APPLICABILITY OF THE TRANSCULTURAL BONN PALLIATIVE CARE KNOWLEDGE TEST (BPW) SCALE IN ONCOLOGICAL INTENSIVE CARE

APLICABILIDADE DA ESCALA TRANSCULTURAL DE BONN PALLIATIVE CARE KNOWLEDGE TEST (BPW) NA TERAPIA INTENSIVA ONCOLÓGICA

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ABSTRACT

Objectives: To investigate the knowledge of nursing professionals regarding palliative care (PC), based on the Transcultural Bonn Palliative Care Knowledge Test (BPW) scale in an oncological intensive care unit (ICU); to identify the main challenges related to palliative care; and to discuss methods to strengthen knowledge about palliative care in oncological intensive care.

Method: Field research, descriptive and exploratory, with a qualitative approach, using a sociodemographic questionnaire and a validated attitude scale based on the knowledge of nursing professionals in palliative care through the transcultural adaptation scale (BPW), in addition to a semi-structured interview, analyzed using Bardin's content analysis under the theoretical perspective of Cicely Saunders.

Results: A total of 72 nursing professionals from an oncological intensive care unit participated. The central theme that emerged was the challenges of palliative care in the oncological ICU, which supported three categories: knowledge of the nursing team about palliative care; practice of palliative care in the ICU; and palliative care in the professional training of health professionals.

Conclusion: It was possible to verify that the lack of knowledge about palliative care is still a very present reality in the studied setting. Challenges such as lack of dialogue among teams, shortage of spaces for discussion, and insufficient technical-scientific training are important points to be addressed. Therefore, strengthening actions that promote change, consolidate critical thinking, and foster transformations in care practice is recommended.

Keywords: Scales. Palliative Care. Intensive Care. Oncology.

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RESUMO

Objetivos: investigar os conhecimentos dos profissionais de enfermagem acerca dos cuidados paliativos (CP), baseado na escala de adaptação Transcultural Bonn Palliative care Knowledge Test (BPW) na unidade de terapia intensiva (UTI) oncológica; verificar quais são os desafios preponderantes acerca dos cuidados paliativos e discutir métodos que fortaleçam os conhecimentos sobre os cuidados paliativos na terapia intensiva oncológica.

Método: pesquisa de campo, descritiva, exploratória com abordagem qualitativa, através de questionário sociodemográfico e Escala de atitude validada, baseada no conhecimento dos profissionais de enfermagem no cuidado paliativo através da escala de adaptação transcultural-BPW, além de entrevista semiestruturada, analisadas pela temática do conteúdo de Bardin, sob à luz da discussão de Cicely Saunders.

Resultados: Participaram 72 profissionais de enfermagem de uma unidade de terapia intensiva oncológica, emergindo o tema central desafios dos cuidados paliativos na UTI oncológica, que subsidiaram as três categorias: conhecimento da equipe de enfermagem sobre o cuidado paliativo; prática dos cuidados paliativos na UTI e o cuidado paliativo na formação profissional da área da saúde.

Conclusão: Foi possível verificar que o desconhecimento acerca dos CP ainda é uma realidade muito presente no cenário estudado. Os desafios como a falta de diálogo entre as equipes, carência de espaços de debates e capacitação técnico-científica são importantes pontos a serem revistos. Portanto, recomenda-se o fortalecimento de ações que reforcem mudanças, consolidando o pensamento crítico, provocando transformações na prática assistencial.

Palavras-chave: Escalas. Cuidado Paliativo. Terapia Intensiva. Oncologia.

RESUMEN

Objetivos: Investigar los conocimientos de los profesionales de enfermería sobre los cuidados paliativos (CP), basados en la escala de adaptación transcultural Bonn Palliative Care Knowledge Test (BPW) en una unidad de cuidados intensivos (UCI) oncológica; identificar los principales desafíos relacionados con los cuidados paliativos; y discutir métodos para fortalecer los conocimientos sobre los cuidados paliativos en la terapia intensiva oncológica.

Método: Investigación de campo, descriptiva y exploratoria, con enfoque cualitativo, mediante cuestionario sociodemográfico y una escala de actitud validada basada en el conocimiento de los profesionales de enfermería en cuidados paliativos a través de la escala de adaptación transcultural (BPW), además de entrevistas semiestructuradas, analizadas mediante el análisis de contenido de Bardin, a la luz de la discusión de Cicely Saunders.

Resultados: Participaron 72 profesionales de enfermería de una unidad de cuidados intensivos oncológica, emergiendo como tema central los desafíos de los cuidados paliativos en la UCI oncológica, que dieron lugar a tres categorías: conocimiento del equipo de enfermería sobre los cuidados paliativos; práctica de los cuidados paliativos en la UCI; y los cuidados paliativos en la formación profesional en el área de la salud.

Conclusión: Se pudo verificar que el desconocimiento sobre los cuidados paliativos sigue siendo una realidad muy presente en el escenario estudiado. Desafíos como la falta de diálogo entre los equipos, la escasez de espacios de debate y la insuficiente capacitación técnico-científica son aspectos importantes a ser revisados. Por lo tanto, se recomienda

fortalecer acciones que promuevan cambios, consoliden el pensamiento crítico y generen transformaciones en la práctica asistencial.

Palabras clave: Escalas. Cuidados Paliativos. Terapia Intensiva. Oncología.

1 INTRODUCTION

The World Health Organization (WHO) defines palliative care (PC) as an approach that aims to improve the quality of life of patients and family members facing life-threatening illnesses, through the prevention and relief of suffering, the treatment of pain and other physical, psychosocial, and spiritual problems (BRASIL, 2020; ANCP, 2020).

This is the meaning of palliar, derived from the Latin *pallium*, a term that names the cloak that the knights of the Crusades used to protect themselves from storms along the paths they traveled in the Middle Ages. Protecting someone is a form of care, with the objective of alleviating pain and suffering (ANCP, 2020).

However, it is important to emphasize that PC is not limited only to patients with advanced diseases, with no possibility of cure. They can be applied at any stage of serious, progressive diseases, with the aim of ensuring the maximum possible comfort and quality of life (BRASIL, 2020).

In view of this reality, among the diseases that frighten life, cancer deserves to be highlighted, as it can confer on the patient a stigma that will accompany him throughout the course of the disease, in addition to myths and beliefs that cancer is an inevitably fatal disease, and that there are no ways to prevent or treat it (INSTITUTE OF PSYCHO-ONCOLOGY, 2018).

In view of this, patients with a proposed cure or in the process of defining PC or still eligible for this type of care, may be admitted to the intensive care unit (ICU), either due to cancer treatment or due to conditions that compromise quality of life (SOARES, CONCEIÇÃO and MONTEIRO, 2019).

According to this context, having a patient in palliative conditions in the ICU can raise questions about the team's knowledge about PC, since it is usually an environment thought and designed with the objective of saving lives and positively evolving the patient's clinical condition (SOARES, CONCEIÇÃO and MONTEIRO, 2019).

In this scenario, the practice of PC needs visibility, as the same technological progress of the ICU and knowledge that makes life feasible generate inequalities of power and knowledge that unbalance relationships in the team (LIMA and CASTILLO, 2021).

To this end, promoting a dialogue between the teams involved in the palliation process can be a very valuable alternative for the organization and management of this care, which is not done only by professional category, but with all those involved, patient, family and transdisciplinary team (SILVA, FRUTUOSO and COSTA, 2021).

Thus, the justification for the study is due to the challenges that the nursing team faces about PC in the ICU in their daily practice. elucidating its essence and concepts. For this

reason, it is necessary to elucidate concepts, scientific updating, alignment of conducts, and good professional interaction for the good clinical practice of PC (SILVA et al., 2019).

In due course, to verify knowledge about PC, tools can be used that contribute to the evaluation of knowledge in PC, and based on the results, propose interventions that can positively impact the care provided.

Among these tools, one can think of the validated attitude scale of cross-cultural adaptation Bonn Palliative care Knowledge Test (BPW) (PORTO, 2015); considered an important instrument for assessing knowledge and self-efficacy, which assesses the level of basic knowledge of nursing professionals, within the scope of PC and based on the results, proposes interventions (MINOSSO, MARTINS and OLIVEIRA, 2017).

In view of this, the objectives of the study are: to investigate the knowledge of nursing professionals about palliative care, based on the BPW Transcultural Adaptation Scale in the oncology intensive care unit; to verify what are the preponderant challenges about palliative care and to discuss methods that strengthen knowledge about palliative care in oncology intensive care.

2 DEVELOPMENT

2.1 METHODS

The methodological path took place through descriptive, exploratory field research with a qualitative approach.

The study included the two adult intensive care units of an oncology institute, a reference in the subject, structured in the city of Rio de Janeiro. The institute is organized by five units, each divided by specialties. Only units I and II have an adult ICU.

The eligible participants were the nursing teams of units I and II of the adult ICU. The inclusion criteria were all professionals in the category who provide direct nursing care, within a time frame of one year of care practice.

The exclusion criteria cover professionals who were on leave/on leave at the time of data collection. Professionals who did not comply with the two stages of data collection (sociodemographic questionnaire + interview) were also considered as exclusion. The samples were closed due to theoretical saturation (RIBEIRO, 2018).

Data collection took place during the employees' shift leave. A total of 104 participants were counted, between units I and II. Of these, 71 make up unit I, while 33 are part of unit II. Of the 104 participants, 32 were excluded, respecting the previously established exclusion criteria, leaving 72 professionals.

The study complied with the principles of Resolution No. 466/2012 and No. 510/2016 (BRASIL, 2016) of the National Health Council (BRASIL, 2012).

Data collection lasted from 01/15/2021 to 04/15/2021. The professionals had their names changed to the codename E1 to E72.

Initially, the stages of instrumentalization of the collection occurred as follows:

A-Sociodemographic questionnaire with closed questions about the profile of the participants (biological sex, professional category, education, previous experience in oncology and employment relationship with another institution).

B-Validated attitude scale, based on the knowledge of nursing professionals in palliative care through the cross-cultural adaptation scale (BPW**),** translated into Brazilian Portuguese (MINOSSO, MARTINS and OLIVEIRA, 2017).

23 questions were selected in section 1 of the questionnaire that addresses knowledge about PC, followed by 15 questions in section 2 of the Self-Efficacy assessment, where it addresses the subject "I think I am capable of...". To continue the application of the questionnaire, based on the BPW scale, the 4-point scale of Likert (1971) was used, applying the terms "correct", "reasonably correct", "slightly correct" or "incorrect" to the topics listed.

Subsequently, a semi-structured interview was conducted, asking what the nursing professional knew about palliative care in their daily practice. Then, with the BPW scale answered, it was possible to compare the responses of the scale with the participants' discourse.

It was also possible to apply descriptive statistics (percentages, mean, standard deviation and Student's t-test) in the data found.

The theme of the interview "knowledge about palliative care in the ICU" was submitted to the analysis of the categorical and thematic content of Bardin (2010), enabling the construction of three thematic categories based on the participants' statements.

Subsequently, the data were submitted under the theoretical framework of Cicely Saunders, who dedicated her life to the relief of human suffering, without treatments and practices considered futile or obstinate, defended the search for care, close to family members, marked by respect for the patient's wishes. When hearing the phrase "there is nothing more to do", Cicely Saunders (SAUNDERS, 2004) always refuted: "there is still a lot to do" (ANCP, 2020).

2.2 RESULTS

2.2.1 Sociodemographic Characterization of the Participants

It is possible to analyze in table 1 that 72 nursing professionals were included in the study, allowing the sociodemographic characterization based on the following data.

Table 1

Sociodemographic Characterization of the Professionals. Rio de Janeiro, RJ, Brazil, 2021

Variables	n	%
Biological sex (n=72)		
Women	51	70,83
Male	21	29,17
Professional category (n=72)		
Nurse	26	36,11
Nursing Technician	46	63,89
Maximum education (n=72)		
High School	8	11,11
Graduation	26	36,11
Specialization	25	34,72
Master's Degree	10	13,89
PhD	3	4,17
Experience in Oncology (n=72)		
Yes	22	30,56
No	50	69,44
Has another bond (n=72)		
Yes	55	76,40
No	17	23,60

Variables in years	Average	DP[‖]	Minimum	Maximum
Age (n=62)	43,16	6,97	29	63
Length of service (n=72)	11,20	5,01	2	25

[‖] Standard Deviation
Source: Data built by the authors, 2021.

It is important to note that the participants are predominantly female, with 51 (70.83%), followed by 21 (29.17%) males. Regarding the professional category, 26 (36.11%) are nurses and 46 (63.89%) are nursing technicians.

In the schooling variable, analyzed separately, nurses totaled 14 (53.85%) with specialization; 9 (34.62%) have a master's degree and 3 (11.53%) have a doctorate. It should be noted that among the specializations, it was answered in the instrument that only 8 (30.77%) have improvement in oncology.

Among nursing technicians, only 8 (17.40%) have high school education; 19 (41.30%) have higher education in nursing or other areas; 15 (32.61%) with specialization; 3 (6.52%)

with a master's degree and 1 (2.17%) with a doctorate. And only 4 (8.70%) report specialization in oncology.

Regarding the next data, 50 (69.44%) denied previous experience in oncology. However, in the face of another employment relationship, there was a considerable difference. Of these, 55 (76.40%) have another contract against 17 (23.60%) who only maintain an employment relationship with the institution in question.

In this investigation, a mean age of 43.16 (±6.97) years was identified, with a minimum age of 29 years and a maximum of 63 years. The length of service is 11.20 (±5.01) with a minimum time of 2 years and a maximum of 25 years of experience in the trade.

2.2.2 Characterization, by Sociodemographic Category, of the Scores Obtained in the Items of the BPW Scale

Table 2

Characterization, by professional category, of the scores obtained in the items of the Bonn Palliative Care Knowledge Test (BPW) Cross-Cultural Adaptation Scale. Rio de Janeiro, RJ, Brazil, 2021

Item	Score obtained by nurses				Score obtained by nursing technicians				p‡ value
	Average	DP	Minimum	Maximum	Average	DP	Minimum	Maximum	
Section 1: Knowledge									
01	3,19	1,67	1	5	3,5	1,48	1	5	0,423
02	3,36	1,31	1	5	2,97	1,22	1	5	0,264
03	2,92	1,05	1	5	2,68	1,36	1	5	0,358
04	1,46	0,94	1	4	2,28	1,27	1	5	0,009
05	1,42	0,75	1	4	1,71	1,16	1	5	0,252
06	2,03	0,91	1	4	1,71	0,80	1	4	0,127
07	3,65	0,97	1	4	2,73	1,45	1	4	0,005
08	2,0	1,16	1	5	1,88	1,13	1	4	0,413
09	3,38	1,32	1	5	2,53	1,54	1	5	0,015
10	2,69	1,56	1	5	2,45	1,42	1	5	0,517
11	2,88	1,66	1	5	3,43	1,54	1	5	0,096
12	2,03	1,21	1	5	2,06	1,18	1	5	0,927
13	2,42	1,44	1	5	2,44	1,44	1	5	0,369
14	3,56	1,32	1	5	3,46	0,85	1	5	0,566
15	1,64	0,86	1	4	1,48	0,70	1	3	0,360
16	2,57	1,23	1	5	2,42	1,46	1	5	0,550
17	3,53	1,24	1	5	3,38	1,29	1	5	0,378
18	3,84	1,34	1	5	3,28	1,44	1	5	0,107
19	3,88	0,99	1	5	3,59	1,26	1	5	0,162
20	3,76	1,30	1	5	3,93	0,87	1	5	0,523
21	2,96	1,28	1	5	3,59	0,94	1	5	0,118
22	2,23	1,53	1	5	2,44	1,61	1	5	0,586
23	1,80	1,16	1	5	1,78	1,33	1	5	0,936
Section 2: Assessing Self-Efficacy									
01	1,50	0,90	1	4	1,48	0,92	1	5	0,960
02	1,73	0,87	1	4	1,40	0,92	1	5	0,155
03	1,80	0,89	1	4	1,59	0,89	1	4	0,356
04	2,38	0,98	1	4	2,02	1,21	1	5	0,199

05	2,19	1,29	1	5	1,68	0,99	1	4	0,071
06	1,96	1,17	1	5	1,81	1,10	1	5	0,617
07	2,07	1,19	1	4	1,39	0,68	1	3	0,002
08	1,72	1,02	1	4	1,58	0,85	1	4	0,561
09	2,61	1,35	1	5	1,77	1,14	1	5	0,007
10	2,26	1,18	1	5	2,20	1,21	1	4	0,828
11	1,84	1,15	1	5	1,36	0,67	1	4	0,030
12	1,50	0,76	1	4	1,41	0,77	1	4	0,647
13	1,84	1,15	1	4	1,84	1,12	1	5	0,995
14	2,15	1,18	1	4	2,11	1,16	1	4	0,890
15	1,53	0,85	1	4	1,68	0,06	1	5	0,540

Student's t-test
Source: Data built by the authors, 2021

Contiguously to the analysis, the items of the BPW cross-cultural adaptation scales were given by score. They were calculated per item, depending on the professional category.

For the analysis of the total score of the scale, the score was added and then divided by the number of items. The Table above shows the scores obtained by nurses and nursing technicians in the BPW scale. In the section on knowledge, nurses had higher averages than technicians in 13 of the 25 items and in the section on self-efficacy, in items 13 and 15. It is identified that the averages differ between the professional category in items 04 and 09 of the section on knowledge. In the section on self-efficacy, the means of items 07, 09 and 11 differ between professional categories, making it possible to analyze that the nurses were closer to the answers of the scale.

Following the analysis and the nursing teams' statements, it is strongly observed that the notes originated the challenges of palliative care in the oncology ICU, through the following categories: the nursing team's knowledge about palliative care; palliative care practice in the ICU and PC in professional training in the health area, as shown in Table 3:

Table 3

Organization of themes and categories based on the nursing team's statements about PC

Theme- Challenges of palliative care in the oncology ICU
Category 1: Knowledge of the nursing team about PC. **Category 2**: Palliative care practice in the ICU. **Category 3**: PC in professional training in the health area.

Source: *Data built by the authors, 2021.*

The categories found originated from the frequencies of the participants' speeches about what they considered challenges for the practice of PC in the work environment, allowing them to list through their speeches, the most punctuated subjects.

3 DISCUSSION

The nursing team is predominantly composed of women, despite the advances of the male sex in the area. Regarding the number of professionals, we observed a greater predominance of nursing technicians; Another very common reality in the scenarios of health institutions.

When the level of education is analyzed, it was possible to perceive that only 11.11% have a high school level, while the others have a higher education and/or some degree of specialization lato or strictu sensu, attributing it to professional fulfillment and obtaining knowledge, which can have a positive impact on the care provided.

It is also interesting to highlight that a significant number of nursing technicians have an academic degree, specialization, master's or doctorate degree and continue to perform their functions as technicians, although some perform their activities as nurses in other institutions. These data may reflect the financial stimulus offered by the institution (progression of positions and salaries), significantly impacting remuneration, in addition to professional preparation, given the complexity of patients.

> (...) Most professionals have higher education or are in second college. All of this is reversed in career progression, but I confess that knowledge about cancer is still very limited, palliative care is not even good to comment on (...) I know almost nothing (E21).

Although we work at the cancer institute, we focus more on knowledge about ICU and oncological issues, compared to palliative care (E50).

Of these professionals, 30.56% report previous experience in oncology. Previous experience in the area of expertise can reflect on the management of the work process in oncology, in addition to the issues of the professional-patient, professional-family, and professional-professional relationship, specificity of the work, exhaustion in the face of situations, conflicts, and lack of coping strategies (TRETTENE et al., 2018; BARBOSA et al., 2020).

Regarding the existence of another employment relationship, 76.40% have another job, considered a very expressive number. And, as nursing work is so essential to health services and the population, it is fundamental, essential and urgent to rethink the practice of double workdays, so that these workers can rework their relationship with work (SOARES et. al, 2021).

Considering the 72 participants of the research and cross-referencing the answers to the questionnaire and the BPW scale, it was possible to verify that of all the items of the instruments applied, an average score of 2.65 (±0.39) was identified in the section on

knowledge and 1.75 (±0.53) in the section on self-efficacy of the BPW Cross-Cultural Adaptation Scale. The mean scores obtained in the BPW self-efficacy section were p=0.029, only depending on the professional category, with the highest scores identified among nurses. Consequently, there was a distancing of the nursing team in the knowledge of PC when compared to the BPW scale, pointing to the difficulty of professionals in dealing with this process within the ICU, often thought of as an exclusive sector of cure.

When talking about oncology in the ICU, the dialogue is already difficult, talking about palliative care becomes more complex in the discussions. However, the study is pointed out through the BPW scale, which emphasizes that nurses have a higher degree of knowledge related to some items, compared to the technical team. Tools like these demonstrate how important it is to apply them in the day-to-day practice of palliation.

Defining conducts here within the institution is time-consuming and causes consequences that could be avoided, such as hospitalization in the ICU. When the patient is hospitalized here, he is distant from his family and this affects his quality of life (E15).

At times, palliative care is defined late and in this case, sometimes therapeutic obstinacy is practiced. This also affects the patient's quality of life and makes us question why (E17, E29).

Ratifying the data from the BPW scale, the discourses of the interviews that supported the categories reaffirm the professionals' limitations regarding PC knowledge, despite being inserted in the context of oncology. However, it is of paramount importance to emphasize that PC is not exclusive to the oncological reality, but rather in the face of any and all life-threatening illnesses and there is no proposal for a cure.

When the challenges about PC are pointed out, the participants' statements point to three conditions: the nursing team's knowledge about PC; practice of PC in the ICU and PC in professional training in the health area.

The first aspect to be discussed is the lack of knowledge of the nursing team regarding PC or even having a shallow knowledge on the subject, which may impact the identification and insertion of cases eligible for this care. In addition to the lack of knowledge of the essence of PC, the teams strongly point to the understanding of PC as synonymous with death. They report fear of exercising this care, first because of lack of knowledge, and later because the death of the other lays bare their own death.

I avoid talking about palliative care, because I readily think of death. I don't like to think about death. I'm afraid, I don't want death for myself, nor for my family (E21).

When they talk about palliative care, I get confused. All this confusion and lack of discussion leads to thinking about death. I don't want to die. I'm afraid (E7, E36, E42, E43, E54).

Each moment lived is made up of doubts and insecurity. Care such as bathing, feeding and changing decubitus are necessary, but they admit that they confuse palliative care with end-of-life care, but they defend dying without therapeutic obstinacy. Therefore, within the condition of palliative care or end-of-life care, care is the only intervention that does not cease

Inside the intensive care unit, we still have a very curative view and not palliative care. I believe that this hinders the practice of this care, because we don't talk about the subject, we don't outline conducts, the protocols are to be desired (...) (E30).

Unfortunately, I don't know much about palliative care. I have been working at the institution for 10 years and I have never been interested for fear of death (...). But I heard from other professionals that palliative care is much more than that (E2, E11, E21, E53).

The discourses show flaws in the process of what the PC actually is. This lack of knowledge generates tension, misunderstandings in their practice. Therefore, for this purpose, it is essential to pay attention to the welcoming and inquiries of nursing professionals, thinking about a space for active listening and training; demands that, if met, would allow the team to feel able and safe to provide care with propriety (SILVA, FRUTUOSO and COSTA, 2021).

To this end, it is important to consider that palliative care is the active and comprehensive health care provided to people with a serious, progressive disease that threatens the continuity of their life and that end-of-life care is an important part of palliative care, referring to the care that a patient should receive during the last stage of their life (INCA, 2021).

Based on this understanding, they also reinforce as a second challenge, the institutional dialogue of the PC, which, if practiced among the multidisciplinary team, in a transdisciplinary way, would be a gain for the nursing work process. Corroborating this understanding, Silva, Frutuoso and Costa (2021) state that palliative care would only need adjustments, many of them institutional, for it to occur with excellence.

Cabe also said that care is perceived as the main instrument of work actions, but that it can suffer losses when its relevance is not understood.

(...) Nursing is sometimes left out of decisions. Everyone should discuss the conducts, it is important to decide together with the team, patient and family members (P19, P28, P58, P64, P70).

It is necessary to realize that the way of working in oncology nursing, for which we were not prepared, continues to be an intensive construction of care, it is necessary to overcome barriers (CARVALHO, CHAGAS and SILVA, 2021).

Therefore, the third challenge indicated by the nursing teams is the lack of PC in the education of health professionals, which is a theme that is still incipiently addressed in technical and undergraduate nursing courses.

A recent study by Castro et al. (2022) reveals that the teaching of PC increased students' understanding of the person in their entirety, by shifting the focus from the disease to the individual and working on the humanistic potential, helping in the development of compassion.

In addition, it is important to consider that nursing professionals do not have broad disciplines on oncology, perhaps palliative care, in their training. There is a punctual introduction, but there is no proposal by the Ministry of Education (MEC), often the professional needs to resort to specialization, residency, master's and even doctoral courses to deepen the debates on the subjects and understand certain conducts within the work environment (Castro et al. (2022).

A study conducted by Arnauts and Cavalheiri (2021) indicates that nurses have a restricted view of what palliative care is, in view of their lack of training or qualification, as well as the lack of this theme during academic training, which certainly indicates that nurses are not prepared to offer quality care to palliative patients, although they experience it daily.

Thus, new studies on the subject are suggested, rescuing the importance of teamwork, interdisciplinarity and a look at nursing professionals, who are routinely faced with the care of patients in palliative care (ALCÂNTARA et al., 2018).

In order to provide quality care at the end of life, it is necessary to encourage the training of specialists in palliative care, given the lack of preparation to deal with the human being and the death process due to the lack of disciplines that address the theme of palliative care in universities and specialized courses (REISER and PINOTTI, 2021).

4 CONCLUSION

In view of the results obtained, it was possible to verify that the lack of knowledge about PC is still a very present reality in the scenario studied, although the teams have high qualification in the field of nursing.

The challenges present in the practice of palliative care cause a hiatus, distancing from theory to practice. Among these challenges, it is worth highlighting the understanding of PC as imminent death, a concept that is refuted by the great protagonists of palliative care.

In addition to these issues, they realize that the ICU should only admit patients with the possibility of cure. However, it is worth reiterating that in intensive care it is also possible to diagnose, understand, continue, elaborate and plan this care.

To this end, another important issue to be addressed is the lack of dialogue between the teams, which is why it is essential to have spaces for debates aimed at technical-scientific training.

The limitation of the study is due to the fact that it shows the reality of only one oncology institution. It would be of great value to have more studies addressing the subject to enrich the findings.

Therefore, it is recommended to strengthen actions that reinforce changes in the scope of palliative care, consolidating critical thinking, provoking transformations in care practice and enhancing the integration of multidisciplinary teams for transdisciplinary action in intensive care units.

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