

**NURSING CARE FOR ELDERLY PATIENTS WITH CANCER IN  
PALLIATIVE CARE: INTEGRATIVE REVIEW****ASSISTÊNCIA DE ENFERMAGEM A PACIENTES IDOSOS COM  
CÂNCER EM CUIDADOS PALIATIVOS: REVISÃO INTEGRATIVA****ATENCIÓN DE ENFERMERÍA AL ANCIANO CON CÁNCER EN CUIDADOS  
PALIATIVOS: REVISIÓN INTEGRADORA**

Raquel Manzan Miranda<sup>1</sup>, Joyce Assunção Barros<sup>2</sup>, Adriana Cristina Nicolussi<sup>3</sup>

**How to cite this article:** Nursing care for elderly patients with cancer in palliative care: integrative review. Rev Enferm Atenção Saúde [Internet]. 2025 [access: \_\_\_\_]; 14(1): e202558. DOI: <https://doi.org/10.18554/reas.v14i1.6968>

**ABSTRACT**

**Objective:** Identify the scientific knowledge already produced, related to nursing care for elderly patients with cancer in palliative care. **Method:** Integrative review carried out in February and March 2023, in the databases: National Library of Medicine, (Pubmed), Web of Science, Cumulative Index to Nursing and Allied Health Literature, Embase, Virtual Health Library: Latin American Literature and the Caribbean in Health Sciences and Nursing Database, crossing the descriptors and their synonyms: Elderly, Neoplasms, Palliative Care and Nursing Care, in the last 10 years, in Portuguese, English and Spanish. **Results:** 13 articles made up the sample. There was a prevalence of care related to the control of physical and psychological symptoms, guidance through educational sessions, spiritual support, as well as investigation of the quality of life in all these aspects. **Conclusion:** Nursing care was centered on alleviating the physical, psychosocial and spiritual suffering of the patient and family.

**Descriptors:** Elderly; Neoplasms; Palliative care; Nursing care.

<sup>1</sup> RN from the Federal University of Triângulo Mineiro. Federal University of Triângulo Mineiro - UFTM, Uberaba-MG. <https://orcid.org/0000-0003-1796-3455>

<sup>2</sup> RN, Master's student in the Postgraduate Program in Health Care (PPGAS). Federal University of Triângulo Mineiro - UFTM, Uberaba-MG. <https://orcid.org/0000-0003-0845-9484>

<sup>3</sup> RN, Master in Fundamental Nursing, PhD in Sciences. Adjunct Professor of the Department of Nursing in Hospital Care (DEAH) of the Institute of Health Sciences (ICS) of UFTM. Federal University of Triângulo Mineiro, Uberaba/MG. <https://orcid.org/0000-0001-5600-7533>

## RESUMO

**Objetivo:** Identificar o conhecimento científico já produzido, relacionado à assistência de enfermagem a pacientes idosos com câncer em cuidados paliativos. **Método:** Revisão integrativa realizada em fevereiro e março de 2023, nas bases de dados: *National Library of Medicine*, (Pubmed), *Web of Science*, *Cumulative Index to Nursing and Allied Health Literature*, Embase, Biblioteca Virtual em Saúde: Literatura Latino-Americana e do Caribe em Ciências da Saúde e Base de Dados de Enfermagem, cruzando os descritores e seus sinônimos: Idoso, Neoplasias, Cuidados Paliativos e Cuidados de Enfermagem, nos últimos 10 anos, em português, inglês e espanhol. **Resultados:** 13 artigos compuseram a amostra. Houve prevalência dos cuidados relacionados a controle de sintomas físicos e psicológicos, orientações voltadas através de sessões educativas, apoio espiritual, bem como, investigação da qualidade de vida em todos estes aspectos. **Conclusão:** Os cuidados de enfermagem foram centrados em aliviar o sofrimento físico, psicossocial e espiritual do paciente e da família.

**Descritores:** Idoso; Neoplasias; Cuidados Paliativos; Cuidados de Enfermagem.

## RESUMEN

**Objetivo:** Identificar el conocimiento científico ya producido, relacionado con el cuidado de enfermería al anciano con cáncer en cuidados paliativos. **Método:** Revisión integradora realizada en febrero y marzo de 2023, en las bases de datos: Biblioteca Nacional de Medicina, (Pubmed), Web of Science, Cumulative Index to Nursing and Allied Health Literature, Embase, Virtual Health Library: Latin American Literature and the Caribbean en Base de Datos de Ciencias de la Salud y Enfermería, cruzando los descriptores y sus sinónimos: Anciano, Neoplasias, Cuidados Paliativos y Cuidados de Enfermería, en los últimos 10 años, en portugués, inglés y español. **Resultados:** 13 artículos conformaron la muestra. Prevalcieron los cuidados relacionados con el control de los síntomas físicos y psicológicos, la orientación a través de sesiones educativas, el apoyo espiritual, así como la investigación de la calidad de vida en todos estos aspectos. **Conclusión:** El cuidado de enfermería se centró en aliviar el sufrimiento físico, psicossocial y espiritual del paciente y la familia.

**Descriptor:** Anciano; neoplasias; Cuidados paliativos; Cuidado de enfermera.

## INTRODUCTION

As life expectancy increases as a result of advances in public health, the elderly population is growing. The impact of these changes is most pronounced in low- and middle-income countries, where populations are not only aging but also experiencing changing lifestyles and environmental exposures that contribute to the occurrence of chronic noncommunicable diseases (NCDs).<sup>1</sup>

Highlighting as NCDs: cancer (CA), cardiovascular diseases, diabetes and

chronic respiratory disease, which causes permanent clinical complications, loss of autonomy and functional incapacity in the elderly population, factors that are directly related to quality of life (QoL).<sup>2-3</sup>

In particular, neoplasms mainly affect the elderly, with most cases diagnosed in people with an average age of 70 years.<sup>4</sup> In Brazil, 704 thousand new cases of CA are expected for each year of the triennium 2023-2025, with the most incident being non-melanoma skin cancer (31.3% of total cases), followed by female breast cancer

(10.5%), prostate cancer (10.2%), colon and rectum cancer (6.5%), lung cancer (4.6%) and stomach cancer (3.1%), according to the National Cancer Institute.<sup>5</sup>

CA directly reflects in a decrease in QoL, leaving people with limitations and disabilities, and is often diagnosed late, despite technological advances. Thus, the cure is generally related to the stage of the disease, so the earlier the diagnosis, the greater the chances of a cure. Therefore, for patients who are in more advanced stages, with no curative therapeutic possibilities, the indication for treatment becomes palliative.<sup>6-7</sup>

Therefore, palliative care (PC) is humanized health care, considering the biopsychosocial-spiritual dimensions of patients without therapeutic possibilities of cure, focused on the QoL of the patient and their family members, not only on the disease and its curability.<sup>8-9</sup> One of the guiding principles for the organization of PC is the affirmation of life and acceptance of death as a natural process.<sup>10</sup>

According to the National Commission for Palliative Care (CNCP), there are three levels of complexity in people with palliative care needs. The first level is the client with low to intermediate complexity needs, who requires health care based on the principles of palliative treatment for a chronic disease, but does not require specialized and complex care. The

second level is the person with intermittent complexity needs, who presents an oscillating path between situations of greater or lesser complexity, requiring evaluation by a team specialized in PC. And finally, there are clients with persistent complex needs, who present high-intensity problems persistently requiring specialized PC, such as cancer patients.<sup>11</sup>

It is important to emphasize that this assistance, throughout its entire course, is carried out by a multidisciplinary team, so that the patient can receive comprehensive care.<sup>9</sup> Nurses and nursing technicians are essential in the PC team due to the proximity and care actions provided directly to the client, offering services with a multidimensional approach, because of their technical-scientific training that allows them to expand their ability to intervene beyond signs and symptoms.<sup>12</sup>

Nursing care in PC involves actions such as the assessment of physical and psycho-emotional conditions, identification of health and disease situations, planning and implementation of unique therapeutic projects, ways for these objectives to be achieved and which professionals should be involved in this process.<sup>13</sup>

In this sense, the potential of this nursing care is important when it is resolute, continuous and considers the specific peculiarities and scope of PC.<sup>12</sup> Addressing the topic requires recognizing the conduct

developed by nurses and understanding how this care influences and helps elderly patients with cancer in PC.

In view of this, this study aimed to identify what scientific knowledge has already been produced, related to nursing care for elderly patients with CA in PC, in order to highlight the need for education and professional training, to achieve a comprehensive practice based on the best evidence and for health education.<sup>14</sup>

## **METHOD**

This study corresponds to an integrative review of the scientific literature conducted from February to March 2023, based on six stages: selection of the study question; selection of the sample; definition of the characteristics of the studies; analysis of the studies; interpretation of the results; and presentation of the review or synthesis of knowledge, according to the proposed methodological framework.<sup>15</sup> The review protocol was registered on the Figshare online platform in February 2023.

The Population, Variables and Outcomes (PVO) strategy was adopted, where it was conceptualized for operationalization of the search, being: population for elderly patients with cancer; variable for palliative care; and outcome for nursing care, considering the following guiding question: “What is the scientific knowledge already produced, related to

nursing care for elderly patients with cancer in palliative care?”.

The following databases were used to search for articles: National Library of Medicine, USA (Pubmed), Web of Science, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase and the Virtual Health Library (VHL) portal: Latin American and Caribbean Literature in Health Sciences (Lilacs) and Nursing Database (BDENF). To select the articles, a consultation was carried out with the Health Science Descriptors (DeCS) and Medical Subject Headings (MeSH), and the following terms were identified and used: “Elderly”; “Neoplasms”; “Palliative Care”; “Nursing Care” in trilingual form (Portuguese, English and Spanish), with the appropriate specific command strategies for advanced search with the descriptors, their synonyms, codes and Boolean operators “OR” or “AND”.

The inclusion criteria were: articles that addressed nursing care for elderly cancer patients in palliative care, in Portuguese, English and Spanish, available electronically and free of charge in full, published between January 2013 and December 2022. While the exclusion criteria were: theses, dissertations, monographs, editorials, expert opinions and abstracts presented at events.

A total of 1,080 studies were collected and imported into the Endnote

software<sup>16</sup>, where they were organized and duplicates were excluded. They were then transferred to the Rayyan Qatar Computing Research Institute platform, a free web review program with a single version, from which the remaining duplicates were excluded, leaving a total of 1,004 articles, which were analyzed independently by two reviewers with the blinding tool activated, for reading and selection of articles by titles and abstracts. A third reviewer worked to resolve any discrepancies found. Some items from the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)<sup>17</sup> tool were also followed to ensure rigor in conducting this review.

The remaining 41 articles were then read in full by the same reviewers, which were critically analyzed and 13 studies were selected, with the following information being extracted from them: data source, title, journal, authors, country, language, objectives, sample, data processing, interventions (if any), main results and conclusions, type of publication in relation to the research design and level

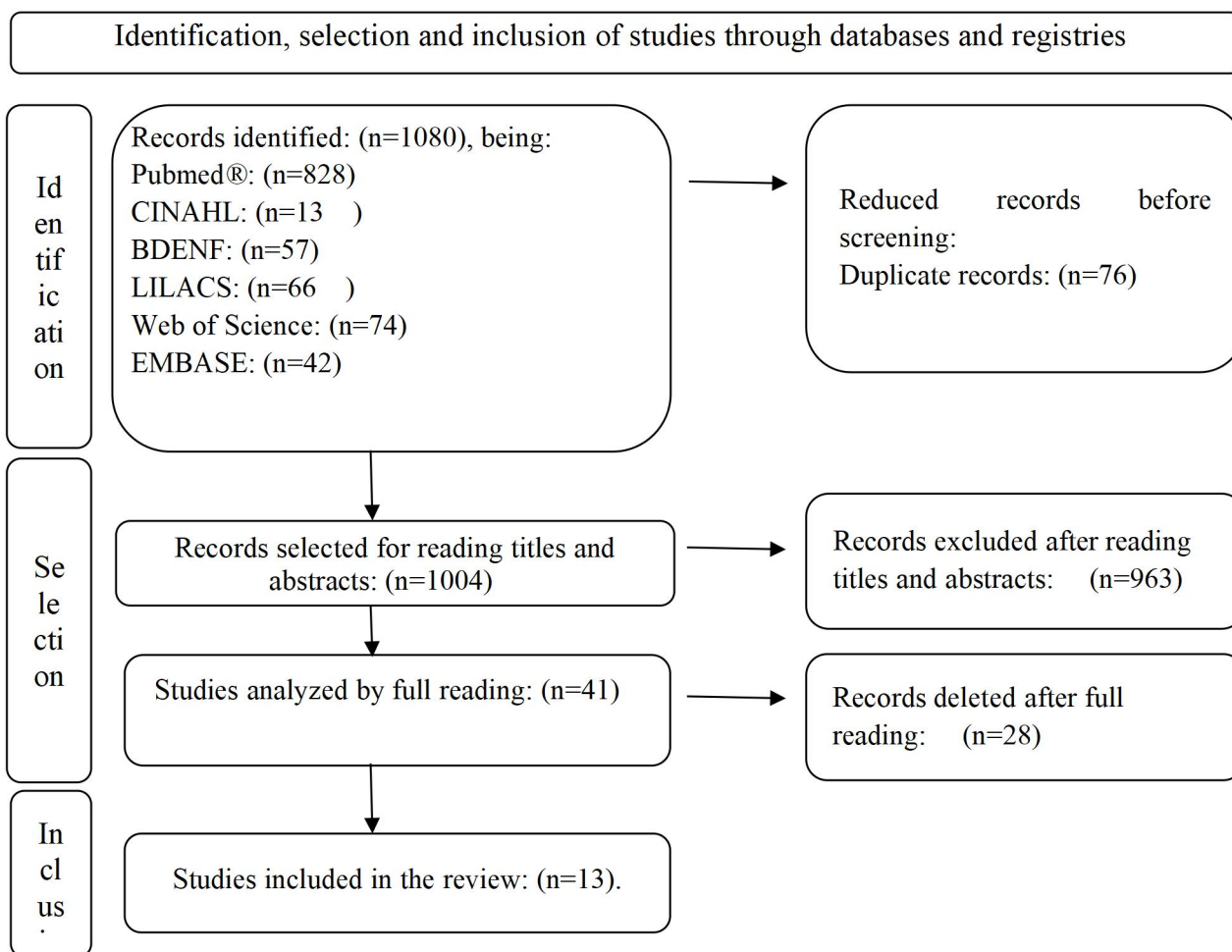
of evidence, and transported to a validated form used in other review studies.

To analyze the level of evidence, the following seven levels were used: 1- Systematic Review (SR) or meta-analysis of Randomized Controlled Clinical Trials (RCTs) or clinical guidelines based on SRs of RCTs; 2- evidence from RCTs; 3- well-designed clinical trials without randomization; 4- evidence from well-designed cohort and case-control studies; 5- SRs from descriptive or qualitative studies; 6- evidence derived from descriptive or qualitative studies; and 7- opinion of authorities and/or opinion of an expert committee.<sup>18</sup>

The fifth and sixth stages then took place, in which the results were interpreted and knowledge was synthesized, presented in a descriptive manner.

## **RESULTS AND DISCUSSION**

13 articles were selected to make up the final sample; the following flowchart shows the path taken for selection (Figure 1).



**Figure 1.** Flowchart for identification, selection and inclusion of studies, prepared based on the PRISMA recommendation. Minas Gerais, Brazil, 2023.

All studies were published in English, between 2014 and 2022. Studies developed in the United States predominated (7 articles – 53%), the remaining articles were published in the following countries: Holland, Italy, France, South Korea, China and Taiwan.

Based on the analysis of the studies, they were grouped into three thematic categories according to the nursing care provided to cancer patients in palliative care, namely: “Interventions on physical aspects”, “Assistance on psychological factors” and “Help for spiritual conditions”.

Tables 1, 2 and 3 present a summary of the articles according to the thematic category, containing country and year of publication, type of study, level of evidence, sample, objectives and main results and conclusions.

In the present study, nursing care and interventions for elderly patients with CA were identified in the context of PC, which aim to reduce suffering, promote comfort and human dignity for both the patient and the caregiver or family, from the perspectives of physical, emotional and spiritual order. This care was offered at all

levels of care (primary, secondary and tertiary) and at different points in the care network (primary, home, outpatient and hospital care).

Thematic category 1: Interventions under physical aspects.

**Table 1.** Distribution of studies related to the thematic category “Interventions under physical aspects”. Uberaba, MG Brazil, 2023.

Country/ Year/Study	Type of study/ Level of evidence/ Sample	Objectives	Main results and conclusions
United States 2015 <sup>19</sup> - A1	Randomized controlled clinical trial. Level of evidence: 2. Sample: Early CP group: 104. Late CP group: 103.	To investigate the effect of early versus late CP on QOL, and the impact on symptoms, mood, and 1- year survival.	The intervention carried out by the nurse was carried out via telephone and focused on problem- solving, symptom management, self-care and advanced care planning. In the intervention group, QoL, the impact of symptoms and the patient's mood were not statistically significant. Survival rates were higher for the group that started PC early.
Netherlands 2014 <sup>20</sup> - A2	Randomized study. Level of evidence: 2. Sample: Group monitored by nurses: 36. Group accompanied by doctors: 30.	To compare home care provided by nurses with conventional medical care in the outpatient clinic for patients with incurable CA.	Nurse-led care focused on alleviating patients' suffering and complaints. From the initial assessment, nurses provided supportive, educational, and counseling interventions. Patients in the nurse-led group were more satisfied with the following aspects: advice and information, patient involvement in their own care planning. Patient QOL was similar in both groups.
Italy 2021 <sup>21</sup> - A3	Retrospective study. Level of evidence: 6. Sample: 177 patients	To analyze the burden of an educational program on appropriate end-of-life management in an Internal Medicine ward.	After the educational program, there was a limitation of futile procedures, such as a reduction in endoscopic procedures, blood and arterial gas analyses, red blood cell or platelet transfusions, artificial nutrition, among others. There was an increase in sharing the PC program with patients, family members and/or caregivers, which means that the team became more confident with communication and management of end-of-life care.
United States 2018 <sup>22</sup> - A4	Quasi-experimental, Level of evidence: 3. Sample:	To determine the effects of a nurse-led PC intervention for patients with non-small cell lung	For the intervention group, nurses developed interdisciplinary care plans, educational sessions, telephone follow-up, QoL assessment, and recommendations for additional support services.

	Usual care group: 118 patients and 62 caregivers/family members.  Intervention group: 84 patients and 60 caregivers/family members.	cancer and their family caregivers in a community setting.	The intervention had positive effects on participants' QoL and perception of self-care. The effectiveness of the educational sessions was high, and the use of support services, such as social assistance, increased during the intervention phase.
France 2018 <sup>23</sup> - A5	Retrospective analysis.  Level of evidence: 6.  Sample: 309 patients.	To evaluate the non-pharmacological and optimized implementation of supportive care for CA throughout the course of the disease and correlate the findings with patient characteristics, unplanned hospitalizations and survival.	Non-pharmacological supportive care interventions consisted of art therapy, psychomotricity, socio-aesthetics and adapted physical activity. There was a significant correlation between these interventions and unplanned hospitalization ( $p < 0.001$ ).

In Primary Health Care (PHC), nurses contribute to patient care with predominantly general technical skills and relational skills, such as accurately observing and describing signs and symptoms and establishing good communication with the family and the patient. However, the literature indicates that professionals' superficial knowledge on the topic of PC and the lack of training are the main barriers to be overcome for progress in this area.<sup>24</sup>

Training of the multidisciplinary team and changes in professional training are necessary for humanized and comprehensive care for the elderly in PC. Due to this lack of knowledge on the subject, it is common to find health professionals stating that PC is

performed in the final phase of a disease; few would recommend this care in the initial phase.<sup>25</sup> It should be emphasized that this model of care involves beginning to intervene well before the advanced stages, superseding curative treatments in cases of poor prognosis. It is worth noting that PC initiated early avoids discomfort, suffering and unnecessary treatments, improving the QoL of patients.<sup>26</sup>

The PHC nurse is at the first level of access to health services, thus obtaining more contact with the population, providing more precise care to the patient's demands.<sup>27</sup> A study carried out in Spain<sup>28</sup> discussed the importance of the nurse's role in PHC for patients in PC, in addition to the family and community, this being the essence in



promoting QoL. The performance of the function must occur through the ability to personalize care, good communication with the family and patient, continuity of care and the ability to support the role of the family caregiver.

In this review, the study (A2)<sup>20</sup> conducted in the Netherlands with patients with incurable CA, compared home care conducted by nurses with outpatient care conducted by a conventional physician. The care provided by the nurses initially consisted of assessing the patient's symptoms and complaints. With this, they developed an individualized nursing care plan, together with supportive intervention, education and counseling aimed at alleviating suffering. This nursing care obtained high satisfaction from the patient and their families and the QoL was similar compared to follow-up by the physician in the outpatient clinic.

Pain assessment is also a highlighted care in the current review. Pain is a very common symptom during CA and its treatment can worsen in PC. It is important to emphasize that the interpretation of pain

intensity favors the assessment of pain individually and indicates to the professional the most effective form of intervention in PC.<sup>29</sup> A study analyzed the practices of nursing professionals with the measurement of cancer pain in elderly people in PC, based on an integrative literature review, concluded that the nurse must correctly assess and treat pain, monitoring and determining which factors can mitigate or aggravate it, together with its possible causes.<sup>30</sup>

Therefore, pain should be treated with pharmacological and non-pharmacological interventions, which are educational, physical, emotional, behavioral and spiritual measures, as a way of providing comprehensive care capable of alleviating the physical, social and spiritual symptoms of the disease, and providing comfort to the family and the patient. In this context, the nursing team must be able to measure pain with unidimensional and multidimensional scales.<sup>31</sup>

Thematic category 2: Assistance in psychological factors.

**Table 2.**

Distribution of studies related to the thematic category “Assistance in psychological factors”.  
Uberaba, MG Brazil, 2023.

<b>Country/ Year/ Study</b>	<b>Type of study/ Level of evidence/ Sample</b>	<b>Objectives</b>	<b>Main results and conclusions.</b>
South Korea 2021 <sup>32</sup> - A6	Almost experimental.  Level of evidence: 3.  Sample: Control Group: 86 and intervention: 105 patients.	To examine the effects of a patient care coordination intervention on physical and psychological symptoms and QOL in older adults with CA.	Care consisted of a comprehensive assessment of the elderly's needs, a multidisciplinary care conference, a nursing plan shared with the patient and family, a counseling session, and an assessment of individual health status. The intervention had positive effects on mobility, depression, and QOL of elderly individuals with CA.
United States 2015 <sup>33</sup> - A7	Pilot study.  Level of evidence: 3.  Sample: 4 oncologists, 8 nurses and 23 patients.	To assess the feasibility, acceptability and perceived effectiveness of a nurse-led cancer care management approach to improve primary PC.	The intervention consisted of nurses and oncologists addressing patients' symptom needs; involving them in advance care planning; providing emotional support; and coordinating care. Patients reported satisfaction with supportive care sessions, reported improvement in pain and other symptoms, and improved understanding of the disease and future planning.
United States 2021 <sup>34</sup> - A8	Randomized clinical trial.  Level of evidence: 2.  Sample: Control and intervention groups: 336 patients each.	To evaluate the effect of care management by oncology nurses to meet supportive care needs (CONNECT).	The intervention included monthly patient visits, provision of emotional support, and engagement in advance care planning and coordination. There was no difference in mean QOL score, mood symptoms, and anxiety and depression subscale scores.

China 2022 <sup>35</sup> - A9	Randomized study. Level of evidence: 2. Sample: Control group: 15 patients. Intervention group: 16 patients.	To investigate the effectiveness of an individually tailored nursing intervention to decrease the discomfort of chemotherapy-related symptoms in adult patients with colorectal CA.	The intervention group involved: encouraging the patient to express their emotions, qualified and humanized listening, guidance on self-care with the colostomy bag, guidance on possible complications; in addition to the assessment of QoL. Patients showed a reduction in negative emotions and psychological discomfort, and there was an improvement in QoL.
United States 2020 <sup>36</sup> - A10	Mixed methods study Level of evidence: 6. Sample: 31 patients.	To assess the feasibility and acceptability of a nurse-led program to manage fear of CA progression/recurrence and distress in patients with advanced CA.	The intervention consisted of videoconference sessions with reorientation against fear of the disease, perception and reaffirmation of what is important in life. There was an improvement in the pattern of CA progression, anguish, loneliness, communication of difficult feelings, identification of useless thoughts, and skills to control anxiety. Patients felt calmer, more relaxed, inspired, hopeful, and focused.
United States 2015 <sup>37</sup> - A11	Almost experimental, Level of evidence: 3. Sample: Control group: 219, intervention: 272.	To test the effect of an interdisciplinary PC intervention in patients with metastatic non-small cell lung cancer stage I-IV.	The intervention started with a comprehensive QOL assessment and a personalized PC plan was developed. Patients participated in weekly meetings with an interdisciplinary team, discussing QOL domains and patient-selected topics. The intervention had an impact on the number of PC referrals, advance care planning, and improved QOL.

In secondary and tertiary care, nursing care also plays a key role in the care provided to elderly patients with CA, since the disease process itself presents a high  
 Rev Enferm Atenção Saúde [Online]. Dez/Mar 2025; 14(1):e202458 ISSN 2317-1154

clinical complexity, invasive and prolonged treatments. One of the assistance provided is care management, which provides adequate and methodological care based on the Nursing Care Systematization (NCS), where a comprehensive care tool is observed, with the necessary perspectives to achieve individualized care.<sup>38</sup>

The SAE provided to patients with CA is a practice exclusive to nursing professionals and is of utmost importance in reducing adverse effects caused during treatment. It is divided into stages to plan, execute and assess the needs that arise during treatment. One of the most important stages is the nursing intervention, since it is through the care plan that will be provided by the team that humanized, comprehensive, individualized and qualified care will be provided.<sup>39</sup>

In a study (A6)<sup>32</sup> developed in two different hospitals in South Korea, the effects of a care coordination intervention centered on elderly patients with CA carried out by oncology nurses were examined. This consisted of a methodological nursing plan, which was shared with the patient and family on the day of the patient's admission and revised based on their needs. After applying the nursing plan, focused on symptom management, the nurses created a discharge plan focused on self-care strategies and followed up with patients via telephone to obtain a more comprehensive

assessment of the patient's health status, in order to discuss specific management strategies to solve new problems or those that were not resolved.

Another important nursing care reported in this research was health education for both the patient and the family member/caregiver. In the study (A11)<sup>37</sup> present in this review, developed in the United States, interventions were carried out with weekly meetings led by a nurse through educational sessions, where the content was organized around QOL. Patients and family members were given a list of common topics and had the opportunity to select the topics they were interested in discussing. This allowed the content to be tailored to the needs and preferences of the patient and/or family member. The nurse also discussed any relevant supportive care resources that were identified and recommended by the interdisciplinary team.

This intervention resulted in statistically significant improvements in QOL, symptoms, and psychological distress. The study also provided a replicable model for the elements required in PC interventions. These elements should include baseline and ongoing QOL assessments; interdisciplinary care coordination; and patient education on QOL issues. The educational component is notable for using a personalized approach in which the teaching content included the

issues endorsed by each specific patient as a high priority.<sup>37</sup>

Nursing, at any level of care, has a fundamental role in communication and qualified listening, including listening to the patient and their family and providing better understanding, strengthening bonds, thus alleviating suffering in search of humanized treatment.<sup>40</sup> Therefore, health education is associated with the safety and comfort of patients and their respective family members/caregivers, providing necessary support.

In this perspective, there was a study (A9)<sup>35</sup> developed in China, which investigated the effectiveness of a nursing intervention to reduce the discomfort of symptoms related to chemotherapy in elderly patients with colorectal CA who

have ostomies. To better serve patients, the nursing team encouraged them to express their emotions and listen to them patiently. Colostomy nursing procedures were taught to patients and family members. The patients' fear and anxiety were alleviated and their self-esteem was strengthened by the team, through methods appropriate to the culture and knowledge to disseminate self-care information. The intervention helped to reduce mental harm and improve QoL; in addition to reducing the risk of complications associated with permanent colostomies, providing a conceptual basis and a reference for the methods of care for patients and caregivers during the recovery and treatment phase of the disease.

Thematic category 3: Help for spiritual conditions.

**Table 3.** Distribution of studies related to the thematic category “Help for spiritual conditions”. Uberaba, MG Brazil, 2023.

<b>Country/ Year/ Study</b>	<b>Type of study/ Level of evidence/ Sample</b>	<b>Objectives</b>	<b>Main results and conclusions.</b>
United States 2016 <sup>41</sup> - A12	Quasi- experimental study. Level of evidence: 3. Sample:	To describe the spiritual well- being outcomes of a program that tested the effectiveness of	Participants in the intervention group received QOL assessment, weekly interdisciplinary care meetings with recommendations for spiritual support, referrals to chaplaincy and other supportive care services, and educational sessions on spiritual well-being. Patients

	Interdisciplinary team. Caregivers or family members: 354. Patients: 475.	an interdisciplinary PC intervention in patients with lung cancer and their family members/caregivers.	experienced improvements in their sense of peace of mind, ability to seek comfort, and sense of harmony with themselves. There was no improvement in family members in the intervention group.
Taiwan 2020 <sup>42</sup> - A13	Quasi-experimental study Level of evidence: 3. Sample: Control group: 14 and intervention: 16 patients.	To determine the effectiveness of dignity therapy for end-of-life patients with CA.	Dignity therapy was conducted by a nurse using interview methods and recording important issues in the patient's life to create a generative document that is passed on to family members. During dignity therapy, participants talked about issues that mattered most to them. After the intervention, participants showed an increase in dignity and a reduction in demoralization and depression.

In the current review, articles were identified that focus on nursing care focused on spiritual well-being. Spirituality becomes a way of coping with adverse situations, seeking the meaning of life in the face of death, or trying to understand illness and life's adversities, considering the cultural values that each person carries. In the context of health, respect for spiritual and religious beliefs and practices is adopted, without imposing professional opinion, but encouraging dialogue, seeking alternatives to intervene and help.<sup>43</sup>

It is noteworthy that nurses can also use assessment tools to understand the

psychological suffering of patients with CA at the end of life. As shown in the research (A13)<sup>42</sup> raised in this review, the nurse participated in a dignity therapy training and performed it on elderly patients diagnosed with CA with a life expectancy of less than six months, the results of which showed that the participants presented an increase in dignity, reduction in demoralization and depression after the therapy.

Dignity therapy uses interview methods, recording important issues in the patient's life to create documentation, which is passed on to the patient's relatives. During treatment, the patient's own sense of life is

enriched and dignity is reinforced, with relief from psychological distress as well. In short, dignity therapy is a unique, personalized, short-term psychotherapy that is effective in increasing the sense of purpose and meaning in life, reducing psychological distress, and increasing the will to live in patients at the end of life.<sup>44</sup>

In this way, the nursing team, by being authentically present in the care, allows itself to learn about the spirituality and beliefs of itself and others, in order to contribute to the affirmation of faith, hope, and to develop a relationship of help and trust.<sup>45</sup>

A study (A12)<sup>41</sup> that sought to describe the results of spiritual well-being conducted in the United States tested the effectiveness of an interdisciplinary PC intervention in patients with lung cancer and their family members/caregivers. The intervention was carried out through an initial assessment of QOL performed by a nurse. Subsequently, meetings were held by the interdisciplinary team to formulate a personalized PC plan; and with this, educational sessions were held by two nurses, with patients and family members/caregivers. In these sessions, topics were discussed on how to deal with issues of spiritual well-being, such as uncertainty, purpose and meaning in life; and supportive care services that can help,

such as referral to chaplaincy and available community resources.

Spiritual well-being is a central component of quality CA care, with growing evidence pointing to its importance for patients and families coping with this diagnosis. It is associated with improved QOL, psychosocial functioning, and less aggressive medical interventions at the end of life.<sup>46</sup>

## CONCLUSION

The studies showed that nursing care for elderly cancer patients in palliative care is centered on the patient and family, with the aim of controlling and alleviating physical, psychosocial and spiritual suffering. The most prevalent nursing care and interventions in the studies analyzed were quality of life assessment, focused on symptom control and psychological support; educational sessions for both the patient and the family and/or caregivers, focused mainly on self-care; and spiritual assistance.

Some limitations were found in the construction of the study due to the low availability of national articles. The scarcity of articles produced in Brazil leads to a lack of knowledge about the scenario of this care in our country, what barriers are encountered and how to provide solutions to problems relevant to our society. A lack of research aimed exclusively at the elderly population was also identified, and it is of

utmost importance to fill this knowledge gap, knowing that health care for the elderly population has delicate particularities in the cancer and PC process.

In view of this, there is a clear need for improvements in the provision of this topic in academic training and professional training courses, so that there is an increase in the dissemination of scientific knowledge and, thus, to offer support and assistance with quality in the care provided to this population. This study may contribute with information for adequate care and nursing practice with regard to palliative care, so that, from there, interventions can be implemented to improve the treatment offered to elderly patients with cancer.

## REFERENCES

1. Academy of Medical Sciences (Great Britain). Multimorbidity: a priority for global health research [Internet]. London: Academy of Medical Sciences; 2018 [citado em 5 dez 2024]. Disponível em: <https://acmedsci.ac.uk/file-download/82222577>
2. Ministério da Saúde (Brasil). Plano de ações estratégicas para o enfrentamento das doenças crônicas não transmissíveis (DCNT) no Brasil 2021-2030 [Internet]. Brasília: Ministério da Saúde; 2021 [citado em 5 dez 2024]. Disponível em: [https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/publicacoes-svs/doencas-cronicas-nao-transmissiveis-dcnt/09-plano-de-dant-2022\\_2030.pdf](https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/publicacoes-svs/doencas-cronicas-nao-transmissiveis-dcnt/09-plano-de-dant-2022_2030.pdf)
3. Hatefi A, Allen LN, Bollyky TJ, Roache SA, Nugent R. Global susceptibility and response to noncommunicable diseases [Internet]. Bull World Health Organ. [Internet]. 2018 [citado em 5 dez 2024]; 96(8):586-8. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6083392/pdf/BLT.17.206763.pdf>
4. American Cancer Society. Key statistics for lung cancer [Internet]. Atlanta, GA: American Cancer Society; 2024 [citado em 5 dez 2024]. Disponível em: <https://www.cancer.org/cancer/lung-cancer/about/key-statistics.html#:~:text=The%20American%20Cancer%20Society>
5. Instituto Nacional de Câncer (Brasil). Estimativa. INCA estima 704 mil casos de câncer por ano no Brasil até 2025 [Internet]. Rio de Janeiro: INCA; 2022 [citado em 5 dez 2024]. Disponível em: <https://www.gov.br/inca/pt-br/assuntos/noticias/2022/inca-estima-704-mil-casos-de-cancer-por-ano-no-brasil-ate-2025>
6. Bastos BR, Pereira AKS, Castro CC, Carvalho MMC. Perfil sociodemográfico dos pacientes em cuidados paliativos em um hospital de referência em oncologia do estado do Pará, Brasil. Rev Pan-Amazônica Saúde [Internet]. 2018 [citado em 22 jan 2023]; 9(2):31-6. Disponível em: <http://scielo.iec.gov.br/pdf/rpas/v9n2/2176-6223-rpas-9-02-31.pdf>
7. Lenhani BE, Tomim DH, Silva LDS, Nogueira LDA, Kalinke LP. Comprometimento da qualidade de vida de pacientes em quimioterapia paliativa e cuidados paliativos: Scoping Review. Ciênc Cuid Saúde [Internet]. 2019 [citado em 22 jan 2023]; 18(1):e43078. Disponível em: <https://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/43078/pdf>
8. Casaburi LE, Ottaviani AC, Ferreira TRO, Bombarda TB, Santos-Orlandi AA. Perfil de pacientes em cuidados paliativos que apresentam ideação suicida: revisão sistemática. Rev Enferm UERJ. [Internet]. 2022 [citado em 22 jan 2023]; 30(1):e66111. Disponível em: <https://www.e-publicacoes.uerj.br/enfermagemuerej/article/view/66111/43777>
9. D'Alessandro MPS, Pires CT, Forte TN, et al, coordenadores. Manual de cuidados paliativos [Internet]. São Paulo: Hospital Sírio Libanês, Ministério da Saúde; 2020



- [citado em 5 dez 2024]. Disponível em: <https://cuidadospaliativos.org/uploads/2020/12/Manual-Cuidados-Paliativos.pdf>
10. Ministério da Saúde (Brasil). Resolução Nº 41, de 31 de outubro de 2018. Dispõe sobre as diretrizes para a organização dos cuidados paliativos, à luz dos cuidados continuados integrados, no âmbito Sistema Único de Saúde (SUS) [Internet]. Brasília, DF: Ministério da Saúde; 2018 [citado em 5 dez 2024]. Disponível em: [https://bvsms.saude.gov.br/bvs/saudelegis/cit/2018/res0041\\_23\\_11\\_2018.html#:~:text=C onsiderando%20a%20pactua%C3%A7%C3%A3o%20ocorrida%20na,Par%C3%A1graf o%20%C3%BAnico.](https://bvsms.saude.gov.br/bvs/saudelegis/cit/2018/res0041_23_11_2018.html#:~:text=C onsiderando%20a%20pactua%C3%A7%C3%A3o%20ocorrida%20na,Par%C3%A1graf o%20%C3%BAnico.)
11. Serviço Nacional de Saúde (Portugal). Plano estratégico para o desenvolvimento dos cuidados paliativos 2021-2022 [Internet]. [Lisboa]: SNS; 2021 [citado em 5 dez 2024]. Disponível em: <https://www.ordemenfermeiros.pt/media/23835/pedcp-2021-2022.pdf>
12. Oliveira LMS, Almeida MLS, Silva CPBV, Rosa DOS, Gomes NP, Pedreira LC. Aspectos éticos no cuidado de enfermagem ao idoso em cuidados paliativos: revisão integrativa. *Enferm Foco (Brasília)* [Internet]. 2021 [citado em 25 jan 2023]; 12(2):393-9. Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/3321/1148>
13. Instituto Nacional de Câncer (Brasil). A avaliação do paciente em cuidados paliativos: cuidados paliativos na prática clínica [Internet]. Rio de Janeiro: INCA; 2022 [citado em 18 jan 2023]. 284 p. (Cuidados paliativos na prática clínica; v. 1). Disponível em: [https://docs.bvsalud.org/biblioref/2022/10/1397015/completo\\_serie\\_cuidados\\_paliativos\\_volume\\_1.pdf](https://docs.bvsalud.org/biblioref/2022/10/1397015/completo_serie_cuidados_paliativos_volume_1.pdf)
14. Bittencourt NCCM, Santos KA, Mesquita MGR, Silva VG, Telles AC, Silva MM. Sinais e sintomas manifestados por pacientes em cuidados paliativos oncológicos na assistência domiciliar: uma revisão integrativa. *Esc Anna Nery Rev Enferm.* [Internet]. 2021 [citado em 4 mar 2023]; 25(4):e20200520. Disponível em: <https://www.scielo.br/j/ean/a/Wq5qyvSjgJwgjKcPwYpLWgk/?format=pdf&lang=pt>
15. Toronto CE, Remington R. A step-by-step guide to conducting an integrative review. Switzerland: Springer Nature; 2020.
16. Mendes KDS, Silveira RCCP, Galvão CM. Use of the bibliographic reference manager in the selection of primary studies in integrative reviews. *Texto Contexto Enferm.* [Internet]. 2019 [citado em 5 dez 2024]; 28:e20170204. Disponível em: <https://www.scielo.br/j/tce/a/HZD4WwnbqL8t7YZpdWSjypj/?format=pdf&lang=en>
17. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *J Clin Epidemiol.* [Internet]. 2021 [citado em 5 dez 2024]; 10:89. Disponível em: <https://systematicreviewsjournal.biomedcentral.com/counter/pdf/10.1186/s13643-021-01626-4.pdf>
18. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare: a guide to best practice. 4th ed. Philadelphia: Wolters Kluwer Health, Lippincott Williams & Wilkins; 2018. 823 p.
19. Bakitas MA, Tosteson TD, Li Z, Lyons KD, Hull JG, Li Z, et al. Early versus delayed initiation of concurrent palliative oncology care: patient outcomes in the ENABLE III randomized controlled trial. *J Clin Oncol.* [Internet]. 2015 [citado em 6 mar 2023]; 33(13):1438-45. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4404422/pdf/zlj1438.pdf>
20. Uitdehaag MJ, van Putten PG, van Eijck CH, Verschuur EM, van der Gaast A, Pek CJ, et al. Nurse-led follow-up at home vs. conventional medical outpatient clinic follow-up in patients with incurable upper gastrointestinal cancer: a randomized study. *J Pain Symptom Manage.* [Internet]. 2014 [citado em 5 mar 2023]; 47(3):518-30. Disponível em: <https://www.sciencedirect.com/science/article/pii/S0885392413003199?via%3Dihub>
21. Masotti L, Stefanelli V, Veneziani N, Calamassi D, Morino P, Niccolini S, et al. Burden of an educational program on end of life management in a Internal Medicine

- ward: a real life report. *Clin Ter.* [Internet]. 2021 [citado em 6 mar 2023]; 172(2):151-7. Disponível em: [https://www.clinicaterapeutica.it/2021/172/2/15\\_MASOTTI.pdf](https://www.clinicaterapeutica.it/2021/172/2/15_MASOTTI.pdf)
22. Nguyen HQ, Ruel N, Macias M, Borneman T, Alian M, Becher M, et al. Translation and evaluation of a lung cancer, palliative care intervention for community practice. *J Pain Symptom Manage.* [Internet]. 2018 [citado em 5 mar 2023]; 56(5):709-18. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6248339/pdf/nihms-1503119.pdf>
23. Lafitte C, Etienne-Mastroianni B, Fournel C, Natoli L, Foucaut A-M, Girard N. Implementation of optimized supportive care and hospital needs along the management of patients with advanced lung cancer. *Lung Cancer* [Internet]. 2018 [citado em 6 mar 2023]; 124:143-7. Disponível em: <https://www.sciencedirect.com/science/article/pii/S016950021830518X?via%3Dihub>
24. Gopal KS, Archana PS. Awareness, knowledge and attitude about palliative care, in general, population and health care professionals in tertiary care hospital. *Int J Sci Study* [Internet]. 2016 [citado em 5 mar 2023]; 3(10):31-5. Disponível em: [https://www.ijss-sn.com/uploads/2/0/1/5/20153321/ijss\\_jan\\_oa07.pdf](https://www.ijss-sn.com/uploads/2/0/1/5/20153321/ijss_jan_oa07.pdf)
25. Gómez-Batiste X, Connor S, editors. Building integrated palliative care programs and services [Internet]. Catalonia: Liberdúplex; 2017 [citado em 5 dez 2024]. Disponível em: <http://www.thewhpc.org/resources/category/building-integrated-palliative-care-programs-and-services>
26. Cardoso AC, Noguez PT, Oliveira SG, Porto AR, Perboni JS, Farias TA. Rede de apoio e sustentação dos cuidadores familiares de pacientes em cuidados paliativos no domicílio. *Enferm Foco (Brasília)* [Internet]. 2019 [citado em 5 mar 2023]; 10(3):34-9. Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/download/1792/579>
27. Gálvez RB, Samaniego RM, Cambil MJ. Caso relacionado con el proceso asistencial integrado cuidados paliativos en atención primaria de salud. *Rev Ecuat Med Eugenio Espejo* [Internet]. 2017 [citado em 5 mar 2023]; 11(2):65-74. Disponível em: <https://eugenioespejo.unach.edu.ec/index.php/EE/article/view/29/196>
28. Mello SM, Almeida MA, Pruinell L, Lucena AF. Nursing outcomes for pain assessment of patients undergoing palliative care. *Rev Bras Enferm.* [Internet]. 2019 [citado em 5 mar 2023]; 72(1):64-72. Disponível em: <https://www.scielo.br/j/reben/a/GkBrZFDHBhGJRT9b9ztYQN/?format=pdf&lang=en>
29. Pezzi Junior SA, Leal TS, Rodrigues RO, Souza NML, Gabriel FSML, Leite ACS. Práticas de enfermagem na mensuração da dor oncológica em idosos em cuidados paliativos – RI. In: XXIV ENFERMAIO - Enfermagem agora: a força do cuidado na valorização da profissão; III Seminário Internacional de Integração Institucional Ensino, Pesquisa e Serviço (SIEPS) [Internet]; 2021; Fortaleza, CE: UECE, 2021 [citado em 6 dez 2024]. 4 p. Disponível em: [https://www.uece.br/eventos/enfermaio/anais/trabalhos\\_completos/652-65966-24042021-192942.pdf](https://www.uece.br/eventos/enfermaio/anais/trabalhos_completos/652-65966-24042021-192942.pdf)
30. Pinto SRS, Magalhães MAV. Assistência de enfermagem no controle da dor em pacientes oncogerítricos. *Revista Saberes Docentes* [Internet]. 2020 [citado em 7 mar 2023]; 5(10):24-38. Disponível em: <https://www.revista.ajes.edu.br/index.php/rsd/article/download/344/295>
31. Fonseca LS, Carvalho BC, Santos HO, Silva JM, Santos JCO, Ferreira LLL, et al. Atuação do enfermeiro em cuidados paliativos na atenção primária à saúde: revisão integrativa. *Rev Bras Cancerol.* [Internet]. 2022 [citado em 5 mar 2023]; 68(1):e-071383. Disponível em: <https://rbc.inca.gov.br/index.php/revista/article/view/1383/1566>
33. Choi H-G, Yeom H-A. Identifying optimal care coordination strategies for older adults with cancer. *Geriatr Nurs.* [Internet]. 2021 [citado em 5 mar 2023]; 42(6):1349-55. Disponível em:

- <https://www.sciencedirect.com/science/article/pii/S0197457221002779?via%3Dihub>
34. Schenker Y, White D, Rosenzweig M, Chu E, Moore C, Ellis P, et al. Care management by oncology nurses to address palliative care needs: a pilot trial to assess feasibility, acceptability, and perceived effectiveness of the CONNECT intervention. *J Palliat Med.* [Internet]. 2015 [citado em 6 mar 2023]; 18(3):232-40. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4347888/pdf/jpm.2014.0325.pdf>
35. Schenker Y, Althouse AD, Rosenzweig M, White DB, Chu E, Smith KJ, et al. Effect of an oncology nurse-led primary palliative care intervention on patients with advanced cancer. *JAMA Intern Med.* [Internet]. 2021 [citado em 6 mar 2023]; 181(11):1451-60. Disponível em: [https://jamanetwork.com/journals/jamainternalmedicine/articlepdf/2784167/jamainternal\\_schenker\\_2021\\_oi\\_210052\\_1635441067.23668.pdf](https://jamanetwork.com/journals/jamainternalmedicine/articlepdf/2784167/jamainternal_schenker_2021_oi_210052_1635441067.23668.pdf)
36. Zhang A, Fu H. The impact of palliative care and nursing intervention on the psychology and quality of life of elderly patients with colorectal cancer. *J Oncol.* [Internet]. 2022 [citado em 6 mar 2023]; (1):1-9. Disponível em: <https://onlinelibrary.wiley.com/doi/epdf/10.1155/2022/7777446>
37. Reb AM, Borneman T, Economou D, Cangin MA, Cope DG, Ma H, et al. A nurse-led intervention for fear of cancer progression in advanced cancer: a pilot feasibility study. *Eur J Oncol Nurs.* [Internet]. 2020 [citado em 5 mar 2023]; 49:101855. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8493814/pdf/nihms-1700115.pdf>
38. Ferrell B, Sun V, Hurria A, Cristea M, Raz DJ, Kim JY, et al. Interdisciplinary palliative care for patients with lung cancer. *J Pain Symptom Manage.* [Internet]. 2015 [citado em 8 mar 2023]; 50(6):758-67. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4666729/pdf/nihms716875.pdf>
39. Silva FS, Silva GS, Costa ACM, Carvalho Filha FSS, Medeiros Júnior FC, Câmara JT. Care of nursing on oncological patients: integration review. *Res Soc Dev.* [Internet]. 2019 [citado em 5 mar 2023]; 8(6):e35861037. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/1037/892>
40. Santos KT, Nunes LG, Panzetti TMN. Nursing care for kidney cancer: an experience report. *Res Soc Dev.* [Internet]. 2022 [citado em 5 mar 2023]; 11(5):e50411528395. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/28395/24795>
41. Santos AA, Lopes AOS, Gomes NP, Oliveira LMS. Cuidados paliativos aplicados em idosos no domicílio. *Rev Pesqui (Univ Fed Estado Rio J, Online)* [Internet]. 2022 [citado em 6 mar 2023]; 14:e-10095. Disponível em: <https://seer.unirio.br/cuidadofundamental/article/view/10095/10810>
42. Sun V, Kim JY, Irish TL, Borneman T, Sidhu RK, Klein L, et al. Palliative care and spiritual well-being in lung cancer patients and family caregivers. *Psychooncology* [Internet]. 2016 [citado em 6 mar de 2023]; 25(12):1448-55. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4794416/pdf/nihms-725411.pdf>
43. Li YC, Feng YH, Chiang HY, Ma SC, Wang HH. The effectiveness of dignity therapy as applied to end-of-life patients with cancer in Taiwan: a quasi-experimental study. *Asian Nurs Res (Korean Soc Nurs Sci)* [Internet]. 2020 [citado em 6 mar 2023]; 14(4):189-95. Disponível em: <https://www.sciencedirect.com/science/article/pii/S197613172030027X?via%3Dihub>
44. Esperandio MRG, Rosa TS. Avaliação da espiritualidade/religiosidade de pacientes em cuidados paliativos. *Protestantismo em Revista* [Internet]. 2020 [citado em 6 mar 2023]; 46(1):168-82. Disponível em: <http://periodicos.est.edu.br/index.php/nepp/article/view/3840/pdf>
45. Julião M, Oliveira F, Nunes B, Carneiro AV, Barbosa A. Effect of dignity therapy on end-of-life psychological distress in terminally ill Portuguese patients: A randomized controlled trial. *Palliat Support Care* [Internet]. 2017 [citado em 6 mar 2023]; 15(6):628-37. Disponível em:

<https://www.cambridge.org/core/services/aop-cambridge-core/content/view/E14BDCAC122B7BBA18F38D915110B61A/S1478951516001140a.pdf/effect-of-dignity-therapy-on-end-of-life-psychological-distress-in-terminally-ill-portuguese-patients-a-randomized-controlled-trial.pdf>

46. Rodrigues KM, Felizardo D, Castro EK. Cuidados paliativos e espiritualidade no câncer: um estudo bibliométrico. *Nursing (Edição Brasileira)* [Internet]. 2019 [citado em 6 mar 2023]; 22(258):3302-6.

Disponível em:

<https://www.revistanursing.com.br/index.php/revistanursing/article/view/420/397>

RECEIVED: 07/28/23

APPROVED: 12/04/24

PUBLISHED: 03/2025