



# INTERNASIONAL CONFERENCE ON MULTIDISCIPLINARY APPROACHES IN HEALTH SCIENCE

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## Management of the SOP Flow for Homecare Treatment of Malignant Wounds: An Exploratory Study of the Community of Homecare Wound Nurses in the Denpasar Area

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### Article history

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### Abstract

**Background:** Malignant wound is a chronic wound that occurs due to cancer invasion into the skin tissue, often accompanied by a pungent odor, heavy exudate, bleeding, and severe pain. Homecare wound management practices face limitations concerning the operational location in the field, as well as varying skill competencies among nurses. Standard Operating Procedures (SOP) that should be systematically and specifically compiled are sometimes not well evaluated. Homecare in the wound care community is described as one solution for providing continuous care for patients at home. Various risks may occur during wound care at the patient's home, necessitating a study of the homecare SOP principles being implemented, to provide service benefits that strive for improved comfort, as well as ensuring good emotional support. Therefore, the SOP implementation in homecare services is crucial to examine the systematic approach in providing services. **Method:** This research method is qualitative, through in-depth interviews in focus group discussion aimed specifically at identifying and exploring how the SOP for homecare services is applied, particularly for patients with malignant wounds. The instrument for qualitative research or research tool is the researcher themselves. **Participant:** The participants in this research is 8 nurse, and the nurse work specific in homecare and approve participating in the FGD process. Criteria nurses participant with varying ages, education levels, and work experience at least more 1 year. **Results:** analysis from the interview get 3 themes in the study; optimization of preparation for wound care planning in patients with malignant wounds, implementation standards for malignant wound care services, and a homecare wound care protocol model for malignant wounds. **Conclusion :** The conclusion of the 3 themes in the research results is expected to serve as an evaluation for the development of homecare wound care services for cancer wound patients. The flow SOPs for homecare of Malignant Wounds in holistic processes have not yet been fully implemented, improving of the collaborating and combination treatment really needed.

**Keywords :** SOP Flow, Homecare, Malignant Wounds

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## INTRODUCTION

Cancer is one of the leading causes of death worldwide, including in Indonesia. According to data from the Global Cancer Observatory (GLOBOCAN) in 2020, there were over 396,000 new cancer cases recorded in Indonesia, with breast cancer (CA mammae) being the most common type of cancer experienced by women (WHO, 2020). This disease not only has physical impacts, but also affects the psychological, social, and overall quality of life of patients. One of the complications often found in breast cancer patients is malignant wound, which can arise from tumor ulceration, therapeutic effects (radiotherapy), or surgical procedures such as mastectomy (Probst S, 2021). Malignant wounds are complex, difficult to heal, and have distinctive characteristics such as unpleasant odor, pain, excessive exudate, and tissue integrity disturbances. Generally, management requires a professional, individual, and ongoing approach.

Malignant wound is a chronic wound that occurs due to cancer invasion into the skin and surrounding tissues, often accompanied by a foul smell, heavy

exudate, bleeding, and severe pain. In homecare practice, the management of this wound is challenging due to limited facilities, operational standards, and varying competencies among nurses. Until now, there has been no systematically and specifically organized SOP (Standard Operating Procedure) for the management of malignant wounds in homecare services. In this context, homecare services emerge as one of the solutions to provide continuous care for patients at home, especially those in advanced stages or with mobility limitations. Various risks that may occur during wound care implementation need to be evaluated. Homecare provides benefits such as comfort, more personalized care, and better emotional support. However, the implementation of Standard Operating Procedures (SOP) in homecare services remains a challenge. There is a discrepancy between the written guidelines and the actual practices carried out by healthcare workers (Surya, 2020).

Several studies indicate that the success of SOP implementation is greatly influenced by training factors, availability of tools, managerial support, and the

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condition of the patients themselves. Therefore, a thorough study is needed on how wound care SOP is implemented in homecare practice, especially for breast cancer patients. Modern community nursing services, in theory, continue to emphasize promotive, preventive, curative, and rehabilitative aspects, as well as direct implementation in health care units and home care services (independent/in-home care). For example, the study, "Telehealth Implementation for Promotive and Preventive Care in Indonesia" (2024), demonstrated that health communication technology supports promotive and preventive services through broader access, patient and healthcare professional acceptance, and adequate policies and funding (Nugraheni, W. P., et al. 2024). Another study on Community and Home Care Programs for chronic disease patients showed that community-based and home care programs significantly improved quality of life in physical, psychological, social, and environmental dimensions through active family involvement and ongoing education (Wijayanti, L. A., et al. 2024). The implementation of home care by

Community Health Centers (Puskesmas) in Makassar also confirms the crucial role of nurses, not only in clinical aspects but also in managerial, educational, and community advocacy, despite numerous structural challenges and community understanding that need to be strengthened.

Community nursing service theory now tends towards a holistic model that takes into account local context, technology, family and community participation, and regulations and policies as the foundation for its implementation. The definition of home care is clarified in paragraph (4) which states, "Homecare as referred to in paragraph (2) is a part or continuation of continuous and comprehensive health services provided to individuals and families in their place of residence, aimed at improving, maintaining, or restoring health or maximizing the level of independence and minimizing the impact of illness." Homecare is a form of service that can be promotional, preventive, curative, and rehabilitative, so this service can only be provided by service providers who have the competence and authority. If home care

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involves nursing staff, it would certainly be subject to Law Number 36 of 2014 concerning Health Workers and Law Number 38 of 2014 concerning Nursing. Based on the strength of the laws regulating homecare services, it certainly emphasizes the optimal functioning of nursing services. Homecare nurses must be able to provide comprehensive care to patients, considering that homecare nurses play a role in maximizing the level of patient independence and minimizing the impact of the diseases suffered by patients. Of course, the perspective of service arrangement will be a priority.

Chronic wound care, including malignant wounds, in a homecare setting demands special standards due to clinical complexity, environmental variability, and high potential for complications. Systematic studies show that care led specifically by community nurses can improve wound healing, reduce pain and discomfort, and enhance patient satisfaction during home care, provided that practices are built on the latest evidence and clear protocols. (Chaboyer et al. 2020) Common issues identified include the low correlation

between evidence and practice, a lack of specialized wound care approaches by malignant homecare nurses, and the absence of local standards or consistent protocols for assessment, local treatment, and referrals if needed. (Mudge EJ et al. 2023). Special standards are also important to maintain patient safety quality, for example in the identification of infections, odor control, exudate management, and pain management, which if neglected can worsen wounds, prolong healing time, and increase costs and morbidity. Therefore, the use of specific SOPs for homecare wound nurses can ensure that all aspects of malignant wound management, from initial assessment, dressing selection, patient/family education, to referral criteria, are carried out consistently, effectively, and safely. (Zhou, et al. 2025).

A cohort study in Japan showed that patients with malignant wounds are significantly more likely to experience moderate to severe psychological distress compared to patients without malignant wounds; this distress is closely related to uncontrolled pain and frequent dressing changes. (Takamizawa, S. 2024) Research

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at Dharmais Hospital in Jakarta also indicated that cancer wounds can worsen sleep quality, increase stress, pain, concentration disturbances, and depression; with stress and pain being interrelated and impacting the overall psychological state of patients. Quality nursing interventions that consider psychosocial aspects—not just physical wound management—have been proven to reduce anxiety and depression, as well as help expedite wound healing after surgery under certain conditions. Therefore, the standards or SOP for homecare nurses for malignant wounds must include mental health assessment, emotional support, empathetic communication, and referral if necessary, so that care becomes holistic and the quality of life of the patient is maintained. (Hazna Fauziyah. Et al. 2020).

Therefore, the importance of research related to homecare service management standards for wound care is crucial to understanding from several aspects. In addition to the preparations for wound care, including several necessary facilities and infrastructure, it is also important to understand the aspects from

both the physical and psychological sides of the patients receiving wound care.

## METHOD

The research method used in this study is qualitative research, specifically through in-depth interviews aimed at identifying and exploring how the homecare service SOP applies to homecare specifically for patients with malignant wounds. The phenomenon that arises in the homecare clinical service SOP for patients at risk of bleeding and the capacity of homecare practice situations presents a unique phenomenon that needs to be evaluated. This study uses total sampling that has been purposively selected, involving 8 nurses.

1. Research location The research is conducted at a homecare clinic serving the Denpasar Bali area.

2. Research time The research is conducted in July 2025.

### Participants

The participants are nurses working in the wound care homecare clinic in the Denpasar area, totaling 8 nurses or 8 participants.

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Inclusion Criteria: 1. Participants are nurses who have graduated with certification in wound care. 2. Participants are nurses who are part of the homecare team and have worked for at least more than 1 year. 3. Nurses who are cooperative towards focus group discussion (FGD). 4. Nurses who are willing to share their experiences in providing wound care to breast cancer patients. 5. Participants are willing to be informants by signing informed consent. Exclusion Criteria: 1. Participants refuse to be informants.

After collecting and processing the data, the researcher conducts data analysis. The stages of qualitative data analysis process have several analysis models. One of them uses the Colaizzi model (1978, in Streubert & Carpenter, 2011). Essentially, this method provides simple, clear, and detailed steps. The stages of the data analysis method are as follows: 1. Reading all the data transcripts repeatedly to derive meaning from the participants' experiences. 2. Reviewing the data transcripts and selecting significant statements that are related to the phenomenon to be explored. 3. Formulating

the meaning of the important statements. 4. Categorizing that meaning into themes and matching it with participants' expressions. 5. Forming a description of the phenomenon. 6. Confirming or validating the description of the phenomenon with the participants. 7. Designing standard operating procedures based on the themes created for the participants. 8. Consulting with experts regarding the design of governance procedures. The participants who were invited and took part in the FGD process were practicing nurses with varying ages, education levels, and work experience in homecare specialist wound management. The FGD activities were conducted in a closed room, at a location that the researchers had prepared for the study. The researchers in this FGD activity were assisted by research assistants who served as note takers and helped take pictures. They took pictures and recorded audio using a smartphone as the voice recording device used to collect data from the FGD.

Qualitative research instruments or research tools are the researchers themselves. Qualitative researchers, as human instruments, function as data

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sources, collecting data, assessing data quality, analyzing data, interpreting data, and drawing conclusions from their findings. (Sugiyono, 2017) The initial process in a Focus Group Discussion (FGD) involves the researcher explaining the background, purpose, and objectives of gathering first. Once the subjects are clear and agree to become participants, the researcher provides an approval/informed consent letter for signing. Next, the researcher communicates the contract of time and place for conducting the group discussion with the focus group discussion (FGD). Subsequently, the researcher, assisted by a note-taker, facilitator, and research assistants, conducts the interviews, arriving about 30 minutes before the focus group discussion (FGD) begins. In the process of conducting research, the researcher acts as a moderator and facilitator assisted by research assistants who are tasked with taking field notes. The researcher prepares a mobile phone used to record all conversations during the discussion.

## RESULTS

### 1.1 Participant Table

No	Participant Name (Initial)	Participant Age (years)	Education	Years of Work (years)
1	P1	26	NERS	3
2	P2	26	NERS	2
3	P3	25	NERS	2
4	P4	31	NERS	3
5	P5	23	D III	3
6	P6	36	NERS	2
7	P7	29	D III	5
8	P8	25	NERS	3

This research involved eight participants consisting of homecare nurses in the Denpasar area with varied educational backgrounds and work experiences. The majority of the participants have a nursing profession education (75%), while the remaining are graduates of a Diploma III in Nursing (25%). The age range of the participants is between 23 and 36 years, with an average age of 27.6 years. Based on the length of work experience as homecare wound nurses, most participants have worked for 2 to 3 years, and only one person has the longest work experience of 5 years. The average work duration of the participants is 2.87 years. This variation in educational background, age, and experience is

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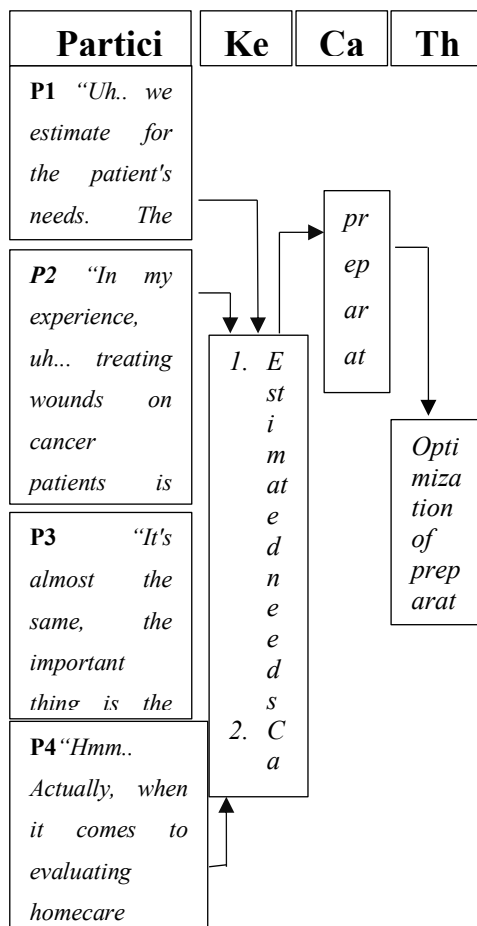
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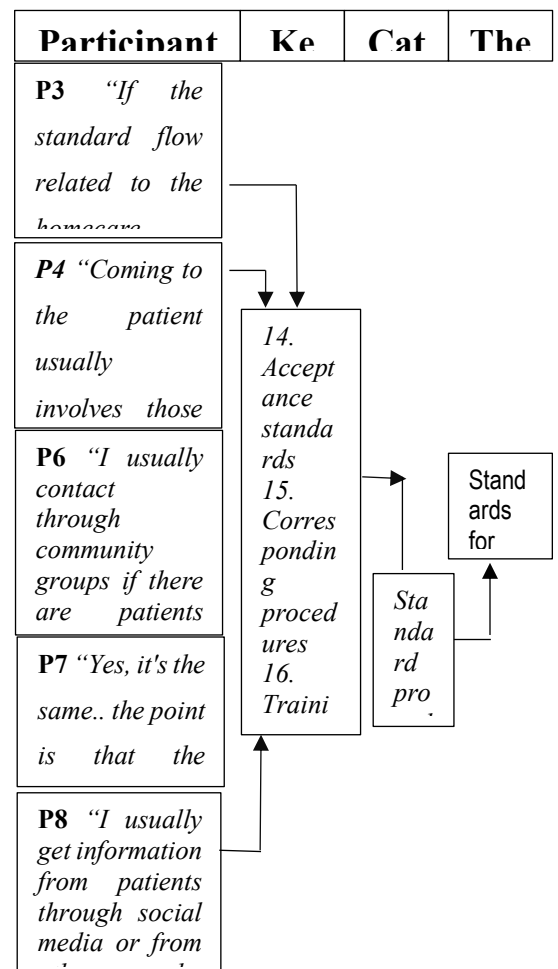
expected to provide a comprehensive picture of cancer wound management practices in homecare services, as well as serve as a basis for developing contextual and applicable SOP procedures.

1. Optimization of the preparation and planning for wound care in patients with Malignant Wound.

Schema: Analysis of Data Theme 1



2. Standards for Implementing Holistic Wound Care Practices
- Schema: Analysis of Data Theme 2



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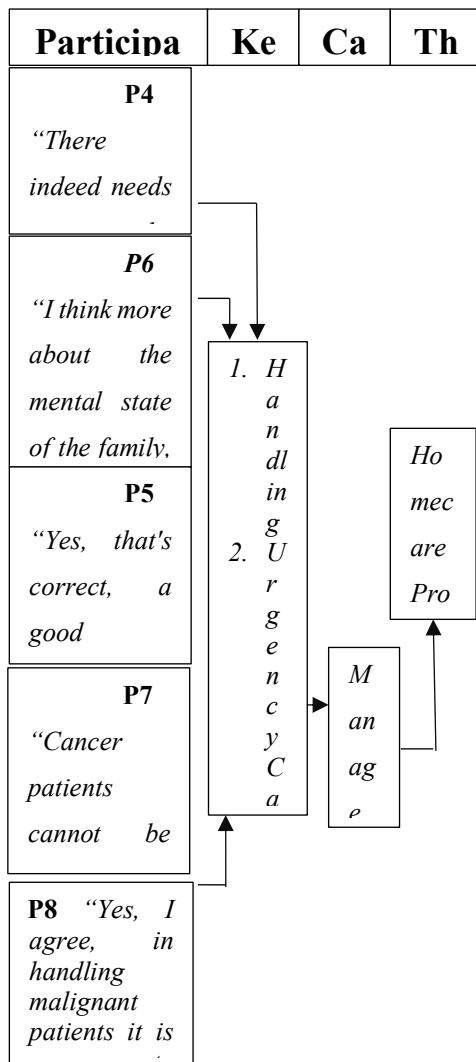


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## 3. Homecare Protocol Model for Malignant Wound Treatment Schema: Analysis of Data Theme 1



## DISCUSSION

1. Optimization of wound care planning preparation for patients with Malignant Wound. Malignant wound care or malignant fungating wound is a multifactorial challenge in the palliative context; the main focus is not on healing but on symptom management and improving the patient's quality of life. It is very important to prepare wound care planning for patients with malignant wounds because the condition of the wounds is complex and requires a holistic approach. According to Sibbald et al. (2021), wound bed preparation (WBP) is a paradigm for optimizing chronic wound care, with an approach that considers the causes of the wound and the concerns of the patient to determine whether the wound can be healed, maintained, or is unhealable (palliative). In wounds that cannot be healed, the focus of care shifts to patient

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comfort, reducing pain, controlling odor, preventing infection by reducing bacteria on the wound surface, conservative debridement of dead tissue, and moisture management including exudate control (Sibbald RG, et al. 2021).

This approach aligns with the TIME framework (Tissue, Infection/Inflammation, Moisture, Edge) which emphasizes the importance of managing dead tissue, controlling infection and inflammation, maintaining moisture balance, and stimulating wound edges to support chronic wound healing. In the context of malignant wounds, this approach helps manage symptoms such as odor, excessive exudate, and pain, as well as improving the quality of life for patients. Additionally, thorough planning allows for the identification of specific

patient needs, such as appropriate dressing types, suitable debridement techniques, and exudate management strategies. This also includes education for families and caregivers about wound care at home, as well as psychosocial support for patients who often experience stress and social isolation due to their wound condition. (Loi, S. et al. 2021)

Therefore, optimizing the preparation and planning of wound care for patients with malignant wounds is not only important for managing the physical condition of the wounds but also for improving the quality of life for patients through a comprehensive and structured approach. Care must be inclusive of both physical and non-physical aspects such as disfigurement, loss of self-image, social isolation, and family stress. Interdisciplinary

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palliative involvement is needed to maintain quality of life in the final stages.

## 2. 2. Standard Implementation of Holistic Wound Care Practices

Holistic wound care practices in current literature emphasize the integration of several elements into a systematic and evidence-based standard. One important aspect is a comprehensive wound assessment not only of the local wound condition (e.g., exudate, necrotic tissue, infection) but also of systemic factors such as comorbidities (diabetes, vascular disorders), nutritional status, and the psychosocial aspects of the patient. The innovative standards provided in The Wound Care Pathway (WCP) in Denmark: a 6-hour training program conducted over 10-16 weeks for general nurses resulted in significant improvements in wound care knowledge, motivation,

confidence, and critical thinking in wound management. (Jensen, MH, et al. 2024) Such programs highlight the importance of ongoing education and training as part of standard practice.

The standards also include the use of clinical frameworks such as Wound Bed Preparation (WBP), which has been recently updated until 2024. This framework guides healthcare professionals to: (1) identify and control the causes of wounds; (2) determine whether the wound can heal (healable), is in maintenance, or cannot heal (non-healable); (3) set care goals together with patients and families; (4) employ local interventions (e.g., debridement, infection control, moisture balance) in accordance with the wound status. The application of inclusive and evidence-based standards in selecting local wound care can accelerate healing, reduce costs,

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and improve patients' quality of life. Factors such as introducing dressings at the early stages of wounds and training healthcare personnel for consistent application are standard elements that emerge from this review. (Murphy, et al. 2022).

This indicates that the standardization of wound care processes in the community (including referral criteria, the use of specific therapies such as negative pressure, nursing staff training, and evaluation of outcomes) can lead to improved clinical results and efficiency.

### 3. Homecare Protocol Model for Malignant Wound Care

Based on theories related to the homecare protocol framework for cancer wounds (malignant wound), many elements are combined. In the acceptance process, for example, the use of technology: mobile applications/telenursing for monitoring wound

conditions and quick communication. This can be aligned within the standards to ensure the malignant wounds that will be treated. In addition, it also ensures the state of the patient with cancer. Education and documentation should also prioritize clear instructions from nursing staff, organized documentation (such as wound photos, progress reports), and dressing change guidelines.

The theory of educational approaches and risk prevention of deterioration, the role of technical education in wound care to provide understanding to patients and families about risks and possible effects that may arise from each action, as well as the use of simple prevention protocols has been proven effective in the context of cancer and wounds in general. (Dian A. 2024). The research explains that caregivers or patients can manage wounds independently



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at home; education is needed to enhance their skills, knowledge, and confidence that they can perform care correctly. A study on home care education for diabetic ulcers shows that providing homecare education can significantly improve caregiver self-efficacy. (Ginting, 2023). The role of family/caregivers: accompaniment, education, involvement in daily wound care actions also needs to be ensured to prevent doubt. (Mustafidz, M et al. 2023)

## CONCLUSION(S)

The management flow of the SOP for Homecare Treatment of Malignant Wounds essentially utilizes the wound care framework obtained by homecare nurses through training in wound care communities. However, holistic processes have not yet been fully implemented because they are not extensively discussed in the focus of

wound care, especially for patients with specific homecare needs, particularly cancer wound patients. This study concludes three main focus areas in evaluating the implementation framework of homecare for malignant patients, namely: optimization of wound care planning preparation for patients with malignant wounds; standards for implementing holistic wound care practices; and a protap model for homecare wound treatment for malignant wounds. All three are worthy of evaluation, especially regarding the holistic preparation for homecare.

## Conflict of Interest

The author(s) declare that they have no conflict of interest.

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