Educational Intervention on Palliative Care for Nurses in Emergency Care Units: A Pre-Post Quasi-Experimental Study

Intervenção Educacional em Cuidados Paliativos para Enfermeiros em Unidades de Emergência: Um Estudo Quase-Experimental Pré-Pós

Intervención Educativa en Cuidados Paliativos para Enfermeras de Unidades de Urgencias: Un Estudio Pre-Post Cuasi-Experimental

RESUMO

Objetivo: analisar o impacto de uma intervenção educativa no conhecimento e nos desafios enfrentados por enfermeiros na implementação de cuidados paliativos para idosos em uma unidade de urgência. **Metodologia:** estudo quase-experimental, quantitativo, longitudinal, com delineamento pré-teste e pós-teste em grupo único. A população elegível incluiu 33 enfermeiros de uma unidade de urgência em João Pessoa, Paraíba, dos quais 20 participaram da intervenção educativa. Os dados foram coletados por entrevistas semiestruturadas para caracterização dos participantes e aplicação de instrumento de avaliação do conhecimento antes e depois da intervenção. **Resultados:** análise por estatística descritiva e teste de proporções indicou conhecimento técnico e científico insuficiente, desconhecimento da legislação específica e visão restrita dos cuidados paliativos. Após a intervenção, houve aumento significativo de respostas corretas (30,3% para 85,0%; p<0,001), evidenciando eficácia do treinamento. **Conclusão:** educação permanente e fortalecimento das diretrizes institucionais são essenciais para implementar cuidados paliativos em emergências, promovendo cuidado humanizado e digno.

DESCRITORES: Cuidados paliativos; Enfermagem; Idosos; Educação em saúde; Serviços médicos de emergência.

ABSTRACT

Objective: To analyze the impact of an educational intervention on the knowledge and challenges faced by nurses in providing palliative care to older adults in an emergency department. **Methodology:** A quasi-experimental, quantitative, longitudinal study with a single-group pre-test and post-test design. The eligible population included 33 nurses from an emergency department in João Pessoa, Paraíba, of whom 20 participated in the educational intervention. Data were collected through semi-structured interviews to characterize the participants and by administering a knowledge assessment instrument before and after the intervention. **Results:** Descriptive statistical analysis and proportion tests indicated insufficient technical and scientific knowledge of p , lack of awareness of specific legislation, and a narrow view of p . After the intervention, there was a significant increase in correct responses (30.3% to 85.0%; p<0.001), demonstrating the training's effectiveness. **Conclusion:** Continuing education and the strengthening of institutional guidelines are essential for implementing palliative care in emergency settings, promoting humane and dignified care.

DESCRIPTORS: Palliative care; Nursing; Elderly; Health education; Emergency medical services.

RESUMEN

Objetivo: analizar el impacto de una intervención educativa en los conocimientos y los retos a los que se enfrentan los enfermeros a la hora de prestar cuidados paliativos a personas mayores en un servicio de urgencias. **Metodología:** estudio cuasi-experimental, cuantitativo y longitudinal, con un diseño de pre-prueba y post-prueba en un único grupo. La población elegible incluyó a 33 enfermeros de una unidad de urgencias en João Pessoa, Paraíba, de los cuales 20 participaron en la intervención educativa. Los datos se recopilaron mediante entrevistas semiestructuradas para caracterizar a los participantes y mediante la aplicación de un instrumento de evaluación de conocimientos antes y después de la intervención. **Resultados:** el análisis estadístico descriptivo y la prueba de proporciones indicaron un conocimiento técnico y científico e e insuficiente, desconocimiento de la legislación específica y una visión limitada de los cuidados paliativos. Tras la intervención, se produjo un aumento significativo de las respuestas correctas (del 30,3 % al 85,0 %; p < 0,001), lo que pone de manifiesto la eficacia de la formación. **Conclusión:** la formación continua y el refuerzo de las directrices institucionales son esenciales para implementar los cuidados paliativos en situaciones de emergencia, promoviendo una atención humanizada y digna.

DESCRIPTORES: Cuidados paliativos; Enfermería; Personas mayores; Educación en salud; Servicios médicos de urgencias.

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INTRODUCTION

Population aging is a growing reality in many countries, including Brazil, bringing with it an increase in the prevalence of chronic, degenerative, and incurable diseases. Given this scenario, palliative care emerges as a fundamental approach to ensuring quality of life, dignity, and relief from suffering for patients with life-threatening conditions. Thus, the World Health Organization (WHO) emphasizes that palliative care should be offered from the time of diagnosis, in an integrated and continuous manner, addressing the physical, emotional, social, and spiritual dimensions of care[1]. Despite recognition of the importance of palliative care, its implementation still faces various obstacles in health services, especially in urgent and emergency settings, such as Emergency Care Units (UPAs). The literature points to a scarcity of studies focused on the role of nurses in these settings, highlighting gaps in knowledge, academic training, and professional capacity for managing situations that require palliative care. Many professionals still associate this practice solely with pain management and end-of-life care, ignoring its broader and humanized nature. Furthermore, the lack of specific legislation on the subject contributes to the fragility of its daily application[2 3].

Given this scenario, it is necessary to evaluate the impact of educational strategies aimed at nurses in Emergency Care Units, with the aim of strengthening knowledge and the applicability of Palliative Care in light of the guidelines of the new National Palliative Care Policy (PNCP). This need is reinforced by the reality of care overload, structural limitations, and the absence of standardized protocols—factors that hinder the provision of comprehensive and humanized care to the e ly the elderly in emergency situations[4] . The study is therefore justified by the need to fill training and conceptual gaps among nurses in this field through an educational intervention that fosters critical reflection and technical improvement in palliative care practice. By promoting the training of nurses, it is hoped to enhance the quality of care, patient safety, and ethical and empathetic practice in the face of terminal illness. Risk assessment within the scope of the Federal Nursing Council is an activity exclusive to nurses within the nursing team, hence another justification for the discussion regarding the nursing profession on the topic of intervention[5] .

Furthermore, the research aims to generate scientific evidence that contributes to strengthening continuing education strategies in health and to the formulation of more effective public policies, aligned with the demands of palliative care in urgent and emergency care networks. The participation of nurses was chosen a priori because these professionals are responsible for clinical assessment, decision-making, and the direct provision of care to the elderly at the UPA, constituting the group that will implement an ongoing protocol[6] . Furthermore, they possess the technical and legal autonomy to implement palliative care interventions in the emergency setting, making them the most appropriate target audience for the educational intervention and for validating the future technology under development—which will be a care protocol for nurses—thereby ensuring the methodological coherence of the study.

Thus, the study aimed to analyze the impact of an educational intervention on the knowledge and challenges faced by nurses in the implementation of palliative care for the elderly in Emergency Care Units. The study is based on the hypothesis that the lack of specific training, combined with the absence of effective legal regulations and clear institutional guidelines, compromises the adequate provision of palliative care in these settings. It is expected that the results of this research will contribute to improving the practical implementation by nurses and stimulate the development of policies and continuing education programs focused on humane and dignified care for the elderly population in palliative care within the emergency contexts of emergency care units (UPA)[7] .

METHOD

A quasi-experimental intervention study was conducted, employing a quantitative, descriptive, and cross-sectional design, carried out at an Emergency Care Unit (UPA) classified as a secondary care facility, located in the city of João Pessoa, Paraíba. The research focused on evaluating the impact of an educational intervention on palliative care, directed at nurses providing direct healthcare to the elderly in sectors such as risk classification, the green room, the yellow

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room, and the red room. The target population consisted of nursing staff in these sectors, excluding professionals assigned exclusively to pediatrics, administrative services, epidemiology, medical leave, or other duties. The sample comprised 33 professionals, representing a census of eligible nurses at the unit during the data collection period.

The study focused exclusively on nurses working in the Emergency Care Unit (UPA), as this professional category is directly involved in the care, management, and coordination of care for older adults in urgent and emergency situations. The inclusion of nurses alone is justified by consistency with the study's central focus and objective, which seeks to understand the challenges faced by nurses in implementing palliative care for older adults, in accordance with the principles established by the new National Palliative Care Policy (PNCP). Nurses are responsible for the initial assessment, clinical decision-making, and the provision of humanized care, acting strategically in the application of care protocols and the integration of the multidisciplinary team. Considering these responsibilities, the exclusive inclusion of this professional category in the sample allows for a more consistent analysis of the level of knowledge, technical preparedness, and practical difficulties related to the applicability of palliative care in emergency contexts.

Thus, the methodological choice to restrict the sample to nurses aims to ensure the relevance and depth of the analysis, aligning with the study's purpose, which is to inform reflections and actions focused on the training, qualification, and improvement of nurses' palliative care practice in Emergency Care Units. The research complied with the ethical principles of Resolution No. 510/2016 of the National Health Council (CNS) and was approved by the Research Ethics Committee of the Federal University of Paraíba ( ). In accordance with Opinion No. 6,928,606, CAAE: 79621124.0.0000.5188, all participants signed the Informed Consent Form (ICF). Data collection was conducted using a semi-structured interview guide, containing: Questions regarding identification and sociodemographic profile; Academic background and professional qualifications; Five multiple-choice questions based on official documents: the ANCP Manual, the INCA Manual, and GM/MS Ordinance No. 3,681/2024, which establishes the National Palliative Care Policy (PNCP); Two open-ended questions related to perceptions and challenges regarding the application of palliative care in the UPA.

Following this stage, an educational intervention was conducted, consisting of three parts: In-person lecture, featuring a 23-slide presentation on palliative care and time for discussion with participants; Administration of an interactive quiz, consisting of five true-or-false questions, created on the Kahoot platform; Administration of a post-intervention questionnaire, available in print and, alternatively, online via Google Forms, to accommodate professionals who could not attend in person. The data were organized into spreadsheets in Microsoft Excel and analyzed in R Studio. Descriptive analyses (absolute and relative frequencies) and the proportion test (chi-square, χ^2) were performed to compare participants' performance before and after the educational intervention. The difference in proportions will be presented with a 95% confidence interval (95% CI), with results considered statistically significant at $p < 0.05$.

RESULTS

Sociodemographic Data

Table 1—Distribution of characteristics of nursing professionals at the UPA (n=33), specifying data by age, sex, religion, education, and years of education. João Pessoa, PB, Brazil, 2025.

Variables	Number	Percentile
Age		
20–29	06	18.1%
30–39	12	36.3%
40–49	14	42.4%
50–59	01	3.03%
Gender		
Male	03	9.09%
Female	30	90.9%

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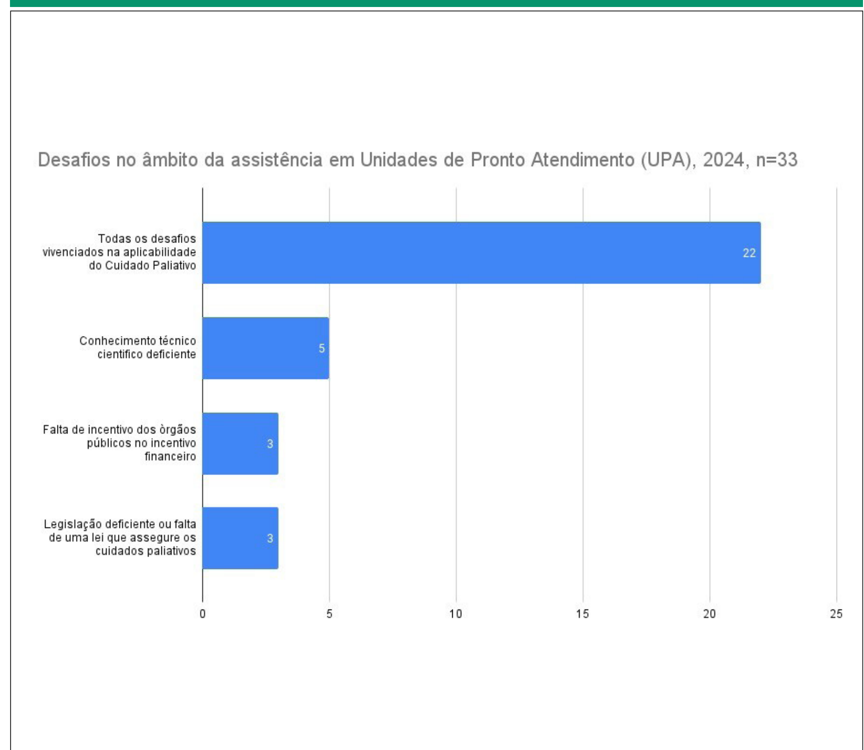
Marital Status		
Single	13	39.3%
Married	13	39.3%
Divorced	04	21.1%
Common-law marriage	03	9.09%
Religion		
Catholic	22	66.66%
Evangelical	10	30.30%
Other	01	3.03%
Education		
Undergraduate	04	12.12%
Specialization	26	78.78%
Master's	01	3.03%
Doctorate	01	3.03%
Specialization in Gerontology	01	3.03%
Duration of training		
< 2 years	02	6.06%
> 2 years and < 5 years	10	30.30%
> 5 years	21	63.63%

Source: survey data. p-value < 0.05.

It can be inferred from Table 1 that the 30–39 age group consists of young adults, followed by the 40–49 age group, which leads to the expectation that they have a young educational background, corresponding to 36.3% (n=12) followed by 42.4% (n=14). Regarding gender, females were the majority, at 90.9% (n=30). When it comes to specialization in Geriatrics/Gerontology, it is observed that of the 33 respondents, only 3.03% have training in geriatric health care. The proportion of single and married individuals was the same at 39.3% (n=13). Regarding religion, 66.66% identified as Catholic (n=22) and 30.30% as Evangelical (n=10). Another important finding is that 78.78% reported having specialization in areas other than geriatric health (n=26), and 63.63% graduated more than 5 years ago (n=21).

Figure 1, Challenges in the context of care at the Emergency Care Unit (n=33). João Pessoa, Paraíba, Brazil, 2025.



Source: survey data.

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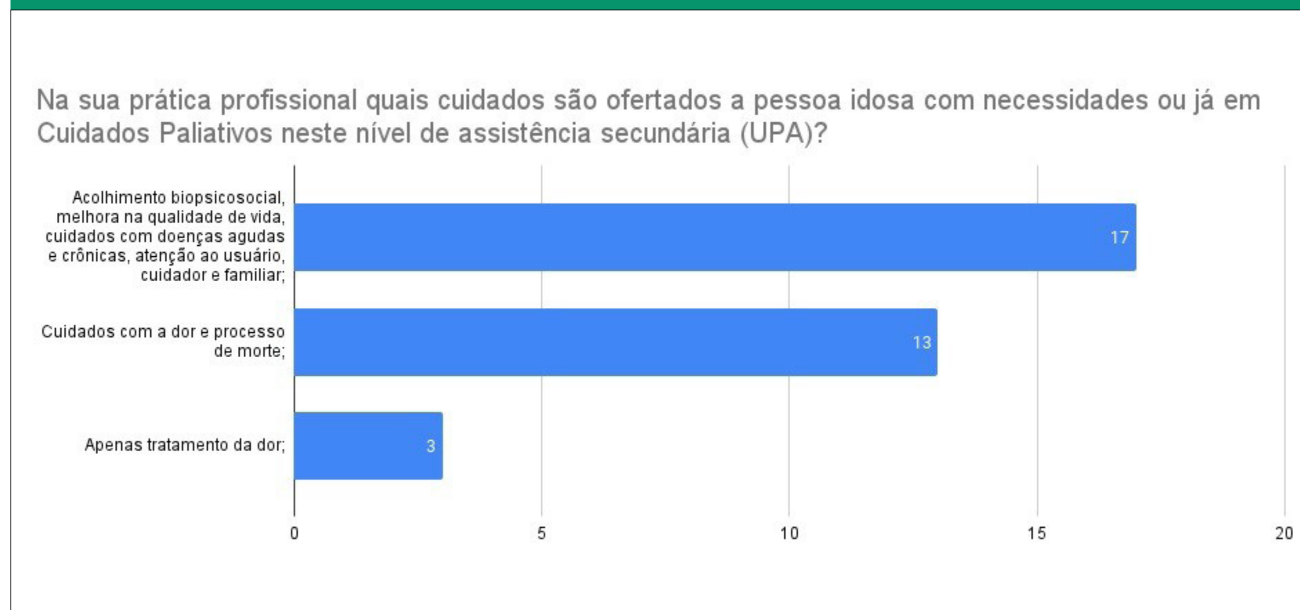
Script used prior to palliative care training activities at the UPA:

Challenges Experienced in the Application of Palliative Care

Challenges experienced regarding access to palliative care, with n = 22, accounted for 66.66%, while insufficient technical and scientific knowledge, with n = 5, accounted for 15.15%; the lack of financial incentives from public agencies, with n = 3, accounted for 9.09%. Inadequate legislation or the lack of a law ensuring palliative care, with n = 3, was 9.09%.

Following an explanatory class session followed by a quiz, these were the responses provided by the participants:

Figure 2, Care provided to older adults with palliative care needs at an Emergency Care Unit (n=33). João Pessoa, PB, 2025.



Source: research data.

The nurses' definition of palliative care was:

Biopsychosocial care, improvement in quality of life, care for acute and chronic diseases, attention to the patient, caregiver, and family (n=17, 85%); others agreed with the response that palliative care was pain management and the dying process (n=13, 65.5%); while the understanding that PC was solely pain management was n=3 (15%). The study population consisted of 20 participants in a training course on the topic of PC for the elderly at an Emergency Care Unit.

Only pain management

It was also observed that 15% still associate palliative care solely with pain management, which implies the misconception that emergency care services function in practice only to administer medication, rather than engaging in health promotion and prevention as part of a holistically interconnected care network that encompasses the entire care process. It was noted that while pain control is a priority, but not the fundamental one; it is linked to promoting quality of life, but other factors such as social, spiritual, and ethical aspects are interconnected with palliative care for the elderly.

Statistical analysis of the data revealed a significant increase in the proportion of correct answers regarding palliative care following the training activity, as evidenced by the proportion test (pre = 30.3%; post = 85.0%; $\chi^2 = 14.91$; $p < 0.001$; 95% CI: −0.768 to −0.325), indicating the effectiveness of the educational intervention in enhancing participants' knowledge.

Analysis of the challenges faced in the implementation of palliative care revealed that the greatest limitation reported by participants was the difficulty in accessing palliative care, cited by 66.7% (n=22). Next were insufficient technical and scientific knowledge, cited by 15.1% (n=5), the lack of financial incentives from public agencies, and inadequate or nonexistent legislation to ensure palliative care, both at 9.1% (n=3). Figure 2, which illustrates these findings in a comparative manner, shows that the issue of accessibility is a central obstacle, occurring much more frequently than the other reported barriers.

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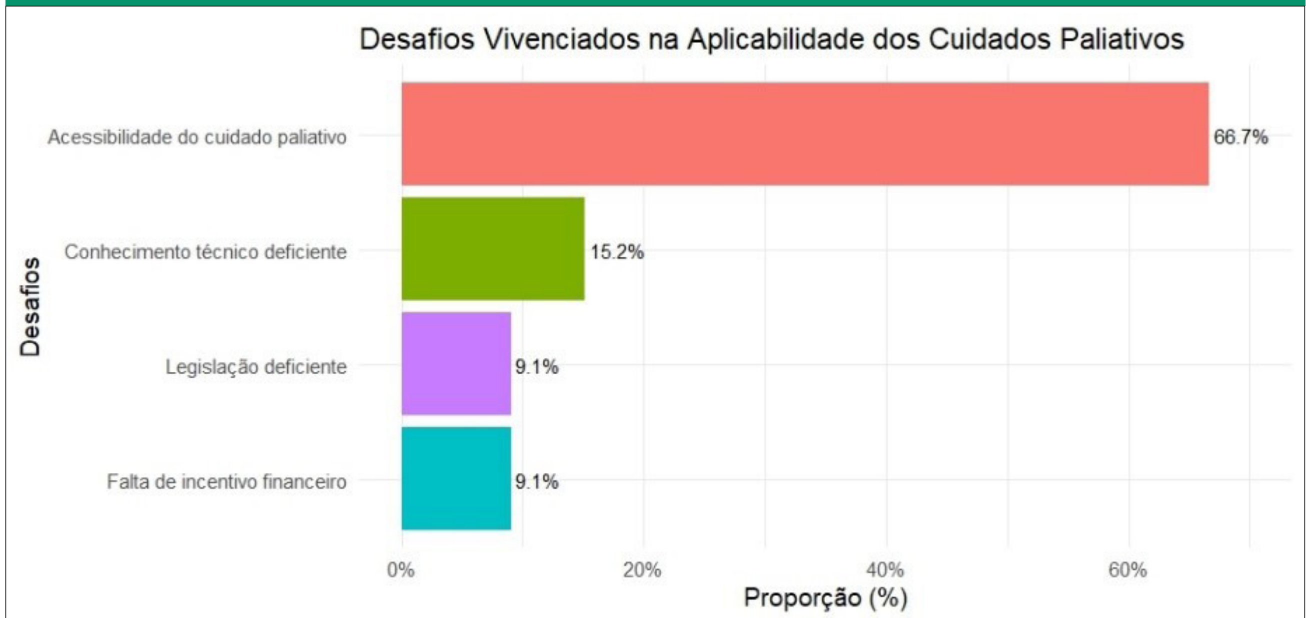
Figure 3. Challenges encountered by study participants in the implementation of palliative care within the context of emergency department care (n=33). João Pessoa, Paraíba, Brazil, 2025:



Source: research data.

Figure 4, Word cloud reflecting participants' open-ended questions regarding older adults with palliative care needs in an Emergency Care Unit; out of a total of (n=33), only two participants (n=2) responded, João Pessoa-PB, 2025.

Source: research data.

DISCUSSION

This study was based on the hypothesis that the lack of specific training, combined with the absence of clear legal regulations and consistent institutional guidelines, compromises the provision of palliative care (PC) by nurses working in Emergency Care Units (ECUs). Based on the results obtained, this hypothesis was confirmed, as the majority of participants demonstrated limited understanding of the concept of PC, associating it exclusively with terminal illness and pain management[8] . It is worth noting that, according to the above study, the nursing workforce remains predominantly female and composed of young adults, which contrasts with international research indicating a shift toward a more male-dominated workforce after 2005—a trend that has not yet materialized in our context. For others, the primary challenges nurses face include poor and ineffective communication with family members, they also cite ethical conflicts experienced by the

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patient, family, and nursing team, involving qualified care, humanized assistance, and support from the initial discussion about palliative care through to post-death care, reflecting on the limits of human dignity, preparation, and respect for cultures, beliefs, and the boundaries of the care team's interventions[9] .

Comparing the above study with another, Brazil ranks last in an international ranking on the practice of palliative care, revealing a reality marked by disorganization and the absence of effective policies. Among the factors hindering the consolidation of this practice in the country are a scarcity of resources, a lack of institutional recognition, limitations in professional training, and integration with the healthcare system. In addition, nursing professionals face challenges such as a lack of technical knowledge, unnecessary interventions, social inequality, and communication breakdowns with the medical team, compromising the fundamental principles of palliative care, which prioritize comfort and quality of life[10]

Like the study participants, other authors highlight the importance of training professionals capable of addressing biopsychosocial and spiritual needs, as well as developing individual human skills; they particularly point out gaps in theoretical curricula, the lack of integration of the subject across the undergraduate curriculum, with a lack of required courses in palliative care, outdated content in elective courses, learning experiences lacking effective theoretical and practical content, and failing to provide opportunities to experience subjective human practices.One of the most common challenges in addressing CP is deficient or non-existent knowledge in practice, as well as a hospital-centered view of care, focused on the disease rather than the process of becoming ill, which leads professionals from various fields—and not just nurses—to compromise the quality of care, revealing a holistic devaluation of the human being and undermining their primary tool of work, which is to prevent illness and promote quality healthcare[11] .

Holistic care requires nurses to possess technical knowledge, with continuous improvement in quality direct care, measures of comfort and safety, biopsychosocial and spiritual competence, and a good understanding of work processes to ensure and apply the correct management of CP within the nursing team. In Brazil, we do not have specific legislation addressing DAV, nor a specific law for use in CP; but we have various legal frameworks linked to the principles of beneficence, benevolence, and patient autonomy. In this regard, we have Law 8080/90 of the SUS, the medical code of ethics, and its resolutions addressing the topic, with the declaration of intent expressed in a document signed by witnesses being validated, thereby empowering the patient's autonomy and aiming to uphold the patient's dignity. The data also revealed that the topic of palliative care (PC) remains closely linked to the process of death and finitude, which does not align with the current perspective on health in PC, given the current rise in chronic and chronic-degenerative diseases. Advances in therapeutic medicine, pharmaceutical technologies, and industrialization have contributed to improved quality of life and consequent life extension. Another point worth mentioning is Resolution No. 41, which, in its provisions, guarantees the promotion of quality of life and respect for the individual's autonomy, and suggests providing information on futile therapies [12].

The encouragement of continuing education in palliative care, the humanization of care, active listening and effective communication, and the building of a relationship of trust between the patient, family, and healthcare professional—supporting autonomy, sensory abilities, and social participation among the elderly—requires that nursing professionals be attentive to ethical considerations to effectively guide shared decision-making in palliative care [13].

One of the challenges facing the Health Care Network (RAS) and vulnerable communities in palliative care is the system's weaknesses in providing care and the growing demand for palliative care in underserved communities—difficulties faced by all healthcare professionals in ensuring the rights to accessibility, equity, and universality for palliative care patients within the health care network, establishing desirable goals that represent all groups in need of end-of-life care. Thus, one of the key paradigms in the governmental context is investment in equipment, materials, technologies, and specific medications for the entire care network, in order to ensure quality care and, consequently, improved treatment with dignity—a goal that fundamentally requires the involvement of all stakeholders in this policy[114] .

The results also demonstrated the effectiveness of the educational intervention applied. There was a significant increase in the proportion of correct answers following the educational activity, as shown by the proportion test. This finding reinforces the importance of continuing education, especially through the use of active and interactive methodologies, such as Kahoot, in promoting knowledge among healthcare professionals[15] .

In the decision-making process in palliative care, healthcare professionals must base their conduct on guidelines involving ethics, technical expertise, and respect for the patient's autonomous decision-making, acknowledging their wishes, moral and cultural values, and beliefs, while recognizing the sanctity of privacy and

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the inviolability of the body, including the entire process of dying with dignity, since we do not have specific legislation on palliative care, we must present the legal framework available to us, such as Advance Directives (AD), an instrument that expresses the patient's wishes, safeguarding them and establishing a care plan for decision-making should the patient be lucid[16] .

The word cloud reflects a challenge that nurses frequently encounter: the lack of knowledge about palliative care for the elderly among family members and care teams, according to the protocol applied in the Emergency Care Unit (UPA). The lack of density in the word cloud occurred because few research participants answered the subjective question included in the protocol. The dynamics of the service—being an urgent and emergency care facility with an open-door policy within the SUS—did not allow for more complete responses during the training session conducted amidst ongoing patient care and attend t the Emergency Care Unit in Horário, which had an overflow of patients on the day and time of the training. This word cloud proposal is based precisely on the frequency with which the words were used in the analysis of the content presented by the interview participants[17] . In Brazil, the practice of palliative care is a source of great confusion among professionals; it is not uniform and is still mistakenly linked to cancer and the dying process, as well as to family members and patients. In other words, addressing this topic involves discussing concepts and integrating care with a focus on the quality of care provided, with understanding these concepts serving as the basic pillars to ensure visibility of the current circumstances surrounding the progression of diseases[18]

Another aspect that was clearly highlighted in the word cloud was "welcoming" as the primary tool in healthcare at all levels; welcoming implies breaking down social barriers, active listening, fostering dialogue, and individual and collective participation in the care process[19] . In terms of work implementation, emotional vulnerabilities, an inefficient family support network, local community demands, home care program strategies, and impaired communication and care, the family emerges as a crucial tool in the caregiving process for nurses[20] . Understanding the subject's autonomy, validated through the provision of qualified information, and addressing the need to confront the diagnosis, professionals, patients, and family members face the reality of no prospect of curing the disease; ensuring the patient understands their vulnerabilities and the natural cycle of life, with an understanding of the entire disease process[21] .

CONCLUSION

This study identified significant challenges in the implementation of palliative care in Emergency Care Units of the Unified Health System, especially in light of population aging and the rise in chronic diseases. The results revealed gaps in nurses' technical knowledge and a still-limited understanding of the comprehensive approach to palliative care, which may compromise the quality of care provided to older adults in these settings. In this context, there is a clear need to strengthen the training and continuing education of healthcare professionals , as well as to expand the inclusion of the topic in undergraduate and graduate curricula. Furthermore, it is essential to encourage the development of care protocols, institutional guidelines, and public policies that support the implementation of palliative care within the urgent and emergency care network. As a limitation, it should be noted that the study was conducted within a specific healthcare network, which may limit the generalizability of the results. Nevertheless, the findings contribute to broadening the debate on the topic and informing actions that promote improvements in care, ensuring more humane, dignified, and appropriate care for the needs of older adults in emergency settings.

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