THE IMPACT OF PALLIATIVE CARE ON THE PATIENT'S FAMILY MEMBER IN THE CITY OF CAMPO GRANDE-MS

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ABSTRACT

This study analyzed the impact of palliative care on the family members of patients in the city of Campo Grande, MS, standing out for its relevance in a context of population aging and increase in chronic diseases. The main objective was to investigate how this care affects the psychoemotional of family members. Using a qualitative approach, semi-structured interviews were conducted with seven family members of patients in palliative care, selected for their willingness to share personal experiences. The interviews addressed topics such as the perception of palliative care and the emotional impact of this care, submitted to content analysis according to Bardin. The results revealed that palliative care, despite being associated with the terminal phase of life, is perceived positively by family members, who highlight the importance of the emotional and practical support received.

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The analysis pointed out that care helps to relieve the emotional load, offering a safety net and allowing family members to better cope with the situation. However, a lack of preparation and information about palliative care was also identified, which can generate additional anxiety and difficulties. It is concluded that, while palliative care offers essential support, it is necessary to improve communication and education on the subject for family members, in order to maximize the benefits and minimize the challenges faced. This study contributed to the literature by detailing the experiences of family members and suggests the need for more effective policies and practices to support both patients and caregivers in the context of palliative care.

Keywords: Psychoemotional Distress. Symptom Management. Quality of Life. Family Support.

INTRODUCTION

Population aging is a global trend that has transformed social structures and challenged health systems to adapt to the needs of an increasingly aging demographic. In some countries, the increase in life expectancy has been accompanied by an increasing prevalence of chronic and terminal conditions, which require a specific approach in treatment and care (Ismail *et al*., 2021). In this scenario, the practice of palliative care emerges, which aims to improve the quality of life of patients and their families (Abbaspour; Heydari, 2022).

Palliative Care consists of comprehensive care for the individual, covering not only the management of pain and physical symptoms, but also offering psychological, social and spiritual support. This approach recognizes the importance of considering the patient in their entirety, respecting their needs and preferences in the care process (Souza *et al*., 2022). In a country like Brazil, where the health system faces several structural and economic challenges, mainly, the effective implementation of this care can represent progress in responding to the demands of an aging population (Brasil, 2023).

At the same time, palliative care has a profound impact, not only on patients, but also on the families who accompany them. The responsibility of caring for a loved one in serious and terminal conditions can carry a considerable emotional and physical burden. Family members often find themselves in situations of stress, anxiety, and depression, facing ethical dilemmas and difficult decisions about treatment and care. Thus, understanding the impact of this modality of care has been gaining prominence within research (Delalibera; Barbosa; Leal, 2018).

The study of the impact of palliative care on the lives of family members allows a broader understanding of how these services can be optimized to better meet both the needs of patients and those who care for them (Macharia; Banke-Thomas; Beňová, 2023).

In addition to the emotional impact, palliative care also involves a complex network of practical decisions that directly affect family dynamics. The medical decision-making process and the day-to-day management of care require a high level of involvement and understanding on the part of family members. This participation can be a source of stress, but also of meaning and personal satisfaction, depending on how resources and supports are organized and accessible (Symmons *et al*., 2023).

The interaction between health professionals and family members in palliative care contexts is another important aspect in quality of life. The quality of this interaction can significantly influence the family's experience. Prepared and communicative health professionals can facilitate a smoother and less traumatic process, while deficiencies in this aspect can exacerbate existing difficulties (Andrade *et al*., 2020).

The resilience (ability to cope, overcome, and adapt to adverse situations, maintaining or recovering emotional and mental balance) of families in the face of the challenges imposed by palliative care is variable and can be influenced by several factors, including social support, access to mental health resources, and the culture surrounding death and dying. Understanding how these factors combine to shape the experience of family members can offer perspectives for improving palliative care, making it more inclusive and adaptive to the needs of each family (Oliveski *et al*., 2021).

The relevance of this study is justified both by the need to provide adequate support to families in palliative care situations and by the opportunity to improve public policies and professional practices in the area. An in-depth understanding of the emotional impact and the practice of palliative care in families can contribute to the development of more effective support strategies, ensuring a better quality of life for both patients and their families.

Thus, the research provided a detailed insight into the different dynamics that make up the experience of caring for a loved one in a pathological condition with no possibility of cure. It was desired not only to understand, but also to improve the way palliative care is administered and perceived within the family context.

To this end, the general objective of this study was to analyze the impact of palliative care on the patient's family, providing a solid basis for the development of interventions that can mitigate the difficulties faced by these family members. To complement this analysis, the research described the family's feeling towards a family member in a state of palliative care; identified the role assumed by the family in the case of the patient being in palliative care and described the feeling of the family if the treatment was suspended.

METHODOLOGY

This study was characterized as a qualitative research, using the interview as the main method for data collection. A fertile field of the human and social sciences, qualitative research is centered on language and, so to speak, everything that is said is said by someone, to someone, somewhere (Souza; Santos, 2020). The challenge for the researcher lies in obtaining plausible interpretations in the universe of narratives. Immersed in this context, qualitative research seeks the acceptance of the pluralism of forms of reporting, in a time of transition of paradigms in science, the dominant and the emerging, as reported by Santos (2008), whose knowledge becomes an integral part of sociocultural production in societies that increasingly intervene in themselves. The sample was collected by convenience, a type of non-probability sampling technique in which participants are selected for the research because they are readily available and easy for the researcher to access (Martins, 2006). The research was approved by the Ethics Committee of the Anhanguera University-UNIDERP, according to opinion CAAE 70743423.2.0000.0199.

DATA COLLECTION

A total of seven family members of patients who were receiving or receiving palliative care at a private hospital in Campo Grande, MS, were included. The participants were of both sexes, over 18 years of age, identified between E1 and E7, in which the interviews took place between August and November 2023 upon agreement with the Informed Consent Form (ICF).

The patients were assisted by the institution's matrix team, consisting of a physician, nurse, nutritionist, social worker and psychologist, in addition to the support, as needed, of the care team, composed of a nurse, nursing technician, physiotherapist and speech therapist. This multidisciplinary team, made up of trained and qualified professionals, is able to provide comprehensive and humanized care, through an individualized approach that respects the uniqueness and desires of the patient, in addition to favoring shared decision-making and global well-being. In this way, the team collaborates to relieve suffering, promote quality of life, and meet the physical, emotional, social, and spiritual needs of the patient and their families.

Only family members of patients over 18 years of age in palliative care who were willing to share their experiences were invited. Those who chose not to participate or who, after the interview, requested the deletion of their data because they felt uncomfortable with the content collected or the dissemination of their data were excluded from the study.

To collect the information, a semi-structured interview was used, developed by the researchers and inspired by the work of Arrieira *et al*. (2018), which included the following questions focused on the emotional perception of family members in relation to palliative care:

1. *How long has the family member been/been in palliative care? Has this done/been good for him?*
2. *For family members, what does it mean to have someone in palliative care?*
3. *Is it comforting for the family to prolong the patient's life even if there is no longer any possibility of cure?*
4. *What is the effect of palliative care for all involved?*
5. *For V.Sa. What is palliative care and what should it cover?*

The interviews were conducted in a reserved environment to ensure privacy and comfort for the interviewees. Participants were able to choose between answering the questions in the hospital itself or in another place of their choice. The answers were recorded in audio, using the interviewer's mobile device or the interviewee's own device, and later sent to the researchers via messaging application.

The recordings were treated with complete confidentiality, and the participants did not need to identify themselves in the recordings, although they could choose to provide general information about the patient, such as age, type of morbidity, time of treatment, and degree of kinship. All recordings will remain archived for a period of 5 years and will be destroyed after this period.

The interviewees were free to express their answers in detail, highlighting aspects that they considered relevant.

DATA ANALYSIS

Data analysis was conducted using a descriptive analytical approach, as proposed by Bardin (2010). Following the guidance that the author proposes, the following steps were taken:

Pre-Analysis

- Choice and Definition of the Theme: Select the object of study and clearly define what will be analyzed.
- Floating Reading: An initial reading of the material was done to get an overview and familiarize us with the content.
- Formulation of Questions: Questions and objectives were elaborated that guided the analysis, helping to create categories regarding the relevant aspects of the text.

Exploitation of the Material

- Coding: After identifying the segments considered relevant by the researchers to meet the objectives of the research, the categories were defined.
- Construction of Categories: Each category should reflect, from the perspective of the researchers, a recurring idea or theme in the material.

After completing the previous steps, the analysis and preparation of the report began.

This method allowed a deep exploration of the discourses, considering the individuality of the subject who uttered them, allowing us to understand the subjective modifications and implications of these discourses as described by Foucault (2013).

RESULTS AND DISCUSSION

The results of this study are presented through the main categories that emerged from the interviews with family members of patients in palliative care. These categories reflect the complex emotional and practical dimensions experienced by these family members when facing the reality of palliative care. Chart 1 shows the answers of the interviewees in relation to the appearance of the family member's health problem:

Chart 1: Perceptions of the interviewees regarding the appearance of the health problem within the family.

Interviewee	Perception of the interviewees regarding the appearance of the problem in the family	Perception Categories
E1	*"We didn't know how to deal with it, if we had to hide or tell the truth" [whether or not the patient should know about his disease]"if he had the right to know" [if the patient had the right to know about his condition] -"He already has a concern" [the patient is already worried about his condition] -"She was very stressed, agitated, at home with her family"*	Uncertainty Insecurity
E2	*"Honestly, I don't think I know like that. Exactly, I don't know how to tell you, the term. But, I believe that is what I have been doing, taking care of him at home, giving assistance, what is within my reach"*	
E5	*"No, well, all new." [The information on palliative care is new.]" When I had her the first reaction was to scare, totally, wow, I was afraid to touch her, I was afraid of everything. "It's all very [different, new], so we don't have a perception, it's super difficult" [...]" Very difficult and when you don't know it gets worse because you don't know what you're doing good and bad, Lord help me"*	
E6	*"We received her here at home, it was like this, I didn't sleep" [out of concern] "After my husband was hospitalized, I am terrified of health"*	
E7	*"It was very difficult, right, [in relation to understanding palliative care]"*	Denial
E3	*"And it was something that at the time I already refused, because when I put it in Palliative Care it is as if I had given a death sentence, as if I had already taken away all hope of my son's life, you know? So, at the time, I didn't accept it"*	
E4	*"I didn't accept the condition that he had lost everything and was bedridden"*	
E5	*"While I didn't go there and cry" [the weight of suffering relieved by crying] "Very difficult and when you don't know, it gets worse because you don't know what you're doing good and bad" [...] "It's very stressful in an emotional sense."*	Suffering
E6	*"we received her here at home, it was like this I didn't sleep" [out of concern] "Wow because we are already waiting for an event, hospitalization, death]".*	
E7	*"[About the family member in palliative care] thank God I'm very strong..."*	Overcoming

This sequence of reports may represent the stages of a process that goes from uncertainty to overcoming and indicate the contribution of family members in this process.

Chart 2 shows the answers of the interviewees regarding the perceptions of the interviewees regarding the initial proposition of palliative care offered to the loved one:

Chart 2: Perceptions of the interviewees at the beginning of palliative care offered to their family members.

Interviewee	Perception of the interviewees regarding the beginning of palliative care offered to their family members.	Perception Categories
E1	*-"It's very safe" [palliative care] "After that, she's more serene, more supported, it seems that she's calmer, feeling more supported"*	Confidence Safety
E1	*[Palliative care]-"it is a general assistance, in health, in the psychological part of the patient and the family" [It is a care that] "covers everything"*	Benefits of assistance
E2	*"For me it was great."*	
E3	*"Sometimes you're in a situation there that, many times, a word of comfort, right, often an attention that the person gives you, is worth more, for you who are in that situation there, I think that if they were another type of approach, you can be sure that everything would be more difficult." [accept the condition of the family member] "And even to make that rejection I had, become an acceptance."*	
E4	*"Have quality of life until the time comes"*	
E5	*"Ours is another level"; "And my relative will stay away from us, and then it's much better that way"; "It's a 24-hour care, right"*	
E6	*"The person gets sick and I don't know what to do, but it's very easy with them here you know all the time, they come to speech therapists, they come to nutrition, physiotherapists"; "Over time we saw that she was improving, improving, and today she has been here with us for 6 months, right."*	
E7	*". [Demonstration of faith]I have a lot of faith that he will make it, right, so that's it, I think he will win with all this help."*	

The facts reported here corroborate the hypothesis raised in the previous item about the contribution of the care received from the professionals.

Chart 3 shows the answers of the interviewees about the attention of Palliative Care professionals:

Chart 3: Interviewees' perceptions of the attention of Palliative Care professionals.

Interviewee	Perception of the interviewees regarding the attention of Palliative Care professionals	Perception Categories
E1	*"They explained it to us... that calmed us down a lot"; "Qualified team"* *[Proper Guidance] "He really knows how to tell you how to direct himself right"*	Service approval
E2	*"It does help, for sure."*	
E3	*"But later, I liked it, because of the professionals who came here, because the way they arrived, like this, brought tranquility, managed to work together with me too, because I was very afraid, a wonderful team. I can only thank you."*	
E4	*"It's essential, the doctor's visit, the follow-up, it's essential, like that, everything."*	
E5	*[Team] "give me all the support then she has already come, she has already measured the pressure" [Attentive and helpful*	

	team] "So she is very professional"; "I'm learning from them so for me it's almost a technique"	
E6	*"With the service came a psychologist, talked here with us. He said no, that's how it is, he explained what the system was like. So he accepted it well."*	
E7	*"Here at the hospital, the girls take very good care of him, there is even a nurse who is a step-granddaughter for him."*	

The testimonies indicate how the professional approach generated benefits.

ANALYSIS OF THE INTERVIEWEES' STATEMENTS REGARDING THE APPEARANCE OF PALLIATIVE CARE IN THE FAMILY

Finding resilience in difficult times

Even in the midst of the adversities brought about by the diagnosis and the need for palliative care, some family members manage to find a surprising strength that helps them face the situation with hope and courage.

In the context of illness, resilience would be the ability of an individual to deal with illness by accepting the limitations imposed on him in the face of his new condition (Angst, 2011).

In this way, no disease is the same for different people, being capable of provoking different and unique reactions to each one.

Resilience has also been associated with post-traumatic growth, which are positive life changes resulting from major life crises or stressful events (Seiler; Jenewein, 2019). Coping with adversity can result in stronger relationships with friends and family and greater appreciation for life, which can increase an individual's resilience and personal strength against life's challenges (Tedeschi; Calhoun, 1996)

Attention to the biopsychosocial and spiritual has been identified as an essential protective factor that promotes resilience against psychological distress (Bagereka *et al.*, 2023). This attention alleviates symptoms of depression, anxiety, and addiction in several clinical populations (Hofmann *et al.,* 2010). Resulting in increased resilience through its decentralization process or the ability to observe negative thoughts and emotions without judgment, leading to an increased tolerance for distress, reduced emotional reactivity, and decreased over-engagement with negative thoughts and emotions (Thompson *et al.,* 2011)

- E2: "*For me it was great*", "*Yes, it helps, for sure*", "*It's easier, less suffering*. *It is, and there are things I don't know how to deal with*." The family member expresses a feeling of relief and support received from palliative care, highlighting how this care makes the situation more manageable. The statement suggests that, despite the difficulties inherent to the process, the assistance received helped to simplify daily challenges, reducing suffering and providing tools to deal with previously unknown or intimidating aspects of the situation.

- E7: "*It was very difficult, right, but I'm doing it well, thank God I'm very strong...*". This statement of the family member expresses resilience in the face of adversity. Despite the difficulties, the interviewee finds strength and maintains a positive perspective, indicating an important adaptive capacity in palliative care contexts.

Unpreparedness: Navigating uncertainty

Introduction to the concept of palliative care often comes unannounced, leaving families confused and ill-prepared to make informed decisions. This lack of preparation can significantly increase anxiety and stress during an already difficult time.

> Fear or anxiety can be defined by a constellation of measures in each of the three response systems: what one does, behavior, what one thinks or says, language and what one feels in the face of a real or imagined threat, physiology (Baptista; Oak; Lory, 2005, p. 03).

- E1: "*We didn't know how to deal with it*", "*If we had to hide or tell the truth*", "*If he had the right to know*". The family member reveals a significant lack of preparation and confusion about how to approach the situation with the patient, reflecting the need for support to deal with ethical and communicative dilemmas.
- E2: "*Honestly, I don't think I know like that. Exactly, I don't know how to tell you, the term. But, I believe that it is what I have been doing, taking care of him at home, giving assistance, what is within my reach". The family member's statement here reflects a significant level of uncertainty and lack of information about what* palliative care really involves. Although he is doing his best in caring for the patient at home, there is an implicit recognition that he may not be fully equipped or informed about all the options and best practices in palliative care. This expression of uncertainty highlights the need for clear communication and ongoing education for families involved in palliative care so that they can act more effectively and confidently.
- E3: "*And it was something that I refused at the time, because when I put it in Palliative Care it 's as if I had given a death sentence, as if I had already taken away all hope of my son's life, you know? So, at the time, I didn't accept it*." The family member indicates a reaction of shock and denial, associating palliative care with an imminent loss, which can complicate acceptance and cooperation in the care process.
- E5: "*No, well, everything new*", "*When I had her the first reaction was to scare, totally ours, I was afraid to touch her, I was afraid of everything*", "*It's all a lot then, we don't*

have a perception, it's super difficult", "*Very difficult and when you don't know it gets worse because you don't know what you're doing good and bad*". Here, the interviewee expresses a deep feeling of uncertainty and fear, underlining the complexity of the challenges faced by family members who suddenly see themselves as caregivers.

- E6: "*We received her here at home, and so I didn't sleep*", "*After my husband was hospitalized, I'm scared to death of my health*". The family member shows the ongoing anxiety and stress experienced by the respondent, significantly impacting their emotional and physical well-being.

Suffering: Confronting the Reality of Palliative Care

Diagnosing a condition that needs palliative care often brings with it not only practical challenges, but also a profound emotional impact for family members. This topic explores the expressions of suffering reported by the interviewees, reflecting the complexity of their emotional experiences.

According to Araújo (2022), anxiety is a condition that, when experienced in an exacerbated way, causes intense psychological suffering and different elements can trigger it throughout the subject's life.

- E1: "*She already has a concern*", "*She was very stressed, agitated at home with her family*". Here, the negative emotional impact on family relationships and the domestic environment is highlighted , caused by the health situation of the loved one.
- E4: "*I didn't accept the condition that he had lost everything and was bedridden*". The family member is able to reflect the emotional pain and the challenge of accepting the new reality of the patient's dependence and loss of autonomy.
- E5: "*While I didn't go there I cried*", "*Lord help me*". It illustrates moments of despair and the search for spiritual comfort in the midst of the distressing situation.
- E6: "*Wow because we are already waiting*." The familiar signals a constant anticipation of bad news or complications, contributing to an atmosphere of tension and anxiety.

ANALYSIS OF THE INTERVIEWEES' STATEMENTS REGARDING THE INITIAL PROPOSITION OF PALLIATIVE CARE

Change with hope and recognition

This acceptance of the palliative care approach for family members without therapeutic possibilities is close to the concept of serenity (Gelassenheit) or "letting it be", described by Martin Heidegger [1889-1976].

This being awake to serenity is obviously not something that can be planned or provoked by any means, but, in the words of the philosopher, serenity can only be allowed, "it awakens when our being is allowed to access something that is not a will" (Saramago, 2010, p.164). Serenity, therefore, involves waiting, and even identifies with it. It is a waiting of a unique nature, which implies a kind of openness to whatever comes next, in a free way and not directed to any object. Serenity is presented by Heidegger as the highest form of human action.

Positive acceptance of palliative care can be an indication of relief and hope for families facing serious illnesses. The positive responses highlight how the palliative care team, through its understanding and caring approach, manages to transform a period of uncertainty into one of support and dignity. This section explores how respondents perceived the introduction of palliative care as a key element in improving patients' quality of life and providing an emotional and practical safety net for them and their families.

- E1: "*It was very good*." This simple and direct expression of the family member reflects a positive acceptance of palliative care, suggesting that the introduction of this care was seen as beneficial.

- E3: "*And so, when I received the palliative people, for me, it was wonderful, because as much as it is a difficult time, the professionals are exceptional. Care. Kindness. The way they come, even to take care of their child*." The family member highlights the human and professional quality of palliative caregivers, emphasizing how the compassionate and competent approach of the professionals relieved a moment of great difficulty, significantly improving the experience during a challenging period.

- E4: "*I know today may be his last day, but he will have dignity until the end with us*." The family member deeply values the dignity preserved through palliative care, emphasizing the importance of maintaining the patient's dignity until his last days.

- E5: "*At first it's scary, but then we think that's the best way. In this state she is in is the best*". Initially, the family member was afraid of the proposal of palliative care, but over time he recognized that this was the best option given the patient's condition, reflecting a process of acceptance and understanding of the benefits of care.

- E6: "*It's greater security because we don't have any understanding*." It expresses how palliative care provides a sense of security in the midst of the complexity of the medical situation, indicating that the presence of qualified professionals offers crucial support for the family.

- E7: "...*I have to give it to God, right? And ask for everything to work out. So that's it, now I'm calmer*." The family member reports a spiritual surrender and an emerging calm after accepting palliative care, suggesting that, in addition to medical support, there is a significant emotional and spiritual component to their experience.

Lack of information and understanding of the process and acceptance

- E2: "*No one ever came to talk about palliative care", knowing about care, right, with him, never happened. So I always looked for it* myself", "*I had heard about it, but I was never interested*", "*Ahem, yes, it was difficult for me to go through the situation, because it is a very new thing. Right. You don't know how to react, what to do. And you want to try to help, but not everything is within our reach, right?"*

The lack of prior knowledge about the meaning of palliative care and its functioning seems to have left the family member in a position of discomfort and impotence, highlighting an insecurity in a support that is essential to facilitate and promote quality of life for the patient.

ANALYSIS OF THE INTERVIEWEES' STATEMENTS REGARDING THE PROVISION OF PALLIATIVE CARE

Support: Feeling of security and integral support

The offer of palliative care is often received as a substantial support not only for the patient, but for the whole family. This topic explores how respondents perceived this care as a comprehensive support that alleviates physical, emotional, and psychological difficulties, providing a sense of security and understanding.

- E1: "*It is very safe*", "*It is general assistance, in health, in the psychological part of the patient and the family*", "*It covers everything*". These statements highlight the perception of safety and comprehensiveness of palliative care, emphasizing that the support extends beyond the physical, also encompassing the psychological needs of the patient and the family, which demonstrates the depth and comprehensiveness of the care offered.

- E3: "*Sometimes you're in a situation there that, many times, a word of comfort, right, often an attention that the person gives you, is worth more, for you who are in that situation there, I think that if they were another type of approach, you can be sure that everything would be more difficult*". It reflects the importance of emotional support and human understanding in the palliative care process, indicating that the way professionals approach it can significantly relieve the stress of the situation.

- E5: "*Ours is another level*", "*And she would be far from us, and then it's much better that way*". The statement expresses a significant improvement in the quality of the care received, perceiving it as superior and more appropriate for the patient's condition.

- E6: "*The person gets sick and I don't know what to do, but it's very easy with them here you know all the time, they come to speech therapists, they come to nutrition, physiotherapists...*", "*Over time we saw that she was improving, improving, and today she has been here with us for 6 months, right*?". The family member highlights the relief of having constant professional support and the observation of improvements in the patient, emphasizing the effectiveness of interdisciplinary care at home.
- E7: "*... I have a lot of faith that he will make it, right, so that's it, ... I think he's going to win*." Although this comment may seem more hopeful than directly related to support, it may also reflect a sense of support and positivity generated by the palliative care received.

Acceptance: Willingness to accept the help that Palliative Care provides

Acceptance is essential when dealing with difficult situations, such as having a family member in palliative care. It involves acknowledging reality, without resisting or judging, allowing pain and suffering to exist without being amplified by denial. The practice of radical acceptance, for example, proposes that we accept painful circumstances as they are, without trying to change them, which helps to reduce emotional distress (Vanourek, 2023). In addition, the use of mindfulness, a mental practice that consists of being completely present and aware, without judgment, without being carried away by automatic reactions, can bring more inner peace in this process (Berkeley Wel-Being Institute, 2023).

Thus, accepting a loved one's status in palliative care allows the family to focus on offering comfort and emotional support, rather than resisting the inevitable reality, which can facilitate an environment of peace and understanding during this time (Vanourek, 2023).

This topic focuses on family members' acceptance of palliative care, which often begins with hesitancy to share the responsibility of care, but gradually turns into an appreciation for the quality of life that such care can provide. The comments reflect a transition to a deep acceptance of the situation and a recognition of the importance of ongoing care.

- E1: "*After that, she's more serene, more supported, it seems that she 's calmer , feeling more supported*". It shows how palliative care helps the patient achieve greater peace of mind and emotional support.
- E3: "*And even making that rejection I had, become an acceptance*". The family indicates a significant change in perception, where the offer of palliative care transformed an attitude of initial rejection into acceptance, highlighting the importance of a careful and informative approach.

- E4: "*Have quality of life until the time comes*". The family member values the maintenance of the quality of life provided by palliative care, emphasizing the focus on the patient's dignity until the end.
- E5: "*Yes. Because it's a 24-hour care, right*". This is a statement that expresses the recognition of the value of continuous care available at any time, which is fundamental to ensure the patient's well-being.

The emotional challenges of Palliative Care

Despite the many positive aspects of palliative care, it can also bring significant challenges, especially on the emotional level. This topic addresses the difficulties that may still arise even though you receive the substantial support that palliative care provides. A family member expresses his reality by stating: "It's very stressful in such an emotional sense". This statement highlights how, although care is comprehensive and useful, it can also be a source of emotional tension for family members. This experience is not isolated; Holland and Lewis (2000, p. 45) argue that "the emotional challenges that accompany palliative care are often underestimated by health professionals". This leads us to reflect on the emotional burden that many face in this process. In addition, Kübler-Ross (1969) emphasizes that pain and grief reactions are common, revealing the complexity of the emotions involved. These statements and insights offer a comprehensive view of the family members' experience, highlighting both the numerous benefits and emotional challenges that accompany this type of care.

- E5: "*It's very stressful in the emotional sense*." Despite the positive aspects, the family member points to the emotional stress that accompanies the situation, stressing that, although care is comprehensive and useful, it can also be a source of emotional tension for family members.

These statements offer a comprehensive view of the experience of family members with the provision of palliative care, highlighting both the numerous benefits and the emotional challenges that accompany this type of care.

ANALYSIS OF THE INTERVIEWEES' STATEMENTS REGARDING THE ATTENTION OF PALLIATIVE CARE PROFESSIONALS

Effectiveness and empathy in service

According to Dedivitis (2024), empathy, in the face of health care, "is a cognitive quality that involves the ability to understand the patient's internal experiences and perspectives and the ability to communicate this understanding"Also according to Dedivitis

(2024), "empathy is one of the central characteristics of medical professionalism in a holistic view of health" Humanization in patient care needs empathy in its structure.

In palliative care, the quality of care and the ability of professionals to connect with patients and families are fundamental. This topic covers the statements that illustrate the positive perception of the interviewees about the care received from the professionals involved. The statements show not only the technical competence, but also the empathetic approach that contributes significantly to the emotional and physical well-being of the patients. This posture calms and guides the family during a challenging time.

- E1: "*They explained to us... this calmed us down a lot*", "*Trained team*", "*It really knows how to tell you how to direct yourself right*". The family member highlights the effective communication and competence of the palliative care team, noting how the clarity of explanations and professionalism helped calm and guide the family during a challenging time.

- E3: "*But later, I liked it, because of the professionals who came here, because the way they arrived, like that, they brought tranquility, they managed to work together with me too, because I was very afraid [...] A wonderful team. I can only thank you*". The statements express appreciation for the empathetic and reassuring approach of the professionals, who not only provided medical care, but also offered significant emotional support, facilitating a partnership in care.

- E4: "*It is essential, the doctor's visit, the follow-up, it is essential, like, everything*". The family member values the regularity and importance of medical visits, indicating that continuous monitoring is essential for the patient's well-being."

- E5: "*Give me all the support then she has already come, she has already measured the pressure", "So and it's very professional*", "*I'm learning from them so for me it's almost a technique*". It highlights the comprehensive care and continuous learning provided by caregivers, who not only perform medical procedures, but also educate and train family members in patient care.

- E6: "*With the service came a psychologist, who talked to us here. He said no, that's how it is, he explained what the system was like. So he accepted well*" the psychological support provided, highlighting how the clear explanation about the palliative care system helped in the family's acceptance and understanding of the process.

- E7: "*Here at the hospital the girls take very good care of him, there is even a nurse who is a step-granddaughter for him*". He praises the personal and affectionate care received, where the relationship transcends technical professionalism and becomes a more personal and comforting bond.

These collective statements of the interviewees show the importance of professionalism, empathy, and effective communication of palliative care professionals. They reveal how a competent and caring team can transform the experience of coping with a terminal illness, providing not only medical relief but also emotional comfort and psychological support, crucial for patients and their families.

Adverse Comments

In many discussions of health care, especially in contexts as delicate as palliative care, the absence of negative *feedback* is as revealing as the presence of praise.

This topic does not include specific statements of the interviewees, which may suggest several possibilities: that the care was administered satisfactorily, that the interviewees felt supported and respected, or that the selection of the interviewees does not include those who could have negative experiences to share; in addition to including the possibility that patients or families feel uncomfortable expressing dissatisfaction or that they have a perception limited than what could be improved.

CONCLUSION

As exposed, the research achieved its objectives and was able to evaluate the impact of palliative care on the patient's family and interventions that can mitigate the difficulties faced by these family members. The predominant feelings in families or people involved in palliative care were also analyzed and described.

By observing the process that goes from uncertainty to relief and overcoming, it becomes evident that palliative care plays a fundamental role in preserving the dignity and well-being of patients and their families. It is not only about alleviating physical suffering, but about providing comprehensive care, which respects life in all its phases. Offered by institutions and trained professionals, this care represents an indispensable humanized practice, allowing the fragility of the being to be accompanied by respect and acceptance.

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