

SYSTEMATIC REVIEW

Nurses' Actions in the Implementation of Home Care: A Systematic Review

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ABSTRACT

Introduction: Home care aims to meet the health and social needs of people at home by providing quality home-based health care using balanced, affordable, and sustainable technology. Home care is challenging for nurses to carry out intensive and complex nursing activities. **Objective:** The aim is to identify what actions nurses take when implementing home care. **Methods:** The research method uses a systematic review of three scientific journal databases, namely ScienceDirect, ClinicalKey for Nursing, and Sage Journals. Article screening was adjusted to the inclusion criteria and used the PICO technique. Nine articles were reviewed. **Results:** There are six aspects of nursing actions in-home care services. Nurses provide health education, can collaborate with other professions, act client-centred, communicate effectively, act according to SOPs, and care involving the family. **Conclusion:** Nurses who intensively provide implementation services to home care clients must have a reference. At a minimum, nurses can apply six aspects of nursing actions in-home care services. *Malaysian Journal of Medicine and Health Sciences* (2025) 21(SUPP3): 207-213. doi:10.47836/mjmhs.21.s3.31

Keywords: The role of nurses, Actions of nurses, Implementation of nurses, Home care services

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INTRODUCTION

Home care aims to meet people's health and social needs while at home by providing quality home-based health care by care providers using technology in a balanced, affordable, and sustainable manner. The development of home care is related to the emergence of complex systems, welfare, social security, and health care with different funding and provision patterns in each country. Social and cultural diversity at the national level colors welfare changes and policies (1). Including knowledge, values, and cultural background is also part of planning nursing care (2).

Home care provision relies on informal care (mainly family) and voluntary or church provision (3). The central place of the family and extensive kinship networks in supporting the elderly and people with disabilities is the consistency of welfare (4). Only during the late 19th century did state involvement in health and social welfare increase, but it did not change existing provisions (1). Data is needed to describe the resources used in the health care system. Facilities must provide the information needed to harmonize home care policies (5).

Demographic and economic changes are causing an increase in demand for home care (6). In particular, the proportion of the elderly and very old increased, while the proportion of children, adolescents, young adults, and adults decreased due to a sharp decline in fertility rates. The demand for home care is known to increase with age, even if someone is addicted. Some things include improving lifestyle, food, personal hygiene, and housing—improving disease prevention, living standards, and self-care. Activities will also influence the level of assistance needed and the overall level of dependency (1).

Home care also involves nursing staff bound by Law Number 36 2014 concerning health workers and Law Number 38 of 2014 concerning nursing (7). Home care is challenging for nurses to carry out intensive and complex nursing activities (8). Nursing resources in home care must be more flexible and proactive to maintain the client's functional status (9). Home health care is considered a specialty within nursing that embraces a holistic approach to caring for families, communities, and caregivers in their environments. This service is provided to those throughout the lifespan, including terminal patients. The skill set also includes coordinating multiple interdisciplinary services and resources, with patient care primarily in goal setting and intervention. Future challenges: Changes, opportunities, and challenges in the care practice will move from hospital or clinic-based to home-based, and nurses with

the skills, experience, and motivation for home health will be in greater demand (10).

Home care provides services to people who prefer to be cared for at home. Costs are more effective, and results can be validated. Home care is critical to the transition process and health care continuum. Home care will be viewed and appreciated as a better alternative. As services grow, providers must ensure that the transition process continues to improve so that all patients and providers can work together to achieve the best outcomes (11). Home care is not just about providing nutritious food to the elderly (12) but also assistance and care for the elderly, improving health through muscle training, training range of motion movements, personal hygiene, wound care, and so on (13). The results of the study stated that to achieve independence for families of patients with non-communicable diseases in recognizing and dealing with their family’s health problems and achieving maximum results, it is necessary to improve nursing services in the form of home care on an ongoing basis (14).

Objective

From various published research results, we understand the role and actions of nurses in the implementation of home care services.

MATERIALS AND METHODS

The study protocol was approved by PROSPERO with the following numbers: CRD42023487269. This research examines the role of nurses in-home care services by following the PRISMA guidelines. Eligibility criteria with human subjects of any age, gender, and with or without disease, the intervention is carried out at home

and taken from the results of qualitative, quantitative, mixed method research, which discusses the role of nurses in-home care services. Report characteristics are all studies written in English and published from 2018 to 2022. Researchers searched articles through the ScienceDirect, ClinicalKey for nursing, and Sage Journal databases. Researchers have checked out article references from database searches to find additional relevant articles. We used Boolean operators to search for the following terms: “Nurses Roles” OR “Nurses Action,” OR “Nurses Implementation” AND “Home Care Services” OR “Home Care Implementation” and derivatives of these terms, full-text article type, language English and not the result of a review analysis—subject nursing and health professions, with open access. In the data extraction process, irrelevant articles, such as articles about the role of nurses in nursing homes and outside home care, were not included, resulting in ScienceDirect 116 articles, Clinicalkey for Nursing 154, and Sage Journals 19 articles, with a total of 289 relevant articles based on title and abstract. These articles were screened, and 14 were removed due to duplication, leaving 275 relevant articles based on title and abstract. Next, when selected using PICO, 22 articles were found to be suitable, and there were 14 complete articles, but after re-reading, only nine articles whose variables met the inclusion criteria.

RESULTS

The article selection flow is shown in Figure 1 using the PRISMA diagram. Meanwhile, the analysis results of the nine articles reviewed are in Table I. The analysis results of the implementation of home care nursing are in Table II.

Table I: Results of Article Review

No	Title and Year of Publication	Design, Sample, Variables, Instruments, Analysis	Research purposes	Summary of Results
1	Nurses’ attitudes to a web patient portal before its implementation in home healthcare nursing (15)	The research was conducted on 600 nursing staff. The study site was a health organization affiliated with the Semnan University of Medical Sciences in Iran. The data collection tool uses a questionnaire to initiate nurses’ attitudes.	This study evaluated the attitudes of Iranian nurses before implementing a web-based patient portal in home health care.	The use of self-management tools can facilitate patient education the implementation of health care plans and reduce the cost of nursing services. The nursing staff works together effectively to provide safe, high-quality patient care. Web-based patient portals have confirmed their effectiveness in improving patient satisfaction, engagement, and health outcomes, improving the quality and efficacy of healthcare settings, reducing emergency department appointments, and facilitating patient-centered care.

CONTINUE

Table I: Results of Article Review (CONT.)

No	Title and Year of Publication	Design, Sample, Variables, Instruments, Analysis	Research purposes	Summary of Results
2	Implementing Buurtzorg-derived models in the home care setting: A Scoping Review (16)	Several electronic databases were searched for relevant articles regarding applying the Buurtzorg model or its results. Two authors analyzed data using qualitative content analysis, coding the data in several cycles and creating categories and subcategories.	This review describes the experiences gathered while implementing the Buurtzorg-derived model outside the Netherlands.	The review identified 25 publications reporting experiences or results of the Buurtzorg model. Home care adopts a person-centered approach, with better communication with patients and caring families, and can build new networks with other services. The main challenges are related to the self-managed work culture, organizational framework, or national healthcare policies, which hinder the implementation process. Implementing the Buurtzorg-derived model is complex and challenging. It requires adaptation on several levels: increased network and staff competencies within the team, leadership and IT requirements within the organization, and policy changes within the healthcare system. An individual approach and solid conceptual preparation are required for implementation.
3	Home care nurses' perceptions about their role in interprofessional collaborative practice in clinical medication reviews (17)	This research uses a qualitative research design by conducting interviews. Home care nurses with a bachelor's degree are responsible for taking a patient history planning, coordinating, and supervising home care, including pharmacotherapy.	This study explores how they view their role in ICP at CMR and the requirements for taking on that role.	Home care nurses can provide information about potential signs and symptoms of DRP, patient preferences, and possible therapeutic effects. Helps check and understand patient Understanding of information regarding changes implemented in the pharmaceutical care plan—abortion competency, periodic interprofessional consultations, ad hoc interprofessional communications, and ICP guidelines.
4	Oncology nurses' lived experiences of video communication in follow-up care of home-living patients: A phenomenological study in rural Norway (18)	An exploratory study using a descriptive phenomenological approach was conducted with a purposive sample of four ONs working in primary health care in three cities. Data were analyzed using a methodology inspired by Clark Moustakas.	I am exploring the lived experiences of oncology nurses (ONs) via videoconferencing (VC) in follow-up care for cancer patients living at home in rural Norway.	VC can contribute to accessible and frequent quality services and reduce ON travel time for home visits.
5	International priorities for home care education, research, practice, and management: Qualitative content analysis (19)	Qualitative content analysis, with participants being home care nurse leaders (in education, research, practice, and management) recruited through an international professional care network	Identify aspects of education, research, training, and home care management that nurses in leadership roles have.	Represents a global call to action to 1) produce and use evidence-based guidelines for home care; 2) redesign health care delivery systems to support home care better; 3) home care leaders develop at all levels working within and across sectors to create community health; and 4) address payment and policy issues that create barriers to optimal service.
6	On home-based care decision making: The will of the family of palliative cancer patients (20)	This qualitative research uses descriptive phenomenology through in-depth interviews with ten family members of palliative cancer patients.	I am exploring the experiences of families of palliative cancer patients in the decision-making process of caring for patients at home.	The nurse must agree with the family's preferences, readiness, and abilities and collaborate with the healthcare provider to assist the family in making decisions.
7	District nurses' attitudes towards involuntary treatment in dementia care at home: A cross-sectional study (21)	This research is a cross-sectional study using an online survey with a convenience sample of Belgian district nurses working in an organization providing professional home nursing care in the eastern part of Belgium.	Investigated district nurses' attitudes towards the use of involuntary medication in-home dementia care, its determinants, and opinions about its limitations and inconveniences	The district nurse had no results verbal attitudes or opinions toward unintentional medication use. We found that having more experience in home dementia care, perceiving care as a burden, or having a lower educational background influenced their attitudes and opinions toward involuntary medication use.

CONTINUE

Table I: Results of Article Review (CONT.)

No	Title and Year of Publication	Design, Sample, Variables, Instruments, Analysis	Research purposes	Summary of Results
8	Family caregivers' experiences of discussing their needs with a nurse during specialized home care utilizing the carer support need assessment tool intervention - A qualitative study (22)	This research uses an inductive qualitative descriptive design based on an analytical framework. Data were collected through individual semi-structured telephone interviews with ten family caregivers.	To examine family caregivers' experiences discussing their needs with caregivers during specialized home care, utilizing the CSNAT-I.	CSNAT-I can facilitate communication between family caregivers and nurses, which results in adequate capability input. Based on the experiences of family caregivers, the CSNAT-I may be an able way to support family caregivers in reflecting on and discussing their needs.
9	Early Integrated Palliative Home Care and Standard Care for End-Stage COPD (EPIC): A Phase II Pilot RCT Testing Feasibility, Acceptability, and Effectiveness (23)	Testing a six-month early integrated PHC pilot randomized controlled trial given by palliative home care nurses (PHCNs) for	To test feasibility, acceptability, and preliminary effectiveness of early integrated PHC for end-stage COPD.	Our early integrated Palliative Home Care intervention for late stadium COPD was feasible and acceptable but did not produce the initial expected effectiveness. Before moving to Phase III trials, improved care coordination, physician involvement, intensive training for PHCNs in COPD support, and revisions to trial designs, e.g., targeted outcomes aligned with individual patient goals and treatment preferences, should be undertaken.

Table II: Analysis of the implementation of home care nurses

Health Education	Collaboration with Other Professions	Client-Centered	Effective Communication	Actions According to SOP	Involving the Family
The use of self-management tools can facilitate patient education regarding implementing health-care plans.	The nursing staff works together effectively to provide safe, high-quality patient care.	Facilitate patient-centered care.	Better communication with concerned patients and families	Create and use evidence-based guidelines	The nurse must agree with the family's preferences, readiness, and abilities.
Home care nurses can provide information about potential signs and symptoms of DRP, patient preferences, and possible therapeutic effects	Can build new networks with other services	Home care adopts a person-centred approach	Home care adopts a person-centred approach	Redesign health care delivery systems to support home care better	CSNAT-I can facilitate communication between family caregivers and nurses
Helps check and understand patient understanding of information regarding changes implemented in the pharmaceutical care plan—abortion competency	Increased network and staff competency within the team, leadership, and IT requirements within the organization	An individual approach and solid conceptual preparation are required for implementation.			Based on the experiences of family caregivers, the CSNAT-I may be an appropriate way to support family caregivers in reflecting on and discussing their needs.
	Periodic interprofessional consultations, ad hoc interprofessional communications, and ICP guidelines Collaborate with health care providers to help families make decisions. Care coordination, physician involvement, intensive training for PHCNs in COPD support, and revision of trial design				

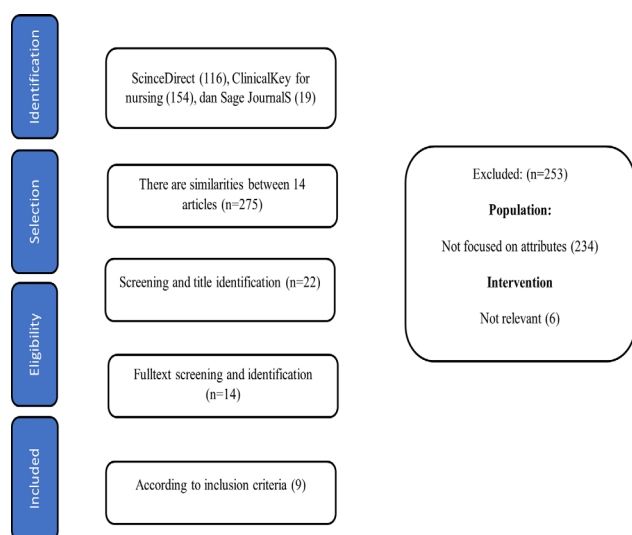


Fig. 1: Prisma Flow

DISCUSSION

Nurses must be able to provide education and health education when implementing home care patient nursing. Home care nurses in treating dementia patients can provide education to caregivers and patients regarding health promotion materials and assistance with daily activities (24). In Indonesia, according to the provisions of the Nursing Law, nurses have their duties and authority as instructors and counselors. Matters related to these provisions are nurses carrying out holistic assessments, carrying out community empowerment, carrying out advocacy, establishing partnerships in community health care, and conducting counseling (25).

Nurses can collaborate with other professionals such as doctors, midwives, physiotherapists, nutritionists, and other health workers. The research results show home care services require collaboration with other professions (26).

Home care services prioritize client-centered actions. Even though the treatment research results focused on post-acute care patients in hospitals, some refused treatment. This causes previous negative service experiences. So, family involvement is needed to make decisions after treatment at the hospital (27).

A nurse needs effective communication to provide home care services. Communication skills are a challenge for nurses. Nurses who are confident in their communication abilities may not necessarily be able to apply their abilities to certain conditions, such as communicating with patients with dementia, mental illness, aggressiveness, and end-of-life care. (28).

Carrying out nursing practice in-home care services by nurses is a form of independent and collaborative service. Nurses in Indonesia already have the Nursing

Law's legal umbrella, which regulates nursing actions per established standards. However, it is necessary to standardize nursing services in hospitals and home care (29).

The nurse will involve the family in providing home care services and making decisions (27). Moreover, nurses also need families in children's home care services, as parents may not know how to handle their child's complaints. So, there will be a relationship of mutual trust between the nurse and the patient's family (30).

CONCLUSION

Nurses intensively providing implementation services to home care clients must have a reference. At a minimum, nurses can apply six aspects of nursing actions in-home care services.

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