusión y exclusión, se seleccionaron seis materiales para ser analizados y responder al objetivo de la investigación. Como principales resultados, se evidencian cuidados de enfermería establecidos por el proceso de enfermería, alivio del dolor y del sufrimiento, mejora de la calidad de vida, promoción de la salud, educación continuada y acogida. Se encontraron muchos desafíos para una asistencia de calidad, que van más allá de su competencia profesional, pero con capacitación y perfeccionamiento continuos, se disminuye el impacto en el proceso de cuidar.

Descriptores: Oncología; Enfermero; Atención Domiciliaria; Enfermería Oncológica; Cuidados de Enfermería.

Resumo

Objetivou-se descrever as estratégias do cuidado de enfermagem aos usuários em paliação oncológica domiciliar. Trata-se de uma revisão bibliográfica de abordagem qualitativa, de caráter descritivo e exploratório. Foram utilizados como bases de busca a Biblioteca Virtual de Saúde, *Scientific Electronic Library Online* e Google Acadêmico, por meio de cruzamento entre os descritores e palavras-chave: “Oncologia”, “Enfermeiro” e “Domicílio”. Após aplicação dos filtros de inclusão e exclusão, foram selecionados seis materiais a serem analisados para responder ao objetivo da pesquisa. Como principais resultados, podemos evidenciar cuidados de enfermagem estabelecidos pelo processo de enfermagem, alívio da dor e do sofrimento, melhora na qualidade de vida, promoção da saúde, educação continuada e acolhimento. Foram encontrados muitos desafios para uma assistência de qualidade, que vai além da sua competência profissional, mas, com capacitação e aperfeiçoamento contínuos, diminui-se o impacto no processo de cuidar.

Descritores: Oncologia; Enfermeiro; Atenção Domiciliar; Enfermagem Oncológica; Cuidados de Enfermagem.

Introduction

Cancer is a condition defined by a large group of abnormal cells that grow in an uncontrolled manner, infiltrating other parts of the body and spreading to other organs. When these cells multiply and occupy large areas, the process is known as metastasis, representing a major health issue[1]. There are different types of cancer, and many of them are named according to the site where they develop, such as carcinomas, which originate in epithelial tissues, such as skin or mucous membranes, unlike sarcomas, which arise in connective tissues, such as bone, muscle, or cartilage. Another way to characterize and differentiate the various types of cancer is the speed at which they multiply and their ability to infiltrate other tissues[2].

According to the Pan American Health Organization[3], cancer was responsible for 9.6 million deaths in 2018, being the second leading cause of mortality worldwide; about 70% of this burden occurs in low- and middle-income countries. In Brazil, in 2021, there were 120,784 deaths in men and 110,910 in women, encompassing the various types of cancer[4].

The National Oncology Care Policy (PNAO) was created in 2005 by the Ministry of Health (MS), providing cancer patients with care offered at various levels of attention, namely primary and specialized care, ensuring medium and high complexity services available to these users, with a focus on individual and collective actions, effecting health promotion and cancer prevention, from initial diagnosis, support for treatment adherence, and palliative care[5].

Palliative care is a set of actions aimed at a person with a serious, progressive illness that favors the discontinuity of life. Providing quality of life for the patient and their family members is a crucial pillar for the prevention and relief of suffering and pain, according to the National Cancer Institute (INCA)[6].

Home-based oncology palliation is care provided by a multidisciplinary team to improve the quality of life of patients and their families. Providing the necessary support to these family members/caregivers is essential, as this minimizes the negative reactions caused by the care provided[7].

The Home Care Program (PAD) promotes active participation of users in the development of care through a multidisciplinary team, aiming at therapy linked to care, considering the needs of these users, which may range from medium to high complexity; therefore, home visits must be frequent to ensure efficiency in the rehabilitation process[8].

According to Ministerial Ordinance GM/MS No. 3,005, of January 2, 2024, home care is a set of actions aimed at individuals who require continuity of care with integration into the Health Care Network. When the patient is stable and receives less frequent visits from the PAD, this care is provided by the Family Health/Primary Care team of their reference. Therefore, users who present greater complexity should be followed up by the multidisciplinary home care team (EMAD) and support team (EMAP), of the Home Care Service (SAD), linked to the Melhor em Casa program[9].

The Melhor em Casa program was created in 2011 to provide SAD, to expand quality care to citizens in their homes, through a multidisciplinary team, to assist in the treatment of diseases, prevention of sequelae, palliative care, and intensive rehabilitation. The objectives of the Melhor em Casa program aim at humanization of care, reduction of hospitalizations, quality of life, efficiency of the health system, comfort and well-being, personalized follow-up, risk reduction, and continuous support. This program may also be indicated by another team from the Health Care Network (RAS), whether from primary care or urgent care. Thus, an assessment is established for inclusion in the program, establishing a care plan according to their vulnerabilities, and thus planning care with regular visits for treatment, reassessing care plans and readjusting them as needed[10].

Assessment scales are used for the transition to oncology palliative care in the home setting, with the need for exclusive care for these individuals, following the percentages of some tools that determine the patient's functional capacity, greater chance of treatment toxicity, and lower probability of survival[11].

Ministerial Ordinance GM/MS No. 3,681, of May 7, 2024, presented updates on the implementation of palliative care within the scope of the Unified Health System (SUS) to cover the entire population, encompassing the most diverse levels of care, bringing humanized treatment and access, integrating care assistance. Furthermore, it enhances the role of Primary Care as the recommended level of care for people in palliative care, breaking with a historical pattern of hospitalizations[12].

The nurse is defined as the central pillar of care, acting in the request and evaluation of laboratory tests, performing dressings as a whole, in the dispensing of materials used at home, medication reconciliation, control of side effects, assessment and signaling in the signs and symptoms framework, and, through nursing consultation, the referral for care with other professionals[11].

Thus, the guiding question of this study was: "What strategies does the nurse adopt to ensure comprehensive care for users in home-based oncology palliation?" This study aimed to describe the nursing care strategies for users in home-based oncology palliation.

The justification for the present study is based on data from PAHO, which states that cancer has been increasing in the Americas, with mortality data projected to increase significantly by 2.1 million by 2030, remaining the second leading cause of death worldwide, but with 40% of them being preventable by avoiding risk factors and 30% curable if there is early detection and adequate treatment. According to INCA, as cited by the World Health Organization, data show that the main diseases requiring palliative care in individuals over 15 years of age are: cardiovascular diseases (38.5%), neoplasms (34.0%), chronic obstructive pulmonary disease (10.3%), AIDS (5.7%), and diabetes mellitus (4.6%)[3,13]. This research presents as its relevance to produce a qualification in nursing care in the context of home-based oncology palliation, in addition to

contributing to the increase of bibliographic production to be analyzed in this field of practice.

Methodology

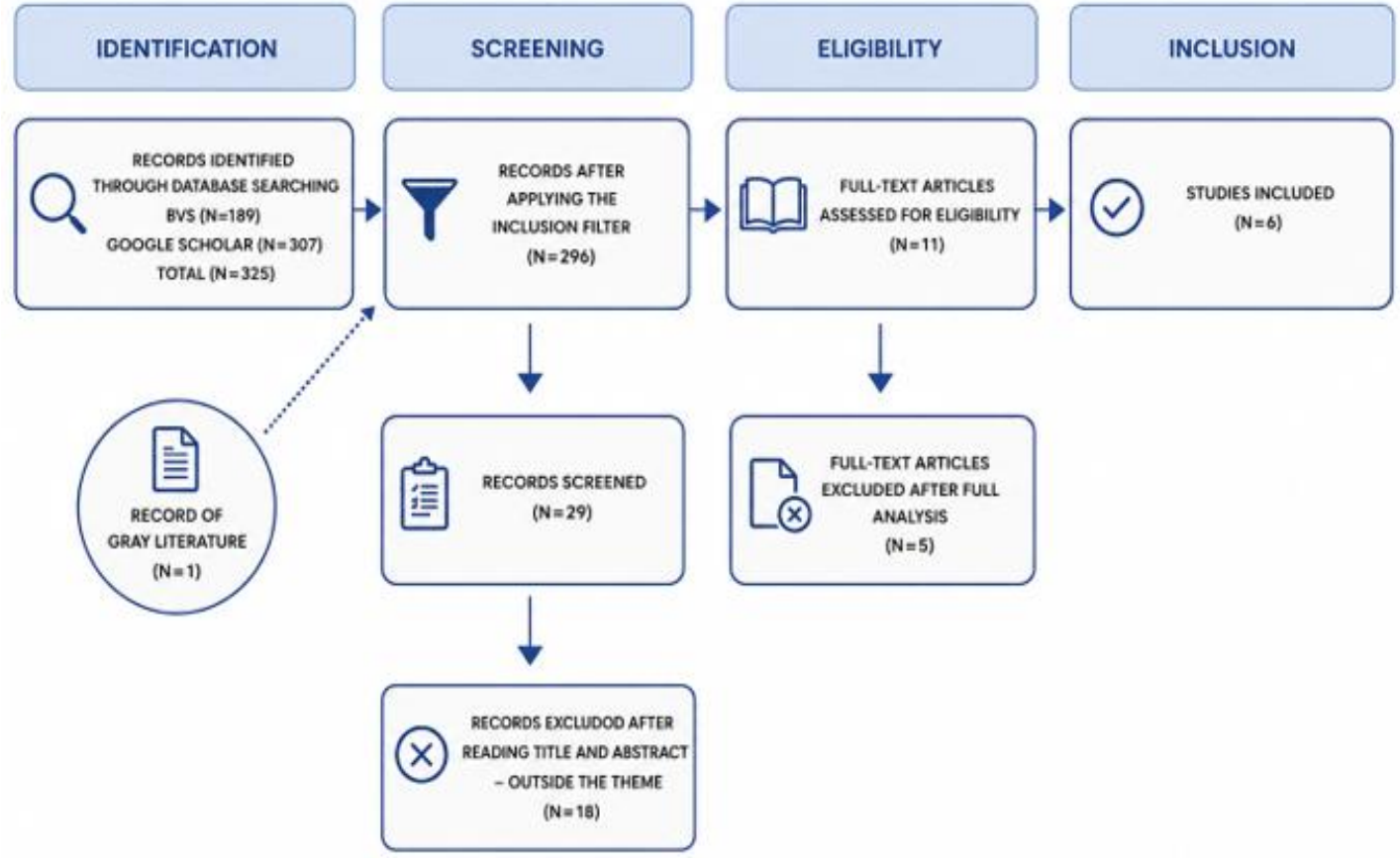
This study used the literature review as its method, which, through the analysis of published studies, whether printed or digital, allows for broad knowledge for the construction of materials on the proposed subject. Narrative research is suitable for describing stories, accounts, and narratives of individuals or groups to understand their experiences, meanings, and perspectives[14,15].

Data collection and the use of the approach are in accordance with the need of each researcher, being reporting spontaneous incidents of narratives, using stories obtained through interviews, and capturing stories reported through the internet, as well as retrieving information from diaries, autobiographies, field notes prepared by the researcher, personal letters, conversations, family stories, various documents, photographs, and personal and family artifacts[14].

The construction of this research was based on the Virtual Health Library (VHL) Platform, SciELO, and Google Scholar, using the Health Sciences Descriptors (DeCS): "Oncology" and "Nurse". To expand the search network, the keyword "Home" was used, which contributed material for the proposed objective. For the elaboration of search strategies, the Boolean operator "AND" was used for the cross-referencing of descriptors, with the following search strategy: ("Nurse" AND "Oncology" AND "Home"). Thus, the inclusion criteria followed, namely: complete materials, free of charge, in English, Portuguese, and Spanish, and a time frame of 2 years of publication. The 2-year time frame was established due to the change produced by Ministerial Ordinance GM/MS No. 3,681, of May 7, 2024, which establishes greater prominence to the home and territorial context in the care of people in oncology palliation. The exclusion criteria were materials outside the researched theme and duplicates.

A total of 325 studies were identified in the proposed databases, plus 1 gray literature study, which underwent the established criteria, and, in the end, 6 articles were selected. The stages of identification, screening, eligibility, and inclusion of studies can be seen in Figure 1.

Figure 1. Flowchart of the study search and selection process. Rio de Janeiro, RJ, Brazil, 2025.



Results and Discussion

The search for materials was conducted between March and April 2025, and for the presentation of the article selection stages according to the information acquired, a chart was developed as a methodology with the main data of the selected scientific articles, which is presented below (Chart 1).

Chart 1. Categorization of materials selected for analysis. Rio de Janeiro, RJ, Brazil, 2025

Title	Authorship	Year	Study Type	Objectives	Conclusion
Experiência de uma enfermeira na atenção domiciliar: procedimentos de enfermagem e educação permanente	Hences, L. *et al.*	2024	Experience Report.	To describe the experience and reflections of a resident nurse during an internship in Home Care, with emphasis on nursing procedures and continuing education.	The specialized Home Care service highlights the challenges in palliative care practices and that some procedures used in the hospital setting can and should be applied to Home Care, including the importance of continuing health education in home care.
Aplicação das etapas do processo de enfermagem ao paciente com câncer na atenção primária	Santos, M. G.; Maestri, E. *et al.*	2024	Quantitative and qualitative, descriptive and exploratory study.	To investigate the applicability of the Nursing Process in the nurse's role in managing cancer patients in Primary Health Care in a municipality in western Santa Catarina.	The study points out that there are weaknesses in the application of the Nursing Process (NP) in Primary Care and, when applied, incorrect use of this tool. It guides Primary Care management and continuing education on monitoring for the application of this process, standardizing and structuring the NP, ensuring quality and continuity of care.
Cuidados paliativos de enfermagem ao paciente oncológico terminal com neoplasia de próstata	Pereira, L. L. M.	2024	Qualitative literature review.	To demonstrate palliative care in male patients in terminal stage due to a neoplasm, emphasizing nursing care.	It emphasizes the role of nursing and the health team in disseminating information about self-care, health promotion, and systematized care. In prostate cancer treatment, the nursing team should focus on improving patients' quality of life, relieving symptoms, and maintaining safety, with effective communication with patients, families, and teams.
Cuidados paliativos em domicílio: é bom para quem?	Santos, A. P.	2024	Qualitative literature review.	This article seeks to investigate the effectiveness and benefits of palliative care at home, as well as the impacts on the quality of life of people and their families, in addition to discussing challenges and associated ethical considerations.	It is concluded that home palliative care is a valuable option to offer comfort and dignity to people at the end of life. Its effective implementation requires an integrated approach that addresses physical, emotional, and spiritual needs, creating a supportive environment for patients and families. Continuous evaluation of palliative care practices and policies in Brazil is essential in the coming years.
Demandas educativas - cuidativas para familiares de crianças em tratamento onco-hematológico na transição hospital-casa	Vieira, T. M. T.	2024	Descriptive study with a qualitative approach.	To identify the educational-care demands of families of children undergoing onco-hematological treatment during the hospital-home transition and to analyze the facilitating and inhibiting conditions for children and families undergoing onco-hematological treatment in the hospital-home transition, based on Afaf Meleis's Transitions theoretical framework.	The care demands of children undergoing onco-hematological treatment and the educational demands of their families were: how to care for their child at home after hospital discharge, how to care for the long-term catheter, what to do at each phase of treatment and its next steps, what tests are for; chemotherapy reactions; management of feeding, prescribed and permitted medications; the child's interaction at school, and basic care guidelines.
O cuidado ao paciente com câncer sob a ótica de enfermeiros da atenção primária à saúde	Santos, M. G. *et al.*	2024	Qualitative study.	To describe nurses' perceptions of care for cancer patients in Primary Health Care.	This study identified the care needs of children undergoing onco-hematological treatment and the educational demands of their families, such as post-discharge care, catheter management, chemotherapy reactions, feeding, and school life. The suggested solution is that the Unified Health System management promote strategies to train Primary Care nurses, enabling them to take on the care of cancer patients with technical and scientific knowledge, creating an organizational culture that values their role.

The selected studies bring challenges for nurses and other health professionals, as well as for their family caregivers, regarding home-based oncology care.

Home visit is the main strategy for monitoring cancer patients, and the nurse is of utmost importance for this care, whether in the home environment or in primary care. The nursing process (NP) is the method that guides the nursing consultation; however, many professionals do not use it correctly and do not respect the stages of this process, creating difficulties for clinical reasoning and decision-making, which weakens the process of assessment and measurement of responses related to the interventions that these patients need. Therefore, the efficiency of this tool is understood, as it ensures rich data collection, capable of identifying conditions of vulnerability, problems that threaten quality of life, or potential for health maintenance behaviors[16].

When it comes to home-based oncology care, it is understood that, even though home visit is an important strategy for cancer patient care, investment must be made in the systematization of the nursing process (NP), which offers a structured outcome. It is also important to highlight the lack of home structure, access to medications, continuous training, and network articulation for comprehensive access to these patients, which limits the professional's knowledge and directly interferes with the quality of care[16]. Differently, it is stated that care for patients in the primary care network is not resolutive due to lack of structure in care and, combined with professional unpreparedness, weakens the quality of care, which ends up directing these patients to specialized care, due to lack of knowledge of their care that should be articulated with other networks linked to primary care that enable comprehensive patient care.

It is emphasized that the nurse must be psychologically and technically prepared to intervene in a humanized manner to welcome the patient and family, ensuring that their conduct and planning regarding care are intended to alleviate suffering and provide a dignified death. Pain is subjective and may often be related to the patient's emotional state rather than the disease itself; therefore, it is important to observe the patient's needs holistically. The nurse must possess specific knowledge for palliative oncology patient care. It is noted that there is still a knowledge deficit due to lack of training and continuing education, in addition to social beliefs that influence these professionals, patients, and families in their engagement with palliative care. Health education, self-confidence, and attitude are essential for this professional, contributing to health promotion and well-being, prevention of complications, and increased satisfaction, acting not only in the basic health unit but also in other environments with preventive actions[17].

There are doubts about their actions; therefore, it is necessary to clearly define the role of the nurse, as well as to focus on professional training. To improve and expand the knowledge of these professionals, it is important that service management invests in qualification, continuing education, encourages participation in events and professional development to produce ongoing education, and avoids dissatisfaction and inefficiency regarding this specialty[18].

The nurse uses Meleis's theory, which presents three types of approaches: nature of transitions, transition conditions, and response patterns for decision-making related to patients undergoing the hospital-to-home transition. The nurse is seen as a facilitator to assist in the adaptation process of these family members/patients in a short period. It is up to this professional to establish an interpersonal care relationship to ensure a healthy transition, in addition to providing health education, comfort, and support to these families throughout this process. Guidance for home care is transmitted in a short period of time, making it a challenge for the family to fully absorb it. Therefore, the development of the discharge plan and its implementation with information sharing in the family's daily routine become essential for a safe hospital-to-home transition to occur[19].

Pereira[17] approaches a deficit in specific knowledge about home care and the increasing need for investment in continuing education, as Hences et al.[20] also state that continuing education should be carried out in the daily work routine, so that there is, among professionals, an exchange of experiences and knowledge, as experienced by the author in her publication.

Studies[17,19] agree that the nurse stands out as a helper and facilitator for this patient transition in the hospital-home environment, not only in adapting to this change, but also in supporting these families and caregivers, alleviating suffering and pain. The importance of the nurse being qualified and prepared for such conduct is emphasized.

The experience in home care brought great enrichment and autonomy to their practice, thus describing their report and addressing some actions such as the implementation of hypodermoclysis, which is more associated with the end-of-life phase. In addition to these care measures, other procedures were performed, such as medication administration, mainly injectables, blood collection, relief bladder catheterization, tracheostomy cannula aspiration, and intestinal lavage, and, regarding the cancer patient, the performance of oncological dressings, whose function is symptom relief rather than complete wound healing. The importance of comprehensive patient care, correct wound assessment, cleaning and use of appropriate dressings and techniques, and the need for health education for this user/caregiver are emphasized. Care for some types of wounds should include guidance for users and families, as, on some occasions, it presents a foul odor related to pathology, changing the approach to non-pharmacological treatment when bleeding and pain are involved[20].

The lack of home structure, access to patients living in remote areas, and accessibility to medications influence the quality of home palliative care assistance. Continuous training of these professionals is necessary to ensure humanized and efficient care; however, it is important to highlight clear and joint communication with the patient's health team to guarantee the success of home care. A health

policy that understands the complexity of home care and includes these patients and families in community support programs offers greater effectiveness and humanization, in addition to strengthening the multidisciplinary team that overcomes the challenges faced[21].

Continuing education consists of daily actions in health professionals, involving the exchange of knowledge and experiences, such as those in which the author participated, which had as their theme: functional assessment and bioethics at the end of life. For a functional assessment in palliative care and monitoring the progression of the disease and defining conduct, scales such as the Palliative Performance Scale (PPS) were used, which has eleven levels, assessing ambulation, activity, and evidence of disease, self-care, intake, and level of consciousness. The Edmonton Symptom Assessment Scale (ESAS) covers multiple symptoms, assessing pain, fatigue, nausea, depression, anxiety, drowsiness, appetite, well-being, breathing, and sleep, using a numerical scale from zero to ten, with zero being absence of symptoms and ten being the worst symptom stage; the use of these scales helps the professional identify their main complaint. The Eastern Cooperative Oncology Group - Performance Status (ECOG-PS) scale is also used for the assessment of cancer patients, which demonstrates how the disease interferes with their daily activities, with scores ranging from zero to five, where five refers to death and zero to the fully active patient. The second moment of continuing education that the author participated in was about bioethics, which focused on the anticipation or prolongation of death in the use of invasive procedures at the end of life; concepts about euthanasia, dysthanasia, and orthothanasia were addressed, and the need for artificial nutrition and hydration, highlighting the lack of effectiveness when dealing with a patient with an incurable disease[20].

According to the above, for the care provided by nurses in the context of home-based oncology palliation, significant interventions were highlighted, such as the implementation of hypodermoclysis, administration of injectables, wound care, insertion of indwelling bladder catheterization, in addition to health education provided to family members and patients during the hospital-to-home transition process, humanizing care and assisting ethically and technically in the quality of care.

The study allowed the use of literature to make it explicit that there are major challenges faced by nurses in palliative care for cancer patients in home care. The main challenges were the lack of structure in the home environment for better treatment, evidencing a failure in care, failure in the articulation between networks for cancer patient management, interrupting the continuity of this care, and weakening communication and adherence to quality care. The non-use or incomplete use of the Nursing Process directly interferes with clinical reasoning for decision-making regarding patient care, not understanding the patient holistically and failing to identify their vulnerabilities. Just as the psychological and emotional preparation of the nurse must be prioritized, as it directly impacts the quality of their care when managing more complex cases. Therefore, investment should be made, from their training, in the process of stimulating interpersonal development and specific knowledge in therapeutic relationships to ensure that the nurse is more assertive and efficient. It can be verified through this research that, quantitatively, there are few studies on oncology palliative care in the home context and that greater investment should be promoted in new studies related to this theme.

Conclusion

The study evidenced that nursing care in the context of home-based oncology palliation is multifaceted and requires a set of technical, relational, and ethical competencies. The main strategies identified include the systematization of care through the nursing process, pain and suffering relief, promotion of quality of life, health education for patients and families, and welcoming as a pillar of humanized care.

Significant challenges were identified that permeate nursing practice in this scenario, such as the lack of structuring of the home environment, difficulties in accessing medications and supplies, disarticulation between health care levels, and the pressing need for continuous professional training. The incomplete or inadequate use of the nursing process compromises clinical reasoning and decision-making, weakening the quality of care provided.

The importance of continuing education is highlighted as an essential tool for strengthening nurses' competencies, allowing the exchange of knowledge and experiences, as well as updating in the face of the complex demands of home-based oncology palliative care. The psychological and emotional preparation of the professional also constitutes a fundamental aspect for managing situations of suffering and death, ensuring ethical and humanized care.

It is concluded that the role of nurses in home-based oncology palliation is indispensable for the continuity of care and for the promotion of patient and family well-being. However, for this care to be effective, it is necessary to strengthen public policies, invest in continuing education, articulate health services, and recognize nursing as a protagonist in home palliative care. Furthermore, the need for new studies that deepen knowledge on this topic is evident, contributing to scientific production and the improvement of clinical practice.

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