ORIGINAL ARTICLE

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APPLICABILITY OF PROTOCOLS TO ONCOLOGY PATIENTS IN PALLIATIVE CARE

APLICABILIDAD DE PROTOCOLOS A PACIENTES ONCOLOGICOS EN CUIDADOS PALIATIVOS

APLICABILIDADE DE PROTOCOLOS A PACIENTES ONCOLÓGICOS EM CUIDADOS PALIATIVOS

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ABSTRACT

Objective: To verify how the applicability of protocols for patients in oncology Palliative Care influences humanized nursing care. Method: Exploratory, descriptive and field study, with a qualitative approach through the application of a questionnaire on the applicability of palliative care protocols with eight nursing professionals, in April 2023 in a general hospital with an oncology service. Results: It was found that the applicability of the protocol has an influence on humanized nursing care. Therefore, the family and the patient feel supported and guided during the disease process and the healthcare team is better prepared to assist patients in Palliative Care. Conclusion: With the use of protocols, the team has better direction to carry out interventions in response to the nursing demands encountered, enabling humanized care for the patient and family in this delicate process, promoting a dignified end of life in the hospital and at home.

Keywords: Palliative Care; Humanized Care; Protocols; Nursing.

RESUMEN

Objetivo: Comprobar la aplicabilidad de los protocolos a los pacientes en Cuidados Paliativos oncológicos influye en el cuidado humanizado de enfermería. Método: Estudio exploratorio, descriptivo y de campo, con enfoque cualitativo mediante la aplicación de un cuestionario sobre aplicabilidad de protocolos de cuidados paliativos a ocho profesionales de enfermería, en abril de 2023 en un hospital general con servicio de oncología. Resultados: Se encontró que la aplicabilidad del protocolo influye en el cuidado humanizado de enfermería. De esta manera, la familia y el paciente se sienten apoyados y guiados durante el proceso de la enfermedad y el equipo de salud está mejor preparado para asistir a los pacientes en Cuidados Paliativos. Conclusión: Con el uso de protocolos, el equipo tiene mejor orientación para realizar intervenciones en respuesta a las demandas de enfermería encontradas, posibilitando el cuidado humanizado del paciente y de la familia en este delicado proceso, promoviendo un final de vida digno en el hospital y en el domicilio.

Palabras clave: Cuidados Paliativos; Atención Humanizada; Protocolos; Enfermería.

RESUMO

Objetivo: Verificar como aplicabilidade de protocolos a pacientes em Cuidados Paliativos oncológicos influenciam no cuidado de enfermagem humanizado. Método: Estudo de caráter exploratório, descritivo e de campo, com abordagem qualitativa através da aplicação de questionário sobre a aplicabilidade de protocolos de cuidados paliativos com oito profissionais de enfermagem, no mês de abril de 2023 em um hospital geral com serviço de oncologia. Resultados: Constatou-se que a aplicabilidade do protocolo tem influência no cuidado de enfermagem humanizado. Portanto, a família e o paciente se sentem amparados e orientados durante o processo da doença e a equipe de saúde fica mais bem preparada para a assistência a pacientes em Cuidados Paliativos. Conclusão: Com o uso de protocolos a equipe tem melhor direção para realizar intervenções frente as demandas de enfermagem encontradas, possibilitando cuidado humanizado para o paciente e família nesse processo delicado, promovendo um final de vida digno no hospital e no seu domicílio.

Palavras-chave: Cuidados Paliativos; Cuidado Humanizado; Protocolos; Enfermagem.

INTRODUCTION

One of the main causes for the need for Palliative Care (PC) globally is cancer, with many cases of this pathology being diagnosed at an advanced stage with few opportunities for a cure[1,2].

Oncological patients, at some stage between the diagnostic process and treatment, may require special care, such as postoperative monitoring, advanced pathology management, and addressing complications from chemotherapy and radiotherapy, among other serious conditions associated with cancer[3].

From the onset of cancer, PC can be applied alongside disease-modifying therapies and expanded based on patient needs. It may also include measures to control complications that patients might experience, thereby aiding in supporting families in coping with the illness and even during the grieving process[4].

Patients with advanced cancer often require PC. Consequently, they present various symptoms, frequently necessitating research and studies conducted by healthcare professionals[4]. PC is defined as comprehensive and multidimensional care aimed at patients facing serious and life-threatening illnesses. PC seeks to promote quality of life through interventions that relieve suffering and address physical symptoms, such as pain, as well as emotional, social, and spiritual aspects. The PC approach involves a multidisciplinary team focused on both the patient and their family, with the goal of providing comfort and dignity regardless of the stage of the disease or curative treatment[5].

Currently, PC activities in Brazil need to be legally recognized. There is still considerable lack of knowledge and prejudice associated with PC, particularly among health managers, healthcare teams, and the judiciary system. PC is often confused with euthanasia, and there is significant stigma surrounding the use of strong medications, such as opioids and morphine, for pain relief[6].

For PC to achieve its importance, care provided to patients and their families needs to be more humanized. Healthcare professionals must have a global perspective and understand patients' needs. Thus, a multiprofessional approach is required to enhance patients' quality of life, improving symptoms throughout the disease course[7].

A study addressing challenges in implementing PC concluded that there are gaps in the training of healthcare professionals, as they are often educated using curative and fragmented models, which hinder the integral approach needed for individuals in terminal phases. Furthermore, the study highlights obstacles such as the exclusion of PC from academic curriculums, the lack of specialized services outside major urban centers, and resistance to topics related to death and end-of-life care among professionals. To ensure PC is provided in a dignified and humane manner, it is crucial to invest in professional training, education, and the expansion of specialized services[8].

Healthcare professionals need to equip themselves with the tools necessary to provide higher-quality care for this condition. Protocols act as management tools for multidisciplinary teams, offering security in performing procedures while standardizing and unifying actions to deliver comprehensive and correct assistance to patients[9].

Moreover, protocol development increases safety possibilities for both patients and the professional team, enhancing the quality and effectiveness of care and contributing to better multidisciplinary assistance by improving technological and economic resources. Protocol implementation should begin with training the entire multiprofessional team to identify risk factors during patient admission, enabling decision-making and necessary referrals[3].

Currently, cancer is one of the most complex public health challenges faced by the Brazilian healthcare system, given its epidemiological, social, and economic dimensions. Many new cancer cases could be prevented, with the Ministry of Health prioritizing the prevention and control of this disease, emphasizing that at least one-third of new cancer cases occurring annually worldwide could be avoided. For this reason, disease prevention and control are priorities on the Ministry of Health's health agenda. Simultaneously, the National Cancer Institute José Alencar Gomes da Silva (NCAI) has as one of its main commitments the health of Brazilian individuals, thus contributing to the policies of the Unified Health System (UHS) and cooperating with the establishment of comprehensive health care networks[10].

In light of the above, the topic of palliative care for oncological patients was raised due to the significant increase in cancer cases observed in clinical practice, often requiring patients to transition to palliative care. These care practices need humanization, as they address the incurability of the disease or the end of a patient's life. This raises questions about whether such humanized care is carried out through existing protocols within institutions. How do these protocols address the needs observed in clinical practice? Are there difficulties in standardizing PC care? How do protocols affect the humanization of care?

From the foregoing, we identified the need to explore the following objective: To verify how the applicability of protocols for oncological PC patients influences humanized nursing care.

METHODOLOGY

This study consists of qualitative, exploratory, descriptive, and field research. The research was conducted with members of the nursing team who provide care to oncology patients in palliative care (PC) in an oncology ward of a large hospital located in southern Santa Catarina. It involved eight (8) participants who were selected based on their role in caring for patients in PC. A questionnaire created by the authors was applied, addressing the applicability of PC protocols and covering the following topics: knowledge about PC; protocol applicability; PC in practice; and experiences in PC. The study was conducted in April 2023.

The study was based on the approach by Minayo[11], who states that "qualitative research addresses specific questions, focuses on a level of reality that cannot be quantified, and works with a universe of multiple meanings, motivations, aspirations, beliefs, values, and attitudes". The data were organized into categories, which included elements with common characteristics that related to one another. This method grouped themes around a concept encompassing all responses for this purpose. Each category could cover several responses under a shared theme.

A questionnaire with eight questions was prepared and administered by the authors at pre-scheduled times and locations. Afterward, the collected data were organized and classified based on the questions and relevant information found in the texts (grouping data under the same theme). Four specific categories, already mentioned above, were developed, leading to the final data analysis.

This research project was approved by the Ethics Committee under opinion number 5.502.264/2022 and CAAE 59883222.4.0000.0119.

RESULTS

After data collection and analysis, four (4) categories were established to present and discuss the findings: Knowledge about PC; Protocol Applicability; PC in Practice; and Experiences in PC.

To maintain confidentiality and ethics, the letter “T” was used for nursing technicians and “E” for nurses, followed by their respective numbers.

The professional categories of the study participants included nursing technicians and nurses, with five (5) nursing technicians and three (3) nurses participating. The length of service at the institution ranged from six (6) months to five (5) years.

Category 1 - Knowledge about Palliative Care

All professionals demonstrated knowledge of the concept and the palliative care (PC) protocol present in the institution. They were aware of the existence of these protocols within the organization.

Regarding their understanding of PC, the most cited responses referred to the use of humanized practices that offer dignity to terminally ill patients with no further treatment options, aiming to alleviate suffering. These responses were provided by multiple participants, such as T1, T3, T4, T5, E1, E2, and E3. Some of these responses are highlighted as follows:

> *T3: These are active and comprehensive healthcare measures provided to people with severe, progressive illnesses that threaten the continuity of their lives.*
>
> *T4: Delivered by a multidisciplinary team, these are care practices aimed at patients with progressive and incurable illnesses, focusing on providing treatment with dignity and reducing suffering.*

> *E1: Care practices for patients with incurable diseases that offer dignity and humanization, alleviating the suffering of patients in terminal stages.*
>
> *E2: Providing care by offering individualized assistance practices, centered on quality and dignity, to reduce the suffering of patients with terminal illnesses.*

Among these, two (02) professionals (T1, T5) reported that PC (Palliative Care) consists of comfort measures provided to patients with illnesses that are no longer curable.

The PPS (Palliative Performance Scale) evaluates five separate criteria: ambulation, activity and evidence of the disease, self-care, intake, and level of consciousness. The lower the value obtained, the worse the patient's prognosis[12]. The KPS (Karnofsky Performance Scale) is also considered a widely used tool for PC patients, assessing the disease's evolutionary curve[13].

Regarding the KPS and PPS scales, one (01) professional (T2) was not familiar with them, while three (03) professionals (T1, T4, E3) stated that they are used to assess the patient's level of functionality, determining their levels of decline. Some statements are as follows:

> *T1: PPS evaluates the underlying disease, associated illnesses, the patient's functional conditions, and personal conditions. When the total score of the criteria is greater than or equal to 4 points, palliative care is considered.*
>
> *E3: PPS allows the establishment of the patient's prognosis and functionality. On the other hand, KPS is a scale that determines and quantifies well-being and can even assess the possibility of using chemotherapeutic agents.*

Two (2) of the professionals (T5, E2) consider the scale as a tool to assess the level of palliative care required by patients.

Category 2 - Protocol Applicability

Regarding how the nursing team applies the protocol and provides comfort measures for oncological patients in PC (Palliative Care), it was observed that six (06) of the interviewees (T3, T4, T5, E1, E2, E3) mentioned pain relief and analgesia as essential comfort measures for the care of these patients. Key points highlighted include:

> *T4: All actions should aim to ensure the best quality of life and control uncomfortable symptoms.*
>
> *T5: Humanized care, analgesia, support from the multidisciplinary team, and palliative care rounds.*
>
> *E2: Through the pain scale and PPS, always respecting each patient’s individuality, conducting palliative care rounds with the multidisciplinary team.*
>
> *E3: Prohibit any invasive procedure that would bring discomfort to the patient. Pain and palliative sedation protocols are applied to patients in the process of dying.*

Among them, three (03) professionals (T5, E1, E2) highlighted the importance of the multidisciplinary team in broadly discussing the humanized care that should be provided to these individuals.

Regarding the influence of protocol application on comfort measures, two (02) professionals (E1, E3) stated that the applicability does not interfere with comfort measures.

The professional (T3) also responded that it does not interfere; however, they justified that to perform comfort measures, the protocol alone should not be followed, but rather the patient as a whole—physical, emotional, and spiritual—should be evaluated. Meanwhile, (T2, T4) also indicated no interference, but emphasized that the patient must be the central focus of care. On the other hand, (T5) simply answered yes, and (E2) agreed, believing that the protocol would indicate the level of treatment for the patient. Finally, professional T1 stated that if not applied correctly, it could indeed interfere.

Concerning the criteria used by the institution to consider an oncological patient for palliative care, four (04) professionals (T2, T3, T5, E1) mentioned that a medical evaluation is necessary to classify the patient as needing PC.

> *T5: With the physician's evaluation and the family's authorization.*
> *E1: Evaluation by the attending physician together with the multidisciplinary team.*

When asked, four (04) interviewees (T1, T4, E2, E3) stated that it is due to being an incurable, progressive, or terminal illness.

Category 3 - Palliative Care in Practice

Regarding the actions taken by nursing team professionals to relieve pain and stress in PC (Palliative Care) patients, seven (07) professionals (T1, T2, T4, T5, E1, E2, E3) mentioned pain control as an essential practice for providing comfort measures to these patients.

> *T2: Repositioning every 2 hours, assessing facial expressions for pain if the patient is communicative, and administering medication when the patient reports pain or discomfort.*
>
> *T4: Assessment of signs and symptoms, focusing on the importance of pain control, aiding in the management of other symptoms, providing psychological, social, and spiritual support, family interaction, ensuring goals are achieved.*
>
> *E2: Pain control, non-pharmacological practices, unrestricted visits, outdoor activities, no dietary restrictions, among others.*

Among them, four (04) professionals (T1, T4, E1, E3) highlighted the importance of family visits during this time. Professional (T3) mentioned humanized comfort measures to promote well-being for oncological patients in PC (Palliative Care).

When asked about the protocol-cited care practices that are effectively implemented, the most frequently mentioned care was pain relief, cited by seven (07) professionals (T1, T2, T4, T5, E1, E2, E3). Some statements are highlighted as follows:

> *T1: Promotion of pain relief, psychological support for the patient and family, and clarifications about palliative care.*
>
> *T4: Pain relief and the management of other stressful symptoms, integration of psychosocial and spiritual aspects into care, and a multiprofessional approach for the patient and family throughout the entire disease process.*
> *E2: Unrestricted diets, unrestricted visits, pain management protocol,*

> *and actions defined by the multidisciplinary team.*

Among these, five (05) professionals (T1, T2, T4, E1, E2) also mentioned family support as an essential foundation.

Regarding the care considered essential for providing humanized care to oncological patients, the majority (T1, T2, T3, T5, E3) cited pain relief and comfort measures.

> *T1: Emotional support, empathy, and pain relief.*
>
> *T3: Support for the family, comfort measures, ensuring the patient does not experience pain, repositioning, psychological support, providing attention and love to the patient, and making them feel cared for and comfortable in their final days.*
>
> *E3: Implementation of the pain protocol is essential, along with promoting a comfortable environment.*

Two (02) professionals (E1, E2) emphasized the importance of respecting and meeting the patient’s decisions.

One (01) professional (T4) highlighted the significance of other aspects of care:

> *T4: Caring for the family with the same intensity as the patient, assisting with emotional balance and expressions.*

Category 4 - Experiences in Palliative Care

Regarding experiences in PC, three (03) professionals (T1, T3, E1) did not respond to the question.

The remaining participants (T2, T4, T5, E2, E3) shared experiences they encountered throughout their professional journey caring for palliative patients.

> *T5: A palliative patient [...] we fulfilled some of their wishes, such as arranging visits from their family and children, preparing their favorite foods by requesting items from the kitchen or even allowing them to bring chocolates and soda from home, among other preferences [...] which made their passing as humane as possible [...].*

DISCUSSION

Category 1 - Knowledge about Palliative Care

The study revealed that the professionals have knowledge of the concept and the protocols established by the institution. It was observed that nursing technicians perceived palliative care (PC) more technically, focusing on the immediate actions and relieving the moment, while nurses had a more comprehensive and holistic perspective on care. However, it is worth noting that this study was conducted with only a specific segment of the multidisciplinary team.

PC involves multiprofessional, integral actions provided to patients in their final stages of life, aiming to enhance their quality of life through the prevention and reduction of pain and discomfort, thereby alleviating suffering for both patients and their families. It also extends beyond the patient's death by offering bereavement support to their families[14, 15].

Palliative care was designed to improve the care provided and focus on the quality of life, regardless of its duration[12].

Furthermore, it consists of daily care practices to avoid suffering for individuals with illnesses without curative treatment. However, for professionals to enhance their assistance, specific training and content on PC are deemed extremely necessary[12].

Regarding protocols, the KPS (Karnofsky Performance Scale) and PPS (Palliative Performance Scale) are utilized. Only one participant did not have a strong familiarity with these tools, expressing doubts about their contents, possibly due to limited experience in caring for PC patients. The PPS evaluates five criteria separately: "ambulation, activity and evidence of disease, self-care, intake, and level of consciousness. The lower the score, the worse the patient's prognosis"[12]. The KPS is considered "a widely used tool for PC patients, allowing the evaluation of the disease's progression curve, contributing to the patient's prognosis, determination of terminality, and providing support for decision-making"[13, 16].

Therefore, it was observed that most professionals from the specific group studied were familiar with the scales used in the institution. They rely on these tools to analyze each patient's clinical condition and to implement the necessary comfort measures tailored to each patient's individuality.

Another study emphasizes the importance of these scales, highlighting that they allow for the assessment of the disease's progression curve, improvement of prognosis, determination of terminality, and providing elements for decision-making[13].

Correia and Carlo highlight the potential of using scales to measure "the cost and benefit of treatment in relation to the loss or gain in quality of life." Scoring scales serve as instruments for improving treatment, thereby providing greater autonomy and focusing on quality rather than quantity for individuals at the end of life[17].

Category 2 - Protocol Applicability

The research demonstrated that six of the interviewees mentioned pain relief and analgesia as comfort measures in palliative care (PC), essential for the care of these patients. Additionally, three of them, apart from these measures, also highlighted the importance of the multidisciplinary team in broadly discussing humanized care that should be provided to these individuals. One respondent gave a different answer, and another did not respond.

Thus, the applicability of care protocols in supporting patients during their final stages of life becomes highly relevant due to the systematic nature of nursing assistance. Moreover, the lack of validated protocols makes validation indispensable before their application, as this ensures the reliability of the instrument's aspects and aids in future studies[18].

Another study supports the notion that oncology patients may be in different phases of their lives and have varying demands, requiring early initiation of palliative care (PC). To evaluate these patients, a multidimensional team is needed—one that understands the issues, initiates planning with a multifaceted approach aimed at the patient and caregiver, and employs scales and tools for assessment as indispensable resources[16].

The implementation of a palliative care program is necessary and valuable for patients, families, institutions, healthcare teams, and the community. Various steps are involved in the program’s development, such as identifying the institution's needs, establishing goals that satisfy both the institution and the healthcare team, and recognizing the institution’s challenges to achieve success[14].

Soukup and colleagues[19] highlight that multidisciplinary teams are increasingly improving cancer patient care, focusing daily on the necessary support to enhance perceptions of illness and suffering.

A study aimed at implementing a PC protocol in a hospital institution yielded positive results. Beyond providing care, complementary referrals were made. These initiatives increased referrals of PC patients to their home and social environments, supported by a healthcare team. As a result, a decrease in reintegration and an increase in at-home deaths were observed. This approach allowed both patients and families to become aware of their rights regarding the care received and to gain autonomy over the therapeutic measures adopted[20].

Another study suggests that, in addition to pharmaceutical treatments, non-pharmacological strategies should be proposed, preparing and educating patients and caregivers for hospital discharge[21].

From the research, it was analyzed that the team surveyed cited pain relief as an essential factor in caring for oncological patients hospitalized under palliative care and highlighted the importance of the multidisciplinary team’s role in addressing the challenges faced by these patients, who should remain the central focus of care.

Thus, receiving PC does not imply that nothing more can be done for the patient. Instead, it signifies that the diagnosis of a severe, life-threatening disease will be managed by a team, alongside specialists in the specific illness[6].

The institution begins to consider an oncology patient for PC when the medical team evaluates and determines the need, after which all team members recognize the patient as being in PC.

Category 3 - Palliative Care in Practice

Regarding the actions taken by nursing professionals to relieve pain and stress in palliative care (PC) patients, the research showed that pain management is seen as an essential practice for providing comfort measures to PC patients. Additionally, the importance of family visits and humanized comfort measures to promote comfort for oncological patients in PC was highlighted.

The Lancet Commission on Global Access to Palliative Care and Pain Relief describes PC as active and comprehensive care for people of all ages who are critically ill, suffering, or nearing the end of life. The goal is to enhance the quality of life for the suffering individual, their family, and their caregivers[5, 22, 23].

Thus, it was observed that these professionals effectively follow protocols, prioritizing pain as one of the primary aspects of care, along with the importance of family support and technical assistance for care beyond the institution.

Understanding and minimizing pain is a challenge, as such symptoms involve physiological, subjective, and emotional aspects. Pain must be addressed with great care and empathy, tailored appropriately to each specific context of practice. Additionally, all available knowledge in health sciences must be explored and applied.

In this context, PC represents comprehensive and active healthcare provided to patients with severe and progressive illnesses that negatively impact their lives, aiming to improve the quality of life for both patients and their families through prevention and relief of discomfort, which can be mitigated without causing further suffering[15].

Some professionals emphasized the importance of respecting and addressing the patient’s decisions. From this perspective, one of the major challenges faced by healthcare professionals is developing strategies to manage PC patients who are at risk of dying. Many assume there is nothing else to be done beyond the care already provided. However, these patients require all necessary care, including comfort planning, analgesia, massage, conversations, affection, and other alternatives to provide relief for the patient[24].

Therefore, the role of nurses in applying systematic nursing care is crucial. They can employ methods that reduce the patient’s anxiety related to treatment and implement actions to improve the patient’s experience, without prioritizing the patient’s cure. Equally important is paying attention to the family, aiming to provide the best technical, scientific, human, and ethical assistance. Nurses spend the most time with patients and play a key role in delivering comprehensive care within the healthcare team[25, 26].

Category 4 - Experiences in Palliative Care

The analysis of this category reveals that, given the scenario in which these patients find themselves surrounded by multiple factors individual desires and particularities that they might wish to experience in their final days are often not permitted. In this regard, many respondents reported that fulfilling these wishes minimizes suffering and helps during the end-of-life process. They also shared their experiences throughout their professional journey in caring for patients in palliative care (PC).

It is therefore necessary to consider options and environments that provide comfort, care, and humanization in the process of caregiving, such as physical adaptations, the possibility of extended visits, spiritual support, and allowing family members or other loved ones to be fully included in the care process. From the beginning, the family plays a key role in the patient's care, greatly influencing therapeutic decisions. Their involvement is indispensable throughout the caregiving process, along with respect for the ethical considerations and decisions made by the patient, even when in advanced stages.

It was reported that the human condition is evidently fragile and transient, as at certain moments we are in good health, while at others we may depend on assistance and equipment to survive, requiring the care of healthcare professionals. The care provided by these professionals must be dignified and humanized. This highlights the significant concern about the need for humanization in the care offered to oncology patients in PC.

The great challenge lies in dealing with death for those trained to preserve life. Thus, when working with terminal patients, professionals must acknowledge their own limitations and understand that it is their duty to care, regardless of the clinical condition and the success or failure of treatment. They are reminded that life, in addition to its duration, also holds dignity. Interaction with the patient requires the nurse and their team's communicative skills to be effective. Professionals should also pay attention to the patient's nonverbal communication, ensuring the quality of care is effective and not compromised by challenges in organizing appropriate care for each individual[27, 28].

It was observed that each professional included in this study shared different characteristics in their approach to caring for PC patients. This aligns with a study that notes, "each person has their own unique way of facing situations of suffering, death, and coping with the demands of caring for cancer patients, recognizing that at some point this care experience may affect them psychologically and emotionally"[29].

Research Limitations:

The limitations of the research were due to the reduced sample size and the fact that the data represent the perceptions of a specific group, which restricts the generalization of the findings to other institutions or contexts. Additionally, the study was conducted in a public hospital, where patient accommodations consisted of two to four beds per room, and the inpatient clinic also treated other clinical pathologies in addition to oncology.

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CONCLUSION

This study demonstrated the importance of knowledge about palliative care (PC) protocols and the relevance of nursing in implementing the care outlined in these protocols.

It was observed that the results of this study are suggestive and specific to the group studied, and cannot be generalized without further evidence regarding PC protocols in the context of humanized nursing care and the applicability of these protocols within the institution. The professionals surveyed have knowledge of the protocol and apply it to oncology patients in PC.

The protocol also aims to facilitate communication among professionals, enabling the development of care strategies tailored to each patient, which can be adjusted in each phase of the disease. From the nursing professionals' perspective, teamwork is seen as essential for providing comprehensive and patient-centered care.

Given the existence of protocols, this study suggests that, for the interviewed professionals, the use of protocols appears to contribute to dignity in care, though this is not presented as a generalizable or indisputable fact.

Therefore, the interviewed professionals recognize the importance of this approach but do not extend this perception to other teams or contexts.

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“Nothing to declare

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