



Total pain in oncology palliative care patients: an integrative review about the phenomenological perception of nursing residents

  <https://doi.org/10.56238/colleinternhealthscienv1-042>

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ABSTRACT

The challenges experienced by nursing residents in the face of total pain in cancer palliative care point to the need for training in the training of these professionals. The objective of this work is to discuss about the

phenomenological perception of nursing residents about total pain in patients undergoing palliative cancer care. This is an integrative literature review including articles indexed in the Virtual Health Library (VHL) and CAPS Periodicals Platform. Data were collected between August 2021 to January 2022, in the MEDLINE, IBECs, LILACS, BINACIS, LIS, Web of Science, Embase and SCOPUS databases, following the PRISMA tool. As a result, the total number of articles found using the Boolean operators was 2,441, with 183 articles selected. The final sample consisted of 32 articles for full reading, 10 articles were selected, totaling 10 articles. After analysis, it was observed that the publications involved related aspects, being categorized 03 main themes: "Perception of nursing residents about total pain in palliative cancer care", "Perception of good practices in nursing care about total pain in palliative care" and "Perception of professional training of nursing residents about total pain in palliative cancer care". A large gap in the topic addressed was identified. All these aspects directly impact the performance of nursing residents in approaching total pain in palliative cancer care due to subjectivity and unpreparedness, making it necessary to address the issue in the training of these professionals.

Keywords: Palliative Care, Intractable Pain, Training of Human Resources in Health, Oncology.

1 INTRODUCTION

The most recent global estimate, conducted in the year 2018, points out that there were 18 million new cases of cancer and 9.6 million deaths in the world. For Brazil, the estimate for each year of the triennium 2020-2022 points out that 625,000 new cases of cancer will occur (National Cancer Institute, 2019).

The technological development in medicine since the middle of the 20th century was immeasurable and consequently there was an increase in the survival of the population in relation to chronic diseases. However, despite the advances that have already occurred, even in the twenty-first century cancer remains

in a scenario as a disease of enigmatic cause and that often advances rapidly reducing the treatment options with the purpose of cure, and in many cases requiring palliative care (Lana, 2020). The World Health Organization (WHO) estimates that by 2030 there will be 27 million new cases worldwide, 75 million people living with the disease annually, and 17 million deaths. This reality reflects the need for investment on the part of public policies, especially in developing countries, as in the case of Brazil, and qualified health professionals to subsidize treatment, rehabilitation, healing and palliative care when the end of life is established (World Health Organization, 2020).

Due to the increasing rate of people with cancer in advanced stages, palliative care is supported by the National Policy for Cancer Prevention and Control, established in Ordinance No. 874/2013, which guides strategies for coping with chronic diseases in search of quality cancer care (Prado, et al., 2020).

Cancer pain occurs in about 60% of patients, with 30% experiencing moderate to severe pain. Pain is a symptom that affects 80% of people with advanced cancer (Nascimento J. , 2017).

According to IASP (International Association for the Study of Pain), pain is an "unpleasant sensory and emotional experience associated or related to actual or potential tissue injury. Based on this concept, we have physical, emotional, social, spiritual, and psychological pain experiences.

Cancer pain can almost always be relieved or lessened. Controlling pain is part of cancer treatment. The intensity of cancer pain depends on the type of cancer, disease staging, and the patient's pain threshold. It can also be related to surgeries, procedures and tests performed to diagnose the cancer and evaluate the response to treatment and side effects caused by chemotherapy and radiotherapy can cause pain (Oncoguia, 2022).

The severity of pain is not exactly proportional to the amount of damaged tissue, several factors can influence the perception of this symptom as: fatigue, depression, anger, fear. Cicely Saunders introduced the concept of "Total Pain", consisting of several components: physical, mental, social and spiritual. The concept of Total Pain shows the importance of all dimensions of human suffering in the pain experience, where the sensory, emotional and cultural aspects are inseparable/ indivisible and should be equally investigated (Instituto Nacional do Câncer, 2019).

Cicely Saunders applies a multidimensional view to pain, the concept of Total Pain, where the physical component of pain can change under the influence of emotional, social, and also spiritual factors (Castro, Fuly, Santos, & Chagas, 2021).

In the scope of politics, the essential point of palliative care has as its perspective, to amplify, strengthen and promote oncologic assistance. Thus, it requires from the health professional who works in this area, the knowledge and recognition of the specificity of this care proposal, its particularities and activities involved, that is, everything that implies and means both for the patient/family and for this professional in the perspective of a dignified and humanized assistance (Alves, Santos, Cunha, & Melo, 2019).

Pain is an underestimated phenomenon in patients, being one of the main causes of human suffering, compromising quality of life and reflecting on the physical and psychosocial state of the patients/people. Pain is, undoubtedly, one of the most intimate and unique sensations experienced by human beings, involving several sensory, affective and cognitive, social and behavioral components. Pain interferes with well-being, social and family relationships, and work performance, thus influencing quality of life. Therefore, pain assessment is a premise in the practice of nursing professionals, seeking individualized care and addressing the triggering cause of pain in order to relieve it (Rigotti & Ferreira, 2005).

The concept of total pain, proposed in 1967 by Cicely Saunders, defines that all aspects of the patient's life (physical, emotional, social, and spiritual) contribute to the generation of pain and the manifestation of suffering. Thus, we can understand that relieving pain and suffering goes far beyond analgesics and techniques (Castro, Fuly, Santos, & Chagas, 2021).

The total pain syndrome referred to by Saunders (1993) is the strongest expression of human suffering that can be experienced by about 75% of cancer patients in Palliative Care (Muñoz & Monje, 2010).

The study is relevant in view of the magnitude of neoplasms, which are the second leading cause of death from non-communicable diseases in Brazil, surpassed only by cardiovascular diseases, and are recognized as a serious public health problem.

This study aims to contribute to the improvement and reorganization of nursing care in the care of inpatients in palliative oncology care with total pain, through the generation of support technologies.

As an academic relevance, the study may broaden knowledge, contributing to the constant training and knowledge of nursing team members in the care of palliative care oncology patients with total pain.

As for social relevance, this study considers that the appropriation of this knowledge will contribute to the humanization of the assistance provided to cancer patients and their families, preserving an important element in health care, which is the maintenance of human dignity and integrity.

The nursing professional, as well as the nursing resident prepared for the realization of oncologic palliative care and its peculiarities, present a broad understanding of the theme aiming at covering the terminally ill patient in his or her entirety, paying attention to the mental, physical, spiritual, and social aspects. Professionals trained to make decisions regarding the care plan in a broad and diversified way, bringing benefits to the patient.

Health practices point to continuous initiatives, aiming to associate professional training according to different health needs and priorities. These initiatives are evident from the articulation between the Ministries of Education (MEC) and Health (MS), and are materialized with the presentation of the National Curriculum Guidelines (DCN) in the health area, implementation of policies, programs and projects in the search to bring teaching institutions and health services closer together. The Multiprofessional Residency Programs in Health (PRMS), sustained in the process of teaching, learning, and working in loco in health

institutions, have as their characteristic, the formation of professionals according to local needs, with specific abilities and specialties. These programs aim at professional training focused on a differentiated performance in the Unified Health System (SUS) (Lemos Mello, et al., 2018).

Thus, the study points out the importance of understanding the perception of nursing residents about total pain, seeking to mitigate the negative impacts on the patient in oncologic palliative care, providing support in the care of patients in total pain, according to the specific legislation and in favor of the integrity of care.

Based on these considerations and the gap on the referred theme, this study aims to identify scientific evidence about the phenomenological perception of nursing residents facing total pain in patients in oncologic palliative care, contributing to a better training of these residents.

2 METHODOLOGY

This is an integrative literature review supported by the recommendations proposed by Ganong (Ganong, 1987): formulation of the guiding research question, selection of the sample from the descriptors selected for the theme, categorization of the studies, evaluation of the studies, interpretation of the results, and dissemination of the review or the synthesis of knowledge.

The guiding question of the research was formulated according to the PICo strategy (Population or Problem, Interest and Context) (Joanna Briggs Institute, 2014). Considering these elements, the following structure was outlined:

Q: Nursing residents;

I: Understanding perception and

Co: Total pain in palliative oncology patients.

From this perspective, the following guiding question was formulated: What is the phenomenological perception of nursing residents about total pain in patients in oncologic palliative care?

The search for publications on the subject was conducted from August 2021 to January 2022. Regarding the mapping of production, an investigation was conducted through the following databases: MEDLINE, IBECS, LILACS, BINACIS, LIS, Web of Science, Embase, and SCOPUS.

As search strategy, we used the Health Science Descriptors (DeCS) and Medical Subject Headings (MeSH): "Palliative care", "Intractable pain", "Training of human resources in health", and "Oncology", combining the 4 terms with the Boolean operator "AND", and the Boolean operator "OR" was used in the last crossing.

The inclusion criteria for the selection of articles were: articles obtained in full, publications with a time frame between 2016 and 2021 in English, Spanish, and Portuguese-Brazilian. Repeated articles, articles without abstracts or full texts, review articles, those methodologically classified as theses, dissertations, or monographs, and those that did not fit the theme were excluded.

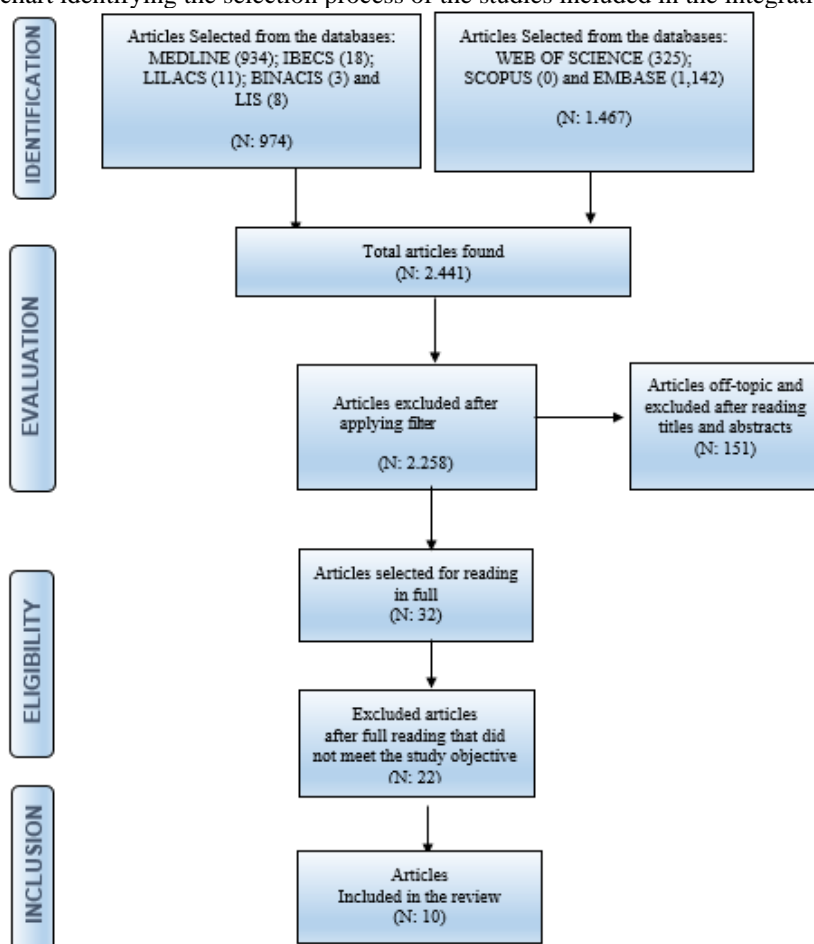
Following these criteria, the search resulted in 2,441 articles. After refining the publications and then reading the titles and abstracts present in the databases, 2,258 articles were excluded for not being pertinent to the research subject, and 183 productions were selected after applying the described criteria. The final sample consisted of 32 articles to be read in full. Among the 32 articles selected for full reading, only 10 were related to the study objective, considered potential productions, being MEDLINE 6, IBECS 01, Web of Science 02 and EMBASE 01, a grand total of 10 articles. Thus, the final sample consisted of 10 articles.

The critical analysis of the selected publications were considered and treated in a qualitative descriptive manner and the results presented followed the rigor and recommendations of the PRISMA tool (Moher, Liberati, *et al.*, 2009;6 (7): 95-97.), according to the flowchart presented in **Figure 1**.

Then, by two independent researchers, the articles were evaluated by titles and abstracts, and those that did not fit the theme were excluded. Soon after, the remaining articles were carefully read and only those that guided the study objective were selected.

Once the final sample was determined for the extraction of information pertinent to the study, a synthesis of the 10 selected articles was prepared in a synoptic table, **Chart 1**, ordered with the following information: Title/Author/Year, Objective, Method, and Results.

Figure 1. Flowchart identifying the selection process of the studies included in the integrative review, 2021.



Source: Flowchart prepared by the authors.

Table 1. Distribution of the selected articles according to Title/author/year, Objective, Method and results.

TITLE/AUTHOR/ YEAR	OBJECTIVE	METHOD	RESULTS
Cancer Pain and Quality of Life (RODRIGUEZ, JI, <i>et al.</i> , 2019)	The purpose of this study was to identify the intensity, distress, frequency, or constancy of pain in patients treated for cancer or cancer symptoms and to better understand patient barriers to pain management. This cross-sectional study included patients (N = 105) treated for cancer or cancer symptoms at 2 outpatient medical centers.	Assessments included the Pain Barriers Scale, the Cancer Symptom Scale, and the multidimensional Cancer QL Scale. Descriptive statistics and Spearman correlations were used to analyze the data. Sixty-nine percent of patients reported having moderate to severe pain intensity that caused distress, was frequent/constant, or interfered with their lives.	Cancer pain has been associated with significant suffering and interference with activities of life and occurred frequently or constantly for many patients in the study.
A Comparative Study of Opioid Switching to Methadone for Cancer Pain Control in Successful and Unsuccessful Cases. (A comparative study of switching from opioids to methadone for cancer pain management in successful and unsuccessful cases) (OKAYAMA, MATSUDA and YOSHITO, 2019)	To evaluate the differences in clinical aspects in switching to methadone between successful and unsuccessful cases.	This was a retrospective study of the clinical aspects of cancer patients who experienced switching from opioids to methadone.	Among the 80 cases who had methadone for seven days or more, 70 cases (SCs) were successful in switching to methadone, from According to the Japanese definition, although 10 cases (CUs) that experienced rapid disease progression failed due to oral ingestion difficulty In the course of titulation. In the comparison of clinical characteristics between SCs and CUs, the number of days alive since the start of Methadone Administration was significantly higher in SCs than in CUs, but no significant differences were observed for any other factors.
Solving the Global crisisin Access to Pain Relief: Lessons From Country Actions. (BHADELIA, LIMA, <i>et al.</i> , 2019)	We present the inequalities in access to pain relief and highlight the main points of country responses, based on the recommendations of the Lancet Commission report "Alleviating the Access Gap in Palliative Care and Pain Relief - An Imperative for Universal Health Coverage" to close the access gap in the relief of pain and other severe suffering related to health.	We briefly present the global inequalities around access to pain relief and highlight the key points of country responses, based on the recommendations of the Lancet Commission report.	A balanced approach is necessary in designing and implementing health systems strategies to promote an understanding of the medical necessity and appropriate use of opioids, as well as the risks of non-medical use.

<p>Self- Perceived Pain Assessment Knowledge and Confidence (Self-PAC) Scale for Cancer and Palliative Care Nurses A Preliminary Validation study.</p> <p>(PHILLIPS, HENEKA, <i>et al.</i>, 2018)</p>	<p>Identify gaps in nurses' self-perceived pain of pain assessment by nurses is an essential first step in designing customized interventions to incorporate a effective pain assessment into routine clinical practice routine clinical practice and improve patient-reported pain outcomes. Examining the validity of the 'Self-Perceived Pain Assessment Knowledge and Confidence' (Self-PAC). Preliminary Instrument Validation.</p>	<p>The Self-PAC scale was administered to participants online. Factor analyses, including exploratory and confirmatory, were applied to examine structural validity, Cronbach's alpha was calculated for internal consistency. Criterion validity was investigated by comparing the responses of experienced and non-experienced nurses.</p>	<p>Two components resulted in a single-factor structure for confidence in pain assessment and a two-factor structure for knowledge of pain assessment. The factor loadings for the sub-scales ranged from 0.653 to 0.969, with large proportions of the variances explained by the factors. Cronbach's sub-scale alpha ranged from 0.87-0.92 and significant differences in responses were found between experienced and non-experienced nurses. Preliminary validation of the Self-PAC scale suggests that it is a useful instrument for assessing pain assessment skills of nurses in palliative care and cancer.</p>
<p>Pain Management of Malignant Psoas Syndrome under Epidural Analgesia during Palliative Radiotherapy.</p> <p>(OTA, MAKIHARA, <i>et al.</i>, 2017)</p>	<p>Malignant psoas syndrome is a rare malignant disease that presents as Plexopathy lumbosacral and painful fixed flexion of the hip. Metastasis to the psoas muscle is observed, which damages the nerve bundles of the lumbosacral plexuses. The syndrome presents as refractory low back pain with various other neurological symptoms. The pain is difficult to control because it is a mixture of nociceptive and neuropathic pain, indicating that treatment requires a versatile approach</p>	<p>The authors report a case of severe low back pain caused by metastasis to the psoas muscle from advanced gastric cancer in a patient undergoing palliative radiotherapy under epidural analgesia.</p>	<p>Despite conventional analgesics and subcutaneous oxycodone, he had difficulty maintaining the supine position because of back pain and had problems receiving radiotherapy, which forced him to remain in the same position during treatment. For epidural sedation, he could remain in the supine position and complete the radiotherapy without increasing administration of opioids. Back pain improved after radiation therapy. Epidural analgesia is an effective treatment choice for a patient who cannot maintain position during palliative radiotherapy.</p>
<p>Intractable Neck Pain in an Oncologic Palliative Care Setting: Is Cancer Always the Answer?</p> <p>(DELFINE, BERNASCONI, <i>et al.</i>, 2017)</p>	<p>The objective of this case report is to increase the awareness of physicians about infectious complications, which can increase the symptom burden in patients treated in a palliative oncology care setting.</p>	<p>The authors present the case of a patient recently diagnosed with hepatocellular carcinoma, with intractable neck pain, progressive worsening of her general condition and onset of generalized seizures. The clinical suspicion of bacteremia with central nervous system involvement was confirmed by the investigation performed, and <i>Listeria monocytogenes</i> meningoencephalitis was diagnosed.</p>	<p>The manifestation of such complications can be misinterpreted as a consequence of the underlying neoplasm, further delaying the diagnostic and therapy in this particular population.</p>

<p>Difficult pain: malignant psoas syndrome in a patient with neurofibromatosis.</p> <p>(ERQUIAGA, PICCO, <i>et al.</i>, 2016)</p>	<p>We describe a case of malignant psoas syndrome due to a malignant peripheral nerve sheath tumor in a patient with neurofibromatosis.</p>	<p>The anatomical determinants and current treatment strategies for malignant psoas syndrome are discussed.</p>	<p>In this case, the difficult pain could be relieved, because the PMS was evident from the beginning and the Multiples treatment was established early. It would be useful to publish similar cases to be able to unify experiences for the construction of a a therapeutic guide, since it is probably more frequent than what is mentioned in the literature of palliative medicine.</p>
<p>Spine Cryoablation: Pain Palliation and Local Tumor Control for Vertebral Metastases.</p> <p>(TOMASIAN, WALLACE, <i>et al.</i>, 2016)</p>	<p>The purpose of this study was to evaluate the safety and efficacy of percutaneous image-guided spinal cryoablation for pain relief and local tumor control for spinal metastases.</p>	<p>Image-guided spinal cryoablation was performed in 14 patients (31 tumors) with spinal metastases refractory to conventional uimoradiation or analgesic therapy to achieve pain palliation and local tumor control in this retrospective study. Spinal nerve and soft tissue thermal protection techniques were implemented in all ablations. Patient response was assessed by a numerical pain rating scale administered before the procedure and 1 week, 1 month, and 3 months after the procedure. Pre- and post-procedure analgesic requirements (expressed as morphine-equivalent dosages) were also analyzed at the same time points. Analysis of the primary outcomes was performed by paired comparison procedures using the wilcoxon signaled rank test.</p>	<p>Thirty-one tumors were submitted to ablation in 14 patients (9 women and 5 men; 20-73 years old; mean age, 53 years). The most common tumor location was in the lumbar spine (n = 14, 45%) followed by thoracic spine (n = 8, 26%), sacrum (n = 6, 19%), coccyx (n = 2, 6%), and cervical spine (n = 1.3%). There were statistically significant decreases in median numerical rating scale scores and analgesic use at 1-week, 1-month, and 3-month time points (P <0.001 for all). Of the tumors (mean follow-up 10 months), two patients had transient radiculopathy of the unilateral lower limbs post procedure and weakness. Percutaneous image-guided spinal cryoablation is a safe and effective treatment for pain relief and local tumor control and in spinal metastases.</p>
<p>Palliative and prognostic approach in cancer patients identified in the multicentre Palliative Needs study in Argentina</p> <p>(TRIPODORO, LLANOS, <i>et al.</i>, 2021)</p>	<p>Our objective was to identify prognostic factors of cancer mortality in our culture context.</p>	<p>We assessed cancer patients with palliative care needs until death using this validated predictive tool in three hospitals in the city of Buenos Aires. This multifactorial, quantitative and non-dichotomous qualitative assessment process combines subjective perception (Surprise question: Do you would you be surprised if this patient died next year?) with other parameters, including the request (and need) for palliative care (PC), the assessment of disease severity, geriatric syndromes, psychosocial factors, and comorbidities, as well as the use of health care resources.</p>	<p>2,104 cancer patients were identified, 681 were NECPAL+ (32.3%). During a 2-year Follow-up period, 422 patients with NECPAL+died (61.9%).The median overall survival was 8 months. A Multivariate model was built with significant predictors in univariate analysis. The best predictors of mortality were: nutritional decline, functional decline, allied performance scale (PPS)≤50, persistent symptoms, functional dependence, poor response to treatment ,primary cancer diagnosis and condition (inpatient/outpatient).Only three variables remained as predictors of survival: poor response to treatment, PPS ≤ 50 and inpatient/outpatient condition). This prospective model aimed to improve the prediction of cancer survival and timely referral of PC in Argentine hospitals.</p>

<p>E-health ecosystem with integrated and stepped psychosocial services for breast cancer survivors: study protocol of a multicentre randomised controlled trial .</p> <p>(OCHO-ARNEO, MEDINA, et al., 2021)</p>	<p>The objectives of this study are, first, to evaluate the effectiveness of an e-health platform with integrated and tiered psychosocial services compared to usual psychosocial care and, second, to examine its cost-utility.</p>	<p>This study is a randomized, multicenter controlled clinical trial with two parallel groups: E-health intervention with integrated and stepped psychosocial services vs usual psychosocial care. An estimated sample of 338 patients with CM in the acute survival phase will be recruited from three university hospitals in Catalonia (Spain) and will be randomly divided into one of the two groups. Participants will be assessed at the beginning of the study, 3 months, 6 months and 12 months thereafter. Primary outcome measures will include the number of clinical cases detected, the waiting time from detection to psychosocial intervention, and the proportion of cases successfully treated at different stages of the intervention, as well as outcomes related to emotional distress, quality of life, post-traumatic stress, treatment adherence, and therapeutic alliance.</p>	<p>Secondary outcomes will include the Acceptability of the platform, patient satisfaction and usability. For the cost-utility analysis we will evaluate quality-adjusted life years and costs related to health care utilization, medication use and adherence, work absenteeism, and costs related to infrastructure and transportation.</p>
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Source: Table prepared by the authors.

After synthesizing the articles selected from the final sample relevant to the study, a substantiated table, **Table 2**, sorted with the following information was prepared: Results; discussion; and limitations of the study.

Table 2. Categorization of the selected articles according to similarity of content.

<p>RESULTS</p>	<ul style="list-style-type: none"> ✓ Ten articles were selected in the final sample. ✓ The year of publication ranged from 2016 to 2021, with the years with the highest numbers of publications being 2019, 2021, 2017 and 2016, respectively with, 30% in 2019, 20% in 2021, 2017 and 2016. ✓ As for the methodological design, 40% used a quantitative approach, 30% with a qualitative approach, and 30% with a mixed approach. ✓ It was found a discrete production of material about the objective of the study, since, in a period of 06 years, only 10 articles were identified that discussed the issues about the nursing resident's perception of total pain in oncologic palliative care.
<p>DISCUSSION</p>	<ul style="list-style-type: none"> ✓ Nursing residents' perceptions of total pain in palliative oncology care. ✓ Perception of good practice in nursing care about total pain in palliative care. ✓ Perception of nursing residents' professional training about total pain in oncologic palliative care.
<p>LIMITATION OF THE STUDY</p>	<ul style="list-style-type: none"> ✓ It is noteworthy that the production of scientific knowledge is evident in developed and foreign countries. ✓ It is necessary to deepen the research so that new elements emerge and complement the knowledge on the subject. ✓ Another limiting aspect concerns the generalization of palliative care models relevant to the developing research. Therefore, there is a need for further research on the various branches of palliative care in specific contexts, with a view to expanding new spaces for discussion and expression between residents' experiences and their nursing practices.

CONTRIBUTIONS	<ul style="list-style-type: none"> ✓ The results presented may contribute to new research on issues related to the perception of total pain in palliative oncology care by nursing residents, especially in Brazil, where scientific production is just beginning. ✓ Assisting nursing residents in providing ethical and humanized care to palliative cancer patients with total pain. ✓ Management and connection with the current public health policy.
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Source: Table prepared by the authors.

3 RESULTS

Ten articles were selected in the final sample. As for the language 90% were written in the English language and 10% were written in Spanish. The year of publication ranged from 2016 to 2021. The years with the highest number of publications were 2019, 2021, 2017 and 2016, respectively with, 30% in 2019, 20% in 2021, 2017 and 2016.

As for the methodological design, 40% used a quantitative approach, 30% used a qualitative approach, and 30% used a mixed approach.

A discrete production of material about the objective of the study was verified, since, in a period of 06 years, only 10 articles were identified that discussed the issues about the perception of nursing residents facing total pain in oncologic palliative care.

Chart 1 shows the characterization of the articles included in this integrative review, with a view to answering the guiding question (What is the phenomenological perception of nursing residents about total pain in patients in oncologic palliative care?)

To better ratify the findings and discuss them in a substantiated manner, through the convergence of the subjects (Phenomenological perception of nursing residents about total pain in oncologic palliative care), these were categorized into three main themes, namely: "Perception of nursing residents about total pain in oncologic palliative care," "Perception of good practices in nursing care about total pain in palliative care," and "Perception of professional training of nursing residents about total pain in oncologic palliative care.", presented below:

4 DISCUSSION

Nursing residents' perceptions of total pain in palliative oncology care

Patients in oncologic palliative care are more likely to experience pain, and this symptom is considered a complex phenomenon that is difficult to measure. Therefore, the nursing team plays an important role in this process (Nascimento , Campos, Vieira & Barbosa, 2020). In 1967, Cicely Saunders introduced the concept of total pain, and established that all aspects of the patient's life, whether physical, emotional, social or spiritual, contribute to the manifestation of pain and suffering. Based on this principle, it is understood that to reduce pain and suffering, strategies other than analgesics and techniques are needed (National Cancer Institute, 2019). A thorough, humanized, and sensitive evaluation of the patient's pain event is necessary, aiming to reduce the negative impacts caused by total pain.

Palliative oncology patients present pain as a prevalent symptom, thus health professionals discuss this phenomenon in a broad way. However, due to the subjectivity of the available instruments for an accurate assessment, it is observed that pain assessment is an underestimated process. Considering that the nursing team spends more time with the patient, the knowledge of the team regarding the importance of pain assessment is questioned (Nascimento, Campos, Vieira & Barbosa, 2020). In this case, they include nursing professionals and residents. Therefore, the professional training of nursing residents should include aspects related to pain, pain subjectivity and treatment methods.

Therefore, the literature addressing the subject is scarce, bringing a knowledge gap, causing difficulty in identifying and dealing with total pain.

Perception of good practices in nursing care regarding total pain in palliative care

Health practices point to ongoing initiatives, aiming to associate professional training according to different health needs and priorities (Lemos Mello, *et al.*, 2018).

Nursing professionals play an important role in the care of cancer patients with pain, especially those in advanced stages of the disease, because they are more prone to feel pain. To describe the experience of pain is essential to understand the pain picture and thus implement measures for pain control and evaluation of the therapy applied. The intensity of pain has several scales to measure it, however, the sensory and affective aspects are rarely assessed (Silva & Zago, 2001).

In order to provide effective care, a multidisciplinary approach is required, and this team must be well integrated and committed to the patient (Cruz, *et al.*, 2021). Understanding the role of each professional is an important prerequisite for effective care, as it facilitates communication by promoting appropriate and rapid assistance for each situation.

Caring for a cancer patient in palliative care and being able to meet all their needs is not an easy activity. This type of assistance demands personal and vocational attitude, balance, and maturity to work with the various vicissitudes inherent to this patient (Siqueira & Teixeira, 2019).

Perception of nursing residents' professional training about total pain in oncologic palliative care

Practitioners in training doubt their ability to reason and construct a clinical action plan, they have difficulty analyzing, defining and interpreting patients' symptoms, in determining whether symptoms are refractory, and in accepting that they are unbearable for the patient (Leboul, *et al.*, 2017).

The unpreparedness to work with human finitude and the powerlessness in the face of the evolving course of the disease, brings the importance of training at the academic and labor level (Lima, *et al.*, 2017).

It is necessary to understand the characteristics of the work in health, especially the nurses who work in palliative care, in order to think about the meaning of life. Palliative care, as a form of treatment, is aimed at the last phase of life of patients with no possibility of cure, aiming to promote health and quality

of life through active integral care, to alleviate human suffering, and to control pain and other symptoms. It is an approach that values the individual and subjective characteristics of symptoms, as well as the interaction between biological, social, cultural, spiritual, emotional, and behavioral factors, and requires the intervention of multiprofessional and interdisciplinary teams (Rocha, et al., 2020).

For Merleau-Ponty, feeling and perception are the essential connection with the world and the basis of human existence. Consciousness of being is the experience existing and inserted in the world (Ponty, 2011). The resident assumes a responsibility towards the other, through phenomenological care, perceiving that subject in a unique way. It is important to recognize the subjective aspects, the individual difficulty that a resident may have to face certain situations in the hospital, considering that this professional is still young and inexperienced (Vallois, et al., 2017).

The connection of nursing residents and health professionals with their spirituality consolidates the construction of their professional identity, being a prerequisite to transcend obstacles and maintain balance in the development of their practice, seeking to fill educational gaps with training and guidance in order to improve their professional experience (Rocha, et al., 2020).

The focus of nursing courses is to train professionals to maintain health and cure diseases. Nursing professionals need to talk more about patients without possibilities of treatment to understand the subjectivity of death (Vallois, et al., 2017).

Finally, the study suggests that educating healthcare team members and nursing residents with a focus on how to recognize total pain, as well as providing assistance to the patient as well as their family member effectively, will help the team provide quality end-of-life care.

5 CONCLUSION

This study presented an integrative review on phenomenological perception of nursing residents about total pain in cancer palliative care.

It was found that the resident's perception brings the deficit found in their training about total pain in oncologic palliative care, forming professionals with limited knowledge and consequently insecure when they are confronted with the theme.

It was identified that for these nursing residents to work safely and effectively, the importance of addressing the issue is essential, solving their doubts and vulnerabilities.

In addition, the studies point out the need to approach the theme of total pain and palliative care during undergraduate studies, given the growing number of cases of cancer in the world. Besides stimulating research and discussion on the theme, amplifying resources for the formation and/or specialization of professionals.

In relation to the limitations of the research, it is emphasized that the production of scientific knowledge is evidenced in developed and foreign countries. It is necessary to deepen the research so that new elements emerge and complement the knowledge on the subject.

Another limiting aspect concerns the generalization of palliative care models relevant to the developing research. Therefore, there is a need for further research on the various branches of palliative care in specific contexts, with a view to expanding new spaces for discussion and expression between residents' experiences and their nursing practices.

Despite the limitations cited, the results presented can contribute to new research on issues related to the perception of total pain in oncologic palliative care by nursing residents, especially in Brazil, where scientific production is just beginning. Indeed, it is hoped that this research will assist nursing residents in providing ethical and humanized care to palliative oncology patients, concomitant with the management and connection with the current public health policy.

This study aims to contribute to the improvement of the teaching-learning process of nursing residents from the collaboration of phenomenology, favoring the improvement and reorganization of nursing care, as well as the training of nursing residents in the care of palliative care oncology patients with total pain, and jointly to develop articles with the purpose of elucidating this theme, thus strengthening the Unified Health System.

It is necessary to contribute with new research, especially in Brazil, where scientific production on the subject is just beginning, collaborating to improve the care of patients in oncologic palliative care, thus offering a more human care and surrounded by scientific knowledge that corroborates the importance of the care provided by the nursing professional. It is essential to promote scientific studies on the theme of this article in order to elucidate the theme, developing the technical-scientific formation of health professionals, providing the strengthening of the didactic acquis.

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