USE OF COMMUNICATION STRATEGIES IN PALLIATIVE CARE IN BRAZIL: INTEGRATIVE REVIEW*

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ABSTRACT: Palliative care is a comprehensive care field served by a multidisciplinary team. Communication is an essential tool for this approach. Through it an adequate control of symptoms, as well as individualized and quality care can be offered, so that conflicts and anxieties can be solved and autonomy preserved. The proposed objective was to identify communication strategies used in Brazil for patients in palliative care. An integrative review was developed wherein articles were located in four databases and a portal of theses in the period from 2009 to 2014. The articles relevant to the topic totaled 19, from which 16 were used. The results showed that the most frequently cited strategies were active listening, therapeutic silence, and affective touch, hearing, and empathy. However, even though recognized by the literature, the use of this method is still rare, and professionals need emerging training in the palliative approach.
DESCRIPTORS: Palliative care; Health communication; Interdisciplinary communication; Neoplasms.

O USO DE ESTRATÉGIAS DE COMUNICAÇÃO EM CUIDADOS PALIATIVOS NO BRASIL: REVISÃO INTEGRATIVA

RESUMO: Os cuidados paliativos expressam um campo de cuidados integrais realizado por uma equipe multidisciplinar. A comunicação é uma ferramenta indispensável para essa abordagem. Por meio dela podemos ofertar um adequado controle de sintomas, cuidado individualizado e de qualidade para que conflitos e anseios possam ser resolvidos e a autonomia preservada. O objetivo proposto foi conhecer estratégias de comunicação utilizadas no Brasil para pacientes em cuidados paliativos. Trata-se de uma revisão integrativa, na qual foram levantados artigos em quatro bases de dados e um portal de teses no período de 2009 a 2014. Os artigos relevantes ao tema totalizaram dezenove, destes dezesseis foram utilizados. Os resultados apontaram que as estratégias mais frequentemente citadas foram escuta ativa, silêncio terapêutico, toque afetivo, o ouvir e a empatia, porém, mesmo sendo reconhecidas pela literatura, seu uso ainda é escasso e profissionais necessitam de capacitação emergente para a abordagem paliativa.
DESCRITORES: Cuidados paliativos; Comunicação em saúde; Comunicação interdisciplinar; Neoplasias.

EL USO DE ESTRATEGIAS DE COMUNICACIÓN EN CUIDADOS PALIATIVOS EN BRASIL: REVISIÓN INTEGRATIVA

RESUMEN: Los cuidados paliativos representan un campo de cuidados integrales realizado por un equipo multidisciplinar. La comunicación es una herramienta indispensable para ese abordaje. Por medio de ella, podemos ofrecer un control adecuado de síntomas, cuidado individualizado y de cualidad para que conflictos y ansias puedan ser resolvidos y la autonomía preservada. El objetivo propuesto fue conocer estrategias de comunicación utilizadas en Brasil para pacientes en cuidados paliativos. Es una revisión integrativa, en la cual fueron investigados artículos en cuatro bases de datos y un portal de tesis en el periodo de 2009 a 2014. Los artículos relevantes al tema totalizaron diecinueve; de estes dieciseis fueron utilizados. Los resultados apuntan que las estrategias más frecuentemente referidas fueron escucha activa, silencio terapéutico, toque afectivo, el oír y la empatía, pero, a pesar de reconocidas por la literatura, su uso es todavía escaso y profesionales necesitan de capacitación para el abordaje paliativo.
DESCRIPTORES: Cuidados paliativos; Comunicación en salud; Comunicación interdisciplinar; Neoplasias.

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INTRODUCTION

Social transformations that have occurred over time, mainly attributed to demographic, epidemiological, and nutritional changes, have altered people's lifestyles, resulting in different habits and carrying with them a direct relationship with illness. Today, chronic non-communicable diseases (NCDs) are considered epidemics, and in many countries are the leading cause of death. The World Health Organization (WHO) has a list of NCDs and considers that all of them need continuous attention and public health policy strategies for their prevention and control[1].

Despite all the efforts to develop these strategies, there are still many cases of NCDs, which leads to the indispensability of an approach that transcends the focus on the disease and the purpose of healing, providing the individual with holistic treatment focusing on symptom control and quality of life[1-2]. It is up to health professionals to provide care that focuses on quality of life and considers death as a natural process. Palliative care does not act against technology, but ponders the dignity of life and death[2].

The term "palliative care" was elected by the WHO due to the difficulty of accurately translating the term hospice, a place dedicated to offering shelter to pilgrims and travelers[3]. According to the WHO definition (2002):

> Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual[4].

Between 1999 and 2001, several countries, including Brazil, established a service oriented to this care[3]. The International Observatory on End of Life Care, initiated in 2003 at Lancaster University, showed the development of palliative care services in 234 countries. It revealed that nearly half of the countries listed had these services, but only 15% had a structural policy in place, and 33% had no initiative of activities whatsoever for this type of care[5]. Brazil still needs much progress when it comes to palliative care. In a ranking published by The Economist in 2010, according to the chosen criteria, Brazil ranked as the third worst country to die in[6].

The code of medical ethics provides guidelines on how to treat the patient and family regarding the diagnosis and prognosis of their disease. The literature shows, however, that the doctor often has a paternalistic attitude toward the patient, sometimes omitting facts, softening the severity or presenting an ambivalent communication, hampering the patient's full understanding of the pathology and the decision-making needed[7].

The human relationship is considered an important issue in healthcare. Communication is something intrinsic to the human being and is the basis of relationships, with special characteristics in patients under palliative care. Studies indicate, however, that the communication in palliative care is still not properly conducted[8]. The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments pioneered in demonstrating that communication is poor and aroused interest in further research[9].

Complex human relationships are permeated by communication, which happens in two dimensions: verbal and nonverbal. In verbal communication, words are used to express a thought, to validate something, and to clarify the message. Non-verbal communication is what qualifies the verbal; it consists of gestures that accompany the speech, comprise the tone of voice, the look, and facial expressions; it is what gives emotion to the speech[2].

Various communication strategies are mentioned in the literature. The use of these strategies and techniques is certainly an effective therapeutic measure, but not all health professionals know how to use them. In an integrative review conducted by nurses in England, it was verified that the strategies and communication skills used were unsatisfactory, often acting as factors blocking patients' ability to share their feelings, and that the proper use of these strategies is necessary for emotional support[10].

Table 1 shows the strategies established in the literature for proper communication in palliative care[2-3,11].

Considering the importance of communication to the palliative approach, the aim of this study is to collect evidence in the literature on the use of communication strategies carried out in Brazil, by the multidisciplinary team, for effective communication in palliative care.

Table 1 - Strategies for proper communication in palliative care based on the researched literature. São Paulo, São Paulo, Brazil, 2014.

Verbal	Nonverbal
Make time for and verbalize availability for attention and continuous care[2].	Pay attention to your own facial expressions, to physical appearance (such as clothing), and to the reaction you cause in the other[2].
Establish, together with the patient, goals and the plans of action to achieve them[2].	Pay attention to your body posture (uncrossed and relaxed limbs, facing the other, without excessive gestures or gestures that denote anxiety)[2].
Establish options and indicate different points of view[2].	
Encourage verbalization of fears and anguish. Avoid the conspiracy of silence (i.e., not talking about the disease)[2].	Be aware of the nonverbal "hints" expressed by the patient[3].
Provide feedback to what the other manifests and give positive reinforcement, complimenting achievements[2].	Be more focused; avoid noises that disrupt attention[2].
Provide information in small doses, sensing the patient's receptivity[3].	Identify emotions and feelings in facial expressions[2-3].
Ask what the patient knows about the disease[11].	Maintain eye contact[2-3,11].
Perform open-ended questions so the patient can express him- or herself[11].	Maintain physical proximity, preferably sitting close[2].
Repeat information slowly whenever necessary[2].	Engage in active listening. Hear reflexively[2-3,11].
Repeat the last spoken words to stimulate the continuation of the subject[2-3].	Do not interrupt the patient[3,11].
Use clarity and sincerity in what is said[2-3,11].	Promote a reserved and peaceful environment for conversation[2].
Use prudent sincerity[3,11].	Show an empathic response[3].
Use open-ended questions to encourage the expression of feelings and appreciate the feelings expressed[11].	Respect the patient's personal space, remove physical obstacles[11].
Use colloquial language, with vocabulary adequate to the other's understanding[2-3].	Smile encouragingly[2,11].
Validate understanding of what was said[2-3].	Use silence and appropriate tone of voice[2].
Verbalize the willingness to care and not abandon. Display a disposition toward acceptance[2,11].	Use affective touch[2,11].
Value all the information given by the patient and family[2].	

METHODOLOGY

The method used in this study was an integrative literature review whose aim was to gather and summarize the scientific knowledge produced on the subject investigated; that is, to allow searching, evaluating, and synthesizing the available evidence to contribute to the development of knowledge on the topic. The elaboration of the integrative review was based on the following steps: formulation of the guiding theme; database construction; establishment of inclusion and exclusion criteria; evaluation of studies; interpretation and evaluation of results; and, finally, presentation of the review[12].

In order to guide the study, the following question was elaborated: What are the communication strategies for palliative care used by multidisciplinary teams in Brazil?

The information resources used as a search strategy were: the Cumulative Index to Nursing and Allied Health Literature (CINAHAL); the Latin American and Caribbean Health Sciences Literature (LILACS); and PubMed (National Library of Medicine), which comprises the Medical Literature Analysis and Retrieval System Online (MEDLINE). In addition, a search of the thesis bank of the Coordination for the Improvement of Higher Education Personnel (CAPES, from its

acronym in Portuguese) was performed. These sources were chosen with the understanding that they include the literature published in Latin America and the Caribbean, in addition to Brazilian technical and scientific references in nursing, as well as prestigious health science periodicals.

The descriptors used, from Descriptors in Health Sciences (DeCS) and Medical Subject Headings (MeSH), were: Palliative Care; Communication; Patient Satisfaction; Nonverbal Communication; Communication Barriers; Interdisciplinary Communication; Neoplasms; Critical Illness; and Terminally Ill, in English and Portuguese versions, depending on the database used, in different combinations, to verify the title, abstract, or subject. The word "neoplasm" was used because palliative care has appeared in many research documents related to neoplasms. The search took place in the period from May to July, 2014.

Inclusion criteria were articles published from 2009 to 2014, in Portuguese, English, or Spanish, among an adult population over 19 years, published in national and international scientific journals that address Brazil as a territory.

Duplicate publications, summaries unavailable in the databases, texts presenting errors in their links, and studies in the pediatric population were excluded. In order to facilitate the analysis of the content, all articles were read and categorized using a data collection instrument developed by the author, in which was included the information from each study, selected in order to be summarized and grouped. The following variables were extracted from the articles: title; author; authors' degree fields; year of publication; periodical; purpose; type of study; and conclusion.

RESULTS

Two hundred and twenty-nine studies were identified in the databases and on the portal, 15 of which were duplicates. Selection by title and abstract resulted in 19 references. Full analysis of these articles led to the exclusion of three studies, due to lack of adherence to the theme. Finally, 16 publications were included in this review.

In relation to the year of publication, 2013 articles presented more studies, corresponding to 32%, and 2010 and 2014 had the lowest number of articles, with 19%. The results point out that all 16 articles included the strategy used; 12 highlighted the need for education on the subject; two, in addition to addressing the communication with the patient, also discussed the communication between staff members. Table 2 provides a summary of the studies included in this review.

Table 2 - Description of the articles included in the review. São Paulo, São Paulo, Brazil, 2014. (part 1)

Title of the article	Author/Year	Type of study/Results
Communication in the transition to palliative care: review article	Borges MM, Santos Jr R. 2012(13).	Literature review. The communication was presented as a means to achieving and maintaining a more solid and healthy relationship between staff, patient, and family. It analyzes articles that report the need for training in communication skills.
Perceptions of the multi-professional team on the implementation of palliative care in intensive care units	Silva CF, Souza DM, Pedreira LC, Santos MR, Faustino TN. 2013(14).	Exploratory and descriptive field study with a qualitative approach. Highlights the lack of proper communication between staff members as an obstacle in the development of palliative care.
Care delivery in terminal illness: difficulties of a multidisciplinary team in hospital care	Cardoso DH, Muniz RM, Schwartz E, Arrieira ICO 2013(15).	Qualitative, exploratory, and descriptive study that identifies as a challenge the need to qualify communication and teamwork.
The perception by nurses of the significance of palliative care in patients with terminal cancer	Fernandes MA, Evangelista CB, Platel ICS, Agra G, Lopes MS, Rodrigues FA. 2013(16).	Exploratory study with a qualitative approach. Emphasizes the communication process as an essential and effective tool for the care of patients under the palliative perspective.
Autonomy in palliative care: concepts and perceptions of health teamwork	Oliveira AC, Silva MJP. 2010(17).	Exploratory and descriptive study with a qualitative approach suggesting that verbal and nonverbal communication are indispensable for patient autonomy.

Table 2 - Description of the articles included in the review. São Paulo, São Paulo, Brazil, 2014. (part 2)

Title of the article	Author/Year	Type of study/Results
Palliative care of elderly patients in intensive care units: a systematic review	Fonseca AC, Mendes Jr WV, Fonseca MJM. 2012(18).	Systematic review that reports communication between the staff as a matter that stands out at work.
Palliative care: communication as a strategy of care for the terminal patient	Andrade CG, Costa SFG, Lopes MEL. 2013(19).	Exploratory study with a qualitative approach that highlights the importance of communication as a fundamental strategy to support clinical nursing practice.
Palliative care in the formation of healthcare professionals	Fonseca A, Geovanini F. 2013(20).	Exploratory and informal auscultation through the application of a questionnaire; shows communication as an important pillar in palliative care, requiring development and improvement of communication skills.
Therapeutic communication in nursing: difficulties in the care of elderly people with cancer	Petersoni AA, Carvalhol EC. 2011(21).	Descriptive study that suggests training and encouraging the development of communication skills in order to improve the care provided.
The physician and updates in cancer treatment: When to stop?	Hanna SA, Marta GN, Santos FS. 2011(22).	Literature review that concludes that the lack of communication between doctor and patient is a reality and creates a fragile relationship, based on distrust and proposes hearing as a strategy.
Communication strategies used by healthcare professionals in providing palliative care to patients	Araújo MMT, Silva MJP. 2012(23).	Multicentric, descriptive, exploratory, and transversal field study with a quantitative approach; concludes that the professionals showed little knowledge about communication strategies.
The knowledge about communication strategies when taking care of the emotional dimension in palliative care	Araújo MMT, Silva MJP. 2012(24).	Descriptive, exploratory, cross-sectional field study with a quantitative approach; concludes that health professionals' knowledge regarding emotional support for patients is unsatisfactory.
Ethical issues related to patient preferences in palliative care	Abreu CBB, Fortes PAC. 2014(25).	Exploratory study with a qualitative approach; recognizes communication as a necessary element for the therapeutic relationship, fundamental for the exercise of patient autonomy.
Redefining palliative care at a specialized care center: A possible reality?	Vargas MAO, Vivan J, Vieira, RW, Mancia R, Ramos FRS, Ferrazzo S, et al. 2013(27).	Single institutional case study with a qualitative approach; verified the possibility of offering a quality service in a palliative care unit, providing a dignified death and highlighted, among the services, communication.
Music in human terminality: the family members' conceptions	Sales CA, Silva VA, Pilge RC, Marcon SS. 2011(28).	Multiple case study with a qualitative approach; shows music to be a communication strategy that facilitates interpersonal relationships and enhances the expression of feelings.
Nursing work at night in oncology palliative care	Silva MM, Moreira MC, Leite JL, Erdmann AL. 2013(29).	Exploratory study with a qualitative approach; suggests that the development of communication and active listening skills is required.

DISCUSSION

The objective of this study was to elicit from the articles communicational strategies used with patients in palliative care in Brazil. As a result, scant literature was found, perhaps justified by the lack of approach to the subject at medical school graduation, which contributes to students' disinterest in the topic[13]. Many professionals don't even know the real philosophy of this type of care and report that it is only provided to patients in the final stage of life[14-16].

When referring to communication, a range of related topics appears. Reading the articles made it possible to draw some conclusions about

communication strategies in palliative care; study the importance they have on patient autonomy; introduce the professionals' feelings related to the palliative approach; and point out the difficulty in communication by professionals, not only with the patient, but also between teams. All of this can distort interdisciplinary care and points to the need for education in the area[13-26].

The majority of studies recognize communication as a fundamental aspect of intermediate relationships, as it assumes a high value in the palliative context[13,15-17,19-20,23,27]. However, it was found that when it comes to patients in palliative care professionals relegate communication strictly to negative news, which makes it difficult for staff and patients to manage it[20].

The verbal and nonverbal communication strategies presented in Table 1 were evidenced in the articles examined, evincing their scarce use. A few studies revealed that some professionals working in palliative care are not even aware of the existing approaches[23-24].

Among the strategies, active listening was present in 50% of the articles[14,16-17,19-20,24-25,28]; the therapeutic use of silence, the second most cited[19,23-25,27], in 31%; asking what the patients know about their condition and how they feel, encouraging them to talk about their feelings, establishing mild conversations, affective touch, eye contact, and the use of empathy were the third most mentioned, appearing in 25% of the articles[15,17,19,23-24,27]. Verbalizing the availability to help, chatting and/or answering questions, physical proximity/presence and hearing appear in 19% of the studies[15,19,21,23-24,27]. In 12.5% of studies, the following were found: a smiling expression; performing positive gestures; encouraging the patient to talk; respecting space/removing obstacles; hosting; tone of voice; and the use of prudent sincerity[15,19,21,23-25]. Finally, present in 6% of the publications were: asking about the patients' expectations regarding the treatment; clarity; verbalizing understanding of their emotions; positive head nod; tilting the body toward the patient; facial expression; expressing interest; demonstrating willingness to care; the use of open questions; shared communication; and music[17,23-24,28]. Active listening stands out in 50% of the studies examined. It is important to note that this is not just a strategy, but a set of verbal and non-verbal signals emitted by the professional, such as silence, facial expressions that denote interest, the look, the physical approach, and the use of short sentences to encourage the continuation of speech[14,16-17,19-20,24-25,28].

Health professionals had a noticeable difficulty distinguishing between communication strategies and subjective issues such as solidarity, affection, compassion, support and attention; as much as these denote feelings, they are not established strategies[24].

Communication is important for the relief of suffering, as a therapeutic element and in diagnosis, because it is linked to patient autonomy. A study conducted in a palliative care infirmary located in a public hospital raised the issue of the effectiveness of communication shared with the patient, as constantly linked to the ability of choice, self-control, and reason, showing that its benefit is unquestionable[17].

Music is also an effective communication strategy, contributing to a better interpersonal relationship between patient, family, and staff. It helps the patient's verbalization, has therapeutic purposes, provides pain relief and comfort, and reduces anxiety[28].

A study on night nursing work checked how nurses and nursing technicians handle communication in this period, considering that the night, for many patients, is associated with death, and feelings such as fear, loneliness, and suffering are compounded. The study concluded that communication, especially active listening, is essential to the management of these feelings, but recognizes that at night patient care is compromised, due to the reduced number of professionals, in addition to the lack of interdisciplinarity[29].

The studies that reported the need for professional education to work in palliative care totaled 75%, many of which highlighted the need for training regarding the use of communication strategies[13-24].

Traditionally, health professionals learn to save lives and act in a curative manner. Unfortunately, they are not always qualified to work with therapeutic rationality in controlling symptoms and to consider the patient's decisions. This lack of technical and scientific knowledge about therapeutics that transcends the healing possibility leads to misunderstanding in the treatment, besides impairing quality of life and patient autonomy[17,20-22].

Another issue in respect to this lack of knowledge by professionals are the feelings of frustration, impotence, and failure when they

cannot act in a curative manner, leading them to sometimes distance themselves from the patient. It is important for professionals to ponder their views and their practice, to reflect on their technical skills and also their own feelings when seeing a patient without the possibility of cure[14-15,21].

It is a fact that communication is an essential tool, through which individualized and quality care is offered, so that conflicts and anxieties can be solved and autonomy preserved, in addition to offering adequate control of symptoms.

FINAL CONSIDERATIONS

It can be concluded that communication strategies are effective and therapeutic methods are not intuitive or learned empirically, and that healthcare professionals have insufficient or no training regarding the use of these techniques.

Associated with the exiguous knowledge on this topic in palliative care, the inability to carry out actions through communication is characterized as a barrier to quality care, which involves the varied needs of the human being.

This review showed that communication strategies are rarely used and are sometimes confused with feelings, revealing the professional's lack of knowledge on the subject. From this survey, it is possible to claim the need for professional education on the theme of "palliative care," based on the increasing number of chronic diseases. Likewise, knowing the communication strategies is mandatory when seeking a humanized and quality health care. Further research on this theme, carried out by various methodological perspectives, is needed.

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