REVIEW ARTICLE

Nursing care for hospitalized elderly at the end of life: integrative review

Assistência de enfermagem ao idoso hospitalizado no final da vida: revisão integrativa

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ABSTRACT

Objective: to analyze and synthesize the knowledge produced regarding nursing care for hospitalized elderly at the end of life. **Method**: Integrative literature review carried out in PubMed, Cumulative Index to Nursing and Allied Health (CINAHL), Embase, Web of Science, Scopus and Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) databases. The studies addressed palliative care in the elderly published between 2005 and 2021. Iramuteq (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) software was used for research summarization and synthesis. **Results**: 22 articles were selected, and after analysis they were categorized into: Family support by nurses in palliative care; Training and impacts on nursing care in palliative care; Ethics in research involving elderly patients in palliative care and their families; Importance of effective communication in palliative care; and Gradual decline in health in the elderly and the management of symptoms by nursing. **Conclusion**: the synthesis helped to understand the importance of evidence in palliative care and that nursing is part of this care process.

Descriptors: Aged; Review; Hospice Care; Palliative Care; Geriatric Nursing.

RESUMO

Objetivo: analisar e sintetizar o conhecimento já produzido quanto à assistência de enfermagem no final da vida em idosos hospitalizados. **Método**: Revisão integrativa da literatura realizada nas bases de dados PubMed, *Cumulative Index to Nursing and Allied Health* (CINAHL), Embase*, Web of Science,* Scopus e Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS). Os estudos abordavam cuidados paliativos em idosos publicados entre 2005-2021. Para sumarização e síntese das pesquisas foi utilizado o *software Iramuteq (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires)*. **Resultados**: 22 artigos foram selecionados, e após a análise foram categorizadas em: Suporte à família pelo profissional de enfermagem em cuidados paliativos; Formação e os impactos na assistência de enfermagem em cuidados paliativos; Ética na pesquisa envolvendo pacientes idosos em cuidados paliativos e seus familiares; Importância da comunicação efetiva em cuidados paliativos; e Declínio gradual de saúde em idosos e o manejo de sintomas pela enfermagem. **Conclusão**: a síntese auxiliou na compreensão da importância das evidencias em cuidados paliativos e que a enfermagem faz parte deste processo no cuidado.

Descritores: Idoso; Revisão; Cuidados Paliativos na Terminalidade da Vida; Cuidados Paliativos; Enfermagem Geriátrica.

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How to cite this article: Fhon JRS, Sousa EF, Li W, Silva ARF, Silva LM. Nursing care for hospitalized elderly at the end of life: integrative review. Rev. Eletr. Enferm. [Internet]. 2022 [cited ________];24:70169. Available from: https://doi.org/10.5216/ree.v24.70169

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Received: 09/06/2021. Approved: 05/18/2022. Published: 12/16/2022.

INTRODUCTION

During the aging process, Chronic Non-Communicable Diseases (CNCD) affect about 70% of the elderly and were responsible for compromising health, affecting autonomy and quality of life, and for the increase in the number of deaths in this population[1]. The increase in elderly affected by comorbidities and the compromise of health lead to an increase in hospitalizations. Thus, demanding more financial resources from the health system, offering specialized services and training qualified professionals[1].

CNCD do not have a cure, which often leads to prolonged hospitalizations. With each hospitalization, the elderly see a worsening in their clinical condition, with discouraging prognoses. This requires the team to be ready to provide care that will alleviate suffering, control signs and symptoms, and advance the clinical condition[2].

Elderly people with irreversible diagnoses are treated with the aim of offering them quality of life, even when the prognosis is negative or discouraging. Such care is called palliative care[1], which, according to the World Health Organization (WHO), is configured as: an approach that improves the quality of life of patients and their families in the face of problems associated with potentially fatal diseases, through the prevention and relief of suffering, early identification, assessment and treatment of pain and other physical, psychosocial and spiritual problems. This care permeates the physical, psychological, emotional, social and spiritual dimensions of the individual[3].

Understanding that the elderly during the end-of-life process need adequate assistance, dynamic therapeutic management is extremely important for these patients, respecting their limits due to their disease[4]. In this sense, the end of life can be defined as the exhaustion of possibilities to rescue health conditions when the individual has a prognosis in which death is predictable and inevitable[5].

Although palliative care is discussed daily, this topic is relevant to geriatrics and gerontology, as studies in this area provide subsidies to identify issues still poorly addressed in the health of the elderly, such as the end-of-life process.

Considering the above and given the relevance of the theme, it focused on improving nursing care for elderly patients hospitalized at the end of life. This review started from the need to investigate how this clinical practice is being researched and applied in gerontological nursing and in palliative care. The results of this review may guide and contribute to the improvement of care provided by the nursing team. The study aimed to analyze and synthesize the knowledge produced regarding nursing care for hospitalized elderly at the end of life.

METHOD

This is an Integrative Literature Review, which gathers and synthesizes the results of research on a given topic in a systematic and orderly manner. Thus, contributing to the improvement of knowledge on the investigated topic and identifying existing gaps[6].

For the elaboration of this work, the following steps were taken: 1st – identification of the theme, selection of the research question; 2nd – establishment of criteria for inclusion and exclusion of studies/sampling or literature search; 3rd – definition of the information to be used from the selected studies/categorization of the studies; 4th – evaluation of studies included in the integrative review; 5th – interpretation of results; and 6th – presentation of the review/synthesis of knowledge[6].

The PEO strategy was used to formulate the guiding question. In which, P = Population (hospitalized elderly), E = Exposure (End of life) and O = Outcome (Nursing care) [7]. Thus, the guiding question was defined as: What are the nursing care for hospitalized elderly at the end of life?

The databases used for this study were: National Center for Biotechnology Information (NCBI/PubMed), Cumulative Index to Nursing and Allied Health (CINAHL), Embase, Web of Science, Scopus and Latin American & Caribbean Health Sciences Literature (LILACS).

The inclusion criteria defined were: primary articles published in full and in Portuguese, English and Spanish, focusing on the theme of the study "elderly people of both sexes hospitalized at the end of life" and studies published from January 2005 to July 2021. Exclusion criteria were: paid articles, review studies, theses, dissertations, book chapters, technical reports and letters from the editor.

The search strategy of the studies was carried out through the combination of controlled descriptors and keywords. To search for articles in PubMed and Scopus, controlled descriptors from the Medical Subject Headings (MeSH) were used; for the search on the Web of Science, Embase and Cinahl, descriptors from the same base were used. The Health Sciences Descriptors (DeCS) were used for the search in the LILACS database.

The combination of descriptors and keywords was performed using the Boolean operators represented by the terms: AND (restrictive combination), OR (additive combination) and NOT (excluding combination), as indicated in Table 1.

To maintain the rigor of the review, the final search in the six databases was performed on July 17, 2021, with 1,236 articles identified. Corresponding to step three of the review, the Rayyan technology platform[8] was used, which allows the choice of studies. For this, two reviewers made the choice of studies and, in controversial cases, a third reviewer indicated whether the study met the inclusion criteria. In addition,

Table 1. Search strategy according to the database, 2021

Database	Search Strategy
PUBMED	(((Aged";[Mesh] OR "Elderly"; OR "Older" OR "Ancient" OR "Older people";) AND ("Hospitalization";[Mesh] OR "Nursing care" OR "Care, Nursing" OR "Management, Nursing Care" OR "Nursing Care Management") AND ("Terminally ill";[Mesh] OR "Ill terminally")
SCOPUS	TITLE-ABS-KEY ({Aged} OR {Elderly} OR {Older} OR {Ancient} OR {Older people}) AND ({Hospitalization} OR {Nursing care} OR {Care, Nursing} OR {Management, Nursing Care} OR {Nursing Care Management}) AND ({Terminally ill} OR {Ill terminally})
Embase	(Aged OR ';Elderly'; OR ';Older OR ';Ancient OR ';Older people) AND (Hospitalization) OR (';Nursing care'; OR ';Care, Nursing'; OR ';Management, Nursing Care'; OR ';Nursing Care Management) AND (Terminally ill ' OR ';Ill terminally)
Web of Science	(Aged) AND (Nursing care) AND (Terminally ill)
CINAHL	((MH "Aged";) OR "Elderly"; OR "Older"; OR "Ancient"; OR "Older people";) AND ((MH "Hospitalization";) OR "Nursing care"; OR "Care, Nursing"; OR "Management, Nursing Care"; OR "Nursing Care Management";) AND ((MH "Terminally ill"; OR "Ill terminally"))
LILACS	(Idoso OR Idosos OR Pessoa Idosa OR Pessoa de Idade OR Pessoas de Idade OR Pessoas Idosas OR População Idosa) AND (Cuidados de Enfermagem OR Assistência de Enfermagem OR Atendimento de Enfermagem) AND (Enfermagem de Cuidados Paliativos na Terminalidade da Vida OR Enfermagem de Cuidados Paliativos OR Enfermagem em Centros de Cuidados Paliativos)

the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), shown in Figure 1, was used simultaneously, with 22 articles identified[9].

According to the rigor of the study, to assist in the stages of interpretation of results, synthesis of knowledge and presentation of the review, the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (Iramuteq) was used. This software was used because it is an important tool in textual analysis, to maintain impartiality in the formation of thematic categories. Furthermore, the articles chosen in this review were analyzed according to their level of evidence[10].

From the selected articles, a textual database was created, which was inserted into the software and submitted to the Reinert method. This method classifies the text segments according to their respective vocabularies and their set is distributed based on the frequency of reduced forms (already lemmatized words). In this analysis, there is the formation of the dendrogram, which shows the categories formed by grouping similar words together and a textual bank is formed with all the segments that make up each class[11]. In the formation of the classes, the dendrogram, the respective text segments and the literature pertinent to this study were considered.

RESULTS

The 22 studies resulting from this review were published between 2010 and 2020, as follows: four in 2014 (18.2%); three in 2013 and 2016 each (13.6%); two in 2010, 2012, 2017, and 2019 each (9.1%) and one in 2011, 2018, 2020 and 2021 (4.5%), respectively.

Regarding the language, 21 were published in English (95.5%) and one in Portuguese (4.5%). In relation to the study location, 11 studies were carried out in Europe, five in America, four in Asia and three in Oceania. As for the study method, it was identified that 12 were qualitative (54.6%), five transversal (22.7%), three cohort (13.7%), one mixed (4.5%) and one study randomized clinical trial (4.5%), respectively. Regarding the level of evidence, 95.5% (21) of the articles that are part of the study present level of evidence C, which means that those evaluated present inconsistent results.

Table 2 shows a synthesis of the articles that are part of this review.

From the textual data, the dendrogram was obtained (Figure 2). In which, it is possible to observe the five classes formed from the 22 analyzed articles, which gave rise to 2,852 segments of analyzable texts, with 6,643 words, which generated 103,201 occurrences, among which we have 5,003 lemmas, 4,252 active forms and 751 additional forms, resulting in a frequency of ≥ 3 active forms per 1,996 occurrences. The average form by segments was 36.2, generating five classes, with 2,410 text segments, which corresponds to a use of 84.5% of the database. Among the 84.5%, the classes had a use of 99.1% of the total.

Through the retained words and the excerpts obtained in the software analysis, the naming of the classes was proposed, which also had the help of the literature.

Figure 1. PRISMA Flowchart

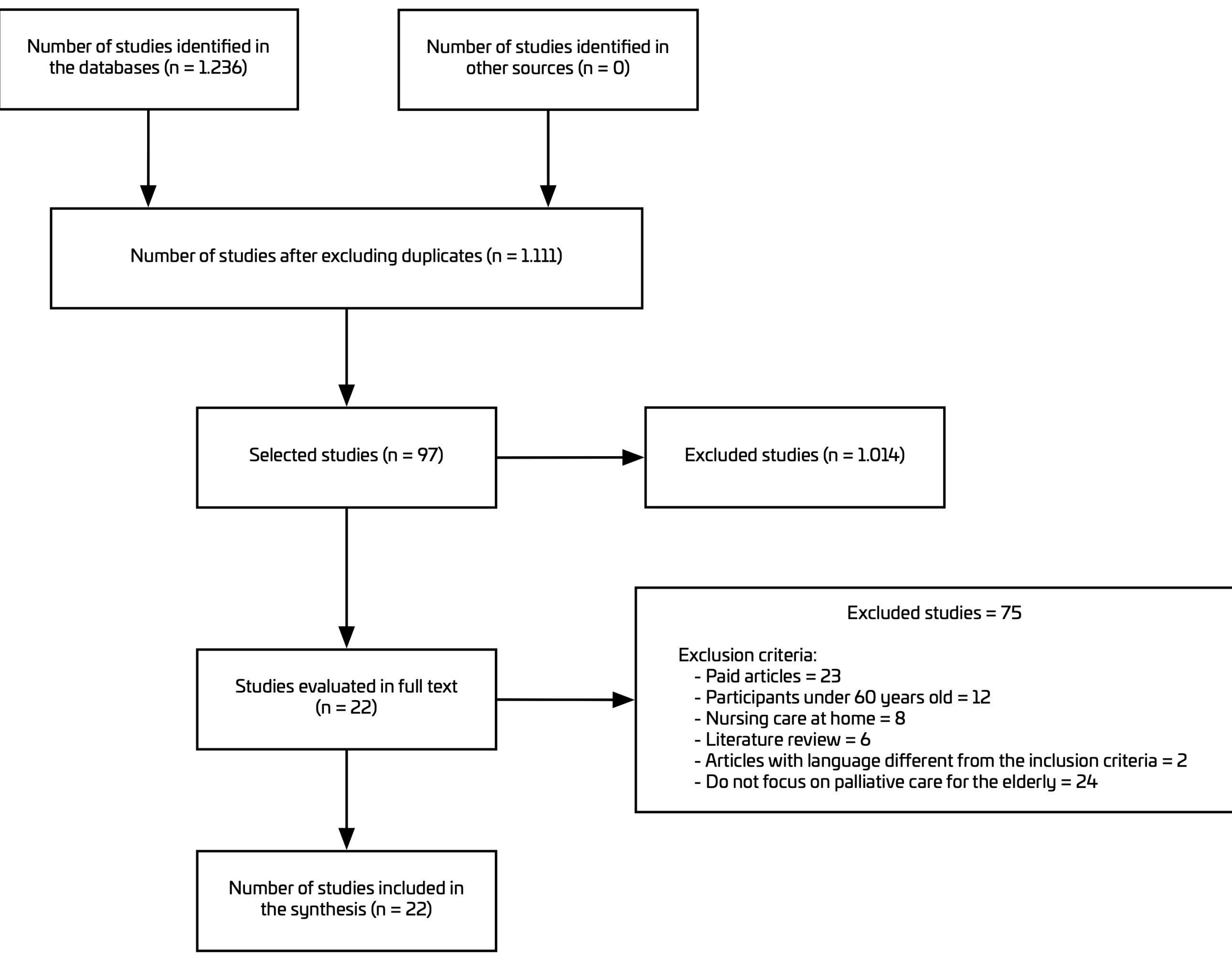


Table 2. Gathered description of each study included in the integrative review, 2021

(continue)

Author, Year	Objective	Country	Type of study	Level of evidence
Bravell et al., 2010[12]	To describe the last year of life of a sample of elderly people, focusing on care, health, social networks and function in activities of daily living.	Sweden	Longitudinal	C
Casterlé et al., 2010[13]	To explore the nurses' involvement in the care process for mentally competent, terminally ill patients requesting euthanasia in general hospitals in Flanders, Belgium.	Belgium	Qualitative	C
Brown et al., 2011[14]	To suggest care actions that conserve dignity at the end of life based on evidence from local experience and community nursing practice.	United Kingdom	Qualitative	C
Jeangsawang et al., 2012[15]	To compare the outcomes of discharge planning and follow-up care for elders with chronic healthcare conditions, among an advanced practice nurse (APN), expert-by-experience nurses, and novice nurses who delivered care through a "Continuity of Care Program;" and, describe the benefits of APN care services from key stakeholders.	Thailand	Mixed method	C

Table 2. Gathered description of each study included in the integrative review, 2021

(continuation)

Author, Year	Objective	Country	Type of study	Level of evidence
Waterworth et al., 2012[16]	To explore general practitioners' views on clinical nurse involvement in supporting older adults with heart failure along the disease trajectory and identify specific implications for initiating early care planning and improving end-of-life care.	New Zealand	Qualitative	C
Arevalo et al., 2013[17]	To describe nurses' experiences with decision-making and performance of continuous palliative sedation in terminal patients.	Netherlands	Cross-sectional	C
Namasivayam et al., 2013[18]	To describe the process that nurses experienced in engaging with families in Malaysian palliative care settings and the challenges they faced.	Malaysia	Qualitative	C
Tan et al., 2013[19]	To identify end-of-life (EOL) decision-making processes for patients with non-cancer illnesses in a major metropolitan hospital.	Australia	Cross-sectional	C
Raphael et al., 2014[20]	To explore the role of practice nurses in the provision of palliative and end-of-life (EOL) care to older patients with long-term conditions.	New Zealand	Qualitative	C
Reyniers et al., 2014[21]	To analyze the perspectives of family physicians, nurses from different care settings (home, nursing home and hospital) and family caregivers of people who died in an emergency hospital setting in relation to the acute hospital setting as a place of final or death.	Belgium	Qualitative	C
Sato et al., 2014[22]	To investigate palliative care-related knowledge, difficulties and practical issues in a regional sample of nurses providing care to cancer patients in hospitals and households in Japan.	Malaysia	Cross-sectional	C
Swart et al., 2014[23]	To investigate considerations about the indications of continuous palliative sedation and issues that influence these considerations.	Netherlands	Qualitative	C
Fleming et al., 2016[24]	To understand very old people's preferences regarding care towards the end of life and attitudes towards dying, to inform policy and practice.	United Kingdom	Qualitative	C
Kvalheim et al., 2016[25]	To explore circumstances surrounding procedures and knowledge regarding oral care for terminal patients in Norwegian healthcare institutions.	Norway	Cross-sectional	C
Lloyd et al., 2016[26]	To understand the experiences, needs and priorities of frail people living at home and their lay caregivers at the end of life to inform effective models of supportive and palliative care desirable for frail people.	United Kingdom	Qualitative	C
Wachterman et al., 2016[27]	To compare patterns of end-of-life care and family-rated quality of care for patients dying with different serious illnesses.	United States	Cross-sectional	C
Pollack et al., 2017[28]	To assess symptoms in older (age ≥65 years) intensive care unit (ICU) survivors and determine whether post-ICU frailty identifies those with the greatest palliative care needs.	United States	Longitudinal	C

Table 2. Gathered description of each study included in the integrative review, 2021

(conclusion)

Author, Year	Objective	Country	Type of study	Level of evidence
Matos et al., 2018[29]	To analyze the nurses' perception about the participation of family members in palliative care.	Brazil	Qualitative	C
Sopcheck, 2019[30]	To explore the challenge of losing a loved one who was hospitalized at end of life and identify approaches deemed most helpful by older adult family members to resolve this challenge.	United States	Qualitative	C
Wen et al., 2019[31]	To examine the effectiveness of an advance care planning intervention in facilitating concordance between cancer patients' preferred and received life-sustaining treatment (LST) states and to explore modifiable factors facilitating or impeding such concordance.	Taiwan	Randomized clinical	B
Angheluta et al., 2020[32]	To analyze when and how Nurses and Nursing Assistants adjust end-of-life care to seek patient comfort.	Italy	Qualitative	C
Albanesi et al., 2021[33]	To describe oncology and palliative care nurses' knowledge of and attitudes toward food and nutrition at the end of life.	Italy	Cross-sectional	C

This stage of the process considered both the highlighted terms of the dendrogram and the lexicographical analysis, which gave rise to the classes that are described below:

Class 1 – Family support by nurses in palliative care. It shows that the health professional, in particular the nursing professional, is essential in the care of the elderly patient at the end of life, as well as to support family members. Nurses are responsible for offering dignity, comfort, and attention to both the patient and the family. The excerpts extracted reinforce what was found in the synthesis of words:

> *[…] in palliative care settings nurses and the terminally ill person's family members interact very closely with each other it is important for nurses to work with families to ensure that the care of the terminally ill person is optimized […]* (Art. 03)

> *[…] the major category of illness-related concerns include concerns that are related to the illness itself and threaten or actually impinge on the patient's sense of dignity these concerns are mediated via the illness and are specific to the illness experience […]* (Art. 12)

> *[...] when the ill person becomes terminally ill both the patient and their family members need to be informed of their prognosis progress throughout their illness and care provided to ensure that patients and families were in agreement with the care provided […]* (Art. 18)

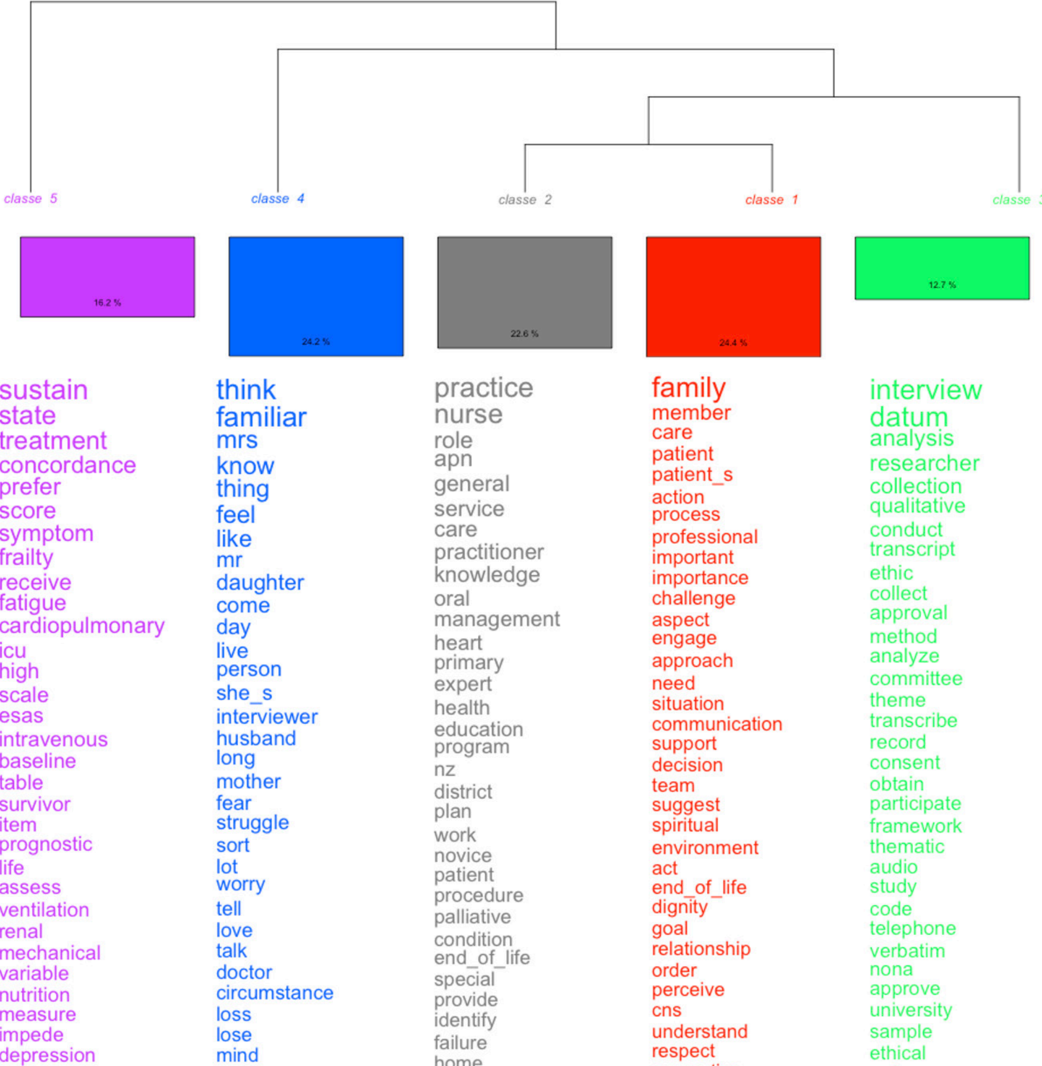
Class 2 - Training and impacts on nursing in palliative care. The findings cite the importance of professional training to act in the clinical management of the patient inside and outside the hospital environment. This is because knowledge about the clinic and palliative care and the human aging process are part of the entire training of a palliative care worker. In the excerpts, it is evident how much education and training interfere in the way nurses and other professionals work.

> *[…] an important although the lower percentage of nurses working in-home care reported involvement in the decision making process, this finding is in agreement with swart et al who found that according to physicians continuous palliative sedation delivered at home frequently occurs without the presence of a nurse […]* (Art. 07)

> *[…] the differences between designated cancer centers and district nurse services are most likely related to the availability of specialist palliative care teams and expert support in the self-reported palliative care practice assessment, pain management patient and family-centered care and oral care scored relatively high while care for delirium scored low […]* (Art. 02)

> *[…] such communication training could therefore ensure a higher quality of end-of-life care in the acute hospital setting and might contribute to challenging the predominant discourse and culture within the acute hospital setting […]* (Art. 17)

Figure 2. Dendrogram with the classes formed from the synthesis of the selected articles, 2021



With the advancement of science, nurses have specialized in the care and in the area of palliative care, developing research to assist patients and their families with the best practices. This is evidenced in Class 3 – Ethics in research involving elderly patients in palliative care and their families, as observed in the following excerpts:

> *[...] terminal patients requesting euthanasia in general hospitals in Flanders, Belgium. The nurse needs to deal with ethical issues with the patient and the family to provide adequate care at the end of life [...]* (Art. 14)

> *[...] research has shown that nurses can provide adequate palliative care for the elderly at the end of life and for their families, respecting their decisions in an ethical manner [...]* (Art. 15)

Class 4 – Importance of effective communication in palliative care. It points out how communication is essential for the continuity of care for the elderly-family binomial. The nurse needs to have active listening skills and training to offer differentiated support to the elderly patient in palliative care and their families. This can be identified in the excerpts obtained from the identified articles:

> *[...] you need to take time and make them feel relaxed to be able to talk to you about everything so they're free to explain exactly how they feel cares also wanted nurses to assess and address identified symptoms [...]* (Art. 12)

> *[...] patients tell things to the nurse that they won't necessarily tell to the doctor so you sort of get a fuller picture of what is happening participant 3 to gain a more comprehensive patient assessment [...]* (Art. 13)

Often, the patient has communication difficulties due to the hospital environment or the professionals themselves, who limit this understanding of information. In this sense, the nurse needs to be the link between the other professionals and the patient to improve communication, allowing it to be more active:

[…] poor and contradictory communication participants also indicated that communication in the hospital setting is frequently rather poor different doctors sometimes convey different messages or messages are not well put across and hence not well understood […] (Art. 17)

Finally, in Class 5 – Gradual decline in health in the elderly and the management of symptoms by nursing. In it, the nurse identifies physiological signs of the aging process and symptoms derived from the CNCDs that the elderly suffer from, which can lead to the patient's suffering. In this sense, to control these symptoms, pharmacological and non-pharmacological measures are used to provide comfort to the patient and their families, as evidenced in the following excerpts:

[…] it is imperative that there be early identification reliable assessment and treatment of pain and other possible physical psychosocial and spiritual problems […] (Art. 18)

[…] in this process they sometimes lean on validated tools such as the karnofsky index or pain assessment scales you must be able to assess a patient and identify her primary needs at that time […] (Art. 21)

[…] in advanced cancer the expected advantages or disadvantages resulting from nutritional therapy related to relief from symptoms muscle mass and function and tolerance to treatment may increase and or decrease over the course of weeks and days […] (Art. 22)

[…] fatigue is one of the most common underreported and undertreated symptoms in advanced cancer aids heart disease and chronic obstructive pulmonary disease COPD in community-dwelling older adults fatigue is independently associated with frailty […] (Art. 19)

DISCUSSION

In this review, studies on nursing actions and research on nursing care were identified that point to nursing care for the elderly at the end of life hospitalized in palliative care. Most of the research was carried out in developed countries that have an established culture focused on the elderly or that have a great contribution to knowledge about the subject studied. The synthesis of knowledge helped to understand how research on palliative care is developed and how nursing has been part of this process.

The words and excerpts identified in Class 1 reinforce the family as part of the care process. This proposal to include family members is defended by the WHO. Which, when defining palliative care, sought to include the family of the patient of any age group, stating that such care must follow an interdisciplinary approach and practice[3].

The family is one of the structuring axes of assistance to patients with no therapeutic possibilities of cure. Therefore, it must occupy an essential place, being integrated into the health team, which favors care through humanization in reception, considering the experiences, backgrounds, and culture of each individual[34].

The family plays an important role in the decision-making process regarding care, promoting trust, and support, and recognizing its relevance to the family member. Nurses should seek to interact with the family to help and understand how family members experience the process of terminality of their loved one[34].

In an Australian study with 208 family members, researchers identified that the support provided by health professionals to family caregivers before and after the death of their patient was not considered ideal. Only 39.4% of the bereaved reported being asked specifically about their pre-bereavement emotional/psychological distress, and half of the bereaved felt they had sufficient support from palliative care services. Furthermore, participants reported receiving limited support for the grieving process, and this support was often described as "non-personal" or "generic", or "just standard practice"[35].

Class 2 reveals the importance of training the nursing professional who will work in palliative care for elderly patients at the end of life, whether hospitalized or at home. It is noteworthy that nursing in palliative care is responsible for ensuring physical, psychological and spiritual comfort to the patient in the end-of-life process[36].

In the segments related to Class 2, it is reinforced how much training and practice are essential for nurses and staff to recognize their roles and professional responsibilities with the hospitalized elderly patient in the end-of-life process and their families. It is noteworthy that the performance of nursing, when there is specialization in palliative care, should be directed to the relief of symptoms such as pain, dyspnea, constipation, among other physiological changes and the patient's spiritual suffering, which involves the clinical management of biopsychosocial symptoms[37].

Even with the indication that the early integration of palliative care be included in care protocols for the elderly with chronic degenerative diseases and who have negative prognoses, there are cultural and practical barriers to the

introduction of such care for patients, caregivers and health professionals. Therefore, knowing the patient is essential for qualified nursing practice. This increases the nurse's ability to develop positive relationships, engage in specialized practice and create a possibility of defending the patient[38], have a multiprofessional approach as a care strategy and provide better assistance to meet the individual needs of each elderly person[37].

The development of clinical guidelines, decision-making algorithms and health protocols is an example of honest and clear communication between the team and the elderly-family binomial. However, the main problem inherent in such strategies, as a result of their complexity, lies in their implementation and adherence by professionals in a clinical context[39]. Moreover, in relation to the elderly patient, protocols and other strategies often do not meet the real needs of the patient and his/her family members. In this way, they usually occur through adaptations of what is performed with adult patients.

Palliative care for the elderly must be guided by evidence-based research and practices, which requires high-quality nursing care and institutions that also offer quality infrastructure[40]. In the analyzed articles, it is identified how much difference it makes when professionals are part of the projects and their feasibility, as they put the acquired knowledge into practice. In this sense, research groups are very important to foster studies in the area of palliative care and nursing care[40].

Although the focus of the study is not training, it is important to highlight that it interferes with the quality of care provided. Successful experiences have occurred in countries where the study takes place through different initiatives in the teaching-learning process and that provide a basis for changes in knowledge, attitudes and behaviors of nurses in palliative care. For example, the program carried out in the United States entitled the End-of-Life Nursing Education Consortium (ELNEC)[41], which aims to improve nursing care and its interdisciplinary relationship in palliative care.

In addition to training, research plays an important role in the training process of Higher Education Institutions (HEIs), enabling the construction of knowledge and scientific evidence that modify the clinical management of patients[42]. The active participation of undergraduate and graduate students in different projects provides an expansion of knowledge. This allows for a thoughtful and reflective practice, contributing to the advancement of science and the consolidation of nursing as a profession based on scientific evidence[43].

Through the text segments, it is important to highlight that science has always sought to interpret the path followed by professionals to alleviate symptoms and provide comfort at the end-of-life stage. From Class 3, the segments reinforce the need for knowledge and research involving elderly patients under palliative care for the adequate care of those who are terminally ill.

A study showed that ethical issues in palliative care are put into practice by nurses who work with this type of care. This is because it is understood that care for the elderly patient benefits the care in the final phase of the patient's life, who has complex needs. Likewise, it is important to have the entire team working collaboratively, which facilitates the identification of the patient's needs[44].

Ethics in palliative care emerges as an aspect of care that concerns not only existential issues at the end of life, but also a series of choices throughout the patient's care trajectory. Such choices need to consider the patient's comfort, body care, the patient's preferences regarding the administration of treatments, the care with family members that the nurse needs to have when accompanying the elderly person at the end of life[45].

The words retained in the textual analysis point to the importance of ethics in conducting research and to a specialized team with knowledge in the area of palliative care. In the excerpts, it was possible to identify elements that point out how much research helps in the elaboration and improvement of contents for the practice of care, such as protocols, manuals and theoretical references aimed at palliative care. Research in developed countries is aimed at training health professionals, including nursing, to assist the patient and family under palliative care[46]. However, despite the efforts, the training of nurses in this area is still insufficient.

Researchers recognize that the practice of ethics and knowledge in palliative care help to improve communication between nurses and patients and their families. In addition, it facilitates patient-centered care, improves symptom control and encourages the inclusion of psychosocial, cultural and spiritual elements in the care of the elderly-family binomial[47].

In Class 1, the importance of communication between the nurse and the elderly-family binomial stands out. It is noteworthy that knowing and applying communication techniques is essential for the development of care, ranging from helping the aforementioned binomial in accepting palliative care[48] to the quality of treatment and their satisfaction.

The words and excerpts identified in this class point to the importance of communication in humanized palliative. This information is reinforced when data show that communication between nurses and the elderly-family binomial improves interpersonal relationships. Thus, generating positive impacts on the physical, psychological and emotional dimensions that involve the end-of-life process, in addition to promoting better quality in treatment and providing more dignity to the patient[49].

The team must know the management of signs, symptoms and communication to offer the best care. In addition, the

team must know the elderly-family binomial, as some decision-making depends on the trust they have in the team and in the treatment to be used. When there is a failure in this relationship, decision-making can generate a feeling of pressure on the team that will have to decide whether to carry out necessary procedures, but which were not approved by the binomial[39]. Therefore, it is important to involve the family and make it possible to discuss the progress of treatment in palliative care for the elderly.

In the studies[37-38], it was pointed out that the nurse must communicate, but effectively and aiming to meet the patient's needs. Effective communication can be seen as part of the therapeutic treatment, because it allows the patient to be seen beyond his/her disease, that is, as a complex, unique and multidimensional being[37]. Nurses trained in communication skills find it easier to discuss prognoses, care goals, clinical options for advanced care planning and medical decisions with patients and caregivers[38]. It is worth noting that in palliative care, effective communication, even if it is for bad news, is essential for professionals who work with this type of care.

Communication skills in palliative care are critical to providing holistic care. Considering that nurses have more time of direct exposure to patients, the construction of such communication skills is essential[50].

Among the most used communication techniques are active and qualified listening, therapeutic silence, affective touch, listening and empathy. However, although these techniques are found in the literature, they are rarely used in practice, which can create barriers and impair the quality of palliative care[51].

The act of providing qualified listening is related to the way the patient and his/her family are understood[14]. This understanding is reflected in the way nurses provide their care. In which responsibility, concern and respect must be present in each care action, thus ensuring effective and clear information, patient/family privacy, professional ethics, in addition to the care offered by professionals[52].

In Class 5, the aging process and the need for nursing care to understand the processes of senescence and senility are highlighted. Most elderly people are affected by simultaneous CNCDs and suffer from geriatric syndromes that can lead to complex health problems, symptoms and disabilities that require palliative care[53]. However, evidence shows that elderly people with severe CNCDs may be receiving inadequate care at the end of life due to poor communication regarding desires, preferences and care planning[54].

It is observed that, in Figure 2, the word frailty appears in the elderly. Elderly people with frailty experience pain and emotional distress at levels similar to those with cancer and report a variety of physical and psychosocial needs, including weakness and anxiety. Functional support needs were high and were greater where people with frailty were cognitively impaired[55].

The understanding and knowledge of nurses about the aging process interfere in the way of assisting and treating the elderly during palliative care. In this sense, it is relevant to understand the reality of the elderly to develop and promote specific assistance programs in palliative care[56].

Professionals also referred to the importance of managing symptoms, such as pain, dyspnea, fatigue, among others in the elderly under palliative care. A study identified that the most common symptoms in palliative care patients were pain, fatigue, tiredness and drowsiness, in addition, they presented a decrease in functional capacity[57].

To manage patient symptoms and improve patient quality of life, nurses need to be able to provide palliative and gerontological care to patients with life-limiting illnesses. The essential elements of providing palliative care are related to the essential elements of nursing practice, which are symptom management, communication and advocacy[38].

Although all classes have elements that denote the importance of palliative care in the daily practice of health professionals, nursing is directly responsible for the care of the elderly-family binomial. In the synthesis of all the contents, it was clear the importance of approaching this topic during the training of health professionals, not restricting this knowledge to postgraduate studies. The importance of effective interprofessional and patient communication was also identified; as well as the insertion of the family in the therapeutic plan and in the care that will be provided to the patient; and, finally, the appreciation of nursing, which has been a pioneer in the insertion of palliative care as a care model.

Among the limitations observed in this review, the difficulty in funding articles that are paid in foreign currencies can be highlighted. This type of funding impacts the budget allocated to research, and the researchers themselves end up being responsible for paying all expenses. It is understood that this factor does not affect the results; on the other hand, we can also highlight the scarcity of publications on elderly people at the end of life under palliative care in the Brazilian reality. This makes it impossible to visualize how research and the findings found in Brazil have been conducted.

CONCLUSION

The synthesis of this review shows that palliative care provided to hospitalized elderly people in the end-of-life process should be addressed from the nurses' graduation, as their training does not prepare them to deal with this type of care. Scientific evidence contributes to what has been discussed about the inclusion of palliative care in the curricula of courses in the health area.

In this sense, nursing has been a pioneer in this theme, as it has put palliative care into practice. In gerontological nursing, there are already consolidated groups on the subject of palliative care, which try to socialize knowledge with those who are in practice. The difficulty for professionals who are in the service is not to absorb what is produced. Their difficulty lies in having the chance to publish successful experiences, considering that in Brazil some factors end up contributing to the non-publication of these experiences. Among these factors are the devaluation of nursing care and especially the lack of investment, as well as work overload, time for writing, lack of stimuli, among others.

The reflection brought by the study is that we need to use scientific evidence in the care provided to the elderly at the end of life, and the best way to provide comprehensive and qualified assistance is palliative care. Nevertheless, we must question ourselves about the care that has been provided, if they are sufficient for the elderly-family binomial to face this health-disease process, which will have terminality as an outcome.

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