QUALITY PRACTICES IN PAIN MANAGEMENT FOR SURGICAL ONCOLOGY PATIENTS: SCOPING REVIEW PROTOCOL

PRÁCTICAS DE CALIDAD EN EL MANEJO DEL DOLOR EN PACIENTES ONCOLÓGICOS QUIRÚRGICOS: PROTOCOLO DE REVISIÓN DE ALCANCE

PRÁTICAS DE QUALIDADE NA GESTÃO DA DOR EM PACIENTES CIRÚRGICOS ONCOLÓGICOS: PROTOCOLO DE REVISÃO DE ESCOPO

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ABSTRACT

Introduction: Pain has a high prevalence among oncological surgical patients. Although its management is challenging for the nursing team, it is fundamental for the quality of care provided. A preliminary search of the databases did not identify any systematic or scoping reviews on the topic. **Objective:** To map the scientific literature for evidence on quality care practices in pain management among oncological surgical patients. **Method:** Scoping review according to JBI recommendations, using the PCC acronym (Population: adult oncological surgical patients, Concept: quality care practices in nursing pain management, Context: hospital setting). The databases to be searched include: MEDLINE (PubMed), LILACS (Regional BVS), Scopus, Embase, Web of Science, and Cinahl. The search for unpublished literature will include: pain organization websites, Digital Library of Theses and Dissertations (BDTD), protocols and clinical guidelines recognized by government bodies, and the National Institute for Health Care and Excellence (NICE). All titles and abstracts will be selected by two independent reviewers using Rayyan and extracted with a data extraction tool provided by JBI and adapted by the authors, and subsequently organized in a spreadsheet containing relevant data to answer the research question. **Conclusion:** It is expected that the findings will identify the most promising quality practices for this context, contributing to the improvement of clinical practice, qualification of nursing care, and the promotion of greater comfort, safety, and quality of life for oncological surgical patients.

Keywords: Quality of Healthcare; Pain Management; Oncology Nursing; Perioperative Nursing.

RESUMO

Introdução: a dor tem elevada prevalência em pacientes cirúrgicos oncológicos, seu manejo apesar de desafiador para a equipe de enfermagem, é fundamental para a qualidade do cuidado prestado. Uma busca preliminar nas bases de dados não identificou revisão sistemática ou de escopo sobre o tópico. **Objetivo:** mapear na literatura científica as evidências sobre as práticas de qualidade do cuidado na gestão da dor em pacientes cirúrgicos oncológicos. **Método:** revisão de escopo de acordo com recomendações do JBI, utilizando o acrônimo PCC (População: pacientes oncológicos cirúrgicos adultos, Conceito: práticas de qualidade do cuidado de enfermagem na gestão da dor, Contexto: ambiente hospitalar). As bases de dados a serem pesquisadas incluem: MEDLINE (PubMed), LILACS (BVS Regional), Scopus, Embase, Web of Science e Cinahl. A busca por literatura não publicada incluirá: Sites de organizações de dor, Biblioteca Digital de Teses e Dissertações (BDTD), Protocolos e Diretrizes Clínicas reconhecidas por órgãos governamentais e National Institute for Health Care and Excellence (NICE). Todos os títulos e resumos serão selecionados por dois revisores independentes por meio do Rayyan e extraídos utilizando um modelo de ferramenta de extração de dados fornecido pelo JBI e adaptado pelos autores, posteriormente organizados em planilha contendo dados relevantes que respondam à pergunta de pesquisa. **Conclusão:** espera-se que os achados possam apontar as práticas de qualidade mais promissoras para esse contexto, contribuindo para o aprimoramento da prática clínica, qualificação do cuidado de enfermagem, promoção de maior conforto, segurança e qualidade de vida para os pacientes cirúrgicos oncológicos.

Palavras-chave: Qualidade da assistência à saúde; Manejo da dor; Enfermagem oncológica; Enfermagem Perioperatória.

RESUMEN

Introducción: El dolor tiene una alta prevalencia en pacientes quirúrgicos oncológicos; su manejo, aunque desafiante para el equipo de enfermería, es fundamental para la calidad de la atención brindada. Una búsqueda preliminar en las bases de datos no identificó revisiones sistemáticas ni de alcance sobre el tema. **Objetivo:** Mapear en la literatura científica las evidencias sobre las prácticas de calidad en el cuidado de la gestión del dolor en pacientes quirúrgicos oncológicos. **Método:** Revisión de alcance según las recomendaciones del JBI, utilizando el acrónimo PCC (Población: pacientes oncológicos quirúrgicos adultos, Concepto: prácticas de calidad en el cuidado de enfermería en la gestión del dolor, Contexto: ambiente hospitalario). Las bases de datos a ser investigadas incluyen: MEDLINE (PubMed), LILACS (BVS Regional), Scopus, Embase, Web of Science y Cinahl. La búsqueda de literatura no publicada incluirá: sitios web de organizaciones de dolor, Biblioteca Digital de Tesis y Disertaciones (BDTD), protocolos y directrices clínicas reconocidas por organismos gubernamentales y el National Institute for Health Care and Excellence (NICE). Todos los títulos y resúmenes serán seleccionados por dos revisores independientes a través de Rayyan y extraídos utilizando un modelo de herramienta de extracción de datos proporcionado por el JBI y adaptado por los autores, organizados posteriormente en una hoja de cálculo que contenga los datos relevantes para responder a la pregunta de investigación. **Conclusión:** Se espera que los hallazgos puedan señalar las prácticas de calidad más prometedoras para este contexto, contribuyendo al perfeccionamiento de la práctica clínica, la cualificación de la atención de enfermería y la promoción de mayor comodidad, seguridad y calidad de vida para los pacientes quirúrgicos oncológicos.

Palabras clave: Calidad de la Atención de Salud; Manejo del Dolor; Enfermería Oncológica; Enfermería Perioperatoria.

INTRODUCTION

The International Association for the Study of Pain (IASP) defines pain as an unpleasant sensory and emotional experience associated with, or similar to, actual or potential tissue injury. It is a subjective experience, influenced by biological, psychological, and social factors, the perception of which is shaped by each individual's life experiences. Although pain often plays an adaptive role, it can significantly compromise physical, social, and psychological function and well-being. Every human being has the right to pain relief, and although complete elimination is not always possible, as in the case of cancer pain, it is essential to seek control with the aim of reducing suffering and promoting a life with dignity and quality (1).

In the context of cancer, cancer pain is defined as any painful manifestation directly associated with the disease. It may be related to the primary tumor, side effects of treatments, surgical procedures, the spread of the disease through metastases, or the emergence of new tumors due to recurrence. It is estimated that between 60% and 80% of cancer patients experience pain at some point during the course of the disease, with prevalence varying depending on the stage: between 20% and 30% in the early stages and up to 75% in the advanced stages (2).

For cancer patients, pain is often difficult to control, especially in cases where the cancer is at an advanced stage with metastases. In these situations, pain becomes one of the main causes of suffering and disability, affecting approximately 80% of patients. Pain may be related to the course of the disease itself, adverse effects of treatment, and the tests and procedures performed (3). Pain management in this context is complex and encompasses several factors, requiring a multidisciplinary approach that considers the patient's preferences, values, ethics, autonomy, and desires, prioritizing comfort and respect. To make pain management more specific and individualized, nurses play an essential role through regular consultations and clinical assessments based on scientific knowledge. These assessments guide decision-making and the implementation of interventions aimed at reducing discomfort and promoting well-being (3).

Poorly assessed and undertreated cancer pain is still a reality in many less developed countries, directly affecting patients' daily routines, including functional activities such as sleep, eating, mobility, and mood swings, anxiety, and depression (2). In this context, the importance of implementing quality nursing care practices for surgical oncology patients is highlighted.

Quality of health care can be defined as the provision of services that meet patient standards and expectations, aiming to improve clinical outcomes and patient safety. According to the World Health Organization (WHO), quality of care involves providing health services that increase the likelihood of achieving the best

possible patient outcomes, reducing risks, and promoting safe care. Quality of care goes beyond the technical aspect, also encompassing the patient's experience, which must be considered in its emotional, psychological, and ethical dimensions, ensuring humane care based on the best available scientific evidence (4). The WHO defined the basic concepts of quality by stating that care must be effective, efficient, accessible, acceptable, patient-centered, equitable and safe (4).

The most common acute pain observed in the hospital setting is postoperative pain, affecting approximately 80% of individuals undergoing surgical procedures. Recovery time after the procedure directly impacts the frequency and intensity of pain, which tends to be most intense in the first 24 hours postoperatively (5,6,7). In general, postoperative pain is an expected and transient consequence of tissue damage caused by surgery. It is a biological protective mechanism that contributes to the recovery process by limiting movements and behaviors that can cause further tissue damage. Furthermore, it represents an integrated response of the immune and inflammatory systems, acting to repair affected tissues (5,6,8).

The Post-Anesthesia Care Unit (PACU) is the environment designed to accommodate patients in the immediate postoperative period undergoing general and/or regional anesthesia. Intensive care is provided until the patient regains consciousness, with protective reflexes present, and vital signs stable. It is the place where the patient remains after the surgical procedure, under continuous monitoring by the nursing team, who assess vital signs, state of consciousness, surgical wound condition, pain assessment, and adopt preventive measures for surgery-related complications (9). Within this context, pain management in oncological surgeries is even more challenging. Patients undergoing these procedures, especially in low- and middle-income countries, are at high risk of receiving inadequate perioperative analgesia (10).

While many oncological surgeries can be performed using minimally invasive techniques, others require large surgical incisions and, in some cases, involve multiple areas of the body. The nursing team plays a fundamental role in donor treatment, as they are the healthcare professionals who work on the front lines of patient care. Therefore, pain management and assessment are essential skills for the quality of care provided. Few primary studies have been published on the topic, and a preliminary search of the Medical Literature Analysis and Retrieval System Online (MEDLINE) and COCHRANE DATABASE databases identified no systematic or scoping reviews on the topic. Given the lack of systematic reviews and scoping reviews on the topic in the literature, this review is justified, and methodological rigor will be prioritized so that the product can be widely disseminated. Inadequately treated postoperative pain is associated with sympathetic activation, postoperative complications, excessive

perioperative opioid use, and an increased risk of developing persistent postoperative pain. Some studies even report a greater association with cancer recurrence (11).

It is noteworthy that the review protocol articulates the dimensions of teaching, research, and outreach, comprising activities of the CNPq-registered Research Group (GEPI LabQualiseg UFF) and the PROEX-registered outreach program (LabQualiseg UFF) - Laboratory of Innovative Educational Technologies in Patient Safety Management, Quality of Care, and Risk Management for Healthcare Education.

Based on the presented problem, the article aims to map the evidence in the scientific literature on quality nursing care practices for pain management in surgical oncology patients.

METHODS
Type of study

The study will be a scoping review and will follow the guidelines recommended by the JBI Handbook, specific to scoping reviews (12).

A scoping review consists of a synthesis of evidence that aims to systematically identify and map the breadth of available evidence on a given topic, field, concept, or question. This type of review aims to take a broad approach to the topic, identifying gaps in the literature and informing future research (13).

The protocol for this review is registered, in accordance with JBI recommendations, on the Open Science Framework (OSF) registration platform at osf.io/vqru9.

Research Question

To construct the research question, we used the PCC (Population, Concept, and Context) strategy recommended for scoping reviews. Based on these definitions, the research question was established: "What is the evidence on quality nursing care practices used in pain management for surgical oncology patients?", where Population = Surgical oncology patients; Concept = Quality nursing care practices in pain management; and Context = hospital environment.

Inclusion Criteria

Types of participants

Studies that address adult oncology surgical patients, regardless of sex or ethnicity, will be included.

Concept

The concept of this review is quality nursing care practices in pain management. Quality nursing care is defined as all practices involving holistic patient care, encompassing issues of meeting patient needs, nurses' competence and empathy, and improved patient outcomes and satisfaction (14). Studies addressing the quality recommendations of national and international accrediting institutions for pain management will be considered. Studies describing quality nursing care practices in pain management for surgical oncology patients

throughout the perioperative period will also be included.

Context

Studies that address the context of the hospital environment will be included.

Types of evidence

This scoping review will consider experimental and quasi-experimental studies, including randomized and non-randomized clinical trials, before-and-after studies, and time series. Observational studies, including cohort studies, case-control studies, and cross-sectional studies, will also be included. This review will also consider case reports, as well as clinical practice protocols and guidelines. Literature reviews, theses, and text and opinion articles will also be considered for inclusion in this scoping review.

Search strategy

A three-step search strategy will be used for this review. An initial limited search of MEDLINE (PubMed) and CINAHL will be conducted, followed by an analysis of the text words contained in the title and abstract, and the index terms used to describe the article. A thorough secondary search will be conducted in all included databases, using the keywords and index terms identified in the initial limited search. To help identify any additional studies, a tertiary literature search will be conducted by examining the reference lists of all literature that meets the inclusion criteria for this review. If applicable, the reviewers intend to contact the authors of the primary studies or reviews for further information. The review will consider studies in any language and with no publication date limit.

The databases to be searched include: MEDLINE (PubMed), LILACS (Regional VHL), Scopus, Embase, Web of Science, and CINAHL. The search for unpublished literature will include: websites of pain organizations, the Digital Library of Theses and Dissertations (DBTD), protocols and clinical guidelines recognized by government agencies, and the National Institute for Health Care and Excellence (NICE).

Table 1 presents the descriptors and keywords, and Table 2 the search strategy, both developed by a librarian.

Table 1 - Mapped descriptors and keywords.

DESCRIPTORS	FREE TERMS		
English	English	Portuguese	Spanish

Quality of Health Care	Quality of Care	Diretriz*	Cirugia*
Quality Improvement	Health Care Quality	Enferm*	Dolor
Quality Assurance, Health Care	Healthcare Quality	Cirurgi*	Dolores
Total Quality Management	Quality Improvement*	Dor	
Guidelines as Topic Guideline	Quality Assessment*	Dores	
Practice Guidelines as Topic	Quality Management		
Standard of Care	Quality Assurance		
Nursing Care	Guideline*		
Nursing	Protocol*		
Postanesthesia Nursing	Standard*		
Perioperative Nursing	Pain		
Oncology Nursing	Pains		
Nurses	OR Surgical		
Surgical Oncology	Surgery		
Surgical Procedures, Operative	Surgeries		
Neoplasms	Operative Procedure*		
Carcinoma	Malignan*		
Adenocarcinoma	Onco*		
Sarcoma			
Pain Management			
Pain Measurement			

Table 2 - Search strategy carried out in databases

		SEARCH STRATEGIES	N
PUBMED		(Quality of Health Care[mj] OR Quality Improvement[mj] OR Quality Assurance, Health Care[mj] OR Total Quality Management[mj] OR Guidelines as Topic[mj] OR Guideline[pt] OR Practice Guidelines as Topic[mj] OR Standard of Care[mj] OR Quality of Health Care[tiab] OR Quality of Healthcare[tiab] OR Quality of Care[tiab] OR Health Care Quality[tiab] OR Healthcare Quality[tiab] OR Quality Improvement*[tiab] OR Quality Assessment*[tiab] OR Quality Management[tiab] OR Quality Assurance[tiab] OR Guideline*[tiab] OR Protocol*[tiab] OR Standard*[tiab]) AND (Nursing Care[mj] OR Nursing[mj] OR Postanesthesia Nursing[mj] OR Perioperative Nursing[mj] OR Oncology Nursing[mj] OR Nurses[mj] OR Nursing Care[tiab] OR Nursing[tiab] OR Nurse*[tiab]) AND (Surgical Oncology[mj] OR Surgical Procedures, Operative[mj] OR Surgical[tiab] OR	223

	Surgery[tiab] OR Surgeries[tiab] OR Operative Procedure*[tiab]) AND (Neoplasms[mj] OR Carcinoma[mj] OR Adenocarcinoma[mj] OR Sarcoma[mj] OR Neoplas*[tiab] OR Cancer*[tiab] OR Tumor*[tiab] OR Tumour*[tiab] OR Carcinoma*[tiab] OR Adenocarcinoma*[tiab] OR Sarcoma*[tiab] OR Malignan*[tiab] OR Onco*[tiab]) AND (Pain Management[mj] OR Pain Measurement[mj] OR Pain[tiab] OR Pains[tiab]) NOT (Proceed*[ti] OR Symposium[ti])	
SCOPUS	TITLE-ABS("Quality of Health Care" OR "Quality Improvement*" OR "Quality Assurance" OR "Total Quality Management" OR "Quality of Healthcare" OR "Quality of Care" OR "Health Care Quality" OR "Healthcare Quality" OR "Quality Assessment*" OR "Quality Management" OR Guideline* OR Protocol* OR Standard*) AND TITLE-ABS("Postanesthesia Nursing" OR "Perioperative Nursing" OR "Oncology Nursing" OR "Nursing Care" OR Nursing OR Nurse*) AND TITLE-ABS(Surgical OR Surgery OR Surgeries OR "Operative Procedure*") AND TITLE-ABS(Neoplas* OR Cancer* OR Tumor* OR Tumour* OR Carcinoma* OR Adenocarcinoma* OR Sarcoma* OR Malignan* OR Onco*) AND TITLE-ABS("Pain Management" OR "Pain Measurement" OR Pain OR Pains)	145
WOS	TS=("Quality of Health Care" OR "Quality Improvement*" OR "Quality Assurance" OR "Total Quality Management" OR "Quality of Healthcare" OR "Quality of Care" OR "Health Care Quality" OR "Healthcare Quality" OR "Quality Assessment*" OR "Quality Management" OR Guideline* OR Protocol* OR Standard*) AND TS=("Postanesthesia Nursing" OR "Perioperative Nursing" OR "Oncology Nursing" OR "Nursing Care" OR Nursing OR Nurse*) AND TS=(Surgical OR Surgery OR Surgeries OR "Operative Procedure*") AND TS=(Neoplas* OR Cancer* OR Tumor* OR Tumour* OR Carcinoma* OR Adenocarcinoma* OR Sarcoma* OR Malignan* OR Onco*) AND TS=("Pain Management" OR "Pain Measurement" OR Pain OR Pains)	231
EMBASE	('health care quality'/exp OR 'health care quality':ti,ab OR 'healthcare quality':ti,ab OR 'quality of healthcare':ti,ab OR 'total quality management'/exp OR 'quality improvement*':ti,ab OR 'quality management':ti,ab OR 'quality assurance':ti,ab OR 'practice guideline'/exp OR 'guideline*':ti,ab OR 'guidelines as topic':ti,ab OR 'quality assessment*':ti,ab OR 'protocol'/exp OR 'protocol*':ti,ab OR 'standard'/exp OR 'standard*':ti) AND ('nursing care'/exp OR 'nursing care':ti,ab OR 'nursing'/exp OR 'nursing':ti,ab OR 'postanesthesia nursing'/exp OR 'perioperative nursing'/exp OR 'oncology nursing'/exp OR 'nurse'/exp OR 'nurse':ti,ab OR 'nurses':ti,ab) AND ('surgical oncology'/exp OR 'surgical':ti,ab OR 'surgery'/exp OR 'operative surgical procedure*':ti,ab OR 'surgery':ti,ab OR 'surgeries':ti,ab) AND ('neoplasm'/exp OR 'neoplas*':ti,ab OR 'tumor*':ti,ab OR 'tumour*':ti,ab OR 'carcinoma'/exp OR 'carcinoma*':ti,ab OR 'adenocarcinoma'/exp OR 'adenocarcinoma*':ti,ab OR 'sarcoma'/exp OR 'sarcoma*':ti,ab OR 'malignan*':ti,ab OR 'onco*':ti,ab) AND ('analgesia'/exp OR 'analgesia':ti,ab OR 'pain management':ti,ab) AND [embase]/lim NOT ([embase]/lim AND [medline]/lim) AND ('article'/it OR	38

	'review'/it)	
CINAHL	("Quality of Health Care" OR "Quality Improvement" OR "Quality Assurance" OR "Total Quality Management" OR "Quality of Healthcare" OR "Quality of Care" OR "Health Care Quality" OR "Healthcare Quality" OR "Quality Assessment" OR "Quality Management" OR Guideline* OR Protocol* OR Standard* OR Qualidade OR Diretriz*) AND ("Postanesthesia Nursing" OR "Perioperative Nursing" OR "Oncology Nursing" OR "Nursing Care" OR Nursing OR Nurse* OR Enferm*) AND (Surgical OR Surgery OR Surgeries OR "Operative Procedures" OR Cirurgi*) AND (Neoplas* OR Cancer* OR Tumor* OR Tumour* OR Carcinoma* OR Adenocarcinoma* OR Sarcoma* OR Malignan* OR Onco*) AND ("Pain Management" OR "Pain Measurement" OR Pain OR Pains OR Dor OR Dores)	64
LILACS	("Quality of Health Care" OR "Quality Improvement" OR "Quality Assurance" OR "Total Quality Management" OR "Quality of Healthcare" OR "Quality of Care" OR "Health Care Quality" OR "Healthcare Quality" OR "Quality Assessment" OR "Quality Management" OR Guideline* OR Protocol* OR Standard* OR Diretriz*) AND ("Postanesthesia Nursing" OR "Perioperative Nursing" OR "Oncology Nursing" OR "Nursing Care" OR Nursing OR Nurse* OR Enferm*) AND (Surgical OR Surgery OR Surgeries OR "Operative Procedures" OR Cirurgi* OR Cirugia*) AND (ti:(Neoplas* OR Cancer* OR Tumor* OR Tumour* OR Carcinoma* OR Adenocarcinoma* OR Sarcoma* OR Malignan* OR Onco*)) AND ("Pain Management" OR "Pain Measurement" OR Pain OR Pains OR Dor OR Dores OR Dolor OR Dolores) AND (db:("LILACS"))	77
BDTD	("Quality of Health Care" OR "Quality Improvement" OR "Quality Assurance" OR "Total Quality Management" OR "Quality of Healthcare" OR "Quality of Care" OR "Health Care Quality" OR "Healthcare Quality" OR "Quality Assessment" OR "Quality Management" OR Guideline* OR Protocol* OR Standard* OR Diretriz*) AND ("Postanesthesia Nursing" OR "Perioperative Nursing" OR "Oncology Nursing" OR "Nursing Care" OR Nursing OR Nurse* OR Enferm*) AND (Surgical OR Surgery OR Surgeries OR "Operative Procedures" OR Cirurgi*) AND (Neoplas* OR Cancer* OR Tumor* OR Tumour* OR Carcinoma* OR Adenocarcinoma* OR Sarcoma* OR Malignan* OR Onco*) AND ("Pain Management" OR "Pain Measurement" OR Pain OR Pains OR Dor OR Dores)	56

Study selection

After the search, all identified citations will be grouped and imported into EndNote (Clarivate Analytics, PA, USA), and duplicates will be removed. A pilot selection based on title and abstract will first be conducted on a randomly selected sample of 25 articles, conducted by two independent reviewers, using

the inclusion and exclusion criteria. The researchers will discuss discrepancies and make any necessary adjustments to the eligibility criteria. All titles and abstracts will then be screened by two independent reviewers using Rayyan – Intelligent Systematic Review.

The full text of the selected citations will be thoroughly assessed against the inclusion criteria by the same two independent reviewers. The reasons for the exclusion of full-text studies that do not meet the inclusion criteria will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the study selection process will be resolved through peer discussion or with a third reviewer. The research results will be reported in full in the final scoping review and presented in the PRISMA - ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses – extension for Scoping Reviews) flowchart.

Data extraction

Data will be extracted by two independent reviewers using a data extraction tool template provided by JBI and adapted by the authors (Table 3). The extracted data will include specific details about the population, concept, context, study methods, and key findings relevant to the review objective. The reviewers will pilot test the tool on three studies to familiarize themselves with the extraction process and results. Any disagreements that arise between the reviewers will be resolved through discussion or with a third reviewer.

Table 3 - Data extraction tool

Identification	Authors Year; Country of study	Hospital context	Type of study	Sample size	Objective	Type of oncological surgery	Nursing quality practices in pain management

Analysis and presentation of results

The extracted data will be organized into a spreadsheet containing relevant data that answers the research question. The data will be categorized for better understanding and presented in tables and diagrams to address the proposed study objectives. Pain assessment tools and methods used by nurses in surgical oncology patients will be identified. Pain management practices will be categorized into the different stages of care for a surgical oncology patient, with a description of the strategies used in the studies to improve pain management among the nursing team. A narrative summary will accompany the tables and figure.

CONCLUSIONS

Mapping the scientific literature for evidence on quality nursing care practices in pain management for surgical oncology patients will contribute to the identification of effective evidence-based strategies and interventions adopted in the hospital setting, as well as the tools used in pain assessment and management. Furthermore, the findings are expected to identify the most promising quality practices for this context, contributing to the improvement of clinical practice, the qualification of nursing care, and the promotion of greater comfort, safety, and quality of life for surgical oncology patients.

REFERENCES

1. DeSantana JM, Perissinotti DMN, Oliveira Junior JO de, Correia LMF, Oliveira CM de, Fonseca PRB da. Definition of pain revised after four decades. Brazilian Journal of Pain. 2020;3(3).

2. Melo C de F, Gomes AML. Dor total em pacientes oncológicos: uma revisão integrativa da literatura. Psicologia em Estudo. 2023 Jun 13;28.

3. Mestdagh F, Steyaert A, Lavand'homme P. Cancer Pain Management: A Narrative Review of Current Concepts, Strategies, and Techniques. Current Oncology. 2023 Jul 18;30(7):6838–58.

4. Organização Mundial da Saúde. Manual de políticas e estratégias para a qualidade dos cuidados de saúde: uma abordagem prática para formular políticas e estratégias destinadas a melhorar a qualidade dos cuidados de saúde [Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care]. Genebra: Organização Mundial da Saúde; 2020. Licença: CC BY-NC-SA 3.0 IGO.

5. Fontes BV, Oliveira AM de, Moraes ÉB de, Antunes J de M, Salvetti M de G, Carmo TG do. Quality of nursing care in pain management in orthopedic surgical patients: a scoping review. Revista da Escola de Enfermagem da USP. 2024;58.

6. Meissner W, Huygen F, Neugebauer EAM, Osterbrink J, Benhamou D, Betteridge N, et al. Management of acute pain in the postoperative setting: the importance of quality indicators. Current Medical Research and Opinion. 2018 Jan 2;34(1):187–96.

7. Gan TJ. Poorly controlled postoperative pain: prevalence, consequences, and prevention. Journal of Pain Research. 2017 Sep;Volume 10:2287–98.

8. Chapman CR, Vierck CJ. The Transition of Acute Postoperative Pain to Chronic Pain: An Integrative Overview of Research on Mechanisms. The Journal of Pain. 2017 Apr;18(4): 359.e1-359.e38.

9. Bonetti AE de B, Girardello DTF, Coneglian ALA, Egevardt D, Batista J, Cruz ED de A. Assistência da equipe de enfermagem ao paciente em sala de recuperação pós-anestésica. Revista de Enfermagem da UFSM. 2017 Sep 11;7(2):193–205.

10. Pellegrino PR, Are M. Pain management in cancer surgery: Global inequities and strategies to address them. Journal of Surgical Oncology. 2023 Nov 11;128(6):1032–7.

11. Cata JP, Corrales G, Speer B, Owusu-Agyemang P. Postoperative acute pain challenges in patients with cancer. Best Practice & Research Clinical Anaesthesiology. 2019 Sep; 33(3):361–71.

12. Peters MD, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Scoping reviews. In: JBI Manual for Evidence Synthesis. JBI; 2024.

13. Munn Z, Pollock D, Khalil H, Alexander L, Mclnerney P, Godfrey CM, et al. What are scoping reviews? Providing a formal definition of scoping reviews as a type of evidence synthesis. JBI Evidence Synthesis. 2022 Apr;20(4):950–2.

14. Stavropoulou A, Rovithis M, Kelesi M, Vasilopoulos G, Sigala E, Papageorgiou D, et

al. What quality of care means? Exploring clinical nurses' perceptions on the concept of quality care: a qualitative study. Clin Pract. 2022;12(4):468–81. doi: http://doi.org/10.3390/clinpract12040051.

Author Contributions

Silvia Marques Lopes: Study design and planning; Data collection, analysis, and interpretation; Writing and critical review, and final approval of the published version.

Ana Beatriz Leitão da Silva: Data collection, analysis, and interpretation; Writing and critical review, and final approval of the published version.

Juliana Rizzo Gnatta: Writing and critical review, and final approval of the published version.

Thalita Gomes do Carmo: Writing and critical review, and final approval of the published version.

Katerine Moraes dos Santos: Data collection, analysis, and interpretation; Writing and critical review, and final approval of the published version.

Érica Brandão de Moraes: Study design; Data collection, analysis, and interpretation; Writing and critical review, and final approval of the published version.

Conflict of Interest Declaration:

Nothing to declare

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