



ONCOLOGICAL NURSING IN PALIATIVE CARE: AN INTEGRATIVE SYSTEMATIC REVIEW

A ENFERMAGEM ONCOLÓGICA NOS CUIDADOS PALIATIVOS: UMA REVISÃO SISTEMÁTICA INTEGRATIVA

ENFERMERÍA ONCOLÓGICA EN CUIDADOS PALIATIVOS: UNA REVISIÓN SISTEMÁTICA INTEGRADORA

Danielly Nogueira de Oliveira Silva¹, Luiza Santos Paz², Silmara Santos Vieira³, Andrea Marques Vanderlei Ferreira⁴, Waldemar Antônio das Neves Júnior⁵

RESUMO

Objetivo: analisar, nas bases de dados da literatura científica, no período de 2015 a 2019, sobre a assistência da equipe de Enfermagem nos cuidados paliativos ao paciente oncológico, considerando a doença e a iminência de morte. **Método:** este estudo consiste em uma Revisão Sistemática Integrativa cujo levantamento bibliográfico foi realizado de maio a julho de 2019, buscando artigos indexados nas bases de dados Biblioteca Virtual de Saúde (BVS), SciELO, Portal Capes, *Science Direct*, PubMed e *Wiley*. Foram encontrados 16 artigos que se enquadravam na temática estabelecida. **Resultados:** os resultados apontam a importância de promover uma assistência de Enfermagem planejada e individualizada no cuidar desses pacientes, aprofundar a temática em cuidados paliativos na graduação dos enfermeiros, a utilização positiva de modelos alternativos na promoção do conforto e a relação positiva entre profissional e paciente. **Conclusões:** a equipe multidisciplinar e interprofissional tem um papel de extrema importância junto ao paciente oncológico em cuidados paliativos, discutindo e promovendo planos de cuidados individualizados, garantindo uma melhor assistência.

Palavras-chave: Enfermagem; Oncologia; Cuidados Paliativos.

ABSTRACT

Objective: to analyze, in the databases of the scientific literature, in the period from 2015 to 2019, about the assistance of the Nursing team in palliative care for cancer patients, considering the disease and the imminence of death. **Method:** this study consists of an Integrative Systematic Review whose bibliographic survey was carried out

^{1,2,3} Masters students. Federal University of Alagoas. Maceió (AL), Brazil.

^{4,5}PhDs. Federal University of Alagoas. Maceió (AL), Brazil.

from May to July 2019, searching for articles indexed in the Virtual Health Library (VHL), SciELO, Portal Capes, Science Direct, PubMed and Wiley databases. 16 articles were found that fit the established theme. **Results:** the results point to the importance of promoting planned and individualized nursing care in caring for these patients, deepening the theme in palliative care in the graduation of nurses, the positive use of alternative models in promoting comfort and the positive relationship between professional and patient. **Conclusions:** the multidisciplinary and inter-professional team plays an extremely important role with the oncology patient in palliative care, discussing and promoting individualized care plans, ensuring better assistance.

Keywords: Nursing; Oncology; Palliative care.

RESUMEN

Objetivo: analizar en las bases de datos de literatura científica, de 2015 a 2019, sobre la asistencia del equipo de Enfermería en cuidados paliativos para pacientes con cáncer, considerando la enfermedad y la inminencia de muerte. **Método:** Este estudio consiste en una Revisión Sistemática Integradora, se realizó una encuesta bibliográfica de mayo a julio de 2019, buscando artículos indexados en la Biblioteca Virtual de Salud (BVS), SciELO, Portal Capes, *Science Direct*, Pubmed y bases de datos *Wiley*. Fueron encontrados 16 artículos que se ajustaban al tema establecido. **Resultados:** los resultados apuntan a la importancia de promover la atención de Enfermería planificada e individualizada en la atención de estos pacientes, profundizando el tema de los cuidados paliativos en enfermería de pregrado, el uso positivo de modelos alternativos en la promoción de la comodidad y la relación positiva entre el profesional y el paciente. **Conclusiones:** El equipo multidisciplinario e interprofesional desempeña un papel extremadamente importante con el paciente con cáncer en los cuidados paliativos, discutiendo y promoviendo planes de atención individualizados para garantizar una mejor atención.

Palabras clave: Enfermería; Oncología; Cuidados Paliativos.

INTRODUCTION

The Ministry of Health reports that cancer is the second leading cause of death in Brazil, followed by diseases of the circulatory system. The estimate of cancer mortality by the National Cancer Institute (INCA), in the years 2018-2019, is approximately 600 thousand new cases / year.¹ Despite the various forms of treatment, including surgery, chemotherapy, radiotherapy and transplantation, the mortality rate from this pathology is high.

According to the World Health Organization:

Palliative care consists of the attention provided by a multidisciplinary team, which aims to improve the quality of life of the patient and his family, in the face of a disease that threatens life, through the prevention and relief of suffering, through early identification, evaluation flawless treatment of other physical, social, psychological and spiritual symptoms.²

The principle of palliative care is based on the premise: to enable the relief of pain and other symptoms; reflect that death is part of the life process; not anticipating or delaying death; add, in care, the psychological and spiritual aspects; support patients and family members; having a multidisciplinary team to assist patients and families, including coping with grief; provide quality of life and give comfort to the patient, offering him a better quality of life.³

The quality of life of cancer patients in palliative care in the face of threatening diseases requires, from professionals, skills directed to the systematic assessment of the signs and symptoms of the disease and also aims to establish priorities within the multi-professional team, with clinical guidelines about the patient and family members, so that the goals of care are achieved.³

Terminal oncological disease affects, directly or indirectly, the patient, his family, friends and professionals. Ensuring that the patient reaches the end of life in a safe and dignified manner provides quality care. Thus, this study is interested in verifying the importance of nurses in palliative oncology care, as well as the assistance of the entire multidisciplinary team. In this context, the following guiding question of the study arose: "What does the scientific literature of the last five years report on the assistance of the Nursing team in palliative care for cancer patients?".

METHOD

This is an integrative systematic bibliographic review. This type of study allows the creation of an original article based on systematic methods, answering a specific question and critically analyzing the selected articles, resulting in an updated work on the theme.⁴

The methodological approach followed the following steps: selection of the guiding question and objective; selection of descriptors; search strategies; choice of the database for surveying publications; definition of inclusion and exclusion criteria; analysis of the works; categorization of selected studies; analysis and discussion of the results and elaboration of the review in the form of an article.

For the selection of articles, the following indexed databases were used: Virtual Health Library (VHL); SciELO; Capes Journal Portal; Science Direct; PubMed and Wiley using the keywords Nursing AND Oncology AND "Palliative Care".

Inclusion criteria were defined: articles published from January 2015 to May 2019; free and full articles available; articles in Portuguese, English and Spanish. The following exclusion criteria were listed: books; monographs; abstracts; reports; review articles; theses; dissertations and articles that were not related to nursing care in palliative care for cancer patients. The details of the steps are described in figure 1 below.

Figure 1 - Steps of the Systematic Integrative Review.

Steps	Step Items	Item Detailing		
1 ^a	Theme definition	Oncological Nursing in palliative care: an integrative systematic review		
	Guiding question	What the scientific literature of the last five years reports about the assistance of the Nursing team in palliative care for cancer patients?		
	Main goal	Analyze, in the databases of the scientific literature, in the period from 2015 to 2019, about the assistance of the Nursing team in palliative care to cancer patients, considering the disease and death.		
	Search strategies	<ol style="list-style-type: none"> 1. Crossing of descriptors using the Boolean operator AND; 2. Use of quotation marks in polyterms (descriptor with more than one term) so that the scan of scientific articles contemplates the exact term; 3. Use of a publication date filter, full and free text; 4. Use of descriptors in English to increase the number of articles. 		
	DeCS structured descriptors http://decs.bvs.br/	Descriptor	Register number	Unique Identifier
		Nursing	29491	D009729
Oncology		8662	D008495	
	3. Palliative care	10353	D0101166	
Virtual Libraries	<ol style="list-style-type: none"> 1. Virtual Health Library (VHL) - including the information sources that make up its network: Latin American and Caribbean Literature in Health Sciences (LILACS); <i>Medical Literature Analysis and Retrieval System Online</i> (MEDLINE); <i>Scientific Electronic Library Online</i> (SciELO); 2. <i>Science Direct</i>; 3. SciELO; 4. Capes; 5. <i>Wiley</i>; 6. PubMed. 			
2 nd	Period of data collection	May, June and July, 2019.		
	Inclusion criteria	<ol style="list-style-type: none"> 1. Full text (available / free) of the type: original article; press article; resource; editorial; transactional perspective and research; 2. Publicação (2015-2019). 		

	Exclusion criteria	1. Books, abstracts, reports, review articles, theses and dissertations; 2. Articles that were not related to nursing care in palliative care for cancer patients.
3 rd	Number of papers selected for the systematic integrative review	16
4 th	Categories obtained with the analysis of the investigated scientific works	1. Alternative model of care; 2. Nursing care for cancer patients; 3. Disability of nursing professionals; 4. Patient-professional relationship.
5 th	Analysis, interpretation and discussion of results	See "Results and Discussion".
6 th	Presentation of the review in article format, which includes proposals for future studies	Final version of the article.

RESULTS

A total of 545 scientific publications were found in the databases, of which 423 were available scientific articles and which, after using the filters, totaled 132 articles. Of these, only 26 articles met the inclusion criteria (Figure 2). In sequence, figure 2 corresponds to the number of scans performed in the main search bases.

Figure 2 - Scan Quantitative.

Crossing of descriptors	Data bases	Total publications without filter	Full texts available	Full texts available after applying the filters	Texts used in the Integrative Systematic Review
Nursing AND Oncology AND "Palliative care"	BVS	297	181	80	14
	SciELO	28	28	13	06
	Capes	208	208	37	06
	<i>Science Direct</i>	12	06	02	00
	<i>Wiley</i>	00	00	00	00
	PubMed	00	00	00	00
TOTAL		545	423	132	26

In the analysis of the articles, duplicity was observed in the virtual libraries, which resulted in a total of 16 articles that were submitted to the integrative review stages (Figure 3). As for the year of publication: a study was published in

2019; five studies were published in 2018; four, in the year 2017; three, in 2016 and three, in 2015, which highlights the topicality of the topic

Figure 3 - Scientific Articles Selected After the Inclusion Criteria.

Order of citation in the text	Citation	Theme	Year	Study objective	Study Completion
05	Vieira, Oliveira, Martins, Costa, Alves, Marta.	Palliative care for cancer patients: perceptions of nursing students	2017	Identify the knowledge of nursing students in relation to palliative care and discuss the differential of this professional for the quality of care for cancer patients in advanced stages.	It is believed that good practice must be the result of a lot of dedication, the search for scientific knowledge and, mainly, the strengthening of the human being that exists in each professional. This characteristic is extremely relevant for the application of feeling in caring.
06	Carmo, Oliveira.	Child with Cancer Dying and his Family: Coping with the Nursing Team	2015	Describe the specificities of Nursing care for children with cancer in the process of dying and their family and analyze the performance of the Nursing team in relation to children with cancer in the process of dying and their family.	The Nursing team has difficulties in dealing with the death of the child with cancer in the process of dying and supporting his family. These difficulties are related to the lack of understanding about palliative care.
07	Santos, Silva, Moreira, Zepeda, Gaspar.	Planning patient care in palliative care in oncology intensive care	2017	Analyze the understanding of health professionals about patient care in end-of-life care in the oncology Intensive Care Unit (ICU) and discuss the objectives they seek to achieve when planning assistance from the perspective of palliative care.	Assistance planning from the perspective of palliative care in the context is incipient; challenges are listed for the practice and it is concerned with humanizing care. It is suggested the inter-consultative model for the integration of specialties through institutional characteristics.
08	Almeida, Marcon, Matsuda, Kantorski Prado, Paiva, Sales.	Performance of a hospital palliative care service: fourth generation evaluation	2019	Qualitatively evaluate the performance of an Oncology Palliative Care Service.	For the advancement of palliative care in the service, some arrangements are needed that enhance the integrality of care.

09	Figueiredo, Souza, Coelho, Souza.	Quality of life of cancer patients in palliative care	2018	Assess the quality of life of cancer patients in palliative care using a validated instrument.	The health team, especially the Nursing team, needs to be equipped to identify and timely resolve issues that can harm the different dimensions of the life of the person with cancer, paying attention to maintaining symptom control, promoting family participation in care and providing emotional and functional support appropriate to the individual demands of the person under palliative care.
10	Silva, Santos, Evangelista, Marinho, Lira, Andrade.	Performance of the Nursing team from the perspective of family members of patients in palliative care	2016	To know the perception of family members about the performance of the Nursing team in assisting patients in palliative care. This is an exploratory and descriptive study, with a qualitative approach, carried out in an oncology outpatient clinic.	Accompanying a loved one in palliative care is a context of suffering also for family members, given the difficulties experienced by them, in addition to the conflicts and feelings that are aroused by coping with the disease and the fear of death. In this scenario, the Nursing team can act as a protagonist in the link between the palliative care team and the care unit - patient / family in favor of promoting biopsychosocio-spiritual well-being.
11	Guimarães, Silva, Espírito Santo, Moraes, Pacheco.	Palliative care in pediatric oncology in the training of nurses	2017	Identify and describe the view of nursing students on palliative care in pediatric oncology during graduation.	It is necessary to expand the discussion on palliative care in pediatric oncology during the graduation of nurses.
12	Silva, Issi, Motta, Botene.	Palliative care in pediatric oncology: perceptions, knowledge and practices from the perspective of the multidisciplinary team	2015	To know the perceptions, knowledge and practices of the multidisciplinary team in the care of children in palliative care in a pediatric oncology unit.	The themes revealed that the team also suffers from the child's death and, similarly to the family, moves towards the construction of coping mechanisms for the elaboration of mourning. Paradoxically, the team shares knowledge to outline the bases of the unique therapeutic project to be implemented

					and inserts the family in this process so that it can assume the role of child care.
13	Silva, Santanda, Santos, Cirilo, Barrocas, Moreira.	Palliative care in highly complex care in oncology: nurses' perception	2015	Identify the difficulties faced in providing assistance to the hospitalized person in the context of palliative care and discuss strategies to better qualify nursing care in this context.	The study warns of the need for effective changes to serve these people who depend on collective effort to qualify the practice and conduct new research.
14	Nunes, Silva, Espírito Santo, Góes, Moraes.	Musical dynamics in raising the awareness of nursing students regarding palliative care in pediatric oncology	2018	Analyze the applicability of musical dynamics in raising awareness of nursing students regarding palliative care in pediatric oncology.	Musical dynamics proved to be an adequate strategy to raise awareness among nursing students about palliative care in pediatric oncology.
15	Fennimore, Wholihan, Breakwell, Malloy, Virani, Ferrell.	<i>A Framework for Integrating Oncology Palliative Care in Doctor of Nursing Practice (DNP) Education</i>	2018	Improve the integration of palliative cancer care in the DNP curriculum.	They demonstrated an increase in the incorporation of palliative cancer care in academic DNP projects and clinical opportunities. The attempt to include the content in the DNP curriculum offer has ruled out the lack of: perceived time in the curriculum; faculty educated in palliative care and available clinical sites.
16	Silva, Pucci, Flores, Giaretton, Weiller, Concatto, et al.	Building the line of care for palliative cancer patients in a city in southern Brazil: an experience report	2018	To report the experience of multiprofessional residents about the intervention carried out in the Primary Care network of a municipality in the south of Brazil in order to identify the demands of health professionals regarding these patients.	Professionals' interest in palliative cancer patients and exchange of experiences can be observed, articulating the effectiveness of the line of care. The gaps brought provide new studies on the theme .
17	Baxley.	<i>The Dual Rounding Model: Forging Therapeutic Alliances in Oncology and Palliative Care</i>	2016	To evaluate the double rounding model in cancer patients.	The double treatment model relieves challenges, stimulates personal and professional growth and multiplies daily rewards with a simple mandate: integrate the tools that heal the body with those

					that heal the soul.
18	Maciel, Alexandre, Ferreira, Silva.	The condition of spirituality in Oncology Nursing care	2018	Analyze aspects related to spirituality in nursing professionals who provide assistance to patients under palliative care.	There was a belief in being able to develop spirituality during the assistance provided and the existence of interference from spirituality during this assistance provided by the Nursing team. Through studies of this nature, reflections are sought regarding the Nursing work process in the care of cancer patients in order to subsidize mechanisms that can favor skills in the context of spirituality.
19	Silva, Costa, Glória, Picasso, Ernesto, Machado.	Perception of the Nursing team on spirituality in end-of-life care	2016	Investigate the nursing team's perception of spirituality in end- of-life care.	It is necessary to include the theme in the curricula of higher education and technical institutions in Nursing and even more studies in the area as a way of raising awareness and training professionals.
20	Galvão, Borges, Pinho.	Interpersonal communication with cancer patients in palliative care	2017	Understand the process of interpersonal communication in the trajectory of patients in palliative care in the light of the Nursing Theory of Interpersonal Relations developed by Hildegard Peplau.	The needs felt by the patients were met through effective communication, and the team mobilized the best capacities and potential of the human being to face stressful situations and preserve the autonomy and dignity of the people in their care.

DISCUSSION

From the analysis of the data of the selected articles, four categories emerged: Nursing Care for cancer patients; Alternative model of caring for cancer patients; Deficiency in professional training of nurses and patient-professional relationship. From the categories described above, a critical analysis of the selected articles will be carried out.

Nursing care for cancer patients

In this category, it is perceived that palliative care in Nursing for cancer patients is unique, aiming at promoting comfort and symptom relief, providing improvement to the patient's condition, giving importance to their sufferings. This care must go beyond direct assistance, promoting not only physical and moral integrity, but also trying to preserve emotional and spiritual integrity.⁵⁻⁶

The cancer patient has a quality of life affected by diseases and treatments, often resulting in moments that require hospitalization. The implementation of care actions should include care planning and decision making. These, when performed in a shared way, result in trust between patient, family and professional.⁷

Often, the cancer patient needs home, outpatient and hospital care that must encompass all dimensions of the human being: biological, psychological, social and spiritual, thus resulting in holistic care. This palliative care, holistically, has an appropriate moment, avoiding suffering and disappointments.⁸

It is noticed that the limitation resulting from the disease or treatment of the cancer patient requires, from health professionals, support and assistance in carrying out activities of daily living. These contribute to support care and to cope with the limitations experienced by patients.⁹

Nursing care practices include methods for the relief of pain and suffering of the patient and family. The quality of care involves technical practices, in addition to emotional support and listening, leading to differentiated and singular assistance to the patient / family. Professionals are the protagonists in this oncology patient's sickening process, where there is a need for unity between the team and the care unit, both for the patient and the family, for the complete well-being of those directly or indirectly involved.¹⁰

Caring for cancer and family patients is necessary, aiming at physical, mental, social and spiritual well-being, in this process of pain and suffering. Quality assistance, in a holistic way, is essential; giving those involved the power of choice and listening so that they can overcome the challenges and face the process of death.

Deficiency in the professional training of nurses

Palliative care in view of its dimension and depth needs to be addressed during the professional training of nurses. The disciplines that address the theme are fragmented, not providing an integration of knowledge about cancer patients. Still according to the articles in this category, even in the face of this need, palliative care is a subject rarely addressed within the training, often resulting in unprepared care nurses in the work environment, having to learn, day to day, facing the obstacles.^{6-7, 11-14}

Health education is aimed at healing, resulting in the professional's difficulty in dealing with patients in palliative and non-curative care, whether children or adults. This brings fear and insecurity and, as a consequence, an inability to deal with a possible death situation.^{6,15-16}

The large number of cancer patients in palliative care has been growing and, therefore, requires better training of these professionals, who must be able to promote solid and comprehensive care. Continuing education is relevant in view of the professionals' unpreparedness, as it aims to fill the gaps that were missing in the nurse's graduation.¹⁶

Faced with such an important theme, universities should deepen the subject with Nursing students, in view of the growing number of cancer patients and terminally ill in Brazil and in the world, better preparing nurses to deal with such complexity that requires palliative care.

Alternative models of caring for cancer patients

Currently, it is verified, in practice, that the beds destined to oncology are of general practice, without specificity for the pathology or for the necessary care. The presence of differentiated beds for the individualized care of this

clientele favors care with priorities in the assistance and adjustments of care schedules at the bedside.¹³

For palliative care in the ICU, the most suitable method is the alternative model of care. In this model, the institution has a specialized unit and human resources to provide this type of alternative assistance. This specialized team, after being triggered by the health professionals of the units, jointly decides on the need for an ICU and what care is necessary for death.⁷

In another study, an alternative model of dynamic and integrated assistance was reported. Professionals perform individualized treatment with therapeutic plans carried out by patients and family members. In this model, care is planned by the team, involving doctors, nurses, patients and family members.¹⁷

Individualized and humanized care is relevant, however, currently; the reality of care is inhumane, where unnecessary actions are performed on the patient's condition, in addition to care using methods contrary to the precepts of palliative care.¹³

Another important issue found in this category is that spirituality is a foundation at that moment, as it illuminates, giving hope and meaning to the finitude of life. In view of the anguish experienced by the patient / family member, support is needed in this stage of life. The assistance team combines palliative care with spirituality, aiming at a better quality of life for patients and family members.^{9, 18-19}

In addition, it was also found that musical dynamics promote means of palliative care. This technology involves responsible professionals, moving and motivating creative initiatives in palliative care. This enables ways of communication, ways of coping with suffering and last moments of life.¹⁴

It can be deduced that different ways for quality care involve different forms, among them, different beds, humanization in care, spirituality and musical dynamics. These actions minimize suffering and promote the well-being of the client and family.

Patient-professional relationship

In this last category, it appears that communication between professional and patient is one of the main components in health care, especially in palliative care, requiring effective communication so that their needs are met. It is

relevant for the professional to bring, in addition to the guidelines, an active listening, facilitating the relationship between the team and clients.^{10,20}

Multi-disciplinarity and inter-professionality bring the best to follow palliative care. The different views on being sick bring a greater relationship of trust to the patient, also emphasizing that this relationship must have interaction and acceptance. Reports from these patients state how much they feel safer when the professional-patient relationship involves several professionals, aiming at their well-being.^{6,8}

In practice, it can be identified that the professional-patient relationship exceeds conventional treatment. The fundamental part of care that involves the relationship between patient and professional is dialogue and respect. These conceived affective bonds provide comfort in the face of uncertainty and fear. In addition, unconditional love supports the patient in times of suffering, comforting and enabling fullness at the end of life.¹²

One of the main factors to achieve the expected results in the care of cancer patients in palliative care is the improvement of the professional-patient relationship. Knowing how to listen, treating with respect and dignity, not only the patient, but also his family, will bring positive points in this relationship.

CONCLUSION

Palliative care improves the quality of life of terminally ill patients and their families, as these incurable diseases threaten the continuity of life. These are comfort care where the goal is not to cure, but to control pain and relieve other symptoms related to the disease, maintaining a biological, psychological, social and spiritual support.

The multidisciplinary and inter-professional team has an extremely important role with the cancer patient in palliative care, discussing and promoting individualized care plans, ensuring better assistance.

As the nurse is the professional who stays with the patient 24 hours a day, the patient must be prepared to deal with the difficulties encountered and be able to offer the best possible nursing care in view of the complexity that is palliative care and, for this, requires differentiated preparation since graduation. Today, there are several alternative models that promote the comfort of these patients, bringing their well-being. Finally, it is worth noting that the good

professional-patient-family relationship is a unique factor in this constant and daily struggle in the face of death

REFERENCES

1. Ministério da Saúde (BR), Instituto Nacional de Câncer José Alencar Gomes da Silva. Causas e prevenção: estatística de câncer [Internet]. Rio de Janeiro: INCA; 2018 [cited 2020 Jan 15]. Available from: <https://www.inca.gov.br/numeros-de-cancer>
2. World Health Organization. National Cancer Control Programmes [Internet]. Geneva: WHO; 2002 [cited 2020 Jan 18]. Available from: <http://www.hdnnet.org>
3. Academia Nacional de Cuidados Paliativos. Manual de Cuidados Paliativos ANCP: ampliado e atualizado [Internet]. São Paulo: ANCP; 2012 [cited 2019 Aug 10]. Available from: <https://paliativo.org.br/download/manual-de-cuidados-paliativos-ancp/>
4. Pereira D. Systematic Literature X Narrative Review. Acta Paul Enferm. 2007 Apr/June; 20(2):20–2. Doi: 10.1590/S0103-21002007000200001
5. Vieira TA, Oliveira M, Martins ERC, Costa CMA, Alves RN, Marta CB. Palliative care to cancer client: the nursing student's perception. J Res Fundam Care [Internet]. 2017 Jan/Mar [cited 2019 Aug 10]; 9(1):175-80. Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/5329>
6. Carmo SA, Oliveira ICS. Children with cancer in the process of dying and their families: confrontation of nursing team. Rev Bras Cancerol [Internet]. 2015 Aug [cited 2020 Jan 25]; 61(2):131–8. Available from: http://www1.inca.gov.br/rbc/n_61/v02/pdf/07-artigo-crianca-com-cancer-em-processo-de-morrer-e-sua-familia-enfrentamento-da-equipe-de-enfermagem.pdf
7. Santos DCL, Silva MM, Moreira MC, Zepeda KGM, Gaspar RB. Care planning for patients receiving palliative care in an oncology intensive care unit. Acta Paul Enferm. 2017 May/June; 30(3):295–300. Doi: 10.1590/1982-0194201700045
8. Almeida CSL, Marcon SS, Matsuda LM, Kantorski LP, Paiva BSR, Sales CA. Operation of a hospital palliative care service: a fourth-generation evaluation. Rev Bras Enferm. 2019 Apr; 72(2): 383-90. Doi: 10.1590/0034-7167-2017-0848

9. Figueiredo JF, Souza VM, Coelho HV, Souza RS. Quality of life of oncological patients under palliative care. *Rev Enferm Cent-Oeste Min.* 2018;8:e2638. Doi: 10.19175/recom.v8i0.2638
10. Silva RS, Santos RD, Evangelista CLS, Marinho CLA, Lira GG, Andrade MS. Nursing team actions from the perspective of families of patients under palliative care. *REME Rev Min Enferm.* 2017 May/Apr; 20:01–9. Doi: 10.5935/1415-2762.20160053
11. Guimarães TM, Silva LF, Espírito Santo FH, Moraes JRMM, Pacheco STA. Palliative care in paediatric oncology in nursing education. *Rev Gaúcha Enferm.* 2017 May; 38(1):e65409. Doi: 10.1590/1983-1447.2017.01.65409
12. Silva AF, Issi HB, Motta MGC, Botene DZA. Palliative care in paediatric oncology: perceptions, expertise and practices from the perspective of the multidisciplinary team. *Rev Gaúcha Enferm.* 2015 Apr/June; 36(2):56–62. Doi: 10.1590/1983-1447.2015.02.46299
13. Silva MM, Santanda NGM, Santos MC, Cirilo JD, Barrocas DLR, Moreira MC. Palliative care in highly complex oncology care: perceptions of nurses. *Esc Anna Nery Rev Enferm.* 2015 July/Sept; 19(3):460-6. Doi: 10.5935/1414-8145.20150061
14. Nunes CF, Silva LF, Espírito Santo FH, Góes FGB, Moraes JRMM. Musical dynamics in the sensitization of nursing students in the face of palliative care in pediatric oncology. *Esc Anna Nery Rev Enferm.* 2018 Aug; 22(4):01–7. Doi: 10.1590/2177-9465-ean-2017-0448
15. Fennimore L, Wholihan D, Breakwell S, Malloy P, Virani R, Ferrell B. A framework for integrating oncology palliative care in Doctor of Nursing Practice (DNP) Education. *J Prof Nurs.* 2018 Nov/Dec; 34(6):444–8. Doi: 10.1016/j.profnurs.2018.09.003
16. Silva KFS, Pucci VR, Flores TG, Giaretton DWL, Weiller TH, Concatto MEP, et al. Building the palliative line of care for cancer patients in a city in southern Brazil: experience report. *Rev APS.* 2018 July/Sept; 21(3):470-7. Doi: 10.34019/1809-8363.2018.v21.15944
17. Baxley CE. The dual rounding model: Forging therapeutic alliances in oncology and palliative care. *Clin J Oncol Nurs.* 2016 Apr; 20(2):215–6. Doi: 10.1188/16.CJON.215-216
18. Maciel AMSB, Alexandre ACS, Ferreira DMB, Silva FC. The condition of spirituality in oncological nursing care. *J Nurs UFPE on*

line. 2018 Nov; 12(11):3024-30. Doi: 10.5205/1981-8963-v12i11a234609p3024-3029-2018

19. Silva BS, Costa EE, Glória I, Picasso DS, Ernesto A, Machado RM. Nursing team perception on spirituality in end-of-life care. *Cogitare Enferm.* 2016 Oct/Dec; 21(4):1-7. Doi: 10.5380/ce.v21i4.47146
20. Galvão MIZ, Borges MS, Pinho DLM. Interpersonal communication with oncological patients in palliative care. *Rev Baiana Enferm.* 2017; 31(3):22290. Doi: 10.18471/rbe.v31i3.22290