Objective: to present the knowledge of nurses from two semi-intensive care units of a private hospital in Manaus-AM about palliative care. Method: cross-sectional study with a descriptive approach, conducted in the period from November to December 2020, with 10 care nurses from two semi-intensive care units of a large private hospital, located in a city in the south-central region of Manaus-AM. Results: the data allow us to infer that nurses have a deficit of knowledge about the principles of palliative care, and that its repercussions occur in the care practice, as well as in the divergence of understanding when facing the bioethical conflicts that permeate the terminality of life, besides the difficulty in terms of pain management and other palliative symptoms. Although 60% of the research participants feel able to provide palliative care, most present a deficit of knowledge related to this theme. Conclusion: it is necessary to improve the nurses' knowledge about palliative care, due to the existence of divergences between their understanding of the principles of this ideology, and the care practice through the management of pain and discomfort, administration and control of opioid intoxication signs, bioethical issues, performance of invasive procedures, continuous monitoring, among others.

Descriptors: Hospice and Palliative Care Nursing; Death; Nurse Practitioners; Nursing; Palliative Care.
**RESUMO**

**Objetivo:** apresentar o conhecimento dos enfermeiros de duas unidades de internação semi-intensivas, de um hospital privado de Manaus-AM acerca dos cuidados paliativos. **Método:** estudo de corte transversal com abordagem descritiva, realizada no período de novembro a dezembro de 2020, com 10 enfermeiras assistenciais, de duas unidades Semi-Intensiva, de hospital privado de grande porte, localizado em município da região centro-sul de Manaus-AM.

**Resultados:** os dados permitem inferir que as enfermeiras apresentam déficit de conhecimento acerca dos princípios dos cuidados paliativos, e que suas repercussões se dão na prática assistencial, bem como na divergência de compreensão frente aos conflitos bioéticos que permeiam a terminalidade da vida, além da dificuldade no que tange ao manejo da dor e de mais sintomas da paliatividade. Apesar de 60% das participantes da pesquisa se sentir apta a prestar cuidados paliativos, a maioria apresenta déficit de conhecimento relacionado a esta temática. **Conclusão:** faz-se necessário aprimorar o conhecimento das enfermeiras sobre cuidados paliativos, em virtude da existência de divergências entre sua compressão sobre os princípios dessa ideologia, e a prática assistencial por meio do manejo da dor e desconfortos, administração e controle de sinais de intoxicação por opioides, questões bioéticas, realização de procedimentos invasivos, monitorização contínua, entre outros.

**Descritores:** Enfermagem de Cuidados Paliativos na Terminalidade da Vida; Morte; Profissionais de Enfermagem; Enfermagem; Cuidados Paliativos.

**RESUMEN**

**Objetivo:** Presentar los conocimientos de enfermeros de dos unidades de cuidados semiintensivos de un hospital privado de Manaus-AM sobre cuidados paliativos. **Método:** estudio transversal con abordaje descriptivo, realizado en el periodo de noviembre a diciembre de 2020, con 10 enfermeros asistenciales de dos unidades de cuidados semiintensivos de un gran hospital privado, localizado en una ciudad de la región centro-sur de Manaus-AM. **Resultados:** Los datos permiten inferir que las enfermeras presentan un déficit de conocimiento sobre los principios de los cuidados paliativos, y que sus repercusiones se dan en la práctica asistencial, así como en la divergencia de entendimiento ante los conflictos bioéticos que permean la terminalidad de la vida, además de la dificultad en cuanto al manejo del dolor y otros sentimientos paliativos. Aunque el 60% de los participantes en la investigación se sienten capaces de proporcionar cuidados paliativos, la mayoría presenta un déficit de conocimientos relacionados con este tema. **Conclusión:** es necesario mejorar los conocimientos de las enfermeras sobre
cuidados paliativos debido a la existencia de divergencias entre su comprensión de los principios de esta ideología y la práctica asistencial a través del manejo del dolor y el malestar, la administración y control de los signos de intoxicación por opioides, las cuestiones bioéticas, la realización de procedimientos invasivos, la monitorización continua, entre otros.

Descriptores: Enfermería de Cuidados Paliativos al Final de la Vida; Muerte; Enfermeras Practicantes; Enfermería; Cuidados Paliativos.

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6Oswaldo Cruz University Hospital/HUOC. Recife (PE), Brazil. 6 https://orcid.org/0000-0001-8938-9179
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INTRODUCTION

The question of death occurs in various contexts, and end-of-life care includes measures to improve the quality of this process1. In view of this, Palliative Care (PC) emerges as a series of cares that bring favorable living conditions to the patient, promoting an integral performance to health, besides acting with the family members, reaching the care in the postmortem and bereavement process2.

The World Health Organization (WHO)3 has defined palliative care as a set of measures aimed at improving the quality of life of patients with terminal and severe illness, where it focuses on prevention and relief of symptoms through support and treatment and pain control, as well as other physical, psychosocial, and spiritual issues.

The WHO4 adds that the general guiding principles of palliative care are: control pain and other unpleasant symptoms; affirm life and understand death as a natural process; do not hasten or postpone death; include psychosocial and spiritual aspects in the care of the patient and
his family; provide a support system to enable the patient to live fully and as actively as possible until the last moment of his life; provide care to assist family members during the disease, its progression, and when facing bereavement; multi-professional team approach to meet the needs of the patient and his family members; promote improvement in the quality of life and positively influence the course of the disease; and must be initiated from the diagnosis in conjunction with disease-modifying therapies such as chemotherapy and should consider investigations necessary to understand, diagnose, and treat stressful situations.

The International Association for Hospice and Palliative Care (IAHPC), through a project developed with the WHO, defined a new concept for palliative care in a study involving professionals from 88 countries, which concluded that palliative care is the active holistic care of individuals of all ages with severe health-related suffering due to serious illness, with the goal of improving the quality of life of patients, their families, and their caregivers.

In a survey conducted in 2021, the WHO estimates that about 40 million people in the world need palliative care, 78% of them living in developing countries, and of these people, only 14% are properly cared for. It is extremely important that policies, programs, adequate national training of professionals, and distribution of resources be carried out to improve access to this care.

Mason et al., 2020, state that during the nurses' academic training, it is evident the lack of discussion about the palliative care content in their curricula, and this subject is of extreme importance when exercising care so that this professional improves his competence and confidence when assisting patients with reserved prognosis.

According to Souza et al., 2020, the nursing professional is often unconsciously led to believe that his objective is to cure, which makes it a challenge for him to deal with the process of the patient's finitude, as well as the suffering that involves both the individual and his family.

Therefore, it is important to understand the role of the nursing professional in palliative care, which is to alleviate and control symptoms and promote comfort and quality of life, as well as to recognize, evaluate and treat symptoms, offer emotional support and communication with the patient and the family, including them in the care process, interdisciplinary action, aiming at the best care plan and the objectives to be achieved.

The patient with a reserved diagnosis needs care that promotes dignity and quality of life, and it is essential that nurses seek to improve their knowledge around palliative care and its aspects of care. Nurses act as protagonists and mediators of care between health teams and family members, emphasizing that the exercise of this care proposes to the patient: respect, empathy, and human dignity, emphasizing the improvement of quality of life, promoting effective communication, comfort, and safety with the treatment offered.

Nursing, as a science of care, is the mediator of much of the care offered to patients in palliative care, and it is essential that nurses have the necessary knowledge applicable to palliative care, becoming qualified facilitators of this aspect of care. In this process, the role of the nurse is extremely relevant, especially because the nursing team remains by the side of the palliative patient full time.

To have a clear understanding about the knowledge of nurses about palliative care becomes relevant in view of the increasingly expressive need for nursing qualification in this area of care, due to the constant increase in chronic-degenerative diseases and the aging population, which,
consequently, generates demand for palliative care. Reflecting on the points presented, the question is: what is the knowledge of nurses in semi-intensive care units about palliative care?

**METHOD**

This research has a quantitative nature, and as to its objective, it is characterized as an exploratory and descriptive research. The study was conducted in two semi-intensive care units of a private hospital in Amazonas (AM). The option for this institution is justified by the fact that it is a general hospital, of medium size, with support and multi-professional team to assist critically ill patients unresponsive to drug treatment, therapy, and various pathologies, being a reference in the state of Amazonas.

The population is characterized by all the members of a group, and in the present study, they were the care nurses who worked in the semi-intensive care units, contacted from the records of the nursing supervision of the institution and its immediate management.

In the selection of research subjects, the inclusion criteria were having at least one year of professional experience; working in the semi-intensive care units selected for the study; having their working hours in the periods from 7 am to 7 pm and 7 pm to 7 am and being available to answer the questionnaires. Exclusion criteria were being on vacation, away or on leave, and nurses reassigned to the sector from other departments/sectors. Measuring the fulfillment of the ethical aspects of the research, the questionnaires were self-applied on the premises of the chosen hospital institution, from the orientations given by the trained and capacitated researchers by means of the Palliative Care and End-of-Life discipline promoted for the institution proposing the study. As directed by the immediate supervision and during the working hours of the participants.

In the data collection phase, we applied a structured and validated questionnaire entitled: Knowledge on Palliative Care in Nursing (CCPENF- in Portuguese), constructed and validated through the master's thesis presented in 2018 to the Graduate Program in Nursing (PPGE- in Portuguese) of the Federal University of Alagoas (UFAL- in Portuguese) by Nurse Bruna Gabrielle de Souza Costa, under the title: "Development and validation of an instrument directed to nurses for the assessment of knowledge and practices about palliative care".

The CCPENF questionnaire has 25 items, of which 15 items aim at assessing the knowledge and 10 the practice of nurses in palliative care. The first domain has eight items, six of which have the objective of assessing knowledge and two the practice; the second domain has 11 items, six of which have the objective of assessing knowledge and five the practice; and the third domain has six items, three of which have the objective of assessing knowledge and three the practice.

In addition, a quantitative data questionnaire was also applied with the objective of characterizing the profile of the study participants. The questionnaire was composed of seven questions, which should be filled out objectively by the participants, namely: age, gender, level of education, presence of a specialty that includes the area of palliative care, time of education, time working in the semi-intensive care unit, and ability to provide palliative care. The questionnaires were applied in the period from November to December 2020.

The data obtained were analyzed quantitatively, using Google Forms, a survey management application launched by Google Corp in 2018, as a resource for data analysis. After declaring
acceptance to participate in the research and signing the Informed Consent Form (ICF), a link was made available to the participants through a printed QR code. Through which, the participants had access to the self-applied questionnaire. The information collected in the questionnaires was transferred by the researchers to the tool chosen for analysis after they were filled out, and automatically, the graphics that formed the basis of the tables presented by categories in the results of this study were generated for better clarification and information, meeting the principles of scientific dissemination and methodological criteria.

For the development of this study, the requirements and precepts established by Resolution No. 466 of December 12, 2012, of the National Health Council (CNS) were followed, which deals with the guidelines and regulatory standards for research involving human beings, and the study was submitted for review and approval of the Ethics and Research Committee (CEP). It is worth mentioning that the consent form was delivered to the institution proposing the study, and upon its authorization together with the favorable response of the CEP under the Certificate of Presentation of Ethical Appreciation (CAAE): 38094620.0.0000.0042, data collection began.

### RESULTS

The results presented below were divided into two categories, the first being the characterization of the research participants and the second, through the data obtained from the CCPENF questionnaire.

**Characterization of nurses**

The questionnaires were applied in November 2020, after adopting the inclusion and exclusion criteria listed in the research, from which we obtained 10 nurses out of a total of 11, since one of them was on vacation. From the characterization questionnaire, it was possible to obtain the following results expressed in Table 1, presented below. It is worth mentioning that these data served only to characterize the population studied.

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29 years</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>30-39 years</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>40-49 years</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Education level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>Specialization</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Master's Degree</td>
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<td>-</td>
</tr>
<tr>
<td>Doctorate</td>
<td>0</td>
<td>-</td>
</tr>
</tbody>
</table>

*Table 1. Characterization of the nurses participating in the study (n=10). Manaus (AM), Brazil, 2020.*
According to the data above, in this study, 90% of the interviewees were between 20-29 years of age, and all were female. Seven of the 10 participants had less than two years of training, and 80% of them had some specialization in their curriculum. Despite this, 80% of the specialist nurses indicated that they had not contemplated in their complementary formation the theme of palliative care. It is also observed that 60% of these professionals consider themselves capable of providing this type of assistance, even though expressively 90% of the nurses reported working less than two years in semi-intensive care units.

**Palliative Care Knowledge in Nursing**

The validated questionnaire for analyzing nurses' knowledge about palliative care presents questions arranged in three domains, as mentioned earlier.

**Concepts, fundaments, principles, and indications in palliative care**

In evaluating the answers of this session, it was possible to infer some divergences among them, and along the analysis, it became possible to understand the level of knowledge of the professionals about this area of care. It is worth pointing out that among the data analyzed, the most expressive and with the highest degree of relevance to the study were separated for convenience for presentation, bearing in mind the need for objectivity in the description of the data.

Regarding the conceptual question of palliative care, 100% of the participants agree that palliative care is an approach that promotes the quality of life of patients and their families’ facing diseases that threaten the continuity of life, through the prevention and relief of suffering. It requires early identification, assessment and treatment of pain and other problems of physical, psychosocial, and spiritual nature; 90% of the participants also agree that in palliative care it is considered: not to accelerate or postpone death; to integrate biological, social, psychological, and spiritual aspects in the care of the patient.

Regarding the understanding of professionals about the contribution of PC in coping with bereavement, most participants agree that it positively corroborates so that the family has a
better experience in this context. Considering this statement, 100% of the nurses signaled that they offer in their assistance, care that contemplates the physical, psychosocial, and spiritual dimensions to the family members of the patients they care for. In addition, 90% of them affirm that they evaluate the religious/spiritual history of the patients and their families, identifying the importance of this for them, as well as that they can include these issues in the care provided.

Despite such positive results, in a certain question, there were different response patterns, which will be presented in Table 2.

Table 2. Question about the objectives of Palliative Care, CCPENF. Manaus (AM), Brazil, 2020.

<table>
<thead>
<tr>
<th>Question 1.6 Among the goals of palliative care is, when possible, to provide patient independence and autonomy.</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally Agree</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>Agree</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Totally Disagree</td>
<td>1</td>
<td>10%</td>
</tr>
</tbody>
</table>

It is inferred from the table above that although 90% of the participants scored their agreement with the fundamental definition of palliative care and with its integral aspects of care, 20% neither agree nor disagree with the statement that one of the objectives of palliative care is, when possible, to provide independence and autonomy of the patient in this context, and 10% totally disagree with this statement.

Regarding the question about the moment to initiate palliative care, the participants had to point out whether they agreed or not with the statement that it should be initiated from the diagnosis of diseases that threaten the continuity of life. When analyzing the data, it was inferred that most participants agree with this statement, and the others disagree that PC has its beginning defined from the moment the patient is informed about the restriction of his diagnosis. These data are like those obtained in the next question, where the statement defined that palliative care can be started concomitantly with disease-modifying treatment. For this question 70% agreed, and the remaining 30% scored "neither agree nor disagree".

### Symptom control/communication

In relation to functional assessment in palliative care, 80% of the participants agree that this is one of the fundamental elements in decision making, prognostic prediction and elaboration of an individual care plan, while 10% neither agree nor disagree, and 10% disagree. Contributing to this data, most nurses affirm that they use scales for functional assessment of patients and another 30% neither agree nor disagree with the statement.

It is known that pain is one of the main pillars of the theme of palliative care, and that it generates many repercussions in the assistance to patients. Regarding this topic, most of the participants considered palliative care important, 90% of them applied a pain assessment scale, 60% did not wait for the occurrence of this phenomenon to medicate the patients, as presented in table 3.
In patients with pain, I do not wait for its onset before administering analgesic medications. And when the patient takes morphine, I give rescue doses of it in between the usual doses if the pain reappears and according to the doctor's prescription.

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally Agree</td>
<td>4</td>
<td>40%</td>
</tr>
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<td>Agree</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Totally Disagree</td>
<td>1</td>
<td>10%</td>
</tr>
</tbody>
</table>

Still on pharmacological therapy for pain management, the use of strong opioids for pain relief was addressed in the questionnaire, having as a basic principle its dose titration for each patient until an acceptable level of analgesia is reached, limiting it by its adverse effects, with no pre-established maximum dose. Among the data, 50% of the participants agree with the statement, 30% disagree with it, and 20% neither agree nor disagree. Regarding the use of morphine for relief of respiratory distress, most agreed with the statement, and 30% neither agreed nor disagreed.

Despite these data, 40% of the nurses stated that they know how to identify when the patient is showing signs and symptoms of opioid intoxication and know how to reverse the situation if this happens, while 50% neither agree nor disagree with the statement and 10% disagree, allowing us to infer that 60% of the nurses point out the opposite of the statement.

Alternative and complementary therapies are strong allies in the clinical management of patients in palliative care, especially when considering their relevance in promoting comfort and relief of pain and suffering. The questionnaire used also contained a question that contemplated this aspect, for which 90% of the contributors agreed that these therapeutic modalities are important in controlling symptoms in palliative care.

In addition to the technical skills that are essential to palliative care, it is worth mentioning the importance of human skills and competences in this area. On this theme, the questionnaire applied addressed interpersonal communication as necessary to the nurses’ repertoire to perform palliative care.

When questioned about the knowledge of techniques or strategies of interpersonal communication as a skill that all health professionals need to have, 80% of the nurses agree with this real demand, and that it can be acquired with adequate training. In view of this line of thought, 100% of the participants affirm that they recognize the importance and use techniques and strategies of intrapersonal communication with the objective of transmitting safety and confidence to patients and their families.

Procedures in palliative care

Regarding the questions raised about procedures in palliative care, 50% of the participants agree that hypodermoclysis is a method that consists of fluid replacement and administration
of drugs subcutaneously, allowing a volume of up to 1500 ml/24 hours, depending on the puncture site, and allowing up to two simultaneous puncture sites, and 60% of the contributors said they suggest to the doctor, the prescription of medication by hypodermoclysis whenever possible and indicated.

Regarding the theme of interventions in the final moments of life, 80% of the participants agree that one can remove continuous monitoring, strict Vital Signs Check (VSS) and invasive measures, minimizing painful procedures. On the other hand, another important point in the final moments of life that cannot be forgotten is to define up to which period feeding through a nasogastric tube is considered harmful, and in this question 50% of the nurses disagree and 20% agree that it can be harmful, and it is possible to see the percentage of responses in table 4, presented below:

Table 4. Question regarding procedures at the end of life, CCPENF. Manaus (AM), Brazil, 2020.

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally Agree</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Agree</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>Totally Disagree</td>
<td>1</td>
<td>10%</td>
</tr>
</tbody>
</table>

Given the bioethical aspects and guiding principles that underlie palliative care, as mentioned above, it is understood the relevance of holistic and integral care of the human being, aiming to preserve their dignity in the process of death and dying. Meanwhile, 100% of the nurses said that when caring for a wound, they always focus on the person, understanding its physical, psychological, social, and spiritual dimensions. Also correlating another extremely relevant conduct to the promotion of comfort and relief of human suffering in the face of irreversible conditions, 90% of the nurses who participated in this study pointed out that the care with the oral cavity is always present in the activities of the nursing team they are part of.

**DISCUSSION**

**Of the Nurses’ profile**

The results obtained in this study evidently allow innumerable inferences, both regarding the profile of the professional participants and their knowledge and practice/domain of palliative care, broadening the view of nursing in this line of care. It can be inferred that the n of the present study, although small, reveals a still very expressive reality in nursing, which is the predominance of the female gender and its dominance in this professional category. In the research, 100% of the population was female.

About this theme, a cross-sectional study whose target population was constituted by all the nurses, technicians, and nursing assistants of a hospital, who had an active registration in the
Federal Council of Nursing (COFEN), evidenced that the nursing team is predominantly female (79.4%). The same study also presented other interesting data when it concluded that nursing has been gaining space as a profession in full rejuvenation, where the largest active professional contingent in the area fits the young-adult age bracket, thus, allowing us to infer that there is youthfulness in this professional core, which allows us to affirm that this reality is experienced in the institution in question.

In relation to the participants’ education, it was observed that 80% have some “lato sensu” specialization, and that only 20% have contemplated in their post-graduation courses the theme of palliative care. It is worth mentioning that of the population studied, 70% have less than two years of training and only 20% have more than five years. In addition, 90% have been working in semi-intensive care units for less than two years, a fact that allows multiple repercussions in their professional experience and living with the reality of palliative care and terminality.

A qualitative study, in the phenomenological approach, developed in a hospital institution in southern Minas Gerais with 27 nursing professionals concluded, in relation to professional training, that they are poorly prepared for palliative care, pointing to the need for adjustments in the training of these professionals. Thus, it is essential that the team involved in the care is trained and skilled for the assistance to be efficient and qualified.

Corroborating these data, another cross-sectional study, whose objective was to analyze the general aspects of professional education of nursing team workers, and which also had its target population made up of all the nurses, nursing technicians and nursing assistants in Brazil with an active registration in COFEN, concluded that more than 90% of the nurses had done or were doing some Post-Graduation.

A study that dealt with the issue of death and dying, both from the traditional and the contemporary viewpoints, to unveil how this process has been approached by professional categories, brought up different ways that the nursing team and the families experience.

**Of knowledge about Palliative Care**

According to Andrade et al., (2018) the nurse who acts in care should be able to promote symptom control, have the knowledge of specific techniques such as hypodermoclysis, performing dressings, as well as therapeutic communication, and among family members.

In this regard, 70% of the nurses in this study agree that palliative care should be initiated from the time of diagnosis of life-threatening illnesses, and the same percentile accepts the assumption that palliative care can be initiated concomitantly with disease-modifying treatment. Both statements demonstrate a certain level of acceptance of this reality, which is still stigmatized by many professionals, because they conceptualize palliative care as only an alternative care when curative resources for the pathological course have already been exhausted.

From this point of view, it can be inferred in this study that 70% of the nurses stated that they re-evaluate the patients they care for in the semi-intensive care units; however, 60% stated that they do not know how to identify when the patient is showing signs and symptoms of opioid intoxication, in addition to not knowing how to reverse the situation if this happens.

It is known that pain has a direct relationship with quality of life, therefore, interventionist and curative care, with the use of analgesics only, is often not enough, and a holistic care is required, focused on the biopsychosocial-spiritual component, both for the affected patient and his family.
Regarding the use of strong opioids for pain relief, 50% of the nurses disagreed with the statement that this therapy has as its basic principle the titration of the dose for each patient until an acceptable level of analgesia is reached, limited by adverse effects, and that there is no pre-established maximum dose.

About this, it is known that opioids are the drugs of choice for the treatment of the pain process, because they are powerful analgesics and have therapeutic efficacy for the management of acute and chronic pain. Abused opioids cause intoxication, characterized by sedation, mood changes (especially euphoria), and miosis, which requires emergency medical attention.\(^\text{16}\)

In this discussion, the WHO, and a North American study on the prescription of opioids and heroin infer that health professionals must improve their knowledge on pain management, recognizing the need to balance the benefits of opioids in their management, in addition to identifying potential risks attributed to these drugs, especially with their chronic use.\(^\text{17}\)

Regarding the control of symptoms, such as pain, very important in palliative care, 90% of the survey contributors signaled that they use pain scales to assess the patients, and 100% agree that the physical component of pain can change under the influence of emotional, social, and spiritual factors.

Corroborating this data, Yen et al. (2018)\(^\text{18}\) states that pain occurs in individuals who experience a series of physical, psychological, social, and spiritual discomforts, among others, hence the importance of knowing how to evaluate it with a broader view than just the physical dimension and then seek strategies to control it, aiming at the patient's greater comfort, dignity, and reduction of suffering.

In this perspective, it is inferred that the most used therapy for pain control is still the pharmacological one, however, the range of alternative and complementary therapies applied with this purpose is increasingly growing. About this theme, 90% of the nurses agree that integrative and complementary practices are important in the control of symptoms in palliative care. Considering this multidimensionality of pain, Kaasa et al., (2018)\(^\text{19}\), infers that before the need to perform an adequate management to control the symptom and the apparent insufficiency of drug therapy, there is an increase in the search for alternative and complementary therapies.

Pereira (2018)\(^\text{20}\) complements this view when elucidating that Alternative Therapies for pain relief must be instituted as palliative treatment from the diagnosis and during the entire course of the pathology, leaning toward giving greater comfort to the patient, seeking cure and improving quality of life, making it necessary to develop routines, in consensus with the multidisciplinary team, to assure the patients and their families the relief of symptoms and, especially, pain, in most cases enabling comfort for all or most of the time of hospitalization.

Studies related to the subject: benefits of alternative therapies used for pain relief, concluded that the Reik and relaxation techniques, which are techniques that use the imposition of hands for the transmission of vital energies and in acupuncture, as well as in herbal medicine, presented potential benefits for patients who suffer from pain, offering quality in the treatment and perceiving an improvement in the clinical picture and the effectiveness of care after the patients adhered to these alternative therapies.\(^\text{21}\)

From that point on, the need for adequate preparation of nurses is discussed as a fundamental strategy for the control of pain and symptoms prevalent in patients under palliative care,
since they are the professionals who most frequently evaluate pain, therapeutic responses and the occurrence of side effects. These professionals collaborate in reorganizing the analgesic scheme and proposing non-pharmacological strategies, thus, nurses help in adjusting attitudes and expectations about treatments, preparing patients and being able to train their caregivers to improve the pathological picture and for hospital discharge22.

In the current context of the health-illness process, in which the individual starts to receive a plural and humanized approach, communication has an important role, especially in the palliative approach. Communication deserves and must be seen as a therapeutic tool in the care plan, added, of course, to the biomedical aspects required by the patient22,23.

Regarding communication, 80% of the nurses in this study agree that knowledge of interpersonal communication techniques or strategies is a skill that all health professionals need to have, and it can be acquired with adequate training. In addition, 100% of them reported using intrapersonal communication techniques and strategies to transmit confidence and trust to patients and their families24.

In relation to nursing care, especially that offered to patients in palliative care, it is important to value the subjective aspects linked to the interpersonal relationship, such as supportive listening that contributes to the patient expressing his feelings and communication. Thus, the nursing team must develop the ability to use listening as a care tool to better perceive the needs of the patient and his family25.

Another study carried out in a cardiology ICU with a palliative approach showed that communication is fundamental in the process of finitude of life, because it allows identifying the needs of patients and family, being an instrument of emotional support to the patient26.

Regarding the procedures in palliative care, in the present study 50% of the nurses agree with the proposal and benefits that hypodermoclysis offers, however, an inconsistent data obtained, is that 60% of the participants stated that whenever possible and indicated, they suggest to the physician, the prescription of medication by hypodermoclysis. Therefore, besides being remarkable the lack of information regarding the knowledge of hypodermoclysis and its applications, there is still difficulty in assuming a professional posture regarding the multi-professional therapeutic conducts.

Based on the data, Fontes et al., (2021)27 states that among the main indications for use of hypodermoclysis, are: patients with collapsed, thin, fragile veins, and that rupture easily, being these the most eligible public to benefit from this practice. Patients in Palliative Care generally have a venous network with such characteristics; therefore, knowledge, ability of the correct technique of puncture and handling of hypodermoclysis, is essential to obtain satisfactory results. Hence the relevance of adequate knowledge to indicate and suggest treatment, corroborating for a better assistance to the patient. It is also noteworthy that the comfort reported by patients, from the installation of the catheter to the slow and controllable infusion, has been the tonic of choice28.

A study that aimed to analyze the use of hypodermoclysis in oncologic patients in Palliative Care admitted to two public hospitals in Belo Horizonte, investigated 101 patients with the study profile, admitted in 2017 and 2018, evaluating sociodemographic and clinical variables and the use of hypodermoclysis. The result obtained was surprising, revealing that the rate of hypodermoclysis use in the researched institutions is still low, however, the institution that has a PC
team shows greater use of the subcutaneous route. This fact increases the importance of pre-
paring the teams through training courses.

In relation to the bioethical dilemmas that involve the terminality of life and consequently
palliative care, are the enteral nutrition via tube, the withdrawal of continuous monitoring, check-
ing of rigorous SSVV and refusal of invasive measures. In the present study, the data involving
these themes had divergences, namely: 20% of the nurses do not agree that in the final mo-
ments of the patient's life in palliative care, one can remove continuous monitoring, checking of
rigorous SSVV and invasive measures, minimizing the painful procedures, and only 20% agree
that in the face of temporality, in patients in palliative care, feeding them through enteral tubes
may be considered a futile or even harmful measure.

Nutritional support is a fundamental part of the overall patient care. In PC, nutritional inter-
vention has a broad spectrum of action, since it intervenes in a very heterogeneous group of
patients with different and multiple needs and expectations. While for some patients' nutritional
needs must be ensured, for others the simple supply of preferred foods is satisfactory. In this
context, the nutritional plan should always overcome discomfort and meet the patient's prefer-
ences.

In this view, if the act of eating is no longer a pleasurable experience, it becomes imperative
to educate and inform family members and oneself that artificial means may not be appropriate,
and that affection, care and feelings can be expressed in other ways than food. above all and
finally, the premise of nutritional intervention in PC should aim to minimize or even eliminate
discomfort and help control symptoms, prioritize the pleasure of eating and promote socializa-
tion and interaction between patients and their families.

Among the limitations of the study, we can mention the limited number of the population
studied, since the instrument used was validated for palliative care nurses, and the participants
of this study did not have this specification, followed by the issue of the questionnaire being
answered during working hours with semi-critical patients, which may generate bias in the re-
search, as well as the lack of updated bibliographic content for discussion of the themes ad-
dressed, besides the study of correlation of variables in relation to the characterization of the
population studied.

CONCLUSION

We conclude that the need to improve the knowledge of nurses about palliative care is an
urgent reality in view of the reality experienced, due to the existence of divergences between
the knowledge about the concepts/principles of this ideology, and the care practice through the
management of pain and discomfort, administration, and control of signs of opioid intoxica-
tion, as well as bioethical issues such as enteral nutrition, invasive procedures, continuous monitor-
ing, among others.

CONTRIBUTIONS

All authors contributed equally to the conception of the research project, data collection,
analysis and discussion, as well as in the writing and critical review of the content with intellec-
tual contribution and approval of the final version of the scientific article.

CONFLICTING INTERESTS
Nothing to declare.

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