

Millenium, 2(3), 53-60.

ESTAMOS PREPARADOS PARA DESENVOLVER AÇÕES PALIATIVAS NUMA ENFERMARIA? REVISÃO DA LITERATURA
ARE WE PREPARED TO DEVELOP PALLIATIVE ACTIONS IN A WARD? A LITERATURE REVIEW
¿ESTAMOS PREPARADOS PARA DESARROLLAR ACCIONES PALIATIVAS EN UNA ENFERMERÍA? REVISIÓN DE LA LITERATURA

Lara Cardoso¹
Diana Salgueiro²
Sónia Novais³

¹*Centro Hospitalar de Vila Nova de Gaia / Espinho, EPE, Hospital de Dia de Oncologia, Vila Nova de Gaia, Portugal*

²*Centro Hospitalar do Porto, EPE, Hospital Santo António, Departamento de Cirurgia, Cirurgia Geral - Unidade 3, Porto, Portugal*

³*Escola Superior de Enfermagem da Cruz Vermelha Portuguesa de Oliveira de Azeméis, Oliveira de Azeméis, Portugal*

Lara Cardoso - lafiquca@hotmail.com | Diana Salgueiro - diana.filipa.salgueiro@gmail.com | Sónia Novais - sonianovais@esenfcvpoa.eu

Autor Correspondente

Lara Filipa Queirós Cardoso
Rua de Santana, nº 174 R/ch Dto, 4434-521 Vila Nova de Gaia,
Portugal
lafiquca@hotmail.com

RECEBIDO: 08 de fevereiro de 2017

ACEITE: 06 de abril de 2017

RESUMO

Introdução: A Organização Mundial da Saúde (2015) apresenta como barreira, para melhorar o acesso aos cuidados paliativos, a falta de treino e consciencialização dos profissionais de saúde.

Objetivos: Identificar qual a preparação que os enfermeiros apresentam para a prestação de ações paliativas em contexto hospitalar.

Métodos: Revisão integrativa da literatura, através de pesquisa eletrónica na plataforma B-ON, utilizando a expressão: (nursing) AND (palliative care) AND (acute hospital setting) NOT (child* OR infant* OR adolescent*), obtendo seis artigos de estudos primários.

Resultados: Os estudos obtidos são representativos de um total de 2220 enfermeiros. Os artigos evidenciaram que os enfermeiros dos hospitais de agudos, apesar de serem capazes de cuidar de doentes com necessidades de cuidados paliativos, sentiram que seria importante formação nesta área, de forma a compreender melhor as necessidades destes doentes.

Conclusões: Os enfermeiros consideram que têm competências para prestar cuidados relativos a ações paliativas nas enfermarias de agudos, embora reconhecendo que deveriam ser dotados de mais formação.

Palavras-chave: Enfermagem; Cuidados paliativos; Enfermaria de agudos.

ABSTRACT

Introduction: The World Health Organization (2015) presents as barriers to improving access to palliative care the lack of training and awareness of health professionals.

Objectives: Identify the preparation of nurses who provide care, in the acute hospital setting, to develop palliative actions.

Methods: Integrative literature review, through the electronic research in the B-ON platform, using the expression: (nursing) AND (palliative care) AND (acute hospital setting) NOT (child* OR infant* OR adolescent*), obtaining six articles of primary studies.

Results: Obtained studies are representative of a total of 2220 nurses. The articles showed that nurses from acute hospitals, despite being able to care for patients with palliative care needs, felt that training in this area would be important in order to better understand the needs of these patients.

Conclusion: Nurses consider that they have competencies to provide care related to palliative care in acute care, although recognizing that they should be provided with more formation.

Keywords: Nursing; Palliative care; Acute hospital setting.

RESUMEN

Introducción: La World Health Organization (2015) presenta como obstáculo para mejorar el acceso a los cuidados paliativos, la falta de formación y sensibilización de los profesionales de la salud.

Objetivos: Identificar la preparación de los enfermeros para desarrollar acciones paliativas, en unidades de hospitalización de adultos.

Métodos: Revisión integradora de la literatura a través de la plataforma B-ON, utilizando la expresión: (nursing) AND (palliative care) AND (acute hospital setting) NOT (child* OR infant* OR adolescent*), consiguiendo seis artículos de estudios primarios.

Resultados: Estudios obtenidos son representativos de un total de 2220 enfermeros. Todos los artículos mostraron que los enfermeros de hospitales de agudos, aunque pueden cuidar pacientes con necesidades de cuidados paliativos, consideran que sería importante la formación para poder entender mejor sus necesidades.

Conclusiones: Los enfermeros consideran que tienen habilidades para la atención de las acciones paliativas en salas de agudos, reconociendo al mismo tiempo que deben estar provistas de una mayor formación.

Palabras Clave: Enfermería; Cuidados paliativos; Unidad de hospitalización de agudos.

INTRODUCTION

The aging of the population, as well as, the increase in the incidence of chronic diseases increases the average life expectancy, but not the quality of life, thus increasing the number of patients who need palliative care. According to the Strategic Plan for the Development of Palliative Care - Biennium 2017/2018 (Comissão Nacional de Cuidados Paliativos - CNCP, 2016), patients

who lack this same care become a problem of enormous social impact and of increasing importance, however, with resources being limited, it isn't possible to have specialised or palliative care units to care for all these people.

The European Association for Palliative Care (EAPC, 2009) called for access to palliative care as a legal obligation on the part of governments, as recognized by the United Nations, and governments are called upon to develop social and health care, seeking to integrate palliative care into other health services and ensuring that legislation includes support for patients' family members. Moreover, access to palliative care is also claimed as a human right by international associations. However, according to data from July 2015, The WHO estimates that 40 million people need palliative care each year, but only 14% of those people have access to them, a figure which tends to increase by the above facts.

According to the WHO (2015), palliative care consists in a clinical approach aimed at improving the quality of life of people in a palliative situation and their families, who face problems associated with symptom and end-of-life compensation, through prevention, and relief of suffering through early identification, effective assessment and management of pain, as well as other physical, psychosocial, and spiritual problems.

The Basic Law on Palliative Care (Lei n.º 52/2012, de 5 de setembro) defines them as active, coordinated and global care provided by specific units and teams, in the hospital or at home.

The WHO (2015) further reiterates that palliative care are explicitly recognized in the human right to health. It adds that care must be provided through person-centered services that pay attention to the needs and preferences of individuals, allowing patients to live as actively as possible until death.

Palliative care are most effective when considered early during illness, because improves the quality of life of patients but also reduces hospitalizations and the use of unnecessary health services. Therefore, the provision of palliative care should be considered an ethical duty of health professionals (Ibidem).

The hospital, as we know it, was devoted, and structured to actively treat the disease, in an acute phase and with a curative purpose; being that when the bankruptcy of the treatments is verified and the person approaches the death, sometimes the hospital has difficulties in the management of the care. Consequently, as described by Bloomer, Endacot, O'Connor and Cross (2013), although palliative care aims at quality of care at the end-of-life, many patients die in acute hospitals and still getting aggressive and resuscitation care.

However, according to Milligan (2012), the hospital environment is increasingly considered as an important area for the provision of palliative care, since a significant number of patients with advanced disease need palliative care, may be in the hospital, including through palliative actions.

Robinson, Gott and Ingleton (2014) argue that in most developed countries, acute hospitals play a significant role in providing palliative care and are the setting in which most people die.

Palliative actions, according to Lei n.º 52/2012 (p.5119), are "therapeutic measures not intended for curative purposes, isolated and practiced by professionals without specific preparation, aimed at reducing in hospital or at home the repercussions and negative effects of the disease on the overall well-being of the patient, particularly in cases of incurable or severe disease, at an advanced and progressive stage".

It is therefore crucial to understand that, as mentioned in the Strategic Plan for the Development of Palliative Care - Biennium 2017/2018 (CNC, 2016), there are two levels of care, the palliative approach and specialized palliative care. The palliative approach is used in services where palliative patients are occasionally treated, integrates methods and procedures used in palliative care and must be present throughout the health system.

The WHO (2015) presents as one of the greatest barriers to improving access to palliative care, lack of training and awareness among health professionals. However, Milligan (2012) considers that the most important is the lack of recognition by the multidisciplinary team of the need for palliative care.

According to the International Council of Nurses (2000), nurses have an unique preparation to provide care to the terminally ill patient and his family, and the pain and suffering relief are a fundamental responsibility of the nursing team, thus constituting key elements of the multidisciplinary team. However, McCourt, Power and Glackin (2013) argue that nurses need throughout the degree to develop skills to be able to provide quality care to end-of-life patients. This should be safeguarded, even because Article 87 of the Nurses' Code of Ethics (Ordem dos Enfermeiros, 2005) defends respect for the person in the final stage of life, referring to the duty of the nurse to accompany the person in the different stages of the terminal phase.

The International Council of Nurses (2000) therefore recommends that should be included in the initial and postgraduate training of nurses, particularly in palliative care, such as pain assessment and management, respect for cultural values, self-determination and the right to a dignified death. This issue remains current as the Strategic Plan for the Development of Palliative Care - Biennium 2017/2018 (CNC, 2016) states that a study was recently carried out in Portugal, which concluded that not all study plans of the degree in nursing, had a required curricular unit of palliative care.

On the other hand, the Order of Nurses contemplates the Regulation of Specific Skills of the Specialist Nursing Person in a Chronic and Palliative Situation in the Post-Degree Specialization in Medical Surgical Nursing, providing nurses with skills to care for "people with chronic, incapacitating illness, and terminal care of their caregivers and their families, in all contexts of clinical practice, reducing their suffering, maximizing their well-being, comfort and quality of life "(Regulamento n.º 188/2015, p. 9967).

McCourt, Power and Glackin (2013) in their literature review identified six potential areas that may affect the quality of care provided to people in acute care settings: lack of knowledge, lack of time, cultural barriers of services, communication problems, symptom control and the personal problems of nurses. For the authors, caring for the terminally ill is therefore an area that nurses in acute care settings find particularly difficult because dealing with the emotional responses of patients and families and their own emotions is something that nurses find it stressful, frustrating and disturbing.

Gagnon and Duggleby (2014) corroborate the same view, adding organizational and individual factors as influences nurses' experience, and it is challenging to simultaneously manage the divergent needs of people with acute conditions and where the goal of treatment is to cure, and the needs of people in a palliative situation, in a biomedical culture focused on treatment and recovery oriented care.

Bloomer, Endacot, O'Connor and Cross (2013) point out that nurses consider that side-by-side care of acute patients and palliative patients is a challenge, and that palliative care comes with lower priority and is distributed with less resources, especially by comparing people in critical situations to people in a palliative situation. This cannot happen because, bearing in mind the principle of justice, different situations must be treated differently, considering their differences, and promoting equity.

In view of these aspects, McCourt, Power and Glackin (2013) consider that the terminally ill receive better care in specialized services like palliative care units. However, the increase in the demand for these services and the fact that there are few of such units results in an increase in the number of people in a palliative situation who are admitted to services for recovery care. It should be noted that in Portugal, for a population of 10 374 822 inhabitants, data from the National Statistical Institute for the year 2014, there are 278 vacancies in palliative care units, with an occupancy rate of 92%, according to data from February 2016, published by the Central Administration of the Health System.

In Milligan's opinion (2012) the hospital can be a scary and intimidating place to spend the end-of-life. However, most people will spend at least some time out of their last year of life in a hospital and most of these are currently susceptible to dying in an acute care ward. Optimizing palliative care and promoting end-of-life care at the hospital is therefore critical if the suffering so commonly associated with advanced illness and death is to be reduced.

Considering the above, we outline the following objective: to understand if nurses, who provide care in adult inpatient units, are prepared to develop palliative actions.

1. METHODS

Formulated the objective, we set out towards the discovery with the purpose of determining the state of the art regarding this theme. An integrative review of the literature has been perspective because this is a method that allows the inclusion of several methodologies and can be a fundamental determinant in evidence-based practice for nursing, since systematic and rigorous reviews have the potential to present a summary of current health problems (Whittemore & Knafl, 2005).

Based on the objective and considering the knowledge that was intended to be synthesized, a research was carried out using the keywords: nursing, palliative care and acute hospital setting. Through the association of these descriptors, a resource was made on the B-ON platform (in CINAHL Plus with Full Text, ScienceDirect, Academic OneFile, Expanded Academic ASAP, General OneFile, Business Source Complete, SPORTDiscus with Full Text, MEDLINE, Science in Context, Informit Health Collection, Science Citation Index, Social Sciences Citation Index, Nursing Reference Center, Scopus, TDX, MedicLatina, LexisNexis Academic: Law Reviews and J-STAGE). As for the period of search of the articles this comprised the first two weeks of February 2016.

In the research, boolean characters were used to conjugate the different descriptors, and the research expression used was (nursing) AND (palliative care) AND (acute hospital setting) NOT (child* OR infant* OR adolescent*).

Inclusion criteria were included in the study, which were published between February 2011 and January 2016, in full text, with a qualitative and quantitative approach and available in the Portuguese, English and Spanish languages. They would have to refer to nurses who care for patients with palliative care needs and to be studies with nurses in adult inpatient services.

The research conducted led to an initial sample of 5824 scientific studies. Of these, 1750 were excluded by repetition, 4027 by title and 30 by summary resulting from this process a sample of 17 articles. After reading these 17 studies, 11 were excluded due to inadequacy of the inclusion / exclusion criteria. In Figure 1, the selection process of the included studies is presented as a diagram.

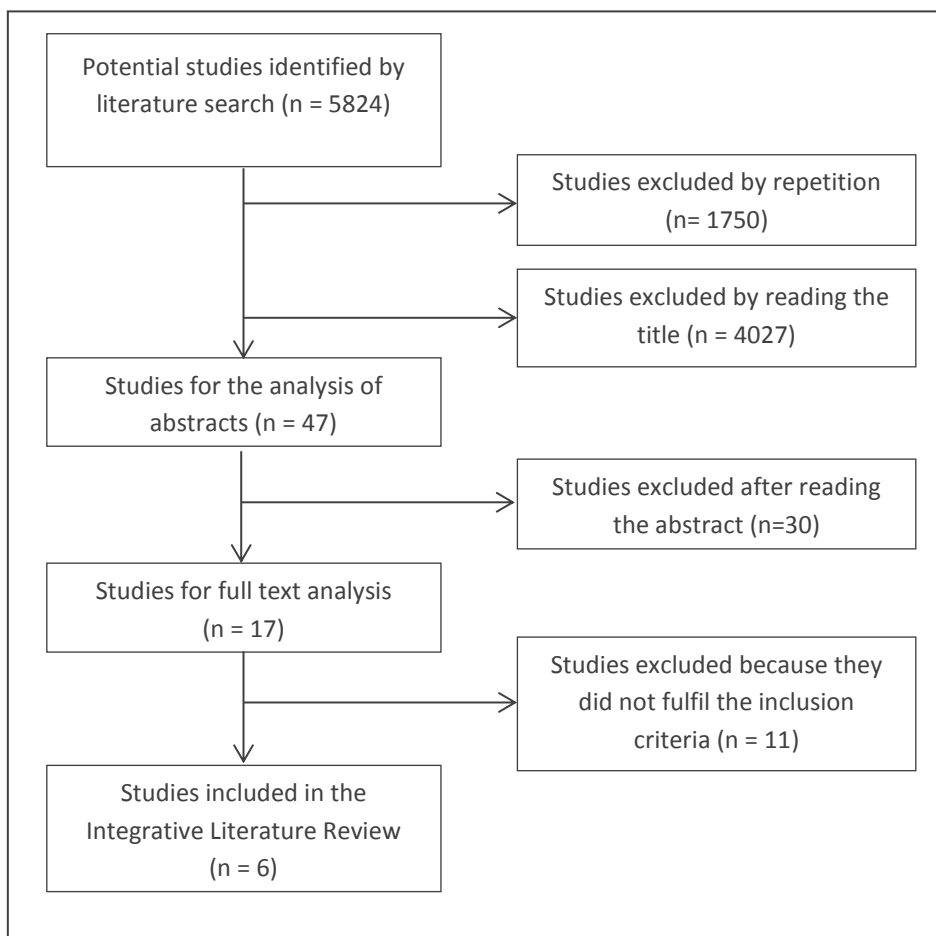


Figura 1 - Selection process of included studies

The six articles selected were analysed, to meet the objective defined for this study. The data were extracted from the articles to obtain information about the country and context where the study was carried out, the period during which it was carried out, objectives and study design, number and type of participants, results obtained and conclusions drawn.

2. RESULTS AND DISCUSSION

The six primary studies that met the pre-defined inclusion criteria are presented in table 1, including the author(s), year, country, objectives, sample, methodology and main results of each article.

Table 1 - Summary of evidence found

N.º	Author(s) / Year / Country	Objetives	Sample	Methodology	Results/ Conclusions
E1	Johansson, K. Lindahl, B. 2012 Sweden	To describe the meaning of nurses' experiences in caring for patients with palliative care needs in an acute care hospital.	N = eight nurses from two hospitals, not trained in palliative care, working for at least three years in surgical or medical wards.	Qualitative, descriptive and interpretive study, from December 2006 to February 2007.	Nurses show an interest in the end-of-life, although this phase causes them stress. They recognize that it is a relevant topic for clinical practice and that it should be further studied.

N.º	Author(s) / Year / Country	Objetives	Sample	Methodology	Results/ Conclusions
E2	Arantzamendi, M. Addington- Hall, J. Saracibar, M. Richardson, A. 2012 Spain	Describe the preparation of nurses to care for people with palliative care needs.	N = 165 nurses from six hospitals (without palliative care units) who contacted with terminally ill patients.	Exploratory study.	Nurses, despite feeling competent physically, do not feel competent psychologically. They acknowledge the lack of support and training and refer the need for studies demonstrating the importance of these aspects so that they have repercussions on the provision of care.
E3	Fedel, P. Joosse, L. L. Jeske, L. 2014 USA	Understanding how an educational intervention and the implementation of a prognostic tool can improve nurses' knowledge about palliative care in acute hospitals.	N = 12 nurses, from a medical unit, from an acute hospital.	Quasi-experimental study with pre and post-test, after the implementation of an educational intervention for nurses.	The education / training of nurses in palliative care improves clinical practice, making them feel comfortable with their knowledge and subsequently with their practice. They emphasize the importance of replicating the study on a larger scale, in order to better understand the gaps of the nurses and the effectiveness of an educational intervention.
E4	Higgins, I. Van der Riet, P. Sneesby, L. Good, P. 2014 Australia	To understand the nurses' perceptions about the supply or not, of nutrition and hydration, in the final phase of life.	N = 10 nurses, with experience in palliative care in hematology, oncology and medicine services.	Descriptive qualitative study, which uses three focus groups and interviews.	A palliative approach is required for acute care. Acute care nurses need to be more aware of the palliative approach and to be involved in decision making.
E5	Bergenholtz, H. Jarlbaek, L. Holge-Hazelton, B. 2015 Denmark	To explore the palliative care culture of generalist nurses, focusing on the definition, practices and reflections of nurses.	N = 2000 nurses from three different medical departments of a regional hospital.	Ethnographic study, between September 2012 and February 2013.	Nurses feel individually competent to work in palliative care, but they say that working in a group brings more advantages because it leads to better discussion, understanding and practice of care.
E6	Clark, K. Curry, T. Byfieldt, N. 2015 Australia	Implement a set of interventions and evaluate the impact they have on quality of care as well as assess the skills and attitudes of nurses, how to care for people at end-of-life.	N = 25 nurses from two different services.	Quasi-experimental study with pre and post-test, after the application of a bundle to the nurses.	The clinical approach after the intervention showed that nurses identified and better managed the needs of patients. It evidences the need for palliative care education programs.

The articles were published between 2012 and 2015, which reveals that this is a current and pertinent theme. They are framed both in the quantitative paradigm (E2, E3 and E6), as in the qualitative one (E1, E4 and E5).

The articles selected are representative of a total of 2220 nurses from three different continents (Europe, America, and Oceania), which reinforces the pertinence of this theme, not only because it is a current theme but also transversal to different cultures and societies.

The main objectives of the selected articles were to describe the meanings of the nurses' experiences in caring for people in a palliative situation, in an acute care hospital, as well as to see if the nurses are prepared to care for them (E1 and E2). On the other hand, two of the studies (E3 and E6) intend to understand how nurses can change their posture, make decisions and how to recognise this subject after the implementation of an intervention. The remaining two studies (E4 and E5) attempt to understand the experiences, opinions and reflections of nurses regarding palliative care.

Milligan (2012) in his literature review concluded that the main barrier to palliative care is the identification of patients by health professionals, which is also verified in a study presented by Gardiner et al. (2012), since if the study had not been performed, neither patients with palliative care needs nor those needs had been identified; To highlight that one-third of the hospitalized patients had palliative care needs.

It is therefore necessary to consider the principles defended in the Deontological Code of Nurses (Ordem dos Enfermeiros, 2005), as for example the principle of justice that holds that each person needs to be given what they need, considering their situation, and it is important to reflect on the distribution of resources in acute wards, where the diversity of patients is immense. In this way, we must always seek equity.

The results of the literature review by Gagnon and Duggleby (2014) suggest that nurses feel a strong commitment to help terminally ill patients experience a good death. Nurses reported feeling deeply rewarded and privileged to share the end-of-life experience with patients / families, as in the E5 study.

Of course, more research is needed to see whether the care provided to the terminally ill patient and their family is responding to their needs. At the same time, four of the studies analysed (E1, E2, E3 and E6) even point out that it is pertinent to study and invest in this area, to bridge existing gaps and train health professionals to feel safer in their daily practice.

According to the recommendations of the Portuguese Association of Palliative Care (Associação Portuguesa de Cuidados Paliativos - APCP, 2006) palliative care is an area that needs differentiated specific training, which is considered a critical factor in the success of the teams. According to Capelas and Neto (2010: 795) "for palliative actions to be a reality, it is necessary, first, to adequately train professionals to improve knowledge, skills, and the attitudes, because they are the ones that most clearly influence change". These authors point out that the training should be structured, so that all professionals develop skills in palliative care.

Half of the studies analysed refer to the need to invest in training, and the APCP (2006) recommendations corroborate this same need. It also evidence that all nursing professionals who provide direct care to the end-of-life person need training and that this should be obtained according to the frequency and intensity of the contact of each professional with the patients who need palliative care.

According to the Strategic Plan for the Development of Palliative Care - Biennium 2017/2018 (CNCP, 2016), training is an essential and determinant element for the practice of palliative care of excellence. All health professionals applying palliative care methods and procedures in a non-specialist setting should have basic training and all professionals who often follow patients with palliative needs should have an intermediate training.

The acquisition of the specific competences of the specialist nurse in medical and surgical nursing, directed to the person in chronic and palliative situation, is an added value in terms of training, as it is referred to in Regulamento n.º 188/2015 (p. 9968) "uses evidence-based strategies to develop self-knowledge and skills of people with chronic disabling illness, their caregivers and family" as well as "communication and teamwork strategies as well as theoretical and practical knowledge related to ethics, to make adequate decisions that allow adequate proportionality in the use of invasive and diagnostic therapies. "

Therefore, nurses who specialize in medical and surgical nursing can play a very important role in training other colleagues or in promoting this training, to fill in the existing gaps by preparing and equipping colleagues with knowledge.

CONCLUSIONS

Nurses consider that they have competencies to provide care related to palliative care in acute care, although recognizing that they should be provided with more training. Training in palliative care contributes decisively to an improvement in nurses' performance, as well as to the achievement of competencies to perform well in this area.

The studies analysed effectively demonstrate the importance of training and the gap that exists with respect to it, but they point out that nurses feel capable, even with lack of knowledge, of caring for end-of-life patients, after analysing their needs.

It is part of the competencies of nurses' specialists in medical and surgical nursing, in the chronic and palliative situation, to provide nursing care in a way that minimizes suffering, maximizing well-being, comfort and quality of life; so, it is important that they are present in the acute care ward.

For this to be possible it is necessary and emerging to train health professionals, helping them feel safe in decision-making, and that these are in favour of what is best for the patient, respecting the principles of justice, equality, beneficence and non-maleficence.

Responding to the objective that guides this work, it can be concluded, in the light of scientific evidence, that effectively nurses who provide care in adult hospitalization units are not prepared to develop palliative actions. Since in addition to many times they do not even recognize who are the patients with these needs and when they recognize them, they cannot assess those needs, which invokes and accentuates the need for training in this area. Nurses themselves, from the studies analysed, report that when they are provided with information, they feel more confident to act and provide quality care.

REFERENCES

- Administração Central do Sistema de Saúde, IP (2016). *Monitorização Mensal RNCCI – fevereiro de 2016* [em linha]. Administração Central do Sistema de Saúde, IP Web site. Acedido em março de 2016, em http://www.acss.min-saude.pt/Portals/0/Indicadores%20Mensais_fevereiro%202016.pdf.
- Arantzamendi, M., Addington-Hall, J., Saracibar, M. & Richardson, A. (2012). Spanish nurses' preparedness to care for hospitalised terminally ill patients and their daily approach to caring. *International Journal of Palliative Nursing*, 18(12), 597–605.
- Associação Portuguesa de Cuidados Paliativos. (2006). *Formação de Enfermeiros em Cuidados Paliativos: Recomendações da APCP*.
- Bergenholtz, H., Jarlbaek, L. & Hølge-hazelton, B. (2015). The culture of general palliative nursing care in medical departments: An ethnographic study. *International Journal of Palliative Nursing*, 21(4), 193–202.
- Bloomer, M. J., Endacott, R., O'Connor, M. & Cross, W. (2013). The "dis-ease" of dying: challenges in nursing care of the dying in the acute hospital setting. A qualitative observational study. *Palliative Medicine*, 27(8), 757–764.
- Capelas, M. & Neto, I. (2010). Organização de Serviços. In *Manual de Cuidados Paliativos* (2a Edição, pp. 785–814). Lisboa: Centro de Bioética da Faculdade de Medicina de Lisboa.
- Clark, K., Curry, T. & Byfieldt, N. (2015). The effect of a care bundle on nursing staff when caring for the dying. *International Journal of Palliative Nursing*, 21(8), 392–398.
- Comissão Nacional de Cuidados Paliativos. 2016. *Plano Estratégico para o Desenvolvimento dos Cuidados Paliativos*. Acedido em abril de 2017 em https://www.sns.gov.pt/wp-content/uploads/2016/09/Plano-Estrat%C3%A9gico-CP_2017-2018-1-1.pdf.
- Conselho Internacional de Enfermeiros (2000). *Tomada de Posição do CIE: O papel dos enfermeiros na prestação de cuidados aos doentes terminais e suas famílias*.
- European Association for Palliative Care. (2009). *Carta de Praga* [em linha]. European Association for Palliative Care. Web site. Acedido em fevereiro de 2016, em <http://www.eapcnet.eu/Themes/Policy/PragueCharter.aspx>.
- Fedel, P., Joosse, L. L. & Jeske, L. (2014). Use of the palliative performance scale version 2 in obtaining palliative care consults. *Journal of Clinical Nursing*, 23(13-14), 2012–2021.
- Gagnon, J. & Duggleby, W. (2014). The provision of end-of-life care by medical-surgical nurses working in acute care: A literature review. *Palliative & Supportive Care*, 12(5), 393-408.
- Gardiner, C. et al. (2012). Extent of palliative care need in the acute hospital setting: A survey of two acute hospitals in the UK. *Palliative Medicine*, 27(1), 76-83.
- Higgins, I., van der Riet, P., Sneesby, L. & Good, P. (2014). Nutrition and hydration in dying patients: The perceptions of acute care nurses. *Journal of Clinical Nursing*, 23(17-18), 2609–2617.
- Johansson, K. & Lindahl, B. (2012). Moving between rooms - moving between life and death: Nurses' experiences of caring for terminally ill patients in hospitals. *Journal of Clinical Nursing*, 21(13-14), 2034–2043.
- Instituto Nacional de Estatística (2014). *Principais indicadores* [em linha]. Instituto Nacional de Estatística Web site. Acedido em fevereiro de 2016, em https://www.ine.pt/xportal/xmain?xpgid=ine_main&xpid=INE.
- Lei n.º 52/2012 de 5 de setembro. Diário da República n.º 172/2012 – I Serie. Lisboa.
- McCourt, R., James Power, J. & Glackin, M. (2013). General nurses' experiences of end-of-life care in the acute hospital setting: a literature review. *International Journal of Palliative Nursing*, 19(10), 510–516.
- Milligan, S. (2012). Optimising palliative and end-of-life care in hospital. *Nursing Standard*, 26(41), 48–56.
- Ordem dos Enfermeiros. (2005). *Código deontológico dos enfermeiros: Dos comentários à análise de casos*. Lisboa: Edição Ordem dos Enfermeiros.
- Organização Mundial de Saúde. (2015). *Palliative Care* [em linha]. World Health Organization Web site. Acedido em fevereiro de 2016, em <http://www.who.int/mediacentre/factsheets/fs402/en/>.
- Regulamento n.º 188/2015 de 22 de abril. Diário da República n.º 78/2015 - Parte E. Ordem dos Enfermeiros.
- Robinson, J., Gott, M. & Ingleton, C. (2014). Patient and family experiences of palliative care in hospital: what do we know? An integrative review. *Palliative Medicine*, 28(1), 18–33.
- Whittemore, R., & Knafl, K. (2005). The integrative review: update methodology. *Journal of Advanced Nursing*, 52(5), 546–553.