



RESEARCH ARTICLE

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COMMUNICATION AND INTERPERSONAL RELATIONS IN PALLIATIVE CARE ASSISTANCE

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ABSTRACT

Objective: To analyze, from the literature, the scientific evidence on how communication in interpersonal relationships influences assistance in palliative care. **Method:** Systematic review and qualitative metasynthesis, performed using the EBSCO metabuscator and LILACS, PUBMED / MEDLINE databases, Cochrane Library, SciELO and IBECs and academic google. The studies were published between 2015 and 2019, in Portuguese, English and Spanish, and selected using controlled descriptors, chosen from DECS / MESH. **Results:** Based on the content analysis and thematic analysis techniques, it was possible to infer that communication as an axis for interpersonal relations demonstrates that it is essential that health professionals establish a positive interpersonal relationship, which exposes the need for the interdisciplinary team to improve communication process in interpersonal relationships. **Conclusion:** Communication between professionals and patient / relatives brings the patient closer and brings autonomy, and these together can outline a patient care plan beyond the therapeutic possibility of cure.

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INTRODUCTION

The science of care consolidates and improves upon safe, efficient and quality practice based on consistent clinical evidence. The multiprofessional team has a significant role in the practice of care and bases its assistance on evidence proven by scientific methods for decision making and individualized care prescription. Such theoretical basis, besides all the described characteristics, also strengthens its autonomous practice (Carvalho, 2016).

However, the production of knowledge regarding palliative care has not yet substantiated in Brazil the creation of a specific and guiding policy. Localized actions by health teams create strategies for dealing with palliative care. Palliative care is an approach that aims to improve the quality of life of patients and their families, who face problems arising from the treatment of life-threatening illnesses, seeking the prior identification and prevention of pain and other biological, spiritual, psychological and social complications. Thus,

palliative care is a strategy of care for the patient and family in facing the difficulties they encounter from the discovery of the incurable disease to the experience of mourning for them. An interpersonal relationship based on ethics, mutual respect and trust must be developed. This involves affection and empathy, which also enables the breaking of paradigms regarding the itinerary of the care process (Carvalho, 2016; Almeida, 2014 and Coelho, 2017). Palliative care is a care modality that improves the quality of life of patients and their families when facing the problems associated with diseases that compromise the continuity of life. They are based on the prevention and relief of suffering through early identification, reliable and careful assessment of physical signs and symptoms, as well as the control of possible psychosocial and spiritual problems, permeated by effective communication (Lima, 2015; Faria, 2017 and Caswell, 2019). In this sense, care goes beyond protocols and manuals, also encompassing humanistic principles. Hildegard Elizabeth Peplau's Theory of Interpersonal Relations, which emphasizes the need for a close relationship with the care context, configuring interpersonal communication as a fundamental instrument for palliative care assistance is inspiring to think about palliative care. Peplau's pioneering work, although less explored than it should be, guides the practice of care even today and makes it possible to review the application of this theory to health care and the development of interpersonal skills of professionals, a key element for the meeting, perception, diagnosis and care of others (Almeida, 2014).

Interpersonal communication is one of the structuring axes of assistance in palliative care. It is essential that communication be effective, since its failure among the subjects involved in this process (patients, family members, professionals and managers) leads to fragmentation of care and represents low quality of services offered (Fernades, 2015 and Fontes, 2017). This communication and interpersonal relationship together with the effective control of pain and the characteristic symptoms of the disease and treatment, as well as teamwork, constitute the triad-foundation that guides the development of palliative care, aimed at improving the quality of life of patients out of therapeutic possibilities of cure (Moir, 2015 and Abreu, 2017). Thus, effective communication is an instrument within relational technologies and this process underpins human relationships as part of the care activities of health professionals. Communication has received prominence and attention from various categories of health professionals, establishing itself as a new metaparadigm in the practice of care and health education (Fernades, 2015 and Fontes, 2017). In this configuration, interpersonal relationships within health care should avoid assuming an ephemeral characteristic focused on personal / professional satisfaction. However, it is still perceived that there is a search for an approach focused on immediacy, both regarding professionals as well as many patients and family members. Ineffective communication due to this liquidity of human relations has led to a weakness in health care (Silva, 2015 and Furlan, 2016). Thus, this study aimed to analyze research on how the communication process in interpersonal relationships influences assistance in palliative care.

MATERIALS AND METHODS

This is a systematic review and qualitative metasynthesis, which is defined as a research method that provides researchers and health professionals inserted in care to analyze

relevant research on a particular theme, keeping them updated and facilitating changes in clinical practice. as a result of research (Galvão, 2014). Taking into account the eligibility criteria, the scientific production was pursued through the establishment of the problem question "How does the communication process in the interpersonal relationships between patients, families and health professionals influence the assistance in palliative care, described in primary qualitative studies? "

To formulate this question, we used the PICOS strategy which represents an acronym delimited with the following elements: (P) Population: patients, families and professionals; (I) Intervention: communication and interpersonal relationships; (O) Outcomes: quality in palliative care assistance; (S) Study Types: Primary Qualitative Studies (Galvão, 2014). For the final composition of the sample, the inclusion criteria were complete articles published between 2015 and 2019, available in full in English, Portuguese and Spanish. Exclusion criteria were review articles, duplicate articles and dissonant articles that met the objectives and did not answer the problem question. The search strategy was applied through the EBSCO metabuscator and the Virtual Health Library (VHL) using as keywords the Descriptors in Health Sciences (from *Descritores em Ciências da Saúde – DECS* in portuguese) and their equivalent Mesh Terms "Palliative Care", "Communication", "Relationships Interpersonal" and "Health Care" interconnected by the Boolean operator " AND ". Advanced VHL search enabled access to the Latin American and Caribbean Health Sciences Literature (LILACS), International Health Sciences Literature (PUBMED / MEDLINE), Spanish Health (IBECS).

To reduce the possibility of bias, a manual search was also performed in the previously mentioned databases so that, within the study identification process, it was as wide as possible. The EBSCO metabuscator allowed an individualized search in the Cochrane Library, Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases, Scientific Electronic Library Online (SciELO), Elsevier's Scopus, Web of Science, and PUBMED / MEDLINE. Initially, 1,166 references were found, and after applying the inclusion and exclusion criteria there were 225 articles, from which the titles and abstracts were read, resulting in 63 pre-included articles. After their complete reading, 25 articles were selected considering the thematic and methodological aspect, among which 15 were selected for sample composition. A manual search was performed based on the references of these 15 articles, and it was possible to retrieve 2 articles, meeting the inclusion / exclusion criteria and the respective databases used initially. The final sample was then composed of 17 articles, as shown in Figure 1.

To evaluate and verify the quality of the sample, the reliability checklist was used JBI – CARI Critical Appraisal Checklist for Interpretative & Critical Research - CASP Qualitative Checklist¹⁴. The checklist highlighted and synthesized relevant aspects of the results during the investigative reading, including also weaknesses found in the sample. To select the information extracted from the texts, a questionnaire based on authors with recognized expertise in this type of method was used¹³ and some of the data are presented in Figure 2. For the interpretation of the evidences were used the techniques of content analysis and thematic analysis, which have the purpose of reproducing the information found in the texts, interviews,

evidences, through the steps: pre-analysis; exploration of material with categorization; treatment of results; inference and interpretation (Bardin, 2011).

RESULTS

The selected articles were characterized according to the year of publication, the journal, the CASP index, the level of evidence and the objectives, as described in Figure 2. Among the 17 articles that make up the sample, we observed that two articles were published in 2019, 1 article in 2018, 4 articles in 2017, 7 articles in 2016 and 3 articles published in 2015. All 17 articles were classified as level VI on the scientific evidence scale (Melnik, 2011).

DISCUSSION

Selected articles emphasize that communication is a prime factor for health care. It is essential that health professionals establish positive interpersonal relationships with the user so that they can understand their experiences and, thus, care can be fully developed. Effective communication is considered an essential tool for integral and humanized care because it allows recognizing and individualizing care by empathically welcoming the needs of the people to whom care is offered (Saurman, 2019; Gofton, 2018; Andrade, 2017). The full exercise of communicative skills requires the exchange of information between sender and receiver. In certain situations this process may become difficult in circumstances where there is a possibility of varying interpretations due to the natural duality between the desire to live and the fear of dying. These circumstances may hinder the practice of palliative care professionals (Ellis, 2019; Gulini, 2019 and Deane, 2016). The perceived interpersonal relationship in welcoming, interacting and communicating the team with the family is important to minimize suffering and anxiety. By guiding the accompanying family member, the nurse establishes bonds of relationship with the family, in addition to being a mediator between the team as a whole and this family (Andrade, 2017 and Plaza-Carmona, 2016). The articles punctuate some essential components: the configuration of phases of the professional-patient relationship classified as orientation, identification, exploration and resolution. In these phases it is possible to see the roles played by the professionals, which may be from a stranger / unknown, a person or resource provider, a teacher, leader, substitute and counselor, as they act towards and with the patient and your family member in order to resolve the felt needs. These phases are interrelated, overlap, and the temporal duration of each phase changes from the evolution of the process to the resolution of the problem (Ellis, 2019; Deane, 2019; Achury, 2016; Monteiro, 2015).

The initial phase was called orientation. This concerns the assistance provided by staff when patient and family seek professional help from their particular needs. In the first contact, the professional and the patient do not know each other and, therefore, their role of stranger / unknown develops and their posture should be guided by courtesy. This courtesy can be manifested through elements of nonverbal communication such as touch, facial expression, and decreased physical space between professional and patient, thus showing empathy, affection, and desire for closeness (Gofton, 2018; Oliveira, 2016; Edwin, 2019). To establish a therapeutic relationship, the patient needs to identify with the professional,

thus emerging the second phase, which is identification. For this phase to be adequate, the professional must position themselves clearly, objectively, honestly and know how to listen to each other. This behavior enables the clarification of doubts, the favorable and unfavorable aspects of the proposed therapy to be instituted and the sharing of information (Ellis, 2019; Deane, 2019; Achury, 2019; Monteiro, 2015). The patient perceives the professional as an important person who can meet their needs and thus indulge in the help process. Thus, both the physical characteristics as well as the signs of action and objects used by the person influence this process of identification. In the identification phase, two phenomena that may occur due to the diversity of feelings and perceptions are highlighted: transference and counter transference. In the transference, the feelings and reactions are developed by the patient, not necessarily by the professional who is watching him, but by the distortions of how the patient perceives this professional and his entire team. In counter transference, feelings and reactions are mobilized in the professional not precisely by the patient who presents himself, but by the distortions of how he perceives the patient (Gofton, 2018; Oliveira, 2016; Edwin, 2016; Silva, 2019). If the interpersonal relationship is properly established in the identification phase, the patient perceives to be able to face their problems, softening feelings of helplessness and physical suffering. Then follows to the third phase called exploration. The patient seeks to remove everything offered to him through the relationship. In this sense, interaction is used in order to achieve benefits and better assistance, varying in the degree of their interests and needs. He may adopt postures of independence or autonomy, dependence, or partially dependence on the professional for the performance of his activities and resolution of the problem situation (Ellis, Deane, 2016; Achury, 2019). In the exploration phase, the professional-patient relationship must be motivated by empathy, always seeking to put oneself in the other's shoes, and to understand how he or she would like to be helped. Listening makes it possible to grasp the feelings and specific needs of the patient and family, where therapeutic listening should not be limited only to listening, but requires respect and empathy for the other. During listening, attention should be paid to the signs of space and possible body contact adopted by the professional, as it can convey different messages, helping or interfering with the therapeutic relationship (Gofton, 2018; Galvão, 2017 and Achury, 2019).

During listening, the team takes on the role of counselor, and this happens in the way professionals respond to patient requests through the use of communicative skills and attitudes to help the patient in the decision-making process, valuing their autonomy. and assisting in resolving the problems that are preventing you from having a decent life. Therefore, it is necessary the assistance support of a team that meets their physical, social, spiritual and emotional needs (Saurman, 2019; Andrade, 2017; Oliveira, 2016 and Britto, 2015). The last phase of the professional-patient relationship is called resolution and it is hoped that the needs of the palliative care patient and family member have been resolved. At this time, the patient and family member should adhere to new goals that are expressed through verbal and nonverbal language (Saurman, 2019; Andrade, 2017; Oliveira, 2016; Britto, 2015). The resolution of felt needs is related to the skills and roles of professionals: tune into each other, expressing availability and interest; respond to each other through verbal and body language; understand the felt need; pay attention to the

individualization of the problem of the patient and family member, and the need for their involvement in decision making; guide and evaluate, together with the patient and family member, possible action alternatives, helping to identify and adhere to new goals. At the end of this phase, the professional and the patient leave mature and comforted in the therapeutic process by working towards a common goal (Ellis, 2019; Deane, 2016; Achury, 2019).

A disoriented family makes the palliative process difficult, but the family oriented to the benefits for the individual becomes a support for the patient and staff. For this to happen, special attention must be given to the families of the patients in order to establish a bond that makes the experience less traumatic for everyone. Therefore, some factors that influence decision making in complex moments are identified, such as clarifying family and patient doubts, coherent posture of the health professionals involved, and the development of care based on bioethical principles, protecting the rights and dignity of the person (Gulini, 2017; Galvão *et al.*, 2017; Andrade *et al.*, 2017; Martins, 2017 and Deane, 2016). The provider is obligated to provide the user or his / her family with the most complete information in order to promote proper understanding of the problem, discussing with him / her appropriate diagnostic and therapeutic options and helping him / her to choose the most beneficial one (Gofton, 2018; Achury, 2016). Regarding the quality of the information, there are conflicts in the communication especially about the professional who must provide the information about the health situation object of a decision-making process. This is particularly important when it comes to information about bad news and the breakdown of information in the face of the right to the truth. With regard to sick people, difficulties are highlighted due to the ethical emergency, the urgency to transmit difficult diagnostic information. From the human point of view, knowledge management makes professional decision making considerably complex (Ellis, 2019; Plaza-Carmona, 2016; Silva, 2019 and Britto, 2015). It is noteworthy that these aspects underlie the care process and the ethics related to the preservation of privacy and confidentiality as inseparable attributes of the ethical-legal obligation that must be respected in verbal and nonverbal communications.

This concerns the different interactions that are established between the various members of the health team that have as their object the care of people and their families (Saurman, 2019; Moir, 2015 and Deane, 2019). Death is still seen as taboo in our society, in this sense it is considered morbid to talk about it, especially in the spaces considered therapeutic where it occurs relatively frequently, such as the ICUs of hospitals (Saurman *et al.*, 2019; Gulini *et al.*, 2019; Andrade *et al.*, 2017). Due to the emotional peculiarities of the situation and the fact that the patient himself can feel and express conflicting emotions and desires, most professionals feel unprepared to safely develop their communicative skills, making therapy difficult, which is an aspect considered structural for the proper exercise of palliative care for patients, families and staff. Although verbal and nonverbal communication are part of the arsenal of innate human capabilities, they do not always prove to be an easy skill to exercise (Plaza-Carmona, 2016; Achury, 2016). There is a need for the interdisciplinary team to improve patient communication where they work together on how best to approach the patient with a difficult prognosis. The family is a relevant part of the team in helping to develop actions that

work for the patient by addressing the issue clearly between the team, the patient and their families, which leads to an increase in the acceptance and autonomy of the patient as well as resignation from the patient's family (Deane, 2016; Edwin, 2019 and Monteiro, 2015). Although science has provided professionals with tools to support the decision-making process, it is necessary to respect the autonomy of the person so that the relationship often established between patients, family and professionals is pleasurable (Martins, 2017 and Lima, 2015). Communication is a fundamental strategy for the development of conducts surrounding palliative care in order to generate greater trust between the professional, patient and family. The inclusion of the family in the whole process enables greater data collection of patients, allowing them to be fully met (Gofton, 2018; Deane, 2016; Oliveira, 2016). Communication is indispensable for the provision of palliative care even in situations where there is no certainty that a great interaction between professional and user has been established. Even in the presence of uncertainty, it is assumed that one understands what is being said. Verbal communication associated with nonverbal communication is of utmost importance and demonstrates it continuously, as gestures and glances can send the comprehensive messages to the recipient (Ellis *et al.*, 2019; Andrade *et al.*, 2017; Edwin *et al.*, 2019; Monteiro, 2015). The decision about the death process must be interconnected between the fundamental triad in this process: the person, the family and the health professionals. When a concise and efficient dialogue is established, decision-making in the face of the delicate moment, such as the death process, becomes less stressful for the different actors involved. Decision-making in the death process has as its fundamental role the well-being of the person, after his family and, finally, of the health professional. It is of fundamental importance that these protagonists are in harmony so that every decision regarding care is discussed and agreed upon between the parties and in the best possible way, with the patient receiving the care as the center (Gofton, 2018; Deane, 2016 and Oliveira, 2016).

In some cases, both communication and care for relatives of people unable to cure can sometimes be neglected and their fears and sufferings forgotten by the multiprofessional team, which does not take into account the autonomy and dignity of the person (Ellis, 2019; Deane, 2016; Achury, 2016; Silva, 2015). However, the family must be prepared, since the news of the curative impossibility is too complex, since the proximity of the death of a loved one is a moment of psychosocial and affective changes in the family group. Acceptance of the family is essential, because only after understanding palliative care and its effects on your relative will you consent to the cessation of futile curative measures and the establishment of adequate palliative care (Andrade, 2017; Plaza-Carmona, 2016 and Bastos, 2016). It is essential to provide the family and the patient with the means to express their psychosocial and spiritual needs to cope with the dying process. The importance of dialogue as an essential element is emphasized so that patients and their families have knowledge about the therapeutic itinerary and can assume their role in the decision-making process, actively participating in care and self-care actions (Martins, 2017 and Oliveira, 2016). Therefore, caregivers and caregivers need to encourage effective communication to help them discover and choose the best option for their individual needs (Ellis, 2019; Bastos, 2016). The team should be aware of verbal reports, pain faces, eyes, and expressions of discomfort if not verbally reported.

Vital signs are good indicators for the assessment of pain symptoms, being evidenced by changes in increased blood pressure and heart rate, increased respiratory rate, making continuous verification of these data essential. Such action generates a systematization of care more focused on the patient's reality (Gofton, 2018 and Achury, 2016).

Conclusion

The communication process is fundamental for palliative care to be offered to patients who are unable to cure and to fully meet their needs. The communication between professionals seeks through shared knowledge to offer the best care available, which will provide security for the person and their families regarding the certainty of the quality of care provided. It is also possible to realize that it is important to establish a clear and sincere communication between the components of the multidisciplinary team, the patient / family, in order to draw together a therapeutic plan of patient care beyond the therapeutic possibility of cure, which enables both him and her. give the family a perspective that the last moments of their lives will be of quality, as all their needs will be fully respected by a balanced and harmonious team in their decisions and work planning.

REFERENCES

- Abreu TFK, Amendola F, Trovo MM. Relational technologies as instruments of care in the Family Health Strategy. *Rev Bras Enferm.* 2017; 70(5):981-7. Date accessed: 31 ago. 2019. doi:<http://dx.doi.org/10.1590/0034-7167-2016-0337>.
- Achury DM, Pinilla M. La comunicación con la familia del paciente que se encuentra al final de la vida. *Enferm Univ.* 2016; 13(1):55-60. Date accessed: 31 ago. 2019. doi: <https://doi.org/10.1016/j.reu.2015.12.001>.
- Almeida, C.S.L., Sales, C.A., Marcon, S.S. 2014. The existence of nursing in caring for terminally ill's life: a phenomenological study. *Rev Esc Enferm USP.* 48(1):34-40. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.1590/S0080-623420140000100004>.
- Andrade CG, Costa SFG, Costa ICP, Santos KFO, Brito FM. Palliative care and communication: study with health professionals of the home care service. *J Res Fundam Care.* 2017; 9(1):215-221. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.9789/2175-5361.2017.v9i1.215-221>.
- Bardin L. Análise de conteúdo, São Paulo: Edições 70. 2011.
- Bastos BR, Fonseca ACG, Pereira AKS, Silva LCS. Formação dos Profissionais de Saúde na Comunicação de Más Notícias em Cuidados Paliativos Oncológicos. *Rev Bras Cancerol.* 2016; 62(3):263-66. Available at: http://www1.inca.gov.br/rbc/n_62/v03/pdf/10-artigo-opinio-formacao-dos-profissionais-de-saude-na-comunicacao-de-mas-noticias-em-cuidados-paliativos-oncologicos.pdf. Date accessed: 31 ago. 2019.
- Britto SMC, Ramos RS, Santos EI, Veloso OS, Silva AM, Mariz RGA. Social representation of nurses on palliative care. *Rev Cuid.* 2015; 6(2):1062-9. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.15649/cuidarte.v6i2.170>.
- Carvalho, C.M.S., Amorim, F.C.M., Silva, R.T.S., Alves, V.F., Oliveira, A.D.S., Monte, N.S. 2016. Feelings of women diagnosed with breast cancer. *Rev Enferm UFPE online.* 2016; 10(11):3942-50. Available at: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11476>. Date accessed: 31 ago. 2019.
- Caswell G, Pollock K, Harwood R, Porock D. Communication between family carers and health professionals about end-of-life care for older people in the acute hospital setting: a qualitative study. *BMC Palliat Care.* 2015; 14(35):1-14. Date accessed: 31 ago. 2019. doi: <https://doi.org/10.1186/s12904-015-0032-0>.
- Coelho, C.B.T., Yankaskas, J.R. 2017. New concepts in palliative care in the intensive care unit. *Rev Bras Ter Intensiva.* 29(2):222-230. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.5935/0103-507x.20170031>.
- Critical Appraisal Skills Programme. CASP Checklist: 10 questions to help you make sense of a qualitative research. 2017. Available at: <https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf>. Date accessed: 31 ago. 2019.
- Deane WH, Fain JA. Incorporating peplau's theory of interpersonal relations to promote holistic communication between older adults and nursing students. *J Holist Nurs.* 2016; 34(1):35-41. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.1177/0898010115577975>.
- Edwin AK, Johnson McGee S, Opere-Lokko EA, Gyakobo MK. A Structured Approach to End-of-Life Decision Making Improves Quality of Care for Patients With Terminal Illness in a Teaching Hospital in Ghana. *Am J Palliat Care.* 2016; 33(2):144-9. Date accessed: 31 ago. 2019. doi: <https://doi.org/10.1177/1049909114557350>.
- Ellis EM, Barnato AE, Chapman GB, Lerner JS, Peters E, Padgett L *et al.* Toward a Conceptual Model of Affective Predictions in Palliative Care. *J Pain Symptom Manage.* 2019; 57(6):1151-65. Date accessed: 31 ago. 2019. doi: <https://doi.org/10.1016/j.jpainsymman.2019.02.008>.
- Faria CC, Santos MCM, Light NC, Pereira LF, Lima RS, Haddad JGV. 2017. How leader nurse communicates in a hospital: an analysis of discursive practices. *J Res Fundam Care Online.* 9(1):152-8. Date accessed: 31 ago. 2019. doi: <https://doi.org/10.9789/2175-5361.2017.v9i1.152-158>.
- Fernades HN, Thofehr MB, Porto AR, Amestoy SC, Jacondino MB, Soares MR. Interpersonal relationships in work of multiprofessional team of family health unit. *J Res Fundam Care Online.* 2015; 7(1):1915-26. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.9789/2175-5361.2015.v7i1.1915-1926>.
- Fontes CMB, Menezes DV, Borgato MH, Luiz MR. Communicating bad news: an integrative review of the nursing literature. *Rev Bras Enferm.* 2017; 70(5):1089-95. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.1590/0034-7167-2016-0143>.
- Furlan CC, Maio ER. Educação na modernidade líquida: entre tensões e desafios. *Mediações.* 2016; 21(2):278-302. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.5433/2176-6665.2016v21n2p279>.
- Galvão MIZ, Borges MS, Pinho DLM. Comunicação interpessoal com pacientes oncológicos em cuidados paliativos. *Rev Baiana Enferm.* 2017; 31(3):e22290. Available at: <https://portalseer.ufba.br/index.php/enfermagem/article/view/22290/15092>. Date accessed: 31 ago. 2019.
- Galvão TF, Pereira MG. Revisões sistemáticas da literatura: passos para sua elaboração. *Epidemiol. Serv. Saúde.* 2014; 23(1):183-4. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.5123/S1679-49742014000100018>.

- Gofton TE, Chum M, Schulz V, GoftonBT, SarpalA, Watling C. Challenges facing palliative neurologypractice: A qualitative analysis. *Journal of the Neurological Sciences*. 2018. 385(1):225-31, 2018. Date accessed: 31 ago. 2019. doi: <https://doi.org/10.1016/j.jns.2017.12.008>.
- Gulini JEHMB, Nascimento ERP, Moritz RD, Rosa LM, Silveira NR, Vargas MAO. Intensive care unit team perception of palliative care: the discourse of the collective subject. *Rev Esc Enferm USP*. 2017; 51:e03221. Date accessed: 31 ago. 2019. doi:<http://dx.doi.org/10.1590/s1980-220x2016041703221>.
- Hakanson C, Ohlén J. Connectedness at the End of Life Among People Admitted to Inpatient Palliative Care. 2016; 33(1):47-54. Date accessed: 31 ago. 2019. doi: <https://doi.org/10.1177/1049909114554077>.
- Lima, M.P., Oliveira, M.C. 2019. Meanings of nursingcare for the family of patients in palliative care. *Rev Rene*. 2015; 16(4):593-602. Date accessed: 31 ago. 2019. doi: <http://dx.doi.org/10.15253/2175-6783.2015000400017>.
- Martins GB, Hora SS. Challenges to theintegrality of assistance in palliativecare in the Pediatric Ward of the National Cancer Institute José Alencar Gomes da Silva. *Rev Bras Cancerol*. 2017; 63(1):29-37. Available at: http://www1.inca.gov.br/rbc/n_63/v01/pdf/06b-artigo-desafios-a-integralidade-da-assistencia-em-cuidados-paliativos-na-pediatria-oncologica-do-instituto-nacional-de-cancer-jose-alencar-gomes-da-silva.pdf. Date accessed: 31 ago. 2019.
- Melnyk BM, Fineout-Overholt E. Evidencebasedpractice in nursing & health care: a guide to bestpractice. Philadelphia: Lippincot Williams &Wilkins; 2011.
- Moir C, Roberts R, Martz K, Perry J, Tivis LJ. Communicating withpatients and theirfamilies about pallia tive and end-of-lifecare: comfort and educationalneeds of nurses of staff RNs. *Int J Palliat Nurs*. 2015; 21(3):109-112. Date accessed: 31 ago. 2019. Doi <https://doi.org/10.12968/ijpn.2015.21.3.109>.
- Monteiro MC, Magalhães AS, Féres-Carneiro T, Machado, RN. A relação médico-familiadiante da terminalidadeem UTI. *Psicol Argum*. 2015; 33(81):314-29. Availableat:http://www.innerpsicologia.com.br/arquivos/ARTIGO_FINAL_PSIARG.pdf. Date accessed: 31 ago. 2019.
- Oliveira MC, Gelbcke FL, Rosa LM, Vargas MAO, Reis JBG. Cuidados paliativos: visão de enfermeiros de um hospital de ensino. *Enferm Foco*. 2016; 7(1):28-32. Available at: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/661>. Date accessed: 31 ago. 2019.
- Plaza-Carmona M, Requena-Hernández C. Uso de la comunicación prosocial en profesionales sanitarios y sociales con personas mayores: estudio piloto. *Gerokomos*. 2016; 27(1):13-8. Avaliableat: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1134-928X2016000100004. Date accessed: 31 ago. 2019.
- Saurman E, Lyle D, Wenham S, Cumming M.A mappingstudy to guide a palliative approach to care. *Rural and Remote Health*. 2019; 19(1): 4625. Date accessed: 31 ago. 2019. doi: <https://doi.org/10.22605/RRH4625>.
- Silva JPG, Costa KNFM, Silva GRF, Oliveira SHS, Almeida PC, Fernandes MGM. Nursing consultation for the elderly: instruments of communication and nursing roles according to Peplau. *Esc Anna Nery*. 2015; 19(1):154-61. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452015000100154. Date accessed: 31 ago. 2019.
- Silva RB, Mandelli JP, Dias DMT. Sobre a relaçãohomem-trabalho no contexto da sociedade líquido-moderna: reflexões a partir de Zygmunt Bauman. *Barbarói*. 2015; 45(2):293-309. Date accessed: 31 ago. 2019.
