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Nurses' Roles and Challenges in Interprofessional Home-Based Palliative Care: A Systematic Review of Qualitative Studies

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Abstract

Home-based palliative care (HBPC) aims to enhance patients' quality of life through holistic and sustainable approach, with nurses acting as key coordinators in interprofessional collaboration. However, their specific roles and the challenges they face remain underexplored. This systematic review aimed to map the role of nurses in interprofessional collaboration in HBPC and identify associated challenges. The review addressed two research questions: "What is the role of nurses in interprofessional collaboration in HBHC?" and "What challenges do nurses face in fulfilling their collaborative roles?". Literature searches were conducted in January 2025 using Scopus, PubMed, ScienceDirect, Wiley, and Sage databases. Inclusion criteria were original qualitative studies published in the past 10 years that specifically focused on the role of nurses in interprofessional collaboration within palliative care settings, including home-based palliative care, palliative home care, and hospice services. The review followed PRISMA guidelines and was registered in PROSPERO (CRD420251011837). Study quality was assessed using the Joanna Briggs Institute criteria, and a thematic synthesis was conducted. From 3175 records, 12 articles met the inclusion criteria, involving 447 participants. The roles of nurses identified in HBPC included holistic symptom management, psychosocial and spiritual support, patient and family education, and coordination of healthcare teams. Challenges encountered included poor team coordination, limited organizational support, lack of adequate training, and technological barriers. Nurses are essential to effective interprofessional collaboration in HBPC. Addressing the challenges they face requires capacity-building strategies, enhanced organizational support, and improved use of technology to strengthen service deliver.

Keywords

home-based palliative care, interprofessional collaboration, nurses' role, palliative nursing, holistic care, care coordination

Introduction

Palliative care is an approach aimed at improving the quality of life of patients, both adults and children, as well as their families facing life-threatening illnesses. This approach focuses on the prevention and relief of suffering through early detection, accurate assessment, and management of pain and other issues, including physical, psychosocial, and spiritual aspects.[1] This holistic approach respects patient dignity and preferences, particularly in end-of-life decision-making.[2] Palliative care can be provided in various settings, including hospitals, hospice facilities, and increasingly, in patients' homes, which is often the preferred option.[3,4] In fact, 98.78% of hospice care days in the United States in 2022 were provided through routine home care, underscoring the dominant role of home-based services in modern palliative care delivery. In the United Kingdom, approximately 47.5% of patients receiving palliative care die at home, making it the most common place of death.[5] This trend is supported by national policies that promote community-based end-of-life care (Office for Health Improvement and Disparities).[6] This global shift is also encouraged by the WHO, which advocates for the integration of palliative care into primary health systems and community-based services (World Health Organization).[7]

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Home-based palliative care (HBPC) is a crucial component of palliative services, allowing patients to receive care in the comfort of their own homes. Research has shown that patients receiving HBPC report higher levels of satisfaction compared to those treated in institutional settings.[8,9] The home environment provides a greater sense of independence and supports patients' quality of life by keeping them in a familiar setting with the presence of loved ones.[10,11] Nurses play a pivotal role in the delivery of HBPC. As frontline providers, they not only manage patients' symptoms and coordinate care, but also serve as the primary communicators between patients, families, and other healthcare professionals. Their continuous presence and clinical judgment make them essential in assessing needs, implementing interventions, and ensuring holistic care within the home setting.[12,13]

The effectiveness of HBPC is supported by numerous studies demonstrating its positive impact on patient's quality of life and symptom management. For instance, research has found that patients enrolled in HBPC programs report significant improvements in overall quality of life and require hospital admission less frequently.[14,15] Additionally, HBPC enables personalized care planning tailored to the unique needs of patients and their families, fostering a sense of comfort and autonomy.[11] This individualized approach is particularly beneficial for patients with advanced-stage cancer, as it provides better symptom control and more effective emotional support compared to traditional inpatient or institutional care settings.[15]

The integration of home-based palliative care with community healthcare services is essential to ensure the delivery of comprehensive care. Effective communication and collaboration among healthcare providers, patients, and families are crucial to the success of HBPC programs.[16] The establishment of community-based palliative care teams can facilitate timely interventions and provide continuous support, ultimately improving patient outcomes and satisfaction.[14,17]

The needs of patients and families affected by progressive diseases require complex interventions from experts in their respective fields. Patients need a practical approach from an interprofessional team to assess their condition, establish care goals, conduct ongoing evaluations, and implement therapeutic strategies.[18] Interprofessional collaboration is a key factor in providing holistic and ethical care in palliative care settings.[19] A collaborative approach ensures patient-centered care, enhances therapeutic relationships between healthcare providers and patients and promotes continuity of care while maintaining connectivity among healthcare professionals.[20]

Nurses play a crucial role in palliative care. Their responsibilities include those of coordinators, collaborators, case managers, caregivers, and educators. In the context of interprofessional collaboration, nurses act as care coordinators by facilitating the exchange of information between healthcare professionals and patients.[12] Other nursing roles involve symptom management, assessing patient expectations, evaluating coping mechanisms, and identifying patient needs.[13] Although previous studies have described the competencies of nurses in home-based palliative care, their specific role in interprofessional collaboration within this setting remains underexplored, particularly regarding the challenges they face and the optimal strategies that can be implemented. Therefore, further understanding of the unique contributions of nurses in this context is necessary to strengthen interprofessional collaborative practices.

This study aims to map the role of nurses in interprofessional collaboration for home-based palliative care, focusing on holistic and sustainable care management. Additionally, it seeks to identify the challenges nurses encounter in fulfilling their collaborative roles. A systematic review with a qualitative study design was conducted, as qualitative research is better suited to providing an in-depth understanding of the phenomenon under investigation. Qualitative studies explore experiences, perceptions, and meanings that are often overlooked in quantitative research, thereby filling gaps in understanding an intervention or phenomenon. By gaining a deeper understanding, the contribution of nurses within interprofessional teams can be optimized, leading to improved quality of home-based palliative care, enhanced patient comfort, and better fulfillment of the unique needs of patients and their families.

Methods

This systematic qualitative literature review was conducted following the PRISMA 2020 guidelines, the latest framework for reporting systematic reviews. The review process was registered on PROSPERO (CRD420251011837) as a commitment to methodological transparency and accuracy. The choice of a systematic review methodology was driven by its ability to provide a comprehensive overview of current approaches and practices relevant to the reviewed topic. This approach facilitates a deeper understanding of effective interventions to enhance collaboration among healthcare professionals while improving the quality of nursing practice.[21] Ethical approval was not required for this study as it did not involve human subjects as participants.

Problem Identification

The identification of the research problem was determined using the PCC (Population, Concept, Context) framework to establish the study objectives and eligibility criteria for this systematic qualitative review. The PCC framework is highly useful as it allows for the inclusion of various study designs and sources of information, with the aim of synthesizing data from all collected evidence, identifying gaps, and developing a theoretical framework.[22] The PCC components are outlined in Table 1. The review questions guiding this study were: What is the role of nurses and challenges in interprofessional collaboration within the context of home-based palliative care?

Table 1. Component PCC

Component PCC	Description
Population	Nurses who perform home-based palliative care
Concept	The role of interprofessional collaboration in palliative care
Context	Home based palliative care

Eligibility Criteria

The inclusion criteria for studies in this review were as follows: (1) studies discussing the role of nurses in collaboration with other healthcare professionals in home-based, home care, or hospice settings; (2) original articles using qualitative methods; (3) free full-text articles; (4) articles published between 2015 and 2025; and (5) articles written in English. The exclusion criteria for this review were: (1) studies focusing on collaboration in not palliative context and (2) studies that do not explicitly examine nurses' collaborative roles within a team.

Search Strategy

The article selection process, based on the predetermined criteria, was conducted by two independent reviewers (AA, RBS). The search was performed according to the PCC framework. Literature searches were carried out in five databases Scopus, PubMed, ScienceDirect, Wiley, and Sage on January 6, 2025. The search process utilized Boolean operators (AND/OR) to combine keywords and refine the focus to ensure alignment with the review topic. The detailed search strategy is presented in Table 2.

Table 2. Search Strategy

Databased	Search keywords
Scopus	Nurses OR healthcare OR palliative AND care AND team AND collaboration OR interprofessional OR therapeutic AND alliance AND hospice OR home AND based OR palliative AND care OR homecare OR homebased OR homecare AND service AND palliative AND care OR hospice AND palliative AND care AND nursing
PubMed	(((((((Nurses) OR (health care)) OR (palliative care team)) AND (interprofessional collaboration)) OR (therapeutic alliance)) OR (intersectoral collaboration)) AND (home based palliative care)) OR (hospice palliative care nursing)
Sciencedirect	(Nurses OR health care OR palliative care team) AND (interprofessional collaboration OR therapeutic alliance OR intersectoral collaboration) AND (home based palliative care OR hospice palliative care nursing)
Wiley	"Nurses OR healthcare OR palliative care team" anywhere and "interprofessional collaboration OR therapeutic alliance OR intersectoral collaboration" anywhere and "home based palliative care OR homecare service palliative care OR hospice palliative care nursing"
Sage	Health care OR palliative care team AND interprofessional collaboration OR therapeutic alliance OR intersectoral collaboration AND home based palliative care OR homecare service palliative care OR hospice Palliative care nursing

Selection Process

Two reviewers (AA, RBS) independently conducted the identification and screening of articles using a tool designed for article selection. *Rayyan* was utilized to facilitate the systematic literature review. Rayyan was developed to accelerate the initial screening of abstracts and titles through a semi-automated process with a clearly defined purpose. It has proven to be a useful application in reducing the workload of reviewers by expediting the screening process for inclusion in systematic reviews.[23] Duplicate articles were removed, and the eligibility criteria were screened based on the title and abstract. Full-text screening was then performed on the remaining articles to assess their alignment with the predetermined inclusion and exclusion criteria. A total of 8599 articles were identified through keyword searches across five databases. After removing 335 duplicate articles, the selection process proceeded by excluding studies based on inappropriate design, subjects, and topics, resulting in 48 articles for full-text analysis. Ultimately, 12 articles were included in the final analysis, comprising 8 articles from the screening process and 4 articles obtained through hand-searching.

Data Extraction

Data extraction from the included articles was conducted independently by three reviewers (AA, RBS, LG). Extracted data included the authors, country, aims, setting, participants, data collection method, analysis, and findings. Relevant data were extracted based on the main themes identified.

Data Synthesis

Thematic synthesis was used to inductively analyze data from multiple studies included in the review process.[24] This process consisted of three steps: coding the extracted data, categorizing descriptive themes, and developing analytical themes that extend beyond the reported findings of the original studies. The thematic synthesis in this review was conducted manually without the use of any software or automated tools. All coding, theme development, and interpretation were performed by the reviewers through an iterative and reflective process to ensure depth of analysis and contextual

understanding. The coding process was conducted by the second author (RBS) and the third author (LG). Coding involved providing a brief description of the context of each identified finding. The independently coded data were cross-checked by the first author (AA) to ensure completeness and accuracy. The codes were then grouped into descriptive themes, followed by the development of analytical themes by the first author (AA), which were further discussed with the second author (RBS) to establish the final set of themes. The identified themes were assessed for their relevance to the review questions to ensure accurate identification.

Critical Appraisal

A quality appraisal was conducted to identify potential risks of bias, with three reviewers independently assessing the included studies using the Joanna Briggs Institute Critical Appraisal Tool for Qualitative Research.[25] Each item was rated as "Yes," "No," "Unclear," or "Not Applicable." An overall quality rating categorized as "low," "moderate," or "high" risk of bias was determined based on the number and significance of "No" or "Unclear" responses across criteria. Discrepancies were resolved through discussion among reviewers to ensure assessment accuracy. The results are summarized in Figure 1.

Results

Study Selection

Articles were selected from five databases: Scopus (671), PubMed (6,269), ScienceDirect (443), Wiley (713), and Sage (503). Out of a total of 8599 articles, 6468 did not meet the inclusion criteria as identified by automation tools, and 335 duplicate articles were removed from the selection process. A total of 3175 articles were screened based on their titles and abstracts, with 3127 articles subsequently excluded due to inappropriate study design (1,287), irrelevant subject matter (528), and misalignment with the review topic (1,503). Consequently, 48 articles underwent full-text screening, from which 38 were excluded for not discussing interprofessional collaboration in palliative care. Additionally, *hand searching* was conducted to supplement the number of articles, resulting in the identification of five additional articles based on the predefined keywords. Among these, three articles did not meet the eligibility criteria as they were not conducted in a home-based setting. Thus, a total of 12 articles were included in this review, comprising 10 articles from the systematic search and 2 articles obtained through *hand searching*. The systematic search process is illustrated in the PRISMA flowchart (Figure 2).

Characteristics of the Studies

The distribution of study designs across the 12 analyzed articles utilized qualitative methods. These studies were published between 2015 and 2025 and originated from various countries, including the United Kingdom ($n = 2$), Norway ($n = 2$), Canada ($n = 1$), Finland ($n = 1$), the United States ($n = 1$), China ($n = 1$), the Netherlands ($n = 1$), Belgium ($n = 1$), Sweden ($n = 1$), and Germany ($n = 1$), with a primary focus on palliative care services in different contexts. These studies explored the experiences and perspectives of healthcare professionals involved in palliative care within home-based and community care services. The characteristics of the included studies are presented in Table 3.

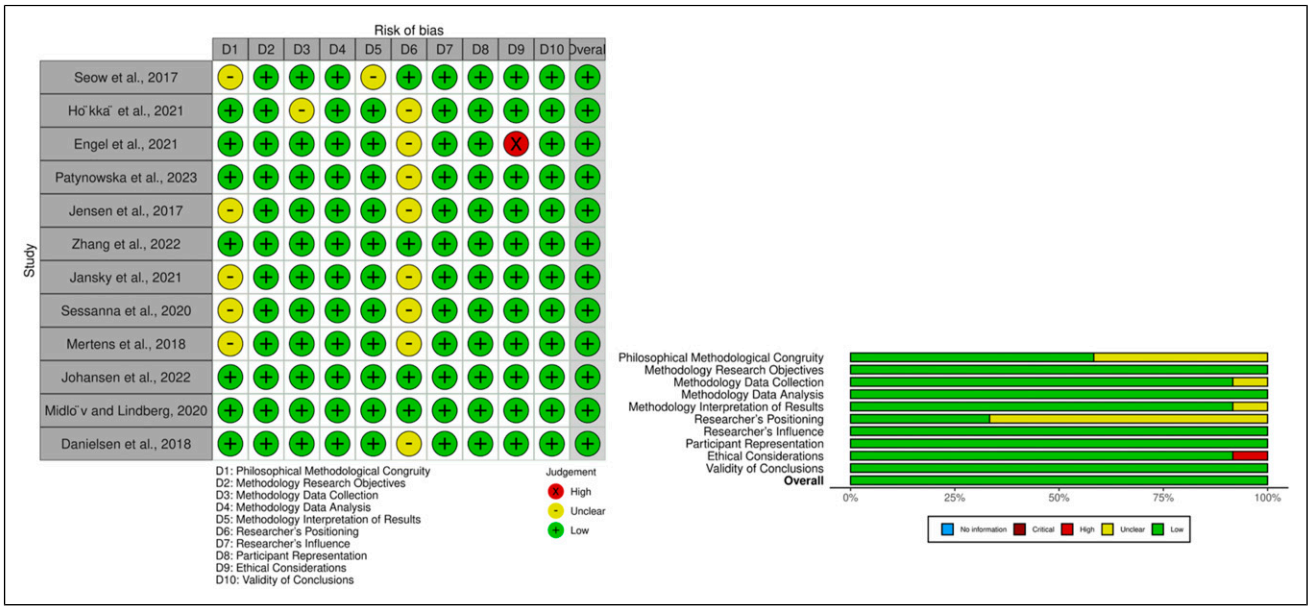

Figure 1. Critical Appraisal Using JBI Critical Appraisal Checklist

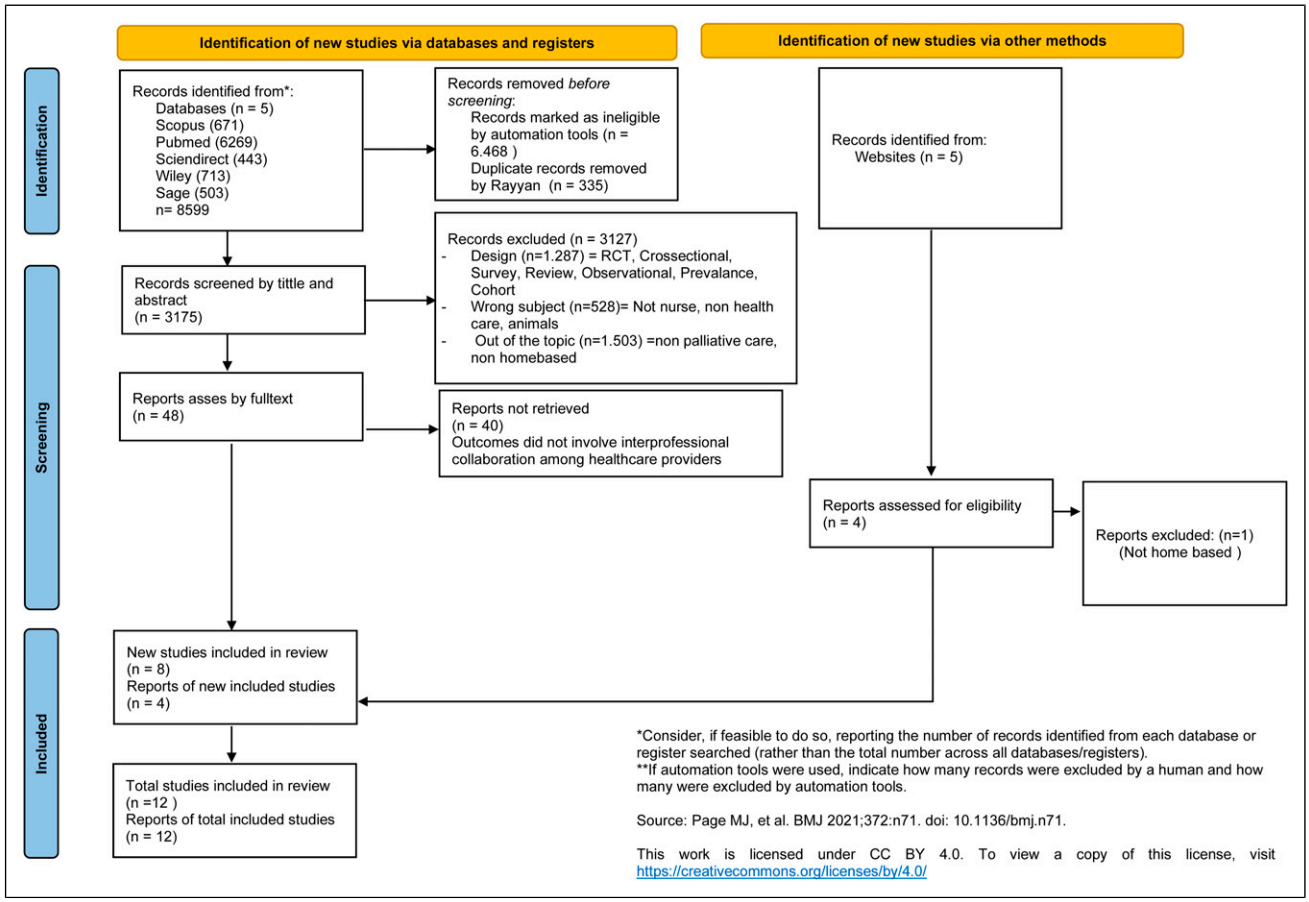

Figure 2. PRISMA Flow

Findings

Four key themes were identified through qualitative synthesis. These themes include the specific roles of nurses in interprofessional collaboration, challenges in interprofessional collaboration, optimal strategies to enhance collaboration, and the impact of poor coordination on care continuity. The coding, sub-themes, and themes are presented in Table 4, while supporting quotations are included within the main text.

Theme: The Specific Role of Nurses in Interprofessional Collaboration

Holistic Symptom Management. Nurses in palliative care play a crucial role in managing not only physical symptoms but also addressing patients' psychosocial and spiritual needs. Holistic observation allows treatment to be based on the patient's condition rather than rigid schedules, as one nurse noted:

> "I think symptom management works well in the home. We have a list with exactly what you give for pain, anxiety, and so on, and how to combine them"[26]

> "Observes the patient's symptoms: physical, mental and social. Gives medicine based on the symptom, not by the clock."[27]

Support also extends emotionally and spiritually to patients and their families. Nurses foster hope and dignity at the end of life:

> "The nurse should be able to give the patient a feeling of positive end of life (creating hope even if she/he is sick and dying)."[27]

> "It's been special having you here… You bring in the Lord… You always have a prayer before you leave. And a hug. It just makes you feel better to be alive."[28]

> "Just having an ear. Just being there to listen to them. And I think that can be important, especially when families are in shock or emotional distress".[29]

Patient and Family Education. In the home-based care setting, nurses play a crucial role in educating families to improve the quality of care.[30]

> "Education is a big part of crisis management. I always try to educate so patient and family know what to expect and not to

Table 3. Characteristics of the Studies

Author and country	Aims (verbatim)	Setting/ context/ culture	Characteristics of sample	Data collection method	Analysis	Description of main result	Risk of bias
Seow et al[24] Canada	To explore similarities in care practices among effective and diverse specialist teams to inform the development of other community-based teams	Community-based specialist palliative care	11 community-based specialist palliative care teams included community nurses, personal support workers, family physicians, palliative care physicians, allied health professionals (eg, social workers and psychosocial–spiritual counsellors), spe-cialised symptom management nurses, homecare case managers and team managers	Semi structured interviews	Thematic analysis	The seven common care practices implemented by community-based specialist palliative care teams to provide effective home-based care include: Specialised expertise 24/7, intrateam communication, timeliness, physical symptom and psychosocial–spiritual management, education and preparedness, peace and fulfilment, and advocacy for patient preferences	Low
Hökkä, et al[21] Finland	To describe the required palliative nursing competencies of registered nurses aligned to different levels of palliative care provision, from the perspectives of multiprofessional groups	Home based palliative care, hospice, nursing in home	A total of 222 professionals participated in the study, representing various levels and backgrounds in palliative care. Among the participants, registered nurses, physicians, professionals from other fields	Open ended question	Thematic analysis	The study identified 17 main categories and 75 subcategories of nursing competencies for basic level palliative care, emphasizing symptom management and psychosocial support. For specialist level care, there were 10 main categories and 37 subcategories, focusing on advanced care planning, existential suffering, and maintaining expertise	Low
Engel, et al[27] Netherlands	To describe views of palliative care nurse champions in hospitals and home care on their role, responsibilities and added value	Hospital and home care palliative	16 palliative care nurse champions in two hospitals and four home care organizations in the southwest of The Netherlands	Semi structured interviews	Thematic analysis	Findings from the interviews relate to the palliative care nurse champions' activities and responsibilities in patient care, their position in the care organization in relation to the palliative care expert team and their role and responsibilities in inter-organizational collaboration	Low
Patynowska, et al[23] UK	To explore the role of newly employed lone working healthcare assistants delivering palliative care in the community, and their support and educational needs	Hospice and palliative care provider	16 healthcare assistants (registered nurse, student nurse, bachelor of science degree, complementary therapy) employed less than 12 months by a national non-profit hospice and palliative care	Semi-structured interviews	Thematic analysis	1. Although the study focuses on healthcare assistants (HCAs), it indirectly informs the nursing role in HBPC by highlighting gaps in team communication, support structures, and preparation for holistic home-based care 2. The findings emphasize the importance of structured interprofessional collaboration and supervisory support—typically led by nurses—to mitigate professional isolation in lone workers 3. Peer support and training were identified as essential, aligning with the nurse's role as coordinator and educator within the HBPC team	Low

(continued)

Table 3. (continued)

Author and country	Aims (verbatim)	Setting/ context/ culture	Characteristics of sample	Data collection method	Analysis	Description of main result	Risk of bias
Jensen, et. Al[25] UK	To explore hospice, acute care and nursing home nurses' experiences of pain management for people with advanced dementia in the final month of life. To identify the challenges, facilitators and practice areas requiring further support	Hospice, acute care, and nursing home	24 registered nurses female (6 hospice nurses, 6 acute care nurses, 12 nursing home nurses) who caring people dying with advanced dementia	Semi structured interviews	Thematic analysis	Three core themes: Challanges administering analgesia, the nurse-physican relationship, and interactive learning and practice development. Sub theme nurse-physician relationship: Positive relationships and difficult relationships	Low
Zhang, et. Al[29] China	This study explored the challenges faced by community nurses who provide HBHPC	Two community health centers (CHCs)	13 nurses: All female, work in CHCs at least 1 year, provided home based care for patient terminal illness	Semi structured, in depth interviews	Thematic analysis	Three main themes were identified: Community nurses inadequate self preparation for providing HBHPC, patients and their families non cooperation in HBHPC, and community health service career disadvantages. Inadequate self preparation in community nurses because low job motivation and inadequate professional ability providing HBHPC.	Low
Jansky, et al[30] German	To explore how German SPHC teams were affected by the pandemic during the first wave, which challenges they faced, and which strategies helped to handle the consequences of the COVID-19 pandemic for providing good SPHC.	Specialist palliative home care (SPHC)	20 participating staff member SPHC (10 nurse, 9 physician, and 1 social worker)	Focus group discussion and interviews	Qualitative content analysis	Total seven categories emerged from data: organizational characteristic, information management, shift in patient care, teamwork, financial issues, regional crisis management, federal crisis management	Low
Sessanna, et al[22] United States	To explored the experience of working with a faith community nurse (FCN) liaison of care in a catholic health care system affiliated primary care practice among older adult clients and their informal caregiver	A catholic health care system	22 participant (18 older adult client informal caregiver dyads, 3 client, and 1 caregiver)	Semi structured interview	Thematic analysis	1. Older adult clients: The faith community nurse was always there to help us 2. Informal caregivers: The faith community nurse took the pressure off of caregiving for a while	Low
Mertens, et al[28] Belgium	To explore how community nurses experience the collaboration with general practitioners and specialist palliative home care team nurses in palliative home care and the perceived factors influencing this collaboration	Community nursing	20 participants. Their professional experience in community nursing ranged from 5 months to 35 years	Semi-Structured interview	Thematic analysis	1. Experiences of collaboration: Nurses' experiences working in fluid teams, role in care coordination, and interprofessional communication 2. Factors influencing collaboration: Approachability, knowing each other, time constraints, GPs' expertise, communication style, hierarchy, and income dependency	Low

(continued)

Table 3. (continued)

Author and country	Aims (verbatim)	Setting/ context/ culture	Characteristics of sample	Data collection method	Analysis	Description of main result	Risk of bias
Johansen, eat al[31] Norway	To explore how rural health professionals experience local and regional collaboration on patients in need of palliative care	Rural Northern Norway. Primary care	52 primary care professionals: 15 district nurses, 15 oncology nurses, 17 general practitioners, 5 physiotherapists and occupational therapists	Focus group discussion	Thematic analysis	1. Importance of communication "talking together" (collaboration, timely information sharing) 2. Transitions of care: Worst-case scenarios (lack of discharge planning, GPs losing track of patients, emergency hospital admissions) 3. Co-location and improvised consultancy (proximity enhances collaboration, informal discussions improve care) 4. Lack of meetings and knowledge of each other (fragmented care, need for more structured meetings)	Low
Midlöv, et al[20] Sweden	To illuminate district nurses' experiences of providing palliative care in the home. Qualitative semi-structured interviews were conducted with 12 district nurses	Home-based palliative care	12 district nurses with specialist nursing education. Experience: 7-34 years in district nursing, 5-34 years in home care. 8 had prior education in palliative care	Semi-structured interviews	Qualitative content analysis	1. Collaboration for well-functioning palliative care (patient and family collaboration, team collaboration) 2. Emotional impact (close relationship, young patients, time-consuming work) 3. Knowledge demanding (communication, main responsibility for coordination, symptom management, technical development)	Low
Danielsen, et al[26] Norway	To achieve more insight, through home care nurses and general practitioners, of conditions that facilitate or hamper more time at home and more home deaths for patients with terminal disease and short life expectancy	Home-based palliative care	19 participants: home care nurses, nursing assistants, and general practitioners	Focus group discussion	Thematic analysis	1. The importance of a good start (trust and safety, initial collaboration, GP involvement) 2. "Passing the baton" – Collaboration across the health system (hospital transfer issues, GP disconnection, gaps in communication) 3. Avoiding hospitalization (interdisciplinary teamwork, competence and experience, end-of-life preparedness, flexibility in home care)	Low

panic."[30] Another important aspect to consider is the need for nurse training in patient education, particularly regarding medication use. This is essential because nurses may not always have a complete understanding of drug interactions or their mechanisms of action.[31]

Coordination With Other Healthcare Professionals. Palliative care requires collaboration among multiple healthcare professionals to ensure effective care delivery.

> "We see everyone as equals and work together as a team; otherwise, we will fail".[30]

Such equality can only be achieved when each healthcare professional has a clear understanding of their roles and responsibilities.[32] Additionally, healthcare providers can delegate tasks to other professionals when they fall outside their area of expertise.[27]

> "It's important that doctors have scheduled home nursing times for these patients so that one can make home visits".[26]

Another crucial aspect of coordination is the discussion of patient care information within teams. These discussions can take place within palliative care networks or other healthcare organizations.[33]

Table 4. Synthesis

Theme 1: Nurse's specific role in interprofessional collaboration	
Findings	Sub theme
Comprehensive observation of symptoms[21]	Holistic psychosocial and spiritual care
Comprehensive management of symptoms[20]	
Psychological support to patients[21]	
Emotional support when breaking bad news[23]	
Providing spiritual care[22]	
Patient and caregiver education[24]	Patient and family education
Training needs for patient education[25]	
Importance of teamwork[24]	Coordination with other health professionals
Need for coordination of visit schedules[20]	
Transfer of tasks to other health workers[27]	

Theme 2: Challenges in interprofessional collaboration	
Findings	Sub theme
Expert palliative team provides advice and coordination[27]	Lack of coordination between healthcare teams
Doctors do not accept nurse advice[28]	
Lack of doctor nurse coordination[28]	
Lack of subsidies for nurses[29]	Lack of organizational and institutional support
Lack of support from organizations[30]	
Challenges in the use of technology[20]	Technological challenges

Theme 3: Optimal strategies to enhance interprofessional collaboration	
Findings	Sub theme
Need for practical training for nurses[25]	Improving nurse training and competence
Need for pharmacology training[25]	
Improved communication in care[27]	Improving communication systems and team coordination
The need for a support team for the palliative team[22]	
The need for discussion between team members[27]	
The importance of team communication[24]	
The importance of family support and involvement[26]	Increase family participation in care
Collaboration with patients and families[20]	
Lack of organizational support[30]	Improving policy and funding support

Theme 4: Impact of lack of coordination on continuity of care	
Findings	Sub theme
Patients are not well coordinated[31]	Lack of collaboration
Nurses are unable to provide holistic care[29]	
Emotional burden of caring for families[22]	

Theme: Challenges in Interprofessional Collaboration

Lack of Coordination Among Healthcare Teams. A lack of coordination among healthcare teams poses a significant challenge in interprofessional collaboration for home-based palliative care.

> "I miss some kind of connection between the palliative care team and the ward. Not when it comes to patient care, but in discussing education and training needs".[33]

> "Some GPs respond to us by saying 'I am the doctor, and I am making the decisions.' They simply do not accept suggestions".[34]

These findings highlight that poor coordination and hierarchical communication patterns can impede the effectiveness of interprofessional collaboration.

Lack of Organizational and Institutional Support. The lack of organizational and institutional support is another major challenge in home-based palliative care.

> "We have to use our electric bikes, mobile phones, and data plans. These were all paid for by ourselves".[35]

> "We were very much on our own, there was no support on the municipal level, not from political bodies up to the federal level".[36]

Technological Challenges. District nurses have reported that, in some cases, technology consumes more time than face-to-face patient care.

> "Many times it may be that technology takes over..."[26] Additionally, technological failures can be a source of concern for both patients and their families. Therefore, while technology can support palliative care, its use must be balanced to ensure that it does not diminish the quality of interactions and attention given to patients.

Theme: Optimal Strategies to Enhance Interprofessional Collaboration

Enhancing Nurse Training and Competence. Training and skill development play a crucial role in improving interprofessional collaboration. Home-based palliative care requires advanced competencies and effective coordination with healthcare teams.[26] One nurse highlighted the importance of mentorship in developing practical skills. *"You're getting your practical training, you have your mentor, and you learn so much from your mentor"*.[31] Furthermore, preparation for this complex role necessitates experience-based learning and specialized training to support the delivery of holistic care.[29]

Improving Communication and Team Coordination Systems. Effective team communication is essential to ensure optimal care coordination and prevent duplication of efforts. Strong healthcare teams establish both formal communication mechanisms, such as regular meetings, and informal communication channels, such as phone calls or brief workplace discussions, to facilitate smooth coordination.[30,34]

> "I am starting a new working group that will meet every six weeks to improve collaboration".[33]

> "Communication. Everything is so much better, things are going the way it should be".[28]

Enhancing Family Participation in Care. District nurses emphasize that the success of home-based palliative care is highly dependent on family involvement.

> "It all depends on the next of kin for this to work. We cannot do the job unless the family is safe".[32]

> "In the homes, a lot of focus is on the family, and unless both the patient and relatives are on the same page and want this, it will not work in the home".[26]

Improving Policy Support and Funding. The lack of government support remains a major challenge in home-based palliative care.

> "We were very much on our own, there was no support on the municipal level, not from political bodies up to the federal level".[36]

Theme: Impact of Poor Coordination on Continuity of Care

Lack of Collaboration. A lack of collaboration can hinder the coordination of patient care. Johansen et al.[37] highlighted this issue. *"2 weeks ago, we had a seriously ill COPD patient admitted to the hospital, and then I wasn't told until the handover that the patient was going home today."* Similarly, Zhang et al[35] emphasized the challenges in family-centered care. *"It is hard for me to provide family-centered care for home-bound patients with more complex needs…"* These findings suggest that poor communication can negatively impact healthcare providers' preparedness and the quality of patient care services.

Discussion

This study is a systematic review examining the role of nurses in implementing palliative care in a home-based setting and the challenges they face. The primary role identified in this review is that nurses play a crucial role in managing patient symptoms holistically. This finding is supported by previous research, which highlights that nurses are responsible for addressing patients' holistic needs by being fully present and dedicated to patient care. Nurses must also understand the fundamental principles of palliative care, which involve providing individualized care for patients with life-threatening illnesses.[12] Additionally, nurses can collaborate with families to determine effective interventions for symptom management. A holistic multidisciplinary team approach, along with adequate support to minimize psychological distress, has been shown to effectively improve symptom management in patients.[38]

Another essential role of nurses in palliative care is providing psychosocial and spiritual support to patients and their families. This support is particularly crucial, as terminally ill patients often experience emotional instability, mood fluctuations, irritability, communication difficulties, and spiritual distress.[39] Psychosocial care is a dynamic process that involves assessment, intervention, and evaluation. This approach not only addresses the patient's illness but also provides emotional and psychological support to their families.[40] Nurses can also offer spiritual interventions, such as prayer, psycho-spiritual interventions, active listening, being present with the patient, and providing interventions related to sacred aspects. These interventions have been linked to improved psychological and spiritual outcomes for patients.[41] Recent evidence emphasizes the importance of addressing end-of-life dreams and visions (ELDVs), which are often vivid

and emotionally meaningful to patients approaching death. Nurses can play a crucial role in supporting patients by actively listening to and validating these experiences, thereby helping to enhance their emotional and spiritual comfort.[42] Spiritual practices are an integral cultural element of holistic care, and healthcare professionals can facilitate their implementation.[43]

Home-based palliative care requires coordination with other healthcare professionals to achieve patient care goals. The effectiveness of this coordination role depends on clearly defined roles and responsibilities for each profession, as well as mutual respect among team members in meeting patient needs.[44,45] Care coordination by nurses has been shown to yield better outcomes for both patients and healthcare services when it involves continuous interaction, disease status monitoring, and structured care transitions.[46] Consistent with themes identified in thematic analysis show that the coordination role of nurses was particularly evident during patient transitions from hospital to home. Previous research supports the need for clear communication among palliative care providers to determine which professional will serve as the coordinator and who will be delegated specific responsibilities at any given time.[47]

Interprofessional collaboration is a crucial aspect of home-based palliative care; however, several challenges continue to hinder its effectiveness. Our thematic analysis show that key issues include poor coordination among healthcare teams, limited organizational support, and technological barriers that impede communication and care coordination. Effective collaboration among professionals is essential to ensuring the success of home-based palliative care; however, many HBPC programs face fragmented communication among service providers.[48] A study highlighted that integrating palliative care services requires a nurse coordinator who can facilitate the transition from hospital to home, ensuring better continuity of care.[49] Unfortunately, many HBPC programs lack standardized reimbursement systems, leading to inconsistent funding and support, which in turn affects the availability of resources for healthcare providers.[48] Additionally, the isolated nature of the healthcare system further complicates resource allocation, making implementing effective collaborative models a significant challenge.[50]

Nurses working in home-based palliative care often experience gaps in the specialized training required to address the complex needs of patients. This lack of training affects their ability to provide emotional and psychosocial support as well as to manage symptoms in patients with serious illnesses.[50] Therefore, continuous education is essential to equip healthcare providers with the necessary skills to ensure high-quality HBPC services.[51] In addition to training, technological challenges must also be considered in home-based palliative care. Barriers such as limited access to telemedicine hinder the timely delivery of care, particularly in facilitating communication between healthcare providers and patients receiving care at home.[49] Therefore, proper integration of technology into the care process can enhance team coordination and effectiveness, ultimately improving palliative care outcomes.[52]

These findings align with the literature, as Septian and Anita[39] identified several barriers to home-based palliative care, including workforce shortages, limited competencies in end-of-life care, and nurses' lack of confidence in fulfilling patients' wishes. Additionally, resource constraints often result in unmet patient needs, while financial limitations and family difficulties in accepting poor prognoses influence care decisions. Furthermore, the lack of integration between healthcare and social services, along with poorly connected facilities, further impairs the effectiveness of home-based palliative care. Despite these significant challenges, several studies suggest that implementing innovative collaborative models can help overcome these obstacles and improve the effectiveness of home-based palliative care. With the right strategies, such as enhanced team coordination, stronger institutional support, and ongoing healthcare provider training, patient's quality of life can be improved, while both family and provider satisfaction can be better maintained.[52]

Strenghts and Limitation

This study provides in-depth insights into the role of nurses in interprofessional collaboration within home-based palliative care. Its key findings highlight nurses' involvement in holistic symptom management, emotional support, family education, and team coordination. Additionally, the study successfully identifies relevant challenges and offers a foundation for strengthening policies and nursing training in practice. This study has several limitations. First, it included only qualitative studies, meaning that the findings cannot be widely generalized to larger populations, while quantitative studies that might provide stronger statistical data were not considered. Additionally, this study included only free full-text articles, potentially excluding high-quality studies that are behind paywalls or require a subscription. Furthermore, the focus on home-based palliative care presents another limitation, as the findings may not fully reflect interprofessional collaboration in other settings, such as hospitals or nursing homes.

Conclusion

This systematic review highlights the critical role of nurses in the implementation of home-based palliative care and the challenges they face. Nurses play a key role in holistic symptom management, including providing psychosocial and spiritual support for both patients and their families. Additionally, coordination with other healthcare professionals and interprofessional collaboration are crucial aspects of ensuring the continuity and effectiveness of palliative care. However, several challenges persist in its implementation, such as poor coordination among healthcare teams, limited organizational support, insufficient training for nurses, and technological barriers that hinder communication and care coordination. The

lack of standardized reimbursement systems in home-based palliative care programs also affects the availability of resources for healthcare providers. Moreover, workforce shortages, nurses' lack of confidence in fulfilling patients' wishes, and families' difficulties in accepting poor prognoses further hinder the optimization of these services. To address these challenges, appropriate strategies are needed, including improved team coordination, stronger institutional support, and continuous education and training for healthcare professionals. With an innovative collaborative approach and better service integration, home-based palliative care can provide more optimal benefits for patients and families while enhancing the overall quality of healthcare services.

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