

Perceptions of Nursing Professionals Regarding Palliative Care

Percepções dos Profissionais de Enfermagem Acerca dos Cuidados Paliativos
Percepciones de los Profesionales de Enfermería Sobre los Cuidados Paliativos

RESUMO

Objetivo: Compreender as percepções de profissionais de enfermagem acerca dos cuidados paliativos no contexto assistencial. **Método:** Pesquisa qualitativa e exploratória realizada em hospital público de São Paulo com 10 profissionais de enfermagem. Os dados foram obtidos por entrevistas semiestruturadas e analisados por meio da Análise de Conteúdo de Bardin. **Resultados:** Os participantes associaram os cuidados paliativos principalmente ao conforto no processo de terminalidade. Foram identificados desafios relacionados ao estigma, dificuldades de comunicação multiprofissional, insuficiência de recursos e lacunas na formação profissional. **Conclusão:** Persistem fragilidades relacionadas à compreensão e implementação dos cuidados paliativos. Destaca-se a necessidade de qualificação profissional, fortalecimento multiprofissional e humanização da assistência.

DESCRIPTORES: Cuidados paliativos; Enfermagem; Humanização da assistência; Pesquisa qualitativa.

ABSTRACT

Objective: To understand nursing professionals' perceptions regarding palliative care in the healthcare context. **Method:** Qualitative and exploratory research conducted in a public hospital in São Paulo with 10 nursing professionals. Data were obtained through semi-structured interviews and analyzed using Bardin's Content Analysis. **Results:** Participants associated palliative care mainly with comfort during the terminality process. Challenges related to stigma, difficulties in multiprofessional communication, insufficient resources, and gaps in professional training were identified. **Conclusion:** Weaknesses related to the understanding and implementation of palliative care persist. The need for professional qualification, strengthening of multiprofessional work, and humanization of care is highlighted.

DESCRIPTORS: Palliative care; Nursing; Humanization of care; Qualitative research.

RESUMEN

Objetivo: Comprender las percepciones de profesionales de enfermería acerca de los cuidados paliativos en el contexto asistencial. **Método:** Investigación cualitativa y exploratoria realizada en un hospital público de São Paulo con 10 profesionales de enfermería. Los datos fueron obtenidos mediante entrevistas semiestructuradas y analizados a través del Análisis de Contenido de Bardin. **Resultados:** Los participantes asociaron los cuidados paliativos principalmente con el confort durante el proceso de terminalidad. Se identificaron desafíos relacionados con el estigma, dificultades en la comunicación multiprofesional, insuficiencia de recursos y deficiencias en la formación profesional. **Conclusión:** Persisten fragilidades relacionadas con la comprensión e implementación de los cuidados paliativos. Se destaca la necesidad de cualificación profesional, fortalecimiento multiprofesional y humanización de la asistencia.

DESCRIPTORES: Cuidados paliativos; Enfermería; Humanización de la atención; Investigación cualitativa.

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INTRODUCTION

Palliative care (PC) is a comprehensive care approach aimed at patients with life-threatening illnesses, with the primary objective of preventing and alleviating suffering through early identification, appropriate assessment, and treatment of pain and physical, psychological, social, and spiritual problems¹⁻². This model of care seeks to promote quality of life for the patient and their family throughout the course of the illness, taking into account the various human dimensions involved in care.

Palliative care centers on respect for the patient's autonomy and individuality, support for the family, effective communication, and comprehensive care. Furthermore, they seek to avoid dysthanasia—characterized by the excessive prolongation of the dying process through disproportionate treatments—by prioritizing orthothanasia, which consists of allowing the natural progression of the disease when such interventions no longer offer benefits to the patient²⁻³.

In Brazil, the first initiatives relat-

ed to palliative care emerged in the 1970s. However, it was not until the 1990s that services focused on this type of care became more organized, especially in the field of oncology. Among the historical milestones in this field, the work of the National Cancer Institute (INCA) stands out; in 1998, it opened a unit dedicated specifically to palliative care⁴.

Despite the advances observed in recent decades, significant challenges remain regarding access to palliative care in the Brazilian context, particularly in regions with less developed healthcare infrastructure, such as the North and the Midwest⁴. The lack of specialized services, the shortage of qualified professionals, and limited institutional resources hinder the provision of this care, exposing patients and their families to suffering without adequate support⁵⁻⁶.

In May 2024, the publication of Ministerial Order GM/MS No. 3,681 established the National Palliative Care Policy within the Unified Health System, representing a significant step forward in consolidating this form of care in Brazil⁵. The policy aims to expand access to pal-

liative care, strengthen professional training, and establish multidisciplinary teams. In this context, a multidisciplinary approach is essential to address the physical, emotional, social, and spiritual needs of patients and their families, enabling comprehensive and individualized care⁽⁶⁻⁷⁾.

However, the implementation of the National Palliative Care Policy still faces challenges, such as the stigma that associates this care solely with the end of life and the insufficient training of health professionals. These factors highlight the need for investments in education and professional training, as well as raising public awareness about the importance of palliative care⁴.

The palliative care team should consist of professionals from different fields, including physicians, nurses, psychologists, dietitians, social workers, physical therapists, pharmacists, and speech-language pathologists. In addition, other professionals, caregivers, and volunteers can contribute to promoting the patient's comfort and quality of life⁵⁻⁷.

However, despite the importance of palliative care, it has been observed that many healthcare pro-

professionals still face difficulties in understanding this type of care⁵⁻⁷. Palliative care is often associated exclusively with end-of-life care, reinforcing stigmas and hindering its early and comprehensive implementation, thereby highlighting the need for investments in education, professional training, and public awareness regarding the importance of palliative care⁵⁻⁸.

In addition, professionals who work directly with terminally ill patients constantly face situations related to suffering, death, emotional overload, and difficulties in communicating with patients and their families⁸. These experiences can significantly impact the emotional health of healthcare workers and interfere with the quality of care provided.

The philosophy of palliative care developed by Cicely Saunders emphasizes the need for a holistic understanding of human suffering, introducing the concept of “total pain,” which encompasses physical, emotional, social, and spiritual dimensions^{9,10}. The author reinforces the importance of active listening, empathy, and the humanization of care as essential elements of palliative care.

Given this, understanding healthcare professionals’ perceptions of palliative care is essential for identifying the main difficulties, weaknesses, and challenges present in clinical practice, thereby enabling reflections and strategies aimed at improving the quality of care.

The objective of this study was to understand healthcare professionals’ perceptions of palliative care in the context of their clinical practice.

METHOD

This is a qualitative and exploratory study conducted at a large public hospital located in the city of Santo André, São Paulo.

Qualitative research has the advantage of being able to describe the complexity of a given hypothesis or problem, analyze the interaction of certain variables, understand and classify dynamic processes experienced by social groups, contribute to the process of change, the formation of opinions within a given group, and allow for a more in-depth interpretation of the particularities of individuals’ behaviors or attitudes. The researcher interprets various levels of abstraction, identifying the characteristics and meanings of the human experiences described by the subjects¹¹⁻¹².

Qualitative research is based on broad concepts that reject the idea of studying the individual in a fragmented manner, emphasizing that understanding the whole must be considered not only individually but also in terms of interrelationships with others and the environment—above all, communication between the participants and the researcher¹¹.

Ten nursing professionals working in wards that admit palliative care patients during the morning, afternoon, and night shifts participated in the study. Data collection took place from January to March 2026. The inclusion criteria were professionals who worked directly in the wards of the study setting and who voluntarily agreed to participate in the research by signing the Informed Consent Form. Professionals who were on leave from their work duties during the data collection period or who did not agree to participate in the research were excluded.

Data were collected through semi-structured, individual interviews, recorded with the participants’ authorization, lasting approximately 10 to 30 minutes, in a private room that had been previously scheduled¹³. The interview is a data collection technique widely

used in qualitative research, characterized by a conversation guided by a specific purpose, in which the researcher seeks to understand participants’ experiences, perceptions, opinions, feelings, and the meanings they attribute to certain phenomena¹³. The interview guide covered the participants’ sociodemographic and professional data, including age, gender, educational background, years since graduation, years of experience working with palliative care patients, weekly workload, and average number of patients seen. It also included questions related to the understanding of palliative care, principles considered essential, personal experiences in providing care, healthcare professionals’ perceptions of the topic, challenges faced in practice, strategies for improving the quality of care, professional training, institutional support, and the impacts of working in palliative care on professional and personal life. The interviews were transcribed in full and subjected to content analysis, according to Bardin¹⁴. The analytical process involved a cursory reading, successive re-readings, identification of convergences and divergences, extraction of units of meaning, and construction of thematic categories.

Participants were identified by the letter “E,” followed by a number corresponding to the order in which the interviews were conducted, ensuring the anonymity and confidentiality of the information.

The theoretical framework adopted was Cicely Saunders’ philosophy of palliative care. She recognized that patients’ pain was not limited solely to the physical dimension, introducing a concept known as “total pain.” This concept is defined as a complex that considers the human dimensions of pain—that is, it encompasses physical, emotional, spiritual, and social pain. This approach

has become one of the main guiding principles of palliative care, focusing on promoting patients' quality of life rather than merely prolonging the lives of individuals in distress; for Saunders, when a cure was not possible, care was^{9,10}. Saunders recommends that the team pay attention to the patient's history, since it is through discussion with the patient that it becomes possible to understand the suffering that afflicts them, and in this way, it becomes possible to comfort them in the best way possible—not merely by controlling the patient's symptoms, but by understanding them as an individual who requires an individualized approach, clarifying doubts, encouraging positive attitudes, and ensuring sincerity and accessibility for the patient and their family⁹.

The analysis was conducted through a flexible reading of the interviews, identification of convergences and divergences in the discourses, construction of thematic themes, and development of analytical categories¹⁴.

The study followed the established criteria for qualitative research (COREQ), ensuring methodological rigor in the collection, analysis, and presentation of data¹⁵.

The study complied with the ethical recommendations of CNS Resolution No. 466/2012 and was approved by the Research Ethics Committee under Opinion No. 7,621,482 and CAAE No. 88598225.3.0000.0082.

RESULTS

Ten nursing professionals participated in the study, ranging in age from 21 to 44 years, with one to twenty-two years since graduation and one to fifteen years of experience in palliative care.

Based on the data analysis, four thematic categories emerged: Professionals' perceptions and behaviors regarding palliative care; Challenges in the practice of palliative care; Repercussions of palliative care on professional and personal life; and Strategies for improving palliative care.

Participants associated palliative care primarily with comfort and the care provided to patients in the terminal stage.

"It's about providing comfort to the terminally ill patient, right? Bringing the patient's family closer to the patient, making them more comfortable" (E2).

Some statements were identified that revealed limited and stigmatized perceptions of palliative care.

Many professionals see it more as a burden. And, like, we have to take care of that patient, but they're just going to die anyway, you know? I see that a lot, I hear that a lot. Oh, they're taking up a bed that could sometimes be occupied by another patient (E10).

The importance of humanization and active listening in caring for patients and their families was also highlighted.

Sometimes I just walk into the room, and sometimes that patient doesn't need any specific care. But sometimes, they just need someone to listen actively. Sometimes, the family member just needs someone to listen actively—you know what I mean? (E4).

Thus, it is evident that palliative care is still often understood in a narrow sense, predominantly associated with the end-of-life process and comfort at the end of life.

At the same time, the discourses highlight the importance of empathy, humanization, and skilled listening as essential elements for providing comprehensive and dignified care to patients and their families.

Challenges in the Practice of Palliative Care

Participants reported difficulties related to communication among members of the multidisciplinary team, resistance from family members, and a shortage of material and human resources.

Sometimes, there could be a little more communication among professionals, especially regarding what will be done and why those decisions are being made. I think it's very important for the entire team to know what the patient wants and expects regarding their disease process. But often, the medical team ends up taking the lead, and other professionals have little opportunity to participate in discussions and decisions. As a result, the team ends up becoming more passive in these moments. I think there needs to be a little more collaboration and participation from everyone in the care process (E1).

Often it's a shortage of staff or a lack of supplies. I think this has a major impact, because if you have a full staff in the workplace, it facilitates good care; when the staff is understaffed, you end up overburdened, and unfortunately this happens in all other institutions as well. And there's also a lack of supplies. The quality of the workplace in terms of supplies has a major impact on care, as does the shortage of staff (E5).

Difficulties related to an inadequate understanding of palliative care by the patients themselves and their families were also highlighted. The results demonstrate that the practice of palliative care is permeated by institutional, care-related, and relational challenges that hinder the provision of comprehensive and humanized care.

Deficiencies in interprofessional communication, work overload, and a shortage of resources directly interfere with the quality of care provided, highlighting the need for structural and organizational strengthening of health services.

Impact of Palliative Care on Professional and Personal Life

Professionals reported emotional impacts resulting from frequent exposure to suffering and death.

For me, it's really tough. It's really draining, you know. Even more so when we see younger patients, closer to my age. It really shakes us up, you know. It's really stressful, because once they're referred to palliative care, they start to waste away, unfortunately. It's really tough, both psychologically for the family and for us (E3).

However, some participants reported personal growth and a greater appreciation for life as a result of working in this field.

Look, I can say that I didn't experience any negative impact. I've had many positive impacts in this regard. [...] we're able to see death in a different light, and we're able to be more grateful for the opportunity to wake up healthy every day and be able to care for someone we love. So, it's had a very positive impact on my life, because, well, I was already very grateful, and today I'm even more so

(E6).

I've become much more compassionate, especially toward patients who... who are in the active terminal phase. I've become much more compassionate toward that patient, you know? Much more empathetic, much more aware that sometimes it's not the medical treatment, but rather the compassionate care we provide to that patient (E9).

Participants highlighted the importance of institutional support and peer support in coping with the emotional demands of the job. The findings show that working in palliative care has significant repercussions on the emotional and professional lives of healthcare workers.

Although constant contact with terminal illness can cause psychological distress and emotional exhaustion, the experience also fosters reflections on the value of life, strengthens empathy, and fosters more humanized relationships in the care setting.

Strategies for Improving Palliative Care

The main strategies mentioned by the participants involved greater investment in professional training and strengthening of interprofessional communication.

I think it would be important for all professionals to understand what palliative care really is, and for there to be communication among all professionals (E7).

It's about training the team on this. Most don't fully understand what palliative care is. Just because a patient is in palliative care doesn't mean you have to abandon them... so, I think it's good training for the team to understand what a

palliative care patient is (E8).

The need to expand palliative care education during academic training was also emphasized. The statements demonstrate that professional qualification and the strengthening of palliative care education are considered fundamental to improving the care provided.

In this context, the importance of continuing education, the expansion of palliative care-related content in health undergraduate programs, and the strengthening of multidisciplinary practice stand out as essential strategies for consolidating more humanized and comprehensive care.

DISCUSSION

After analyzing the results obtained from the interviews, it was observed that the participating professionals understand palliative care primarily as measures aimed at comfort and promoting the quality of life of patients in the terminal stage. However, it became evident that this understanding remains limited and is often associated exclusively with the end of life, revealing the persistence of stigmas related to palliative care. This simplistic and limited conception of palliative care may, in some cases, compromise the guidance provided by these professionals to palliative care patients and their families, creating difficulties in the delivery of such care¹⁶.

This scenario demonstrates the existence of significant gaps in the training of healthcare professionals regarding the principles underlying palliative care, hindering the early implementation of this care approach. Studies indicate that a lack of knowledge about palliative care fosters misinterpretations, contributing to resistance on the part of patients, family members, and even the professionals themselves¹⁷⁻¹⁸.

By introducing the concept of “total pain,” Cicely Saunders broadened the understanding of human suffering beyond the physical dimension, taking into account the emotional, social, and spiritual aspects involved in the process of illness^{9,10}. Thus, palliative care should be understood as comprehensive and humanized care, focused not only on symptom management but also on addressing the subjective needs of the patient and their family.

The results of this study highlighted excerpts from discourses related to the importance of empathy, active listening, and the humanization of care—fundamental aspects for the effective delivery of palliative care. Skilled listening enables healthcare professionals to understand the patient’s feelings, desires, and needs—thereby fostering the development of therapeutic bonds and contributing to the reduction of emotional suffering¹⁹.

However, reports were also identified regarding the perception that some healthcare professionals neglect or devalue palliative care patients. This finding demonstrates the persistence of a predominantly curative approach to care, in which patients with no therapeutic possibility of a cure may be perceived as individuals who are not a priority for care¹⁷. This reality runs counter to the principles of palliative care, which uphold the right to dignity and comprehensive care regardless of the possibility of a cure.

It is important to emphasize that palliative care goes beyond promoting dignity and comfort; one of its main pillars is the relief of difficult-to-control symptoms, such as pain, nausea, vomiting, and dyspnea. However, care is often limited to physical symptoms, neglecting psychological, social, and spiritual aspects—a practice that contradicts the principles of palliative care and

compromises patients’ quality of life²⁰.

In addition, participants reported difficulties related to communication among members of the multidisciplinary team. Poor communication was identified as a factor that compromises treatment planning, hinders continuity of care, and negatively affects the guidance provided to patients and their families.

The literature demonstrates that a multidisciplinary approach is essential to the quality of palliative care, as it enables the integration of different areas of expertise in the delivery of care^{7,9}. Effective communication among professionals promotes alignment in therapeutic approaches, reduces conflicts, and strengthens patient-centered care²¹.

Another important aspect identified in this study concerns the difficulties patients and their families face in understanding palliative care. Many participants reported that family members associate palliative care directly with imminent death, making it difficult to accept the care and leading to resistance to proposed treatments. Inadequate communication regarding disease progression and therapeutic limitations contributes to feelings of insecurity, suffering, and denial^{1,21}. Thus, it is essential that healthcare professionals develop communication skills that enable them to provide clear, supportive guidance that is consistent with the reality experienced by the patient and their family.

Healthcare professionals must also ensure that patients receive care in a y manner to avoid excessive attempts to prolong life, as such approaches can result in increased suffering, compromising various dimensions of pain described by Saunders. In this context, it is essential that the team provide clear guidance to the patient and their family regarding the importance of orthothanasia—a

practice in which, in the face of the end of life, it is understood that it is not always appropriate to employ all possible resources to prolong survival. Thus, the aim is to avoid dysthanasia, characterized by the prolongation of the dying process through potentially futile treatments, which can cause even greater discomfort to the patient^{3–22}.

Difficulties related to insufficient human and material resources in healthcare institutions were highlighted. Work overload and a reduction in the number of available professionals were described as factors that hinder the provision of comprehensive and humane care. The precarious nature of working conditions directly affects the quality of care provided and contributes to the physical and emotional burnout of healthcare professionals²². In this context, it is essential that healthcare institutions promote structural and organizational investments aimed at strengthening palliative care services.

The repercussions on workers’ professional and personal lives demonstrate that constant proximity to death and the challenges involved in striving to improve the quality of life for patients and their families—while minimizing their suffering until the end of life—can negatively impact these professionals. Among the observed consequences are reduced job satisfaction, compassion fatigue, and even an increased risk of developing burnout syndrome²³.

Research indicates that healthcare professionals are at high risk of developing work-related burnout, a condition that affects both physical and mental health and is even more common in the context of palliative care. The syndrome is primarily characterized by emotional exhaustion, depersonalization, and a diminished sense of professional fulfillment^{22,23}.

The emotional repercussions re-

sulting from frequent contact with terminal illness were also extensively discussed by the participants. Some professionals reported psychological distress, emotional exhaustion, and difficulties related to constantly confronting death and human suffering. Continuous interaction with patients in the terminal stage may contribute to the development of psychological distress, anxiety, emotional exhaustion, and burnout syndrome²³. Furthermore, professionals who work in palliative care often form intense bonds with patients and their families, making the grieving process even more impactful.

However, some participants also reported positive perceptions related to working in palliative care, highlighting a greater appreciation for life, personal growth, and increased empathy. These findings demonstrate that, despite the suffering involved in this care context, palliative care can also promote significant subjective transformations in professionals working in the field⁽²³⁾.

Another relevant aspect identified in this study concerns the importance of institutional support for healthcare professionals. Participants emphasized the need for training, multidisciplinary meetings, and psychological support as key strategies for strengthening care and coping with the emotional demands of the job²²⁻²⁴.

In this context, the need for investments in continuing education focused on palliative care stands out, especially during the academic training of healthcare professionals. The lack of courses related to palliative care in undergraduate programs contributes to professional unpreparedness and hinders the implementation of more humanized care practices. Training in palliative care should encompass not only technical knowledge but also aspects related to communication, ethics,

emotional management, and the humanization of care²⁵.

Furthermore, it is important to increase students' exposure to the field of palliative care during their professional training, given the lack of preparation with which many enter healthcare settings, particularly in nursing undergraduate programs. This field is characterized by closer contact with patients and their families, making the alleviation of suffering an essential function of nursing. Despite this, there are few courses related to palliative care in the curricula of educational institutions. Professional training enables greater confidence in decision-making and contributes to improving the care provided to patients and their families²⁵.

Furthermore, the results reinforce the relevance of Cicely Saunders' philosophy as an important framework for understanding palliative care. By considering the holistic nature of human suffering and the importance of dignity during the illness process, Saunders contributed significantly to the development of more humanized care practices⁽⁹⁾.

In light of this, it is essential to strengthen public policies, institutional strategies, and training initiatives aimed at consolidating palliative care in the Brazilian context. Expanding access to specialized services, valuing multidisciplinary collaboration, and investing in the training of healthcare professionals are fundamental elements for improving the quality of palliative care in the country.

CONCLUSION

The study showed that healthcare professionals understand palliative care primarily as comfort-oriented measures directed toward patients in the terminal stage of life. However, weaknesses still persist regarding

professional training, multiprofessional communication, the stigma associated with palliative care, and insufficient institutional resources. Emotional repercussions resulting from frequent exposure to suffering and death were also identified, highlighting the need for psychological and institutional support for the professionals involved in this care.

Of particular importance are professional qualifications, the expansion of palliative care education during academic training, and the strengthening of a patient-centered approach to care in order to improve the care provided to patients and their families.

We recognize that this topic requires ongoing work and is not exhausted by this study. Thus, further studies may be conducted to contribute to research on palliative care and the perceptions of the professionals involved. It is also of interest to investigate the perceptions, experiences, and lived realities of family members who accompany palliative care patients, including an understanding of how this care affects this group and a recognition of the difficulties related to the process of supporting and coping with the illness.

Thus, this study reaffirms that the perceptions of professionals working in palliative care are essential for identifying barriers and challenges in care delivery, enabling reflection and the formulation of strategies to improve and enhance the quality of palliative care in health services.

REFERENCES

1. Wang M, Ding X. Integrated palliative care improves the quality of life of advanced cancer patients. *BMC Palliat Care*. 2025;24. doi:10.1186/s12904-025-01800-8.
2. D'Alessandro MPS, Barbosa LC, Anagusko SS, et al. Manual de cuidados paliativos. 2ª ed. rev. ampl. Brasília: Ministério da Saúde; 2024.
3. Pinheiro JE, Peres GA. Ortotanásia e dignidade na finitude: relato de caso. *Colloquium Vitae*. 2023;15(1):36-41. doi:10.5747/cv.2023.v15.v359.
4. Andrade J, Souza J. Avanços e desafios da política nacional de cuidados paliativos no Brasil. *Rev Med*. 2024;103(3):e-225623. doi:10.11606/issn.1679-9836.v103i3e-225623.
5. Brasil. Ministério da Saúde. Portaria GM/MS nº 3.681, de 22 de maio de 2024. Institui a Política Nacional de Cuidados Paliativos no âmbito do Sistema Único de Saúde (SUS) [Internet]. Brasília: Ministério da Saúde; 2024 [citado 2025 mar 5]. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2024/prt3681_22_05_2024.html
6. De Lima Costa V, Rizzo A, De Oliveira Souza É, De Macedo Coelho Galvão L, Voronkoff O, Weigert P, et al. The role of the multidisciplinary team in decision-making at the end of life: an analysis of integrated palliative care management. *Contrib Cienc Soc*. 2024;17(2):157. doi:10.55905/revconv.17n.2-157.
7. Instituto Nacional de Câncer (Brasil). Cuidados paliativos [Internet]. Brasília: Ministério da Saúde; 2023 [citado 2025 mar 5]. Disponível em: <https://www.gov.br/inca/pt-br/assuntos/cancer/tratamento/cuidados-paliativos>
8. Menezes RA. Em busca da boa morte: antropologia dos cuidados paliativos. Rio de Janeiro: Garamond; 2004.
9. Saunders C. Velai comigo: inspiração para uma vida em cuidados paliativos. Santos FS, tradutor. Salvador: FSS; 2018.
10. Matsumoto DY. Cuidados paliativos: conceitos, fundamentos e princípios. In: Carvalho RT, Parsons HA, organizadores. Manual de cuidados paliativos ANCP. São Paulo: Academia Nacional de Cuidados Paliativos; 2012. p. 23-30.
11. Gil AC. Métodos e Técnicas de Pesquisa Social. 8ª ed. São Paulo: GEN Atlas; 2026.
12. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 15ª ed. São Paulo: Hucitec; 2025.
13. Dursun B. A qualitative research technique: interview. *Disiplinlerarası Eğitim Araştırmaları Dergisi*. 2023. doi:10.57135/jier.1245193.
14. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2016.
15. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349-57.
16. Cetolin S, Mocellin L, Cielo M, Maneghini L. Percepção de profissionais da saúde que atuam na atenção primária sobre cuidados paliativos. Aracê. 2025. doi:10.56238/arev7n6-255.
17. Academia Nacional de Cuidados Paliativos. Panorama dos cuidados paliativos no Brasil [Internet]. São Paulo: ANCP; 2022 [citado 2025 mar 5]. Disponível em: <https://paliativo.org.br>.
18. Chen X, Zhang Y, Arber A, Huo X, Liu J, Sun C, et al. The training effects of a continuing education program on nurses' knowledge and attitudes to palliative care: a cross-sectional study. *BMC Palliat Care*. 2022;21:73. doi:10.1186/s12904-022-00953-0.
19. Engel M, Kars MC, Teunissen SCCM, van der Heide A. Effective communication in palliative care from the perspectives of patients and relatives: a systematic review. *Palliat Support Care*. 2023;1-24. doi:10.1017/S1478951523001165.
20. Gonçalves F, Gaudêncio M, Rocha A, Paiva I, Rêgo F, Nunes R. A review on the management of symptoms in patients with incurable cancer. *Curr Oncol*. 2025;32(8):433. doi:10.3390/curroncol32080433.
21. Aeni W, Pangestu A, Tyas M. Interprofessional collaboration to support patient-centered care: literature review. *Bali Med J*. 2023;12(3). doi:10.15562/bmj.v12i3.4411.
22. Cruz C, Querido A, Pedrosa V. Perceptions and practices of interdisciplinary action in an intra-hospital support team for palliative care: a qualitative study. *Healthcare (Basel)*. 2025;13. doi:10.3390/healthcare13101179.
23. Delafontaine A, Anders R, Mathieu B, Salathé C, Putois B. Impacto do confronto com o sofrimento e a morte do paciente no bem-estar e burnout em profissionais: um estudo transversal. *BMC Palliat Care*. 2024;23. doi:10.1186/s12904-024-01393-8.
24. Cañas-Lerma A, Hidalgo-Andrade P, Araujo-Lugo V, Moya G, Verger S. Emotional experiences in palliative care and professional quality of life: a qualitative approach. *Palliat Care Soc Pract*. 2024;18. doi:10.1177/26323524241246531.
25. Durojaiye A, Ryan R, Doody O. Student nurse education and preparation for palliative care: a scoping review. *PLoS One*. 2023;18. doi:10.1371/journal.pone.0286678.