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Nursing staff knowledge in palliative care

Conocimientos del personal de enfermería en cuidados paliativos

Juliana Mishelle Rodríguez Llerena
https://orcid.org/0009-0009-0085-1028
Licenciada en Enfermería, Ministerio de Salud Pública, Ecuador

Narcisa Estefanía Morocho Espinoza
https://orcid.org/0009-0007-4188-1229
Docente, Universidad Tecnológica Indoamérica, Ecuador

Marjorie Lucía Castro Flores
https://orcid.org/0009-0003-5097-3652
Docente, Universidad Tecnológica Indoamérica, Ecuador

Oscar Kevin Cóndor Rosas
https://orcid.org/0009-0002-8716-187X
Licenciado en Enfermería, Ministerio de Salud Pública, Ecuador

Lizbeth Alexandra Miranda Villamarin
https://orcid.org/0009-0000-0654-7697
Licenciada en Enfermería, Ministerio de Salud Pública, Ecuador

Alicia Nathaly Vargas Lozada
https://orcid.org/0009-0001-9224-9908
Licenciada en Enfermería, Ministerio de Salud Pública, Ecuador

Alexandra Mishel Chango Querido
https://orcid.org/0009-0005-1804-0734
Licenciada en Enfermería, Ministerio de Salud Pública, Ecuador

ABSTRACT

Introduction: Palliative care (PC) is care that is focused on improving the quality of life of the patient and family. Objective: To identify the knowledge of nursing staff in palliative care. Methodology: The research was quantitative-descriptive, with a population of 15 nursing graduates who have worked in the care of patients with palliative needs. A survey was applied based on a questionnaire consisting of 21 items, which are distributed in 4 categories; 1st category: pain and symptom management, 2nd category: spiritual care, 3rd category: family care and 4th category: psychosocial care, with the aim of measuring the level of knowledge of the participants. Result: A high level of knowledge of how to provide PC was evident. In the first criterion 100% of the participants agree that adjuvant therapies are important for pain control, in the second criterion 78.6% consider that health care should be individualized according to the patient's beliefs, in the third criterion 100% consider it important that the family should always be involved in palliative care, finally in criterion four 100% consider that psychosocial care is interdisciplinary in nature. Conclusion: PC is a specialized branch of care aimed at improving the quality of life of patients facing serious or terminal illness, therefore, nurses must possess a wide range of knowledge and skills to provide quality care.

Keywords: Palliative care, Spirituality, Terminally ill, Health personnel.

RESUMEN

Introducción: Los cuidados paliativos (CP) son aquellos que están enfocados en mejorar la calidad de vida del paciente y la familia. Objetivo: Identificar el conocimiento del personal de enfermería en cuidados paliativos. Metodología: La investigación fue de tipo cuantitativa-descriptiva, cuya población fue 15 Licenciadas/os en enfermería que han trabajado en el cuidado de pacientes con necesidades paliativas, se aplicó una encuesta basada en el cuestionario que consta de 21 ítems, las cuales están distribuidas en 4 categorías; 1ª categoría: dolor y manejo de los síntomas, 2ª categoría: cuidado espiritual, 3ª categoría: cuidado familiar y 4ª categoría: cuidado psicosocial, con el objetivo de medir el nivel de conocimiento de los participantes. Resultado: Se evidencio un nivel alto en conocimientos para brindar CP. En el primer criterio un 100% de los participantes están de acuerdo en que las terapias coadyuvantes son importantes para el control del dolor, en el segundo criterio un 78,6% considera que la atención de salud debe ser individualizada según las creencias del paciente, en el tercer criterio un 100% considera importante que la familia debe participar siempre en los cuidados paliativos, finalmente en el criterio cuatro un 100% consideran que el cuidado psicosocial es de carácter interdisciplinario. Conclusión: Los CP constituyen una rama especializada de la atención destinada a mejorar la calidad de vida de pacientes que enfrentan enfermedades graves o terminales, por ende, el personal de enfermería debe poseer una amplia gama de conocimientos y habilidades para proporcionar una atención de calidad.

Palabras claves: Cuidados paliativos, Espiritualidad, Enfermo terminal, Personal de salud.

INTRODUCTION

Currently, nursing staff plays an important role in providing palliative care (PC) to patients in their terminal phase, that is, they are professionals who are in permanent contact with human suffering and death, they promote interventions focused on the integrity of the person, as well as the necessary care that allows them to maintain the greatest possible comfort during those difficult moments, we must not forget that the success of this practice does not focus on healing, but on ensuring the well-being of the patient. Palliative care was born from the need to improve the quality of life in patients with serious illnesses, through a care process developed both in the hospital and at home (Arias Tuapanta TJ, Cusme Torres NA y otros, 2021).

According to the World Health Organization (WHO), palliative care is defined as the approach that improves the quality of life of patients and families facing problems associated with life-threatening diseases, through the prevention and relief of suffering, through early identification and impeccable assessment and treatment of pain and other physical, psychological and spiritual problems (Ministerio de Salud Pùblica del Ecuador, 2014).

In developed countries such as the United Kingdom and Belgium, which have specialized nursing centers for palliative care, so that they have a specialized team, care programs, which include special care, nutritional advice, therapeutic control, the need for early intervention by a multidisciplinary team becomes tangible, with the purpose of reducing the symptoms produced as a consequence of these diseases, since the death process is biopsychosocial and not only biological (Arias Tuapanta TJ, Cusme Torres NA y otros, 2021).

However, in Latin America, despite the enormous needs, the development of CP in recent years has increased, but it remains limited and insufficient and less than 1% of the population receives it, therefore, the consequence is when the patient no longer responds to specific treatments, which leads to death in a certain time. For this reason, the high rates of morbidity and mortality have increased in the population, with a higher prevalence in older adults (Arias Tuapanta TJ, Cusme Torres NA y otros, 2021).

Furthermore, Ecuador has a lack of training, capacity building, and knowledge updating among nursing staff to provide adequate care to patients with terminal illnesses. It is worth mentioning that several hospitals do not provide palliative care; For these reasons, independent long-stay institutions providing care until death were established. Therefore, care for cancer patients began at the tertiary care hospital SOLCA, which is one of the main centers for cancer prevention, diagnosis, treatment, and palliation available throughout the country, serving more than 40% of oncology cases (Arias Tuapanta TJ, Cusme Torres NA y otros, 2021).

In the management of terminally ill patients, nursing staff must integrate general knowledge: family counseling, symptom control, comprehensive care for advanced diseases, pain treatment, analgesia, pharmacological and non-pharmacological treatment, psychological, social and emotional care, individualized therapies such as physiotherapy, occupational therapy, music therapy, spiritual support at the request of the patient, accompaniment to the family-patient during and after the illness (Arias Tuapanta TJ, Cusme Torres NA y otros, 2021).

Therefore, palliative care is a set of therapeutic strategies implemented by health specialties such as: nursing, psychology, nutrition, physiotherapy, social work, occupational therapy, pharmacy, spiritual and religious counseling with the aim of comprehensively caring for the person, alleviating suffering and improving the quality of life of patients with various advanced chronic diseases with no life prognosis, allowing a dignified and comfortable death (Santacruz Juan Guillermo, Martinez Gil Luisa Fernanda, 2021).

Types of palliative care

Basic level: It assesses at all times the needs of the patient in the different areas of care, meeting those needs with knowledge, skills, resources and competence on the part of the nursing staff and identifying when the patient needs to be transferred to another health service (Radbruch L, 2021).

Advanced Level: Provides health care to patients with more complex and intensive care needs, performing complementary diagnostic tests and specific treatment to manage symptoms (Figueredo Borda Natalie, 2019).

Quality of life: It focuses on several aspects such as: physical, psychological, social and spiritual well-being, that is, the ability to achieve personal goals, feelings of happiness to lead a normal and socially satisfactory life (Ministerio de Salud Pùblica del Ecuador, 2014).

Terminal stage illness: is any illness that does not have a specific curative treatment or with the capacity to delay its evolution, but always leads to death in a variable time, is progressive, causes intense, multifactorial, changing symptoms and therefore triggers physical, psychological and emotional suffering in the family and the patient (Amado José, 2020).

Suffering: Negative state characterized by the feeling that the patient has of being threatened in his physical and emotional integrity, by the presence of impotence to face said threat and by the exhaustion of personal and psychosocial resources that allow him to face the situation (Ministry of Public Health of Ecuador, 2014).

Pain: It is a subjective symptom, unique to each person, it can be modulated by different emotions, behaviors or external phenomena, and it affects one or more personal spheres (physical, psychological, social or spiritual) (Ministry of Public Health, 2022).

This research aims to identify the knowledge of nursing staff in palliative care.

METHODOLOGY

This research will be developed under the principles of a quantitative approach, as objective measures will be used to obtain data on the study variables. Furthermore, it is distinguished as a descriptive study, since the knowledge variables of palliative care nursing staff were described according to the results obtained.

It will be based on a non-experimental design, since no preconceived manipulation will be performed on the study variables. In this sense, it corresponds to a cross-sectional study, as it will be carried out over a period of time limited to a specific timeframe.

The study population was 15 nursing graduates who have worked in the care of patients with palliative needs, of which 1 of them chose not to participate. The purpose of the study was made known to the participants, and before beginning the application of the measurement instrument, their voluntary participation was requested through informed consent.

The data collection instrument used was a survey called "Knowledge of palliative care among nursing staff at the SOLCA Loja Oncology Hospital," according to López et al. (2014). It consists of 21 items distributed into four categories: the first, which asks about pain control and symptom management, has 11 questions; the second, which addresses nursing perceptions of spiritual care, has two questions; the third, which addresses the level of nursing knowledge in family care, has four questions; and the fourth, which refers to nursing criteria in psychosocial care, has four questions. It is measured with closed-ended answers: T: true; F: false. (López Mantecón Ana Marta, 2014).

The categorization and weighting of results indicates that a high level of knowledge is centered between 86% and 100%, which corresponds to more than 18 correct questions; the regular level is between 70% and 85%, which corresponds to 14 to 17 correct questions; the low level is considered less than 70%, which corresponds to fewer than 14 questions answered correctly (López Mantecón Ana Marta, 2014).

Inclusion and exclusion criteria for data obtained in this research. Inclusion criteria: Nursing staff who sign the informed consent form and agree to participate in this study, nurses with more than 5 years of experience in palliative care.

Exclusion criteria: Nursing staff who have not worked with patients with palliative care needs, nurses with less than 5 years of experience in palliative care, nurses who do not work in a clinical setting, who do not wish to participate in the research and do not sign the informed consent form.

The data for this research will be collected using Google forms, and the data will be analyzed using Microsoft Excel. The intervention and presentation of results will be done using statistical tables.

The ethical considerations of the current research take into account the ethical principles of privacy, confidentiality and respect for the patient, taking into account the Declaration of Helsinki, which guarantees the well-being of people, through data protection and promoting research ethics (Percio, 2020), likewise informed consent was used, in which the participant voluntarily confirmed his collaboration with the research.

RESULTS

Regarding demographic data, it was observed that 100% of the respondents were female; 57.1% of the participants were over 40 years old, and when analyzing service length, the majority were nurses with more than 10 years of experience.

Table 1. Demographic data

VARIABLE	FREQUENCY No	PERCENTAGE %
GENDER		
Female	14	100
Male	0	0
Total	14	100%
AGE RANGE		
Under 25 years old	0	0
From 25 to 30 years old	0	0
From 31 to 35 years old	2	14.3
From 36 to 40 years old	4	28.6
More than 40 years	8	57.1
Total	14	100%
SENIORITY IN SERVICE		
Less than 5 years	0	0
Between 5 and 7 years	3	21.5
Between 9 and 10 years old	2	14.2
More than 10 years	9	64.3
Total	14	100%

Source: the authors.

Table 2. Nursing criteria for pain control and symptom management

CATEGORY 1		TRUE		FAKE		TOTAL
		V	%	F	%	
1.1	At the first step of the analgesic ladder are NSAIDs, dipyridone , paracetamol and codeine.	7	50%	7	50%	14
1.2	Adjuvant therapies are important for pain control.	14	100%	0	0%	14
1.3	On the analgesic ladder, all medications have an analgesic ceiling.	11	78.6%	3	21.4%	14
1.4	Assess the relief obtained compared to side effects.	12	85.7%	2	14.3%	14
1.5	The drug of choice in the third step is morphine, which should always be administered at intervals of 6 to 8 hours.	8	57.1%	6	42.9%	14
1.6	Morphine is used exclusively for cancer pain.	2	14.3%	12	85.7%	14
1.7	The visual analogue scale (VAS) allows pain to be assessed.	13	92.9%	1	7.1%	14
1.8	Palliative care deals with symptom management.	9	64.3%	5	35.7%	14
1.9	Aggressively treat the pain, not the associated symptoms.	2	14.3%	12	85.7%	14
1.10	Morphine is indicated from the moment painful symptoms appear.	2	14.3%	12	85.7%	14
1.11	Treatment with analgesics at a fixed schedule.	8	57.1%	6	42.9%	14

Source: the authors.

When analyzing table 2 corresponding to category 1: nursing criteria for pain control and symptom management, it was evident that in literal 1.1, 50% of the participants considered that the first step of the analgesic ladder includes NSAIDs, risperidone, and paracetamol, and the other 50% do not consider it. In literal 1.2, 100% analyze that adjuvant therapies are important for pain control. On the other hand, in literal 1.3, 78.6% identify that all medications on the analgesic ladder have an analgesic ceiling. Then, in literal 1.4, 85.7% do value the relief obtained compared to side effects. In addition, in literal 1.5, 57.1% distinguish that morphine is the medication of choice in the third step, which should always be administered at an interval of 6 to 8 hours. But in literal 1.6, 85.7% consider that morphine is not used exclusively against cancer pain, likewise in literal 1.7 92.9% interpret that the visual analogue scale (VAS) allows pain to be assessed, in literal 1.8 64.3% analyzes that palliative care is responsible for symptom management, in literals 1.9 and 1.10, 85.7% of respondents stated that pain and associated symptoms are not treated vigorously and that morphine is not used from the moment painful symptoms appear, finally in literal 1.11 57.1% consider using treatment with analgesics at a fixed time.

Table 3. Nurses' perception in spiritual care

CATEGORY 2		TRUE		FAKE		TOTAL
		V	%	F	%	
2.1	Spiritual aspects are not part of palliative care.	2	14.3%	12	85.7%	14
2.2	Individualized care based on the patient's beliefs.	11	78.6%	3	21.4%	14

Source: the authors.

An analysis of Table 3, which covers the category of nurse perceptions of spiritual care, shows that in paragraph 2.1, 85.7% of respondents do not consider spiritual aspects to be part of palliative care. In paragraph 2.2, 78.6% of respondents believe that individualized care should be provided based on the patient's beliefs.

Table 4. Level of nursing knowledge in family care

CATEGORY 3		TRUE		FAKE		TOTAL
		V	%	F	%	
3.1	The family should always be involved in palliative care.	14	100%	0	0%	14
3.2	They offer emotional support to family members during their grief.	14	100%	0	0%	14
3.3	It intervenes on both the patient and the family.	13	92.9%	1	7.1%	14
3.4	Palliative care should not be provided at home.	3	21.4%	11	78.6%	14

Source: the authors.

When analyzing Table 4, which corresponds to category 3 on the level of nursing knowledge in family care, it was evident that in both literal 3.1 and 3.2, the nursing staff surveyed stated that the family should always participate in palliative care and that emotional support should be provided to the patient, resulting in 100%, while in literal 3.3, 92.9% of respondents considered that it is important to intervene on both the patient and the family, finally in literal 3.4, 78.5% of respondents considered that palliative care should not be provided at home.

Table 5. Nursing criteria in psychosocial care

CATEGORY 4		TRUE		FAKE		TOTAL
		V	%	F	%	
4.1	Palliative care offers psychosocial support to the patient.	13	92.9%	1	7.1%	14
4.2	Psychosocial support and appropriate communication should be considered when navigating the analgesic ladder.	13	92.9%	1	7.1%	14
4.3	Comprehensive and individualized vision of patients.	13	92.9%	1	7.1%	14
4.4	Interdisciplinary character.	14	100%	0	0%	14

Source: the authors.

When analyzing table 5 corresponding to category 4 on nursing criteria in psychosocial care, it is evident that in literal 4.1, 4.2 and 4.3, 92.9% of respondents consider that palliative care offers psychosocial support to the patient, adequate communication to navigate the analgesic ladder and provide a comprehensive and individualized view of patients, finally in literal 4.4, 100% of respondents consider the interdisciplinary nature of psychosocial care.

DISCUSSION

Palliative care is a specialized branch of medical care designed to improve the quality of life of patients facing serious or terminal illnesses. This comprehensive approach focuses on alleviating physical, emotional, and spiritual suffering for both the patient and their loved ones through pain control and symptom management that allows the patient and family to better cope with the situation at the end of their life, such that pain is the most frequent symptom in patients receiving palliative care, which is controlled by weak and potent opioid analgesics, and is even complemented with other drugs to increase their analgesia (Santacruz and Martinez, 2021).

Nursing plays an important role in health services, as it is responsible for caring for the individual and society, thanks to its moral qualities and virtues, which embody the sacred nature of human life. Therefore, it is important to provide information on practical aspects. Furthermore, providing guidance on psychological support resources that will allow the family to better understand and manage their emotions can also help normalize the diverse emotional reactions experienced by family members, thus promoting an environment of understanding and mutual support throughout the illness process. (Álvarez et al., 2020) (Ramón et al., 2021).

A study conducted by Arias and Cusme (2020) mentions that nursing staff should provide care in conjunction with a specialized team, with care programs based on the control of symptoms and side effects, which includes special care in aspects such as physical symptoms, therapeutic control, occupational therapy, nutritional counseling, relaxation techniques, among others. Allowing the patient to have a better quality of life by reducing the discomfort presented by the associated symptoms without eliminating them, but controlling the pain so that it is less bothersome. (Arias et al., 2021).

A study by Ponti et al. (2019) defines that care should be comprehensive and active for patients with CP who do not respond to curative treatment; Emphasis is placed on early identification and assessment of symptoms, and on the treatment of pain and other physical problems. Early assessment provides treatment for pain along with all associated symptoms, both equally and not specifically alone, since if a patient's symptoms are controlled, they will be more comfortable with the condition (Ponti et al., 2019).

In a study carried out by Uriel et al (2023) it is reported that the Visual Analogue Scale (VAS) is a commonly used tool to assess pain intensity. This is a unidimensional scale in which the patient rates their pain by assigning it a value on a continuous line from 1 to 10. Although it has limitations, its ease of use and application make it valuable in clinical practice to measure the subjective perception of pain by the patient (Uriel et al., 2023). Likewise, Torcal and Ventoso (20202) indicates that on the VAS scale, 1-4 corresponds to the first step; 5-6 to the second step; 7-10 to the third step. The increase in step is due to therapeutic failure with full doses of a drug (Torcal and Ventoso, 2020).

Analgesic treatment in patients with CP. According to Diaz et al (2023), analgesics should be administered regularly and with a medical prescription to prevent pain, rather than relieve it, they should be used progressively as needed, from mild to severe. The needs of each patient are individual and specific, and their care should be developed accordingly, with extended support to their family and caregivers (Herrero et al., 2023).

Furthermore, adjuvant therapies are essential in pain control, especially in the context of palliative care and in the management of chronic or serious diseases. According to Cabo de Villa et al (2020), these therapies are used in conjunction with conventional treatments from various perspectives, providing a more comprehensive and holistic approach. Likewise, the combination of these therapies with pharmacological approaches contributes to a comprehensive and personalized treatment plan for pain control. The most common therapies include: physical therapy, psychotherapy, acupuncture, occupational therapy, massage therapy, aromatherapy, among others (Cabo de Villa et al., 2020).

On the other hand, morphine is a potent opioid analgesic commonly used in the third step of the World Health Organization (WHO) analgesic ladder generally involves the use of potent opioids for the management of moderate to severe pain. In a study conducted by Torcal et al (2020) the administration of morphine and other opioids should be based on an individualized assessment of the patient and their specific needs. The frequency of administration will depend on the formulation of the drug. (Torcal and Ventoso, 2020).

When analyzing a study by Herrera et al (2023) morphine and other strong opioids are commonly associated with the management of oncology (cancer) pain but are not exclusively used for this purpose. Opioids, including morphine, are employed in a variety of clinical situations to control severe pain, regardless of their origin. They are used in palliative care to provide pain relief and improve quality of life in patients with terminal illnesses. Each patient experiences pain uniquely, and morphine allows for effective individualization of treatment. By adjusting doses and administration intervals according to patient response, an optimal balance between pain relief and management of side effects is achieved (Herrera et al., 2020).

Analyzing data from a study conducted by González (2020), the assessment of relief obtained versus side effects is a fundamental aspect in pain management and treatment. This principle applies particularly in the context of analgesics and other medications used, that is, they are essential to ensure that the patient obtains the maximum benefit from pain treatment with the lowest possible risk of unwanted side effects. Many analgesic medications can have side effects, some of which can affect quality of life. (González, 2019).

On the other hand, spiritual aspects are part of palliative care because it allows providing deeper care to achieve inner peace for each patient. In the work carried out by Esperandio and Leget (2020), it allows us to know that spirituality is not synonymous with religious care but rather assistance based on identification, attention to needs, active, compassionate listening, which welcomes the person who suffers and seeks to minimize their suffering, whether physical, emotional, psychosocial or spiritual (Esperandio and Leget, 2020).

Throughout their professional lives, nursing staff will encounter different types of patients who value spirituality in their own way or who do not value it. This is the key to understanding and providing individualized care to the patient according to their personal beliefs, providing spiritual care. Ordoñez and Monroy (2021) indicate that spirituality is defined as the sense that an individual gives to inner peace, purpose in life and relationships with others, and beliefs about the meaning of life. It is important for the patient to have hope and maintain spirituality in situations that seem unanswered, such as in the case of a serious illness that threatens the continuity of existence (Ordóñez and Monroy, 2021).

is considered a fundamental pillar in patients with terminal illnesses and require palliative care, therefore, family members should always participate in all patient care, caring for a sick person is one of the most complex activities and more so when it is a patient in the palliative phase for the simple fact that they receive a very complex treatment, this is why the presence of the family provides emotional support, improves the quality of life and contributes to making informed decisions about the treatment, creating a comprehensive and compassionate care environment for the patient and the health team to carry out their respective activities (Sierra et al. , 2019) .

The patient must receive the necessary technical and emotional support within their social, family, emotional, and individual environment. This support offers advantages for the patient, the family, and the healthcare system. The advantage of family emotional support for the patient is that it provides continuity in the development of treatment, allowing them to freely distribute their time as they wish, maintaining all the occupational activities they are allowed to perform. For the family, it provides satisfaction through participation in care, facilitating the process of their illness by supporting them throughout the process and reducing the suffering of their family member (Sierra et al. , 2019).

A study carried out by Lizarondo et al., (2022) tells us that stress management in patients receiving palliative care is crucial since they must focus on providing emotional support, psychological therapy and relaxation techniques such as deep breathing or meditation to reduce the stress that the patient is going through. On the other hand, the implementation of recreational or artistic therapies according to the patient's need and possibility are beneficial for the patient because they keep the patient distracted and focused on activities, allowing the creation of a compassionate and calm environment (Lizarondo et al., 2022).

Similarly, PCs provide psychosocial support to patients because they recognize the integral importance of care in situations of advanced or terminal illness. Psychosocial support focuses on improving the patient's quality of life, addressing emotional, social, and spiritual aspects. This contributes to alleviating overall suffering, not just physical, but also directed at the patient and their families. It helps families understand and manage the disease process (Álvarez et al., 2020) (Ramón et al., 2021).

In case there is a lack of family support or caregivers are unable to handle the physical and emotional burden, it may be more beneficial to opt for palliative care facilities, therefore, the choice between palliative care at home or in a clinical setting depends on the specific situation of the patient and the family's ability to provide the necessary support (Sierra et al., 2019) (Lamfre et al., 2023). Finally, psychosocial support in palliative care contributes to a holistic and compassionate approach, helping patients cope with terminal illness in a more complete and humane manner. Palliative care can be provided at home, as it is a valuable and often preferred option for those patients who wish to spend their final days in a familiar and comfortable environment. However, there are situations in which it may not be the most appropriate option, such as: complex medical needs: If the patient has complex medical needs that are difficult to manage at home, it may be safer and more effective to receive palliative care in a clinical setting. Not all families have the resources or training necessary to provide palliative care at home (Sierra et al., 2019) (Lamfre et al., 2023).

CONCLUSION

Nursing staff working in palliative care must possess a broad range of knowledge and skills to provide quality care to patients and their families at the end of life. Areas of knowledge include pain and symptom management, in which accurate assessment, individualized planning, and a combination of pharmacological and non-pharmacological approaches are essential for providing effective pain relief; the nurse's understanding of spiritual care strengthens spiritual support, allowing patients to find meaning and comfort; education, emotional support, and understanding of family members contribute to a more effective care environment; and psychosocial care addresses the emotional, social, and mental needs of the patient and their family.

Nursing staff are highly knowledgeable in the management of these patients because their pathology is complex and therefore requires specialized care to maintain and improve their quality of life from the physical, psycho-emotional, and spiritual perspectives. In the case of these patients with serious or terminal illnesses, nursing staff do not seek to cure but rather to alleviate their suffering, focusing on symptomatic relief and comfort.

Providing palliative care to terminally ill patients is of utmost importance, as it improves their quality of life by addressing physical, emotional, and spiritual symptoms. It also fosters acceptance and positive coping with the disease, focusing primarily on alleviating suffering. This research is useful because it allows us to recognize the quality of care provided by nursing staff and improve their knowledge of palliative care. This approach, which allows us to achieve more effective, humane, and focused care, addressing the specific needs of terminally ill patients, can be achieved through the ongoing assessment of the knowledge and skills developed by healthcare staff.

The development of the article on nursing staff's knowledge of palliative care presented several challenges, including the collection of accurate data, the selection of appropriate measurement instruments, and the need to address potential biases in the sample. Furthermore, the effective interpretation and presentation of results can be additional obstacles in this research process. The future contribution to this article is to seek out current research that integrates the spiritual dimension, given that this is a topic understudied in PC and is highly necessary within the care provided by nursing staff because it provides inner peace, purpose in life, and the beliefs of each patient.

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