

Strategies used for providing palliative care to patients with chronic kidney disease on hemodialysis: scoping review protocol

Estratégias utilizadas para a prestação dos cuidados paliativos em pacientes com doença renal crônica em hemodiálise: protocolo de revisão de escopo

Estrategias utilizadas para la prestación de cuidados paliativos en pacientes con enfermedad renal crónica en hemodiálisis: protocolo de revisión de alcance

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RESUMO

Objetivo: mapear o conhecimento científico disponível sobre as estratégias utilizadas para a prestação dos cuidados paliativos em pacientes com doença renal crônica em programa de hemodiálise. **Método:** Trata-se de um protocolo de revisão de escopo construído e baseado no método de revisão proposto pelo Joanna Briggs Institute (JBI) e registrado no Open Science Framework. A questão de pesquisa foi construída através da estratégia PCC, que inclui como elementos fundamentais as siglas mnemônicas: P - Problema (Pacientes com Doença Renal Crônica), C - Conceito (Cuidados Paliativos), C - Contexto (Tratamento por Hemodiálise). Serão incluídas todas as categorias de artigo que atendam ao objetivo, sem restrição de idiomas, anos ou país e serão excluídos resumos publicados em anais de eventos científicos, artigos incompletos, capítulos de livros, estudos duplicados, documentos que não tratem diretamente da temática proposta ou que não estejam integralmente disponíveis. Serão utilizadas as seguintes fontes de dados: Cumulative Index to Nursing and Allied Health Literature (CINALH), EMBASE, MEDLINE/Pubmed, ProQuest, SCOPUS, Web of Science. No primeiro momento será realizada a seleção dos estudos através dos títulos e resumos das referências identificadas, utilizando como suporte a ferramenta Rayyan QCR. **Resultados:** Serão apresentados em formas de quadro, fluxograma e figura. **Conclusões:** Este estudo poderá trazer evidências das principais estratégias de cuidados paliativos utilizadas na assistência ao paciente com doença renal crônica que esteja submetido a hemodiálise.

Descritores: Cuidados Paliativos; Cuidados Paliativos Integrativos; Insuficiência Renal Crônica; Falência Renal Crônica; Diálise Renal

ABSTRACT

Objective: To map the available scientific knowledge on the strategies used for providing palliative care to patients with chronic kidney disease on a hemodialysis program. **Method:** This is a scoping review protocol based on the review method proposed by the Joanna Briggs Institute (JBI) and registered in the Open Science Framework. The research question was developed using the PCC strategy, which includes the following fundamental mnemonic elements: P - Problem (Patients with Chronic Kidney Disease), C - Concept (Palliative Care), C - Context (Hemodialysis Treatment). All article categories that meet the objective will be included, without restriction of language, years, or country. Abstracts published in scientific event proceedings, incomplete articles, book chapters, duplicate studies, documents that do not directly address the proposed theme, or those not fully available will be excluded. The following data sources will be used: Cumulative Index to Nursing and Allied Health Literature (CINALH), EMBASE, MEDLINE/Pubmed, ProQuest, SCOPUS, and Web of Science. Initially, a selection of studies will be performed by reviewing the titles and abstracts of the identified references, with the support of the Rayyan QCR tool. **Results:** Results will be presented in the form of tables, flowcharts, and figures. **Conclusion:** This study is expected to provide evidence on the main palliative care strategies used in the care of patients with chronic kidney disease undergoing

Descriptors: Palliative Care; Integrative Palliative Care Chronic; Kidney Failure, Renal Insufficiency Chronic; Renal Dialysis.

RESUMEN

Objetivo: Mapear el conocimiento científico disponible sobre las estrategias utilizadas para la prestación de cuidados paliativos a pacientes con enfermedad renal crónica en un programa de hemodiálisis. **Método:** Se trata de un protocolo de revisión de alcance (scoping review) construído y basado en el método de revisión propuesto por el Instituto Joanna Briggs (JBI) y registrado en el Open Science Framework. La pregunta de investigación se construyó mediante la estrategia PCC, que incluye como elementos fundamentales las siglas mnemotécnicas: P - Problema (Pacientes con Enfermedad Renal Crónica), C - Concepto (Cuidados Paliativos), C - Contexto (Tratamiento por Hemodiálisis). Se incluirán todas las categorías de artículos que cumplan con el objetivo, sin restricción de idioma, año o país, y se excluirán los resúmenes publicados en actas de congresos científicos, artículos incompletos, capítulos de libros, estudios duplicados, documentos que no aborden directamente el tema propuesto o que no estén disponibles en su totalidad. Se utilizarán las siguientes fuentes de datos: Cumulative Index to Nursing and Allied Health Literature (CINALH), EMBASE, MEDLINE/Pubmed, ProQuest, SCOPUS y Web of Science. En un primer momento, se realizará la selección de los estudios a través de los títulos y resúmenes de las referencias identificadas, utilizando como apoyo la herramienta Rayyan QCR. **Resultados:** Se presentarán en forma de tablas, diagramas de flujo y figuras. **Conclusión:** Se espera que este estudio aporte evidencias sobre las principales estrategias de cuidados paliativos utilizadas en la atención a pacientes con enfermedad renal crónica en hemodiálisis.

Descriptor: Cuidados Paliativos; Cuidados Paliativos Integrativos; Fallo Renal Crónico; Insuficiencia Renal Crónica; Diálisis Renal.

Introduction

The concept of palliative care (PC) has undergone updates since its definition by the World Health Organization (WHO). The most recent approach dates from 2018 by the International Association for Hospice and Palliative Care (IAHPC) and results in a broader conceptualization, reinterpreting suffering, need, and scope¹.

Considering this new conceptualization, the focus shifts from the disease to a more person-centered approach and recognizes the patient's need as the criterion for eligibility for PC rather than prognosis. Thus, the IAHPC defines it as: "active, holistic care provided to people of all ages who are experiencing serious health-related suffering resulting from a severe illness, especially those near the end of life¹.

In this meantime, noncommunicable chronic diseases (NCDs) have emerged, characterized as one of the main public health problems in Brazil and worldwide. These illnesses were responsible for about 70% of deaths globally in 2019, highlighting the need for a broad and complex care approach that respects the suffering of patients and their families²⁻³.

Within the context of NCDs arises chronic kidney disease (CKD), which is characterized by a slow and progressive loss of renal function, requiring high-cost treatments for the health system such as renal replacement therapies. Among these is hemodialysis (HD), a method unveiled in 1960 by Belding Scribner in the United States, which became a major advance for the treatment of CKD. In this type of therapy the patient's blood is filtered through a machine.⁴⁻⁵

Data from the latest Brazilian Dialysis Census show HD as the most common dialysis modality (88.2%), followed by hemodiafiltration (8.0%) and peritoneal dialysis (3.8%). Despite its prevalence, HD can be negatively correlated with quality of life (QoL), and interventions and health policies aimed at improving this aspect for patients during therapy should be implemented.⁶⁻⁷

Thus, there is a close relationship between CKD and PC, since the harmful effects of the disease may reverberate across biopsychosocial and spiritual dimensions – areas within the domain of palliative care. Renal palliative care (RPC) emerges in this process and should be used as a care tool to achieve the best possible quality of life for the patient and their family⁸.

In recent years there has been significant progress in RPC, with a perspective shift from a disease-centered model to a person-centered model, where a patient chooses how, when, and where they wish to proceed – especially regarding patients receiving conservative management, i.e., without the need for dialysis.⁹ But what about individuals already undergoing dialysis therapy, such as HD?

HD often imposes a high symptom burden that directly affects these individuals' quality of life. Studies show that a systematic approach with formal symptom assessment and management by a multidisciplinary RPC team is associated with a reduction in the symptom trajectory during therapy, particularly symptoms related to physical and emotional domains¹⁰.

In this context, a preliminary search was carried out in the following platforms: Open Science Framework (OSF), Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medical Literature Analysis and Retrieval System (MEDLINE), and no scoping reviews or systematic reviews addressing the objective of this research were found. The objective of this scoping review is to map the available scientific knowledge on strategies used to deliver palliative care to patients with chronic kidney disease enrolled in hemodialysis programs.

Method

Study design

This is a scoping review protocol that was registered on the Open Science Framework with DOI: 10.17605/OSF.IO/8BHAX, available at: <https://osf.io/8bhax/overview>. This review followed the recommendations of the Joanna Briggs Institute (JBI), which recommends the following steps: 1) define the topic, identifying the objective and the research question; 2) identify inclusion and exclusion criteria; 3) organize the studies: define the search strategy; 4) define the sources for evidence selection; 5) extract the data; 6) interpret and analyze the evidence; and 7) present the results ¹¹⁻¹³.

Review question

Using the PCC strategy (P = Population, C = Concept, C = Context)¹¹, the following guiding question was developed (Table 1): What strategies are used to deliver palliative care to patients with chronic kidney disease in a hemodialysis program/treatment?

Table 1 – Scoping review mnemonic. Salvador, April 13, 2025.

Mnemônico	Ideias utilizadas
P (Population)	Patients with Chronic Kidney Disease (CKD)
C (Concept)	Palliative Care
C (Contexto)	Hemodialysis Treatment

Population

The population of this study comprises individuals diagnosed with CKD who undergo hemodialysis, as these patients live with a chronic, incurable condition that entails intense physical, emotional, social, and spiritual suffering throughout the illness and treatment process.

Concept

All available evidence on the strategies used to deliver Renal Palliative Care (RPC) in hemodialysis units will be included, encompassing all dimensions of the human experience, since the principles of palliative care emphasize the importance of intervention by a multidisciplinary team that promotes symptom management not only of a biological nature, but also psychological, social, and spiritual¹⁴.

Context

The context of this review will include healthcare services that provide hemodialysis therapy in an outpatient setting, including both specialized satellite dialysis clinics and hospital units that offer care to patients undergoing chronic hemodialysis.

Eligibility Criteria

This study will include works presenting evidence related to RPC directed at adult and older adult patients undergoing dialysis therapy. All categories of publications will be considered eligible, including original studies with qualitative and/or quantitative approaches, literature reviews, systematic reviews, reflection papers, updates, experience reports, as well as academic dissertations and theses.

The following will be excluded: abstracts published in scientific event proceedings, incomplete articles, book chapters, duplicate studies, documents that do not directly address the proposed topic, or those that are not fully available. Additionally, publications that address palliative care but do not fit the specific hemodialysis context will be excluded—such as those focused on conservative management, palliative care after dialysis withdrawal, or interventions aimed at pediatric or adolescent populations. No restrictions regarding language or publication period will be applied.

Types of Information Sources

The CAPES Journal Portal (Brazilian Federal Agency for Support and Evaluation of Graduate Education) was consulted to identify journals, as it provides access to multiple databases including CINAHL, Embase, Medline via PubMed, and Scopus, all of which are included in this research. ProQuest, a database of grey literature, will also be used, as well as Web of Science, a multidisciplinary bibliographic database that compiles scientific articles, books, reports, and conference materials.

Search Strategy

This proposed search strategy uses Medical Subject Headings (MeSH) terms as well as database-specific keywords, combined with free-text terms to increase search sensitivity. Boolean operators “AND” and “OR” will be applied to ensure that retrieved articles are relevant. A detailed description of the search key is presented in Table 2.

Table 2 - Description of the Search Key Used

Mnemonic	Health Sciences Descriptors / Medical Subject Headings (DECS/MESH)
Population (P)	"Renal Insufficiency, Chronic"[mh] OR "Renal Insufficiency, Chronic"[tiab] OR "Chronic Kidney Diseases"[tiab] OR "Chronic Kidney Insufficiency"[tiab] OR "Chronic Renal Diseases"[tiab] OR "Chronic Renal Insufficiency"[tiab]
Concept (C)	"Palliative Care"[mh] OR "Palliative Care"[tiab] OR "Palliative Supportive Care"[tiab] OR "Palliative Surgery"[tiab] OR "Palliative Therapy"[tiab] OR "Palliative Treatment"[tiab] OR "Supportive Care"[tiab]
Context (C)	"Renal Dialysis"[mh] OR "Renal Dialysis"[tiab] OR "Extracorporeal Dialysis"[tiab] OR "Hemodialysis"[tiab]

The search strategy will be adapted for each data source using the descriptors presented, based on the PCC mnemonic (Table 1), as shown in Table 2.

Table 3 - Search Strategies by Database. Salvador, Bahia, Brazil, 2025.

Database	Search Term	Results
Cinahl	((MH "Renal Insufficiency, Chronic+") OR (TI "Renal Insufficiency, Chronic" OR AB "Renal Insufficiency, Chronic") OR (TI "Chronic Kidney Diseases" OR AB "Chronic Kidney Diseases") OR (TI "Chronic Kidney Insufficiency" OR AB "Chronic Kidney Insufficiency") OR (TI "Chronic Renal Diseases" OR AB "Chronic Renal Diseases") OR (TI "Chronic Renal Insufficiency" OR AB "Chronic Renal Insufficiency")) AND ((MH "Palliative Care+") OR (TI "Palliative Care" OR AB "Palliative Care") OR (TI "Palliative Supportive Care" OR AB "Palliative Supportive Care") OR (TI "Palliative Surgery" OR AB "Palliative Surgery") OR (TI "Palliative Therapy" OR AB "Palliative Therapy") OR (TI "Palliative Treatment" OR AB "Palliative Treatment") OR (TI "Supportive Care" OR AB "Supportive Care")) AND ((MH "Renal Dialysis+") OR (TI "Renal Dialysis" OR AB "Renal Dialysis") OR (TI "Extracorporeal Dialysis" OR AB "Extracorporeal Dialysis") OR (TI Hemodialysis OR AB Hemodialysis))	24
Embase	('Renal Insufficiency, Chronic'/exp OR 'Renal Insufficiency, Chronic':ti,ab OR 'Chronic Kidney Diseases':ti,ab OR 'Chronic Kidney Insufficiency':ti,ab OR 'Chronic Renal Diseases':ti,ab OR 'Chronic Renal Insufficiency':ti,ab) AND ('Palliative Care'/exp OR 'Palliative Care':ti,ab OR 'Palliative Supportive Care':ti,ab OR 'Palliative Surgery':ti,ab OR 'Palliative Therapy':ti,ab OR 'Palliative Treatment':ti,ab OR 'Supportive Care':ti,ab) AND ('Renal Dialysis'/exp OR 'Renal Dialysis':ti,ab OR 'Extracorporeal Dialysis':ti,ab OR Hemodialysis:ti,ab) AND [embase]/lim NOT ([embase]/lim AND [medline]/lim)	160
Medline via Pubmed	("Renal Insufficiency, Chronic"[mh] OR "Renal Insufficiency, Chronic"[tiab] OR "Chronic Kidney Diseases"[tiab] OR "Chronic Kidney Insufficiency"[tiab] OR "Chronic Renal Diseases"[tiab] OR "Chronic Renal Insufficiency"[tiab]) AND ("Palliative Care"[mh] OR "Palliative Care"[tiab] OR "Palliative Supportive Care"[tiab] OR "Palliative Surgery"[tiab] OR "Palliative Therapy"[tiab] OR "Palliative Treatment"[tiab] OR "Supportive Care"[tiab]) AND ("Renal Dialysis"[mh] OR "Renal Dialysis"[tiab] OR "Extracorporeal Dialysis"[tiab] OR "Hemodialysis"[tiab])	395
ProQuest	(MESH.EXACT.EXPLODE("Renal Insufficiency, Chronic") OR TI,AB("Renal Insufficiency, Chronic") OR TI,AB("Chronic Kidney Diseases") OR TI,AB("Chronic Kidney Insufficiency") OR TI,AB("Chronic Renal Diseases") OR TI,AB("Chronic Renal Insufficiency")) AND (MESH.EXACT.EXPLODE("Palliative Care") OR TI,AB("Palliative Care") OR TI,AB("Palliative Supportive Care") OR TI,AB("Palliative Surgery") OR TI,AB("Palliative Therapy") OR TI,AB("Palliative Treatment")) OR	170

	TI,AB("Supportive Care")) AND (MESH.EXACT.EXPLODE("Renal Dialysis") OR TI,AB("Renal Dialysis") OR TI,AB("Extracorporeal Dialysis") OR TI,AB(Hemodialysis))	
Scopus	(INDEXTERMS("Renal Insufficiency, Chronic") OR TITLE-ABS("Renal Insufficiency, Chronic") OR TITLE-ABS("Chronic Kidney Diseases") OR TITLE-ABS("Chronic Kidney Insufficiency") OR TITLE-ABS("Chronic Renal Diseases") OR TITLE-ABS("Chronic Renal Insufficiency")) AND (INDEXTERMS("Palliative Care") OR TITLE-ABS("Palliative Care") OR TITLE-ABS("Palliative Supportive Care") OR TITLE-ABS("Palliative Surgery") OR TITLE-ABS("Palliative Therapy") OR TITLE-ABS("Palliative Treatment") OR TITLE-ABS("Supportive Care")) AND (INDEXTERMS("Renal Dialysis") OR TITLE-ABS("Renal Dialysis") OR TITLE-ABS("Extracorporeal Dialysis") OR TITLE-ABS(Hemodialysis))	151
Web of science	TS(("Renal Insufficiency, Chronic" OR "Renal Insufficiency, Chronic" OR "Chronic Kidney Diseases" OR "Chronic Kidney Insufficiency" OR "Chronic Renal Diseases" OR "Chronic Renal Insufficiency") AND ("Palliative Care" OR "Palliative Care" OR "Palliative Supportive Care" OR "Palliative Surgery" OR "Palliative Therapy" OR "Palliative Treatment" OR "Supportive Care") AND ("Renal Dialysis" OR "Renal Dialysis" OR "Extracorporeal Dialysis" OR Hemodialysis))	09

Selection of Evidence Sources

After completing the initial screening stage, the bibliographic references will be exported to the *Intelligent Systematic Review* software (Rayyan®) to identify and remove duplicate records and to organize the studies.

Selection will occur in two phases: first, titles and abstracts will be screened by independent reviewers; second, potentially eligible studies will be assessed in full text. Any discrepancies regarding eligibility will be resolved through evaluation by a third reviewer. The inclusion process will be documented using the **PRISMA-ScR** flow diagram¹¹, in accordance with scoping review methodological guidelines.

Data Extraction

After study selection, the extracted data will undergo descriptive analysis followed by thematic categorization, grounded in variables of interest and key concepts relevant to the guiding question.

To support systematization and comparative analysis, results will be organized into a table created in Microsoft Word®, specifically designed for this purpose, and will include the following information: author and year of publication, study title, objectives, main findings, interventions/care, countries, conclusions,

and level of evidence. This organization aims to support critical interpretation of the data and the formulation of answers aligned with the research problem.

The level of evidence (LE) classifications of the studies will follow Melnyk's recommendations¹⁵. Data extraction will be conducted independently by two investigators (double-blind), with a third reviewer consulted in cases of doubt or disagreement.

Data Analysis and Presentation

The collected data will be organized and categorized based on their characteristics and similarities, and subsequently grouped according to the strategies adopted in the provision of renal palliative care. The results will be presented through tables and charts to facilitate comparative analysis and information systematization.

Presentation of Results

Results will be reported following the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)¹⁶.

Conclusion

This research aims to provide robust scientific evidence to advance the development of palliative care for patients with chronic kidney disease undergoing hemodialysis, contributing to improving the quality of life of individuals who face daily suffering resulting from an illness with no prospect of cure.

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References

1. Radbruch L, De Lima L, Knauth F, Wenk R, Ali Z, Bhatnagar S, et al. Redefining Palliative Care – A New Consensus-Based Definition. *J Pain Symptom Manage.* 2020;60(4):754–64. doi: 10.1016/j.jpainsymman.2020.04.027.
2. Câncer IN de. Instituto Nacional de Câncer (Brasil). A avaliação do paciente em cuidados paliativos. Rio de Janeiro: INCA; 2022. 284 p.
3. World Health Statistics 2021: Monitoring health for the SDGs, sustainable development goals. Geneva: WHO; 2021. Disponível em: <https://www.who.int/publications/i/item/9789240027053>.
4. Paulino EDR, Santos GBD, Silva KLD, Pessoa KCS, Vieira CHA, et al. Patologia renal crônica e tratamento dialítico: cuidados e possibilidades a partir da literatura. *Res Soc Dev.* 2022;11(5):1–17. doi: 10.33448/rsd-v11i5.27863.
5. Oliveira MS, et al. Equipe de enfermagem frente o conceito de hemodiálise à orientação da clientela à luz dos autores. In: Chaves MHG, editor. *Perspectivas e estudos emergentes em Ciências da Saúde*. Campina Grande: Licuri; 2024. p. 30–41. doi: 10.58203/Licuri.22564.
6. Nerbass FB, Lima HN, Strogoff-de-Matos JP, Zawadzki B, Moura-Neto JA, Lugon JR, Sesso R. Censo Brasileiro de Diálise 2023. *Braz J Nephrol.* 2025;47(1):e20240081. doi: 10.1590/2175-8239JBN-2024-0081pt.
7. Rojas Aliaga AI, Rojas Peña YD, Arellan Bravo LJ, Chavez Bustamante SG, Benito Condor BC. Factors associated with health-related quality of life in hemodialysis patients in a Peruvian hospital: a cross-sectional study. *Medwave.* 2025;25(02):e2915. doi: 10.5867/medwave.2025.02.2915.
8. Correa TL, Guelli MSTC, Carvalho RTD. Palliative care for patients with chronic kidney disease and severe COVID-19 in Brazil: a retrospective study in a quaternary hospital. *Ann Palliat Med.* 2025;14(1):4–12. doi: 10.21037/APM-24-99.
9. Tavares APDS, Santos CGDS, Tzanno-Martins C, Barros Neto J, Silva AMMD, Lotaif L, et al. Kidney supportive care: an update of the current state of the art of palliative care in CKD patients. *Braz J Nephrol.* 2021;43(1):74–87. doi: 10.1590/2175-8239-JBN-2020-0017.
10. Siriwardana AN, Hoffman AT, Brennan FP, Li K, Brown MA. Impact of Renal Supportive Care on Symptom Burden in Dialysis Patients: A Prospective Observational Cohort Study. *J Pain Symptom Manage.* 2020;60(4):725–36. doi: 10.1016/j.jpainsymman.2020.04.030.
11. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z, editors. *JBIM Manual for Evidence Synthesis*. Adelaide: JBI; 2020. doi: 10.46658/JBIMES-20-12.

12. Almeida JCD, Cordeiro JKR, Silva CRDV, Silva RMP, Pautasso FF, Uchoa SADC, et al. Papel do enfermeiro navegador na atenção à saúde: protocolo para uma revisão de escopo. *Rev Enferm UFPE on line*. 2024;18(1). doi: 10.5205/1981-8963.2024.260943.
13. Pautasso FF, Zelmanowicz ADM, Flores CD, Caregnato RCA. Atuação do Nurse Navigator: revisão integrativa. *Rev Gaúcha Enferm*. 2018. doi: 10.1590/1983-1447.2018.2017-0102.
14. Naves F, Martins B, Ducatti M. The importance of humanized care in palliative care: a systematic review. *Psic Saúde Doenças*. 2021;22(2):390-6. doi: 10.15309/21psd220206.
15. Melnyk BM, Fineout-Overhol E. Evidence-based practice in nursing & healthcare: A guide to best practice. Philadelphia: Lippincott Williams & Wilkins; 2011.
16. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169(7):467-73. doi: 10.7326/M18-0850.

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