

DECISION-MAKING IN PAIN MANAGEMENT IN PALLIATIVE CARE: INTEGRATIVE REVIEW

Tomada de decisão na gestão da dor em cuidados paliativos: revisão integrativa

Toma de decisiones en el manejo del dolor en cuidados paliativos: revisión integrativa

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ABSTRACT

Background: pain is one of the most prevalent and debilitating symptoms in palliative care. Decision-making by healthcare professionals, including nurses, plays a crucial role in the quality of care provided and in relieving the suffering of individuals at the end of life. **Objective:** to identify factors that influence decision-making by healthcare professionals, including nurses, in the management of pain in palliative care. **Methodology:** integrative literature review, following an integrative approach as outlined in the JBI Manual for Evidence Synthesis (2024). The search was performed in the MEDLINE Complete (EBSCO) database, between January 2013 to March 2023, using the PI(c)O strategy. 212 studies were identified; six met the inclusion criteria. Study selection and data extraction were conducted independently by two reviewers. The review has methodological limitations, including the use of a single database and the absence of a critical assessment of the quality of the included studies, which requires cautious interpretation of the results. **Results:** The factors identified are complex and multifactorial, grouped into two domains: intrinsic (knowledge, experience, autonomy, personality) and extrinsic (available resources, institutional protocols, organizational culture). **Conclusion:** decision-making in pain management is a complex and multidimensional process that requires knowledge, clinical experience, and adequate organizational conditions.

Keywords: nurses; decision making; pain management; palliative care

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RESUMO

Enquadramento: a dor é um dos sintomas mais prevalentes e debilitantes em cuidados paliativos. A tomada de decisão dos profissionais de saúde, incluindo enfermeiros, é determinante na qualidade dos cuidados prestados e no alívio do sofrimento da pessoa em fim de vida. **Objetivo:** identificar fatores que influenciam a tomada de decisão dos profissionais de saúde, incluindo enfermeiros, na gestão da dor em cuidados paliativos. **Metodologia:** revisão integrativa da literatura, seguindo uma abordagem integrativa conforme enquadrada no *JBI Manual for Evidence Synthesis* (2024). A pesquisa decorreu na MEDLINE Complete (EBSCO), entre janeiro 2013 e março de 2023, utilizando a estratégia PI(c)O. Identificados 212 estudos; seis cumpriram os critérios de inclusão. A seleção e extração dos dados foram realizadas por dois revisores independentes. A revisão apresenta limitações metodológicas, incluindo a utilização de uma única base de dados e a ausência de avaliação crítica da qualidade dos estudos incluídos, o que exige interpretação prudente dos resultados. **Resultados:** os fatores identificados são complexos e multifatoriais, agrupam-se em dois domínios: intrínsecos (conhecimento, experiência, autonomia, personalidade) e extrínsecos (recursos, protocolos, cultura organizacional). **Conclusão:** a tomada de decisão na gestão da dor é um processo complexo e multidimensional que exige conhecimento, experiência clínica e condições organizacionais adequadas.

Palavras-chave: enfermeiros; tomada de decisões; manejo da dor; cuidados paliativos

RESUMEN

Marco contextual: el dolor es uno de los síntomas más prevalentes y debilitantes en cuidados paliativos. La toma de decisiones por parte de los profesionales de la salud, incluidos los enfermeros, es determinante en la calidad de los cuidados prestados y en el alivio del sufrimiento de las personas al final de la vida. **Objetivo:** identificar los factores que influyen en la toma de decisiones de los profesionales de la salud, incluidos los enfermeros, en el manejo del dolor en cuidados paliativos. **Metodología:** revisión integrativa de la literatura, siguiendo un enfoque integrador según lo establecido en el *JBI Manual for Evidence Synthesis* (2024). La búsqueda se realizó en MEDLINE Complete (EBSCO), entre enero de 2013 y marzo de 2023, utilizando la estrategia PI(c)O. Se identificaron 212 estudios, seis cumplieron los criterios de inclusión. La selección y extracción de datos fueron realizadas por dos revisores independientes. La revisión presenta limitaciones metodológicas, incluyendo el uso de una sola base de datos y la ausencia de evaluación crítica de la calidad de los estudios incluídos, lo que exige una interpretación prudente de los resultados. **Resultados:** los factores identificados son complejos y multifactoriales, y se agrupan en dos ámbitos: intrínsecos (conocimiento, experiencia, autonomía, personalidad) y extrínsecos (recursos disponibles, protocolos, cultura organizacional). **Conclusión:** la toma de decisiones en el manejo del dolor es un proceso complejo y multidimensional que requiere conocimientos, experiencia clínica y condiciones organizacionales adecuadas.

Palabras clave: enfermeros; toma de decisiones; manejo del dolor; cuidados paliativos

INTRODUCTION

Pain is one of the most prevalent and impactful symptoms in the context of palliative care, deeply affecting the quality of life of both the individual and their family, while compromising physical and emotional well-being. According to the International Association for the Study of Pain (2020), pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Effective pain management is essential in this context, given its high prevalence and the substantial impact it can have on the quality of life of individuals in palliative situations (Knauth et al., 2018). Beyond its clinical expression, pain demands a set of complex clinical decisions, making its management inseparable from the decision-making process of health professionals, especially nurses.

Nurses play a central role in the assessment, monitoring, and control of pain, directly influencing the effectiveness of pharmacological and non-pharmacological analgesic interventions. The decision regarding the most appropriate intervention stems from a clinical judgment that integrates knowledge, experience, professional values, and an effective perception of the clinical situation (Liu et al., 2023).

Despite the recognized relevance of pain management in palliative care, evidence of underassessment, underdiagnosis, and undertreatment persists, compromising the quality of care and the individual's well-being (Direção-Geral da Saúde, 2004; Fallon et al., 2018). This discrepancy between guidelines and clinical practice arises, in part, from the absence of systematic and consistent assessments, as well as organizational and educational limitations that condition nurses' ability to make appropriate clinical decisions (Ford,

2019). Therefore, understanding which factors, whether individual or contextual, influence the decision-making process in pain management becomes essential to improving the quality of care provided.

Decision-making is a core competency in nursing practice, with a direct impact on the quality of care, patient safety, and health outcomes. This process allows the nurse to identify, interpret, and use data in a structured manner, supporting the issuance of appropriate clinical judgments in both routine and complex contexts (Johansen & O'Brien, 2016). Recent studies highlight the importance of decision-making in high-stress scenarios, such as palliative care, where professionals frequently face ambiguous and challenging situations (Hernández-Marrero et al., 2019; Nibbelink & Brewer, 2018). The effectiveness of this process depends not only on the nurse's cognitive abilities but also on their skill to weigh, prioritize, and respond contextually to available data, whether objective or subjective. Clinical knowledge, accumulated experience, adaptability, and perception of the problem are key elements for informed decisions, with direct repercussions on clinical results (Nibbelink & Brewer, 2018).

The Portuguese Order of Nurses (Ordem dos Enfermeiros, 2012) states that decision-making is an essential element in the nurse's autonomous practice, allowing for the identification of the care needs of the person, family, or community, with the aim of achieving health gains. This process must be based on scientific evidence and the continuous improvement of practice.

However, decision-making is a complex process influenced by a multiplicity of factors internal and

external to the nurse. Internal factors include the professional's knowledge, experience, values, critical thinking, education, and level of commitment. External factors refer to the nature and context of the activity, including the complexity of the problem, available resources, work intensity, time constraints, and the dynamics of the healthcare team, as well as potential interpersonal conflicts (Lourenço et al., 2022).

Effective communication is also a determining factor in the decision-making process. The nurse must be able to interpret and contextualize the available information, filtering the most relevant data and minimizing interference. Teamwork facilitates this process by integrating the diverse perspectives of those involved in the care of the person in a palliative situation (Lourenço et al., 2022).

The present integrative literature review was motivated by the first author's experience during a professional internship in a palliative care unit, as part of Module II of the Master's Degree in Medical-Surgical Nursing – Person in Palliative Situation. In that context, different approaches by nurses were observed in the management of pain reported by patients. In some situations, swift responses were observed, utilizing pharmacological and non-pharmacological strategies; in others, the action proved more cautious, with variations in the interpretation and response to pain complaints. This diversity of practices suggested the existence of multiple factors underlying the decision-making process. The literature search conducted did not identify systematic reviews that structured these factors in the context of pain in palliative care, constituting a knowledge gap with implications for clinical practice and professional training. The observed variability may compromise the quality and

consistency of the care provided, reinforcing the need to clarify how intrinsic and extrinsic factors influence this process. In this sense, this review intends to contribute to the advancement of nursing knowledge, clarifying these factors and supporting more grounded and uniform practices in pain management, ensuring a swifter and more effective response to the needs of the person in a palliative situation. Thus, this review aimed to identify the factors that influence the decision-making process of health professionals, particularly nurses, in the management of pain in people at the end of life.

METHODOLOGICAL REVIEW PROCEDURES

The present integrative literature review followed the methodological approach described in the JBI Manual for Evidence Synthesis (Aromataris et al., 2024), which recognizes the integrative review as an appropriate strategy for integrating different types of evidence. The general structure of the review aligns with the model proposed by Whitemore and Knafel (2005). The choice of an integrative review is justified by its capacity to include quantitative, qualitative, and mixed-methods studies, being particularly pertinent for exploring complex and multifactorial phenomena, such as decision-making in pain management within palliative care (Aromataris et al., 2024; Dhollande et al., 2021).

The search was conducted exclusively in the MEDLINE Complete database, a decision that fits within the methodological flexibility of integrative reviews and the relevance of this source to the phenomenon under study. However, this choice may have limited the scope of the literature found. Similarly, an integrative review does not strictly require a critical appraisal of

the methodological quality of the included studies; however, the absence of this stage constitutes a limitation and implies that the results should be interpreted with caution. Data synthesis was performed through thematic analysis, following the phases proposed by Braun and Clarke (2006).

As this is a literature review, formal ethical considerations do not apply; however, scientific integrity and strict compliance with citation and reference standards were ensured.

Inclusion criteria

The formulation of the research questions was guided by the PI(c)O strategy, adapted for integrative reviews. The Population included health professionals, with a special focus on nurses, involved in pain management for adults in palliative situations. The Intervention corresponds to the decision-making process of these professionals. The Outcome refers to the factors influencing this process. The Comparison component was omitted as it did not apply to the objective of this study, as permitted in integrative reviews.

Based on this approach, the following research question was formulated:

What are the factors that influence the decision-making process of health professionals, including nurses, in pain management for adults in palliative situations?

Empirical studies, whether quantitative or qualitative, were included if they involved health professionals (with special attention to nurses) and identified factors influencing clinical decision-making in pain management for individuals aged 18 or older in a palliative care context. These criteria provided a clear framework for selecting relevant studies consistent with the review's objectives.

Search strategy

The bibliographic search was preceded by an initial exploration of the topic, after which descriptors were defined according to the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH). The search was conducted exclusively in the MEDLINE Complete database (via EBSCOhost). This methodological decision was made considering the exploratory nature of the integrative review and the relevance of this database to the phenomenon under study. The Boolean search string used was: "Decision Making* AND Pain Management AND nurs* AND Palliative Care". The search was applied to the title (TI), abstract (AB), and subject terms (SU), with the following limiters: publications between January 1, 2013, and March 14, 2023; language (English, Portuguese, or Spanish); and articles published in peer-reviewed academic scientific journals.

Study selection

Study selection was performed independently by two reviewers using the Rayyan QCRI software platform. Initial screening was conducted based on titles and abstracts, and discrepancies between reviewers were resolved by consensus. In the second phase, the full text of potentially eligible articles was read, applying the defined inclusion criteria to determine the final selection.

Data extraction

Data extraction from the six included articles was performed by two independent reviewers using an extraction tool developed specifically for this review. The tool was previously tested by the reviewers to ensure consistency in data collection. Data related to the study population, context, geographical location, methodological design, phenomena of interest, and

type of source were extracted. Discrepancies were resolved by consensus between the reviewers.

Data analysis was conducted according to the thematic analysis approach proposed by Braun and Clarke (2006), following the stages of data familiarization, initial coding, identification, review, and definition of themes. This approach allowed for the identification of meaning patterns and emerging categories relevant to the review's objectives. The results were organized in a table and complemented by a narrative description, framing the findings within the context of palliative care.

RESULTS

Included studies

The search conducted in the MEDLINE Complete database identified 212 records. After removing two duplicate records, 210 studies were considered for initial screening. Based on the reading of the title and abstract, 192 studies were excluded for not meeting the previously defined inclusion criteria. The remaining 18 studies were evaluated in full text. Of these, 12 were excluded: 11 for not including nurses in the study population and one for addressing pain management decision-making in individuals under 18 years of age. Thus, six studies were included in the final synthesis of this integrative review.

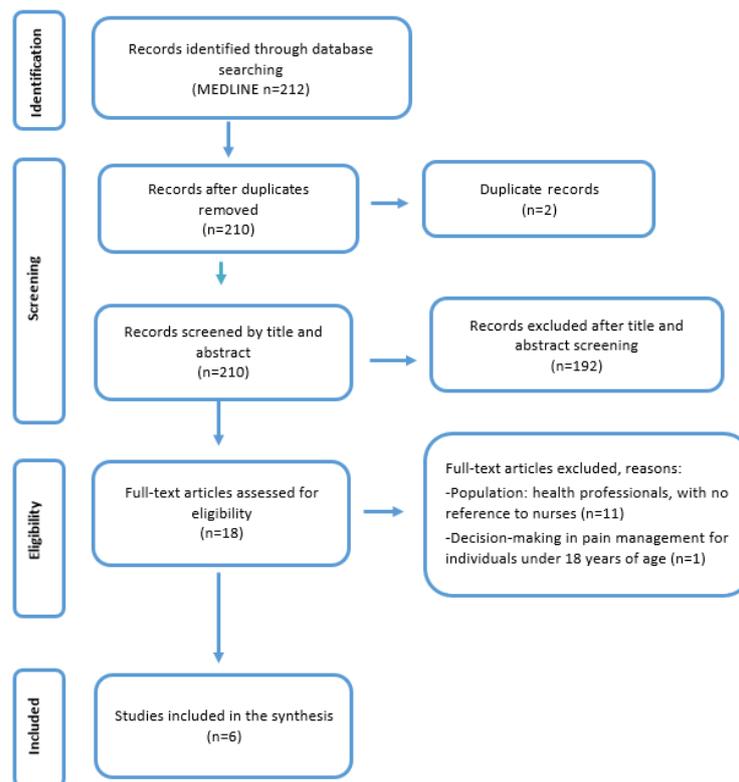


Figure 1

PRISMA 2020 flow diagram of the study selection and inclusion process (adapted from Page et al., 2021)

Characteristics of the included studies

This integrative review aimed to examine evidence regarding the factors influencing the decision-making process of healthcare professionals, including nurses, in pain management for patients in palliative care. To this end, two main questions were analyzed: (1) what elements influence the decisions of these professionals and (2) what factors are considered determining factors for the decision-making process.

Six studies published between 2015 and 2023 were included. Two studies were conducted in Europe (Lundin & Godskesen, 2021; Mitchell et al., 2016), specifically in Ireland and Sweden; three refer to investigations conducted in the United States of America (Johnstone-Petty, 2018; Martin & Barkley, 2016; McMenamain et al., 2023); and one study was conducted in Australia (Phillips et al., 2015). This

geographical diversity reflects a multiplicity of cultural and organizational contexts in palliative care delivery, reinforcing the relevance and universality of the theme.

Regarding the methodological typology, three studies are narrative reviews (Johnstone-Petty, 2018; Martin & Barkley, 2016; Mitchell et al., 2016), one study is qualitative in nature (Lundin & Godskesen, 2021), and two adopt a quantitative approach (McMenamin et al., 2023; Phillips et al., 2015). All included studies involved healthcare professionals, including nurses, engaged in providing care to individuals with advanced, progressive, and incurable diseases. The methodological and geographical heterogeneity of the studies contributes to a more comprehensive and contextualized understanding of the factors affecting decision-making in pain management (Table 1).

Table 1

Data extraction table of the studies included in the review

Author	Study design / Participants	Objective	Country
Phillips et al. (2015)	Quantitative cross-sectional study/ 62 Palliative care nurses in community settings	To identify perceptions regarding the decision-making process for oncological pain management in community settings.	Australia
Mitchell et al. (2016)	Narrative Review/ Nurses and other healthcare professionals providing care in nursing homes and making pain management decisions	To improve knowledge in the identification and management of pain in people with dementia.	Ireland
Martin e Barkley (2016)	Narrative Review/ Healthcare professionals, including nurses providing care to people at the end of life from diverse cultural backgrounds	To analyze cultural factors that may influence pain management at the end of life.	USA
Johnstone-Petty (2018)	Literature Review / Healthcare professionals, including palliative care nurses	To reflect on the use of ketamine in the management of complex pain in palliative care patients.	USA
Lundin e Godskesen (2021)	Descriptive exploratory qualitative study / 13 nurses from 12 nursing homes.	To describe the difficulties in pain management for people with advanced dementia at the end of life.	Sweden
McMenamin et al. (2023)	Quantitative descriptive comparative study / 180 Nurse Practitioners caring for oncology patients	To correlate decision-making with personality and education/training.	USA

The factors influencing nurses' decision-making in pain management are complex and multifactorial, and can be classified into intrinsic factors and extrinsic factors.

Intrinsic Factors:

Among the intrinsic factors, described in Table 2, knowledge and professional experience stand out. Nurses with specialized training and accumulated experience demonstrate greater confidence in applying pharmacological and non-pharmacological interventions for pain management (Johnstone-Petty, 2018; Lundin & Godskesen, 2021; McMEnamin et al., 2023). Personal values and beliefs also influence nurses' willingness to use certain interventions, such as opioid prescription, especially in palliative care (Lundin & Godskesen, 2021).

The perception of professional autonomy constitutes a facilitating factor in autonomous clinical decision-making by nurses, being particularly reinforced in institutional contexts where such autonomy is promoted (Johnstone-Petty, 2018; Lundin & Godskesen, 2021; McMEnamin et al., 2023; Phillips et al., 2015). Furthermore, emotional resilience proves to be fundamental in managing situations of intense pain and suffering, above all in end-of-life contexts (Lundin & Godskesen, 2021). Nurses whose personality traits favor openness to innovation and change tend to adopt evidence-based interventions and assume leadership roles in pain management (McMenamin et al., 2023).

Table 2

Intrinsic factors influencing decision-making in pain management

	Knowledge and professional experience	Personal values and beliefs	Perception of professional autonomy	Communication skills	Emotional resilience/ Personality
Phillips et al. (2015)	X	X	x		
Mitchell et al. (2016)	X	X		X	
Martin e Barkley (2016)	X	X		X	
Johnstone-Petty (2018)	X	X	x		
Lundin e Godskesen (2021)	X	X	x	X	X
McMenamin et al. (2023)	X	X	x		X

Extrinsic Factors:

The extrinsic factors that influence nurses' decision-making in pain management in palliative care refer, above all, to contextual and organizational elements that shape clinical practice. Among the most relevant factors are the available resources, institutional protocols, interdisciplinary collaboration, family involvement, and organizational culture.

The presence or absence of material and human resources, such as medications, validated assessment

tools, available time, and adequate staffing, significantly affects nurses' ability to respond effectively and timely to the needs of the person in pain (Johnstone-Petty, 2018; Martin & Barkley, 2016). Institutional policies and clinical protocols constitute fundamental regulatory mechanisms that structure practice, providing safety and legitimacy to interventions. However, their rigidity or outdated nature can limit the flexibility required for the personalization of care (Lundin & Godskesen, 2021;

McMenamin et al., 2023). Collaboration among different members of the multidisciplinary team fosters a holistic view of the needs of the person in a palliative situation, promoting shared decisions that are better adjusted to the clinical context (Lundin & Godskesen, 2021; Mitchell et al., 2016). Additionally, family involvement in the decision-making process is particularly relevant in palliative care, as it contributes

to an approach centered on the person and their relational support system.

Finally, an organizational culture that values evidence-based practice, promotes continuous training, and encourages knowledge sharing fosters an environment conducive to ethical, informed, and safe clinical decision-making (Lundin & Godskesen, 2021; Mitchell et al., 2016) (Table 3).

Table 3
Extrinsic factors influencing decision-making in pain management

	Available resources	Institutional policies and protocols	Interdisciplinary collaboration	Organizational culture	Family support
Phillips et al. (2015)	X	X	X		
Mitchell et al. (2016)	X	X	X	x	x
Martin e Barkley (2016)	X	X	X		x
Johnstone-Petty (2018)	X	X	X	x	
Lundin e Godskesen (2021)	X	X	X	x	x
McMenamin et al. (2023)	X	X		x	

DISCUSSION

The present review sought to answer the research question: "What factors influence the decision-making process of healthcare professionals, including nurses, in pain management for individuals in palliative situations?". The analysis of the selected studies allowed for the identification of a robust set of factors, grouped into two main domains: intrinsic factors, related to the individual characteristics of the professionals, and extrinsic factors, associated with the organizational and sociocultural context.

Among the intrinsic factors, clinical knowledge, accumulated experience, communication skills, personal values, beliefs, and personality traits of nurses consistently emerge (Lundin & Godskesen, 2021; McMenamin et al., 2023). These elements directly influence the confidence and readiness of

professionals to act in pain management, especially when faced with complex or ambiguous situations characteristic of palliative care. In particular, practical experience and specialized training proved to be decisive in pain management, promoting faster and more evidence-based interventions (Johnstone-Petty, 2018; Phillips et al., 2015). Emotional resilience and openness to innovation, associated with positive personality traits, further reinforce the capacity for adaptation in challenging scenarios, contributing to more consistent and person-centered decisions (McMenamin et al., 2023).

In the domain of extrinsic factors, the available organizational resources, the existence of clear clinical protocols, time for decision-making, professional-to-patient ratios, workload, and the quality of teamwork stand out. Additionally, cultural, spiritual, and social

aspects of patients and families shape the understanding of pain and the acceptance of certain interventions (Johnstone-Petty, 2018; Martin & Barkley, 2016). The shortage of human or material resources constitutes a significant barrier, potentially interfering with the capacity for continuous assessment and timely response to the needs of the person in pain. An organizational culture that promotes interdisciplinarity, knowledge sharing, and evidence-based practice tends to favor safer, more effective decisions aligned with the values of the person at the end of life (Lundin & Godskesen, 2021; Mitchell et al., 2016). Sociocultural and spiritual aspects of individuals and families also influence the decision-making process, shaping beliefs, expectations, and the acceptance of specific interventions, namely the use of opioids at the end of life (Martin & Barkley, 2016).

Studies by Mitchell et al. (2016) and Lundin and Godskesen (2021) further highlight specific difficulties in pain assessment for individuals with advanced dementia, where the absence of verbal communication compromises the interpretation of clinical signs, potentially resulting in underdiagnosis or inadequate treatment. These findings reinforce the importance of validated assessment tools, continuous training, and clinical sensitivity to detect non-verbal manifestations of pain.

Across the studies, it was observed that knowledge, experience, and communication skills constitute structural determinants of decision quality. These results reinforce the need to invest in continuous training, clinical supervision, and professional empowerment, with a special focus on pain

assessment, the safe use of analgesic therapies, and relational skills in palliative care.

Implications for practice, training, and health management

Regarding clinical practice, the findings suggest the need to develop and implement clear action protocols for pain management, particularly for more vulnerable individuals, such as those with advanced dementia, in order to reduce variability in professional practice. The importance of professional training on pain management is also highlighted, not only regarding pharmacological knowledge but also in communication skills, emotional resilience, and ethics in decision-making. At the level of health management, the results underline the importance of allocating adequate resources, particularly the professional/patient ratio, and promoting an organizational culture that values multidisciplinary teamwork.

Limitations of the review

It is important to acknowledge that the heterogeneity of the included study designs, combining narrative reviews, qualitative, and quantitative studies, limits the possibility of establishing generalizable conclusions. The decision to exclusively use the MEDLINE Complete database restricted the scope of the search, potentially leading to the omission of relevant studies on the subject. Additionally, the absence of a critical appraisal of the methodological quality of the included studies, although methodologically acceptable in integrative reviews, reduces the interpretative robustness of the findings and requires caution in the extrapolation of results.

CONCLUSION

The present integrative review identified a set of factors influencing the decision-making process of healthcare professionals, with an emphasis on nurses, in pain management for individuals with advanced, progressive, and incurable diseases. The analyzed studies converge in identifying this process as complex and multifactorial, influenced by intrinsic dimensions, such as clinical knowledge, professional experience, and communication skills, and extrinsic dimensions, such as organizational resources, institutional guidelines, and interdisciplinary team dynamics.

Specialized knowledge and the ability of nurses to intervene effectively in complex clinical situations emerge as determining factors for safer and more person-centered decisions. The proper management of pain, as a central responsibility of nursing practice in palliative care, demands technical preparation, critical thinking, and ethical sensitivity.

The gathered evidence reinforces the importance of investing in continuous training, promoting collaborative practice environments, and adopting evidence-based decision-making as essential strategies to ensure quality care. The recognition and structured approach to the factors influencing decision-making can decisively contribute to the relief of suffering and the promotion of comfort and dignity for the person at the end of life.

CONFLICTS OF INTEREST

The authors declare that, although there are no conflicts of interest, this article is an adaptation and update of the first author's master's thesis.

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