


NURSING IN THE PALLIATIVE CARE OF CANCER PATIENTS: AN INTEGRATIVE REVIEW**ENFERMAGEM NOS CUIDADOS PALIATIVOS DOS PACIENTES ONCOLÓGICOS: REVISÃO INTEGRATIVA****LA ENFERMERÍA EN LOS CUIDADOS PALIATIVOS DEL PACIENTE ONCOLÓGICO: UNA REVISIÓN INTEGRADORA** <https://doi.org/10.56238/sevened2025.021-032>**Andréia Mura Peres¹****ABSTRACT**

The aim of this article is to explore the literature on palliative care nursing for cancer patients, emphasizing the importance of this care in improving the quality of life of patients in the advanced stages of serious and terminal illnesses. Through the analysis of eight relevant articles, it was possible to select five that demonstrated the importance of nurses specializing in palliative care, who have specific skills and knowledge to deal with the complex and varied needs of patients and their families. Continuing education and a commitment to ethics are fundamental to ensuring that palliative nursing care is provided in the most effective and humanized way possible, providing comfort and relief to patients in their most delicate moments.

Keywords: Oncology nursing. Palliative care. Quality of life.

RESUMO

Este artigo tem como objetivo conhecer a literatura sobre enfermagem em cuidados paliativos para pacientes com câncer, enfatizando a importância desses cuidados na melhoria da qualidade de vida de pacientes em estágios avançados de doenças graves e terminais. Através da análise de oito artigos relevantes, foi possível selecionar cinco que demonstraram a importância de enfermeiros especializados em cuidados paliativos, que possuem habilidades e conhecimentos específicos para lidar com as necessidades complexas e variadas dos pacientes e suas famílias. A educação contínua e o comprometimento com a ética são fundamentais para garantir que os cuidados paliativos na enfermagem sejam prestados da maneira mais eficaz e humanizada possível, proporcionando conforto e alívio aos pacientes em seus momentos mais delicados.

Palavras-chave: Enfermagem oncológica. Cuidados paliativos. Qualidade de vida.

RESUMEN

El objetivo de este artículo es explorar la literatura sobre cuidados paliativos de enfermería para pacientes con cáncer, haciendo hincapié en la importancia de estos cuidados para mejorar la calidad de vida de los pacientes en fases avanzadas de enfermedades graves y terminales. Analizando ocho artículos relevantes, fue posible seleccionar cinco que demostraban la importancia de las enfermeras especializadas en cuidados paliativos, que poseen habilidades y conocimientos específicos para tratar las complejas y variadas

¹ amperes@funecsantafe.edu.br



necesidades de los pacientes y sus familias. La formación continua y el compromiso con la ética son fundamentales para garantizar que los cuidados paliativos de enfermería se presten de la forma más eficaz y humanizada posible, proporcionando consuelo y alivio a los pacientes en sus momentos más delicados.

Palabras clave: Oncology nursing. Palliative care. Quality of life.

INTRODUCTION

Cancer patients are carriers of cancer, which is a name used to describe a variety of diseases, which can be different from each other, but begin with the abnormal multiplication of cells, which invade tissues and organs, and can be benign, with organized growth, usually slow, which do not invade neighboring tissues, but can compress adjacent tissues and organs, and malignant ones that manifest in a more severe form, being able to invade neighboring tissues and spread throughout the body for purpose (Oncoguia Institute Team, 2020).

A broader definition of palliative care is presented as "active total care of patients and their families by a multidisciplinary team when the patient's disease no longer responds to curative treatment and life expectancy is relatively short. Palliative care responds to physical, psychological, social and spiritual needs and extends, if necessary, to support grief" (Pimenta *et al*, 2006).

Therefore, palliative care aims to integrate the physical (biological), psychic (emotional), social and spiritual aspects of the patient, with the main goals being effective symptom control and maintenance of quality of life. It is important to emphasize that quality of life is a subjective concept, related to satisfaction with life and well-being, and it depends on the life history of each person, personality aspects and the current phase of the disease (Mota *et al*, 2006).

In order for quality of life to be achieved, there is a need for an interdisciplinary team to work with the patient and their families, who are considered a care unit. The performance of an interdisciplinary team is the result of knowledge of the competence of each professional and respect for this competence. For interdisciplinarity to occur, it is essential that there is dialogue between professionals and that communication is clear and frank, even in difficult situations or conflicts between members (Pimenta *et al*, 2006).

Sharing anguish, difficulties, insecurities, fragilities and also joys and victories obtained strengthens the bonds of the interdisciplinary team, enabling a more serene and coherent care for the terminal patient. One professional depends on the other, because in palliative care it is practically unfeasible to act in isolation in a fragmented way. A single professional category does not have all the necessary competencies to meet the physical, psychological, social and spiritual dimensions affected (Cruz *et al*, 2006).

In the context of palliative care, the performance of trained professionals is, without a doubt, a primary requirement for quality care. Among them, the role of the nurse in palliative care stands out (Pimenta *et al*, 2006).

The palliative approach also values open and honest communication between the medical team, the patient, and their family, so that everyone can make informed decisions about treatment and care. The ultimate goal is to provide physical, emotional, and spiritual comfort, ensuring the patient's dignity and quality of life until the end (Campos *et al*, 2019).

There are situations in which the doctor, often colluding with family members, omits information about the terminal situation, preventing the patient from making the appropriate decisions for him or even rejecting a certain treatment. As there is no veracity in the doctor-patient relationship, the conducts taken are not always the best for the patient. This has repercussions in aggressive treatments that will not change the prognosis in terms of cure or improvement. Futile treatment is used or dysthanasia is performed, which does not offer benefits, on the contrary, it offers more suffering, especially if combined with the lack of control of symptoms (Cruz *et al*, 2006).

The nurse, together with other members of the palliative care team, must provide conditions for the patient to have a dignified, serene, suffering-free death shared with family members. One of the goals of palliative care is orthothanasia, which does not anticipate death or prolong it (Mota *et al*, 2006).

The physician determines the treatment, as well as the information on the diagnosis and prognosis, but the nurse is committed to discussing with the physician the conduct that may not benefit the patient or prevent him from using his autonomy, harming him (Mota *et al*, 2006).

It is recommended that palliative care be introduced as early as possible in the disease process, to ensure that the patient receives appropriate care from the beginning. However, in cases where the disease progresses rapidly or when the patient opts for aggressive curative treatments, palliative care can be started later, when cure is no longer possible (Cruz *et al*, 2006).

It is important to emphasize that palliative care is not only for the final moments of life, but can be offered throughout the course of the disease, adapting to the needs of the patient at different stages (Pinto *et al*, 2012).

The timing of caring for a terminally ill palliative patient can vary depending on the specific situation, but it is important that palliative care is considered as early as possible to ensure a holistic and compassionate approach to patient care. It is essential to discuss options with medical staff, including palliative care physicians, to help make informed decisions tailored to the patient's individual needs (Pinto *et al*, 2012).

The nurse plays a crucial role in palliative care, providing direct care and support to patients and their families. Palliative care nurses possess a specific skill set and knowledge

to address the complex and varied needs of patients in advanced stages of serious and incurable diseases (Hermes, 2013).

This study aimed to know the aspects addressed in scientific publications on nursing in palliative care in cancer patients.

METHODOLOGY

The present study is characterized as an integrative review of the literature on scientific productions on palliative nursing care in cancer patients. The formulation of the guiding question of this study was defined based on the following question: How is palliative nursing care in cancer patients being addressed in the literature?

Data collection took place in April 2023. The review was performed using the National Library of Medicine (PUBMED), an open-access search engine to the electronic database International Literature on Health Sciences (MEDLINE). Using the descriptors Enfermagem oncology; Palliative care; Quality of life and the translation of the associated words in English Oncology Nursing; Palliative Care and Quality of Life.

Articles were selected according to the following inclusion criteria: articles available in full, free of charge and from the last five years; be written in English and Portuguese. The exclusion criteria were: repeated publications among the databases, abstracts of congresses, channels, editorials, monographs, dissertations and theses.

First, the articles were selected by title and then by abstract. In this stage, eight articles were selected that related to palliative nursing care in cancer patients.

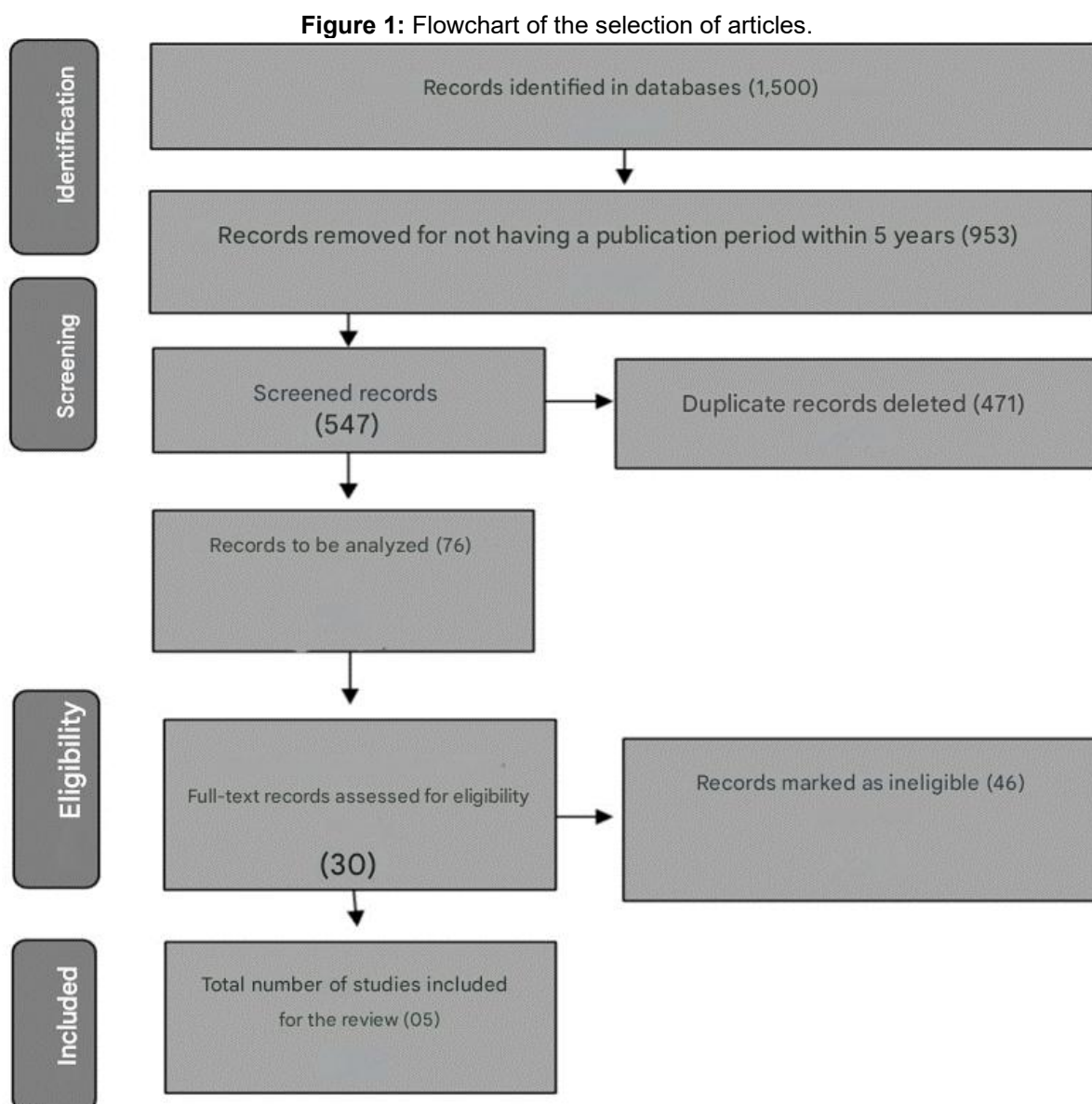
After reading the texts in full, 05 articles were selected from the database, which will be discussed in the present study. The included articles were described in thematic categories according to the relationships presented by them between palliative nursing care in cancer patients. The data analysis was based on the literature pertinent to the theme.

It is noteworthy that the ethical and legal aspects were respected, considering that publications from national journals were used, whose authors were cited at all times when the articles were mentioned.

RESULTS AND DISCUSSION

Through searches, it was possible to find 1,500 articles that corresponded to the researched theme. Only articles with a publication period within the last five years were selected, in which 35 articles were left for analysis and 46 were excluded because they were duplicates, leaving 30 articles to be analyzed. A more detailed selection was made

and 8 articles were pre-selected for the study. After applying inclusion and exclusion criteria, 5 articles were selected to carry out the study. Presented in figure 1.



More information about the publications selected for this study can be found in Table 1, below:

Chart 1 - Distribution of articles according to authors, title, journal, year and objective

AUTHORS	TITLE	PERIODIC	YEAR	GOAL
Mahsa Zaki-Nejad, Alireza Nikbakht-Nasrabadi, ArpiManookian, Ahmadreza Shamshiri	The Effect of Dignity Therapy on the Quality of Life of Cancer Patients in Palliative Care	Iran J Nurs Midwifery Res	2020	Therapy involves exploring and promoting the patient's values, purposes, and sources of meaning, as well as addressing emotional and existential issues.
Betty Ferrell, Tami Borneman, Anna Cathy Williams, Angela Scardina,	Integrating Palliative Care for Patients in Clinical Trials:	Asia Pac J Oncol Nurs	2020	Nurses play a key role in this process, as they are involved in the direct care of

Patricia Fischer, Thomas J Smith	Opportunities for Oncology Nurses			patients and have a holistic perspective on their needs.
Xiaoyu Wu, Zhihuan Zhou, Yiheng Zhang, Xiaoyan Lin, Meng Zhang, Fulin Pu, Meifen Zhang	Factors Associated with End-of-Life Care Behaviors Among Chinese Oncology Nurses: A Cross-Sectional Study	Asian Nurs Res (Korean Soc Nurs Sci)	2021	To describe the behavior of nurses in relation to terminal cancer patients and to seek explanations for these behaviors.
Lawrence Drudge-Coates, Erik van Muilekom, Julio C de la Torre-Montero, Kay Leonard, Marsha van Oostwaard, Daniela Niepel, Bente Thoft Jensen	Bone Health Management in Cancer Patients: A Survey of Specialist Nurses	Support Care Cancer	2020	Improve the quality of life of cancer patients with attention focused on their bone health, since patients undergoing treatment may have bone loss and/or metastases.
Kun-Ming Rau, Shiow-Ching Shun, Shih-Hsin Hung, Hsiu-Ling Chou, Ching-Liang Ho, Ta-Chung Chao, Chun-Yu Liu, Ching-Ting Lien, Ming-Ying Hong, Ching-Jung Wu, Li-Yun Tsai, Sui-Whi Jane, Ruey-Kuen Hsieh	Management of Cancer-Related Fatigue in Taiwan: An Evidence-Based Consensus for Screening, Evaluation, and Treatment	Jpn J Clin Oncol	2023	Develop recommendations for screening, evaluation, and treatment in order to improve fatigue symptoms in cancer patients.

Source: Prepared by the authors of the article.

This integrative review aimed to learn about palliative care in the terminal phase, which focuses on alleviating the physical, emotional, social and spiritual suffering of patients, instead of seeking a cure for the disease, but rather seeking an improvement in the patient's quality of life, even when a cure is not an option.

Oncology nurses are essential in efforts to integrate the patient into palliative care and support family members to this care, which improves participation in clinical trials and evidence supports that survival increases when receiving this palliative care (Ferrell, 2020).

Nurses play a fundamental role in addressing the concerns of the quality of life of this population, and the support offered by them to patients helps in the advancement of the oncology field. When palliative care is implemented early in the disease and treatment, it has a beneficial increase over when it is implemented in the last weeks or months of life. And providing patient education about care options and palliative support during treatment helps to control symptoms and the patient's sense of hope, and making service providers aware of community palliative care resources would allow for better patient support and benefit treatment plans (Ferrell, 2020).

According to Vassoura *et al*, (2015) when patients and their families find themselves in the situation of having to change the focus from life extension treatment to comfort-

oriented care, there will be psychological consequences, and spiritually they find hope and the meaning of life.

And within this context, Ferrell *et al*, (2015) mentions that when the disease enters the final phase and the patient has to face the decision to change the treatment, nurses need to provide support and care to patients and family members with maximum empathy.

Corroborating these articles, Xiaoyu *et al*, (2021) report that oncology nurses generally prioritize the physiological needs of patients, in what is in accordance with basic human needs, in addition to controlling pain and some symptoms, it is important to meet social, spiritual, and psychological needs and provide special care.

Cancer brings patients physical, psychosocial, existential and spiritual problems that impact their quality of life, and being an integral concept in nursing that together with interdisciplinary collaboration in different aspects of patient care, is useful to improve the quality of care, and in some countries such as Canada, Australia, England, China etc. They have implemented dignity therapy which is considered an intervention developed for the patient to be able to deal with psychological and physical suffering in situations of incurable diseases such as cancer. (Houmann *et al*, 2014); (Borhani *et al*, 2016); (Nejad *et al*, 2020).

This therapy is beneficial for patients with high levels of distress. A trained therapist asks patients a series of open-ended questions that encourage them to talk about their life and important events, the words are recorded, transcribed and revised, and then reflected to the patients in a few days so that there is time for the final version that will be given to the family as a souvenir. Dignity therapy is an effective way they have found for patients to find meaning in the later stages of life and to have the chance to share their story (Houmann *et al*, 2014); (Borhani *et al*, 2016); (Nejad *et al*, 2020).

Some cancer patients may experience bone metastases or treatment-induced loss (CTILB), and these complications result as a burden on both patients and providers. Although nurses are not always prepared on how they can help patients' bone health, this management of complications is becoming more important as cancer survival rates have improved. These advances in the practice of oncology nursing bring benefits to patients by improving the management of their bone health, thus improving their quality of life (Coleman *et al*, 2014); (Drudge *et al*, 2020).

Several barriers are found for patients to receive the proper care possible, due to the lack of training and specialization of nurses. But there is room to improve this level of knowledge and the involvement of nurses in the management of these patients, these improvements would be possible if they had practical educational programs and training

courses, fully available for specialist nurses to be able to become familiar with the subject and be able to support the bone health of patients (Coleman *et al*, 2014); (Drudge *et al*, 2020).

Studies show that cancer-related fatigue is one of the most common problems and that it persists in being experienced by cancer patients (malignant tumor), they can suffer severe fatigue that brings disturbances to the quality of life and physical functions of the patient, this fatigue is little addressed in clinical care and only half of the patients receive treatment, because many of the patients do not usually mention their fatigue problems to health professionals, they often choose to endure fatigue in silence for fear of being distracted and increasing the workload of doctors and nurses (Yeh *et al*, 2011); (Rau *et al*, 2020); (Kun *et al*, 2023).

By recommending evaluations that be carried out in the first consultations with cancer patients, and making evaluations with outpatients at each return visit while hospitalized patients should be evaluated daily. This ensures that cancer-related fatigue can be detected and managed in a timely manner, and the optimal screening process with an emphasis on regularly and continuously monitoring patients' self-assessment measures, such as keeping a fatigue diary, is also encouraged (Yeh *et al*, 2011); (Rau *et al*, 2020); (Kun *et al*, 2023).

Therefore, doctors, nurses, and other healthcare professionals must learn to recognize and manage cancer-related fatigue effectively, and it is hoped that consensus will develop that can serve to increase and facilitate awareness and implementation of better practices in screening, assessing, and treating fatigue for patient benefits (Yeh *et al*, 2011); (Rau *et al*, 2020); (Kun *et al*, 2023).

FINAL CONSIDERATIONS

The palliative care provided by nurses to cancer patients is extremely important, as it helps to alleviate the physical, emotional, and spiritual suffering of patients, as well as improve quality of life and provide comfort throughout the disease process.

Nurses play a fundamental role in approaching patients and their families, offering support and guidance in relation to care. Additionally, nurses can help educate patients about palliative care and support options during treatment, which can help with symptom management.

However, there are still barriers to patients receiving adequate care, due to the lack of training and expertise of nurses. It is important that practical educational programs and training courses are offered to improve the level of knowledge and involvement of nurses in



the management of these patients. Finally, it is crucial for healthcare professionals to learn how to effectively recognize and manage cancer-related fatigue to improve patients' quality of life.

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