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Featured Article

Mapping -nurses' roles in home care for older people: a scoping review

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ABSTRACT

Introduction: Historical, geographic, and contextual variation in nursing titles and the multitude of labels for different roles have hindered the creation of a clear map outlining nursing roles in home care settings for older people.

Objective: This scoping review aimed to explore the literature on nurses' roles in home care for older people.

Methods: A literature search was conducted using Embase, CINAHL, and Medline by two independent reviewers.

Results: Out of 1973 references, 14 studies from eight countries were included, primarily from the United Kingdom ($n = 6$), the United States ($n = 2$), and Italy ($n = 2$). Twelve distinct nursing roles were identified, addressing health issues such as cardiovascular disease, mental health disorders, and diabetes. The most frequent nursing activities performed were assessment-related (32%).

Conclusion: The findings indicate the presence of diverse nursing roles in home care and highlight the significant heterogeneity in nursing activities performed.

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Introduction

Population ageing and the increasing proportion of individuals over 65 represent significant and unprecedented phenomena of the 21st century, with far-reaching global implications.¹ This demographic change brings about a transformation in epidemiological and clinical profiles, with a notable increase in chronic conditions such as cardiovascular, metabolic disease, diabetes, and comorbidities as the population gets older.² Furthermore, it has been recognized that chronic conditions are closely associated with frailty,³ which is described as a multi-domain clinical condition related to the deterioration of the physiological capacity of organ systems.⁴

In this scenario, addressing chronic diseases is a major challenge for healthcare systems,⁵ requiring organizational models designed to support these categories of people defined as vulnerable.⁶ The increasing complexity of care needs, coupled with demographic

pressures, underscores the necessity of structurally rethinking current care frameworks, with a growing emphasis on integrated and community-based approaches.⁷

Primary health care (PHC) adopts a whole-society approach to organizing and strengthening national health systems, aiming to bring health and well-being services closer to communities.⁸ The vision of PHC is to be patient-centered, acknowledging the complex nature of health and well-being that encompasses physical, psychological, and social aspects.⁹ Home care is a key setting within the PHC framework. It provides a range of caring activities to support individuals, particularly older adults, in their own homes.¹⁰ Currently, home care is considered the most favorable approach for supporting older people, aiming to preserve their autonomy and connection to their personal history and identity, for as long as possible.¹¹

Nurses, who represent the largest group of healthcare professionals providing care,¹² play a pivotal role in the home care settings.¹² In particular, nurses in home care assume a strategic role in managing chronic diseases, promoting self-care, reducing hospital admissions and the need for institutionalization, and enhancing interprofessional collaboration with other healthcare professionals.¹³ These contributions are essential to improve continuity and quality of care. The literature on PHC nursing employs numerous designations to describe

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nursing roles, including terms such as 'family health nurse', 'community health nurse', 'district nurse', 'rural nurse', 'nurse consultant', 'nurse clinicians', 'clinical nurse specialist', 'nurse practitioner', 'public health nurse practitioner', 'advanced practice nurse', and 'advanced clinical practitioner'.^{14,15} The plethora of titles can lead to confusion about specific competencies and the distinctions between roles¹⁶; this is particularly true in home care, where the nursing role is significantly shaped by the organization of services, including those extending beyond nursing, within the broader framework of PHC.¹⁷

The lack of clear understanding and consensus on the nature of these nursing roles represents a global challenge, further complicated by differences in nursing education and legislation across countries. Organizations such as the American Nurses Association (ANA)¹⁸ and the International Council of Nurses (ICN)¹⁹ acknowledge the absence of a universal definition of nursing roles. A recent survey by the European Federation of Nurses (EFN) reveals notable disparities in the definition, recognition, regulation, and education of advanced nursing practice across 35 European countries. While more than half of the countries surveyed reported having established advanced nursing roles, the implementation and scope of these roles differ widely.²⁰

Similarly, the report of the Organization for Economic Co-operation and Development (OECD) published on 2024 underscore significant differences in the implementation of advanced roles in PHC settings across countries.²¹ In the United States (US) and Canada, Advanced Practice Nurses (APNs), particularly Nurse Practitioners (NPs), are well-established and integral to PHC, addressing workforce shortages, managing chronic diseases, and enhancing access to care. These countries have seen substantial growth in APN roles over decades, supported by robust regulatory frameworks and advanced education pathways.^{22,23} In Australia, APN roles are predominantly specialized, with limited presence in community-based PHC settings. In European countries such as France and Italy, the implementation of APNs in PHC it's still in early stages, constrained by regulatory uncertainties, limited funding for new positions, and inadequate integration into multidisciplinary care models.²¹ In Italy, a significant development occurred in 2020 with the establishment of the 'family and community nurse' (FCN) role. This new PHC nursing role was introduced to address evolving family and community care needs driven by epidemiological trends and the challenges posed by the COVID-19 pandemic.²⁴

The existing literature includes several scoping reviews on nursing roles^{14,25–28} though most of these focus on broader primary PHC settings, specific nursing roles, or particular aspects of nursing care. Notably, the recent scoping review by Scrimaglia et al.,²⁸ maps the specific role of FCNs in managing older adults with chronic conditions within the Italian PHC system. The review highlights that FCN interventions primarily target older adults, with home care identified as the most common care setting. Another scoping review¹⁴ examines the barriers and facilitators affecting the implementation of advanced practitioners in PHC. The findings reveal that the role of advanced nurse practitioners varies widely, encompassing care for patients across different age groups and demographics. However, there is limited consensus regarding the level of autonomy or routine tasks assigned to these practitioners.

The 'team factor,' involving both the challenges in collaborative relationships with other professional roles and the refusal to work collaboratively with advanced practice nurses, emerges as a critical determinant, functioning as both a barrier and a facilitator to the integration of new advanced nursing roles within multidisciplinary PHC teams.¹⁴

While much of the existing literature on nursing roles has focused on general PHC settings or specific nursing roles, there is a growing interest in home care.²⁸ This shift is driven by the increasing prevalence of aging populations and chronic conditions, as well as particular events like the COVID-19 pandemic, which emphasizes the importance of home-based care as a complement to acute care settings.²⁷

Considering the significant historical, geographical, and contextual variations in nursing terminology, the proliferation of diverse nursing roles and titles, and the limited focus on home care setting, a scoping review was conducted to map the existing literature on nurses' roles in caring for older adults within home care settings.

Review questions

The overarching research question of this scoping review is 'What are the different roles of nurses in caring for older people in home care settings?' The following sub questions are:

1. What types of nursing roles are implemented (e.g., FCN, district nurse, rural nurse, etc.)?
2. How do nurses operate in home care? (e.g., independently and/or as part of the team)?
3. What conditions/health problems do nurses care for (e.g., cardiovascular disease, diabetes, chronic obstructive pulmonary disease, etc.)?
4. What types of care activities do nurses provide (e.g., promotion of health, prescribing medication, making a diagnosis, etc.)?

Methods

Protocol and registration

The review protocol was registered within the Open Science Framework database: and published in Nursing Reports.¹⁷

Study design

The proposed scoping review was conducted by the JBI methodology for scoping review, considering the PCC framework, where P stands for 'Participants', C for 'Concept', and C for 'Context'.²⁹ The approach was selected as it allows systematic exploration of a complex and broad nature of the research question, identifying gap in knowledge and research activity.²⁹ A scoping review protocol was developed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for Scoping Review (PRISMA-ScR) guidelines.³⁰ Consistent with the scoping review methodology, no study risk of bias or quality assessment was undertaken.²⁹

Eligibility criteria

The JBI methodology, including PCC framework,²⁹ defined key inclusion and exclusion criteria. The inclusion and exclusion criteria are listed below.

Participants

This scoping review considered studies that include older people (65+ years). The focus on older adults was due to their higher frequency of receiving care in home care settings.¹⁷

Concept

This review examined the concept of a 'nursing role', specifically focusing on studies that describe the different nursing roles in the care of older people in home care settings. Due to the lack of a universally accepted definition of nursing roles, the research team adopted an inclusive definition, drawing on elements reported by the ANA¹⁸ and the ICN,¹⁹ which describe a 'nursing role' as a field of action in which nurses act and their distinguishing activities.

Studies on roles such as assistants, nursing assistants, midwives and medical assistants were excluded.

Contex

The present scoping review considered studies conducted in home care settings. Home care, also known as domiciliary care, comprises a range of caring activities that support people living in their own homes.¹⁰ Only studies explicitly related to home care settings were included.

In contrast, studies that focus on nursing homes, assisted living facilities, or long-term care services based on facilities were excluded from this review.

Type of sources

This scoping review considered experimental and quasi-experimental study designs, analytical observational studies, and descriptive observational study designs. Qualitative and mixed methods studies were included. Additionally, secondary studies, e.g., systematic review, discussion paper, and policy documents pertinent to the review questions which met the inclusion criteria, were evaluated for inclusion.

Search strategy

The authors conducted a systematic search in three databases: Embase (*Elsevier*), MEDLINE (*PubMed*), and CINAHL (*EBSCO, Ipswich, MA, USA*), as well as in gray literature sources, including ProQuest Dissertations, Prospero, and policy documents. With the support of an expert librarian, the first author developed an initial comprehensive search strategy for Embase using key terms from the titles and abstracts of relevant articles, along with associated index terms (Table 1, Supplementary File 1). The refined search strategy, incorporating all identified keywords and index terms, was then adapted for the other databases consulted (Table 2, Supplementary File 2). To refine the search strategy related to the “Concept”, several systematic and scoping reviews^{31–34} were referenced as they specifically analyzed the nursing roles’ topic. The search strategy was updated on 18 November 2024; no language or time restrictions were applied during the search strategy.

Study selection

After searching, all records were retrieved, and uploaded to Rayyan,³⁵ where duplicates were removed. At the first screening level, two reviewers (IS and RS) independently used Rayyan,³⁵ screened titles and abstracts according to the inclusion and exclusion criteria.

In the pilot screening strategy, two reviewers independently screened 10 % of the retrieved citations to achieve a 75 % agreement rate between the reviewers. The papers that met the inclusion criteria were then retrieved in full texts and also evaluated by two reviewers (IS and RS) after conducting a pilot test covering 5 %. Any discrepancies were resolved with a third reviewer (EB).

Data extraction

Data extraction was performed by the first author (IS) and verified by a second reviewer (EB), utilizing a data extraction tool developed during the protocol phase¹⁷ and adapted from the JBI template.²⁹ The tool included fields such as first author, year of publication, title, study design, country, study purpose, type of nursing role(s), nurses’ involvement in team-based care, team composition, health problems addressed, and nursing activities performed. Data extraction was carried out by the first author (IS) and verified by a second reviewer (EB).

Data synthesis

Both qualitative and quantitative data were analyzed and summarized. Quantitative data were presented using tables and/or figures, while qualitative data were organized and categorized according to thematic similarities. The nursing activities identified in the included studies were organized and categorized using the Clinical Care Classification (CCC),³⁶ a standardized terminology recognized by the ANA.¹⁸ This classification groups nursing actions into four domains: Action 1: Assess/Monitor/Evaluate/Observe, which includes activities aimed at evaluating the patient’s condition; Action 2: Care/Perform/Provide/Assist, referring to activities involving the direct provision of care; Action 3: Teach/Educate/Instruct/Supervise, which encompasses activities focused on educating patient or caregivers; Action 4: Manage/Refer/Contact/Notify, which relates to action aimed at managing care on-behalf of the patient or caregiver.

The categorization process according to the four CCC domains was conducted independently by two reviewers (IS and EB). During this process, activities falling within the same domain - for example, health needs assessment, vital signs assessment, clinical assessment, cognitive assessment, and early assessment - were grouped under the subdomain “assessment.” A similar approach was applied to the remaining activities, which were classified and aggregated under the corresponding domains and subdomains.

Results

A total of 1973 references were identified through the search strategy conducted on November 18, 2024. After the independent screening process by two reviewers, 14 studies^{24,37–49} met the inclusion criteria. The PRISMA-ScR diagram in Fig. 1 illustrates the review process.³⁰

Characteristics of included studies

The data extracted from the included studies are presented in Table 1. Among the included studies, two are literature reviews,^{42,49} one is a rapid scoping review,⁴⁶ one is a Position Statement,²⁴ one is an ethnographic study,⁴⁴ one is a discursive paper,⁴⁷ one is a mixed-method study,⁴⁰ one is a doctoral dissertation,⁴⁵ three are case scenarios,^{37–39} one is a case series,⁴³ one is an observational descriptive study,⁴⁸ and one is a case report.⁴¹ The publication dates of the included studies span from 1989 to 2023, focusing on populations aged 65 and older. These studies represent eight countries: the UK, the US, Norway, Netherlands, Italy, Switzerland, Australia, and Japan. The UK ($n = 6$), the US ($n = 2$), and Italy ($n = 2$) are the most frequently represented countries. Of the 14 studies, 13^{24,37–48} show that nurses work as part of a team, with general practitioners being the most frequent collaborators. Collaboration also extends to social workers and social services.

Nursing roles in home care settings

All included studies ($n = 14$) describe different nursing roles in caring for older people in home care settings. A total of 12 distinct nursing roles were identified across eight countries: Nurse Practitioner (NP),⁴⁶ Family and Community Nurse (FCN),^{24,42} Community Nurse (CN),⁴⁹ Advanced Practice Nurse (APN),⁴⁴ Aged Care Nurse Practitioner (ACNP),⁴⁰ Home Care Nurse (HCN),⁴⁸ Geriatric Nurse Practitioner (GNP),⁴¹ District Nurse (DN),^{37–39} Clinical Nurse Specialist (CNS),⁴⁷ Advanced Nurse Practitioner (ANP),⁴⁷ Rural Nurse (RN*),⁴³ Registered Nurse (RN).⁴⁴

The distribution of nursing roles across eight countries varies in number and type (the number of nursing roles identified in each country is indicated in brackets): UK ($n = 5$), US ($n = 4$), Norway ($n = 1$), Italy ($n = 1$), Netherlands ($n = 1$), Switzerland ($n = 2$), Australia ($n = 1$), and Japan ($n = 1$).

Table 1
Characteristics of included studies.

Author	Year	Title	Study Design	Country	Study Purpose	Type of Nursing Role	Nurses' involvement in team-based care Yes/No/NA	Team Composition	Health Problems Addressed	Nursing Activities Performed
Leede - Bruns- veld et al. ⁴⁰	2023	Nurse Practitioners in Community Health Care: A Rapid Scoping Review of Their Role, Tasks, Responsibilities, and Implementation in Northwest Europe	Rapid Scoping Review	Northwest Europe (Norway, Netherland and UK)	To explore the role of NPs in community care, the perceived impact on the patient and informal caregiver, and influencing factors (facilitating and barrier) for implementation.	Nurse practitioner	Yes	General practitioner Social worker	Cardiovascular disease Chronic obstructive pulmonary disease Mental disorder	Making diagnoses treat patients Prescribe medication Promoting self-reliance Support and advise informal caregivers Health promotion
Burrai et al. ⁴²	2022	Role of the Family and Community Nurse in home dialysis patients and possible effects on healthcare outcomes	Literature review	Italy	To demonstrate the characteristics of FCNs and how they will impact on dialysis patients and with what tools.	Family and Community Nurse	Yes	Social worker Social service	Chronic kidney disease	Home hemodialysis treatment Management of vascular access Identification of common problems Health needs assessment
Payne ⁴⁹	2021	Intravenous diuretic administration in the home environment	Literature review	UK	To examine the advantages and disadvantages of these services, whether community nurses are best placed to deliver this, and what the benefits to the patient might be.	Community Nurse	NA*	-	Cardiovascular disease	Administering intravenous diuretics
FNOP ²⁴	2020	Position Statement: The Family and Community Nurse	Position Statement	Italy	To define the vision of the FCNs role, aiming to reduce interpretative variability and establish a clear, unified model that is recognizable both within and outside the nursing profession.	Family and Community Nurse	Yes	General practitioner Pediatrician Social worker Social service Healthcare professional	Chronic disease	Health promotion/Therapeutic education Health needs assessment
Josi & Bianchi ⁴⁴	2019	Advanced practice nurse, registered nurses and medical practice assistants in new care models in Swiss primary care: a focused ethnography of their professional roles	Ethnographic study	Switzerland	To explore the newly evolving roles for advanced practice nurse, registered nurses and medical practice assistants in primary care with regard to chronic care management in Switzerland.	Advanced practice nurse Registered nurse	Yes	General practitioner Dietician Podiatrist	Fracture Cardiovascular disease (Diabetes type 2)**	Registered nurse: Assessment vital sign Wound control Follow-up consultation of diabetic patients Specific instruction regarding diabetes type 2 Consultation on how to use and take medication Advanced practice nurse: Clinical assessment (cardiovascular, respiratory, etc.) Follow-up consultation of chronically ill patients Wound control (complex case) Titrate medications (with limitations) Coordination and facilitating with home care institution (continued on next page)

Table 1 (Continued)

Author	Year	Title	Study Design	Country	Study Purpose	Type of Nursing Role	Nurses' involvement in team-based care	Team Composition	Health Problems Addressed	Nursing Activities Performed
Tay & Khoo ⁴⁷	2019	Community Nursing in the United Kingdom: Applicability to Singapore	Discursive paper	UK	To describe the community nursing in the UK, specifically on the roles that nurses can play in the community, the nursing prescribing patterns and its applicability to the local setting.	Clinical Nurse Specialist Advanced Nurse Practitioner	Yes	General practitioner Pharmacist Physiotherapist Occupational therapist Nursing rehabilitation staff	Cardiovascular disease Neurological disease Mental disorder Chronic obstructive pulmonary disease Diabetes	Clinical Nurse Specialist: Titrate medications over the phone Case management services Therapeutic education Advanced Nurse Practitioner: Prescribe medications Management and prevention exacerbation of chronic disease Cystoscopy*** Hysteroscopy*** Endoscopy*** Cognitive assessment Patient assessment and reviews Relationship with family member Coordinating care with other health professionals
Bentley et al. ⁴⁰	2015	Aged care nurse practitioners working in general practice	Mixed-method study	Australia	To describe the implementation and challenges for the development of an aged care Nurse Practitioners role within general practice, dementia and mental health services.	Aged Care Nurse Practitioner	Yes	Geriatricians General practitioner Physiotherapist Dietician	Cardiovascular disease Psychological disease Respiratory disease Musculoskeletal system disease Mental disorder	Advanced Practice Nurse: Vaccinations Electrocardiograms Management and prevention exacerbation of chronic disease Nurse practitioner: Therapeutic education Early assessment Consultation by phone Follow-up visits
Kroll ⁴⁵	2012	Nurse Practitioner Home-Based Care	Dissertation thesis of PhD	US	To examine the state regarding home-based geriatric care by nurse practitioners and to determine the current status and potential expansions of NPs in home-based care for elderly patients.	Nurse practitioner Advanced Practice Nurse	Yes	General practitioner Social worker	Cardiovascular disease Chronic obstructive pulmonary disease Mental disorder	Wound care Daily injection Provide palliative care Relationship with family member
Barrett et al. ³⁷	2007	Defining the unique role of the specialist district nurse practitioner	Case Scenarios	UK	To stress the importance of clinical expertise and confidence required by the district nurse to care for patients with complex needs in the community	District Nurse	Yes	General practitioner Staff nurse Social worker	Wound care Palliative care Diabetes	Urinary catheterization Administer intravenous therapy Review of medication Risk assessment
Barrett et al. ³⁸	2007	Part 2: Defining the unique role of the specialist district nurse practitioner	Case Scenarios	UK	To demonstrate a lack of understanding regarding the valuable function undertaken by the district nurse in maintaining patients with complex needs at home.	District Nurse	Yes	General practitioner Intravenous specialist nurse	Chronic obstructive pulmonary disease Neurological disease Diabetes	

(continued on next page)

Table 1 (Continued)

Author	Year	Title	Study Design	Country	Study Purpose	Type of Nursing Role	Nurses' involvement in team-based care Yes/No/NA	Team Composition	Health Problems Addressed	Nursing Activities Performed
Barrett et al. ³⁹	2007	Part 3: Defining the unique role of the specialist district nurse practitioner	Case Scenarios	UK	To explore further aspects of this widely diverse role and highlights the need for district nurse to promote their valuable function in caring for patients within community.	District Nurse	Yes	General practitioner Staff nurse	Palliative care Neoplasm Long term condition Wound care	Bereavement support Relationship with family member Management and prevention exacerbation of chronic disease Wound care
Caffrey ⁴³	2005	The Rural Community Care Gerontological Nurse Entrepreneur	Case series	US	To describe the rural setting and why community care nurses are needed, explores issues and barriers to developing this entrepreneurial role, and provides strategies to support this role.	Rural Nurse	Yes	General practitioner Home health nurse	Chronic disease	Rural Nurse: Coordinating and facilitating communication with home care institution Management and prevention exacerbation of chronic disease Support Teaching Monitoring Assessment Documentation Wound control Assistance for activities of daily living Guidance about caregiving for the families Assessment for quality of daily life Medication administration
Murashima et al. ⁴⁶	2002	Home Care Nursing in Japan: A challenge for providing Good Care at Home	Observational descriptive study	Japan	To describe the current situation of home care clients and home care nursing in Japan.	Home Care Nurse	Yes	General practitioner Nurse Social worker Public Health Nurse Pharmacist Physician	Cardiovascular disease Cerebrovascular disease Neoplasm Musculoskeletal system disease Nervous system disease	Identification of commons problems Evaluation of the home for safety Management and prevention exacerbation of chronic disease Preventive care
Burns-Tisdale & Goff ⁴¹	1989	The Geriatric Nurse Practitioner in Home Care: Challenges, stressors, and rewards.	Case Reports	US	NA	Geriatric Nurse Practitioner	Yes	General practitioner Nurse Practitioner Social worker Occupational Therapist Psychiatrist Geriatrician	Mental disorder Diabetes Cardiovascular disease Hypertension Arthritis	Identification of commons problems Evaluation of the home for safety Management and prevention exacerbation of chronic disease Preventive care

Legend: PhD = Doctor of Philosophy; *Not Available; **Young people without comorbidities managed by the Registered Nurse; ***Advance Nurse Practitioners perform these procedures among nurse-led clinics.

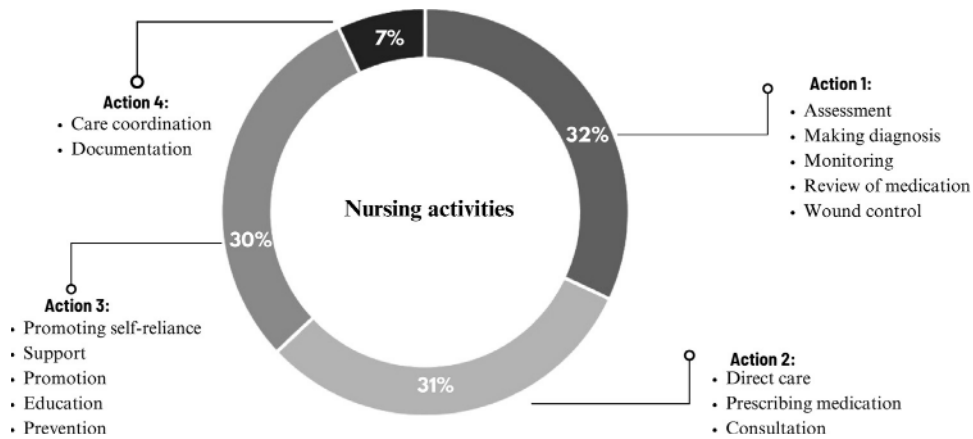


Fig. 3. Nursing activities according to CCC classification.

Discussion

This scoping review aimed to map the existing literature on nurses' roles in providing care for older people in home care settings. Specifically, it compiles information on the types of nursing roles and their contextual distribution, collaboration with other healthcare professionals, the health problems addressed, and the nursing activities performed.

Home care is increasingly recognized as a key approach for supporting older adults, as it prioritizes the preservation of autonomy and the connection of older individuals to their personal history and identity.⁵⁰ Within this context, the findings of this scoping review identify twelve distinct nursing roles dedicated to the care of older people in home care settings. The classification of these roles varies according to the national regulations of each country: some are advanced roles, as seen in countries like the US, Canada, and Australia, while others, such as in Italy, remain in a phase of transition and development. In Italy, the FCN, as highlighted in the educational advancements outlined in the 2023 Consensus,⁵¹ has the potential to evolve into a CNS role, aligning with the ICN definition.¹⁹

Collaboration within multidisciplinary teams emerged as a key aspect of nursing roles in home care. Among these collaborations, findings indicate that nurses work most closely with general practitioners. This is particularly significant given the challenges faced by PHC systems. According to the OECD (2020),⁵² a decline in the proportion of general practitioners, coupled with increasing demand for healthcare services, is placing considerable strain on PHC systems globally. For example, between 2000 and 2017, the share of general practitioners decreased by over 20 % in countries such as Australia, the UK, Denmark, Israel, Estonia, and Ireland. Similar trends have been observed across most European and OECD member countries. This reduction underscores the growing importance of multidisciplinary collaboration in providing patient-centered care and highlights the need for developing advanced nursing roles to address these systemic challenges.

Williams et al.,⁵³ in their qualitative study, highlighted the importance of collaboration among healthcare professionals within community settings. The study emphasized that communication and coordination among healthcare professionals are not merely tools to improve service efficiency but rather pivotal elements for addressing the complex needs of patients, particularly in community-based settings. These findings suggest that effective collaboration helps build a more integrated care network, reducing the fragmentation characteristic of traditional healthcare systems. This integration results in greater patient satisfaction, as they perceive their care journey to be smoother and more personalized, thanks to the timely sharing of information among team members. In home care context, collaboration between healthcare teams has proved to be crucial, as it has been associated with better care continuity and improved patients' outcome.¹³ Synergy among health professionals not

only facilitates more effective patient management but also addresses the growing complexities faced by healthcare systems, including the challenges of an ageing population.⁵⁴

Health problems addressed in home care, as identified in this review, align with the findings of Sinnige et al.,⁵⁵ which reported that nurses frequently manage chronic conditions such as cardiovascular diseases, diabetes, and mental disorders in older adults. These conditions are often associated with complex care needs, highlighting the importance of moving from fragmented and episodic care toward a more integrated healthcare system. In this context, implementing a patient- and family-centered approach becomes essential to support self-care, encourage shared decision-making, and promote the empowerment of individuals receiving care.⁵⁶

The findings of this study highlight the crucial role nurses play in fostering the engagement of both patients and family members in the daily management of chronic conditions. Activities reported in the included studies - such as building relationships with family members, providing support, and offering guidance on caregiving - emerge as essential, as the direct involvement of families in the care process can significantly enhance treatment adherence and improve clinical outcomes. Furthermore, family advocacy is recognized as a key strategy for supporting relatives in reflection, decision-making, monitoring, and problem-solving, thereby strengthening their role as active partners in the nursing care process.⁵⁷

In home care settings, which are predominantly characterized by the management of chronic diseases and the need for an integrated care system, care coordination emerges as a critical component of nursing roles.⁵⁸ However, findings from this scoping review show that care coordination accounts for only 7 % of the total nursing activities reported.

This observation becomes particularly significant when considering the emphasis placed by the ICN⁵⁸ on care coordination. The ICN underscores that care coordination is essential for improving the integration and continuity of care in home care and community settings, particularly for managing complex health needs. Nurses are uniquely positioned for this role, given their holistic approach, expertise in navigating healthcare systems, and ability to facilitate inter-professional collaboration. Care coordination involves organizing patient care activities, ensuring effective communication among healthcare providers, and aligning care with patients' needs and preferences. Furthermore, the ICN stresses the importance of nurse-led care coordination models, such as care coordinators and nurse navigators, which extend collaboration to include social and long-term care services. However, significant investment in education, workforce planning, and leadership development is required to fully integrate these models into home care. The findings of this scoping review also align with those of Westerholm et al.,⁵⁹ who identified assessment activities as the most frequently performed tasks in home care settings. Although

these activities may not be as strategic as those related to care coordination, they are nonetheless considered essential for structuring and delivering nursing interventions effectively, serving as the foundation for comprehensive and patient-centered care.

Limitations

To the best of current knowledge this is the first scoping review to map and synthesize evidence on nurses' roles in caring for older people in home care settings; nevertheless, there are some limitations. First, while the search strategy included three major databases (MEDLINE - Pubmed, EMBASE - Elsevier, and CINAHL - EBSCO, Ipswich, MA, USA) and some grey literature, other relevant sources may not have been covered, potentially omitting valuable studies. Despite this, the selected databases are widely recognized as central to medical and nursing research. Second, no critical appraisal of the methodological quality of the included studies was performed, consistent with the JBI methodology for scoping reviews. While this approach allows for the inclusion of a broader range of evidence, it limits the ability to assess the reliability and rigor of the studies examined. Third, the diversity of nursing roles and titles across countries, alongside differences in healthcare systems, presents challenges in achieving a comprehensive and cohesive synthesis of findings. Although this review provides a detailed mapping of roles and activities, the heterogeneity of definitions and practices may complicate the creation of a clear and exhaustive overview of nursing contributions in home care for older people. Furthermore, the review highlights the complexity of identifying and classifying nursing roles as 'advanced', particularly given the significant differences in the definition, recognition, regulation, and education of advanced nursing practice across countries.

Despite these limitations, this scoping review provides a foundation for future research. Examining nurse-led care coordination models tailored to home care settings could offer valuable insights. Care coordination remains an underutilized yet critically important activity within nursing roles. Research should aim to identify systemic barriers, and training needs to facilitate the implementation of such models. Moreover, the review highlights significant heterogeneity in nursing roles, sometimes within the same country, raising questions about how these roles interact. Limited information exists on the integration of different nursing roles, particularly when advanced roles are introduced. Future studies should investigate the integration of diverse nursing roles into territorial healthcare systems to enhance the delivery of high-quality care. Finally, international comparisons would provide valuable insights into best practices and inform strategies for tailoring nursing roles to diverse healthcare contexts.

Conclusions

This is the first scoping review to map the existing literature on nurses' roles in caring for older adults in home care. The findings reveal the presence of diverse nursing roles in home care and underscore the significant heterogeneity in the activities performed by these roles. This diversity further suggests that nurses' roles in home care are highly adaptable and shaped by specific contextual factors. The significant heterogeneity observed, both within and across countries, poses challenges for standardizing practices and fostering the development of advanced roles in home care. While some countries have established advanced nursing roles, others are still in the early stages of integrating these competencies into their healthcare systems. Despite these variations, this scoping review highlights the pivotal role of nurses in managing chronic conditions and promoting autonomy among older adults in their homes. The findings underline the importance of interdisciplinary collaboration and the strategic position of nurses in coordinating the delivery of home care.

The diverse roles and activities identified in this scoping review reflect the complexity and potential of nursing practice in home care.

These findings offer valuable insights into how nurses contribute to meeting the evolving needs of an aging population and provide a baseline for future advancements in home care practices and policies.

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Data statement

All data generated or analyzed during this study are included in this published article [and its supplementary information files].

Declaration of competing interest

None.

CRediT authorship contribution statement

Isabella Santomauro: Writing – review & editing, Writing – original draft, Project administration, Investigation, Formal analysis, Data curation, Conceptualization. **Erika Bassi:** Writing – review & editing, Writing – original draft, Investigation, Formal analysis, Data curation, Conceptualization. **Roberta Sturaro:** Writing – review & editing, Investigation. **Ines Basso:** Writing – review & editing, Conceptualization. **Angela Durante:** Writing – review & editing, Conceptualization. **Erica Busca:** Writing – review & editing, Writing – original draft, Conceptualization. **Alberto Dal Molin:** Writing – review & editing, Supervision, Project administration, Funding acquisition, Conceptualization.

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Supplementary materials

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