

Oncology Palliative Care: Multidisciplinary Team Perceptions



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Abstract

The management of palliative care for oncology patients involves a multidisciplinary approach essential for symptom relief, psychological support, and improving quality of life. The palliative care team, comprising doctors, nurses, psychologists, and social workers, plays a crucial role in delivering patient-centered and compassionate care. Analyzing the knowledge and perceptions of these professionals helps identify training gaps and improve palliative care practices, promoting effective educational strategies and institutional policies. This research aimed to describe the knowledge and perceptions of the multidisciplinary team in the management of palliative care for cancer patients in a hospital institution. A cross-sectional study was conducted, with semi-structured interviews carried out with 62 professionals who work with cancer patients. The data were analyzed using descriptive statistics, the variables were expressed in absolute and relative frequencies. The research was approved by the Research Ethics Committee and followed all current ethical aspects. It was observed that professionals have knowledge of what palliative care is, however, the majority of participants reported that they need more information about palliative care in cancer patients. It was found that 79.03% of respondents reported that they did not receive enough information during training. It was highlighted that 66.13% of interviewees claimed that they did not learn communication tools and posture during training to deliver bad news to patients and family members. It is concluded that the health professionals evaluated have knowledge about palliative care, however, actions are necessary to improve specific knowledge on the topic, both in the workplace and especially during their training.

Keywords: Oncology; Terminally ill; Palliative care; Sustainable development and universal health promotion; Humanization of care and Protection

Introduction

Cancer is the second leading cause of death, worldwide, accounting for approximately 9.6 million deaths per year. This group of diseases can affect any organ or tissue in the body, promoting the growth of abnormal cells in an uncontrolled manner; these cells can exceed their usual limits and invade adjacent parts of the body and/or spread to other organs. The last process is metastasis, which represents one of the main causes of death from the disease [1]. In the terminal stage, in cases where there is no cure, the management of cancer patients is palliative care, which aims to improve quality of life and alleviate suffering [2,3]. Palliative care represents a therapeutic way to alleviate the suffering of patients with terminal illnesses. It is a follow-up carried out by a multidisciplinary team, aiming at well-being through prevention and relief of suffering caused by the natural process of the disease [4].

Monitoring patients in palliative care should include the management of symptoms and psychosocial and spiritual needs,

with trained professionals who have good communication, education and training sufficient for a broad, proactive and patient-centered approach [5]. To meet these needs, it is necessary to employ a multidisciplinary team approach consisting of a palliative doctor, nurse, social worker, and pharmacist, among others, so that joint actions can improve survival in patients with metastatic cancer, reduce costs of care and provide a better quality of life [3]. It should be noted that for the family and the patient, palliative care can be a time-consuming, exhausting and exhausting process, as it represents a process in which they become aware that the measures adopted will not bring about a cure, thus bringing to light the feeling of loss and mourning [6].

The knowledge of the multidisciplinary team comes with the aim of alleviating the suffering of the family and the palliative patient, considering that death is a natural process of life, making it occur naturally, guaranteeing pain relief, natural evolution of the disease in the process of death and dying with the family and adapting to the needs of each individual. The family is a

fundamental part of this process, and their participation must be active so that, together with health professionals, they make this moment less painful and more acceptable, with the aim of promoting comfort, well-being and quality of life [7].

However, so that more individuals can experience the benefits of palliative care until the final moments of life, it is necessary that these services are integrated into oncological care and that they take on new forms, structures and services so that actions expand to different areas. scenarios. Understanding the lessons learned in specialized programs is essential for implementing actions in oncology practice that support improvements in the care of cancer patients throughout their disease trajectory [8]. Therefore, the objective of this research was to describe the knowledge and perceptions of multidisciplinary teams in the management of palliative care for cancer patients in hospital institutions.

It is believed that understanding the critical gaps involving the management of cancer patients in palliative care is fundamental to promoting advances in the goal of sustainable development, both to promote the strengthening of services in health institutions and to provide guiding results for public policies that provide for the strengthening of a more humanized health system, with the implementation of more effective and inclusive interventions.

Materials and Methods

Study location

A cross-sectional study was conducted in which health and social service professionals were interviewed on issues related to palliative care for oncology patients in a hospital located in the city of Linhares, state of Espírito Santo, southeastern Brazil, in 2022. The study was carried out at the Hospital Rio Doce, which is a philanthropic institution maintained by Fundação Beneficente Rio Doce established in 1966. This establishment operates as a general hospital with day oncology, an oncology inpatient ward, and orthopedics, with intensive care units, including a children's intensive care unit, a large surgical complex, and a maternity unit [9].

Study population and inclusion and exclusion criteria

A, including doctors, nurses, social workers, physiotherapists, pharmacists and nursing technicians, participated in the studies. Professionals who were free of coercion or conflicts of interest were invited to participate in the study. The inclusion criteria were individuals over 18 years of age who had an employment relationship of more than 12 months and who worked with cancer patients. Professionals who were on vacation, sick leave or away for any other reason were excluded from the sample.

Data Collection

The interviews were carried out via a semi-structured questionnaire, which contained 33 questions to identify sociodemographic information, academic background, concept and principles of palliative care, responsibilities of health

professionals, benefits, knowledge and perceptions about palliative care in cancer patients.

Ethical aspects

All current ethical aspects were followed, in accordance with Resolution 466/12 of the National Health Council. This research was approved by the ethics committee of the Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória - EMESCAM (CAAE: 51475921.0.0000.5065).

Data analysis

The data were tabulated in a Microsoft Excel® spreadsheet, and for better visualization, they were presented in graphs and tables, a descriptive analysis of the data was carried out, with the variables illustrated in absolute (n) and relative frequency.

Results

Among the professionals participating in the study, females (79.20%), aged between 30 and 39 years (46.78%) married or in a stable union (54.84%), of Catholic religion (53.23%), of higher education (62.65%) and of whom 32.26% were nursing technicians (Table 1) were predominant.

It was observed that 79.03% of professionals reported that they did not receive enough information during professional training about controlling the most common symptoms in patients receiving palliative care; 66.13% claimed that they did not learn communication tools and posture during training to give bad news to patients and family members; and the majority (59.68%) reported that they knew the World Health Organization definition for Palliative Care and highlighted (87.10%) who had knowledge about their role in palliative treatment, considering their specific area of activity. However, 98.39% considered it necessary to improve their knowledge of the treatment of patients classified as receiving oncological palliative care (Table 2).

The classification of health professionals in relation to their understanding of palliative care (A), their conception of palliative care (B), their self-classification of their knowledge about palliative care (C) and their belief in what comes to the fore in patient treatment in palliative care (D) are illustrated in Figure 1.

The majority of interviewees (51.28%) claimed to have knowledge about palliative care; however, they did not have knowledge about terminal cancer palliative care (51.28%) (Figure 1A). The vast majority (96.77%) declared that they had the idea that palliative care is a classification (Figure 1B), and 37.10% claimed that they had appropriate knowledge of the subject (Figure 1C) and believed that symptom relief was at the forefront of treatment (Figure 1 D). Table 3 describes the multidisciplinary team's perceptions about palliative care.

The majority (88.71%) of professionals recognized palliative care as an essential element of healthcare for patients; 36.23% knew any scale for evaluating patients for palliative classification,

while 59.67% declared that they were unaware of any scale; the minority (27.42%) reported that they use scales to evaluate palliative oncology patients, and 90% believed that palliative actions and curative actions should coexist (Table 3). The distribution of professionals according to issues that permeate

the relationships between professionals and cancer patients in palliative care and actions that involve spiritual and family support, communication and nonverbal expression are illustrated in Figure 2.

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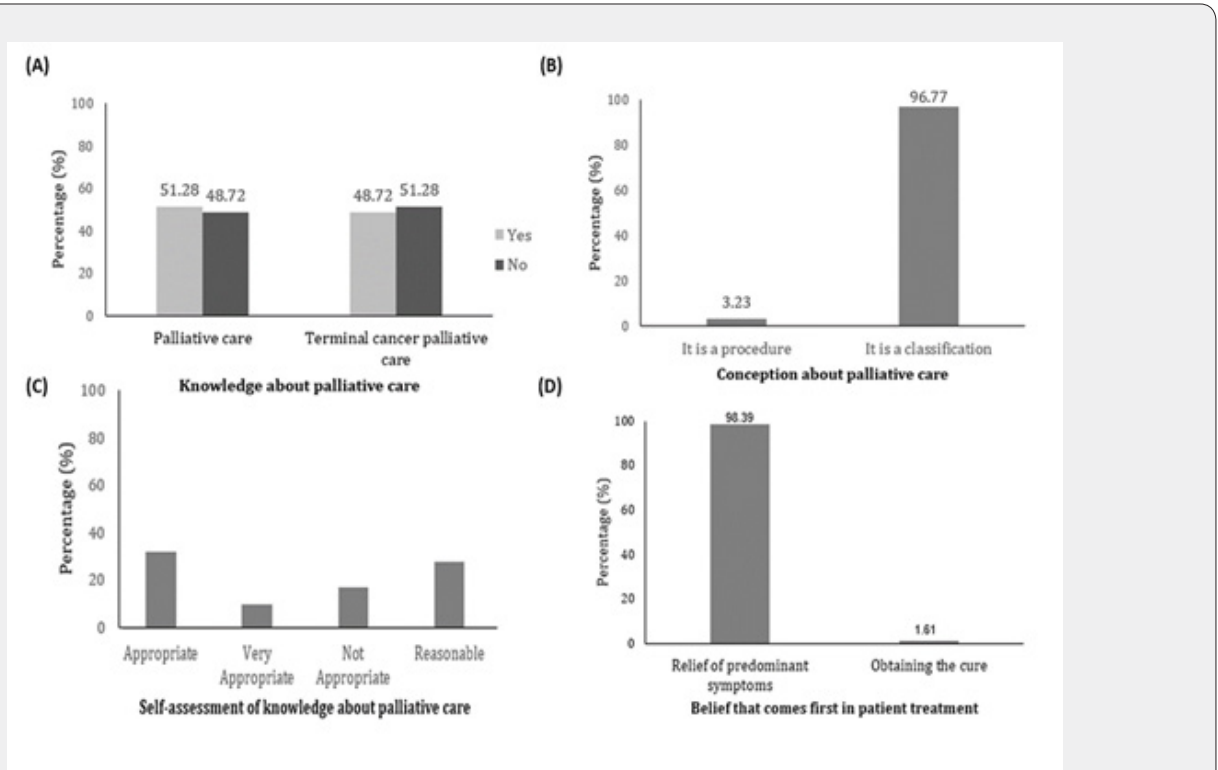


Figure 1: Patient perceptions and priorities regarding palliative care and disease: understanding, functions, self-assessment, and beliefs on treatment priorities.

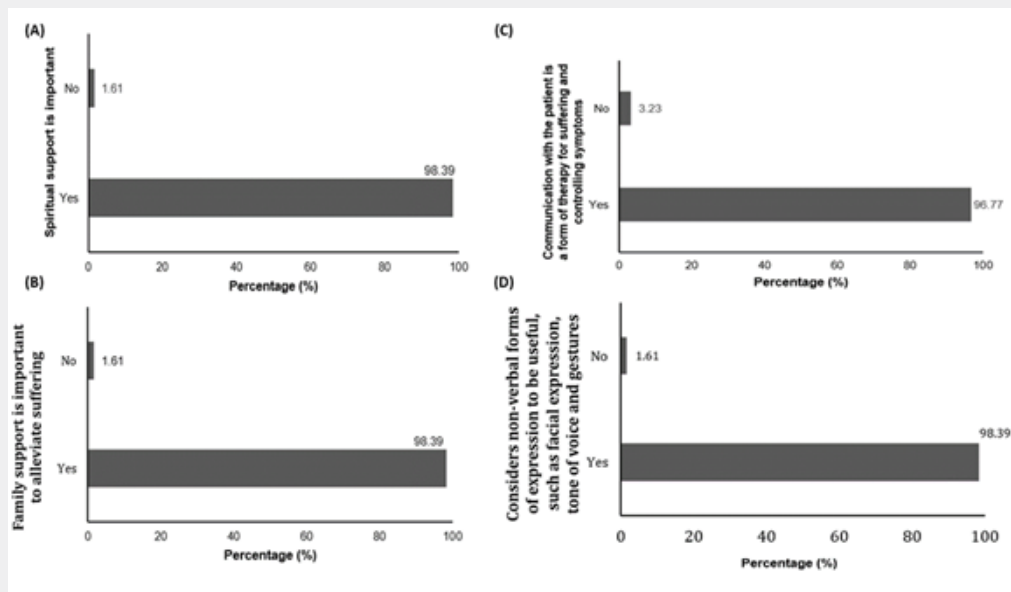


Figure 2: Importance of spiritual support (A), family support (B), communication with the patient (C) and form of nonverbal expression (D).

Table 1: Demographic variables of professionals on the hospital institution's multidisciplinary team.

Sociodemographic variables	Absolute frequency (n)	Relative frequency (%)
Age range (in years)		
20 - 29	15	24.19
30 - 39	29	46.78
40 - 49	17	27.42
50 - 59	1	1.61
Biological sex		
Male	13	20.8
Female	49	79.2
Marital status		
Single	24	38.71
Stable union	34	54.84
Divorced	3	4.84
Widower	1	1.61
Religion		
Agnostic	2	3.23
Catholic	33	53.23
Evangelical	20	32.25
Other	7	11.29
Academic education		
High school	19	30.65
University education	39	62.9
Post graduate	3	4.84
Multiprofessional Residency	1	1.61
Job title		
Social Worker	4	6.45
Nurse	19	30.64
Pharmaceutica	3	4.84
Physiotherapist	3	4.84
Doctor	13	20.97
Nursing Technician	20	32.26

Table 2: Distribution of interviewed professionals according to their knowledge of palliative care.

Knowledge about palliative care	Absolute frequency (n)	Relative frequency (%)
Received sufficient information during training about controlling the most common symptoms in palliative care patients		
No	49	79.03
Yes	13	20.97
During training, you learned communication and posture tools to deliver bad news to patients and family members		
No	41	66.13
Yes	21	33.87
Know the World Health Organization definition of Palliative Care		

No	25	40.32
Yes	37	59.68
Has knowledge of their role in palliative treatment, as a professional in their specific area of expertise		
No	8	12.9
Yes	54	87.1
It is necessary to improve knowledge in the treatment of patients classified as oncological palliative care		
No	1	1.61
Yes	61	98.39

Table 3: Perception of the multidisciplinary team on palliative care.

Perceptions of Palliative Care	Absolute frequency (n)	Relative frequency (%)
Palliative care is recognized as an essential element of healthcare for patients at the end of life		
No	7	11.29
Yes	55	88.71
Believes that through palliative care practices it is possible to promote, as much as possible and until the end, the patient's well-being and quality of life		
No	3	14.52
Yes	59	85.48
Guide the conduct in the palliative approach		
No	21	33.87
Yes	41	66.13
Uses scales to evaluate oncological palliative patients		
No	45	72.58
Yes	17	27.42
The Professional knows some scale for evaluating patients to classify palliative activity		
No	37	59.67
Yes	25	36.23
Has the belief that when it is determined that the possibility of a cure does not exist there is nothing more that can be done for the patient		
No	53	85.48
Yes	9	14.52
Believes that palliative actions and curative actions must coexist		
No	4	6.45
Yes	58	93.55
Agrees with the ethical principles of patient autonomy, justice, beneficence and non-maleficence		
No	1	1.61
Yes	61	98.39
How do you feel about the treatment assistance process?		
Useless	1	1.61
Useful	50	80.65
Do not know	11	17.74

Only one professional considered spiritual support to be not important (Figure 2A); for 98.39% of the respondents, family support was important (Figure 2B); for 96.77% of the respondents, communication with the patient was seen as a form of therapy for the patient's suffering and control of symptoms (Figure 2 C); and

for 98.39% of the respondents considered the nonverbal, facial, tone of voice and gestures to be useful (Figure 2 D).

Regarding the interviewees' perceptions about pain, as described in Table 4, 91.94% believed that pain relief in palliative

care does not include only pharmacological measures; 66.13% of professionals reported feeling safe to initiate analgesia management in a cancer patient with pain. Regarding knowledge about the mechanism of action of antidepressants in pain

management, 56.45% said they knew it. The professionals' perceptions about death were analyzed and are highlighted in Table 5.

Table 4: Distribution of professionals according to the perception of pain.

Perceptions about pain	Absolute frequency (n)	Relative frequency (%)
Pain relief in palliative care includes only pharmacological measures		
No	57	91.94
Yes	5	8.06
Feel confident in starting analgesia management in a cancer patient with pain		
No	21	33.87
Yes	41	66.13
Know the mechanism of action of antidepressants in pain management		
No	27	43.55
Yes	35	56.45

Table 5: Perception of the interviewees about death.

Perceptions about death	Absolute frequency (n)	Relative frequency (%)
Understanding about death		
Natural event	49	79.03
Moment of mourning	8	12.9
Moment of suffering	5	8.06
Believes that it is possible to provide a dignified death to the patient		
Yes	62	100
Believes that it is the role of the health professional, in palliative care, to assist the family during mourning		
No	8	12.9
Yes	54	87.1

Regarding the understanding of death, 79.03% of the interviewees considered death to be a natural event, 100.00% believed that it was possible to provide a dignified death to the patient, and the majority of the interviewees (87.10%) reported that the role of the health professional in palliative care was to provide assistance to the family during mourning (Table 5).

Discussion

Taken together, these results illustrated that multidisciplinary teams composed of doctors, pharmacists, social workers, physiotherapists, nurses and nursing technicians have knowledge about palliative care. However, it is still necessary to improve knowledge regarding palliative care in the oncology sector, as well as the development of actions that can contribute to improvements in both training environments and services, aiming to improve the safety of professionals and knowledge of palliative care, resulting in improvements in support for patients and families.

It is clear that multidisciplinary teams are highly important for palliative care. This type of therapeutic care involves an appropriately trained multidisciplinary team to meet all needs

and aim to identify patients' physical, psychological and social problems [10]. The role of the multidisciplinary team in palliative care can include a doctor, nurse, physiotherapist, occupational therapist, social worker, psychologist, nutritionist, and spiritual assistants who can access other professionals when necessary [7]. In the current study, there was greater prevalence of doctors and nurses on the multidisciplinary team.

With respect to doctors, these professionals must work together with the patient, providing guidance without coercing and showing them the benefits and disadvantages of each treatment in a way that is intelligible to their understanding. By acting in this way, this professional becomes a facilitator for the entire team, working to help family members and the terminally ill patients exercise their autonomy. In this sense, the doctor has a determining role within the group and in coordinating communication between the professionals involved, the patient and the family [4].

Nurses also play a fundamental role in the entire process. Nursing care in the care model in cases of oncological palliative

care involves several specific points, such as assessment and management of pain, possibilities of cure, family participation in this palliative care, discussion of protocols for cancer patients and the importance of spirituality [11]. The nurse must know how to interact with the patient and their family members, understanding their difficulties and advantages in the way they support this patient. This professional can guide the patient and family in the care to be carried out, clarifying the medication and procedures to be carried out. They must know how to educate about health in a clear and objective way. These professionals are in the categories that are most emotionally draining due to their constant interaction with sick patients, constant complaints, close monitoring of suffering, pain and illness until their death [11].

In general, multidisciplinary teams play an important role in helping and enabling family members to be caregivers, teaching methods and ways of supporting patients in critical situations [7]. Professionals can provide information on the principles of palliative care, provide guidance on sleeping habits, eating habits, physical activities, and treatment, as the objective of this entire process is to enable people to experience as much of their remaining life as possible, with the highest possible quality [12].

The guidance and support provided by the palliative care team to the family member/caregiver perform functions that are often unknown to most, such as applying dressings, hygiene, administering medications, managing probes and drains, and dealing with the worsening of the condition. Health of your loved one and the possibility of death. This reality takes into account that home care is unique, especially in the advanced stage of the disease. Therefore, these activities can generate emotional, physical, social and economic exhaustion and can even lead to depression, affecting quality of life [13]. Having a specialized multidisciplinary team is increasingly necessary, especially for professionals who perform their functions in a humanized way. The type of disease does not matter in the face of such care; it must be focused on the patient, their needs, and their complaints need to be heard and attended to in a coherent manner according to the available resources [14].

In the population studied, it was observed that professionals have knowledge about palliative care, but it is still necessary to strengthen this knowledge. There was a predominance of professionals who declared that they did not receive enough information during training on palliative care, including communication tools and posture, provide bad news and believe that it is necessary to have more knowledge about oncological palliative care. Similar results have been described in the scientific literature. In a study carried out with students from a medical training school, the authors reported that students had knowledge about palliative care but that this knowledge was insufficient. The undergraduates claimed that there are shortcomings in the approach to the topic, signaling the need to implement palliative care as a mandatory subject in the Brazilian curriculum [15].

Another study also described, through a review of the scientific literature, that in Brazil, the curricula of most health courses do not include the teaching of palliative care, corroborating failures in training and leading to a lack of theoretical and practical preparation. and psychological. Furthermore, disciplines such as philosophy and bioethics also play a fundamental role in the training of these professionals, as they encourage more ethical, appropriate and humane conduct [16]. It should be noted that cancer patients require specific help and care due to the consequences of the pathology. As it is a more complex disease, the assistance provided to the patient must be quite comprehensive through holistic care, observing both physical and psychological factors, as this pathology is one of the pathologies that causes the most pain, suffering, fear, anxiety and stress for the patient, family and professionals who care for such patients [17].

In the context of cancer patients, it is also necessary for professionals to carry out a self-assessment of their knowledge, mainly in view of caring for terminal cancer patients in their entirety; it is also necessary to pay attention to the patient's pain and suffering, covering all dimensions during care: physical, psychological, social and spiritual [18]. Health professionals who deal directly with patients who have malignant neoplasms must be aware of the need to control other symptoms, such as respiratory discomfort, dysphagia and difficulty in locomotion, which are periodic factors in patients receiving palliative care, considering the progression of the condition. pathological or even the effects of medications [2].

Pain control is a priority in the treatment of patients receiving palliative care due to its positive impact on quality of life and its ability to improve patient tolerance of treatment. These services are scarce in Brazil, and there is a large gap in the training of health professionals in this area due to the lack of undergraduate courses and the low supply of specialization and postgraduate courses [12]. Therefore, it is necessary to develop scientific materials that address this topic so that humanized care for terminally ill cancer patients can be optimized [19].

Within this context, specialized knowledge, especially discussions about death, which represents a controversial issue, is necessary. It is possible to observe, especially for the nursing team, that death should be more accepted, not generating so many direct inconveniences for the professional [14,20]. This is a difficult topic for professionals, as they take on the responsibility of curing, saving and/or alleviating pain, always seeking to preserve life. In this context, death is seen as a failure and is therefore fought hard, avoiding ending life as much as possible. Often, health professionals do not offer holistic support through words or care, which implies acceptance and trust, the establishment of bonds and compassionate attitudes. This occurs due to a lack of knowledge of care actions, which involve physical, psychological, cultural, social, cognitive and humanistic dimensions [21].

Measures to combat this problem can be adopted. It is essential that healthcare professionals understand that religion is an important element for patients. A study on the use of spiritual coping by cancer patients showed that more than 90% of patients considered religion to be very important. Thus, it can be inferred that the professional's conception of spirituality can strengthen the patient's bond and sense of connection since he understands that this part of his life is also important for the professional. Trust, a feeling of attention to needs and appreciation of priorities are improved in the relationship [22]. Family involvement is also essential. The multidisciplinary team needs to know the family caregivers, who are directly or indirectly involved in palliative care. It is necessary to make the family aware of their real importance in health care and to motivate them to stay throughout the treatment process, which is a fundamental action for the quality of care. nursing care [23,24].

In professional-patient and family interactions, it is important to know how to listen actively, observe body language, listen not only to what people are saying but also how they are saying it. In this way, it is possible to recognize the real needs of patients and families and provide comprehensive care. Therefore, comprehensive assistance must be developed for patients and families through listening with the aim of reducing anxiety due to fear of the disease in the future [13].

Within this context, it is observed that palliative care is essential, especially within oncology, but advances are still necessary so that professionals can provide humanized and quality care to terminally ill patients. Furthermore, palliative care has also been added to the goals for achieving sustainable development, increasing optimism that palliative care will no longer be a peripheral aspect of global health. However, there is still a need for public policies that promote palliative care so that we can achieve the goals of sustainable development and universal health promotion [25].

Conclusion

The professionals of a multidisciplinary team who work with cancer patients in a hospital institution have knowledge about the concept and its role in palliative treatment. However, it was observed that educational institutions at different levels could promote more information about palliative care during training, just as professionals need to improve information regarding palliative care in oncology. The multidisciplinary team recognized the importance of pain management, spiritual and family support and palliative care in humanizing the care of terminally ill patients. Professionals also believe that they play a fundamental role in assisting the family during mourning and believe that palliative care promotes benefits; after all, even though death is an expected event for everyone, no terminally ill patient, or their family, you are prepared to deal with the situation, and palliative care helps you end the cycle of your life with more comfort and quality of life.

Therefore, the implementation of public policies and the creation of programs aimed at implementing a palliative care sector for cancer patients and their families must be strongly encouraged so that we can make progress in the humanization of care and protection of the individual.

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