

Review Article

NURSING CARE FOR THE ELDERLY WITH CANCER IN PALLIATIVE CARE: INTEGRATIVE LITERATURE REVIEW

ABSTRACT

Objective: To know the scientific evidence in the national literature on nursing care for the elderly with cancer in palliative care from 2011 to 2021.

Methodology: An Integrative Literature Review (INR) study, using the following databases: SciELO, VHL and Periodicals CAPES, after applying the inclusion and exclusion criteria, the textual corpus was prepared with the conclusions of the articles selected in the final sample, for processing and analysis in the IRAMuTeQ® software.

Results: 10 articles were selected to compose this Integrative Review, from the years 2020, 2018, 2011, 2011 and 2021. With 4 publications located in the CAPES database, 4 in the VHL and 2 in SciELO. The interpretation of the corpus generated the following classes: 1) Humanized care for the elderly with cancer in palliative and family care; 2) The importance of palliative care for the physical, spiritual and emotional well-being of the elderly; 3) Nursing interventions for the elderly in palliative care and terminality process.

Conclusion: The nurse's assistance is indispensable in the execution of palliative care, being the professional responsible for guiding, recording and explaining the oncological process in which their patients are, and offering the improvement and relief of their health condition.

Keywords: Palliative care; Nursing; Elderly; Neoplasms.

1. INTRODUCTION

Population aging is a challenge for Brazil and the world, as it is a progressive and irreversible phenomenon. In this sense, it is estimated that by 2050 the world population will be composed of more than 2 billion elderly people [1]. In Brazil, the phenomenon of population aging occurs at an accelerated rate and it is estimated that by 2060 the elderly will account for 32.18% of the Brazilian population [2].

The accelerated aging of the Brazilian population brings with it the increased prevalence of non-communicable chronic diseases (NCDs), mainly Systemic Arterial Hypertension, Cancer and Diabetes Mellitus (DM) that make the elderly population more vulnerable [3]. Among the NCDs that most affect the population is cancer, which causes a disorderly growth of uncontrollable and aggressive malignant cells, affecting tissue and organs [4].

Currently, in Brazil, the prevalence of new cases of cancer occurs more frequently in individuals over 65 years of age, as a result, these are the most fatal victims of the disease, corresponding to about 70% of cases of deaths from malignant neoplasms [5]. Worldwide, the risk of hospitalization for the elderly is higher than for adults and young people, more

than 50% of cancer diagnoses and approximately 70% of cancer deaths occur in the elderly population [6].

Thus, therapeutic and care measures are used that value a treatment that provides a better quality of life for cancer patients until the end of their lives. In this sense, palliative care emerges, which according to the World Health Organization is essentially humanistic and is configured as a specialty that offers total care of the patient's body, mind and spirit, also improving the individual's quality of life (QoL), with a view to relieving pain, offering embracement and support to family members [7].

Palliative care (PC) represents a treatment that does not bring a cure, but comfort for pain and offers mechanisms that aim to increase the quality of life for patients. Understanding that this type of care can be offered in an interdisciplinary way, by Primary Care professionals, from the hospital unit and at the patient's home, is essential for the dissemination of this practice. The act of caring requires planning by professionals, the patient and the family who need to be guided about the adversities to be faced and the means to deal with the suffering they will experience [8].

Therefore, the nursing team plays an important role, directly participating in the care process, as its goals are linked to the patient and their family members, from diagnosis, treatment and prognosis, thus accompanying each step. In this sense, it is necessary to investigate nursing care in elderly patients with cancer in palliative care. The practice in PC aims to provide immediate and comprehensive care, covering the individual and his Family [9].

Faced with this problem, considering that the nursing team is the one that has the most frequent contact with people's care, the study aimed to know the scientific evidence in the national literature on nursing care for the elderly with cancer in palliative care in the period from 2011 to 2021.

2. MATERIAL AND METHODS

This is a bibliographical, descriptive analysis, of the Integrative Literature Review (RIL) type, which allowed exploring and understanding the referenced theme from other independent studies. The study was developed in five main stages: identification of the study's guiding question; literary search; definition of inclusion and exclusion criteria; data evaluation; interpretation and discussion of results and presentation of knowledge review/synthesis. With that, the following guiding question was used to guide the integrative review: "What are the main scientific evidences on the role of nurses in cancer palliative care for the elder?".

To carry out this study, the following databases were used: Scientific Electronic Library Online (SciELO), Virtual Health Library (BVS) and Periodicals CAPES . For the search and selection of publications, the following descriptors were used in Health Science DeCS: "Elderly"; "Oncology nursing"; "Nursing care" and "Palliative care" mediated by the Boolean operator "AND" to carry out the associations of all descriptors with each other.

The search for publications that met the proposed theme took place from April to May 2021. The following inclusion criteria were considered for the selection of material: articles published in Portuguese, English and Spanish; surveys available in full and online; articles published from January 2011 to 2021, in the fields of field research, experience reports, integrative reviews and systematic reviews.

The following exclusion criteria were used: gray literature publications, editorials, letters to the editor, incomplete articles, reflective studies and studies that did not address the topic relevant to the purpose of the study, published before the proposed period or pre-print articles. Initially, 2,342 publications were found, however, after applying the inclusion and exclusion criteria, this number was reduced to 1,176 articles. 1,095 publications were found in VHL, 27 in SciELO and 53 publications in Periódicos CAPES. From then on, 103 duplicate articles were excluded from the aforementioned databases. After this step, 42 publications were selected for reading the titles, objectives, abstract and full article, 25 in VHL, 17 in CAPES and 8 in Scielo.

After reading the selected publications, 30 studies were excluded because they were not complete and/or did not respond to the research question, totaling 10 articles for the final analysis and elaboration of the textual corpus. The entire methodological path of selecting the selected publications and the final sampling is shown in figure 1.

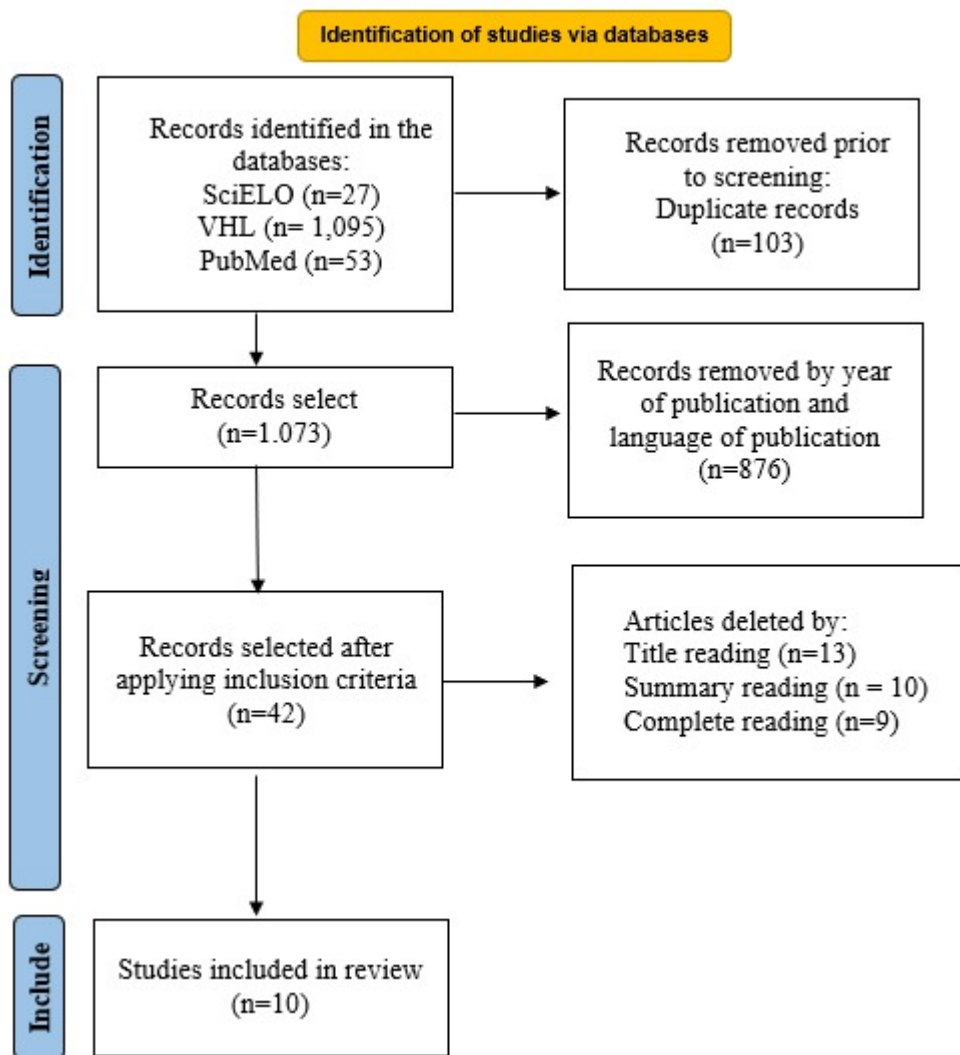


Fig. 1. Study selection flowchart adapted from Preferred reporting Items for Systematic Reviews and Meta- Analyses, 2023.

Source: The authors, 2022.

Data were extracted from the selected articles through a systematic script for organizing the following information: article code; title; author; year; country; data base; goal; method and main conclusions.

From this extraction stage, the textual corpus was elaborated with the conclusions of the articles selected in the final sampling, organizing in a single text file for processing and analysis in the *software* IRAMuTeQ ® (R Interface pour les Analyses Multidimensionnelles de Textes et de Questionnaires), which was developed in France by Pierre Ratinaud [10].

IRAMuTeQ ® was created by Pierre Ratinaud and applied for the first time in Brazil in 2013. It is a program that is anchored in the R software and allows different ways of statistical analysis regarding textual bodies and tables of subjects by words. For the analysis of the study, the Descending Hierarchical Classification (CHD) tool was also used, suggested by Reinert (1990), in which publications are classified according to their respective vocabularies and their grouping is distributed by the frequency of reduced forms. The objective is, through the CHD analysis, to obtain classes of text segments that, in addition to having similar vocabularies, have different vocabularies from the text segments of other classes [10].

3. RESULTS AND DISCUSSION

It was observed that among the 10 articles selected to compose this Integrative Review, 2 articles (20%) were published in 2011, 1 (10%) in 2012, 1 (10%) in 2016, 2 articles (20%) in 2018, 3 articles (30%) in 2020 and 1 (10%) in 2021. It is observed that 4 (40%) of these publications were in the CAPES database, 4 (40%) are available in the VHL and 2 (20 %) were available from SciELO.

It was observed, with regard to the language, that the 10 studies that constituted the final sample, all were in Portuguese and were carried out in Brazil. As for the methodology used, 7 (70%) studies had a qualitative approach and were of the descriptive type and 3 (30%) studies had a quantitative approach, of the cross-sectional analytical type. Table 1 below describes the synthesis of the studies included in this review, as well as the specifications regarding the code of each article, title, author, year, country of study, database, objective, method and main conclusions.

Table 1: Synoptic table with the synthesis of publications selected for this Integrative Review, Belém-PA, 2023.

Article Code	Author/Year/Country	Title	Data base	goal	Method	Main Conclusions
TO 1	Fonseca, Junior and Fonseca 2012.	Palliative care for the elderly in the intensive care unit: a systematic	science	To show, through a systematic review, the advances in discussions in	Qualitative, descriptive, systematic review	The theme "palliative care" should be deepened in order to improve the

	Brazil	review		the literature on PC in the ICU and contribute to their implementation in the form of protocols, along with existing clinical guidelines, such as, for example, the protocol of measures for prophylaxis of ventilator-associated pneumonia.	study	relationship between patients, their families and the health team. Considering the increase in the number of elderly people in intensive care, it is essential to improve the training of health professionals to face the challenges that involve the end of life
A2	Queiroz et al., 2018. Brazil	Palliative care for the elderly in intensive care: the perspective of the nursing team	science	know the meaning of palliative care for the elderly for the nursing team and identify how family interactions with the elderly occur in the intensive care unit.	Qualitative, descriptive study	it was possible to understand the dilemmas of a team that, when dealing with the circumstances of finitude, guided by palliative care, expresses and reveals negative images about the subject, but emphasizes that the objectives of the work environment are strengthened by actions of possibility of survival,

						although deaths occur
A3	Meireles , Bittencourt Montenegro et al., 2020. Brazil	Nursing care for the elderly in palliative care: an experience report	VHL	Categorize nursing care, according to the stratification of palliative care in the HRC / ISGH institutional protocol, in order to support the team in providing safe, effective and humanized nursing care	Cross-sectional analytical quantitative study	In the study, it can be observed that working with Palliative Care is a learning opportunity, for contributing to the relief of pain in the patient's body and soul in a humanized way
A4	Leite, Silva, Ferreira et al., 2020. Brazil	Nursing assistance in palliative care for elderly patients in an intensive care unit	VHL	To analyze published evidence on nursing care in palliative care for elderly patients in an intensive care unit	Qualitative, descriptive study	It was evident in the study that the nurse is one of the health professionals who are part of the palliative care team, with the main objective of guaranteeing the quality of life for patients suffering from life-threatening diseases and their families.
A5	Peterson and Carvalho	Therapeutic communication in	CAPE S	Evaluate the difficulties and their respective	Qualitative, descriptive	The findings of this study indicate that

	2011. Brazil	Nursing: difficulties in caring for elderly people with cancer		causes in the perception of the nurse, when providing assistance to the elderly patient with oncological pathology	e study	the interviewed nurses, for the most part, find it difficult to deal with the negative feelings emanated by the situation, interfering with the nursing care provided to patients.
A6	Faller, Brusnicki , Zilly et al., 2016. Brazil	Profile of elderly people affected by cancer in palliative care at home	VHL	To identify the sociodemographic and clinical profile of elderly people with cancer in palliative care, in a public oncological palliative care service in the city of Foz do Iguaçu, PR.	Cross-sectional analytical quantitative study	The results showed that this population has a long period of treatment for the disease and uses a large amount of drugs to reduce pain and other symptoms related to cancer.
A7	Silva, Cunha, Feitosa et al., 2020. Brazil	Nursing care for patients with cancer in palliative care: an integrative review	CAPE S	Identify scientific evidence in the literature on palliative care provided by nurses to cancer patients	Qualitative, descriptive study	Studies have shown that nursing care for patients in palliative care is centered on the patient and the family, with the aim of controlling and alleviating physical, psychosocial and spiritual suffering, in order to

						produce optimal care .
A8	Saints; Cardoso; Pereira, 2021. Brazil	The difficulties of nursing care with the elderly patient in palliative care - Integrative review	CAPE S	To describe the difficulties of palliative nursing care for elderly patients according to the scientific literature	Qualitative, descriptive study	The study allowed us to verify that one of the best forms of care for elderly patients together with the nursing team, when dealing, for example, with finitude, guided by palliative care, in the work environment are strengthened by actions of possibility of survival, although deaths occur.
A9	Vianna, Marconato, Gindri et al., 2011. Brazil	Oncology Nursing in the Face of Cancer in Elderly Patients	VHL	To investigate the types of cancer with the highest incidence in patients from 60 years of age, treated at the Chemotherapy Outpatient Clinic of the University Hospital of Santa Maria (HUS)	Cross-sectional analytical quantitative study	This study contributed to confirm that elderly people with cancer have the right to receive humanized, individualized and comprehensive care that meets their needs as a whole and respects the peculiarities of their age group.

A10	Gripa , Gehlen , Ventura et al ., 2018. Brazil	Humanized Nursing Care for the Elderly with Cancer	CAPE S	Identify the oncology nursing productions in the effectiveness of humanized nursing care for the elderly with cancer	Qualitativ e, descriptiv e study	In the study, it was possible to identify that the activities developed by nurses in the effectiveness of humanized care, it is understood that listening and looking carefully become essential instruments for this professional to learn to understand the patient and his family.
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Source: research authors, 2023.

From then on, the textual corpus was submitted to analysis by the IRaMuTeQ ® software, where the CHD was used for this study, which enabled the emergence of classes. To obtain the CHD, the content was transcribed as an Initial Context Unit (UCI) and the set of all UCI corresponded to the textual Corpus that was analyzed by the software. From the UCIs , the Elementary Context Units (ECU) originated, which were the text segments that presented vocabulary similar to each other and different from the ECU of the other classes. Thus, CHD was the result of several ECU and the association between them, classified according to their respective vocabularies, which allowed the grouping of statistically significant words from the analyzed corpus [11].

dendrogram was created in *Microsoft Word*® from the original dendrogram generated by IRaMuTeQ ®, where, at the end of the analysis, 3 classes emerged that illustrate the partitions made in the corpus up to the final classes, specifying which themes were most representative and which words were most frequent in each class. Thus, the interpretation of the textual domains generated the classes described below: 1) Humanized care for the elderly with cancer in palliative and family care; 2) The importance of palliative care for the physical, spiritual and emotional well-being of the elderly; 3) Nursing interventions for the elderly in palliative care and the terminality process. The class dendrogram is shown in figure 2.

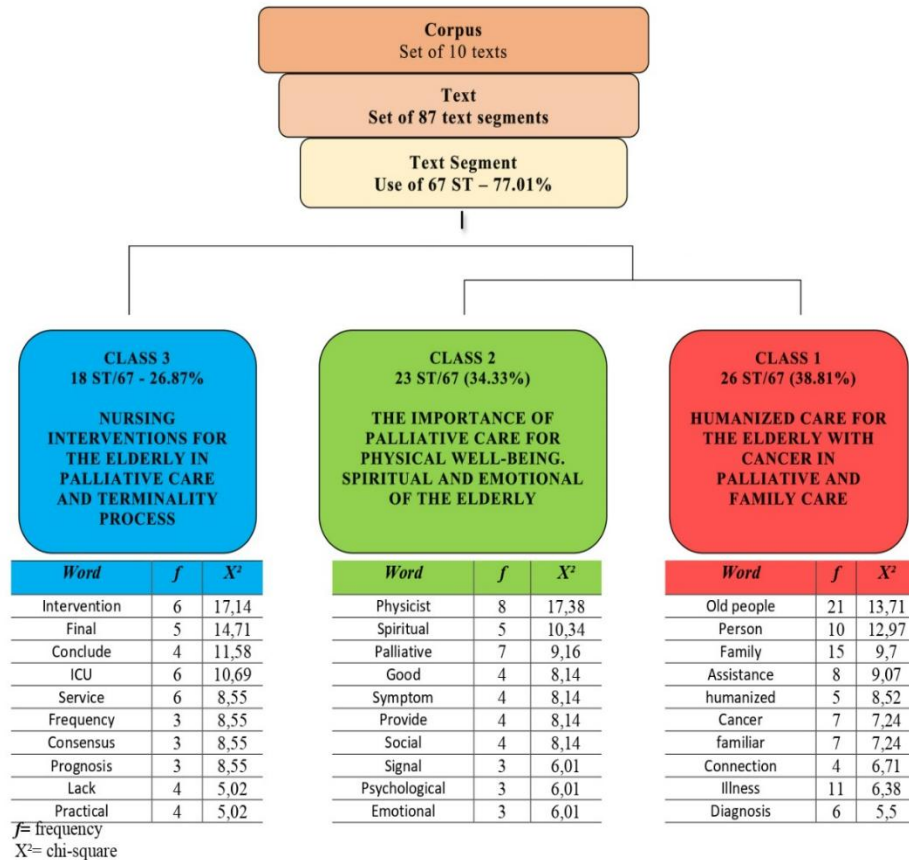


Fig. 2. Class dendrogram, adapted from IRaMuTeQ®, Belém-PA, Brazil, 2023.
Source:research authors, 2023.

Class 1 - Humanized care for the elderly with cancer in palliative and family care

In recent years, the concept of humanization has been gaining prominence during health practices in Brazil, having its meaning in the act of respecting human life, taking into account the individualities and the educational, social, psychological and ethical circumstances of each individual. associated with the right to access to health developed in all spheres of health, and at all levels. Since the launch of the National Humanization Policy (PNH) in 2003, the application of the humanization process has become a responsibility of the multidisciplinary team that assists the patient, especially the nursing team, as this is the one that is most present during care [12].

The elderly with cancer have the right to receive humanized, individualized and comprehensive care, which meets their needs as a whole and respects the peculiarities of their age group and the installed disease, thus aiming to provide a better quality of life and ease the suffering and pain often present when facing an oncological disease. Thus, assistance to elderly patients in palliative care is a great challenge for the nursing team, as cancer is a pathology that causes great wear, where the individual will have all of his daily life changed, having to adapt to a new reality [13].

Palliative care can often be performed at home by a multidisciplinary team, which involves a multidisciplinary approach, and thus provides harmonious quality care for the elderly, an interpersonal relationship between caregivers and the patient. In elderly people with diseases in a more debilitated state, who are faced with physical or psychological suffering, the most important thing is to preserve the well-being and dignity of the elderly person. It is the nurse who assesses the patient's quality of life, applies the systematization of nursing care and uses methods with the aim of reducing the patient's suffering related to the treatment, the nurse organizes the medications to relieve intense physical pain and also actions that improve their experience, without prioritizing the patient's cure [14].

Humanized care for the elderly with cancer should be centered on their well-being, promoting the patient's comfort and personal growth, integrating the family into care and always seeking to preserve the physical, emotional, moral and spiritual integrity of this elderly person. For this, the nursing team must promote, educate and coordinate care in an individualized way, in a humanized way, respecting the decisions and autonomy of the elderly, even with the presence of a companion. The nursing team must also be aware of the signs of suffering caused by the disease and the treatment, due to changes in life perspective, fear of death and abandonment, looking for methods that help in this confrontation [15].

The authors also highlight the importance of caring for the family members of this elderly person, as they often have to change their routine to dedicate themselves to caring for the elderly person, thus causing a weakening process. ways to include family members in humanized care, not only focused on the elderly, but also on the particularities of each affected family member, developing strategies to promote quality of life, even during the treatment process of the elderly, mainly with a focus on acceptance of the diagnosis and treatment and its changes in everyday life [15].

Class 2 - The importance of palliative care for the physical, spiritual and emotional well-being of the elderly

Palliative care is aimed at improving the quality of life of patients in the process of finitude, in addition to involving family members, facing threats to the patient, thus covering various physical, psychological and social aspects. In this way, the principles of palliative care mainly involve ensuring the importance of life and treating death as something intrinsic, with the main objective of promoting pain relief [16].

According to Costa et al., (2020), the elderly population is one of the groups that have a high chance of needing to receive PC, particularly in cases where they are subjected to long treatments, caused by chronic diseases and degenerative diseases. Thus, it is estimated that approximately 70% of people who need palliative care are elderly, in addition to the fact that the predominance of the use of PC only in large medical centers makes access to this type of assistance unfeasible [17].

Palliative care crosses the axis of assistance only to the physical aspect, and aims to reach the psychosocial and spiritual aspects, aiming mainly at the inclusion of humanization and respect in the assistance provided. Furthermore, the elderly population that needs palliative care tends to increase, with this it is necessary to increase access, given that the PC helps to improve the quality of life of the elderly with incurable diseases [8].

The improvement of elderly patients in the process of finality depends on well-being and several other aspects, one of which is good humor, essential for better adherence to treatment. The most aggressive factors for elderly patients hospitalized in intensive care units involve distancing from the family, lack of information about the care received, and anxiety and insecurity. Therefore, we restore the interventions carried out by the PC, which aim at the clinical stabilization of the patient in order to reduce suffering and pain, and also improve the psychological aspects of elderly patients. [18].

The feeling of insufficiency increases in the elderly with the aging process, and worsens with the possibility of dying, this ends up negatively affecting the mental health of this elderly person, and many end up living with feelings of incapacity, rejection and guilt. It is at this time that the PCs appear, acting to ensure an improvement in the psychological aspects and also to preserve the well-being and dignity of the elderly. Therefore, the well-being of this patient is promoted and the development of survival occurs [19].

Class 3 - Nursing interventions for the elderly in palliative care and terminality process

Cancer elderly in palliative and terminal care have a reduction in symptoms related to the pathology such as fatigue, dyspnea, pain and lack of appetite when they receive more humane care from the nursing team. In addition, the intervention involving the patient's relatives generates a positive effect on emotional health, mainly in the reduction of negative thoughts, it also improves the dimensions of social relationships and environment, such as those related to housing conditions and appreciation of leisure [20].

Caring for elderly patients with cancer requires humanized care by the nursing team, as it generates a bond between nurse and patient, impacting on the improvement of the patient's quality of life, as humanized care is comprehensive care that enables the relief of physical symptoms, social, psychological and spiritual. In addition, humanized care is essential for patients in palliative care, as it allows professionals to base their practice on active listening and empathy in order to improve the therapeutic dynamics of elderly cancer patients and their families, minimizing suffering and concerns [21].

Elderly terminal cancer patients undergoing palliative care are more vulnerable due to the disease's therapy and need a more humane treatment during hospitalization. In this context, in nursing care it is essential to have sensitivity, empathy, communication integrating the biological, emotional, social and spiritual aspects to welcome the elderly while preserving human dignity. In addition, a more humane care with welcoming, respect and empathy performed by nursing establishes trust for the relatives of the patient with cancer [22].

Communication is the main element for nursing care, because listening to the complaints and reports of patients with cancer in palliative care is fundamental within an oncological institution for the creation of a better patient, family and nursing team interaction. In this sense, nursing care for individuals with cancer includes the administration of drugs to control pain, but above all, it encompasses the humanization of hospital care and the awareness of nurses [15].

The humanized treatment carried out by nursing enables an improvement in the quality of life of individuals with cancer, because working with human sensitivity enables the modification of behaviors that positively influence the illness process. Thus, the nursing team

must provide care that goes beyond technical aspects, considering ethical dimensions and having communication skills to establish a dialogical relationship with the patient and family that respects individual characteristics and the environment [19].

Therefore, elderly terminal cancer patients undergoing palliative care need a more specific and humanized intervention in nursing care compared to other patients, due to the characteristic of the pathological process of cancer in the elderly population [18]. Therefore, for the intervention of nursing care for individuals with cancer, it is necessary for professionals to create a bond with the patient and their families, through good communication, informing and guiding about the care and the illness process, covering the biological needs, psychological and social aspects of the patient and his family [13].

4. CONCLUSION

Elderly patients undergoing palliative care experience different emotions such as fear of treatment, fear of changes in habits and physical changes. With this, it is noticed that the nurses who provide humanized assistance to the patient, he receives the treatment well, feels supported, finds comfort, solidarity, support and empathy. Nursing assistance in palliative care aims to make the process less painful for cancer patients.

It is concluded that the assistance of the nurse is indispensable in the execution of palliative care, being this professional responsible for guiding, recording and explaining the oncological process in which his patients are, with the objective of offering improvement and relief of the health condition. Thus, it is important that there is recognition of their role by other professionals, caregivers and patients, to enable the strengthening of the bond and the smooth progress of the treatment.

ETHICAL APPROVAL

It is not applicable.

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UNDER PEER REVIEW