

Between knowing and caring: nursing knowledge regarding palliative care

Entre o saber e o cuidar: o conhecimento da enfermagem sobre cuidados paliativos

Entre el saber y el cuidar: conocimientos de enfermería sobre cuidados paliativos

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Abstract:

Objective: to evaluate the level of knowledge regarding palliative care among nursing professionals caring for adult and elderly patients. **Methods:** a cross-sectional study conducted between October and November 2024 at a public teaching hospital in the state of Minas Gerais, Brazil. Data collection involved a questionnaire covering sociodemographic, educational, and professional background information, as well as the Palliative Care Quiz for Nursing instrument. Data were analyzed using descriptive statistics. **Results:** a total of 179 nursing professionals participated, comprising 124 nursing technicians and 47 registered nurses, with a predominance of women and a mean age of 40.17 years; the majority had over 10 years of professional experience. It was observed that a large proportion lacked specialization and reported no prior experience in palliative care, although 92.7% stated they provided care to such patients in their current work setting. Regarding knowledge, an insufficient level predominated: 73.7% of participants answered between 6 and 10 questions correctly, while only 22.9% achieved scores considered adequate (≥ 11 correct answers). **Conclusion:** nursing professionals exhibit significant gaps in knowledge regarding palliative care, despite directly caring for these patients. The findings underscore the need to invest in continuing education strategies and professional qualification to improve the quality of care provided.

Keywords: Palliative care; Nursing; team; Knowledge.

Resumo:

Objetivo: avaliar o nível de conhecimento em cuidados paliativos dos profissionais de enfermagem que assistem pacientes adultos e idosos. **Método:** estudo transversal, realizado entre outubro e novembro de 2024, em um hospital público de ensino de Minas Gerais. A coleta de dados incluiu questionário sociodemográfico, de formação e laboral, além do instrumento *Palliative Care Quiz for Nursing*. Os dados foram analisados por estatística descritiva. **Resultados:** participaram 179 profissionais de enfermagem, sendo 124 técnicas(os) e 47 enfermeiras(os), com predominância do sexo feminino e média de idade de 40,17 anos, sendo a maioria com mais de 10 anos de experiência profissional. Observou-se que grande parte não possuía especialização e relatou ausência de experiência prévia em cuidados paliativos, embora 92,7% referissem prestar assistência a esses pacientes no contexto atual de trabalho. Quanto ao conhecimento, verificou-se predomínio de nível insuficiente, com 73,7% dos participantes apresentando entre 6 e 10 acertos no instrumento, enquanto apenas 22,9% alcançaram escores considerados adequados (≥ 11 acertos). **Conclusão:** os profissionais de enfermagem apresentam lacunas importantes no conhecimento sobre cuidados paliativos, mesmo atuando diretamente na assistência a esses pacientes. Os achados reforçam a necessidade de investimento em estratégias de educação permanente e na qualificação profissional, visando à melhoria da qualidade da assistência prestada.

Palavras-chave: Cuidados paliativos; Equipe de enfermagem; Conhecimento.

Resumen:

Objetivo: evaluar el nivel de conocimientos sobre cuidados paliativos de los profesionales de enfermería que brindan atención a pacientes adultos y mayores. **Método:** estudio transversal, realizado entre octubre y noviembre de 2024, en un hospital público universitario del estado de Minas Gerais, Brasil. La recopilación de datos incluyó un cuestionario sociodemográfico, de formación y laboral, además del instrumento *Palliative Care Quiz for Nursing*. Los datos fueron analizados mediante estadística descriptiva. **Resultados:** participaron 179 profesionales de enfermería, de los cuales 124 eran técnicos de enfermería y 47 eran enfermeras/enfermeros, con predominio del sexo femenino y una edad media de 40,17 años. La mayoría tenía más de 10 años de experiencia profesional. Se observó que una gran proporción no contaba con una especialización y manifestó no tener experiencia previa en cuidados paliativos, aunque el 92,7 % refirió brindar atención a estos pacientes en su contexto laboral actual. En cuanto a los conocimientos, predominó un nivel insuficiente, con un 73,7 % de los participantes que obtuvieron entre 6 y 10 respuestas correctas en el instrumento, mientras que solo el 22,9 % alcanzó puntuaciones consideradas adecuadas (≥ 11 respuestas correctas). **Conclusión:** los profesionales de enfermería presentan importantes lagunas de conocimiento sobre cuidados paliativos, a pesar de brindar atención directamente a estos pacientes. Los hallazgos refuerzan la necesidad de invertir en estrategias de educación permanente y en la cualificación profesional, con el objetivo de mejorar la calidad de la atención brindada.

Palabras clave: Cuidados paliativos; Grupo de enfermería; Conocimiento.

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INTRODUCTION

According to the World Health Organization (WHO), Palliative Care (PC) is defined as an approach aimed at improving the Quality of Life (QoL) of patients, their caregivers, and their families when facing life-threatening illnesses, through the prevention and relief of suffering. The WHO notes that more than 56.8 million individuals require PC annually; of these, 76% live in low and middle-income countries, highlighting the importance of strengthening health systems in these contexts¹.

A large proportion of patients requiring PC live with Chronic Non-Communicable Diseases (NCDs), multifactorial conditions that negatively impact QoL and are associated with increased mortality². Such diseases are more prevalent among the elderly population; as life expectancy in Brazil rises, this demand expands, resulting in more patients affected by NCDs in terms of their social interactions and daily activities³. This increase in life expectancy is reflected in demographic projections for 2050, when the global elderly population is expected to reach 2 billion, necessitating greater attention to NCDs and PC⁴.

Nurses are essential members of the team working to provide appropriate, humanized care to individuals receiving PC, making a well-prepared nursing team crucial⁵. Care for these patients must extend beyond nursing techniques and practices; it must be grounded in a holistic approach, incorporating emotional support and effective communication, with the aim of providing comfort during this stage of their lives⁶.

Nursing professionals often lack the preparation and understanding needed to care for individuals receiving PC; research has identified a lack of up-to-date knowledge regarding attitudes, beliefs, and pain management therapies, demonstrating that these professionals are often unprepared to work with PC patients⁷.

The situation in Brazil is no different. Professionals are observed to lack clarity regarding the various aspects of care required by these patients, a situation stemming from gaps in their professional training⁵. In the hospital setting, nursing professionals are directly involved in the care of PC patients who are at the end of life; however, despite spending the majority of their time providing care, the team still harbors doubts regarding this work, including issues related to medication, the costs involved in such care, and the boundaries between withdrawing from and persisting with therapy⁸.

A Brazilian study evaluating nursing professionals' knowledge of PC revealed only partially satisfactory knowledge levels among participants. The study highlighted the need for further research given the growing number of patients requiring this approach, thereby reinforcing the importance of professional qualification for the care of individuals with life-

threatening illnesses. These findings are particularly relevant in the hospital environment, where nursing staff are directly involved in caring for PC patients⁵.

Consequently, there is a continued need for evidence regarding the knowledge of nursing professionals working in various hospital departments and directly involved in the care of adult and elderly patients, taking into account the diversity of care contexts and the specific needs of this population.

Identifying the level of knowledge among nursing professionals can help pinpoint gaps in training and facilitate the planning of continuing education strategies, given that educational initiatives focused on PC can enhance professional knowledge, self-efficacy, and attitudes⁷. Thus, assessing knowledge allows for the identification of PC aspects that require greater emphasis during staff training and professional development, ultimately contributing to the strengthening of comprehensive, humanized care.

Therefore, this study aims to assess the level of knowledge regarding palliative care among nursing professionals who care for adult and elderly patients.

METHODS

This was a cross-sectional study conducted in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines. It was carried out between October and November 2024 at a public teaching hospital – a referral center for medium and high-complexity care with 302 active beds – serving the Unified Health System (*Sistema Único de Saúde – SUS*) needs of the Triângulo do Sul macro-region in the state of Minas Gerais, Brazil⁹.

The study population consisted of nursing professionals – registered nurses and nursing technicians – working directly in the care of adult and elderly patients in the following units: Adult Emergency Department; Adult Intensive Care Units (ICU), including ICU II and the Coronary Care Unit; and wards specializing in Internal Medicine, Surgery, Neurology, Oncohematology, Gynecology and Obstetrics, Infectious and Parasitic Diseases, and Orthopedics. A non-probability convenience sample was used, comprising professionals available during the data collection period.

Inclusion criteria were registered nurses and nursing technicians aged 18 years or older who had been working for at least three months in units providing care to adult and elderly patients. Professionals on sick leave or temporary leave during the data collection period were excluded.

Data collection took place in a private room within the hospital, with dates and times scheduled based on professional availability and the routines of the selected units, covering various work shifts. Eligible professionals were invited to participate in the research, and the study objectives and procedures were explained during the data collection sessions. Following these clarifications and the signing of the Free and Informed Consent Form (FICF), participants individually completed the research instruments.

To characterize the participants, a questionnaire covering sociodemographic, educational, and professional data was used. It included questions regarding age, sex, religion, marital status, self-declared race, level of education, year of graduation, hospital work area, length of time in the current unit, total professional experience, specific training in palliative care (PC), and prior contact or experience with PC patients.

Additionally, the Palliative Care Quiz for Nursing (PCQN), developed in Canada in 1996 to assess nurses' knowledge of PC¹⁰, was administered. This instrument has been translated, culturally adapted, and validated for the Brazilian context. The PCQN consists of 20 items with "true," "false," or "does not know" response options, distributed across three domains: *Philosophy and Principles of Palliative Care* (4 items), *Management of Pain and Other Symptoms* (13 items), and *Psychosocial Aspects of Palliative Care* (3 items). For analysis, one point was assigned for each correct answer, resulting in a total score ranging from 0 to 20. Regarding the interpretation of results, scores below 10 indicated a low level of knowledge, while scores of 10 or higher indicated adequate knowledge¹¹.

The collected data were coded and entered twice into Microsoft Excel® (Windows XP®) spreadsheets to validate the database by comparing the spreadsheets and reconciling discrepancies. Following this step, the data were imported into the Statistical Package for the Social Sciences® (IBM® SPSS®) software, version 21.0. Descriptive analysis was performed, calculating measures of central tendency (mean) and dispersion (standard deviation) for quantitative variables, and absolute and relative frequencies for categorical variables.

This research was conducted in accordance with the guidelines of Resolution No. 466/2012 of the Brazilian National Health Council, which regulates research involving human subjects. The project was submitted to and approved by the Research Ethics Committee (*Comitê de Ética em Pesquisa – CEP*) of the institution where the study was conducted (Approval No. 6.510.776). All participants were informed about the study's objectives and risks and formalized their consent by signing the Informed Consent Form. Confidentiality and anonymity were ensured through the use of numerical codes to identify the questionnaires.

RESULTS

A total of 179 nursing professionals participated, with a mean age of 40.17 years (SD=8.5), ranging from 23 to 64 years. There was a predominance of females, married individuals, and those who self-identified as White and Catholic ([Table 1](#)).

Table 1. Sociodemographic characterization of nursing professionals in a study on knowledge regarding palliative care. Uberaba, MG, Brazil, 2024.

	Mean	Standard deviation	Minimum	Maximum
Age	40.17	8.5	23	64
			n	%
Sex				
Female			147	82.1
Male			32	17.9
Marital status				
Married			88	49.2
Single			61	34.1
Divorced			16	8.9
Widowed			1	0.6
Other			13	7.3
Self-declared race				
White			81	45.3
Mixed (Brown)			62	34.6
Black			33	18.4
Asian			3	1.7
Religion				
Catholic			82	45.8
Evangelical			36	20.1
Spiritist			34	19.0
Candomblé			3	1.7
Umbanda			1	0.6
Atheist			1	0.6
Agnostic			4	2.2
Other			12	6.7
Did not answer			6	3.4

Regarding professional characteristics ([Table 2](#)), a higher frequency of nursing technicians and staff working in the general surgery unit was observed. In terms of experience, the majority had over 10 years of professional practice, with one to five years in their current unit. Most did not have any specialization.

Table 2. Occupational profile of nursing professionals in a study on knowledge regarding palliative care. Uberaba, MG, Brazil, 2024.

	n	%
Profession		
Nursing Technician	124	69.3
Nurse	47	26.3
Nursing Assistant	3	1.7
Urgent/Emergency Care Nursing Resident	2	1.1
Geriatric Care Nursing Resident	2	1.1
Adult Care Nursing Resident	1	0.6
Sector		
Internal Medicine	47	26.3
Neurology	28	15.6
General Surgery	29	11.2
Gynecology and Obstetrics	19	10.6
Adult Intensive Care Unit I	14	7.8
Once-hematology	14	7.8
Adult Intensive Care Unit II	11	6.1
Infections and Parasitic Diseases Unit	10	5.6
Orthopedics	9	5.0
Coronary Intensive Care Unit	7	3.9
Total professional experience		
Up to 3 months	3	1.7
Between 3 months and 1 year	5	2.8
Between 1 year to 5 years	18	10.1
Between 6 to 10 years	32	17.9
More than 10 years	115	64.2
Professional experience in current sector		
Up to 3 months	15	8.4
Between 3 months and 1 year	28	15.6
Between 1 year to 5 years	54	30.2
Between 6 to 10 years	49	27.4
More than 10 years	9	5.0
Has any specialization (postgraduate studies)?		
Yes	79	44.1
No	99	55.3
Did not answer	1	0.6

Regarding prior experience in palliative care (PC), the majority of the nursing professionals surveyed reported having none; among those with experience, fewer than half had worked in PC within a hospital setting. However, the majority reported providing care to PC patients in their current work environment, as shown in Table 3.

Regarding PC knowledge, as assessed by the PCQN, it was observed that 22.9% (n=41) of participants demonstrated knowledge considered adequate – with more than 10 correct answers – as shown in Table 4.

To better characterize PC knowledge, participant performance was analyzed according to the three PCQN domains, considering the mean percentage of correct answers in each domain as presented in Table 5. The highest mean percentage of correct answers was observed in the “*Philosophy and Principles of Palliative Care*” domain, while the lowest was in the “*Psychosocial Aspects of Palliative Care*” domain.

Table 3. Data on the experience of nursing professionals regarding palliative care. Uberaba, MG, Brazil, 2024.

	N	%
Has practical experience with patients in PC*		
Yes	84	46.9
No	94	52.8
Did not answer	1	0.6
If yes, where		
Hospital	80	44.7
Home	2	1.1
Ambulatory	1	0.6
Long-Term Care Institution for the Elderly	1	0.6
Cares for patients in PC* in current job		
Yes	166	92.7
No	13	7.3

*PC: Palliative Care

Table 4. Absolute and relative frequency scores assessed by the Palliative Care Quiz for Nursing (n=179). Uberaba, MG, Brazil, 2024.

Correct answer range	n	%
0 to 5	6	3.4
6 to 10	132	73.7
11 to 15	40	22.3
>15	1	0.6

Table 5. Mean percentage of correct answers by participants according to the domains of the Palliative Care Quiz for Nursing (n=179). Uberaba, MG, Brazil, 2024.

Domains	No. of items	Percentage of correct answers (%)
Philosophy and principles of palliative care	4	46.6%
Management of pain and other symptoms	13	45.6%
Psychosocial aspects of palliative care	3	39.5%

DISCUSSION

The majority of respondents demonstrated insufficient knowledge, as evidenced by the scores obtained on the PCQN; 73.7% of the professionals answered between 6 and 10 items correctly, while only 22.9% achieved scores considered adequate (≥11 correct answers). This finding is significant, particularly given that a large proportion of these professionals reported providing care to patients requiring palliative care in their current work settings, suggesting a potential gap between clinical practice and theoretical-scientific preparation.

A study conducted in Manaus, in the state of Amazonas, Brazil, also identified a deficit in PC knowledge, with only 60% of nurses reporting that they felt competent to provide care to patients requiring such services; this suggests potential weaknesses in professional training and preparation that could impact the quality of care provided¹².

Corroborating these findings, other Brazilian studies evaluating nursing staff knowledge regarding PC also revealed significant gaps. A study conducted in hospitals in Joinville, in the state of Santa Catarina, found an average correct-answer rate of 57% on questions related to the topic – indicating only moderate knowledge among professionals – and showed that more than half had not received specific training in the field¹³. Similarly, research conducted in clinical wards identified limitations in nursing professionals' knowledge of PC, reinforcing the need to improve the training and qualifications of these workers⁵.

The results of this study also highlight weaknesses in the education and training of nursing professionals in PC, given that more than half of the participants lacked specialization and the majority reported no prior experience in the field. Nevertheless, it was observed that 92.7% of the professionals provided care to PC patients in their current work setting. This scenario suggests that many professionals are involved in caring for PC patients without appropriate qualifications, which may compromise the comprehensiveness and quality of the care provided, especially given the complex demands characterizing this type of care¹⁴.

Weaknesses in PC training may be linked to difficulties in the work process and the organization of health services. A lack of structured PC, along with shortcomings in communication and interdisciplinary practice, is observed primarily in institutions that do not incorporate PC as a care philosophy and lack specialized teams to guide these practices¹⁵.

Such organizational weaknesses contribute to care often being based on individual experiences – with a greater focus on the disease than on the patient – which can result in the delayed initiation of PC and the prolongation of multidimensional suffering. In this regard, it is necessary to establish guidelines to direct the implementation of this therapeutic approach, taking into account the unique characteristics of the individuals involved¹⁶.

Furthermore, studies show that the subject of PC is rarely addressed in undergraduate health science curricula. There are few courses covering this topic and related content; curricula are often geared toward technical training and, at times, lack the humanistic and ethical grounding required for the care of individuals experiencing suffering^{17,18}.

A study involving nurses in Jordan found that, although the professionals held positive attitudes toward PC, their technical knowledge remained below 50% – classified as low. This demonstrated that favorable attitudes do not necessarily translate into adequate technical competence, reinforcing the fact that practice divorced from a solid scientific foundation can compromise the quality of care provided¹⁹.

An analysis of knowledge across the PCQN domains revealed that none of the evaluated components reached a 50% accuracy rate, with scores of 46.6% for *Philosophy and Principles of*

Palliative Care, 45.6% for *Management of Pain and Other Symptoms* and 39.5% for *Psychosocial Aspects of Palliative Care*. Thus, knowledge gaps were evident across the board, encompassing both the fundamentals guiding the palliative approach and aspects related to symptom management and the psychosocial dimensions of care. The lower accuracy rate in the psychosocial domain is significant, given that PC entails a holistic approach that goes beyond physical symptom control to address the patient's emotional, social, and family needs^{1,15}.

The higher proportion of correct answers in the *Management of Pain and Other Symptoms* domain – albeit still below 50% – may be attributed to the nursing team's practical experience in caring for patients with chronic illnesses and in the daily management of symptoms (particularly pain) and the use of analgesics. Ongoing professional development activities and clinical experience can help reinforce this knowledge, given that these professionals are frequently involved in caring for patients who require symptom control interventions²⁰.

Continuing Health Education (CHE) is a fundamental strategy for addressing knowledge gaps and strengthening PC services. Implementing educational initiatives in the workplace fosters continuous professional updating and the development of competencies essential for comprehensive care. A national study indicates that the continuous qualification of the team is directly linked to improvements in the quality of PC provided²¹.

Additionally, a quasi-experimental study demonstrated a significant increase in nurses' knowledge levels following structured educational interventions²². Complementarily, a review indicated that incorporating PC content into training and using diverse pedagogical approaches contribute to the development of technical and emotional competencies essential for end-of-life patient care²³.

Despite the benefits of educational strategies, barriers to their implementation in health services persist. A lack of continuing education and professional updating constitutes a significant obstacle to the consolidation of appropriate palliative care. A study involving physicians and nurses revealed that, although professionals recognize the importance of this subject in patient care, the majority do not feel confident caring for PC patients due to a lack of specific technical-scientific training. This lack of confidence, combined with a shortage of institutional protocols, contributes to a persistent gap between the intention to provide quality, humanized care and the technical capacity to deliver it²⁴.

Gaps in PC knowledge can directly impact the quality of care provided to patients, particularly regarding adequate pain and symptom control, communication with patients and families, end-of-life decision-making, and the assessment and management of complex

symptoms, as well as hinder sensitive discussions about prognosis and care planning, which are essential elements of the palliative approach. Adequate knowledge of PC is directly linked to improved quality of care, greater clinical safety, and the delivery of care that is more humanized and centered on patient needs²⁵⁻²⁷.

The findings of this study have important implications for clinical practice, highlighting the need to strengthen institutional strategies aimed at qualifying the nursing team in palliative care and ensuring regular continuing education, as well as incorporating this topic into the initial training of health professionals. Such actions are fundamental to fostering care that is safer, of higher quality, and centered on the needs of patients and their families.

CONCLUSION

While professionals recognize the relevance of palliative care for improving patients' quality of life, weaknesses in technical-scientific preparation persist, revealing a disconnect between clinical practice and professional training. Domain-based analysis showed that none of the evaluated components reached a 50% accuracy rate, indicating widespread knowledge gaps regarding this type of care, with psychosocial aspects being the most compromised.

Study limitations include institutional and operational barriers that may have influenced data collection, such as heavy workloads, internal communication difficulties, and the time professionals had available to participate in the research. Beyond impacting the study itself, these factors reflect challenges within the clinical setting that can hinder access to professional development opportunities.

For future research, longitudinal studies are recommended to evaluate the impact of continuing health education strategies on knowledge and practice in palliative care. In other words, investments in professional training and development are needed to strengthen palliative care services, aiming for safer, high-quality care centered on the needs of patients and their families.

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