

Nursing Assistance to Patients in Palliative Oncological Care: Integrative Literature Review.

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Received: 08 Nov 2020; Received in revised form: 07 Dec 2020; Accepted: 14 Dec 2020; Available online: 27 Dec 2020

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Abstract— Objective: to know the scientific evidence about the role of nurses in palliative cancer care. **Method:** this is a bibliographic study, descriptive, literature review type, with searches performed in the virtual libraries Scientific Electronic Library Online and Virtual Library in Health. The sample consisted of 17 articles, and the data were processed in the SOFTWARE IRAMUTEQ® and analyzed descriptively by the Reinert method. **Results:** six classes were organized and, of these, four categories emerged: Class 1 - Emotional support of professionals and family in relation to palliative cancer care; Classes 2, 5 and 6 - Evidence-based practices promoting interventions to nursing care; Class 3 - The importance of coping strategies for reconfiguration of care for quality in nursing care; Class 4 - Process of knowledge about palliative care and deficits in care. **Conclusion:** it was identified that it is fundamental the role of nurses in the execution of palliative care, whether in the initial or terminal phase of cancer patients, providing less aggressive interventions and better quality of life.

Keywords — Nursing Care, Palliative Care, Oncology Nursing, Hospice and Palliative Care Nursing, Nursing Research.

I. INTRODUCTION

Cancer is characterized by abnormal growth of cells that have the ability to spread between tissues. Thus, and can occur in more than one hundred different types of cells, these divide rapidly and are often very aggressive and uncontrollable, which determines the formation of tumors, which can spread to other areas of the body, causing metastases (SILVA, FCF, et al. 2020).

Thus, cancer treatment is extensive and traumatic for everyone involved: patient, family and health professionals. Even with the use of all curative technological resources, in all cases when there is a possibility of cure, there is psychological, social, spiritual and physical suffering during the treatment. (SOUSA ADRS, et al. 2019).

In this sense, patients diagnosed with cancer may use palliative care treatment during the disease (SOUSA ADRS, et al. 2019). Therefore, interventions in palliative care are of paramount importance to try to minimize suffering, especially in patients with metastasis, as well as to relieve and improve the patient's life condition. This care does not replace conventional treatments, but is added to them, being very significant at the beginning of the disease reducing psychosocial damage (Dr. DOSE; Dr. MCCABE; Dr. SLOAN, 2018).

The World Health Organization (WHO) characterizes palliative care as a specialty that offers total care of the patient's body, mind and spirit and also offers support to the family (SOUSA ADRS, et al. 2019). Thus, in palliative care, the patient and the family are the main focus, aiming at the control and relief of physical, spiritual and psychosocial suffering, so that quality care and a dignified death can be achieved (SEMTCHUCK ALD, et al. 2017).

According to SILVA, FCF, et al. 2020, considering that care is an important action for health promotion and recovery, including for those patients with no prospects for cure and survival, it is essential that the performance of health professionals in the area of palliative care should be based on participation of a multidisciplinary team, as this model of care recommends care related to the following aspects: physical, spiritual, mental and social body of patients. (BRANDÃO, MCP, et al, 2017).

In this sense, for quality care, the presence of a multidisciplinary team is paramount. Among these professionals, the nursing team stand out for being at all times and maintaining direct contact with the patient and his family, thus strengthening a humanized vision that transcends the physical issue. Although there is no cure, the nurse's relationship with the patient and family does not end, on the contrary, the relationship becomes closer, consequently the bond increases, bringing benefits to both (SEMTCHUCK ALD, et al, 2017).

With its professional practice, nurses can provide the patient with favorable welfare and the possibility of healing, and provide comfortable, basic and pathophysiological care, as well as being attentive to the wishes, desires and needs of patients. (BRANDÃO, MCP, et al, 2017). According to Law No. 52/2012 on the Bases of Palliative Care, health professionals must be prepared and properly trained to promote a better quality of life and comfort for patients affected by cancer. It is very important that patients' wishes and wishes are respected and attended to for the integrality of this well-being.

Therefore, nursing interventions in Palliative Cares should start at the time of diagnosis together with curative

care and remain throughout the treatment. The individual diagnosed with cancer certainly achieves an excellent quality of life if there is early diagnosis of the disease and the implementation of palliative care. In addition, it is essential to highlight the importance of planning nursing actions in the development of palliative care, identifying that care is important so that the impact that cancer on the lives of patients and their families can be efficiently controlled (SOUSA ADRS, et al. 2019).

In addition, it is important to pay attention to the measurement of pain in cancer victims, since the basis of palliative care is the reduction of distress, which in most cases, is related to this vital sign. Pain arises from physical, biological and biopsychosocial factors that determine the carcinogen, therefore, the role of nurses is fundamental, and should be based on systematic and judicious assistance to identify problems and elaborate the diagnoses and expected nursing results for be able to intervene with this care (MELLO; et al, 2019).

Given the above, it is evident that the palliative care provided by nurses to cancer patients is essential, as they provide benefits to individuals such as reducing pain and bringing comfort to their families (BRANDÃO, MCP, et al, 2017).

The experiences, both academic and personal, are expressions of data treated by authors, where the implementation of this care makes all the difference in the care provided to patients with cancer, especially for those with no expectation of cure, but this practice needs to be strengthened in the daily lives of professionals from both the hospital and primary care areas. Example, brandão, MCP, et al (2017), is cited, which in their study perceives that the professional's initiative and the performance of the multidisciplinary team are essential for the success of palliative care.

This study is relevant since we observed more the application of this care in terminal patients, being little offered in the initial phase of diagnosis. And even in the terminal phase, there are gaps in their employment and this happens in the face of factors such as overload of the professional, excessive workload and lack of training. Psychological unpreparedness of the professional to attend this contingent of cancer patients, as well as their family members who are fragile, added to the ignorance or neglect of this action.

Thus, it presupposes a deficit in professional training in the face of quality training based on scientific evidence. With that, we observed in our academic experience, the interest of Teaching and Research Institutions in developing educational events focused on this theme.

In view of this theme, considering that the nursing team is the one that most dedicates itself to caring for people, the study presents the following guiding question: What is the scientific evidence on the role of nurses in palliative oncology care?

Therefore, the study aimed to: Know the scientific evidence on the role of nurses in palliative oncology care.

II. METHOD

This is a bibliographic, descriptive analysis, type integrative literature review, which allowed exploring and understanding a distinct theme from other independent studies. It is noted that the execution of the study was carried out in five main stages: identification of the fundamental question of the study; search in the literature; definition of inclusion and exclusion criteria; evaluation of the data; interpretation and discussion of the results and presentation of the review/ synthesis of knowledge. With this, the following guiding question was used to guide the integrative review: What are the main care nursing offers for patients in palliative care and the challenges faced.

For the realization of this study, it was consulted, virtual libraries Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL) and PubMed database. For the search, the descriptors in Health Sciences (DeCS) were used, namely "Oncological Nursing", "Nursing Care" and "Palliative Care", using the Boolean

operators "AND" and "OR" for perform associations of all descriptors with each other.

The search was conducted during the period from 03 to 20 November 2020. The following inclusion criteria were considered for the selection of the material: full articles; available in open access in Portuguese and English published in the years 2016 to 2020.

Initially, 2,838 publications were found, however, after applying the inclusion criteria, this amount was reduced to 1,283 articles. 153 articles were found in the VHL, 12 in SciELO and 1,118 in PubMed, with 8 duplicated articles in the VHL, 2 in Scielo and 43 in PubMed. Thus, after reading the titles, 178 articles were selected and 50 articles were summarized, leaving 17 studies selected for full reading, 02 in the VHL, 02 in Scielo and 13 in PubMed. 1,180 articles were excluded because they were not complete or did not answer the research question. Therefore, 17 articles were selected for the analysis and elaboration of the textual corpus. **Table 1** shows the table for the article selection process.

Table 1 - Results of articles of agreement in the investigated databases, in the period from 2016 to 2020. Belém (PA), Brazil, 2020.

Data base	Found	Duplicates	Excluded	Selected	Included
BVS	153	8	139	6	2
Scielo	12	2	6	4	2
Pubmed	1.118	43	1.035	40	13

From the pre-reading of each selected article in the search, it was possible to evaluate and characterize them according to authorship, year of publication, title, virtual libraries, objective, method, main conclusions and levels of evidence.

Studies were considered as strong evidence (meta-analysis of multiple studies controlled-Level 1; individual study with experimental-Level 2 design), moderate evidence (study with almost-experimental design as a study without randomization with single group before and after test, time series or case-control-Level 3; study with non-experimental design as correlational and qualitative

descriptive research or case-level 4 studies; case report or data obtained systematically, of verifiable quality or program evaluation data-Novel 5), weak evidence (opinion of reputable authorities based on clinical competence or opinion of expert committees, including interpretations of information not based on Level 6 research).

The textual corpus was elaborated with the conclusions of the articles, organizing it in a single text file for processing and analysis in the software IRAMUTEQ® (Interface of R pour les Analyses Multidimensionnelles de Textes et de Questionnaires). Camargo BV, Justo AM. 2013, it is noteworthy that IRAMUTEQ®, organized by

Pierre Ratinaud, was first applied in Brazil in 2013. It is a program that is docked in the R software and enables different ways of statistical analysis regarding textual bodies and tables of subjects by words. For the analysis of the study, the tool of the Descending Hierarchical Classification (DHC), suggested by Reinert (1990), was established, in which publications are classified as attribution of their respective vocabularies, and their grouping is distributed by the frequency of the reduced forms.

The purpose of the DHC analysis is to obtain classes of text segments that, in addition to presenting similar vocabularies, have different vocabularies from the text segments of the other classes. It was noted that, during data processing, IRAMUTEQ® observed the separation of the corpus into 17 text units, 89 text segments, 1031 different forms and 3081 occurrences of words in the text. It is punctuated that the mean frequency of the forms was 34.617978, generating distinct semantic classes, analyzed by DHC. Seventy-one text segments were used out of a total of 89, i.e., 79.78% of the corpus was used for analysis. The words with frequency equal to or greater than the mean frequency (three), frequency twice and greater than or equal to 20 and p value with significance ≥ 0.01875 were relevant. Each class was revealed by the most significant words and their respective associations with the class (chi-square).

Thus, after the described phase, the publications were analyzed through a critical reading of the selected studies, in order to extract information related to the care that nursing offers to patients in palliative care, according to its content and reflection in the light of the recommendations of literature. Hence, after grouping by content similarity, four categories emerged: Class 1 - Emotional professionals's suport and family's suport in the face of palliative cancer care; Classes 2, 5 and 6 - Evidence-based practices promoting interventions in nursing care; Class 3 - The importance of coping strategies to reconfigure care in favor of quality in nursing care; Class 4 - Process of knowledge about palliative care and deficits in care.

III. RESULTS AND DISCUSSION

After selection, only 17 articles met the criteria established in this review, four in 2020 (23.5%), five in 2019 (29.4%), two in 2018 (11.7%), four in 2017 (23.5%) and two in 2016 (11.7%). It was noted that thirteen are in the Pubmed database (76.4%), two are in the SciELO virtual library (11.8%) and two in the VHL virtual library (11.8%). As for languages, ten studies were registered in English (58.8%) and seven in Portuguese (41.1%). As for the methodology used, thirteen studies were classified as qualitative (76.4%) and four as quantitative (23.5%). Therefore, the articles included in this review are presented, which reveal the specifications related to the code of each article, title, author, year, country of study, database, objective, method and completion points of each article, represented in the **table 2**, article distribution table. Through the analysis in IRAMUTEQ®, the dendrogram of the acquired classes is shown, illustrating the division of the corpus for the final category, in order to determine which topic in each category is more representative and which word is more frequent, as shown in Table 3. The corpus was constituted by 17 texts, with 89 segments analyzed, that is, 79.78% of the corpus. Reinert's method was used, crossing segments of text and words, where six classes emerged according to the dendrogram below.

According to the analysis of the classes, four categories emerged, whose order corresponds to the following classes 2, 5, 4, 3, 6 and 1: **Emotional support from professionals and family regarding palliative oncology care; Evidence-based practices promoting interventions in nursing care; The importance of coping strategies for reconfiguring care in favor of quality in nursing care; Knowledge process about palliative care and health care deficits.**

Table 2 – Distribution of Studies. Belém (PA), Brazil, 2020.

Nº	Author. Title. Periodic. Year	Base	Objective	Methodology	Conclusions	Evidence Level
A1	Kim, J.S, Kim, J., & Gelegjamts, D. Knowledge, attitude and self-efficacy towards palliative care among nurses in	Pubmed	The purpose of this study was to examine knowledge, attitudes, and self-efficacy toward EOL care among Mongolian	Quantitative, cross-sectional and descriptive study.	Our results reflects that nurses have positive attitudes toward palliative care however lack of confidence in	Level 4

	Mongolia: A cross-sectional descriptive study.2020		oncology nurses, and to identify variables related to self-efficacy. Predictors of self-efficacy toward EOL care were also investigated.		providing palliative care and limited knowledge of palliative care.	
A2	Seow, H., Barbera, L., Pataky, R., Lawson, B., O'Leary, E., Fassbender, K., McGrail, K., Burge, F., Brouwers, M., & Sutradhar, R. Does Increasing Home Care Nursing Reduce Emergency Department Visits at the End of Life? A Population-Based Cohort Study of Cancer Decedents. 2016	Pubmed	To examine the temporal association between home care nursing rate on emergency department (ED) visit rate in the subsequent week during the last six months of life	Qualitative study, retrospective cohort	The study showed a temporal association between receiving nursing at the end of life in a given week during the last six months of life, and more standardized nursing in the last month of life, with a reduction in the ED rate in the subsequent week.	Level 4
A3	Pan, H. H., Shih, H. L., Wu, L. F., Hung, Y. C., Chu, C. M., & Wang, K. Y. Path modeling of knowledge, attitude and practice toward palliative care consultation service among Taiwanese nursing staff: a cross-sectional study. 2017	Pubmed	The aim of this study was to explore the causal relationship between knowledge, attitude and PCCS practice using path modeling between Taiwanese nursing team.	Qualitative study, descriptive cross-sectional research.	Based on this study, it is proposed that consultation with PCCS has a positive impact on the care of terminally ill patients. Encouragement of staff to undertake further education can improve the practice of ward staff providing palliative care.	Level 4
A4	Ferrell B. National Consensus Project Clinical Practice Guidelines for Quality Palliative Care: Implications for Oncology Nursing. 2019	Pubmed	The objective of the 4th edition of (NCP Guidelines) aims to improve access to quality palliative care for all people with serious illnesses regardless of configuration, diagnosis, prognosis or age.	Qualitative study, systematic review.	That the 4th edition of the NCP Guidelines sets a high standard of quality for all professionals serving patients of all ages in all care settings. Those looking to develop or expand palliative care can integrate the NCP Guidelines.	Level 5
A5	Paiva, C.F., Santos,		To analyze the	Qualitative,	Nurses, supported by	Level 5

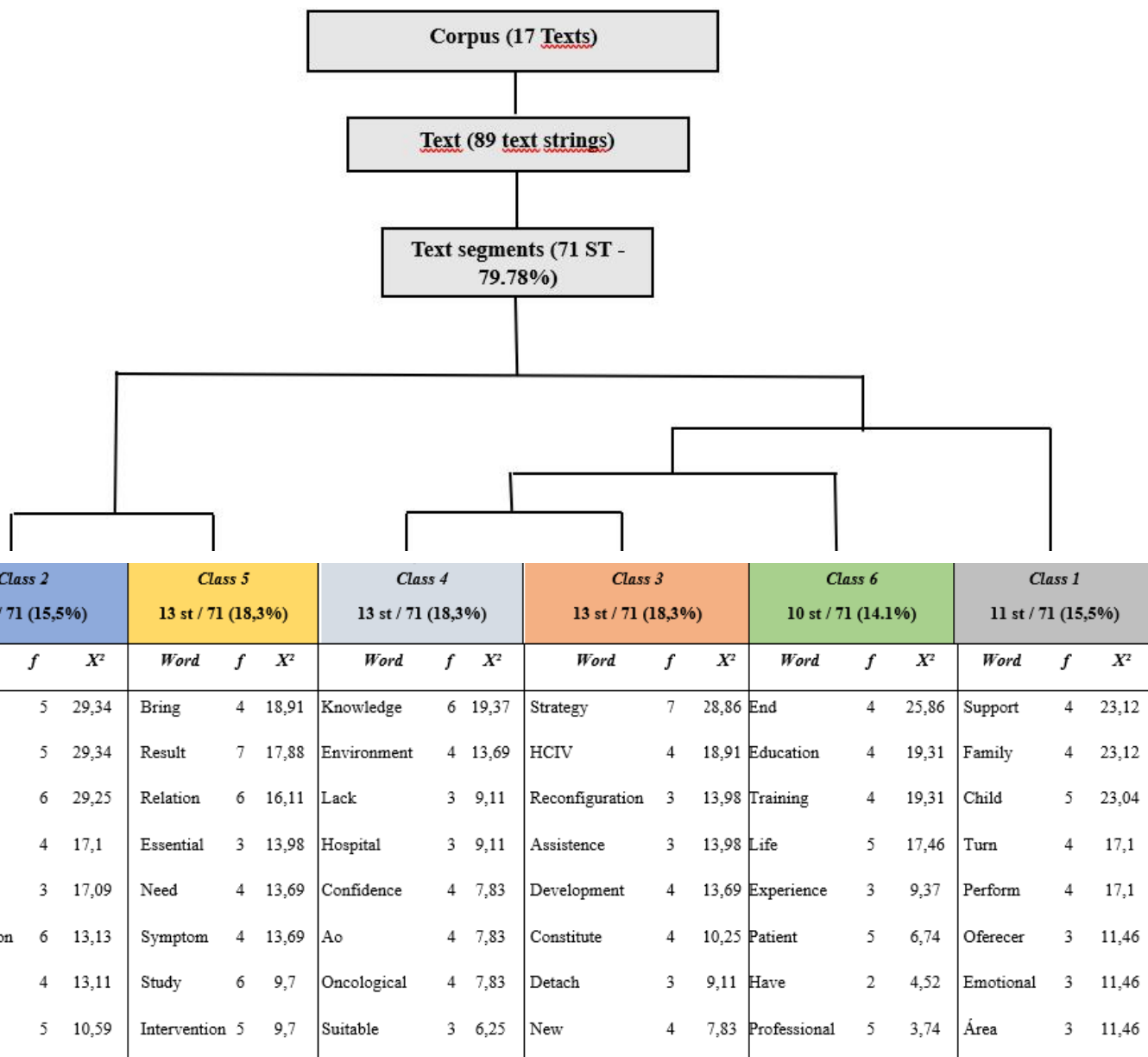
	T.C., Montenegro, H.R., Costa, R., Martins, G.C., & Filho, A.J. Reconfiguration of palliative oncological nursing care: nursing contributions. 2020.	Scielo	strategies implemented by nurses to reconfigure palliative oncological care due to the hospital accreditation process in <i>Hospital do Câncer IV</i> (Hospital of Cancer IV).	historical-social study	an alliance with the institution directors, implemented effective strategies and reached significant advancement.	
A6	Santos, D.C., Silva, M.M., Moreira, M.C., Zepeda, K.G., & Gaspar, R.B. Planning patient care in palliative care in oncology intensive care. 2017	Scielo	Analyze the understanding of health professionals about the assistance to the patient in end-of-life care in the oncologic intensive care unit (ICU), and discuss the objectives they seek to achieve when planning assistance from the palliative care perspective.	Descriptive, qualitative study.	Assistance planning from the perspective of palliative care in the context is incipient; challenges are listed for the practice and it is concerned with humanizing care.	Level 4
A7	Agarwal, R., & Epstein, A. S. Advance Care Planning and End-of-Life Decision Making for Patients with Cancer. 2018.	Pubmed	To highlight the importance, challenges, and evolution of advance care planning for patients with cancer	Descriptive, qualitative study. Study based on a systemic, qualitative review.	Advance care planning is fundamental to support the personhood of patients with advanced cancer. Patients must be encouraged by physicians and nurses to articulate what matters and provides meaning to them as they live, cope, and receive treatment for their cancer.	Level 5
A8	Haun, M.W., Estel, S., Rücker, G., Friederich, H.C., Villalobos, M., Thomas, M., & Hartmann, M. Early palliative care for adults with advanced cancer. 2017.	Pubmed	To compare effects of early palliative care interventions versus treatment as usual/standard cancer care on health-related quality of life, depression, symptom intensity, and survival among adults	Descriptive, qualitative study. Study based on a systemic, qualitative review.	This systematic review of a small number of trials indicates that early palliative care interventions may have more beneficial effects on quality of life and symptom intensity among	Level 5

			with a diagnosis of advanced cancer.		patients with advanced cancer than among those given usual/standard cancer care alone	
A9	Dose, A. M., McCabe, P. J., Krecke, C. A., & Sloan, J. A. Outcomes of a Dignity Therapy/Life Plan Intervention for Patients With Advanced Cancer Undergoing Chemotherapy. 2018.	Pubmed	Therefore, the aim of this study was to examine the influence of the combination of interventions (TD plus LP) in various psychosocial outcomes for those with advanced cancer in chemotherapy.	Qualitative, analytical cross-sectional study	This study was innovative in its use of DT/LP for those still receiving active cancer treatment and not at the impending end of life, in accordance with guidelines to provide palliative care interventions simultaneously with cancer treatment.	Level 4
A10	Mello, B.S., Almeida, M.A., Pruinelli, L., & Lucena, A.F. Nursing outcomes for pain assessment of patients undergoing palliative care. 2019.	Pubmed	To select outcomes and indicators of the Nursing Outcomes Classification (NOC), in order to assess patients with cancer under palliative care with Acute and Chronic Pain Nursing Diagnoses; and to construct the conceptual and operational definitions of the indicators.	Qualitative study, integrative review.	The selection of results and priority indicators for the assessment of pain in palliative care, as well as the construction of its definitions, will support clinical practice.	Level 5
A11	Sousa, A.D., Silva, L.F., & Paiva, E.D. Nursing interventions in palliative care in Pediatric Oncology: An integrative review. 2019.	BVS	: to identify, in scientific productions, nursing interventions in palliative care in children and adolescents with câncer.	Qualitative study, integrative review.	It has concluded that greater emphasis should be given to palliative care in academic and professional training and that further studies in search of the best evidence should be conducted to support nursing Evidence-Based Practices. Descriptors: Palliative Care; Nursing Diagnosis; Child; Adolescent;	Level 5

					Neoplasms.	
A12	Semtchuck, A.L., Genovesi, F.F., & Santos, J.L. Palliative care in pediatric oncology: integrative review. 2017.	BVS	To verify the main databases of scientific literature which evidence related to children with cancer in palliative care, with an increased focus on action of the nursing team.	Qualitative study, integrative review.	The care of children with cancer in palliative care professionals go through situations of suffering together with the child and family, because they create bonds due to large hospitalization and frequent readmissions periods. Understand why palliative care offer quality of life of children with cancer, providing comfort, controlling pain and often the play, involving the family in the process of decisions and care.	Level 5
A13	Santos, N.A., Gomes, S.V., Rodrigues, C.M., Santos, J., & Passos, J.P. Coping strategies used by oncology palliative care nurses: an integrative review. 2016.	Pubmed	The aim of this study was to characterize the coping strategies used by nurses who provide palliative care to cancer patients.	Qualitative study, integrative review.	It was concluded that building effective coping strategies can make work more enjoyable, reduce occupational risks, and improve management indicators and the quality of care provided to patients.	Level 5
A14	Verri, E.R., Bitencourt, N.A., Oliveira, J.A., Júnior, R.S., Marques, H.S., Porto, M.A., & Rodrigues, D.G. Nursing professionals: understanding about pediatric palliative care. 2019.	Pubmed	To investigate the understanding and practice of pediatric palliative care.	Qualitative, exploratory and descriptive study.	It is necessary to include palliative care in the academic training of professionals, favoring the knowledge of the subject and preparing the professional to deal with death and dying, as well as the need for a space in the health institutions that provide shelter for the difficulties of professionals	Level 4

					working in this context.	
A15	Lundereng, E.D., Dihle, A., & Steindal, S.A. Nurses' experiences and perspectives on collaborative discharge planning when patients receiving palliative care for cancer are discharged home from hospitals. 2020.	Pubmed	To explore nurses' experiences and perspectives on discharge collaboration when patients receiving palliative care for cancer are discharged home from hospitals.	Quantitative, descriptive and exploratory study.	To improve the care of patients receiving palliative care for cancer outside the hospital setting, better communication is a key factor to promote confidence and understanding between nurses working in different settings of health care.	Level 4
A16	Huisman, B.A., Geijteman, E.C., Dees, M.K., Schonewille, N.N., Wieles, M., Zuylen, L.V., Szadek, M.K., & Heide, A.V. Role of nurses in medication management at the end of life: a qualitative interview study. 2020.	Pubmed	The aim of this study is to gain insight into the perspectives of patients, informal caregivers, nurses and physicians on the role of nurses in medication management at the end of life.	Qualitative study, constant comparative method.	We found that nurses can and should play an important role in medication management at the end of life by informing, supporting, representing and involving all relevant parties.	Level 4
A17	Ferreira, F.S., Meira, K.C., Félix, R.S., Oliveira, I.R., Pinto, C.M., Silva, M.A., & Santos, J. Associated factors with the knowledge of nurses of a high complexity oncology centre in Brazil, on the management of cancer pain. 2019.	Pubmed	Objective to evaluate the knowledge of oncology nurses on pain management, as well as the factors associated with it.	Qualitative, analytical cross-sectional study.	The study's findings point to the need for continuing education, updated education and reflection, especially for nurses with less professional experience.	Level 4

Table 3 - Dendogram. Belém (PA), Brazil, 2020.



Category 1 - Emotional support from professionals and family regarding palliative oncology care.

In this category it is evident that when the health professional is faced with the oncological diagnosis, with no prospect of cure, they also deal with various types and feelings such as: sadness, pain, insecurity, even so, the professional needs to know how to share the emotional, and overcome these feelings to protect themselves from the suffering generated by these patients. The interpersonal relationship is very important in palliative care, where the nursing professional will perceive all the aspects that involve the path being taken by the patient and his

relatives, and so be able to offer support, help so that the patient feels welcomed in a difficult moment. The bond happens in a natural way, which must be valued with admiration, love, friendship and trust, thus, a reciprocal learning. Verbal and non-verbal communication is very important, since some gestures are worth more than many words, and always try to maintain empathy in communicating with the patient and family (A12).

It is perceptible that some nursing professionals do not have an educational preparation, which the importance of introducing in Palliative Care in the qualification, so that future health professionals can accept and understand the

end of each life. Nursing care in the fundamentals of humanization, articulates technical and emotional care, providing the bond between nurse-patient-family, seeking to offer quality of life for patients undergoing treatment (A11).

It appears that palliative care is seen by some patients and family members as a method of offering comfort and welcoming to alleviate the discomfort caused by the disease. It is emphasized that palliative care, is seen by some patients and family members as a method of offering comfort and welcome to alleviate the discomfort caused by the disease. Thus, making the small life time that remains for some patients, making it more bearable, and without hastening death (A14). Santos et al (2018), refers that the family, in turn, seeks a relationship of trust with the professional in search of effective care for the patient who no longer responds to therapeutic expectations, trying through differentiated care that palliative care provides a dignified death to the terminal patient. It is perceived that the nursing systematization processes are interconnected with palliative care in the performance of knowledge and thoughts aimed at resolving the difficulties encountered in palliative care.

It is noticed that the participation of a qualified, humanized multidisciplinary team that performs comprehensive care is extremely important, the assistance directly affects the quality of the service provided, also seeking to focus on the physical and emotional aspects, valuing the cultural, religious and ethical aspects, aiming at well-being, quality of life and respect. For assistance to be effective, it needs to be differentiated, looking for evidence and factors that may have caused discomfort, pain and a more frequent factor that affects patients in palliative care, and thus, together with the systematization of nursing that can carry out the diagnosis, prescription and evaluation with greater effectiveness, either pharmacologically or not, alleviating the suffering of each patient (A05).

In the study by Alcantara et al (2018), we can read that the nursing professional recognizes his difficulty in caring for patients in palliative care and the family, highlights the importance of humanized care and reports on facing terminality, since the human beings are not used to dealing with losses, referring to the expression of different feelings. It is noted that palliative care is not only providing technical assistance and medicines, but offering comfort and support to the family, leaving aside the biomedical process, but directing a holistic look at the patient and the family.

Category 2, 5 and 6 - Evidence-based practices promoting nursing care interventions.

Ineffective communication between professional-patient, can hinder the implementation of Early Care Planning (PCA) affecting the knowledge and understanding of decision making and choice of care at the end of this patient's life. The lack of training reveals the professional's unpreparedness in dealing with PCA in face of the patient's demands or else the thought that its applicability may negatively affect physical and mental health, interfering with active cancer treatment (A7).

According to seven researches, cancer patients who started palliative care early had their quality of life improved compared to those who had usual control treatment, in terms of survival rate, did not indicate significant differences, as well as depressive symptoms. The intensity of symptoms was lower in those who received palliative care, in contrast, a study showed a higher percentage of side effects (A8).

Another study of 20 cancer patients showed that 89% were women with pancreatic cancer, while 78% were men with lung cancer. Seven people died of pancreatic cancer and four died of lung cancer four months after diagnosis. All were in conventional treatment, and to raise the quality of life was associated palliative care added to Dignity Therapy (DT) (A9).

Of thirteen nurses participating in a given survey, 8 (61.5%) had the title of Expert with a median duration of graduation of 120 months; 8 (61.5%) had experience in acting in oncology, 4 (30.8%) with experience in palliative care with a median duration of experience in oncology of 72 months; 3 (23.1%) participated in palliative care for 4 years or more and 4 (30.8%) for 2 to 4 years; 3 (23.1%) published up to 10 articles or presented papers on palliative care. Therefore, from the findings of specialist nurses it was possible to observe that the nursing process is fundamental to define the care interventions (A10). According to the article cited Markus, Betiolli, Pereira de Souza, Marques and Migoto (2017) affirm that more scientific research is needed addressing the nurse's role regarding palliation of cancer patients in order to improve their care through qualification and preparedness to deal with the death process. They also reiterate the lack or poverty of the subject matter in Universities, Colleges and Specialization Courses, as well as the lack of adequate structure to implement a more dignified care, besides the scarcity of human resources and appropriate materials to assist the patient at the end of life.

Regarding the scientific production of nursing interventions in the palliative care of children and adolescents with cancer, 18 articles were published, of which 67% were international journals from China, the United States, Turkey, Portugal and Jordan and 33% national (A11). To reinforce the findings according to Rodrigues dos Santos, Gomes, Rodrigues, Santos and Passos (2018), the nurse plays a vital role in the execution of the PC, supervising and coordinating the care actions focused on the patient and the family, reducing discomfort and suffering from the control of symptoms, especially pain. The success of palliative care depends on the initiative and qualification of the professional who will provide quality care, and on the acceptance and understanding of the health condition by the patient.

The nurse's performance reflects the hospital discharge of the patient who receives palliative care. However, there is a disagreement between hospital nurses who argue that patients under palliative care need institutional care, while home nurses also felt able to care for these patients at home, according to the clinical status. A good communication between the two sectors facilitates the patient's transition moment, as well as accurate and precise information facilitates diagnosis, interventions and treatment, avoiding readmissions. The anticipated discharge planning would reflect on the team's collaborative work and the outcome of the patient's discharge. (A15).

Another analysis was carried out in order to minimize the unnecessary use of drugs in terminally ill patients, since the adverse effects may outweigh their benefits. Given this fact, 76 people were interviewed, among them patients, caregivers, doctors and the nurse himself, who was recognized as a fundamental element in the care process, such as in medication management. It is part of the nurse's responsibility to inform, guide, support, register and explain the purpose of such a drug, adjust the treatment plan, propose changes in the administration routes and analyze whether the use is really necessary, as well as perform a multidimensional approach, being able to reflect on reducing medication intake. Guide the caregiver as the patient's representative, in case the patient presents a reduction in consciousness and also a medication manager, in addition to exercising an informative function, letting the doctor know about the patient's improvements or worsens (A16).

Another review was carried out in which the knowledge of 207 nurses in relation to pain management in cancer patients was evaluated, 54.1% had adequate knowledge of the topic. The oldest, with the longest training and professional experience, had the best knowledge rates compared to those with inadequate knowledge. Only 25%

received instruction at undergraduate level, while 81% learned in the practice of the profession and 52.4% at graduate level. Regarding palliative care, 92.1% used analgesia, 13.5% used hypnosis and 9.5% did-in exercises. With respect to continuing education as a source of information on pain management, a comparison was made of those with adequate knowledge versus inadequate knowledge, respectively, 36.8% versus 20.07% (A17).

Category 3 - The importance of coping strategies to reconfigure care in favor of quality in nursing care.

The main coping strategies used by nurses who assist cancer patients in palliative care focus on problems and emotions. Therefore, coping strategies are divided into two categories: (1) problem-oriented coping strategies, in which professionals will work to change the stressful situation, such as training sessions and team meetings to expose the group's difficulties; (2) coping strategies focused on emotions. In this strategy, the professional seeks to adjust his emotional state in the face of the pressures experienced, such as religion, being a way of understanding and reducing suffering, interference outside the work environment and forms of support from family and friends. As highlighted in the interview, the main findings are that participants often present emotional coping strategies (A14).

According to Pimenta, CAM, 2020, coping strategies are related to situational factors, that is, a person can use or change strategies according to the moment and type of stress experienced. In this sense, it is necessary to emphasize that the relationship between nurse and patient established in palliative care aims at humanization and only implements useful therapeutic measures, so that, while seeking to understand the negative effects, the positive effects are still sought. Thus, the palliative care nurse plays a fundamental role in education, care, promotion, coordination and care for patients and family members to reduce discomfort, control symptoms and relieve suffering.

In oncology palliative care, research on coping strategies based on this problem has shown that nursing activities include participatory management; continuing and / or permanent education; group meetings to expose the group's difficulties; practice and training to correct personal difficulties, allowing behavior and work and consequently the transformation of the stressor element. Continuing or permanent education is a strategy for valuing and evaluating the quality of workers, to ensure the improvement of the qualification of assistance and to help develop effective coping strategies (A13).

Regarding the reconfiguration of palliative cancer treatment, one of the strategies is the implementation of a nursing department. Thus, it is necessary to consider that when the nurse presents himself as a leader, the team will recognize his autonomy, providing him with the ability to communicate with other health professionals, a greater commitment to the patient and, thus, gaining professional appreciation (A05). Strategic planning and reasoning skills are the basic tools of nursing leaders, it is a management process that includes the development of strategic objectives based on external conditions and service plans so that they can be executed, measurable and consistent (A13).

It is necessary to emphasize the importance of the nurse leader prioritizing the development of skills to meet institutional and regulatory requirements. Continuing education also plays an important role in overcoming this resistance, as it is generated by the needs and reality of the work environment, developing from situations experienced daily. It aims to discuss and benefit from reality, stimulating critical thinking, and promoting the development of workers through behaviors based on constant knowledge. In addition, it can improve practical efficiency and improve the qualification of teamwork, add new perspectives on how to assist and lead professionals and provide a new way of sharing knowledge (SALUM NC; PRADO ML, 2014).

Amestoy SC, et al, 2017, it is emphasized that there is no right or wrong response strategy for a given situation, but the effective or ineffective strategy that depends on the individual and / or situation. Therefore, it is necessary to share the coping strategies developed and formulated by nurses who work in palliative oncology care, as they represent the relationship of survival of individuals in the face of work situations, are characterized as unfavorable and can be considered as factors that protect the health of nurses inserted in this work environment (A05).

Category 4 - Process of knowledge about palliative care and deficits in care.

It is clear that some nurses had little knowledge in oncology and palliative care, with this training was proposed, which aimed to show that nurses have a major role in providing palliative care at the end of the patient's life. In this training, the professional experienced the patient's experience and death and the anguish that family members experience (A01).

It was also shown that professionals who already work in palliative care, feel a deficit in dealing with the psychological and spiritual state of patients and their families. It is known that palliative care is not just a body

care itself, but it is a holistic, comprehensive and psychological approach, in which spiritual care is a primary aspect that the nurse must offer to the patient in palliative care. (A01).

It is observed that in the process of palliative care of patients in the ICU, it involves several elements and aspects, such as: contradictions, negative feelings, assistance with little humanization. Death awakens in many professionals the perception of their own finiteness, generating internal conflict, doubts about its efficiency, quality and objectives in the care provided (A06).

It is observed that some nursing professionals are afraid of the use of morphine in a long term, as they fear the patient's dependence on the drug, but are in favor of adjuvant therapies, since morphine is important in pain control, which is one of the factors that most aggravate patients in palliative care. In complementary medicine, reflect broad acceptance of morphine, together with the monitoring of family members who must remain with the patient until his death (A06).

It is evident that many professionals have a deficit in working in palliative care, often due to the lack of knowledge about this care. However, when the professional acts in the palliative care process, he faces the challenge of not knowing how to deal with the patient's dying and death process, which can often reflect on the quality of care. It is necessary to invest in permanent education for the health team, so that the nursing professional can offer better assistance and diagnoses in patient care, and together there is an emotional support for this professional, so they will know how to act in the face of the death of their patient (A06).

It is noticed that the palliative care service processes may be integrated with quality in any health environment, following the principles and practices of quality palliative care happens when professionals have the necessary qualifications, education, training and support, thus, they can provide an ideal care centered on the patient and the family. Palliative care begins with a broad and extensive assessment, and focuses on patient and family involvement, communication, coordination of care and continuity of health care (A04).

According to the World Health Organization (WHO), palliative care is a more humanized care proposal, it is care that should not be seen as an obligation, but as an act of respect and solidarity with the patient. According to Correia et al. (2017), the role of nursing in palliative care consists of general knowledge of degenerative malignancies, to establish comfort and good communication with the patient. The nurse who works in

palliative care of the patient, needs to guide the patient and his family in the care that will be performed, clarifying and solving doubts, always aiming at the well-being and quality of care of their patients.

According to Goi and Oliveira (2018), the nursing team causes emotional wear and tear, due to the bond created with the patient, as the professional closely monitors the patient's suffering, with this the professional deals with a great challenge, of many sometimes not knowing how to deal with the patient's dying and death process. In view of this, the nursing team seeks to promote to the patient the relief of their pain, comfort and well-being, in addition to the basic and pathophysiological care that the patient needs and also to fulfill their wishes and desires. Thus, the palliative care of the nursing professional is paramount for patients, it is evident that the way of caring for the patient offers quality of life and comfort until their last days.

However, according to Baker et al. (2015), in their studies showed that many professionals have a deficit in working in palliative care, many times this deficit occurs due to lack of knowledge about what palliative care is. The justification that some professionals use to limit care is lack of knowledge, difficulty in communicating with the patient and his family because it is treating an illness without a cure. It is necessary to invest in permanent education for the health team, so that the team recognizes the palliative care patient, promotes a better prognosis and selects those eligible or not for intensive care, and that there is an emotional support, so that the professional knows how to act in face of this patient's death situation.

According to Ávila et al. (2017) many nursing professionals find it difficult to deal with cancer patients in palliative care, as they have not been approached in their lives as academics, in other words, addressing this theme during graduation is essential, to train qualified professionals who know how to promote health and to know how to deal with terminal illnesses, where there is no expectation of cure.

IV. CONCLUSION

An important contribution was evidenced in the identification of coping strategies used by nurses in palliative care, however, it is understood that their development will depend on the individual and the environment in which he is inserted. In this sense, it is noted the importance of discussing this topic in order to provide a favorable scenario for the development of strategies by nurses, for the evolution and reconfiguration of nursing palliative care in the face of the new challenges that were imposed. It was noticed that for palliative

oncology care to be performed with excellence, more institutional investments and professional qualification are needed. In addition, it is believed that the strategies, when effective, may favor a more productive, less stressful daily life, reducing the high rates of absenteeism, increasing work overload. It is suggested, based on the above, to conduct training for professionals on the subject and to offer them a space for exposure and the elaboration of their emotions.

Thus, it is clear that the trained nursing team has an important role in palliative care, the nurse with his holistic look aims with his actions to offer to the patient who is at the end of life, humanized care, comfort and emotional peace. However, there are still few studies that point to professionals involved in care, especially the nursing team, which needs early preparation and skills development for this type of care. The professional's unpreparedness reflects in the patient's care, most of the times due to lack of knowledge, the professional feels powerless for not giving a cure prognosis. Deficit in teamwork and little humanized care. Therefore, there is a need for training and emotional support for these professionals without knowledge of palliative care in cancer patients.

It is noteworthy in the results that nurses who provide assistance to the patient who is in the palliative care process, suffer from coping with various types of feelings in the face of the situations that involve treatment, in addition to also involving the feeling of the patient's family. Thus, the function of this professional who is in the care of the terminally ill patient is to recognize the difficulties in assisting this patient and his family. The suffering of the patient who is in the palliative care process is also experienced with his family. This whole process involves strategies for coping with the disease, which results from the instrumentalization of the professional to perform a more humanized care, such as: empathy, verbal and non-verbal communication, and the spirituality that can be supported by the family. Thus, when humanized care is provided where the patient and family find comfort, solidarity, support, and empathy in the nurse's assistance in palliative care, the process for cancer patients becomes less painful. Through this, rescuing the importance of nursing work, together with the interdisciplinary team in assisting cancer patients.

It is concluded that the nurse is fundamental in the execution of palliative care, being this the professional in charge of guiding, registering and explaining the oncological process in which his patients are, aiming to promote the improvement or relief of the health condition. Therefore, the recognition of its role by other professionals, caregivers and patients is essential, enabling

the strengthening of the bond and the good progress of the treatment.

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