





# Nursing interventions in the rehabilitation of people in palliative care: A rapid scoping review

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## ABSTRACT

**Introduction:** The increasing need for integrated, person-centred care in the context of chronic and life-limiting illness has positioned rehabilitation as a key strategy within palliative care. This review explores the role of rehabilitation nursing in promoting functionality, autonomy, and quality of life.

**Objectives:** To map the nursing interventions in the rehabilitation of people in palliative care, contributing to the systematization of knowledge and informing evidence-based practice.

**Methodology:** Rapid Scoping Review was conducted based on Joanna Briggs Institute methodology and the adaption for the rapid format according to Tricco et al.. Searches were carried out in CINAHL, MedicLatina, SPORTDiscus, Psychology and Behavioral Sciences Collection (EBSCOhost), Medline (PubMed), and Scopus, for articles published between 2018 and 2023 in English, Portuguese, or Spanish.

**Results:** From the 196 records retrieved, three studies met inclusion criteria. Interventions were categorised into: (1) Promotion of mobility and functional preservation; (2) adaptation to functional limitations and use of assistive devices; (3) support and training for informal caregivers. Strategies focused on functional capacity preservation, safety, emotional well-being, and family engagement.

**Conclusion:** Rehabilitation nursing interventions are essential to improve functionality and comfort in palliative care. The evidence highlights the importance of interdisciplinary collaboration and personalised care planning.

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## RESUMO

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**Introdução:** A crescente exigência de cuidados integrados e centrados na pessoa, no âmbito de doenças crónicas e potencialmente limitantes da vida, tem vindo a posicionar a reabilitação como uma estratégia central no contexto dos cuidados paliativos. A presente revisão visa explorar o contributo da enfermagem de reabilitação na promoção da funcionalidade, autonomia e qualidade de vida de pessoas em situação paliativa.

**Objetivos:** Mapear as intervenções de enfermagem no domínio da reabilitação aplicadas a pessoas em cuidados paliativos, com o propósito de contribuir para a sistematização do conhecimento existente e fundamentar a prática clínica baseada na evidência.

**Metodologia:** Foi realizada uma *Rapid Scoping Review*, fundamentada na metodologia do Joanna Briggs Institute, adaptada ao formato rápido conforme as orientações propostas por Tricco et al. A estratégia de pesquisa foi implementada nas bases de dados CINAHL, MedicLatina, SPORTDiscus, Psychology and Behavioral Sciences Collection (EBSCOhost), Medline (PubMed) e Scopus, abrangendo publicações entre 2018 e 2023, em inglês, português ou espanhol.

**Resultados:** Dos 196 registos inicialmente identificados, apenas três estudos cumpriram os critérios de inclusão estabelecidos. As intervenções de enfermagem foram organizadas em três categorias principais: (1) promoção da mobilidade e preservação funcional; (2) adaptação às limitações funcionais e utilização de dispositivos de apoio técnico; e (3) apoio e capacitação de cuidadores informais. As estratégias descritas centraram-se na manutenção da capacidade funcional, na segurança, no bem-estar emocional e no envolvimento da família no processo de cuidados.

**Conclusão:** As intervenções de enfermagem de reabilitação assumem um papel determinante na melhoria da funcionalidade e do conforto das pessoas em cuidados paliativos. A evidência identificada sublinha a relevância da colaboração interdisciplinar e do planeamento individualizado dos cuidados, orientado para as necessidades específicas da pessoa em fim de vida e respetiva rede de suporte informal.

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## Introduction

Population ageing and the growing prevalence of chronic and progressive diseases have been generating profound impacts on health systems and care needs globally.<sup>1,2</sup> As the demand for long-term and complex care increases, palliative care has assumed an increasingly relevant role, focusing not only on symptom control and emotional support, but also on the promotion of functionality and autonomy in the face of decline. In this context, rehabilitation emerges as a relevant strategy, aiming to preserve and enhance individuals' capacity to perform daily activities, despite their clinical deterioration.<sup>3</sup>

The concept of Rehabilitative Palliative Care — which advocates for the integration of rehabilitation principles within palliative approaches — has been progressively developed in recent decades. Recently, Tiberini and Richardson define this concept as an approach that supports individuals to live as actively and independently as possible until death.<sup>4</sup> Thus, this perspective challenges the traditional dichotomy between curative and palliative models, emphasising a more dynamic and person-centred vision of

care. Consequently, rather than focusing solely on managing the end of life, rehabilitation in palliative care seeks to optimise what individuals can still do, aligning with their values, goals and preferences.

Rehabilitation nursing, as a field that promotes functional autonomy, adaptation to limitations and empowerment for self-care, has a particularly relevant contribution to make in palliative contexts. The nurse specialist in rehabilitation brings together knowledge and skills that enable the implementation of structured interventions to maintain mobility, prevent complications associated with immobility, and support adaptive processes — both at a physical and emotional level.<sup>1,5</sup> However, the operationalisation of this contribution is not always clearly defined in practice, with the available evidence presenting as fragmented.<sup>6</sup>

Despite international recommendations recognising the importance of maintaining functionality throughout the trajectory of advanced illness, the practical integration of rehabilitation into palliative care remains inconsistent and often dependent on individual institutional dynamics and professional initiative.<sup>7</sup>

Multiple factors contribute to this variability: the lack of structured protocols, the insufficient training of multidisciplinary teams in rehabilitation principles, and the persistent misconception that rehabilitation is incompatible with end-of-life care. This has led to the underutilisation of rehabilitation nurses' potential in contexts where they could provide substantial contributions to comfort, autonomy and quality of life.<sup>1,4,5</sup>

Additionally, although there is growing recognition of the relevance of this theme, the scientific literature on rehabilitation nursing in palliative care remains fragmented, often dispersed across heterogeneous studies, with varying definitions, goals and populations. This fragmentation limits the development of consolidated models and compromises the advancement of clinical and educational practices grounded in evidence.

In response to this gap, and considering the growing need for structured, interdisciplinary, and person-centred palliative interventions, this study proposes to map existing nursing interventions focused on rehabilitation in palliative care settings. A Rapid Scoping Review methodology was chosen due to its capacity to quickly synthesise the extent and nature of available evidence, allowing for the identification of key concepts, knowledge gaps, and practical implications for care delivery.<sup>8</sup> By exploring the interventions described in the literature, the review aims to map existing knowledge on nursing rehabilitation interventions in palliative care and to highlight conceptual trends, knowledge gaps and opportunities for future research and policy development.

## Methodology

To achieve the objective of mapping nursing interventions in the rehabilitation of people in palliative care, a Rapid Scoping Review was carried out. This type of review is particularly suitable when the aim is to synthesise and map the extent of knowledge in an emerging or fragmented field, especially when time or resource constraints require a streamlined approach. It enables the identification of key concepts, methodological trends, and knowledge gaps without conducting a detailed assessment of study quality. The methodological guidance adopted was that proposed by the Joanna Briggs Institute (JBI), based on the framework for scoping reviews by Peters et al.<sup>9</sup> and adapted for the rapid format according to Tricco et al.<sup>10</sup>

The guiding research question was developed using the PCC (Population, Concept, Context) mnemonic, which is recommended by the JBI for scoping review formulation. The population of interest included adults aged 18 years or older who were receiving palliative care in any healthcare setting. The concept explored focused on nursing interventions aimed at promoting or maintaining functional capacity within the scope of rehabilitation. The context was not

limited to any specific care setting, encompassing hospitals, long-term care institutions, home care and community-based services.

The search strategy was implemented between October and November of 2024 across six electronic databases: CINAHL, MedicLatina, SPORTDiscus with Full Text, Psychology and Behavioral Sciences Collection (via EBSCOhost), Medline (via PubMed) and Scopus. These platforms were selected due to their relevance for nursing and health sciences research. The search used a combination of controlled descriptors (such as MeSH and DeCS terms) and free-text keywords in English, Portuguese and Spanish. Terms such as “palliative care”, “rehabilitation”, “nursing interventions”, “functional capacity”, “autonomy” and “mobility” were included, articulated with Boolean operators (AND/OR) and adapted to the syntax of each database. Table 1 presents the detailed strategy used in MEDLINE (via PubMed).

**Table 1.** MEDLINE search strategy (via PubMed).

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Results: 66 Search strategy  
 (((((((hospice[Title/Abstract] OR hospices[Title/Abstract])  
 OR hospices[MeSH Terms]) OR palliative care[MeSH Terms])  
 OR (palliative[Title/Abstract] OR palliatives[Title/Abstract]))  
 OR (EoL[Title/Abstract]) OR (end of life[Title/Abstract]))  
 AND ((((((nurse[Title/Abstract] OR nurses[Title/Abstract])  
 OR nurse[MeSH Terms]))) AND (((rehabilitation[Title/Abstract]  
 OR Rehabilitation[MeSH Terms]) OR rehabilitations[Title/Abstract]))  
 Filters: in the last 5 years, English, Portuguese, Spanish, MEDLINE

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The eligibility criteria defined for inclusion were as follows: original empirical studies published in the five years prior to the application of the search strategy, available in full text, written in Portuguese, English or Spanish, and that explicitly described nursing interventions directed towards the functional rehabilitation of adults in palliative care. The decision to focus on studies published in the last five years was based on the need to capture the most up-to-date evidence, which better reflects the current global context.

Studies were excluded if they did not clearly identify the role of nurses in the interventions, or were literature reviews, editorials, commentaries or conference abstracts.

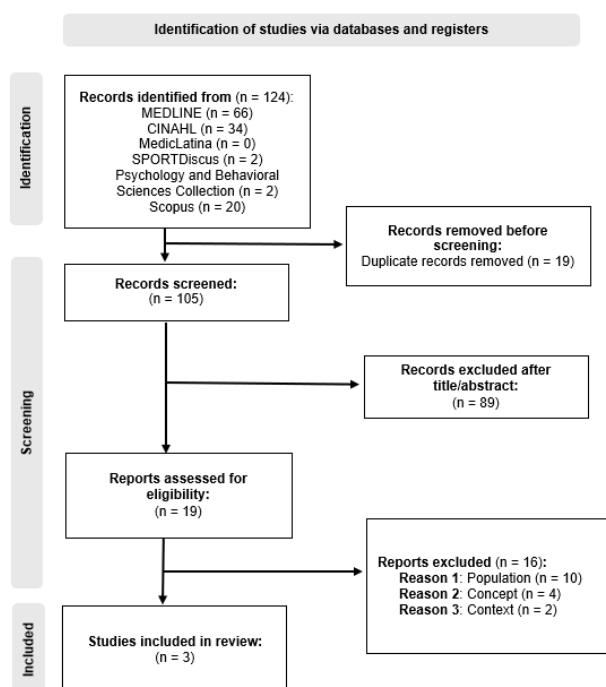
The screening and selection of studies occurred in two phases. Initially, titles and abstracts were independently analysed by two reviewers according to the eligibility criteria. In the second phase, the full texts of potentially relevant articles were assessed in detail. Disagreements at any stage were resolved by consensus or through the intervention of a third reviewer. A data extraction grid was developed to systematically chart the relevant information from each study, including the year and country of publication, methodological design, care context, population characteristics, detailed description of the intervention(s), reported outcomes and main conclusions.

Although ethical review was not required for this study, as it involved only publicly available and previously published data, all methodological steps were conducted in line

with good research practices, ensuring transparency, replicability and scientific integrity throughout the process.<sup>11</sup>

## Results

The PRISMA flow diagram for selecting articles to include in the scoping review is shown in figure 1. These studies were conducted in different international contexts: one in Portugal,<sup>4</sup> one in Canada<sup>12</sup> and one in Australia.<sup>13</sup> The study conducted in Portugal<sup>4</sup> used a mixed-methods design, combining interviews with patients and caregivers with functional assessment data. The Canadian study<sup>12</sup> followed a quasi-experimental design, evaluating the impact of a structured intervention protocol on functional outcomes in a hospital setting. The Australian study<sup>13</sup> adopted a qualitative approach, focusing on the perspectives of informal caregivers and health professionals regarding home-based rehabilitation. Despite methodological differences, all studies described nursing interventions aimed at maintaining or improving functionality in individuals receiving palliative care. The interventions were categorised into three thematic domains, based on their nature and primary goals: Promotion of mobility and functional preservation; adaptation to functional limitations and use of assistive devices; support and training for informal caregivers.



**Figure 1.** PRISMA flow.

## 1. Promotion of Mobility and Functional Preservation

In the Canadian study,<sup>12</sup> nurses were involved in the implementation of structured physical activity plans, including assisted ambulation, range of motion exercises and guided transfers. The intervention was developed in collaboration with the physiotherapy team and tailored to each patient's abilities. Reported outcomes included improved mobility scores and decreased incidence of pressure injuries. In the Portuguese study,<sup>4</sup> nurses promoted mobility during daily care routines, encouraging movement and repositioning as part of comfort-enhancing strategies.

## 2. Adaptation to Functional Limitations and Use of Assistive Devices

The Portuguese<sup>4</sup> and Australian<sup>13</sup> studies described interventions involving the use of assistive technologies and compensatory techniques. Portuguese nurses supported patients in adapting their homes with safety equipment (e.g., grab bars, supportive chairs), and educated them on energy conservation strategies to optimise daily function. The Australian study<sup>13</sup> highlighted the role of nurses in recommending mobility aids and ensuring patients and caregivers were trained in their safe use.

## 3. Support and Training for Informal Caregivers

All three studies acknowledged the relevance of equipping caregivers with knowledge and skills to manage functional decline. In the Australian study,<sup>13</sup> caregivers received education from nurses on mobilisation techniques and positioning. The Portuguese study<sup>4</sup> also included caregiver training and emotional support, while the Canadian study<sup>12</sup> involved family members in the therapeutic routines, reinforcing safe transfer techniques and effective physical assistance.

These domains are summarised in the following table.

**Table 2.** Characteristics of Included Studies and Summary of Nursing Interventions.

Study (Country)	Design	Setting	Main Interventions	Outcomes
Ferreira et al., 2021 (Portugal) <sup>4</sup>	Mixed-method	Community-based / Home	Functional assessments, caregiver training, energy conservation, home adaptation	Improved satisfaction, perceived autonomy, increased caregiver confidence
Nguyen et al., 2022 (Canada) <sup>12</sup>	Quasi-experimental	Hospital	Mobility plans, ROM exercises, assistive devices, caregiver engagement	Improved mobility levels, fewer pressure injuries
Lee et al., 2020 (Australia) <sup>13</sup>	Qualitative	Home care	Provision and education on assistive devices, mobilisation training for caregivers	Enhanced caregiver preparedness and patient safety

These findings highlight the central role of rehabilitation nursing in preserving functional capacity, promoting safe mobility, and supporting family involvement in the continuum of palliative care. Despite differences in methodological approaches and intervention settings, all included studies reported outcomes that contribute to enhanced comfort, autonomy, and care quality. Nevertheless, the observed variability in the design, delivery and evaluation of interventions reinforces the need for greater standardisation and clearer operational definitions to ensure consistency and replicability across contexts.

## Discussion

The findings of this review reinforce the relevance and feasibility of integrating rehabilitation-focused nursing interventions into palliative care. In the face of functional decline commonly associated with advanced disease trajectories, rehabilitation offers a structured response that is both person-centred and goal-oriented. The three domains identified — mobility promotion, adaptation to limitations, and caregiver support — illustrate the multifaceted role of the rehabilitation nurse in optimising comfort, autonomy, and participation in daily life, even in the context of incurable illness.<sup>8</sup>

Rehabilitation in palliative care challenges the notion that decline is synonymous with passivity. On the contrary, it affirms the right and the possibility of individuals to continue exercising agency, even in situations of vulnerability. The nurse specialist in rehabilitation, by integrating clinical expertise in functional assessment, therapeutic planning, and adaptive care strategies, becomes a crucial figure in sustaining the patient's engagement with life. These professionals act not only as providers of direct interventions, but also as educators, advocates, and coordinators within interdisciplinary teams.<sup>4,8</sup>

One of the key strengths of the studies analysed lies in their recognition of the home as a privileged setting for rehabilitative palliative care. This context allows for the personalisation of care and the involvement of informal caregivers, whose role is often decisive for maintaining function and quality of life. As observed in the studies by Ferreira et al.<sup>4</sup> and Lee et al.,<sup>13</sup> caregivers who received structured support and education from nurses demonstrated increased confidence, reduced emotional burden, and improved continuity of care. These findings are in line with the broader literature, which consistently underlines the benefits of empowering families through structured nursing guidance.<sup>14</sup>

Nonetheless, the review also exposes limitations that require attention. The small number of eligible studies and their methodological heterogeneity limit the generalisability of results. The absence of standardised outcome measures and detailed intervention protocols makes it

difficult to assess the effectiveness and replicability of nursing practices. In addition, the underrepresentation of rehabilitation nurses in study authorship and reporting raises concerns about the visibility and scientific legitimisation of their contribution in this domain.

From a theoretical standpoint, the findings support the conceptual alignment between rehabilitation and palliative philosophies. Both advocate for dignity, autonomy, and active living within the limits imposed by illness. However, in practice, this alignment is not always operationalised. Organisational constraints, lack of institutional guidelines, and prevailing biomedical cultures may act as barriers to the systematic integration of rehabilitation in palliative settings. Addressing these barriers will require not only more research, but also investment in training, advocacy, and interprofessional collaboration.<sup>3</sup>

The synthesis of the reviewed studies highlights not only the current contributions of rehabilitation nursing to palliative care, but also the significant opportunities for advancing this field through targeted research and clinical innovation. Strengthening this integration will depend on the development of consistent protocols, investment in training, and the recognition of rehabilitation as a core component of comprehensive, person-centred palliative care. Expanding the scientific evidence base — with a focus on rigorous methodologies, context-sensitive interventions, and patient-reported outcomes — is essential to ensure that individuals living with advanced illness receive care that truly supports their autonomy, dignity, and quality of life.<sup>15</sup>

## Conclusion

This Rapid Scoping Review mapped and synthesised the scientific evidence on nursing interventions in the field of rehabilitation applied to palliative care. The analysis revealed that rehabilitation nurses play a key role in promoting mobility, adapting care to functional limitations, and supporting informal caregivers — interventions that collectively contribute to preserving autonomy, preventing complications, and ensuring comfort in the context of advanced illness.

Despite the limited number of eligible studies, the findings reinforce the alignment between rehabilitative and palliative care philosophies, both of which advocate for holistic, person-centred, and goal-oriented approaches. The presence of nurses specialised in rehabilitation within palliative care teams enhances the capacity to respond to the individual needs of patients and their families, promoting continuity and humanisation of care. However, the review also revealed important limitations. The small number of studies, their methodological heterogeneity, and the variability in outcome measures constrain the generalisation of results and the extrapolation of best practices. Additionally, the reduced



visibility of rehabilitation nursing in published research may reflect a broader undervaluation of this area in clinical documentation and academic dissemination.

These constraints underscore the urgent need to expand and qualify research in this domain. Future studies should employ methodologically rigorous designs, adopt standardised and patient-centred indicators, and examine the long-term effects of rehabilitation-focused interventions in palliative contexts. It is also important to explore implementation processes, identify barriers and facilitators in different settings, and document the experiences of both professionals and service users.

In light of the findings, it is recommended that health institutions and policymakers recognise the strategic value of rehabilitation in palliative care, ensuring that specialised nurses are integrated into teams and equipped with the necessary resources to act effectively. Promoting functionality at the end of life is not only clinically appropriate but also ethically imperative — it is a way of affirming the person's right to live with dignity, even in the face of irreversible decline.

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