



## Challenges encountered by nurses in the care of cancer patients at the end of life

*Desafíos encontrados por los enfermeros en el cuidado de pacientes con cáncer al final de la vida*

*Desafios encontrados por enfermeiros nos cuidados a pacientes oncológicos no fim de vida*

**Aline de Souza Canet<sup>1</sup>**

ORCID: 0000-0001-5472-2904

**Gilvana Jéssica de Oliveira Higa<sup>2</sup>**

ORCID: 0000-0001-5768-3285

**Carine Silvestrini Sena Lima<sup>3</sup>**

ORCID: 0000-0001-7738-9825

**Carla Oliveira Shubert<sup>3</sup>**

ORCID: 0000-0002-3406-3160

**Paulo Alexandre de Souza São Bento<sup>4</sup>**

ORCID: 0000-0002-1598-3340

**Josiana Araujo de Oliveira<sup>3\*</sup>**

ORCID: 0000-0001-6625-4685

<sup>1</sup>Centro Universitário Univeritas. Rio de Janeiro, Brazil.

<sup>2</sup>Hospital Federal do Andaraí. Rio de Janeiro, Brazil.

<sup>3</sup>Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Brazil.

<sup>4</sup>Instituto Fernandes Figueira/ Fiocruz. Rio de Janeiro, Brazil.

\*Corresponding author: E-mail: [josianaoliveira@yahoo.com.br](mailto:josianaoliveira@yahoo.com.br)

### Abstract

The aim was to identify and analyze the challenges faced by nurses in the care of cancer patients at the end of life. This is an integrative literature review based on the guiding question: What are the challenges faced by nurses in the care of cancer patients at the end of life? The search for the studies that make up this review was carried out on the Platform and databases: Virtual Health Library, Science Direct and SCOPUS, in Portuguese, Spanish and English, with a period of the last five years. Nine studies were included, of which the main challenges identified were evaluating the effectiveness of communication, communicating bad news, dealing with suffering and death, great exposure to work-related stressors, maintaining the patient's dignity and identifying the moment starting end-of-life care. Personal skills such as full awareness, perspective taking and cognitive empathy, combined with technical-scientific training and psychological support for professionals, are strategies for better coping with the challenges faced by nurses in end-of-life cancer care.

**Descriptors:** Nurses; Palliative Care; Hospice Care; Medical Oncology; Nursing Care.

#### How to cite this article:

Canet AS, Higa GJO, Lima CSS, Shubert CO, Bento PASS, Oliveira JA. Challenges encountered by nurses in the care of cancer patients at the end of life. Glob Clin Res. 2022;2(2):e35.

Chief Editor: Caroliny dos Santos Guimarães da Fonseca

Executive Editor: Kátia dos Santos Armada de Oliveira

Submission: 05-18-2022

Approval: 06-13-2022



## Resumén

El objetivo fue identificar y analizar los desafíos que enfrentan los enfermeros en el cuidado de pacientes con cáncer al final de la vida. Esta es una revisión integradora de la literatura basada en la pregunta orientadora: ¿Cuáles son los desafíos que enfrentan las enfermeras en el cuidado de pacientes con cáncer al final de la vida? La búsqueda de los estudios que componen esta revisión se realizó en la Plataforma y bases de datos: Biblioteca Virtual em Saúde, Science Direct y SCOPUS, en portugués, español e inglés, con una temporalidad de los últimos cinco años. Se incluyeron nueve estudios, de los cuales los principales desafíos identificados fueron evaluar la efectividad de la comunicación, comunicar malas noticias, lidiar con el sufrimiento y la muerte, gran exposición a estresores relacionados con el trabajo, mantener la dignidad del paciente e identificar el momento de inicio del final de la vida. Habilidades personales como la plena conciencia, la toma de perspectiva y la empatía cognitiva, combinadas con la formación técnico-científica y el apoyo psicológico a los profesionales, son estrategias para un mejor enfrentamiento de los desafíos que enfrenta el enfermero en la atención oncológica al final de la vida.

**Descriptor:** Enfermeros; Cuidados Paliativos; Cuidados Paliativos al Final de la Vida; Oncología Médica; Atención de Enfermería.

## Resumo

Objetivou-se identificar e analisar os desafios encontrados por enfermeiros nos cuidados à pacientes oncológicos no fim de vida. Trata-se de uma revisão integrativa da literatura a partir da questão norteadora: Quais os desafios encontrados por enfermeiros no cuidado à pacientes oncológicos no fim de vida? A busca dos estudos que compõem esta revisão foi realizada na Plataforma e bases de dados: Biblioteca Virtual em Saúde, *Science Direct* e SCOPUS, nos idiomas português, espanhol e inglês, com recorte temporal dos últimos cinco anos. Foram incluídos 09 estudos, dos quais, os principais desafios identificados foram avaliação da eficácia da comunicação, comunicação de más notícias, lidar com o sofrimento e com a morte, grande exposição a estressores relacionados ao trabalho, manter a dignidade do paciente e identificar o momento de iniciar os cuidados de fim de vida. As habilidades pessoais como a plena consciência, tomada de perspectiva e a empatia cognitiva, aliadas à capacitação técnico-científica e o suporte psicológico ao profissional, são estratégias para melhor enfrentamento dos desafios encontrados pelos enfermeiros nos cuidados ao paciente oncológico em fim de vida.

**Descritores:** Enfermeiros; Cuidados Paliativos; Cuidados Paliativos na Terminalidade da Vida; Oncologia; Cuidados de Enfermagem.

## Introduction

According to the International Agency for Research on Cancer, an increase of approximately 47% in new cases of cancer is expected by 2040 compared to 2020. This increase will be even more expressive in countries with a Human Development Index (HDI) considered low or average, estimated at 96%. This projection reflects the growth and aging of the population, aggravated by the increase in the prevalence of risk factors. In 2019, the National Cancer Institute recorded, according to the Mortality Information System (SIM/MS), 121,686 deaths of women and 110,344 of men, due to neoplasms in Brazil<sup>1,2</sup>.

Cancer is a term that covers different types of diseases in which cells grow disorderly and divide quickly and uncontrollably, tend to be very aggressive, and can invade adjacent tissues and organs at a distance, determining the formation of tumors that can spread to other regions of the body<sup>2</sup>.

Palliative care is an approach that promotes the quality of life of patients and families facing life-threatening illnesses, through the prevention and relief of suffering. While terminality, or end-of-life care, is defined when the possibilities of rescuing health conditions are exhausted and the possibility of death seems to be predictable and inevitable, patient and family care must contemplate aiming

at relieving suffering and avoiding futile measures given the irreversibility of the disease. There is a strong need to reflect and invest in the training of professionals in the care of people in the process of human finitude and to promote conditions of death that are, at least, comfortable<sup>3</sup>.

The Economist Intelligence Unit report presents a ranking of the quality of death in several countries around the world, out of 80 countries, Brazil ranks 42nd, showing that we need to make significant progress in promoting quality end-of-life care. However, it is necessary to recognize and accept finitude in a natural way for everyone involved, be it the patient, family member and health professionals who often seek unreasonable measures due to the curative model strongly present in care. The name “therapeutic obstinacy” is given to the adoption of non-recommended practices instead of palliative actions that only postpone death and can lead to psychological damage to all involved, in addition to financial and social damages<sup>3,4</sup>.

Outside of the therapeutic possibilities, end-of-life patient care involves several challenges for the multidisciplinary health team, especially for nursing, which is impacted by this reality of finitude throughout the care period, and must provide well-being and comfort to the patient. patients and their families, in addition to dealing with a deficit in professional training, noise in



active and ready to provide quality care, humanized and above all sensitive to the limitations and sufferings presented by the patient<sup>5</sup>.

Faced with such a complex issue that needs to be discussed and rethought regarding our actions to the patient at the end of life, the objective of this study was to identify and analyze the challenges of nurses in the care of cancer patients at the end of life.

**Methodology**

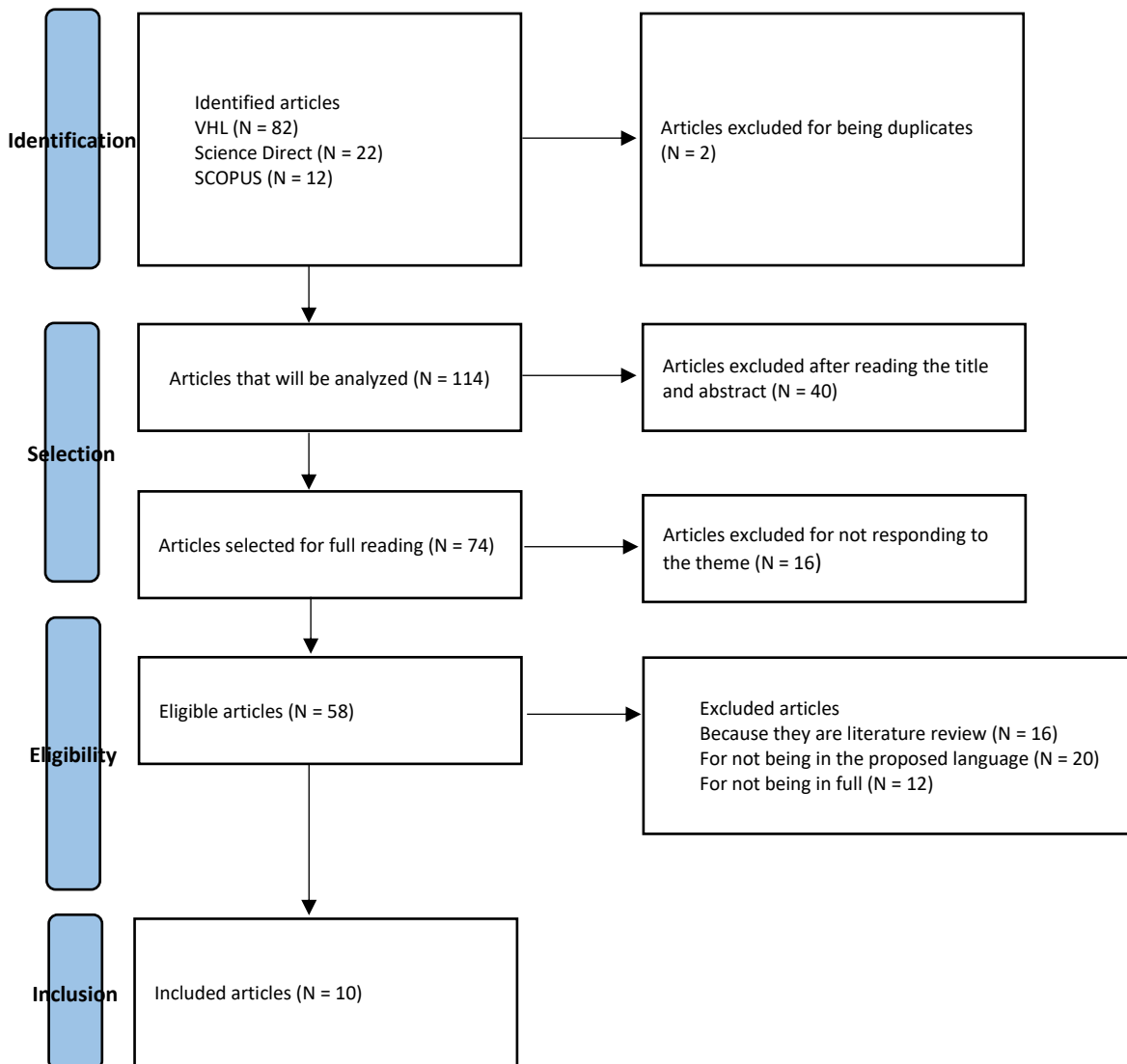
This is an Integrative Literature Review and, to conduct this study, six phases proposed for this type of review were adopted: elaboration of a guiding question, search or sampling in the literature, data collection, critical analysis of the included studies, discussion of the results and the presentation of the integrative review<sup>8</sup>.

communication, difficulty in dealing with death, feelings of frustration in the face of the inevitable loss of the patient and work overload due to the low number of services offered in the country<sup>5,6</sup>.

Nurses participate directly in the care process and are present at the end of life, being responsible for assisting patients without therapeutic possibilities and their families. When caring for the cancer patient, these professionals experience situations of suffering, anguish, fear, pain and revolt experienced by the patient and their families, as human beings provided with emotions and feelings, at times they express the same reactions<sup>7</sup>.

The dimension of the responsibility of the area in the practice of the referred care is then verified, since the nurses, in addition to overcoming the challenges imposed on a daily basis, when in leadership positions, they also need to stimulate the entire team in order to maintain it always

Figure 1. Search flowchart adapted from PRISMA. Rio de Janeiro, RJ, Brazil, 2021



To prepare the guiding question, the PICo strategy was used, with P (population): nurses working in nursing care for cancer patients at the end of life; I (Interest): challenges for nurses in the care of cancer patients at the end of life; Co (Context): Improvement in coping with the challenges

encountered in the care process by nurses in the care of cancer patients at the end of life. Therefore, the question that guided this research was “What are the challenges for nurses in the care of cancer patients at the end of life to better cope with the care process?”<sup>9</sup>.



The search for articles was performed on the Platform and databases: Virtual Health Library (VHL), Science Direct and SCOPUS. To locate the articles that make up this review, the Descriptors in Health Sciences (DeCS) were used with the following search strategy: Nurses AND Hospice Care AND Oncology Nursing AND Nursing Care.

Figure 1 clearly shows the step-by-step selection of studies for this review. From the search and applicability of the inclusion and exclusion criteria, 116 articles were identified 82 in the VHL, 22 in Science Direct and 12 in SCOPUS, 10 articles being eligible for this review.

Studies available in full and free of charge, in Portuguese, Spanish and English, with a period of the last six years (2016 to 2021) were included. Articles that did not meet the proposed theme, duplicates and literature review studies were excluded. The presentation of the selection and eligibility of studies followed the recommendations of the Preferred Reporting Items for Systematic Reviews and MetaAnalyses (PRISMA)<sup>10</sup>.

Initially, the titles and abstracts of the articles were read in full to select the publications that met the inclusion criteria. Subsequently, a complete analysis of the selected articles was carried out, which made it possible to collect information from the studies, such as year and country of publication, methodological characteristics and main results. Data were digitized in tabulated in Microsoft Excel® software.

**Results**

The publications dated from 2016 to 2021, 4 of them in 2020. As for the origin of the studies, two were produced in the United States, two in Italy, two in Brazil, one in China, one in Canada, one in Taiwan and one in South Korea. Regarding the methodological design, there was a cross-sectional study, a cohort study and eight studies with a qualitative approach. Chart 1 presents the 10 publications included according to year and country of publication, participants, method, objectives and main results.

**Chart 1.** Presentation of the studies included in this research. Rio de Janeiro, RJ, Brazil, 2021

Author/ Year	Title	Journal	Objectives	Main Results
YU, H.; JIANG, A., SHEN, J. 2016	Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: A cross-sectional survey	International Journal of Nursing Studies	Describe and explore the prevalence of professional quality of life predictors among Chinese oncology nurses.	Cognitive empathy, training and support from organizations were identified as significant protectors, and perspective taking was the strongest predictor of satisfaction with compassion. Openness and conscientiousness personality traits were positively associated with compassion satisfaction, while neuroticism was a negative predictor for compassion fatigue and burnout.
SEOW H; SUTRADHAR R; MCGRAIL K; FASSBENDER K; PATAKY R; LAWSON B; SUSSMAN J; BURGE F; BARBERA L. 2016	End-of-Life Cancer Care: Temporal Association between Homecare Nursing and Hospitalizations	Journal of Palliative Medicine	Investigate the temporal association of home care with the reduction of hospitalizations of end-of-life cancer patients.	Receiving end-of-life care compared to nursing home care significantly reduced hospitalization rates by 34%, 33%, and 17% in Ontario, British Columbia, and Nova Scotia.
LIU YC; CHIANG H. 2017	From vulnerability to passion in the end-of-life care: The lived experience of nurses	European Journal of Oncology Nursing	Identify how oncology nurses in end-of-life care interpret their care experience.	Nurses who provide end-of-life care experience suffering by witnessing patients' suffering. However, suffering authentically leads nurses to find their inner motivations, to induce mindset change, and then allow them to continually provide and sustain passion in end-of-life care.
KANE L; CLAYTON MF; BAUCOM, BR, ELLINGTON B; REBLIN M. 2019	Measuring Communication Similarity Between Hospice Nurses and Cancer Caregivers Using Latent Semantic Analysis	Cancer Nursing	Identify theoretical convergence and communication skills in nurses and caregivers of cancer patients.	Nurses' preference for more patient-oriented visits, use of more Nursing Partnership statements, and less Conversation Mastery (ratio of total nurse-to-caregiver conversation) were associated with higher Latent Semantic Analysis scores.
CRUMP, B. 2019	Patient Dignity: Exploring Oncology Nurses' Perceptions During End-of-Life Care	Clinical Journal of Oncology Nursing	Understand the perceptions of oncology nurses about care that sustains the dignity of patients at the end of life and propose a theoretical basis to guide practice.	The study revealed an emerging model of care with dignity that uses communication, support and facilitation in the training of nurses during end-of-life care.
SANTOS GFAT; ALVES DR; OLIVEIRA AMM; DIAS KCCO; COSTA BHS; BATISTA PSS. 2020	Palliative Care in Oncology: Nurse's Experience in Caring for Children in The Final Stages of Life	Revista Online Cuidado é Fundamental	Investigate the experience of nurses when caring for children with cancer under palliative care.	Three thematic categories emerged: Nurses' perception of care for children with cancer in palliative care and support for family members; Care practices used by nurses for children with cancer in palliative care; Communicating bad news and valuing spirituality in child care in Palliative Care, in the context of terminality.



KWON S.; KIM M; CHOI S. 2020	Nurse's experiences of providing "sensitive nursing care" for terminally-ill individuals with cancer: A qualitative study	European Journal of Oncology Nursing	Explore the sensitive nursing care provided by nurses caring for individuals with end-of-life cancer.	Sensitive attitudes included reflecting on experiences, developing an accepting attitude towards death, using intuition to deal with critical situations, and having an open mind to collaborate with colleagues. Sensitive nursing behaviors included listening to patients' needs, responding to patients in a manner appropriate to their conditions, responding quickly to patients' problems, and providing a farewell moment.
ANGHELUTA AA; GONELLA, S; SGUBIN C; DIAMONTE V; BIN A; ALVISA A. 2020	When and how clinical nurses adjust nursing care at the end-of-life among patients with cancer: Findings from multiple focus groups	European Journal of Oncology Nursing	Determining when and how nurses and nursing assistants adjust end-of-life care.	The adjustment of the care plan takes place by analyzing the harms and benefits of nursing care interventions and defending the patient's wishes, paying attention to sharing the adjustments within the team at different levels and involving the family in the adjustments of nursing care.
DOBRINA R.; SARA CHIALCHIA S., ALVISA PALESE A. 2020	"Difficult patients" in the advanced stages of cancer as experienced by nursing staff: A descriptive qualitative study	European Journal of Oncology Nursing	Identify when the nursing team classifies a patient suffering from advanced cancer as "difficult", what are the challenges in dealing with these patients and what strategies are used.	Participants labeled difficult patients according to 3 main perceptions: feeling rejected, feeling uncomfortable with the patient's life story and feeling experiencing the limits of the profession. Participants reported feeling frustrated, exhausted, powerless, overwhelmed, or ashamed when dealing with difficult patients.
ROCHA RCNP; PEREIRA ER; SILVA RMCRA; MEDEIROS AYBBV; LEÃO DCMR; MARINS AMF. 2021	Meaning of life as perceived by nurses at work in oncology palliative care: a phenomenological study	Revista da Escola de Enfermagem da USP	Understand the meaning of life perceived by nurses at work in oncological palliative care.	Dealing with death is something challenging in the perception of these nurses. The meaning of life is linked to the uniqueness and unrepeatability of its existence through work. The authentic encounter with their self and the possibility of anchoring life with greater motivation and assertiveness, hides the master key that motivates these professionals to give meaning to their work and to transcend themselves with potential benefits for a more humane, integral and quality assistance.

## Discussion

The selected studies present several challenges for nurses in promoting end-of-life care for cancer patients. According to studies, end-of-life care for cancer patients requires effective communication between nurses and caregivers. However, defining and evaluating the effectiveness of this communication is a challenge for nurses, who must adapt their own communication approach to that of the caregiver, respecting the needs, feelings and psychosocial context of the patient and family, using partnership statements and encouraging increased of trust<sup>11</sup>.

In the same context of effective communication, studies claim that the cancer patient outside the therapeutic possibilities, as a central individual of care, is perceived by nurses as a biopsychosocial and spiritual subject, and must be assisted in all their needs, individually, efficiently and effectively. , with the establishment of an affective and trusting bond, with qualified listening being a measure of comfort and well-being in such an impacting moment. Thus, communication is a care that guarantees dignity, offering end-of-life cancer patients choices, emotional support and respect for privacy. Nurses must be ready to listen to their opinions and stories, in fact building an effective communication relationship with the patient and their families<sup>12,13</sup>.

Still within the context of communication, studies have pointed out another great challenge for nurses: the

communication of bad news. This is one of the most complex activities reported, requiring nurses to pay attention to their posture, because when transmitting information, their conduct will influence thinking and the way in which the patient and family will process it. The message must be delivered with serenity and compassion, observing the reactions of the listeners. Some nurses do not feel apt for this activity, because they do not know how to deal with the finitude of life, especially in childhood. In view of this, the importance of the theme of palliative care being part of university education in health is highlighted, in order to meet the learning needs of these professionals in facing challenges in end-of-life care<sup>12</sup>.

Studies have also identified the nurse's challenge in dealing with the suffering of cancer patients at the end of life, their families and with death, showing that the experience in providing this assistance provides the creation of affective bonds that, despite favoring care, can be generators of suffering for nurses. The care of this patient demands an emotional balance, evidencing the importance of psychological support to these professionals and the implementation of continuing education, considering that finitude, especially in childhood, is seen by society as a process that is difficult to accept, demanding technical-scientific skills, human skills and emotional balance, in order to provide nurses with greater training in the care of cancer patients at the end of life and to avoid excessive suffering or illness<sup>12</sup>.



With the increase in population aging, as well as in life expectancy, health professionals must build new perspectives, methods and techniques with a new look at the processes of illness in conditions, above all, incurable. It is essential to rethink the limits of curative investment and respect the boundaries of the dignity of the person. The assistance provided by the nurse must be carried out in an individualized and humanized way, which includes the family throughout the care process, guaranteeing the right to information about the treatment and the disease<sup>12,14</sup>.

Other studies have shown that nurses with many years of experience in the practice of palliative care for cancer patients have demonstrated a greater understanding of the experience of patients and their families, reflective thinking, an attitude of acceptance towards death, intuition and an open mind. When experiencing situations of suffering, these professionals are induced to change their mentality, to perform sensitive behaviors such as active listening, more adequate responses to the questions of the patient and family, and to provide a moment of farewell to the patient and his family<sup>15,16</sup>.

To deal with the challenge of accepting the death of patients at the end of life, the meaning of life from the individual perspective of nurses in the care of terminal patients can influence the confrontation of human finitude. In a study analysis, 34 nurses were included who reported their perceptions about the meaning of life observed in the care of cancer patients. They reported that in a scenario of finitude, there is an authentic encounter with their self and the awakening of values that give existential meaning, allowing for a more humane, comprehensive and quality care<sup>17</sup>.

Other important aspects strongly linked to the process of finitude is religiosity and spirituality, commonly present in the end-of-life process. Spirituality must be respected regardless of the patient's religious creed, including the right not to have spiritual beliefs. According to a study, the spirituality experienced by health professionals in the care of patients presents itself as a beneficial response to cancer, in facing death and as a facilitator in the restoration of the formation of bonds with patients in palliative care and their families. Religious acts such as prayer and integrated care practices must be supported by health professionals, especially nurses, who are integrally present in end-of-life care<sup>18</sup>.

Studies elucidate that nurses in the care of cancer patients may suffer from more work-related stressors compared to nurses working in other areas. Nurses who have perspective taking and in their personality show traits of openness and conscientiousness, have greater satisfaction for compassion as an indicator of quality of life, on the other hand, nurses who have neuroticism traits in their personality are identified with a greater possibility of presenting indicators such as compassion fatigue and burnout. Cognitive empathy, training and support from organizations are significant protectors for these professionals<sup>19</sup>.

In another study, there is a challenge for nurses to maintain the dignity of cancer patients outside the

therapeutic possibilities, and these professionals are responsible for providing physical comfort and emotional support, respecting their decisions, desires and privacy, and it is up to them to defend the personal desires of the patients. Patients who are unable to speak for themselves. Nurses lack training to support dignity at the end of life and it is necessary to facilitate qualification in order to improve the practice of care that sustains dignity<sup>13</sup>.

In other studies, the association of the implementation of nursing care for cancer patients at home with the reduction of hospital admissions and states that most cancer patients beyond the possibility of cure prefer to receive palliative care and die at home. In this context, Crump<sup>13</sup> elucidates that respecting the patient's wishes outside the therapeutic possibilities is part of the actions to sustain the dignity of this patient<sup>20</sup>.

Another great challenge for nurses in the practice of end-of-life care for cancer patients is the identification of the patient's therapeutic infeasibility, where curative care should give way to end-of-life care. It is pointed out in another study that recognizing the moment when the patient has no therapeutic possibilities is essential to implement comfort measures and avoid suffering with unnecessary interventions. Bioethical reflection is fundamental in this process, which is based on the principles of beneficence, non-maleficence, autonomy and justice to the dilemmas that permeate human finitude<sup>14,21,22</sup>.

In another study, it was shown that experienced nurses detect the turning point in the patient's clinical condition, the deterioration of some body systems such as mobilization and nutrition, which are often perceived as a crucial point for the adjustment of care, and it is up to them to involve the family in the adaptations of nursing care<sup>21</sup>.

Thus, when providing end-of-life care to cancer patients, nurses are faced with several challenging situations, the patient's refusal to take measures to relieve physical pain out of fear or religious convictions, denial of basic care such as hygiene, demotivation after knowledge of their prognosis, discrepancies between the patient's and family's expectations, facing existential and physical suffering knowing that there is not much time to provide a dignified and acceptable death or seeing themselves reflected in a patient of the same age and who led a similar lifestyle and now finds himself in such a fragile situation<sup>23</sup>.

Such studies showed that, in the face of these situations, nurses demonstrated feelings of frustration, impotence and exhaustion and as a form of protection, in some cases, some professionals declared to create a barrier, while others reported a positive and constructive reaction, increasing their commitment and strength, generating critical reflections on the care provided in order to achieve the expected results<sup>23</sup>.

Strategies for confronting the challenges faced by nurses consist of continuing education about end-of-life care. Nurses need to be aware of their personal emotions when faced with challenging situations in order to apply strategies to overcome issues that may compromise the care relationship and the quality of care<sup>23</sup>.



important personal skills in overcoming challenges in end-of-life care.

This study identified the relevance of implementing the theme of end-of-life care for cancer patients in the training of nurses with continuing education, training and psychological support by organizations to promote technical-scientific training and support the nurse in the qualification of care promotion, considering the growth projections in relation to the incidence of cancer patients in the coming years.

It can be verified through this research that there are still few studies carried out by nurses on end-of-life care and although some researchers are concerned with the development of this topic, it is still incipient.

## Conclusion

The study made it possible to identify and analyze, in the national and international literature, the challenges faced by nurses in end-of-life care for cancer patients and their families. The main challenges identified were evaluating the effectiveness of communication, communicating bad news, dealing with suffering and death, great exposure to work-related stressors, maintaining the patient's dignity and identifying the moment to initiate care at the end of life.

The analysis showed that nurses with longer experience in promoting this care have better coping strategies for these challenges. Conscientiousness, perspective taking, and cognitive empathy proved to be

## References

1. World Health Organization (WHO). Número estimado de novos casos de 2020 a 2040 [Internet]. Genebra (GE): WHO; 2020 [acesso em 19 maio 2021]. Disponível em: <https://gco.iarc.fr/tomorrow/en/dataviz/isotype>
2. Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA). Cuidados Paliativos [Internet]. Rio de Janeiro (RJ): INCA; 2021 [acesso em 19 maio 2021]. Disponível em: <https://www.inca.gov.br/controlado-cancer-do-colo-do-utero/acoes-de-controlado-cuidados-paliativos>
3. Silva SAM. Os Cuidados ao Fim da Vida no Contexto dos Cuidados Paliativos. Revista Brasileira de Cancerologia [Internet]. 2016 [acesso em 15 mar 2022];62(3):253-257. Disponível em: <https://rbc.inca.gov.br/index.php/revista/article/view/338/223>
4. Maingué PCPM, Sganzerla A, Guirro UBP, Perini CC. Discussão bioética sobre o paciente em cuidados de fim de vida. Rev. bioét. 2020;28(1):135-46. DOI: 10.1590/1983-80422020281376
5. Morais EN, Conrad D, Mattos EM, Cruz SAC, Machado GC, Abreu MO. Cuidados paliativos: enfrentamento dos enfermeiros de um hospital privado na cidade do Rio de Janeiro. J. res. fundam. care. online 2018;10(2):318-325. DOI: 10.9789/2175-5361.2018.v10i2.318-325
6. Lufchitz GHM, Moritz RD, Stamm AMNF. Consultorias em Cuidados Paliativos em uma Unidade de Terapia Intensiva. Arq. Catarin Med [Internet]. 2016 [acesso em 20 maio 2021];45(4):53-66. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-827346>
7. Almeida CS, Sales CA, Marcon SS. O existir da enfermagem cuidando na terminalidade da vida: um estudo fenomenológico. Revista da Escola de Enfermagem da USP 2014;48(1):34-40. DOI: 10.1590/S0080-623420140000100004
8. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. Einstein. 2010;8(1):102-6. DOI: 10.1590/s1679-45082010rw1134
9. Araujo WCO. Recuperação da informação em saúde: construção, modelos e estratégias [Monografia]. Curso de Ciências da Informação pela Universidade Federal de Santa Catarina [Internet]. 2020 [acesso em 12 fev 2021];3(2):100-134. Disponível em: [https://repositorio.ufc.br/bitstream/riufc/52993/1/2020\\_art\\_wcoaraujo.pdf](https://repositorio.ufc.br/bitstream/riufc/52993/1/2020_art_wcoaraujo.pdf)
10. Moher D, Liberati A, Tetzlaff J, Altman DG. Itens de relatório preferidos para revisões sistemáticas e meta-análises: a declaração PRISMA. PLOS Medicine. 2009;6(7):e1000097. DOI: 10.1371/journal.pmed.1000097
11. Kane L, Clayton MF, Baucom BR, Ellington L, Reblin M. Measuring Communication Similarity Between Hospice Nurses and Cancer Caregivers Using Latent Semantic Analysis. Cancer Nurs. 2020;43(6):506-513. DOI: 10.1097/NCC.0000000000000729
12. Santos GFATF, Batista PSS, Lima DRA, Oliveira AMM, Dias KCCO, Costa BHS. Cuidados paliativos em Oncologia: vivência de enfermeiros ao cuidar de crianças em fase final da vida. Rev. Pesqui. Cuid. Fundam. Online. 2020;12: 689-695. DOI: 10.9789/2175-5361.rpco.v12. 9463
13. Crump B. Patient Dignity: Exploring Oncology Nurses' Perceptions During End-of-Life Care. Clinical Journal of Oncology Nursing. 2019;23(3):E46-E51. DOI: 10.1188/19.CJON.E46-E51
14. Moraes ACRCs, Silva RM, Silva BP, Silva VMM. Princípios bioéticos aplicados à luz dos cuidados paliativos. Revista Bioética Cremego [Internet]. 2021 [acesso em 12 maio 2022];03(1). Disponível em: <https://revistabioetica.cremego.org.br/cremego/article/view/57/66>
15. Kwon S, Kim M, Choi S. Nurses' experiences of providing "sensitive nursing care" for terminally-ill individuals with cancer: A qualitative study. European Journal of Oncology Nursing. 2020;46:101773 DOI: 10.1016/j.ejon.2020.101773
16. Liu YC, Chiang HH. From vulnerability to passion in the end-of-life care: The lived experience of nurses. European Journal of Oncology Nursing. 2017;31:30-36. DOI: 10.1016/j.ejon.2017.09.002
17. Rocha RCNP, Pereira ER, Silva RMCRA, Medeiros AYBBV, Leão DCMR, Marins AMF. Meaning of life as perceived by nurses at work in oncology palliative care: a phenomenological study. Rev Esc Enferm USP. 2021;55:e03753. DOI: 10.1590/S1980-220X2020014903753
18. Arrieta ICO, Thofehr MB, Porto AR, Moura PMM, Martins CL, Jacondino MB. Spirituality in palliative care: experiences of an interdisciplinary team. Rev Esc Enferm USP [Internet]. 2018 [acesso em 27 nov 2021];52:e03312. Disponível em: <https://www.scielo.br/j/reusp/a/rRzH3886NYD55ThYX3pdLfr/?format=pdf&lang=pt>
19. Yu H, Jiang A, Shen J. Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: A cross-sectional survey. International Journal of Nursing Studies. 2016;57:28-38. DOI: 10.1016/j.ijnurstu.2016.01.012
20. Seow H, Sutradhar R, Mcgrail K, Fassbender K, Pataky R, Lawson B, Sussman J, Burge F, Barbera L. End-of-Life Cancer Care: Temporal Association between Homecare Nursing and Hospitalizations. J Palliat Med ; 19(3): 263-70, mar. 2016. DOI: 10.1089/jpm.2015.0229
21. Angheluta AA, Gonella S, Sgubin C, Dimonte V, Bin A, Palese A. When and how clinical nurses adjust nursing care at the end-of-life among patients with cancer: Findings from multiple focus groups. European Journal of Oncology Nursing [Internet]. 2020 [acesso em 10 out 2021];49:101856. Disponível em: [https://www.ejoncologynursing.com/article/S1462-3889\(20\)30136-8/fulltext#relatedArticles](https://www.ejoncologynursing.com/article/S1462-3889(20)30136-8/fulltext#relatedArticles)



22. Calderon CC, Juarez RM, Montoro CH, López EH, Virto FO, Caro MPG. Interventions and decision-making at the end of life: the effect of establishing the terminal illness situation. ResarchGate. 2016;15(1). DOI: 10.1186/s12904-016-0162-z
23. Dobrina R, Chialchia S, Palese A. "Difficult patients" in the advanced stages of cancer as experienced by nursing staff: A descriptive qualitative study. European Journal of Oncology Nursing [Internet]. 2020 [acesso em 14 out 2021];46:101766. Disponível em: [https://www.ejoncologynursing.com/article/S1462-3889\(20\)30046-6/fulltext](https://www.ejoncologynursing.com/article/S1462-3889(20)30046-6/fulltext)

