

DOI: <https://doi.org/10.36489/nursing.2021v24i280p6000>

Nurses conduct in palliative care: an integrative review

ABSTRACT | Objective: To recognize the main behaviors of professional nurses in nursing care for patients in palliative care. Method: Integrative literature review carried out between March and June 2021, developed following the following steps: 1st step (preparation of the guiding question); 2nd stage (definition of information sources, and inclusion and exclusion criteria; 3rd stage (data collection, reading and selection of articles); 4th stage (interpretation of results and elaboration of study reflections). Results: Data collection using the descriptors palliative care; palliative care in the end of life; palliative care nursing in the end of life resulted in the selection of 81 articles, of which 08 articles met the inclusion criteria and were used to prepare this study. Final considerations: The behavior of the professional nurse results in the provision of care based on humanization and bioethics, ensuring respect for the human dignity of the patient and including intervention in physical, social and emotional symptoms.

Keywords: Palliative Care; Palliative Care at the End of Life; Palliative Care Nursing at the End of Life.

RESUMEN | Objetivo: Reconocer las principales conductas del enfermero profesional en el cuidado de enfermería al paciente en cuidados paliativos. Método: Revisión integrativa de la literatura, desarrollada siguiendo los siguientes pasos: 1er paso (preparación de la pregunta orientadora); 2a etapa (definición de fuentes de información y criterios de inclusión y exclusión); 3ra etapa (recolección de datos, lectura y selección de artículos); 4ta etapa (interpretación de resultados y elaboración de reflexiones del estudio) Resultados: Recolección de datos mediante descriptores cuidados paliativos, paliativos cuidados al final de la vida, la guardería de cuidados paliativos al final de la vida resultó en la selección de 81 artículos, de los cuales 08 artículos cumplieron con la inclusión y fueron criterios utilizados para la elaboración de este estudio. Consideraciones finales: El comportamiento del profesional de enfermería resulta en la prestación de cuidados basados en la humanización y la bioética, asegurando el respeto a la dignidad humana del paciente e incluyendo la intervención en los síntomas físicos, sociales y emocionales.

Palabras claves: Cuidados Paliativos; Cuidados paliativos al final de la vida; Enfermería de cuidados paliativos al final de la vida.

RESUMO | Objetivo: Reconhecer as principais condutas do profissional enfermeiro na assistência de enfermagem ao paciente em cuidados paliativos. Método: Revisão integrativa de literatura realizada entre março a junho de 2021, desenvolvida obedecendo as seguintes etapas: 1ª etapa (elaboração da pergunta norteadora); 2ª etapa (definição das fontes de informações, e critérios de inclusão e exclusão); 3ª etapa (coleta de dados, leitura e seleção dos artigos); 4ª etapa (interpretação dos resultados e elaboração das reflexões do estudo). Resultados: A coleta de dados utilizando os descritores cuidados paliativos; cuidados paliativos na terminalidade da vida; enfermagem de cuidados paliativos na terminalidade da vida resultou na seleção de 81 artigos, dos quais 08 artigos atenderam os critérios de inclusão e foram utilizados para elaboração deste estudo. Considerações finais: As condutas do profissional enfermeiro resultam na prestação de cuidados alicerçados na humanização e bioética, garantindo o respeito à dignidade humana do paciente e incluem a intervenção em sintomas de natureza física, social e emocional.

Palavras-chaves: Cuidados Paliativos; Cuidados Paliativos na Terminalidade da Vida; Enfermagem de Cuidados Paliativos na Terminalidade da Vida.

Tony José de Souza

Nurse Doctorate in Public Health at the Federal University of Mato Grosso (UFMT). Master in Public Health from the Federal University of Mato Grosso (UFMT). Coordinator of the Undergraduate Nursing Course at the União das Faculdades Católicas of Mato Grosso (UNIFACC MT).

ORCID: 0000-0002-6360-4042

Amanda Gabrielly M. dos Santos Coelho

Student of the Undergraduate Nursing Course, Union of Catholic Colleges of Mato Grosso (UNIFACC MT).

ORCID: 0000-0002-0706-0749

Laiane Luzia Correia de Lima

Student of the Undergraduate Nursing Course, Union of Catholic Colleges of Mato Grosso (UNIFACC MT).

ORCID: 0000-0003-0966-6426

Julia Maria Vicente de Assis

Bachelor of Public Health. Master's student in Public Health at the Federal University of Mato Grosso (UFMT). Specialist in Health Regulation, Control, Audit and Evaluation. Multiprofessional Resident in Hospital Management for SUS- PRMGH-SUS/HUJM.

ORCID: 0000-0003-1734-6668

Jussara Conceição Santos Pires

Nurse. Specialist in Public Health. Master's student in Public Health at the Federal University of Mato Grosso (UFMT).

ORCID: 0000-0002-0522-8990

Solange da Silva Lima

Nurse, Master in Public Health from the Federal University of Mato Grosso. Professor of the Undergraduate Nursing Course at the State University of Mato Grosso (UNEMAT).

ORCID: 0000-0001-8882-5573

Received on: 06/14/2021

Approved on: 06/21/2021

INTRODUCTION

Palliative care (PC) is the term used to designate the action of a multidisciplinary team to patients without therapeutic possibilities of cure, the word "palliative" comes from the Latin pallium which means mantle, protection, that is, to protect those whose curative medicine no longer welcomes. ⁽¹⁾ They are configured as assistance that goes beyond care and physical symptoms, also including emotional support, in front of these patients and their families. ⁽²⁾

The main guidelines for PC care are: symptom prevention and con-

tol; psychosocial and spiritual intervention; patient and family as a care unit; autonomy and independence; communication and multidisciplinary teamwork providing an improvement in the quality of life of patients and families. ⁽³⁾ Such strategies aim to ensure the maintenance of quality of life and the provision of comfort to the patient as the disease progresses. ⁽⁴⁾

In palliative care (PC) care, attention is not the disease to be treated or cured, but the patient, understood as a biopsychosocial, active being, with the right to information and full autonomy for decisions regarding their treatment. Nursing is one of the professions in the health area that deal directly with patients and their families, and the conduct of this professional directly reflects on the quality of care provided. ⁽⁵⁾

In palliative care (PC) care, attention is not the disease to be treated or cured, but the patient, understood as a biopsychosocial, active being, with the right to information and full autonomy for decisions regarding their treatment. Nursing is one of the professions in the health area that deal directly with patients and their families, and the conduct of this professional directly reflects on the quality of care provided.

METHOD

This is an integrative literature review, developed according to the following steps:

1st stage (preparation of the guiding question): What are the main nursing behaviors developed by professional nurses in relation to palliative care?

2nd stage (information sources and inclusion and exclusion criteria): The descriptors used were Palliative Care, Palliative Care in the End of Life and Palliative Care Nursing in the End of Life. As inclusion criteria: original



In palliative care (PC) care, attention is not the disease to be treated or cured, but the patient, understood as a biopsychosocial, active being, with the right to information and full autonomy for decisions regarding their treatment.



articles available in full, published in Portuguese from 2016 to 2021. As exclusion criteria, chapters of books, theses, dissertations, materials not available in full for free and duplicate articles were established.

3rd stage (data collection, article reading and selection): Data collection was carried out from April 6th to 10th, 2021, following the following premise: a) access to SciELO, LILACS and VHL databases; b) selection of articles according to inclusion criteria; c) exploratory reading of the title and abstract of the selected article in order to verify whether the work consulted was of interest to the work; d) in-depth reading of the selected sources with the purpose of ordering and summarizing the information contained in the sources, so that they would enable the construction of the reflections aimed at the study.

The selection of articles used the inclusion and exclusion criteria through the relevance tests. ⁽⁶⁾ The first relevance test was considered the period of publication of the studies, as well as the language. The second test ended with the selection of scientific productions considering the title and/or abstract, and their suitability for the study, excluding the productions according to the exclusion criteria.

In the third test, the studies were fully evaluated, through the previous questions and also the other inclusion and exclusion criteria, as well as the evaluation of the existing relationship with the theme and the observance of the methodological aspects of the research, as shown in Chart 1.

The main information observed in the selected publications was extracted and summarized in a summary chart called "Identification and description of the content of selected references". The results were presented in the following order: authors, title, journal, year, study objective and main findings, as shown in Chart 2.

4th stage (interpretation of results and elaboration of study reflections): The categories that emerged in the previous stage were discussed through reflections based on the theoretical framework on palliative care and nursing care in palliative care available.

RESULTS

Data collection performed in the VHL, LILACS and SciELO using the descriptors Palliative Care, Palliative Care in the End of Life and Palliative Care Nursing in the End of Life, resulted in 81 articles. After performing the first relevance test, 59 articles were

selected, with the second test 27 articles were selected, and with the third test 18 articles, which resulted in 08 articles that were used to prepare this integrative literature review.

When evaluating the objectives expressed in the selected studies, it was observed that (N 4; 50%) sought to assess nurses' perception of palliative care, (N 4; 50%) aimed to characterize the main nursing care provided to the patient in palliative care, as shown in Chart 2.

DISCUSSIONS

From the reading and analysis of

the publications, three thematic nuclei emerged: nucleus 1: Therapeutic strategies to promote quality of life; nucleus 2: Humanization of care and core 3: Bioethics in Palliative Care.

Nucleus 1: Therapeutic strategies to promote quality of life

This nucleus emphasizes therapeutic strategies focused on communication, pain relief and emotional, for the promotion of quality of life, used by nurses who work in the care of patients in palliative care. Because in PC, nurses along with interdisciplinary teams seek to offer professional care that reduces suffering and pro-

Chart 1. Number of articles selected by the relevance test, Cuiabá-MT, Brazil, 2021.

Databases	Total found	1st relevance test	2nd relevance test	3rd relevance test	Total selected
LILACS	10	4	3	2	1
SCIELO	2	2	1	1	1
VHL	69	53	23	15	6
Total	81	59	27	18	8

Source: study authors, 2021.

Chart 2. Identification and description of the content of selected references, Cuiabá-MT, Brazil, 2021.

Year	Authors	Title	Study objective
2020	RODRIGUES et al.	Nursing care in pain management in adult and elderly patients in palliative care	Identify nursing care aimed at pain management in palliative care patients
2020	ROCHA et al.	The meaning of nurses' lives at work in palliative care.	Identify scientific evidence about the meaning of nurses' lives in palliative care work in the hospital context from an existentialist perspective
2018	PICCOLO et al.	Nurses' attention to patients in palliative care	Identify the role of nurses in care and their main skills in palliative care
2018	SILVA et al.	Intervention in palliative care: knowledge and perception of nurses	Assess nurses' perception of palliative care before and after an intervention
2017	NADALETI et al	The contemporaneity of Ivan Ilitch's death to rethink nursing care.	Understand the practices performed by nurses in the Intensive Care Unit (ICU) in end-of-life situations, and relate them to moral distress.
2017	SANTOS et al.	The perception of nurses in a general hospital about palliative care	Identify the perception of nurses about palliative care.
2016	SILVA et al.	The performance of the nursing team from the perspective of family members of patients in palliative care	Knowing the perception of family members about the role of the nursing team in providing care to patients in palliative care.
2016	ANDRADE et al.	Palliative care and bioethics: a study with clinical nurses.	Investigate the ethical observances used by nurses when assisting the patient with no possibility of cure.

Source: study authors, 2021.

motes comfort, dignity and autonomy of patients, meeting the basic needs of physical, emotional, spiritual and social health.

Communication is an extremely important factor in order to transmit information, desires, ideals and others, thus making it evident that those who do not communicate effectively are left out of the circle that allows us to feel an integral part of a whole. For this reason, effective communication is essential for comprehensive and humanized care, as through it, it is possible to recognize and empathically welcome the needs of patients in palliative care.⁽⁷⁾

Communication being an indispensable component in the human relationship and essential in care. The individual in palliative care has several conflicts, in addition to physical pain, and must be understood as a being who is in suffering. Therefore, it is necessary to allow the sharing of their anxieties, fears and anxieties so that they feel comforted, supported and cared for by health professionals. Therefore, conversation and qualified listening proved to be effective strategies to conduct care in a humane way to those who suffer, helping to control pain, since efficient communication is a pillar for the emergence of the bond, based on essential trust in the process of pain investigation.⁽⁸⁾

It is also noteworthy that PCs go beyond care and physical symptoms, it also includes emotional support, in view of these patients who are already physically and psychologically fragile due to the situation of terminality of life that they are exposed to. And in view of this, the nurse must be aware of the patient's needs, not only physical, but also psychological and spiritual.⁽²⁾ Pain is always subjective and each individual feels it in their own way, patients in their terminal life feel it both physically and psychologically,



Communication is an extremely important factor in order to transmit information, desires, ideals and others, thus making it evident that those who do not communicate effectively are left out of the circle that allows us to feel an integral part of a whole.



caused by the feeling of disgust, disappointment and suffering.⁽⁵⁾

Pain directly interferes with the quality of life of patients, which may have altered behavior as one of the consequences, such as mood changes, irritability, aggressiveness, agitation, screaming, discouragement, change in sleep quality, difficulty in mobilization, lack of appetite for depression.⁽⁸⁾ Therefore, it is important to interpret verbal and non-verbal complaints, especially when it comes to pain management.⁽⁵⁾ And, in turn, the Nurse, for being closer to the patient, for having a link of communication and care, becomes a key part for the assessment of pain, through the observation of behavioral and physiological changes.⁽⁸⁾

Nucleus 2: Humanization of assistance

Humanization in the hospital environment must go beyond technological power, so that the client and his family are not changed into an object of care and profit for health institutions, which entails the loss of their personal identity. The commitment to human rights is what humanization involves, part of the ideals that make up the principles of the Unified Health System (SUS), especially that of comprehensiveness, which should be the guiding principle for the training of health professionals.⁽⁷⁾

Nursing professionals have a relevant role in the palliative care team, considering their privileged position of spending most of their time with the patient, providing the greatest amount of care and mediating the relationships between the person/family and other team members.⁽⁹⁾

Nurses must consider each patient as a unique human being, who has their own life and experiences, mainly related to pain and anguish, which must be respected until their last day of life. What makes humanization in palliative care important, which is essential, as it is recognized that from

the understanding that each patient is unique, he deserves respect. ⁽¹⁾ Therefore, humanized care is one in which everyone involved works so that the patient has a dignified and appropriate treatment, being heard, respected, understood and advised, that is, humanized care.⁽⁷⁾

Nursing seeks to provide care in its full conception, consistent with the human condition, and aims to contemplate the basic skills of this practice, aiming at improving the quality of life, with the purpose of building a space that favors farewells, preparation for the split departure and reflection for those who survived. ⁽⁷⁾ In view of this, it is essential that nurses become aware of their responsibility towards humanization, as they are the care professionals and have all the tools to carry them out.

Nucleus 3: Bioethics in Palliative Care

Bioethics brings the values implied in the conflicts of life. Definition of Bioethics is ethics in life and embraces the process of confrontation between biological facts and human values when making decisions that involve practical problems in different areas of life. Therefore, it is observed that Bioethics is involved with birth, living and dying, being essential for the practice of health professionals, being demarcated with four basic

principles: beneficence, autonomy, justice and non-maleficence, which give you the foundation to deal with the new discoveries and their applications. ⁽¹⁰⁾

It is extremely important that the professional nurse uses the knowledge of Bioethics to guide the care provided, being the guide for patient care as an integral being. Technological advances have allowed early diagnosis and treatment of numerous diseases and added to the survival of patients with incurable diseases. If, on the one hand, these advances have provided an improvement in people's quality of life, on the other, this longer survival results from unnecessary extension and unjustifiable treatments, with therapeutic obstinacy at any cost. This exaggerated prolongation of life span led to ethical discussions and the need for a new modality of care, which is why palliative care emerged. ⁽¹⁰⁾

CONCLUSION

This study presented an integrative literature review on the behaviors nurses develop for patients in palliative care situations. It was found that the main patient-directed care strategies involve pain management, use of light technologies and psychosocial support for both the patient and family

members. Such strategies are based on the principles of bioethics, humanization and assertive communication.

The conduct of professional nurses in PC results in the provision of care based on humanization and bioethics, ensuring respect for the patient's human dignity and quality care. Nursing care includes intervention in symptoms of a physical, social and emotional nature, and transforms the practice of PC into an essential assistance to maintain the quality of life of patients and their families.

This study raises the importance of nurses developing health care based on the therapeutic process based on ethical and humanistic values, contributing to the promotion of quality of life for patients and their families. And they reinforce the need for professionals to seek qualification and permanent updating to support the work process in palliative care.

Regarding the limitations of the study, it is noteworthy that it was prepared using only references published in Portuguese. However, it is expected that this study will contribute to the reflection of health professionals on the importance of humanizing care in palliative care, and serve as a scientific contribution and encouragement for nurses to reframe their daily practice for a conscious, humanized, welcoming action and ethics. 🌱

References

1. Alves RSF et al. Cuidados Paliativos: Alternativa para o Cuidado Essencial no Fim da Vida. *Psicol. Cienc. Prof.*, Brasília, v. 39, p. 1-15, 2019.
2. Rocha RCNP et al. O sentido da vida dos enfermeiros no trabalho em cuidados paliativos: revisão integrativa de literatura. *Rev. Eletr. Enferm.*, Goiânia, v. 22, e56169, p. 1-12, maio, 2019.
3. Gomes ALZ, Othero MB. Cuidados paliativos. *Estud. Av.*, São Paulo, v. 30, n. 88, p. 155-166, dez. 2016.
4. Picollo DP, Fachini M. A atenção do enfermeiro ao paciente em cuidado paliativo. *Rev. Ciênc Med*, Campinas, v. 27, n. 2, p. 85-92, dez. 2018.
5. Santos RS et al. Indicadores de qualidade aplicados na assistência de enfermagem em cuidados paliativos: revisão integrativa da literatura. *Enfermagem em Foco*, Brasília, v. 11, n. 2, p. 191-197, jul. 2020.
6. Pereira AL, Bachion MM. Atualidades em revisão sistemática de literatura, critérios de força e grau de recomendação de evidência. *Rev. Gaúcha Enferm.*, Porto Alegre, v. 27, n. 4, p. 491-498, dez. 2006
7. Nadaleti NP et al. Contemporaneidade da morte de Ivan Illich para repensar o cuidado em enfermagem. *Revista de Enfermagem UFPE on line*, Recife, v. 11, n. 12, p. 5059-5065, dez. 2017.
8. Rodrigues JLR. Cuidados de enfermagem no manejo da dor de pacientes adultos e idosos em cuidados paliativos. *Revista de Enfermagem do Centro Oeste Mineiro*, São João Del Rei, v.10: e3680, p. 1-10, 2020.
9. Melo CM et al. Concepções, desafios e competências dos enfermeiros em cuidados paliativos na atenção primária à saúde. *Revista Nursing*, São Paulo, v. 24, n. 277, p. 5833-5839, 2021.
10. Andrade CG de et al. Cuidados paliativos e bioética: estudo com enfermeiros assistenciais. *R. Pesq. Cuid. Fundam*, Rio de Janeiro, v. 8, n. 4, p. 4922-4928, out. 2016.