

The role of nursing in the face of palliative care in the intensive care unit

O papel da enfermagem frente aos cuidados paliativos na unidade de terapia intensiva

El papel de la enfermería frente a los cuidados paliativos en la unidad de cuidados intensivos

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REVISA

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RESUMO

Objetivo: Investigar como vem sendo o realizado o trabalho do enfermeiro frente aos cuidados paliativos no contexto da Unidade de Terapia Intensiva. **Método:** Revisão integrativa da literatura realizada no período de junho a agosto de 2021 Biblioteca Virtual da Saúde foi utilizada a base de dados Medical Literature Analysis and Retrieval System Online, Scientific Eletronic Library Online, Base de dados de Enfermagem e Manuais do Ministério da Saúde. **Resultados:** Foi realizado uma busca pelos descritores em saúde determinados e após análise sistemática dos artigos foram selecionadas 11 produções científicas que atenderam os critérios de inclusão. **Conclusão:** Portanto, podemos dizer que existe a necessidade do enfermeiro se aprofundar mais sobre a temática para que possa atuar com mais segurança, proximidade e implementar ações voltadas para as necessidades do paciente terminal e seus familiares.

Descritores: Cuidados Paliativos; Enfermagem; Unidade de Terapia Intensiva.

ABSTRACT

Objective: To investigate how nurses' work has been performed in the context of the Intensive Care Unit. **Method:** Integrative review of the literature conducted from June to August 2021 virtual health library was used the database Medical Literature Analysis and Retrieval System Online, Scientific Electronic Library Online, Nursing database and Manuals of the Ministry of Health. **Results:** A search was performed for the defined health descriptors and after systematic analysis of the articles 11 scientific productions were selected that met the inclusion criteria. **Conclusion:** Therefore, we can say that there is a need for nurses to delve deeper into the theme so that they can act more safely, closely and implement actions focused on the needs of terminally ill patients and their families.

Descriptors: Palliative Care; Nursing; Intensive Care Unit.

RESUMEN

Objetivo: Investigar cómo se ha realizado el trabajo de las enfermeras en el contexto de la Unidad de Cuidados Intensivos. **Método:** Revisión integradora de la literatura realizada de junio a agosto de 2021 en la biblioteca virtual de salud se utilizó la base de datos Sistema de Análisis y Recuperación de Literatura Médica en Línea, Biblioteca Electrónica Científica en Línea, Base de datos de Enfermería y Manuales del Ministerio de Salud. **Resultados:** Se realizó una búsqueda de los descriptores de salud definidos y tras el análisis sistemático de los artículos se seleccionaron 11 producciones científicas que cumplieron con los criterios de inclusión. **Conclusión:** Por lo tanto, podemos decir que existe la necesidad de que las enfermeras profundicen en el tema para que puedan actuar de manera más segura, cercana e implementar acciones centradas en las necesidades de los pacientes con enfermedades terminales y sus familias.

Descritores: Cuidados paliativos; Enfermería; Unidad de Cuidados Intensivos..

Introduction

The area of palliative care occurs as a therapeutic model that highlights views and therapeutic guidelines for the various symptoms responsible for physical, psychological, spiritual and social wear. It belongs to a growing area in which progress comprises several strategies that encompass bioethics, communication and the natures of suffering.¹

However, palliative care provides quality of life for the patient when identification occurs as soon as possible, serving as a stimulus to the patient and their families who are facing a terminal illness. Prevention reduces the patient's suffering as long as there is an adequate assessment and treatment to relieve pain and other complications.

This care must be offered right from the start when the diagnosis of the disease that threatens the quality of life is discovered, and the therapies that will be used to treat the symptoms of the disease must be introduced. The relevance of the team's assistance requires a qualified approach, as the disease does not only lead to physical symptoms, but also to spiritual and psychosocial symptoms.

From these first fruits, this work came to expand academic knowledge and make palliative care aim to value and respect the terminal patient in order to highlight the role of nursing professionals in palliative care.

The desire to write about the topic arose through intensive care practice and the issues, obstacles and successful outcomes observed in the work of the intensive care team with the topic of Palliative Care (PC).

In this sense, the aim of the study was to investigate how nurses' work has been carried out in relation to palliative care in the context of the Intensive Care Unit.

Method

Integrative literature review carried out from August to September 2021. A systematic search of the literature published between January 2016 to September 2021 was carried out. The data search followed the procedures for reading titles, abstracts and full articles, to identify whether they contemplated the guiding question of this study.

The Medical Literature Analysis and Retrieval System Online (Medline), Scientific Electronic Library Online (SciELO), Nursing Database (BDENF), Manuals of the Ministry of Health were used through the Virtual Health Library (VHL). Due to being a new subject and with few studies focused on this theme, no other databases that could be used in that study were found. The following descriptors were used: "Nursing care", "Palliative care" and "ICU", separated by the Boolean operator "AND" in Portuguese and in English "Nursingcare", "PalliativeCare" and "ICU", such descriptors are registered in the DeCS (Health Science Descriptors) and/or MeSH (Medical SubjectHeadings). By searching the database, an initial result of 80 publications was obtained, which were filtered according to the inclusion and exclusion criteria, resulting in a number of 69, of which the duplicates and those that did not meet the proposed objective were excluded. In the research, therefore, eleven articles related to themes that make up the sample of this review were selected.

The eleven identified studies were organized in a table. To be included, the studies would have to meet the following criteria: Describe the participation of nurses in the application of palliative care, the knowledge mastered by the nurse and the

contributions of palliative care to patients in the Intensive Care Unit. Documents written in English and Spanish, available in full text and free of charge; publication date between January 2016 and September 2021. All studies that did not meet these criteria were excluded from the study. Finally, the studies were evaluated through content analysis.

Results and Discussion

It was observed that the eleven selected articles are related to palliative care understood as comprehensive care aimed at individuals in terminal conditions, with emphasis on the physical, psychosocial and spiritual aspects of the individual and family, in addition to its adoption by nursing in the Intensive Care Unit.

A search was carried out for the determined health descriptors and after systematic analysis of the articles, 11 scientific productions were selected that met the inclusion criteria, belonging to the Medline and Scielo database. Below is the table illustrating the selected sample:

Table 1 - Distribution of characterized articles, according to publication characterization: author/year, objective, title, result(s), conclusion. 2021.

Year	Objective	Title	Results	Conclusion
2019 ²	To verify the perception of the concept of Palliative Care from the perspective of health professionals working in an Intensive Care Unit (ICU)	Palliative care in intensive care: the perspective of the multidisciplinary team.	The study corroborates the literature on the limited perception of the PC concept by intensive care professionals, pointing out the need for training.	The study corroborates the literature on the often limited and outdated perception regarding the understanding of the concept of PC, as well as its practical implications. This fact points to the importance of investment, especially in relation to the training of the team, with an emphasis on promoting improvements in communication.
2016 ³	Describe palliative care in the context of the elderly population.	Palliative care	The aging process of the Brazilian population is increasingly accelerated and already poses deep, urgent and priority challenges for the country's public and social policy agenda, especially in the area of health.	The article refers to the importance of care being something to be shared not only by those working in health or in other areas of knowledge, but by society as a whole.
2019 ⁴	To investigate the team's knowledge about them and develop palliative care actions for patients with limited life support in intensive care.	Palliative care and life support limitation in intensive care	The results also characterize the timid position of professionals with regard to providing a dignified and suffering-free death for patients who die in the ICU with illnesses considered to be	Professionals recognized the importance of palliative care for the population in question in that unit. The study made it possible to bring together researchers and members of the multidisciplinary ICU team. Health professionals recognized the need to establish criteria to care for patients with limited life support in the ICU and the importance of palliative care, which can be applied through

			terminal. This finding requires the academy to plan new studies and the institutions to provide moments of analysis and reflection on the professionals' work process, with a closer look at palliative care for patients with limited life support.	systematized actions.
2020 ⁵	Raise the challenges that nursing faces to perform patient care in Palliative Care, based on the scientific production disseminated in online journals.	Challenges of nursing care in palliative care: an integrative review.	35 publications were identified, whose textual analyzes allowed the construction of four thematic approaches: Nursing education; Nursing care/assistance; Implementation of guidelines.	The study verified the gaps in nursing care in palliative care, raising the need for the development of new studies to disseminate knowledge on the subject..
2015 ⁶	Identify the structure of nurses' social representations about palliative care; discuss the repercussions of these representations in the daily care practice.	Social representation of nurses on palliative care	The central system is homogeneous, has a strong negative content and provides stability to the representation. On the other hand, the presence of positive elements in the peripheral system such as affection, comfort, dedication and humanization reinforce the flexible character of the representation.	Although palliative care and its technologies are increasingly present in hospital routine and, therefore, are the target of constant debates in the media, its social representation, elaborated by this group of nurses, remains with a strong negative content.
2016 ⁷	Knowing nurses' feelings about palliative care in adult intensive care units.	Palliative care and intensive care nurses: feelings that remain	The results showed how central ideas are related to feelings of comfort, frustration, insecurity and anguish, in addition to the feeling that training and professional performance are focused on	The nurses' social representations about feelings related to palliative care are mainly represented by negative feelings, probably consequent to the context in which the care is provided.

			dressing.	
2019 ⁸ .	Knowing the nurses' perception of cancer patients under palliative care	Nurses' perception of the meaning of palliative care in patients with terminal cancer.	The interpretive analysis of the interviews allowed the construction of three categories: Promotion of quality of life through the relief of pain and suffering; Palliative Care: a multiprofessional look at the terminal patient and family in the grieving process; Communication: source of dignity in the terminal process.	The study made it possible to evidence that the nurses involved recognize the importance of the multidisciplinary team, providing nurses with reflections on the use of communication as an essential element of care for patients and families under palliative care. E
2018 ⁹	Know the meaning of palliative care for the elderly for the nursing team and identify how the family's interactions with the elderly occur in the intensive care unit.	Palliative care for the elderly in intensive care: the nursing team's perspective	The results indicated three thematic categories: palliative care, with emphasis on pain and suffering relief; family and elderly interaction, highlighting communication as the most important; and inappropriate environment for palliative care, with an emphasis on care orientation	As the study showed, the team is knowledgeable about palliative care and recognizes the family as a link between the professional and the elderly. It is also considered that intensive care is not an appropriate environment for palliative care.
2016 ¹⁰	identify whether the concept and principles of Palliative Care defined by the World Health Organization are inserted in the work of nurses in Medical Clinic Units and in the Palliative Care and Pain Control Committee of a Teaching Hospital in the South of Brazil	Palliative care: view of nurses in a teaching hospital	Nurses link Palliative Care with the patient's death process. Limited communication obliterates the actions taken by team members. People with chronic disease are referred late, undergoing reductionist actions that do not provide quality of life	The principles of the philosophy of Palliative Care are partially inserted in the professionals' practice. There is demand for academic and in-service training.

2017 ¹¹	Understanding the perception of the Nursing team about palliative care for patients in state ends	Palliative care in an intensive care unit: perceptions of nursing professionals	After exploring the data, three categories were found: The perception and experience of the Nursing team regarding palliative care. How palliative care is applied and Acting with the family in coping with the terminal state.	Palliative care is still little known and integrated into the actions of Nursing in the Intensive Care Unit, requiring greater team preparation.
2019 ¹²	discuss palliative care as a right to be guaranteed to the terminally ill, who, by recognizing the finitude of life, seeks physical, mental and spiritual comfort in their final moments.	The importance of implementing palliative care in the Unified Health System.	Population aging and the increase in non-communicable chronic diseases are demanding that medicine turn its attention to the patient, and not just the disease, encouraging rethinking about the process of dying and encouraging the patient to reappropriate his own death. A	The resignification of death and the dying process is today a necessary element to guarantee the patient's autonomy over his own body. Hence the importance of Resolution n. 41/2018 for the Brazilian Unified Health System.

In view of the analyzes and readings of the selected articles, with regard to palliative care, it is mentioned⁷ that palliative care objectively addresses the improvement of the quality of life of patients and their families in the face of a life-threatening disease, due to means of prevention, relief of suffering, early identification, assessment, treatment of pain and other physical, psychological and spiritual problems.

They describe that applying palliative care consists, among other things, in providing basic care to the patient, such as nutrition, hydration, hygiene, comfort and pain relief. In addition to always maintaining a dialogue, even if the patient is unconscious and, whenever possible, meeting their personal desires and needs.³

In addition, palliative care can provide an opportunity to transform issues related to death, making it much more humanized. These precautions are not intended to interfere with the time that the transition may take place, but are based on supporting the family in the grieving process. Always seeking in a coherent way to offer the patient relief and reduction of suffering, both emotional and physical, improving the quality of life and generating a possibility of support until the last days of life⁴.

Thus, strengthening the position of the aforementioned authors, it is emphasized that the focus of attention will not be the disease to be cured or controlled, but the individual, understood as an active being, with the right to information and with autonomy, when possible, to decide about your treatment⁵. In this sense, the

desirable practice of palliative care takes into account the particular attention to the patient and their family, aiming for excellence in care and prevention of suffering.

It is admissible to show that in the performance of palliative care, which health professionals perform, it is necessary to demonstrate certain skills such as understanding the importance of the care being provided, and that it is a privilege for these professionals to promote the welcoming of patients and families. Likewise, welcoming presents itself as a way to relate and perceive the most lasting sensitivity in the correlation with patients.⁵

It is reinforced that it is essential to take into account that the patient has the right to have all the information about the circumstance in which he finds himself. Respect for human dignity also reflects, if the patient does not want to know about their condition or treatment, equally, it is also their right.¹⁰

Thus, it is pointed out that the origin of the term palliative care is actually located in a discussion of medical practice about dealing with patients considered terminal. In this way, palliative care differs from curative care due to the medical notion of a "terminal" patient or "out of therapeutic possibilities."⁵

It is corroborated by emphasizing that palliative care has as its main focus the care, therefore it has some important principles such as: listening to the patient, making a diagnosis before treating, knowing very well the drugs to be used, using drugs that have more than one purpose of relief, proposing treatments as simple as possible, not treating everything that is affected by pain with medication and analgesics.¹²

It is evident that palliative care is intensive care and aims to learn to recognize, enjoy small achievements and be aware that there is always something that can be done here, without there being an end point.⁹

Other important principles in palliative care are added, such as: compassion, humility and honesty. It is necessary to have compassion, and empathy, because putting yourself in the other's shoes is the best way to do yourself good. The focus of care for the terminal patient is to help the person to "die well" alleviating their signs and symptoms with comfort and dignity. Nurses must be worked from the academy to deal with situations where being humble is an essential quality, as it is necessary to admit that they do not have all the answers and seek care on the issue.⁵

The health professional's emotional and physical strain is often apparent, as dealing with death, which is a stage of life where no one can avoid causing different feelings for nurses, but attention must be paid to the terminally ill person's family member, as he/she plays an important role and its reactions contribute to the patient's response. Taking care of the terminally ill family is an act of solidarity linked to knowledge and skill. And being honest with these people is a way to show love for others, since these days human beings are often acting mechanically without thinking about feelings. Nurses must use their creativity to sit down and talk to the patient about what is happening, giving them confidence and serenity.⁸

Os estudos demonstram que os cuidados paliativos são necessários devido às muitas doenças, que já não respondem aos tratamentos curativos, mas que causam intensa dor e sofrimento emocional e espiritual, e que tornam a vida insuportável. Com isso, é possível sempre estarmos presente como pessoa, oferecendo apoio e compreensão, conversando e ouvindo, tentando juntos encontrar alguma maneira de fazer com que as coisas sejam melhores, e assim, proporcionar uma melhor qualidade de vida.⁴

As for the patient's adaptation process to palliative care, it will depend on age; the stage of family development; the nature of the disease; from previous, individual and family experience; in relation to illness and death; the pattern of coping with stressful situations, the socioeconomic conditions and the cultural variables involved.⁴

Discussing palliative care and end-of-life issues is never easy, as these topics have not been learned nor discussed in our society. It is necessary to change the concept that nothing more can be done for the sick and, consequently, change their attitude. Thus, it is necessary to create committees to train health professionals, ensure the availability of drugs in palliative care units and create laws to protect doctors, patients and families.

Comenta-se que os governos precisam reconhecer e confiar de que os cuidados paliativos são essenciais e que devem ser incluídos nas políticas e nos serviços de saúde, de modo que as comunidades se tornem beneficiárias desses procedimentos. Para a enfermagem conceder cuidados paliativos é vivenciar e distribuir, terapêuticamente, ciclos de amor e compaixão, percebendo que é possível tornar a morte.⁸

It is assured that in palliative care there is a great effort together with the numerous health professionals, each one in their area, all with the same purpose, which is to alleviate and comfort the suffering of the patient and help their family. The nurse must integrate the practices not only related to the patient, but also to the family member/caregiver, perceiving the problems faced by them, so that they can idealize the situation in a systemic context, improving all instances: physical, social, cultural, spiritual and morals.¹¹

Thus, the nurse is essential for the palliative care team, due to the foundation of its base, which is supported by the art of care. The seriousness of the category of this care is noticeable according to the birth of the ideology, emanating from the principle that this form of patient care promotes quality of life in their last days and also brings a feeling of accomplishment for the professional.¹¹

Alleviating the experience of pain, sadness, fear and absences are something more that the nursing team can provide. The good relationship between patients, relatives and the nursing staff facilitates the structuring of therapeutic relationships that can ease the tension inherent to the condition, safeguarding the dignity and conceptions of the terminally ill patient.¹¹

With this, it is argued that nursing specialists in palliative care must have ethical competence to understand and be responsible for the challenges that arise in the field of work. As a productive intention, it is essential that health professionals establish, in addition to technical-scientific efficiency, a human and ethical capacity, experiencing the true yields of bioethics for a good practice that is effective, understandable and respectful.²

The team that deals with palliative care seeks to be able to successfully develop its tasks, enabling the mental health of each member, fighting for it to be preserved and improved, since these achievements are important for the professionals themselves.²

Conclusion

The research leads us to conclude that palliative care provides a better quality of life in the terminal period of the patient, and should be extended to family members,

reducing the suffering of patients and family members, leading them to face and accept their condition as a natural process of finitude. Hence the need to be humanized and comprehensive and to be concerned with the patient and their needs and not just their diagnosis.

Thus, the role of nursing is important as it helps patients and families to accept their condition as a natural process of finitude. It was observed, however, that in the context of the ICU, we still find unprepared professionals who do not know the importance of palliative care and the need to involve social and affective aspects in the actions to be taken within palliative care. This unpreparedness can be caused by the lack of specific continuing education in palliative care, in addition to the review of initial training where little was focused on this issue. Thus, further studies, interventions and training are needed for professionals, thus seeking an improvement in the care system.

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