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KNOWLEDGE AND PERCEPTION OF NURSING STUDENTS ABOUT PALLIATIVE CARE

*Conhecimento e percepção dos acadêmicos de enfermagem acerca dos cuidados paliativos**Conocimiento y percepción de estudiantes de enfermería sobre cuidados paliativos***Beatriz Jorge Oliveira Gomes¹** **Gláucia Maria Canato Garcia²** **Lorena Vitória Souza da Silva³** **Eloah Boska Mantovani⁴** **Claudia Regina Marchiori Antunes Araújo⁵** **Sonia Silva Marcon⁶** 

RESUMO

Objetivo: apreender a concepção dos graduandos de enfermagem de uma universidade pública do noroeste do Paraná acerca dos CP. **Métodos:** pesquisa descritiva-exploratória de abordagem qualitativa, envolveu entrevistas com 15 acadêmicos de enfermagem uma universidade pública, realizado entre setembro de 2023 e janeiro de 2024 após aprovação do projeto pelo parecer nº 6.320.734. **Resultados:** os resultados revelaram concepções variadas, parte dos estudantes associa o CP à humanização e qualidade de vida, outros vinculam apenas ao cuidado em fase terminal. Uma carência de abordagem durante a graduação foi destacada, sendo a experiência em projetos de extensão o principal meio de contato com o tema. **Considerações finais:** conclui-se que a formação em CP é limitada e precisa ser ampliada para incluir abordagens teórico-práticas na graduação. A inclusão de disciplinas específicas e metodologias ativas, como simulações, pode preencher lacunas e preparar futuros enfermeiros para uma assistência prestada.

DESCRIPTORES: Estudantes de enfermagem; Cuidados paliativos; Conhecimento.

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ABSTRACT

Objective: to understand the conception of nursing undergraduates at a public university in northwestern Paraná about CP. **Methods:** descriptive-exploratory research with a qualitative approach, involving interviews with 15 nursing students at a public university, carried out between September 2023 and January 2024 after approval of the project by opinion no. 6,320,734. **Results:** the results revealed varied conceptions, some of the students associate CP with humanization and quality of life, others link it only to terminal care. A lack of approach during undergraduate studies was highlighted, with experience in extension projects being the main means of contact with the topic. **Final considerations:** it is concluded that CP training is limited and needs to be expanded to include theoretical and practical approaches in undergraduate studies. The inclusion of specific disciplines and active methodologies, such as simulations, can fill gaps and prepare future nurses for the care provided.

DESCRIPTORS: Students, nursing; Palliative care; Knowledge.

RESUMEN

Objetivo: comprender la concepción de los estudiantes de enfermería de una universidad pública del noroeste de Paraná sobre los CP. **Métodos:** investigación descriptiva-explorativa con enfoque cualitativo, mediante entrevistas a 15 estudiantes de enfermería de una universidad pública, realizada entre septiembre de 2023 y enero de 2024, tras la aprobación del proyecto mediante dictamen n° 6.320.734. **Resultados:** los resultados revelaron concepciones variadas, algunos de los estudiantes asociaron los CP con la humanización y calidad de vida, otros los vincularon sólo con el cuidado terminal. Se destacó la falta de acercamiento durante la graduación, siendo la experiencia en proyectos de extensión el principal medio de contacto con el tema. **Consideraciones finales:** se concluye que la formación en CP es limitada y requiere ser ampliada para incluir enfoques teórico-prácticos en las carreras de pregrado. La inclusión de disciplinas específicas y metodologías activas, puede preparar a las futuras enfermeras para la atención brindada.

DESCRIPTORES: Estudiantes de enfermería; Cuidados paliativos; Conocimiento.

INTRODUCTION

Cancer is a major public health problem worldwide, and Brazil is no different. Between 2023 and 2025, 704,000 new cases of cancer are expected in the country.¹ The exponential increase in the incidence of cancer, coupled with the high mortality rate (85%) and the discontinuation of treatments, has led to a scenario marked by a large number of patients with a prognosis of incurability.²

In view of this, Palliative Care, which aims to improve the quality of life of people affected by incurable diseases through a holistic approach to patients and their families, is the most recommended therapy. It needs to be provided by a multidisciplinary team prepared to provide guidance and carry out interventions that positively affect physical, social, psychological and spiritual well-being.³

The reality in Brazil, however, shows a significant discrepancy in access to PC. Many patients do not receive the necessary assistance to ensure a dignified and suffering-free process of dying, there is a greater concentration of services in the regions involved, such as the Southeast, while the less favored areas, especially in the North and Northeast, face various limitations in terms of resources and trained professionals. In addition, low-income, rural and indigenous populations face additional barriers, such as geographical distance and lack of knowledge about rights.⁴ In an attempt to minimize

this problem, the National Palliative Care Policy (PNCP) was instituted in May 2024.⁵

Despite the multidisciplinary nature of PC, it is important to note that nursing is the professional category within the healthcare team that is closest to the patient during all stages of their life. In view of this, there is a need and importance to broaden theoretical and practical knowledge in the academic environment, ensuring that they are fully trained to offer adequate support to patients at all stages of their journey.⁶

However, the professional training of nurses is still permeated with gaps. According to a study carried out at a university in the interior of São Paulo, despite knowing the concept and objectives of PC, a significant proportion of students are insecure about working in internship fields with this patient profile, mainly due to insufficient specific knowledge.⁷ This fact reverberates in the long term, as shown by a study carried out in Emergency Care Units in the center-west of São Paulo, where nursing professionals were interviewed and revealed that this professional category faces difficulties when dealing with PC, with some showing a lack of theoretical and practical knowledge and high sensitivity to the subject.⁸

In view of the above, the question arises: What is the knowledge of future nurses in relation to palliative care? In an attempt to answer this question, the aim of this study is to

understand the concept of PC among nursing undergraduates at a public university in the northwest of Paraná.

This research is justified by the fragility found in the training of professional nurses on the subject of palliative care as evidenced in the literature, as well as contributing to the development of educational policies that promote the role of nurses in this therapeutic modality.

METHOD

This is a descriptive-exploratory study with a qualitative approach carried out in the municipality of Maringá-PR with nursing students from a public university. In describing the research report, the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed.

The data was collected between September 2023 and January 2024, by means of previously authorized face-to-face audio-recorded interviews, at a place, date and time agreed with the participants, preferably in reserved rooms at the institution, with an average duration of 15 minutes. The interviews were carried out by a final year nursing student, who had a pre-established relationship with the participants and accumulated experience in palliative care due to her work on an extension project in the area for over a year, as well as in qualitative research, acquired in collaboration with previous studies.

The academics were invited to take part in the study by being briefed in class about the aim of the study and the type of participation desired. This presentation took place during a lecture, after authorization from the teacher in charge, and lasted a maximum of 10 minutes. At the end, the researcher's contact details were made available for scheduling interviews.

The study included students who were regularly enrolled in any of the undergraduate nursing courses and were at least 18 years old. On the other hand, students on academic mobility and those who had difficulty scheduling an interview after five attempts were not included.

During the interview, a two-part script was used: the first dealing with sociodemographic issues and the second consisting of guiding and supporting questions, addressing the theme of the study, such as: 'What do you know about palliative care?'; 'What did you learn about this topic during your undergraduate studies?'; 'Have you ever had contact with a patient undergoing PC?'; 'What is your opinion of this therapy?'

The pre-analysis involved organizing the material, defining the objectives, selecting the corpus and floating reading to familiarize and identify relevant aspects, as well as planning the categorization. When the material was explored, the content was coded by segmenting it into recording units (relevant

words, phrases or passages), which were grouped into thematic categories using an objective classification system. Finally, in the results processing stage, the results were analyzed and interpreted, relating them to the objectives of the study and the theoretical framework, allowing for the formulation of inferences and interpretations based on the findings, with the aim of understanding the phenomenon studied in a broad and rigorous way.

The study followed all the ethical precepts set out in Resolution 466/2012 and Resolution 510/2016 of the National Health Council (CNS/MS), which deal with research involving human beings. Data collection began after the project was approved by the Permanent Committee for Ethics in Research with Human Beings (COPEP) of the signatory institution (Opinion No. 6.320.734).

All the participants signed the Free and Informed Consent Form (FICF) in two copies and, to ensure their anonymity, in the presentation of the results they were identified by the letter A to designate the academic, a number indicating the order in which they were included in the study and a second number indicating the grade in which they were enrolled.

RESULTS

The 15 students under study were between 19 and 21 years old, all female and single, with two in the second year, three in the third year and ten in the fourth and final year of the course. From the analysis of the interviews, it emerged that the students' conceptions and practices are marked by personal experience, allowing the identification of two categories which will be described below.

Conceptions of palliative care linked to what they learned during their undergraduate studies

Some of the students associated palliative care with the humanization of care and quality of life.

"Care aimed at the well-being of the patient's life, so that they can have an end or a rest of their life, living with their illness in a dignified way" (A3-4°).

"Palliative care goes far beyond the patient's diagnosis{...}, it's a different form of treatment{...}, trying to make life a little better, trying to make care a little more humanized, I think that's what defines it" (A5-3°)

"It's care that we have to provide to improve a person's quality of life for as long as they live, right?" (A9-4°)

However, others shared the view that PC was solely related to the process of finitude in the lives of people who had a prognosis of incurability.

"Ah, it's care that we provide for patients who already have a terminal diagnosis, and then the care is to give them greater comfort until death". (A10-4°)

"For me, it's giving the patient comfort until the end of their life. He may be 24 years old, if he has a disease like this, not the disease itself, regardless of his situation, but to give him comfort." (A11-4°) (A11-4°)

"I think it's a way of providing the patient with comfort until the end of their life and also of welcoming the family as a whole." (A15-4°)

"It's offering comfort and quality of life when the person already knows they're going to die. So, you don't know when, you don't know what day, if it's going to take a while, if it's going to be a little while, regardless, you offer a quality of life until it's time for them to go" (A8-4°)

The difficulty in differentiating occurs because this type of care isn't covered during undergraduate studies, or it's covered in a very superficial way. In addition, it is perceived that students who seek out this subject outside the classroom - through extension projects - are able to make a greater distinction between PC and the process of finitude.

"We study the patient, but we don't study the bond, we don't study how we can manage care to make life a little lighter" (A5-3rd).

"We didn't have a class on palliative care, the only class we had was on death and dying" (A2-2nd)

"[...] in undergrad we hear about this holistic view that we have to have, but what about palliative care?" (A9-4°)

"I got to know palliative care in depth in the project, [...] I came to learn what palliative care is, what it's for, how it works, it was in the project, after that until today I haven't had any classes on, in-depth about what it is" (A6-2°)

The students believe that the topic of PC should be included, but there is no consensus on which subject should cover it.

"I think it should be included in the subject of fundamentals, we have the whole process of preparing for post-death, why not preparing for palliative care with people who are heading towards this process of death? because I think it's more important for us to have care before the person dies, than after the person has died" (A2-2°)

"I think it could be included in all the subjects we have, from the care of newborn babies to the elderly, because there are also children who receive palliative care" (A1-4)

"I think it would be essential to have classes, not just one or two classes, but around ten classes on palliative care, just as other subjects are covered, because it's an important subject. If it weren't for me

taking part in the palliative care project, we'd leave the degree with a totally lost concept." (A9-4°)

Nursing's role in dealing with patients and families in palliative care

In the view of the academics, among the duties of nursing in relation to patients undergoing PC and their families, the following were mentioned: providing subjective care to patients and their families, focusing mainly on emotional support and guidance.

"It's about easing the person's suffering, relieving pain, not just physical pain, but psychological pain, it's very holistic care." (A4-3°)

"A word to define nursing, I think it would be, bridge, because in all treatments, from the simplest to the most complex, nursing is the basis of everything{...}, nursing is multidisciplinary in itself{...}, we end up having this view of caring more" (A5-3°)

"I think nursing is the center, when we study we understand that nursing is the pivot of all health situations, but when it comes to palliative care, the role of this professional is super important, both in terms of guidance and care, and in terms of the bond with the family" (A9-)

On the other hand, the students also pointed out that nursing professionals' lack of knowledge about PC implies incorrect care and the replication of erroneous definitions about this therapeutic modality.

"Because of the wrong perception people have of palliative care, they neglect the health of these patients a lot." (A14-4)

"I attended a lecture where the doctor was a palliativist and everyone was like, 'my God, there she goes, walking down the corridor palliating everyone'" (A7-2°)

"What I see a lot from experience in the hospital area is that palliative care is often not well defined in the minds of nursing professionals, some attitudes, or ways of dealing, are not consistent with what palliative care really is". (A1-4°)

In addition, nurses' real functions become confused, leading them to believe that although they are not assigned to their professional role, they are their responsibility.

"Nursing is very important to mediate the conflict and try to explain to the family what the diagnosis is, what the treatment will be like, what the non-invasive therapy measures will be" (A1-4).

"Nurses are there for everything, to offer emotional, psychological and physical support, and any kind of support they can give, they will give" (A10-4°)

"The nurse is very important for explaining how care is provided, the best conditions for this, improving the patient's quality of life, having a routine so that they can feel well, not feeling like a sick person, or a burden on the family" (A14-4°)

The academics believe that professionals who really understand PC and are able to apply it in their day-to-day work, end up benefiting in their care planning, since it meets the understanding of family members and sometimes the wishes of patients.

"As well as benefiting the patient and the family, it also ends up benefiting the professional who provides the treatment for them, because it's a path to follow when making a decision or when leading the family to make another decision". (A5-3°)

"I think it's our role to be close to the patient, to be welcoming, to listen to their anguish and pain, as well as the family's, and to provide guidance. Guide them through the process, help them and be there to support the family too". (A15-4°)

DISCUSSION

The participants in the study showed that they had difficulties in correctly discussing PC. This highlights an important knowledge gap arising from the training process.

The provision of knowledge about PC in undergraduate nursing courses is crucial for the training of these professionals, so that they are able to provide qualified care at all levels of care, including patients whose diagnoses are beyond the possibility of therapeutic cure. The absence of this training has an impact on the education of nurses, otherwise they may find themselves unable to act in complex situations in this context.¹⁰

For many, PC is directly related to end-of-life care or terminally ill patients, but this association stems from outdated information, as it is erroneous to consider that this therapeutic modality is only intended for end-of-life care.¹¹

In this study, the undergraduates who had already had the opportunity to assist a patient in practice who was or even needed palliative care - either because they were in more advanced grades or because they took part in extension projects - showed that they had a more comprehensive view of the needs of human beings in different contexts and health conditions and were therefore better able to understand that PC is more related to holistic care and focused on the patient's needs at all stages of the disease.

On the other hand, the students in the earlier grades only defined PC as synonymous with end-of-life care, which corroborates a study carried out in the state of Bahia, Brazil,

with 21 nursing students in which the students pointed out the relationship between PC and the patient's end-of-life situation, especially those diagnosed with some type of neoplasm.¹²

A documentary study based on the Political Pedagogical Projects and curricular matrix of nursing courses, made available by federal universities, points out that, although progress has been made, the approach to PC during undergraduate studies has still been carried out in an incipient way and usually during classes on death and dying or studies focused exclusively on healing. To improve this gap, the authors suggest the inclusion of a specific CP subject during the course, as well as a reformulation of the current educational concept, with the aim of meeting human needs more adequately, which go beyond immediate and current demands.¹³

Undergraduate courses in the health area generally have a workload dedicated to theory and another to practice, where the student is placed in a situation similar to what they will find in their professional environment. This is one of the biggest challenges when it comes to PC, as it is a new subject in the country and there is a shortage of services that are prepared to offer this type of care, making it difficult for undergraduates to access this therapeutic reality.¹⁴

A study carried out with nursing students taking part in an optional PC course at a public higher education institution in the state of Piauí used active methodology as a subterfuge to bring students closer to the professional reality. As well as working on ethical-legal, bioethical and legal aspects, the course included assessing prognoses, communicating bad news and assessing symptoms by simulating professional practice with PC.¹⁵

This research revealed that, although nursing graduates recognize a lack of specific subjects for PC work, they understand that the role of nurses in this area goes beyond direct patient care. They recognize that nurses play an essential role in offering emotional support and guidance to families. One study reinforces that, in PC situations, it is essential for nurses to develop empathetic communication, promoting a close relationship with patients and their families, ensuring holistic care.¹⁶

In practice, nurses who work directly with PC transcend their traditional duties, requiring specialization in areas that go beyond their basic training. They become the link between the healthcare team and family members, ensuring respect for the human condition, pain and symptom relief, as well as providing comfort, humanized care, emotional support and effective communication.¹⁷

In addition, nursing students realize that knowledge of PC is beneficial to professional practice, allowing for more assertive decision-making and better communication with families. In this context, it is crucial to implement a PC culture in the hospital environment through continuing education

programs, enabling nurses to deal with complex and emotionally challenging situations.^{18,19}

In addition, nurses play an indispensable role in communicating bad news, for example, in welcoming families sensitively and ethically and in providing possible interventions. Studies show that investments in training courses and improvements in academic training are fundamental to improving the quality of care in such complex situations.^{20,21} However, the social representation of PC by nursing professionals is still often associated with stigmas and challenges, reinforcing the need to reframe this practice by sharing knowledge and experiences.²²

Considering these gaps in PC studies, it is the students who suffer the most. However, it is possible to see their willingness, after analyzing the results obtained from the research, in which the students themselves report the need to incorporate more classes on PC.

Consolidating with the studies that show that this is a subject that still doesn't receive much attention and isn't frequently practiced in curricula, because of this factor, there is a lack of preparation on the part of professionals when they provide this care, making it fragmented and thus hindering the provision of comprehensive care.²³

In view of the above, this study is limited by the fact that it was carried out at a single university, which may reflect similar experiences among the participants due to the shared curricular structure. In addition, although the interviews were conducted individually, this allowed us to delve deeper into individual perceptions and restricted the possibility of collective discussions that could have enriched the analysis of the subject.

It is hoped that this study will contribute to raising awareness about the importance of training students to offer dignified and humanized care at all stages of life, but especially in the case of patients with diagnoses beyond the possibility of therapeutic cure. In addition, it is hoped to contribute to the development and reformulation of the planning of undergraduate nursing courses with a view to improving the professional training of this class.

FINAL CONSIDERATIONS

Although it is well known that many students have little or no knowledge of PC, this gap is most noticeable in those who are in the early stages of the course. However, it is worth noting that these same students are already working in internships in various areas, which is worrying due to their inexperience and lack of training, which could harm patients.

Furthermore, it is possible to observe that students who have already had contact with PC are more sensitive in their care practices and provide greater emotional support and comfort to patients, as well as showing an interest in delving deeper into

the area, given that the health professionals who have the most contact with these patients are nurses.

On the other hand, for nursing students to perform well, they need to be involved in health services through curricular internships, so that they can put the theory they have learned into practice. Given this situation, it is clear that in a large part of the national territory, health services do not offer care that includes PC, and most of the time when they do, they do not have a complete multi-professional team as recommended, so this scenario contributes to an erroneous experience of this therapeutic modality, negatively impacting on student learning.

Therefore, there is a need to intensify the teaching of palliative care during undergraduate nursing courses, with the aim of creating more trained, empathetic professionals who have a holistic view of the patient, destigmatizing this area and emphasizing that this type of care goes beyond helping terminally ill patients, and also includes family members throughout the illness and bereavement process.

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