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NURSE'S INTERVENTION IN ALLEVIATING THE SUFFERING OF A PERSON IN PALLIATIVE CARE: SCOPING REVIEW

INTERVENÇÃO DO ENFERMEIRO NO ALÍVIO DO SOFRIMENTO DA PESSOA EM SITUAÇÃO PALIATIVA: SCOPING REVIEW

INTERVENCIÓN DEL ENFERMERO EN EL ALIVIO DEL SUFRIMIENTO DE LA PERSONA EN SITUACIÓN PALIATIVA: REVISIÓN EXPLORATÓRIA

Mariana da Conceição Fernandes[1]; Rita Maria Mateus[1];
Cidália de Fátima Carvoeiras Nobre[1].

[1]Escola Superior de Enfermagem de Lisboa, Lisboa Portugal.

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Abstract

Introduction: The person in a palliative situation presents complex needs that disrupt human balance, increasing vulnerability and instability across various human dimensions, with suffering emerging as a response to the perception of these changes. Palliative care requires a specialized approach that enables the relief of suffering, and the specialist nurse intervenes by recognizing the multidimensionality of suffering and its manifestations. **Aims:** This study aims to map nursing interventions that promote the relief of suffering in the person in a palliative situation. **Methods:** This study follows the Joanna Briggs Institute methodology in accordance with the PRISMA – Scoping Review Guidelines. A search was conducted in the CINAHL Complete and MEDLINE Complete databases, as well as in grey literature. Articles in Portuguese, English, and Spanish published between 2019 and 2024 were included. Inclusion criteria were defined based on the Population, Concept, and Context elements: Population – person in a palliative situation; Context – palliative care; Concept – nursing intervention in the relief of suffering, to answer the question: – What is the nurse's intervention in relieving the suffering of the person in a palliative situation? After analyzing the selected articles, ten were included in the study. **Results:** Nursing interventions for the relief of suffering were identified in the following subthemes: Symptom control, Spiritual support, Emotional support, Family education and guidance. **Conclusion:** Mapping nursing interventions in the relief of suffering in palliative care contributes to guiding nursing practice in the identified subthemes, reflecting holistic care aimed at comfort and the alleviation of suffering in the person in a palliative situation.

Keywords: Nursing Care; Pain; Palliative Care; Psychological Distress.

Resumo

Introdução: A Pessoa em Situação Paliativa manifesta necessidades complexas que provocam alterações ao equilíbrio humano, aumentando a vulnerabilidade e instabilidade nas diferentes dimensões humanas, sendo que o sofrimento surge aliado à perceção dessas alterações. Os cuidados paliativos requerem uma abordagem especializada que permita o alívio do sofrimento e o enfermeiro especialista, intervém através do reconhecimento da multidimensionalidade do sofrimento e das suas manifestações. **Objetivo:** Este estudo tem como objetivo mapear as intervenções de enfermagem que promovem o alívio do sofrimento da pessoa em situação paliativa. **Métodos:** Segue a metodologia de Joanna Briggs Institute de acordo com as *Guidelines* do PRISMA – *Scoping Reviews*. Pesquisa efetuada nas bases de dados CINAHL Complete e MEDLINE Complete e literatura cinzenta. Incluídos artigos em português, inglês e espanhol, entre 2019 e 2024. Definidos critérios de inclusão, com base nos elementos da População, Contexto e Conceito: População – pessoa em situação paliativa; Contexto – cuidados paliativos; Conceito – intervenção do enfermeiro no alívio do sofrimento, para responder à questão: – Qual a intervenção do enfermeiro no alívio do sofrimento da Pessoa em Situação Paliativa? Analisados os artigos selecionados, foram incluídos dez artigos no estudo. **Resultados:** A intervenção do enfermeiro envolve o alívio do sofrimento, nos subtemas: Controlo sintomático, Suporte espiritual, Suporte emocional, Educação e orientação da família. **Conclusão:** O mapeamento das intervenções de enfermagem no alívio do sofrimento da pessoa em situação paliativa, contribui para a intervenção do enfermeiro nos subtemas identificados, traduzindo o cuidado holístico, na procura do conforto e alívio do sofrimento da pessoa em situação paliativa.

Palavras-chave: Angústia Psicológica; Cuidados de Enfermagem; Cuidados Paliativos; Dor.

Resumen

Introducción: La persona en situación paliativa manifiesta necesidades complejas que provocan alteraciones en el equilibrio humano, aumentando la vulnerabilidad e inestabilidad en las diferentes dimensiones humanas, siendo el sufrimiento una consecuencia asociada a la percepción de estos cambios. Los cuidados paliativos requieren un enfoque especializado que permita el alivio del sufrimiento, y el enfermero especialista interviene mediante el reconocimiento de la multidimensionali dad del sufrimiento y sus manifestaciones. **Objetivo:** Este estudio tiene como objetivo mapear las intervenciones de enfermería que promueven el alivio del sufrimiento de la persona en situación paliativa. **Métodos:** Se sigue la metodología del Instituto Joanna Briggs, de acuerdo con las directrices PRISMA – *Scoping Reviews*. La búsqueda se realizó en las bases de datos CINAHL Complete y MEDLINE Complete, así como en literatura gris. Se incluyeron artículos en portugués, inglés y español, publicados entre 2019 y 2024. Se definieron criterios de inclusión basados en los elementos de Población, Contexto y Concepto: Población – persona en situación paliativa; Contexto – cuidados paliativos; Concepto – intervención del enfermero en el alivio del sufrimiento, para responder a la pregunta: ¿Cuál es la intervención del enfermero en el alivio del sufrimiento de la persona en situación paliativa? Tras el análisis de los artículos seleccionados, se incluyeron diez estudios en la revisión. **Resultados:** La intervención del enfermero en el alivio del sufrimiento se organiza en los siguientes subtemas: Control sintomático, Apoyo espiritual, Apoyo emocional, Educación y orientación a la familia. **Conclusión:** El mapeo de las intervenciones de enfermería en el alivio del sufrimiento de la persona en situación paliativa contribuye a guiar la práctica del enfermero en los subtemas identificados, reflejando un cuidado holístico orientado al confort y al alivio del sufrimiento.

Descriptores: Angustia Psicológica; Cuidados de Enfermería; Cuidados Paliativos; Dolor.

Introduction

According to the World Health Organization (WHO)[1], palliative care improves people's quality of life by providing support during incurable or progressive illness at different levels of care. It enables the identification and management of symptoms, whether physical, psychological, or spiritual, as well as the prevention and relief of suffering, using a multidisciplinary approach.

Due to increased life expectancy and chronic diseases, palliative care remains insufficient and neglected when it comes to alleviating suffering[2]. Portugal follows the global trend, with an increase in the number of elderly people and the prevalence of chronic diseases, as well as the emergence of diseases at younger ages. Diseases cause various changes, whether physical, psychological, sociocultural, or spiritual, so the multidisciplinary team's approach must respect the person's will and wishes, identifying the meaning they attribute to their life experiences. There are several changes during the progression of the disease and in the proximity of death, such as loss of functional capacity, greater dependence on others to perform activities, family overload, exhaustion, negative feelings, personal devaluation, loss of role, financial problems, difficulties in expressing feelings, and communicating. These changes increase the need for individualized and specialized care[3,4].

Suffering is present in about 90% of patients in palliative care and is not only associated with physical symptoms, but also manifests itself through its various dimensions, which calls into question the integrity of the person[5]. Addressing the various dimensions associated with suffering means providing holistic, person-centered care, since suffering manifests itself differently in each person[6]. These manifestations can be triggered by a lack of hope, loss of control, inability to manage pain or other physical symptoms, leading to a decline in personal identity, individual disability, and a desire to die quickly[7].

The relief of suffering thus becomes a priority for palliative care and healthcare professionals, starting with its prevention and, consequently, its minimization when it does occur[8]. The importance of the nurse's intervention must be recognized for the closeness it establishes with the person in palliative care, with the aim of meeting their needs by providing person-centered care and respecting all their dimensions, in the pursuit of their well-being and comfort[3,9,10]. In this way, the search for meaning in life takes on great complexity, allowing for acceptance and adaptation to the end of life[11].

Therefore, the nurse's intervention arises within palliative care due to their ability to promote the integrity of the person and, thus, alleviate suffering through the identification, understanding, and implementation of strategies aimed at relieving the physical, psychological, socio-relational, existential, and spiritual suffering of the person in palliative care[4,10,12,13].

From the research previously conducted in the PubMed database, JBI Evidence Synthesis[14], OSF, and PROSPERO, no scoping reviews or systematic reviews of the literature in this field were found. Therefore, it is pertinent to conduct this scoping review, which aims to map the intervention of nurses in alleviating the suffering of people in palliative care.

Method

This scoping review was written following the Joanna Briggs Institute (JBI) methodology[14,15] regarding guidelines for its implementation. The research strategy and analysis of the articles were carried out based on the guidelines for systematic reviews and meta-analysis extension: PRISMA-ScR[16].

This scoping review was prospectively registered in the Open Science Framework, and its protocol is available at https://doi.org/10.17605/OSF.IO/ZDACF

Selection criteria

The selection criteria for this study were determined based on the elements of Population, Concept, and Context (PCC), under the guiding principles of the Joanna Briggs Institute[14]:

- Population (P): Person in palliative care (PSP).
- Concept (C): Nurse intervention in the relief of suffering.
- Context (C): Palliative Care.

Thus, the research question was formulated: What is the nurse's role in alleviating the suffering of people in palliative care?

In this context, inclusion and exclusion criteria were defined, excluding from the analysis the population under the age of 19, as well as articles that did not identify the study population in the context of palliative care and that did not refer to the nurse's intervention in alleviating suffering in the context of palliative care. Articles without full text available were also excluded, as well as studies conducted in developing countries, since the concept of suffering is understood differently.

The research took place between January 2019 and December 2024, including primary and secondary, quantitative, qualitative, and mixed studies that answered the research question in Portuguese, English, and Spanish. Theses and dissertations, books, and expert guidelines were also included.

Research strategy

The research was conducted between January 2019 and October 2024 using the following electronic databases: MEDLINE (via EBSCOhost) and CINAHL Complete (via EBSCOhost). Considering the Peer Review of the Electronic Search Strategies (PRESS) checklist[17], two authors developed the search strategy, which was validated by a third author.

The descriptors used were previously validated in DeCS (Health Sciences Descriptors) and MeSH (Medical Subject Headings). The natural terms used in the research were also validated in DeCS and MeSH.

Only articles written in Portuguese, English, and Spanish will be analyzed to ensure that the data selection and extraction stage is of good quality.

The search strategy used is presented in Table 1.

Table 1: CINAHL Descriptors and MEDLINE Descriptors – Search Strategy.

CINAHL	("MH Pain OR "Total pain" OR MH Phsychological distress) AND (MH Hospice Patients OR MH Terminally ill Patients) AND (MH Palliative care OR MH Terminal care OR Hospice care AND Nurs*
MEDLINE	("MH Pain OR "Total pain" OR MH Phsychological distress) AND (MH terminally ill OR MH palliative care OR MH terminal care OR MH Hospice care OR "Hospice Patient" AND (Nurs* OR MH Hospice and Palliative Care Nursing)
RCAAP and Google Scholar (Gray literature)	Suffering in palliative care

Selection process and eligibility criteria for articles

All articles were extracted according to the title, abstract, and objectives defined for the scoping review. The search yielded 220 articles, 81 in MEDLINE and 139 in CINAHL. With regard to gray literature, a search was conducted in the Portuguese Open Access Scientific Repository (RCAAP), where one article was found, and 202 in Google Scholar.

Thus, 423 articles were analyzed, which were initially exported to Rayyan software, which identified 19 duplicate articles and proceeded to eliminate them. Subsequently, considering the inclusion criteria, the 404 articles were analyzed by two independent reviewers, based on the titles and abstracts, which led to the exclusion of 240 articles. Of the 164 articles, a selection was then made according to the population included in the studies, and 78 articles were excluded. Of the 86 articles that met the eligibility criteria, 76 were eliminated, with 1 article lacking full text and unavailable, and 75 articles not answering the research question.

A total of 10 articles that met the inclusion criteria were included in the Scoping Review. These were read in full, evaluated in detail, and validated by two independent reviewers, with any disagreements regarding the inclusion of articles being resolved through discussion or by consulting a third reviewer.

The Prisma – Flow Diagram shown in Figure 1 was created and shows the selection process and final inclusion of articles.

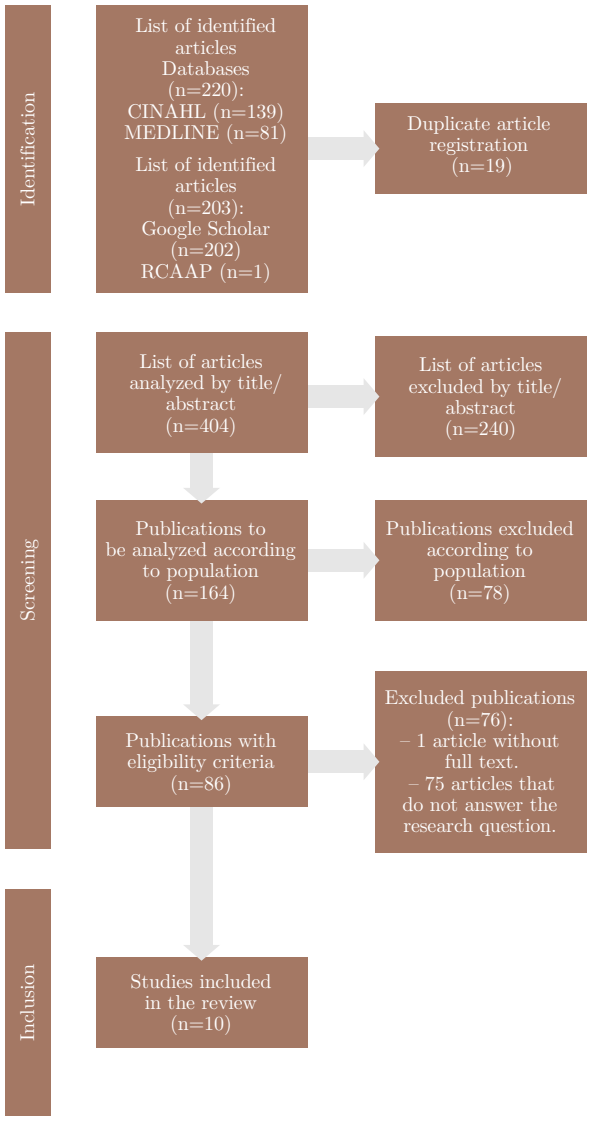

Figure 1: PRISMA flow diagram of the article selection process.

Results

Characteristics of included studies, context, and population

The 10 articles included are from six countries: the United States (4), Portugal (1), Spain (1), Malaysia (2), Canada (1), and China (1). The studies were published in nine journals in English.

The studies present diverse contexts, with nine conducted in hospitals and one in home care.

The included studies focus on the perspectives of individuals receiving palliative care, aged 19 years or older, with most studies presenting advanced and incurable cancer.

Regarding the concept of nursing intervention in alleviating suffering, it was possible to frame and organize the results into the following subtopics: Symptom control, Spiritual support, Emotional support, and Family education and guidance.

The results, by subtopic, are shown in the summary table of results by subtopic (Table 2).

Table 2: Summary of results by subtopics.

Subtopics	Summary of results
Symptomatic Control[18-24;27]	• Nurses continuously assess symptoms, administer pharmacological therapy, and implement non-pharmacological strategies. • Nursing interventions aim to relieve the most prevalent symptoms, such as pain, dyspnea, and agitation. • Pharmacological therapy involves analgesics and benzodiazepines (e.g., midazolam, lorazepam), especially in cases of terminal agitation. • Palliative sedation is mentioned as a resource in cases of intense existential suffering. • Non-pharmacological therapies include massage, proper positioning, use of fans, distraction techniques, music therapy, aromatherapy, art therapy, mindfulness, and Reiki. • Complementary therapies, such as aromatherapy with essential oils (ginger, lemon, mint), have been shown to be effective in reducing physical and emotional symptoms. • Symptomatic control contributes not only to the relief of the patient's suffering, but also to the reduction of the emotional suffering of family members.
Spiritual Support[18-20;24;26;27]	• Nurses recognize and respect the spiritual and religious beliefs of the sick person. • Nurses create space for the expression of faith and facilitate communication between the multidisciplinary team, the person, and the family. • Facilitation of contact with spiritual leaders (such as chaplains). • Promotion of spiritual practices according to the person's faith. • Psychoexistential therapies, such as mindfulness, Dignity Therapy, Meaning of Life Therapy, and CALM, which promote spiritual well-being. • Support in reflecting on life, helping the person find peace, meaning, and connection. • Identification of religious and cultural beliefs that may be barriers to pain control, requiring adaptation of care.
Emotional Support[18;22;24;25]	• Nurses provide emotional support to patients and their families. • Nurses actively listen, empathize, and provide support in decision-making. • The presence of nurses is recognized as a therapeutic intervention in itself. • The presence of nurses conveys security, confidence, and comfort. • The presence of family members, especially caregivers, also contributes to alleviating the suffering of the sick person.
Family Education and Guidance[18;20;22;24]	• Nurses recognize the shared suffering of the family: the pain of imminent loss and the suffering of their loved one. • Nursing interventions aim to educate, guide, and provide emotional support to the family, promoting a more peaceful and conscious experience of the end-of-life process. • Early dialogue with the family about the dying process, including possible symptoms and interventions such as palliative sedation, reducing anxiety and promoting acceptance. • Emotional preparation for grief, helping the family to cope with loss and remain present with the sick person.

Presentation of data

The data extracted from the included studies were systematized as follows: author(s), year of publication, country of origin, study population, sample composition, type of study, objective, care context, and results, including the nurse's intervention in alleviating the suffering of people in palliative care. To facilitate understanding of the main information from the studies analyzed, it is presented in the data extraction table (Table 3).

Discussion

The nurse's intervention in alleviating suffering in palliative care is essential to ensure the comfort and quality of life of the person in palliative care. Suffering has several dimensions, and healthcare professionals, particularly nurses, must be aware of these, as knowledge of them allows for the implementation of interventions appropriate to each situation. However, nurses have difficulty identifying interventions that promote the relief of suffering[18].

It is noted that the assessment of the needs of people in palliative care and the identification of the causes of suffering are fully expressed in three of the articles analyzed[20,22,24] and are also evident in two other articles[18,27]. It is agreed that an individual plan appropriate to the needs of people in palliative care should be established.

As a fundamental part of the assessment, it was found that assessment tools were frequently mentioned, among which the Pictogram of Suffering[18,19,27] stands out, which assesses suffering broadly and considers non-physical aspects. However, this scale has not been validated for the Portuguese population. The existence of validated scales for our country could be a starting point for recognizing the need to assess and identify the causes of suffering in people in palliative care.

Other assessment tools mentioned in the selected studies include the Demoralization Scale, underlying existential suffering, the Distress Thermometer, the SOS-V, the Suffering Assessment Questionnaire, the Memorial Symptom Assessment Scale, and the Edmonton Symptom Scale[27]. There is a need for instruments that can guide the assessment of suffering, considering the various forms of non-physical suffering: existential, spiritual, psychological, emotional, and social, with a view to a holistic assessment.

Another suggestion, described by a specialist nurse and which allows for holistic assessment, is regular contact with the person before and during the palliative phase, as late referral or the need for palliative care intervention, as collaboration does not allow for an adequate assessment of the person[22].

Table 3: Systematization of studies included in the Scoping Review.

	Publication title	Authors/Year/Country	Participants	Type of Study	Objectives	Results/Conclusions
E1	Increasing our understanding of nonphysical suffering within palliative care: A scoping review	Rattner[18], 2022, Canada.	30 studies analyzed.	Scoping review Journal: Palliative and Supportive Care.	To characterize non-physical suffering in the context of palliative care.	The author identifies the experience of non-physical suffering in people receiving palliative care, the coping strategies adopted by these individuals, how non-physical suffering is assessed, palliative sedation, requests for death, and suffering in the family and among professionals. The author states that the relief of suffering in people receiving palliative care is achieved when there is a connection between their spirituality, faith, religion, and hope, with healthcare professionals attending to their wishes and valuing their suffering. The author adds the importance of allowing the person to change their view of themselves and develop a more coherent "self" in a new search for meaning. He also presents factors that contribute to suffering (of the person, family/caregiver, and professionals) and protective factors, as well as some strategies that minimize suffering.
E2	The effect of 5-min mindfulness of love on suffering and spiritual quality of life of palliative care patients: A randomized controlled study.	Lim *et al*[19], 2021, Malaysia.	60 people in palliative care: 30 people in the control group and 30 people in the experimental group.	Randomized controlled trial Journal: European journal of cancer care.	To determine the effect of 5 minutes of loving mindfulness on suffering and spiritual quality of life in palliative care patients.	The authors assess suffering using the Pictogram of Suffering, to apply the mindfulness intervention of love for 5 minutes, which consists of shifting attention from experiences of suffering to phrases of love, promoting a sense of connection by repeating the phrases heard. The authors show the potential effect of brief mindfulness sessions on spiritual well-being, with the greatest effect on achieving peace, followed by faith and meaning. They also address other therapies, such as individual or group psychotherapy focused on meaning, life review, and dignity therapy, with significant results on spiritual well-being.
E3	Health-Care Professionals Perceived Barriers to Effective Cancer Pain Management in the Home Hospice Setting: Is Dying at Home Really Best?	Johnson *et al*[20], 2021, USA.	A sample of 20 healthcare professionals with experience in palliative care. Data was collected through focus groups using semi-structured interviews.	Exploratory study Journal: OMEGA – Journal of Death and Dying.	To explore healthcare professionals' perceptions of barriers to pain control in cancer patients receiving palliative care at home.	The authors note that a person's religious and cultural beliefs about suffering and the family caregiver's beliefs about suffering due to past events are barriers to pain control in home palliative care. An individual care plan was established, with a multidisciplinary approach, using scheduled analgesics at the correct doses for pain control, together with non-pharmacological interventions, such as music, art therapy, massage, the application of hot or cold compresses (at the site of pain), or the use of aromatherapy. The authors mention the importance of encouraging the person and family to document pain, as well as the strategies implemented and the results, empowering the family to control pain, manage therapy, and relieve suffering. The authors suggest educational plans through the presence of professionals available in the community, which allow teams to develop interventions that address spiritual needs and, in turn, alleviate spiritual suffering.
E4	Palliative Massage: A Growing Need for Caring Touch to Relieve Suffering.	Spence[21], 2022, USA.	Palliative massage, in Palliative care.	Opinion poll Journal: Massage Magazine.	To use palliative massage in cancer patients.	The authors refer to the use of a type of palliative massage, which is an adaptation of oncological massage and involves lighter pressure levels. The authors indicate other complementary therapies, also used as strategies for pain relief, ranging from Reiki, therapeutic touch, and craniosacral therapy, which should be performed by experienced professionals.
E5	Agitation at the end of life: how to deal with a distressing patient death.	Allen[22], 2023, USA.	Palliative care.	Opinion article Journal: Nursing Older People.	To identify strategies for nurses on how to manage symptoms of terminal agitation, support families, and provide grief support mechanisms.	The author states that a holistic assessment is essential for effective management of the causes of agitation at the end of life, which is one of the most prevalent symptoms, in addition to pain and dyspnea. He adds that all of the person's physical, psychological, spiritual, social, and cultural needs must be considered, and that attention must be paid to reversible causes. The author mentions the importance of prioritizing the person's wishes and making decisions that meet their desires. He also suggests pharmacological measures (including palliative sedation) and non-pharmacological measures (such as massage, positioning, and distraction techniques in situations of agitation at the end of life), as well as family intervention.
E6	Effect of Image Detection and Analysis and Hospice Nurse Mediated Aromatherapy on Pain in Patients with Advanced Cancer in Intelligent Medical Environment.	Shi *et al*[23], 2022, China.	The control group consisted of 30 patients undergoing regular treatment and 30 patients receiving nursing care for advanced cancer. The experimental group underwent aromatherapy sessions mediated by a nurse specializing in palliative care for 28 days.	Randomized study Journal: Contrast media & molecular imaging.	To understand the physical symptoms experienced by people with advanced cancer and implement aromatherapy intervention.	The authors note that aromatherapy can relieve anxiety and is used as a complementary therapy for the prevention and treatment of pain in people with advanced cancer. The authors add that aromatherapy is considered a complementary therapy to medical intervention and can be used through combustion (burning), perfume, or placing the aroma on clothing, contributing to the relief of pain, sleep disturbances, and a reduction in negative emotional experiences, as well as physical symptoms, as assessed using the EORTC QLQ-C30 scale.
E7	How to Manage the Suffering of the Patient and the Family in the Final Stage of Life: A Qualitative Study.	García-Navarro *et al*[24], 2023, Spain.	36 participants integrated into the Process of Integrated Palliative Care Attention, in the province of Huelva, Andalusia.	Qualitative, descriptive study using semi-structured interviews and focus groups. Journal:Nursing reports.	Identify the needs of patients and their families during the end of life, so that they feel supported throughout this journey.	The authors identify the dimensions of suffering and the satisfaction of needs, not only in the individual but also in the family. They emphasize that the individual considers the presence of the nurse, monitoring, communication of concerns, preferences, the meaning of life, the existence of spiritual and emotional support, privileging autonomy, respect, and dignity as needs. The authors show the importance of person-centered care, as well as the nurse's attitude. They add that the presence of the professional is considered a therapeutic tool during the suffering process. The authors reinforce the importance of being with and getting to know the person who is suffering, and being present during interventions, in order to reach the physical, emotional, cognitive, relational, and spiritual spheres.
E8	Contributing and Relieving Factors of Suffering in Palliative Care Cancer Patients: A Descriptive Study.	Tan *et al*[25], 2022, Malaysia.	108 participants with cancer in palliative care, admitted to a hospital.	Qualitative study Journal: OMEGA – Journal of Death and Dying.	Explore the factors that contribute to and alleviate suffering in palliative care.	The authors report that it was noticeable in this study that suffering is variable and fluctuating, which poses a challenge to intervention. The authors identify eight key points: 1 – Promote symptom control; 2 – Promote functional support; 3 – Help the person achieve and appreciate normality; 4 – Be aware of the suffering caused by healthcare and avoid creating more suffering; 5 – Support family and friends in care; 6 – Promote short hospital stays whenever possible; 7 – Listen to and explore the various ways of dealing with suffering through cognition and emotions, and enhance positive feelings and emotions; 8 – Allow the person to engage in activities that give them pleasure, satisfaction, and well-being.
E9	Meaning of Life Therapy: A Pilot Study of a Novel Psycho-Existential Intervention for Palliative Care in Cancer.	Cardoso *et al*[26], 2023, Portugal.	13 participants in the Palliative Care outpatient clinic, of whom 9 completed the Meaning of Life Therapy protocol.	Qualitative study, with a focus on understanding the meaning of the phenomenon under study, based on individual narratives and experiences. Application of the Meaning of Life Therapy protocol, based on a set of 14 questions asked to each person. Journal: OMEGA – Journal of Death and Dying.	Develop Meaning of Life Therapy, aimed at people in palliative care, and determine its effectiveness and suitability for the Portuguese population.	The authors highlight the use of psycho-existential interventions, such as Meaning of Life Therapy, which arises through Dignity Therapy, Life Review, and Meaning-Centered Psychotherapy, where the writing of a letter — called a "Life Letter"— is proposed. The results of the study demonstrate a response to the psycho-existential needs of people in palliative care, confirming the association between psychosocial and existential suffering and positive results in alleviating suffering, searching for meaning, and promoting dignity. The authors report that writing a letter promotes communication between the person and their family (during end-of-life and mourning), as well as strengthening emotional bonds and leaving a legacy for the future. The authors add that participants shared experiences, desires, wishes, concerns, needs, values, and personal characteristics that correspond to before and after the diagnosis. The results of the study were divided into eight themes: Family; Preservation of Identity; Life Retrospective; Clinical Situation; Achievements; Socio-professional Appreciation; Forgiveness/ Apologies/Reconciliation, and Saying Goodbye.
E10	Existential suffering as an indication for palliative sedation: Identifying and addressing challenges.	Thomas *et al*[27], 2024, USA.	Patients in Palliative Care.	Qualitative study Journal: Palliative & supportive care.	Develop and validate instruments that allow for the assessment of existential suffering. Understand the interactions between existential suffering and other physical and non-physical symptoms, and alternatives to palliative sedation for the relief of existential suffering.	The authors propose alternatives to palliative sedation to alleviate existential suffering, such as the use of group or individual psychotherapy as an intervention for patients with existential suffering. They mention several scales for assessing some aspects underlying existential suffering, such as the "Demoralization Scale." They also refer to other instruments that assess suffering more broadly, such as the "Distress Thermometer," the "Pictogram of Suffering," the "SOS-V," the "Suffering Assessment Questionnaire," the "Memorial Symptom Rating Scale," and the "Edmonton Symptom Scale." The authors recommend the need for instruments that guide the clinical assessment of suffering, considering the various types of non-physical suffering: existential, spiritual, psychological, emotional, and social. They add that coping mechanisms, sources of support, and experiences with previous therapeutic interventions are also necessary for assessment, for continuous care. The authors describe several psychotherapeutic interventions, from "Dignity Therapy," which improves quality of life and sense of dignity, to "CALM" (Managing Cancer and Living Meaningfully), which promotes relief from depressive symptoms and provides preparation for the end of life, and, still in the research phase, the use of "Meaning and Purpose Therapy.".

Analysis of the selected studies revealed the following subtopics: Symptom control (n = 8); Spiritual support (n = 7); Emotional support (n = 4); and Family education and guidance (n = 4), which will be analyzed below and are organized according to the predominance of articles addressing each subtopic, in descending order: Symptomatic control, Spiritual support, Emotional support, and Family education and guidance.

Symptomatic control

The nurse assesses, interprets, administers analgesic therapy, and evaluates the results, in addition to using non-pharmacological strategies that enhance the person's comfort, such as massage[20-22], positioning[22], and alternating positioning, to relieve the physical symptoms present. The studies analyzed highlight the importance of assessing physical symptoms and implementing pharmacological and non-pharmacological strategies by nurses and other health professionals who are part of the multidisciplinary team.

In the presence of uncontrolled symptoms, a multidisciplinary approach is necessary, with the use of pharmacological prescriptions and the implementation of non-pharmacological interventions, as a way of articulating these needs and responding to the relief of suffering[20]. Thus, the nurse's intervention involves observing and assessing the signs and symptoms that contribute to the suffering of the person, as well as the family/caregiver, and implementing strategies that minimize this suffering[18]. In this way, the aim is to carry out an assessment that identifies the person's coping mechanisms, sources of support, and experiences with previous therapeutic interventions[27].

The identified nursing interventions focused on the most prevalent symptoms, such as pain, dyspnea, and agitation[22]. Concerning agitation at the end of life, reversible causes have been identified that should be explored, for example, in the case of biochemical disorders such as hypercalcemia (found in people with breast or lung cancer and kidney patients), which increases agitation[22]. Another trigger for agitation is the environment in which the person finds themselves, such as conversations taking place near them, for example, in the room or in the corridors, which can lead to frustration and distress. On the other hand, agitation can be a behavior of the person to show that they want to be heard[22]. Pharmacological and non-pharmacological strategies implemented by nurses in the care of people with agitation at the end of life or terminal delirium in the last days and hours of life are also suggested. As a pharmacological approach, the use of benzodiazepines, such as midazolam, lorazepam, and diazepam, helps reduce anxiety and suffering in terminal agitation[22].

In three studies, by Rattner[18], Allen[22], and Thomas *et al*[27], of the 10 included, palliative sedation is mentioned for the control of non-physical symptoms, namely in the face of existential suffering, and its implementation is analyzed. Rattner's study[18] found that existential suffering, which led to the use of palliative sedation, included feelings such as uselessness, a sense of being a burden or dependence on others, anxiety, fear and panic about death, the desire to control one's own death, social isolation, lack of support, and financial burden.

García-Navarro *et al*[24] state that the approach to suffering involves problems that are not only limited to physical symptoms, but also to emotions, psychosocial and spiritual dimensions, and other important aspects related to the dyad.

In this context, in the non-pharmacological approach, the most important techniques at the end of life are distraction, music, and the presence of objects, which can help alleviate the person's restlessness[22].

Most articles identify and explain complementary therapies, such as aromatherapy[20,23], art therapy[20], music therapy[20], and mindfulness[19], with positive results in alleviating suffering. Some describe the therapies used, as in the study by Shi *et al*[23], where aromatherapy alleviates anxiety and is used as a complementary therapy to prevent and treat pain in people with advanced cancer. The same authors note that aromatherapy consists of the use of pure essential oils from aromatic plants, administered by nurses in palliative care units[23]. It is a complementary therapy to medical intervention, which is adapted according

to the characteristics of the pain to achieve an integrated healing effect on the body, mind, and heart[23]. It can be used in various ways: through combustion (burning), as a perfume, or applied to clothing, which contributes to the relief of pain, sleep disturbances, and a reduction in the impact of negative emotional experiences[23]. In this same study, two types of interventions were performed: massage with essential oils by nurses in palliative care units and simple massage, with massage with essential oils showing positive results as an adjunct to pain management treatments[23]. The scent itself, such as ginger, lemon, and mint/peppermint, contributes to the relief of nausea and vomiting[23]. The experimental group showed improvement in physical symptoms and a decrease in their incidence, such as functional capacity, fatigue, dyspnea, insomnia, loss of appetite, nausea, vomiting, and constipation, as well as quality of life. These symptoms were assessed using the EORTC QLQ-C30 scale[23].

Other complementary therapies also used as a strategy for pain relief include Reiki, therapeutic touch, and craniosacral therapy; however, these should be performed by experienced professionals[21].

Non-pharmacological methods capable of helping to control pain, as well as the use of fans to relieve dyspnea[22]. Positioning was studied as the first step in performing massage, and anatomical curves should be filled in using pillows or rolled-up cloths to promote a correct approach. Massage should be adapted to the conditions present, whether performed at home or in a hospital setting, and it is up to the professional to provide this versatility depending on the materials and location of the intervention[21].

Symptom control, both pharmacological and non-pharmacological, is one of the fundamental pillars of palliative care, as it is directly linked to the quality of life of sick people and their families.

Symptom control enables sick people to live with greater comfort and dignity, since pharmacological interventions are essential for the rapid and effective relief of intense symptoms. On the other hand, non-pharmacological approaches complement pharmacological treatment, as they help to promote the well-being of the person comprehensively, including the family, since the relief of the patient's suffering also reduces the emotional suffering of family members.

Spiritual support

Spirituality provides individuals with an understanding of their own suffering and an adaptation and modeling of their self, enabling them to be more capable and harmonious in contemplating a new meaning[26].

Thus, nurses should allow and provide space for individuals to express their faith and beliefs to understand their spiritual needs and respect them[18]. Helping people to achieve the meaning and significance of their experience, while respecting their beliefs and values, is a fundamental intervention of nurses, who facilitate communication between the multidisciplinary team, the person, and their family, ensuring that their wishes and preferences are respected[19,26,27]. The intervention is established according to a person-centered plan, corresponding to their specific needs, life experience, and desires, respecting their autonomy and promoting dignity[20,24], allowing connection with spirituality, faith, and religion[18].

In this context, the study by Johnson *et al*[20] considers that a person's religious and cultural beliefs about suffering and the family caregiver's beliefs about suffering due to past events are barriers to pain control in home palliative care and, as such, should be identified so that the team can develop interventions that meet spiritual and cultural needs.

The research by Johnson *et al*[20] and García-Navarro *et al*[24] illustrates that nurses provide spiritual care by facilitating contact with chaplains or spiritual assistants who offer support following the person's religious or spiritual beliefs[20,24].

Cardoso *et al*[26] argue that psychological interventions should include spiritual and existential needs to support people in palliative care through reflection on their lives and the search for meaning, allowing them to gain self-knowledge and maintain their identity and dignity. In this context, Lim *et al*[19] recognize that mindfulness intervention promotes relief from existing suffering and spirituality in people receiving

palliative care, showing the potential effect of brief mindfulness sessions on spiritual well-being. In the same study, Lim *et al*[19] illustrate that mindfulness had the greatest effect on achieving peace, followed by faith and meaning. The same authors[19] emphasize that the effect of this therapy may be due to shifting attention from experiences of suffering to phrases of love and promoting a sense of connection while repeating the phrases heard.

Furthermore, Lim *et al*[19] and Thomas *et al*[27] address other therapies, such as individual or group psychotherapy, focused on the meaning and retrospective of life, as well as dignity therapy, with significant results in spiritual well-being and quality of life, reducing the desire for death.

In the context of psycho-existential intervention, in addition to individual or group psychotherapy[19,27] and Dignity Therapy[19,27], other therapies are studied, such as Meaning of Life Therapy[26], Managing Cancer and Living Meaningfully (CALM)[27], and Meaning and Purpose Therapy[27], with results in alleviating suffering, searching for meaning, promoting dignity, and preparing for the end of life.

García-Navarro *et al*[24] state that both patients and families believe that a spiritual approach should be ensured by all those involved.

The results converge on the need for further research to provide comprehensive care that promotes the relief of suffering (physical, emotional, social, and spiritual), as well as dignity in the process of dying.

Emotional support

Healthcare provision directly contributes to increased suffering, as the unrecognized emotional impact of treatments and intolerable physical pain are repressive to well-being[18]. People in palliative care report experiencing suffering due to the hospital/healthcare environment, which does not allow for the expression and recognition of suffering, causing it to remain unexpressed[18]. The hospital environment represses the feeling of well-being and is identified as a cause of suffering due to the lack of empathy, time, and availability of professionals, promoting a disturbing environment[18].

Thus, the nurse's attitude is also seen by the person in palliative care as contributing to the relief of suffering, since the nurse offers emotional support to both the sick person and the family, helping them to deal with suffering, fear, anxiety, and grief. Interventions involve active listening, empathy, and support in end-of-life decision-making[22]. It is important to have a sympathetic attitude, with a compassionate view as an integral and necessary part of the emotional and spiritual support of the dyad (person and family)[24].

The nursing profession already integrates essential care in accompanying those who suffer. Nursing recognizes presence as an intervention by the nurse, defined as being with other people for as long as necessary, both physically and psychologically, and identifying activities such as: being with the sick person to convey feelings of security and trust, showing a compassionate attitude, listening to concerns, or being available to help the person[24,25].

Thus, the nurse's presence is considered essential in providing support and companionship, being a protective factor against loneliness and a strength for the coping mechanisms adopted during the process[24]. On the other hand, Rattner[18] states that the presence of family members, being surrounded by loved ones, especially when they are caregivers, and maintaining hope contribute to the relief of suffering.

Emotional support is undoubtedly a central nursing intervention in alleviating suffering in palliative care, but family members, especially caregivers, also provide very important support for people in palliative situations.

Family Education and Guidance

The proximity of death causes great anxiety and distress to the family, as they experience their own suffering and share in the suffering of their relative[18]. In agreement with this, the study by García-Navarro *et al*[24] highlights the extent of suffering and its impact, not only on the individual but also on the family, and describes the needs that the family has during the end of life of their relative, from presence, communication, and spiritual and emotional support, as an integral part of care for the individual and family in palliative situations.

In his research, Rattner[18] illustrates that family caregivers experience suffering indirectly and that this is sometimes misunderstood and undervalued by healthcare professionals. In this perspective, Allen[22] mentions that family preparation begins with early dialogue to help prepare families for the last days and hours of life, as well as talking about what may happen during this period. Illustrating this, Allen[22] refers to sedation as an approach that can be used to relieve existential suffering; however, it causes concern in families. As such, families should be encouraged to be with their loved ones and calm them down[22]. The nurse guides the family about the end of life and the proximity of death, as well as caring for the person, helping them to cope with grief, and preparing them emotionally for loss[18,22].

Only in the study by Johnson *et al*[20] is the perception of healthcare professionals explored concerning the barriers to palliative care at home that can interfere with the end-of-life process and a peaceful death. In this context, the same authors mention that some strategies are suggested, mainly aimed at family caregivers and families, in their capacity to provide care at home. Therefore, training the family is a priority through establishing educational plans aimed at family caregivers regarding symptom control, as well as the implementation of strategies such as the creation of diaries[20]. The same authors also determine that it is essential to establish an individual care plan and illustrate the importance of standardizing and uniforming pain records and conducting daily assessments to help the person and family document pain, the strategies used, and the results[20]. Furthermore, Johnson *et al*[20], in their study, show that empowering the family to control pain by keeping a daily record or pain diary is important. To this end, professionals in the community must create educational programs to prepare families for home care, given that an untrained or fearful family caregiver can affect pain management and adherence to treatment and increase suffering. The authors[20] add that the team itself should also establish a set of interventions, using an interdisciplinary approach and community professionals, to address needs and, in turn, minimize suffering and pain.

Limitations

The size of the samples in the articles included and, in some situations, the sample constraints are considered limitations to the study. This is because most studies had small sample sizes, and in some cases, initial participant numbers decreased due to patient death during data collection due to the death of participants.

There is still a significant gap in the evidence for people in palliative care with advanced chronic disease, most of whom are in palliative care due to the progression of cancer.

Conclusion

This Scoping Review mapped nursing interventions that promote the relief of suffering in palliative care, although more scientific evidence is needed to demonstrate the results on a large scale.

Suffering in palliative care is a multidimensional experience that involves not only physical symptoms such as pain, dyspnea, or agitation, but also the emotional, spiritual, and social aspects of the person and family.

A comprehensive and humanized approach to palliative care can alleviate this suffering, promoting quality of life and dignity at the end of life. It is essential that nurses, through active listening and individualized interventions, understand the various dimensions of suffering and adopt personalized strategies for each person.

In addition, joint actions, through education and guidance for families, and the promotion of a welcoming care environment, contribute to the person experiencing the end-of-life process in a more peaceful manner and with less suffering. Ultimately, palliative care is not limited to physical symptoms but extends to the care of the person, that is, holistic care, respecting their needs, desires, and dignity.

The research consulted did not address the technical and scientific knowledge necessary for nurses to provide effective care in alleviating suffering, highlighting the importance of specialized training in palliative care.

Further research is needed on the implications of suffering in palliative care and nursing interventions that can ensure individualized care, as well as strategies that nurses can implement independently, prioritizing the comfort and well-being of the person and, consequently, a peaceful death.

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Corresponding Author/Autora Correspondente
Cidália de Fátima Carvoeiras Nobre – Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal.
cidalia.nobre@esel.pt

Authors' contributions/Contributo dos Autores
MF: Study coordination, study design, data collection, storage and analysis, review and discussion of results.
RM: Study design, collection, storage, data analysis, review and discussion of results.
CN: Data analysis, review and discussion of results.
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