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.

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-
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 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-
promotes 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, 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

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the understanding that each patient is unique, he deserves respect. 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**