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REVIEW

Palliative care nursing interventions to improve quality of life in oncological patients

Intervenciones de enfermería en cuidado paliativo para mejorar la calidad de vida en pacientes oncológicos

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ABSTRACT

Introduction: palliative care is a fundamental aspect of medical care, addressing the physical, emotional and spiritual needs of patients with life-limiting illnesses. While global demand for these services is increasing, access remains limited, particularly in Latin America.
Objective: to analyze nursing interventions that improve the quality of life of cancer patients receiving palliative care.
Method: a qualitative and hermeneutic study was conducted including a literature review of articles published between 2020 and 2024. Data were extracted and analyzed to identify key nursing interventions.
Results: the results highlight the multifaceted role of nurses in palliative care. Effective symptom management, together with compassionate and supportive care, can significantly improve patients' quality of life. However, further research remains necessary to explore the efficacy of specific interventions and to address current challenges nurses face in providing palliative care.
Conclusion: nursing interventions play a key role in improving the quality of life of cancer patients receiving palliative care. By addressing physical and psychosocial needs, nurses can provide invaluable support to patients and their families during difficult times. Future research should focus on the development and evaluation of innovative nursing interventions to improve the delivery of palliative care.

Keywords: Signs and Symptoms; Palliative Care; Hospice and Palliative Care Nursing; Pain Management; Acute Pain; Quality of life; Integrative Palliative Care.

RESUMEN

Introducción: los cuidados paliativos son un aspecto fundamental de la atención médica, que aborda las necesidades físicas, emocionales y espirituales de los pacientes con enfermedades que limitan la vida. Si bien la demanda mundial de estos servicios está aumentando, el acceso sigue siendo limitado, particularmente en América Latina.
Objetivo: analizar las intervenciones de enfermería que mejoran la calidad de vida de los pacientes oncológicos que reciben cuidados paliativos.
Método: se realizó un estudio cualitativo y hermenéutico que incluyó una revisión de la literatura de artículos publicados entre 2020 y 2024. Se extrajeron y analizaron los datos para identificar las intervenciones de enfermería clave.

Resultados: los resultados destacan el papel multifacético de las enfermeras en los cuidados paliativos. El manejo eficaz de los síntomas, junto con una atención compasiva y de apoyo, puede mejorar significativamente la calidad de vida de los pacientes. Sin embargo, sigue siendo necesario realizar más investigaciones para explorar la eficacia de intervenciones específicas y abordar los desafíos actuales que enfrentan las enfermeras al brindar cuidados paliativos.
Conclusión: las intervenciones de enfermería desempeñan un papel fundamental en la mejora de la calidad de vida de los pacientes oncológicos que reciben cuidados paliativos. Al abordar las necesidades físicas y psicosociales, las enfermeras pueden brindar un apoyo invaluable a los pacientes y sus familias durante tiempos difíciles. Las investigaciones futuras deben centrarse en el desarrollo y la evaluación de intervenciones de enfermería innovadoras para mejorar la prestación de cuidados paliativos.

Palabras clave: Signos y Síntomas; Cuidados Paliativos; Enfermería de Cuidados Paliativos al Final de la Vida; Manejo del Dolor; Dolor Agudo; Calidad de vida; Cuidados Paliativos Integrativos.

INTRODUCTION

Palliative care aims to accompany patients and their families with a chronic condition in its advanced stages, where the main objective is to manage pain and other symptoms that cause discomfort, as well as provide interdisciplinary social, spiritual, psychological, and family support to help them cope with the disease and manage their grief.(1)

A wide range of diseases require palliative care. According to the WHO, 38,5 % of palliative care needs correspond to cardiovascular diseases, 34 % to cancer, 10,3 % to chronic respiratory diseases, 5,7 % to AIDS, and 4,6 % to diabetes. These do not mean that these are the only diseases that require palliative care, but they are the most prevalent.(1)

The World Health Organisation estimates that approximately 40 million people require palliative care each year. According to the World Atlas of Palliative Care, the majority of this population (67 %) are adults over 50, 7 % are children, and 54 % are people who need this care due to chronic illness, according to data from 2020.(1)

According to the WHO, “By 2060, the need for palliative care will have almost doubled due to the increase in non-communicable diseases and the growth of the adult population.(2)

The situation is more complex in Latin America, with limited and insufficient resources. The region has a population of approximately 600 million, with more than 100 million over the age of 60. Each year, approximately 4,8 million people die from chronic diseases, and more than 2500000 need palliative care, but only 1 % have access to this service.(3)

According to the high-cost account for 2023, 14079 cases were reported as having received palliative care, representing an increase in coverage of 53,47 %, mainly for breast cancer. In the pediatric population, the figure stands at 34,50 % for that year. It is also important to emphasize that the Caribbean and Central regions show a significant increase in access to the service, with 25,91 % and 25,83 %, respectively, which may have been helped by early palliative care interventions and recognition of their importance.(4)

These statistics highlight the importance of early palliative care interventions, which are more effective in improving quality of life and preventing and alleviating physical, psychological, and spiritual suffering. Pain is one of the most common symptoms to be treated. In addition, health policies, education, and access to health services and medicines need to be improved.

Emotional support and accompaniment are essential in nursing. They fulfil an adaptive component in which different communication, approach, and assistance strategies are applied to meet the needs of patients and their families. Nursing professionals must create environments where this population can express their doubts and feelings, thereby establishing a good relationship between the patient and their family, mainly by allowing them to express their feelings and reflect on the end-of-life process.(5)

The healthcare team must have the appropriate education and skills to provide high-quality palliative care, with nurses being able to lead this process by responding to the needs of the person and their family in the palliative context. However, according to the statistics above, the interdisciplinary team continues to face obstacles in caring for patients with these needs, which may be related to a lack of knowledge and the necessary attitudes to provide palliative care at the hospital level.(6)

METHOD

Qualitative-hermeneutic, narrative-interpretive, and documentary study based on a literature review. Scientific articles based on palliative care nursing interventions to improve the quality of life of cancer patients were selected from various databases accessible at the Cooperative University of Colombia.

Inclusion criteria

- Articles published between 2020 and 2024.
- Articles related to quality of life, nursing interventions, and symptom control.
- Articles extracted from UCC databases.
- Articles published in English and Spanish.

Exclusion criteria

- Articles not dealing with cancer patients

The search was carried out during the second half of 2024, identifying the DeCS and MeSH descriptors Signs and symptoms, Palliative care, Hospice and Palliative Care Nursing, Pain Management, Acute Pain, Quality of life, Integrative Palliative Care, and using the Boolean term AND to design the following search equations: '(signs and symptoms) AND (palliative care),' 'signs and symptoms AND hospice,' 'signs and symptoms AND palliative care nursing' 'pain management AND quality of life AND palliative care.'

The search was conducted using the following databases: Dialnet, Scielo, Elsevier, Science Direct, PubMed Central, and ProQuest. In addition, the titles and abstracts of the selected articles were read to determine whether they applied to the objective, considering the inclusion and exclusion criteria.

The quality assessment was carried out using the instrument for critical reading and evaluation of cross-sectional epidemiological studies by Berra, Elorza, J., Estrada, M. and Sánchez, E.

Information extraction: The research group members reviewed each article and then independently completed a reading matrix in an Excel document containing the information necessary to meet the objective.

Information analysis: Based on the information obtained from the articles listed in the Excel document, the nursing interventions in palliative care to improve the quality of life of cancer patients were extracted.

RESULTS AND DISCUSSION

In nursing practice, it is essential to adopt a care strategy based on scientific, technical, and innovative expertise to provide comprehensive care that guarantees an improvement in quality of life. Based on this premise, it is essential to highlight that nurses have established interventions for each of the symptoms presented by a patient in palliative care who is going through a stage of cancer and experiencing multiple symptoms, such as pain, delirium, and constipation.

The literature reviewed points to two main types of interventions to address these symptoms: pharmacological and non-pharmacological or alternative therapies. Among pharmacological interventions, there is a wide variety of options related to the competence of nursing staff in the management of benzodiazepines and dexmedetomidine for the prevention of delirium. It is essential to note that the use of dexmedetomidine without a loading dose is associated with a reduced risk of delirium, although the evidence in this regard is not yet completely conclusive. On the other hand, the pharmacological properties of benzodiazepines can increase the prevalence of delirium, as they alter stages 1 and 2 of sleep.(7)

Nurses play a fundamental role in pain management, beginning with a comprehensive assessment using standardized scales to classify and determine the type of pain. In addition, it is essential to evaluate the systemic response to the administered drug and any side effects. According to the literature, morphine is the main opioid recommended for the management of moderate to severe pain. However, switching to another opioid is suggested if inadequate pain relief or the onset of undesirable side effects is observed.(8)

Regarding constipation associated with opioid use, it is crucial that the nursing professional perform a comprehensive assessment, using tools such as anamnesis to identify symptoms such as difficulty defecating, feeling of incomplete evacuation, or worsening constipation. Likewise, validated instruments for symptoms such as the modified Edmonton Symptom Assessment Scale (ESAS) are useful to complement this assessment. Treatment should include measures such as maintaining adequate hydration, lifestyle changes, a balanced diet, and physical activity according to the patient's tolerance.(9)

On the other hand, in relation to non-pharmacological measures for symptom control in palliative care patients, it is essential to prioritize the maintenance of quality of life. This is achieved through timely identification, assessment, and treatment, as well as by promoting spirituality, adequate management of emotions, and hope. These aspects play a protective role in terminal illness situations, benefiting both the patient and their family.(10)

Symptom management has a significant influence on patient clinical outcomes. Therefore, with the aim of providing closer and more timely care directly in the home, telephone interventions are carried out to offer support and guidance for the management of various cancer-related symptoms. These interventions, whose duration should be adapted to the individual needs of each patient, have proven effective in reducing the severity of symptoms and associated distress, while promoting better self-management of symptoms by patients.(11)

A pilot study evaluated the effectiveness of a brief acceptance and commitment therapy (ACT) intervention called 'Full Palliative Living' in improving outcomes for palliative care patients. The results showed that the intervention reduced distress and improved psychological flexibility in patients. In addition, the intervention was feasible and acceptable to patients in a palliative care setting. The results suggest that the 'Full Palliative Living' program could be a valuable tool for addressing distress and improving the quality of life of palliative care patients.(12)

A systematic review of studies on non-pharmacological interventions in primary care to improve the quality of life of older people with palliative care needs found a lack of evidence on which interventions are effective. Four studies involving 268 patients were analyzed, but none of the interventions evaluated showed a statistically significant impact on quality of life. The results suggest that more research is needed to determine which non-pharmacological interventions can improve the quality of life of older people with palliative care needs in primary care.(13)

On the other hand, a systematic review of studies on non-pharmacological interventions (NPI) to treat depressive symptoms in women with breast cancer found that psychotherapy and yoga with meditation can significantly reduce depressive symptoms. The review identified nine therapeutic strategies, including exercise and cognitive behavioral therapy, that may be beneficial for women with breast cancer and depressive symptoms. However, more research is needed to determine the magnitude of the reduction in depressive symptoms and to explore the effectiveness of different types of NPIs in different populations.(14)

A study based on the Health Promotion model demonstrated that this approach can significantly improve the quality of life in breast cancer patients. The research, conducted with 123 women with breast cancer and their caregivers, revealed that the educational intervention had a positive impact on self-efficacy in coping with cancer, suffering management, social support, and physical activity. Likewise, a project on mind-body interventions in the management of patients with terminal cancer found that psychotherapy is the most widely used and effective intervention for improving the quality of life of these patients.(15)

The results of five studies showed that psychotherapy reduced anxiety, depression, psychological distress, and fatigue and improved spiritual well-being, hope, and quality of life in patients. These findings suggest that psychotherapy is a valuable tool for the comprehensive management of patients with terminal cancer.(16)

A study was conducted at a university hospital in Brazil to assess the quality of life of 126 patients with advanced cancer, 107 in palliative therapy, and 19 in exclusive palliative care. The results showed that patients in palliative treatment had a good overall quality of life, with an average score of 71,54. In contrast, the palliative care group reported a fair quality of life, averaging 59,65. In addition, symptoms were milder in palliative therapy and more intense in palliative care, suggesting that understanding the trade-off involved in quality of life may help professionals plan more effective interventions for patients.(17)

An expert opinion study and literature review selected outcomes and indicators from the Nursing Outcomes Classification (NOC) to assess pain in cancer patients in palliative care. The sample consisted of 13 experts, and eight outcomes and 19 indicators were selected, emphasizing pain level, pain control, and client satisfaction. Conceptual and operational definitions were constructed for each indicator, which will support clinical practice in pain management in palliative care, facilitate pain assessment, and indicate the effectiveness of interventions in patients under palliative care to alleviate their discomfort and suffering.(18)

A systematic review identified feasible non-pharmacological interventions in nursing practice for pain management in palliative care patients. Of 22 selected studies, massage therapy, and virtual reality were found to have the strongest evidence base for reducing pain. Other interventions, such as hypnosis, progressive muscle relaxation, and music therapy, showed promising results, although some studies found no significant changes in pain scores. It was concluded that these interventions may be clinically relevant and that more rigorous research is needed to evaluate their effectiveness.(19)

A clinical case of a 45-year-old woman with gastric cancer in the palliative stage was addressed using a nursing process based on Watson's humanized care theory. Eight nursing diagnoses were identified, and three were prioritized, for which expected outcomes and nursing interventions were planned. Health education through tele-nursing and the intentional use of the Caritas processes of care improved informed decision-making, reduced anxiety, and provided emotional support to facilitate self-management of health. The participant perceived the care as humanized and reflected enhanced overall well-being.(20)

A scoping review examined interventions to alleviate xerostomia (dry mouth) in people in palliative care. Nineteen relevant articles described non-pharmacological interventions (such as oral cavity assessment, acupuncture, and saliva substitutes) and pharmacological interventions (such as pilocarpine and bethanechol chloride). The review concluded that xerostomia can cause chronic discomfort and affect quality of life and that pooling the available evidence can help healthcare professionals incorporate effective interventions into care practice.(21)

A descriptive cross-sectional study identified the competency profile of advanced practice nurses (APNs) involved in the care process of cancer patients in a tertiary hospital in Barcelona. Of the 29 participating nurses, 9 (31 %) met the standard in all six domains of the IDREPA scale to be considered APNs; 7 had an official master's degree, and 2 had a doctorate. The study highlights the importance of recognizing the competencies of APNs in the healthcare system to address chronicity, improve patients' quality of life, and optimize healthcare resources.(22)

A systematic review of 59 studies with 17,628 participants evaluated the effectiveness of non-pharmacological interventions in reducing cancer-related psychological distress. The results showed that one-third of the studies included mindfulness, conversation, or group therapies, and half reported statistically significant improvements in distress. Mindfulness techniques were particularly effective in reducing distress, with moderate to large effect sizes. However, the heterogeneity of the studies prevented a meta-analysis, and the quality of the studies was variable.(8)

An essential prospective, randomized study will evaluate the efficacy of virtual reality as a non-pharmacological intervention for pain management in hospitalized cancer patients. The study will compare virtual reality with two-dimensional guided imagery in 128 patients reporting moderate to severe pain. Primary outcomes will include change in self-reported pain scores, while secondary outcomes will assess distress, quality of life, and satisfaction with pain management. The study aims to provide empirical data to support virtual reality as an adjunct to usual pharmacological strategies for pain management in cancer patients.(23)

CONCLUSIONS

Mind-body interventions, such as psychotherapy and nursing strategies involving humanized accompaniment, music therapy, and art therapy, are effective in improving quality of life and reducing symptoms of distress, anxiety, depression, fatigue, and pain in palliative care patients. These interventions have improved both physical and psychological well-being, demonstrating that non-pharmacological approaches play a crucial role in alleviating suffering and managing symptoms in terminally ill patients.

It is essential to highlight that symptom management in palliative care patients, such as pain and constipation, requires a comprehensive and personalized assessment by nursing staff. They should use standardized scales and adapt treatment to patients' responses and needs.

The need for constant assessment and an interdisciplinary approach to managing terminally ill patients is emphasized. Interventions tailored to patients' individual needs, such as education, emotional support, and coping strategies, improve the quality of life and the ability of patients and their caregivers to cope with the dying process. However, further research in different contexts is needed to validate the effectiveness of these interventions in various clinical settings.

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CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest.

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