

# The Role of Nursing in Pain Management for Patients Under Palliative Care: Integrative Review

Atuação da Enfermagem no Controle da Dor em Pacientes Sob Cuidados Paliativos: Revisão Integrativa  
Actuación de la Enfermería en el Control del Dolor en Pacientes Bajo Cuidados Paliativos: Revisión Integradora

## RESUMO

**Objetivo:** Identificar, na literatura, as intervenções não farmacológicas utilizadas no manejo da dor em pacientes sob cuidados paliativos. **Método:** Trata-se de uma revisão integrativa da literatura, tendo por base estudos publicados nos últimos cinco anos. A coleta de dados foi realizada nas bases eletrônicas Biblioteca Virtual em Saúde, Scientific Electronic Library Online e Portal de Periódicos da CAPES, utilizando os descritores “Terapias Complementares”, “Dor” e “Cuidados Paliativos”. Foram excluídos teses, dissertações, monografias e estudos de revisão. **Resultado:** Foram identificadas 1.466 publicações, das quais apenas dois estudos atenderam aos critérios de inclusão, evidenciando 14 práticas integrativas e complementares aplicadas ao manejo da dor, destacando-se musicoterapia, acupuntura, massagem e comunicação terapêutica. **Conclusão:** Observa-se escassez de estudos sobre intervenções não farmacológicas no contexto dos cuidados paliativos. As práticas identificadas demonstram potencial para complementar o tratamento medicamentoso, contribuindo para o conforto, o bem-estar e a melhoria da qualidade de vida dos pacientes.

**DESCRIPTORIOS:** Cuidados paliativos; Dor; Enfermagem; Qualidade de vida; Terapias complementares.

## ABSTRACT

**Objective:** To identify, in the literature, non-pharmacological interventions used in pain management for patients under palliative care. **Method:** This is an integrative review of the literature, based on studies published in the last five years. Data collection was performed in the electronic databases Virtual Health Library, Scientific Electronic Library Online, and CAPES Journal Portal, using the descriptors “Complementary Therapies,” “Pain,” and “Palliative Care.” Theses, dissertations, monographs, and review studies were excluded. **Results:** A total of 1,466 publications were identified, of which only two studies met the inclusion criteria, highlighting 14 integrative and complementary practices applied to pain management, notably music therapy, acupuncture, massage, and therapeutic communication. **Conclusion:** There is a scarcity of studies on non-pharmacological interventions in the context of palliative care. The practices identified demonstrate potential to complement drug treatment, contributing to the comfort, well-being, and improved quality of life of patients.

**KEYWORDS:** Palliative care; Pain; Nursing; Quality of life; Complementary therapies.

## RESUMEN

**Objetivo:** Identificar, en la literatura, las intervenciones no farmacológicas utilizadas en el manejo del dolor en pacientes bajo cuidados paliativos. **Método:** Se trata de una revisión integradora de la literatura, basada en estudios publicados en los últimos cinco años. La recopilación de datos se realizó en las bases de datos electrónicas Biblioteca Virtual en Salud, Scientific Electronic Library Online y Portal de Periódicos da CAPES, utilizando los descriptores «Terapias Complementarias», «Dolor» y «Cuidados Paliativos». Se excluyeron tesis, disertaciones, monografías y estudios de revisión. **Resultado:** Se identificaron 1466 publicaciones, de las cuales solo dos estudios cumplieron los criterios de inclusión, lo que puso de manifiesto 14 prácticas integradoras y complementarias aplicadas al tratamiento del dolor, entre las que destacan la musicoterapia, la acupuntura, el masaje y la comunicación terapéutica. **Conclusión:** Se observa una escasez de estudios sobre intervenciones no farmacológicas en el contexto de los cuidados paliativos. Las prácticas identificadas demuestran su potencial para complementar el tratamiento farmacológico, contribuyendo al confort, el bienestar y la mejora de la calidad de vida de los pacientes.

**DESCRIPTORIOS:** Cuidados paliativos; Dolor; Enfermería; Calidad de vida; Terapias complementarias.

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## INTRODUCTION

Pain is defined by the International Association for the Study of Pain (IASP) as an unpleasant sensory and emotional experience, associated with or similar to that caused by actual or potential tissue damage<sup>(1)</sup>. It is an intrinsically subjective experience, perceived and interpreted uniquely by each individual<sup>(2)</sup>. It is estimated that chronic pain affects 25% of the world's population, with approximately 10% of cases diagnosed annually<sup>(3)</sup>.

“Chronic pain stands out as a particularly debilitating condition, characterized by being continuous or intermittent for a period of more than three months. It can result from prolonged illnesses or remain after the initial cause has been resolved<sup>(4)</sup>.”

Its effects go beyond the physical component, compromising emotional well-being, daily activities, social relationships, and self-esteem<sup>(5)</sup>.

In palliative care, this condition becomes more complex, as it involves patients in situations of physical, emotional, and spiritual suffering<sup>(6)</sup>. According to the World Health Organization (WHO), palliative care aims to improve the quality of life of patients and their families in the face of life-threatening illnesses through the prevention and relief of suffering<sup>(7)</sup>.

Although medications are the main form of treatment for chronic pain, with several pharmacological classes indicated for its control, many patients do not achieve clinically significant relief with the use of drugs alone.

Nursing plays an essential role in caring for patients with chronic pain through the implementation of individualized therapeutic interventions aimed at promoting well-being and quality of life. This role must go beyond the control of physical suffering to also include emotional, social, and spiritual support for both the individual and their family members.

Among therapeutic interventions, non-pharmacological therapies can benefit patients in palliative care, contributing to pain relief and the individual's overall balance. Given this scenario, the following research question was formulated: what are the non-pharmacological interventions used in pain management in patients under palliative care?

## METHOD

This is an integrative, descriptive literature review. An integrative review is a method that allows the systematic and orderly gathering, evaluation, and synthesis of results from previous research on a given topic, contributing to the consolidation of scientific knowledge.

Six fundamental steps were followed to carry out this research: 1 - identification of the topic and for-

mulation of the research question; 2 - definition of inclusion and exclusion criteria; 3 - identification of pre-selected and selected studies; 4 - categorization of the included publications; 5 - analysis and interpretation of the results; and 6 - presentation of the review and synthesis of knowledge<sup>(11)</sup>.

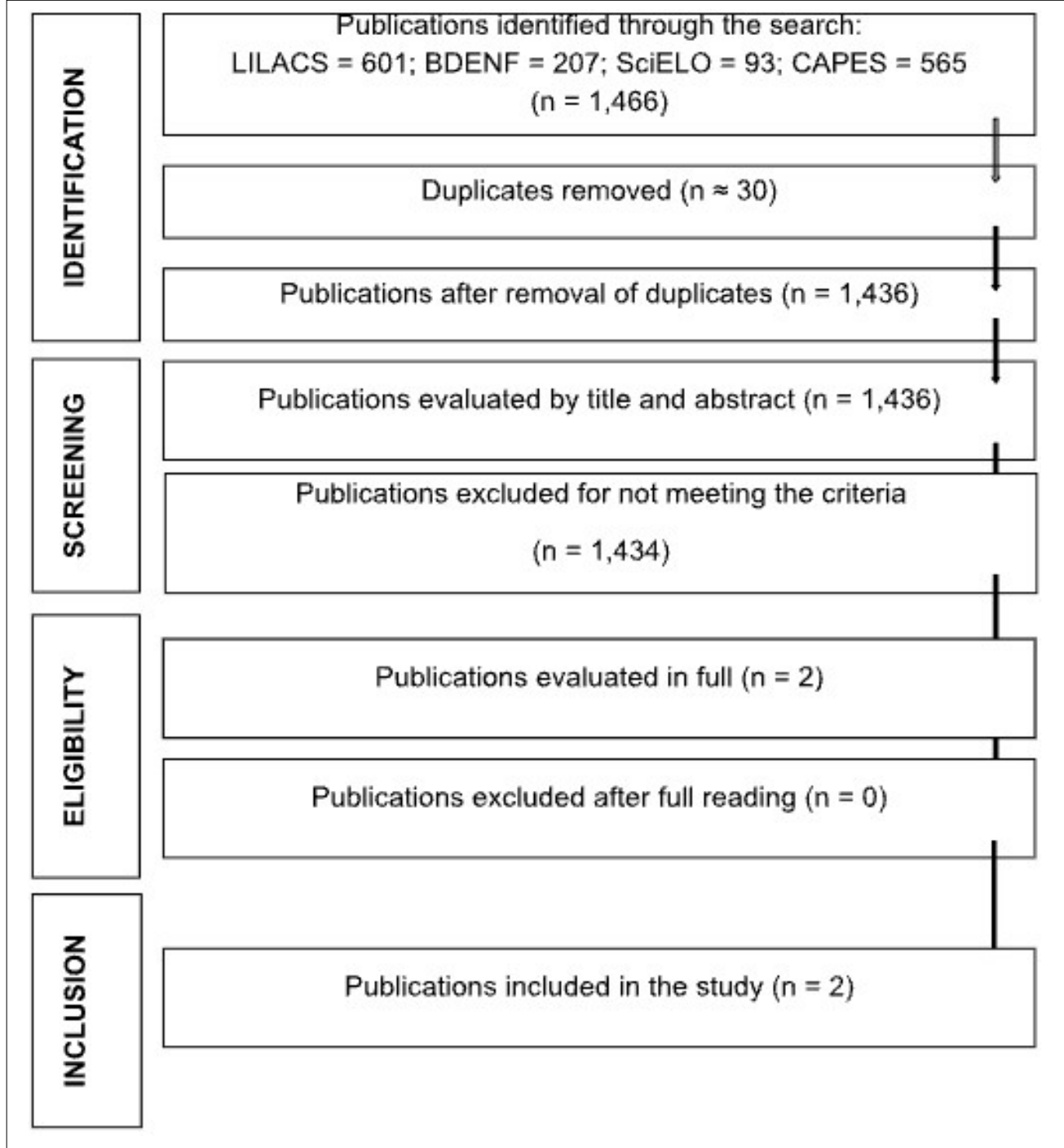
Data collection was carried out between February and May 2025, using the Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO), and the Journal Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES). Within the VHL, the LILACS and BDNF databases were consulted. The descriptors “Complementary Therapies,” “Pain,” and “Palliative Care” were used, combined by the Boolean operator AND, according to the Health Sciences Descriptors (DeCS).

The inclusion criteria were original articles addressing non-pharmacological interventions for pain management in patients under palliative care, published between 2014 and 2025, in Portuguese, available in full and online. The exclusion criteria were review articles, monographs, dissertations, theses, duplicate studies in the databases, and research conducted with children or adolescents.

The selection of studies was performed through exploratory reading of titles and abstracts, with the elimination of duplicates. Eligible publications were identified and selected for full-text reading.

Data from the selected studies were extracted and organized into comparative spreadsheets, and then systematized into tables, which made it possible to group non-pharmacological interventions into thematic categories for analysis and discussion. This review was prepared in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, as illustrated in Figure 1.

**Figure 1: PRISMA flowchart for identification, screening, eligibility, and inclusion of studies. São Paulo/SP, Brazil, 2025.**



Source: own elaboration.

**RESULT**

Through the Virtual Health Library

(VHL) portal, using the descriptors "Pain," "Complementary Therapies," and "Palliative Care," combined with the Boolean operator AND, 17 publi-

cations were identified in the LILACS database and 9 publications in the BDENF. In the CAPES Journal Portal and the SciELO journal directory, us-

ing the same descriptors, the search resulted in 9 and 2 publications, respectively. Using only the descriptors "Pain" and "Palliative Care," 584 articles were found in the LILACS database, 198 in the BDENF, 91 in the SciELO journal directory, and 556 in the CAPES Journal Portal. In total, 1,466 publications were found, some of which were duplicated in the data-

bases consulted.

After reading the titles and abstracts and according to the inclusion and exclusion criteria, 1,434 publications that did not meet the established criteria were excluded. Then, two articles were selected, which make up the final sample of this research.

Table 1 shows that the publications included are from 2014 and 2020,

published in the journals *Revista Cogitare Enfermagem* and *Enfermería Actual de Costa Rica*, respectively. Regarding the location of the studies, research conducted in the Northeast region predominates, followed by the Southeast region. It should be noted that, in both publications, the authors are nurses.

**Table 1 - Distribution of publications according to article title, author, year of publication, journal title, and study location. São Paulo/SP, Brazil, 2025.**

Article title	Author	Year of publication	Journal title	Study location
The use of complementary therapies in Palliative Care: benefits and purposes	Caires JS <i>et al.</i>	2014	Cogitare Nursing Journal	São Paulo, Rio de Janeiro, Federal District, Alagoas, and Bahia
Family/caregiver perspective on chronic pain in palliative care patients	Silva RS <i>et al.</i>	2020	Current Nursing in Costa Rica	Piemonte da Chapada Diamantina in Northern Itapicuru, Bahia

Source: own elaboration.

The studies analyzed presented different approaches, one quantitative and the other qualitative. The quantitative study aimed to analyze the use

of complementary therapies in palliative care, while the qualitative study sought to understand the perspective of family members/caregivers on chronic pain in patients under palli-

ative care and the strategies used to cope with this pain. The distribution of these studies is presented in Table 2.

**Table 2: Distribution of publications according to study type and objective. São Paulo/SP, Brazil, 2025.**

Author/year	Type of study	Objective
Caires JS <i>et al.</i> , 2014	Quantitative, descriptive	Analyzing the use of complementary therapies in palliative care
Silva RS <i>et al.</i> , 2020	Qualitative, descriptive	To understand the perspective of family members/caregivers on chronic pain in patients receiving palliative care

Source: own elaboration.

The study conducted by Caires *et al.* (2014)<sup>(12)</sup> showed that, among the institutions with active palliative care services invited to participate in the survey, only 25% used complementary therapies. Most of these institutions were located in the state of São Paulo (57.1%), followed by Bahia (14.3%) and, to a lesser extent, the states of Rio de Janeiro, Espírito Santo, the Federal District, and

Alagoas (7.1% each). Among the practices employed, music therapy stood out, being used by 100% of the participating institutions, followed by acupuncture and massage, both reported by 67% of the institutions.

In contrast, the study by Silva *et al.* (2020)<sup>(13)</sup> observed a general lack of knowledge about non-pharmacological therapies, with few institutions implementing these practices. However, the

authors highlighted the use of communication as an important therapeutic resource in supporting pain crises, evidencing a distinct approach focused on emotional comfort and pain relief through verbal interaction. The comparison between the studies, as shown in Table 3, highlights the different approaches adopted in non-pharmacological therapies.

**Table 3: Distribution of publications according to non-pharmacological interventions implemented for pain control and their benefits. São Paulo/SP, Brazil, 2025.**

Author/year	Non-pharmacological interventions	Benefits
1 Caires JS <i>et al.</i> , 2014	Acupuncture, Auriculotherapy, Chromotherapy, Do-In, Phytotherapy, Yoga, Massage, Meditation, Music therapy, Reflexology, Reiki, Shiatsu, Dance therapy, Therapeutic touch, and Visualization	Promotion of relaxation; opportunity for contact with the patient and establishment of a professional-patient relationship; these therapies are also used to prevent isolation and depression; facilitate interaction between patient and family; improve quality of life and enhance the effect of medications in pain control. Music therapy was cited as an aid in reconnecting and bonding with family members, promoting moments of pleasure and relaxation for patients and their families.
2 Silva RS <i>et al.</i> , 2020	Lack of knowledge about non-pharmacological therapies in the management of pain crises. The use of communication is highlighted. Communication as a therapeutic resource to support pain crises.	Emotional comfort, reduced anxiety, and subjective relief from suffering, as exemplified by the following statements: "I can talk to her about how she wants to be treated, she makes her requests (...). When she is in pain, I try to calm her down by holding her hand." (F1) "Look, I ask her, 'What is best for you? What can I do for you?' Then she guides me. She is always with me, I never leave her alone, she asks me for that." (F4)

Source: own elaboration.

## DISCUSSION

This integrative review highlighted the scarcity of scientific production focused on non-pharmacological interventions for pain control in patients under palliative care. The included studies identified 14 integrative and complementary practices, notably music therapy, acupuncture, massage, therapeutic communication, and active listening, which demonstrated great potential in reducing patients' physical and emotional suffering.

Similarly, a study conducted by Silva *et al.* (2023)<sup>(14)</sup>, in an integrative review, also pointed to the diverse use of Integrative and Complementary Practices (ICP) in the context of palliative care. The therapies highlighted include therapeutic massage, used to reduce pain, relieve muscle tension, and promote relaxation; acupuncture, effective in managing cancer pain, insomnia, and nausea; and music therapy, which contributes to relaxation, improved mood, and relief from depressive states.

On the other hand, the study conducted by Lopes-Junior *et al.* (2020)<sup>(15)</sup>, in a systematic review, showed significant benefits of therapeutic massage, progressive muscle relaxation, and guided imagery in the manage-

ment of cancer pain. However, the results on the effectiveness of acupuncture showed discrepancies, signaling the need for additional studies to clarify these findings and consolidate the evidence.

ICP are aligned with the principles of palliative care, which aim to promote quality of life through the prevention and relief of physical, psychological, and spiritual suffering. Since 2006, these practices have been incorporated into the Unified Health System (SUS) by the National Policy on Integrative and Complementary Practices (PNPIC), currently encompassing 29 therapeutic modalities, such as acupuncture, auriculotherapy, traditional Chinese medicine, and homeopathy<sup>(16, 14)</sup>.

However, despite institutional recognition, important gaps remain in the scientific literature, especially in the detailed description of interventions, their frequency, duration, and long-term effectiveness, particularly in the context of palliative care<sup>(17)</sup>. These limitations reflect the lack of knowledge and training of professionals, the lack of institutional support for the implementation of PIC in routine care, and the scarcity of specific content in academic training<sup>(18-19)</sup>.

In addition, studies indicate that most nursing professionals have not

received formal training in palliative care, which compromises the quality of care provided<sup>(18)</sup>. Non-pharmacological interventions, in addition to complementing drug treatment, enhance the humanization of care and expand therapeutic possibilities<sup>(12-13)</sup>. In this sense, the role of nurses is fundamental not only in the application of these practices, but also as educators and facilitators of patient-centered care and their support network, promoting the acceptance of emotional demands and coordinating the work of the multidisciplinary team<sup>(20)</sup>.

However, the scarcity of data on the duration, frequency, and number of sessions of non-pharmacological therapies limits the evaluation of the effectiveness and replicability of results in different contexts. This reinforces the need for future research with more rigorous methodological designs and detailed technical descriptions of interventions. This will contribute to strengthening the available evidence in the area<sup>(21)</sup>.

Finally, the qualification and continuing education of nursing professionals emerge as priority strategies to ensure the safe and effective implementation of PIC in palliative care, promoting the comprehensiveness and humanization of care and ensuring the right to relief from pain and

emotional suffering<sup>(18)</sup>.

## CONCLUSION

This study showed that non-pharmacological interventions in pain management in patients receiving palliative care can enhance the effects of medications, promoting relaxation, anxiety relief, depression prevention, facilitating social interaction, and improving quality of life. Among these practices, music therapy, acupuncture, massage, and therapeutic com-

munication stand out.

Although these methods have important benefits, there is still a vast field to be explored, especially with regard to the frequency, duration, and protocols of integrative and complementary practices in the context of palliative care. The incorporation of these interventions represents a significant advance in nursing practice, broadening the view of the multiple dimensions of pain and providing a more holistic approach to care.

Finally, the continuous training of

healthcare professionals and the development of methodologically rigorous research are essential to consolidate the use of these strategies, improve pain management, and enhance the quality of life of terminally ill patients.

## CONFLICTS OF INTEREST

The authors declare that they have no financial, technical, or affiliation conflicts of interest.

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